COVID-19 vaccination programme:
Upskilling the COVID-19 vaccination workforce to ensure workforce retention to support autumn booster programme

Version 1 23th May 2022
There is going to be a reduction in demand between the Spring and Autumn COVID-19 booster campaigns. This pack is for **Lead Employers, Regional Workforce Leads and Regional Retention Leads** to use as a practical guide that will provide:

- Overview of financial guidance covering July and August 2022
- Guidance on options for alternative roles and upskilling opportunities to retain the workforce during periods of lower demand
- Information that can be shared with appropriate stakeholders and delivery organisations to encourage uptake of unregistered workforce in alternative NHS roles.
- Suggestions for overall retention activities to ensure the programme retains staff and there is sufficient workforce in place to deliver the Autumn booster campaign.

Please note the information in this pack will be updated, in particular training pathways. **Changes in future versions will be highlighted.**

Other COVID-19 Vaccination Workforce and Training guidance and toolkits are available on [Future NHS](#)
Overview of options to utilise the COVID-19 vaccination workforce

The COVID-19 vaccination programme continues to be of national importance as well as a priority to the wider NHS. The COVID-19 vaccination workforce needs to be flexible to meet demand, including resilience for surge and planned increases and decreases in demand. The following are the areas of opportunities that can help retain the talented vaccination workforce during periods of lower demand to create greater levels of resilience for the vaccination workforce:

<table>
<thead>
<tr>
<th>Supporting the broader NHS</th>
<th>Upskilling the vaccine workforce</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Supporting other immunisation programmes</strong></td>
<td><strong>2. Workforce redeployment to support the wider elective recovery</strong></td>
</tr>
<tr>
<td>There is an opportunity to utilise the COVID 19 workforce, including the unregistered workforce to support NHS immunisation campaigns that have become delayed due to the pandemic. In order to deploy the workforce onto other campaigns, it's important to understand: • Which vaccines should be prioritised • Medical qualifications needed to administer • Training needed for non-registered workforce to support • Localised demand determined with regional PHC teams • Contractual and staff recharge arrangements • Legal mechanisms for administration</td>
<td>There is an opportunity to temporarily redeploy the workforce in low demand to address supply pressured areas of the NHS where the skillsets are complimentary. The key roles and competencies that make up the vaccination pathway are suitable to transfer to a number of different settings, including but not limited to: • Patient facing roles • Administrative roles • Outpatient departments roles including to increase throughput or flow • Supporting virtual wards with both clinical and non-clinical roles</td>
</tr>
<tr>
<td><strong>3. Training for wider NHS opportunities</strong></td>
<td><strong>4. Longer-term career opportunities</strong></td>
</tr>
<tr>
<td>There is an opportunity to upskill the vaccination workforce with additional competencies and skill sets to strengthen the capability of the workforce and enable redeployment to support the wider NHS. The level of training required will differ across role categories. Training could include, but is not limited to: • Vaccination of non-covid vaccines • Health care certification • Mandatory training • Screening programmes • Flu vaccinations • Making Every Contact Count</td>
<td>Retaining the great talent on our vaccination programme is critical and the quieter periods offer the opportunity to optimise retention activities including understanding the demand for workforce in wider local NHS services and associated career paths and engaging with staff on their career aspirations. NHS has a diverse set of career paths offering flexible clinical and non-clinical roles, through paths such as: • NHS Reserves • HCSW programme • Career in Nursing • Apprenticeships • Corporate roles • Non-clinical management roles</td>
</tr>
</tbody>
</table>
This complements existing guidance and further information on financial processes which is available from your regional finance lead.

- This is an opportunity to upskill the workforce to support vaccination and immunisation services, where this is being done through a lead employer the existing training funds can be used to support this.
- There are opportunities for the workforce to be redeployed in the short term to support the wider NHS, including elective recovery. Where staff are being redeployed from the vaccination programme to support the wider NHS, the appropriate recharge arrangements should be in place. Where there is not funding available to support the redeployment then providers should escalate this through their commissioners as a specific issue.
- There are sufficient volunteer stewards identified through the national contracts to support for the duration of this period, therefore all lead employers need to ensure that any paid volunteer arrangements are brought to an appropriate conclusion.
- The remuneration for training guidance details how staff should be paid for training undertaken to support the COVID-19 vaccination programme. These costs can be reclaimed through the standard monthly financial return at the appropriate time.
- Options for deployment and training should be explored before alternative financial payments are considered. Every local team should now be planning how they will make full use of the trained workforce to maintain vaccination activities, alongside other services, and ensure staff have the rest they need.
NHS immunisation programmes that could be supported by the COVID-19 workforce

There is an opportunity to support elective recovery within the NHS by utilising the COVID-19 workforce to support wider NHS immunisation programmes. This can currently take place under the patient specific directive (PSD) model utilising existing training pathways. In the event that the national protocol is expanded, the COVID-19 workforce could also be utilised under the National Protocol delivery model.

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Cohort &amp; age</th>
<th>Period</th>
<th>Setting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flu</td>
<td>Adults (65+)</td>
<td>Seasonal (Autumn)</td>
<td>Primary Care</td>
</tr>
<tr>
<td>PPV</td>
<td>Adults (65)</td>
<td>Any time of the year</td>
<td>Primary care</td>
</tr>
<tr>
<td>Shingles</td>
<td>Adults (70)</td>
<td>Any time of the year</td>
<td>Primary care</td>
</tr>
<tr>
<td>MMR</td>
<td>12-15y</td>
<td>Any time of the year</td>
<td>School imms</td>
</tr>
<tr>
<td>HPV</td>
<td>12-15y (12-13y)</td>
<td>Any time of the year</td>
<td>School imms</td>
</tr>
<tr>
<td>Td/IPV (3-in-1)</td>
<td>12-15y (14y)</td>
<td>Any time of the year</td>
<td>School imms</td>
</tr>
<tr>
<td>MenACWY</td>
<td>12-15y (14y)</td>
<td>Any time of the year</td>
<td>School Imms</td>
</tr>
<tr>
<td>Flu nasal (LAIV)</td>
<td>5-11y (5-10y)</td>
<td>Seasonal (Autumn)</td>
<td>School imms</td>
</tr>
<tr>
<td>Neonatal BCG*</td>
<td>Newborn</td>
<td>Any time of the year</td>
<td>Primary care</td>
</tr>
<tr>
<td>MMR*</td>
<td>Pre school</td>
<td>Any time of the year</td>
<td>Primary care</td>
</tr>
</tbody>
</table>

Training for existing Covid-19 vaccinators to administer additional vaccines for other routine immunisation programmes should follow the guidance in the National Minimum Standards and Core Curriculum for Immunisation Training for Registered Healthcare Practitioners and Healthcare Support Workers.

Use of unregistered workforce under available legal mechanisms of delivery:

Patient Group Directive (PGD):
- Delegation of supply and administration of an injectable medicine to an unregistered member of staff is not permitted under this legal mechanism. However, they can be considered for tasks such as providing assistance with ordering, fridge management, and occasional back-office admin support.
- A HCSW can administer the flu nasal spray (LAIV) after this has been supplied by a nurse working under a PGD as this is a non-injectable medicine.

*Training pathways for Neonatal BCG and MMR pre school are still being developed

Patient Specific Directive (PSD):
Overall requirements:
- Clinical decision: Prescription from local GP/Prescriber on site
- Supply of medicine: Pharmacy responsible for dispensing
- Administration of vaccine: HCSW under the authority of the prescriber
Experienced unregistered COVID-19 workforce can be upskilled and trained to support a variety of immunisation programmes under the PSD model

Where there is the opportunity to upskill the workforce to support wider immunisation programmes lead employers should engage with their Public Health Commissioning teams to determine the support appropriate for their specific geography. Training pathways are outlined below.

<table>
<thead>
<tr>
<th>Vaccine programme</th>
<th>Immunisation E-learning modules to complete</th>
<th>Vaccine specific training to complete</th>
</tr>
</thead>
</table>
| Td/IPV             | • A F2F foundation course covering the areas listed in the Core Curriculum is strongly recommended  
 |                    | • Where F2F or online virtual training is not possible, vaccinators should complete the remaining modules and assessments within the Immunisation e-learning programme: ~2.5hrs  
 |                    |   • National Immunisation Policy and Programmes  
 |                    |   • Immunology  
 |                    |   • Vaccine Preventable diseases  
 |                    |   • Communicating with Patients, Parents and Carers | • Vaccine-specific e-learning for Td/IPV (tetanus, diphtheria & polio)  
 |                    | | • Read and stay alert to relevant vaccine-specific chapters in Part 2 of the Green Book  
 |                    | | • Competency assessment & sign-off* (including a period of supervised practice) for Td/IPV vaccinations |
| MenACWY            | • Where F2F or online virtual training is not possible, vaccinators should complete the remaining modules and assessments within the Immunisation e-learning programme: ~2.5hrs | • Vaccine-specific e-learning for MenACWY  
 |                    | | • Read and stay alert to relevant vaccine-specific chapters in Part 2 of the Green Book  
 |                    | | • Competency assessment & sign-off* (including a period of supervised practice) for MenACWY vaccinations |
| HPV (2 doses females) | | |
| HPV (males) | | |
| Shingles measured at 70 years old (first eligible) | • The opportunity to shadow and work with an experienced registered immunisation practitioner is recommended | • Vaccine-specific e-learning for HPV  
 |                    | | • Read and stay alert to relevant vaccine-specific chapters in Part 2 of the Green Book  
 |                    | | • Competency assessment & sign-off* (including a period of supervised practice) for HPV vaccinations |
| Shingles measured at 78 years old (catch up cohort) | | |
| Pneumococcal Polysaccharide Vaccine (PPV) (65 years old) | | |

Unregistered vaccinators would also benefit from completing the Accelerated Care Certificate to ensure they meet the same core knowledge, skills and behaviours required by all HCSWs, including those who support delivery of other (non-Covid-19) immunisation programmes.
Training requirements for existing COVID-19 vaccinators administering flu vaccination

The National Protocol is already in place to conduct flu vaccinations. We recommend that you use periods of reduced demand to upskill vaccinators in administering flu vaccine to increase co-administration. The Flu Immunisation Training Recommendations set out the minimum standards of training flu immunisers. Flu training should cover the topics in the Core Curriculum for Immunisation Training (for RHCPs or HCSWs) relevant to the immuniser’s specific area of practice, the flu vaccine(s) that they will deliver and their role.

<table>
<thead>
<tr>
<th>No.</th>
<th>Core knowledge area</th>
<th>Need to complete</th>
<th>Training requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>The aims of the current influenza vaccine policy</td>
<td>Yes via Flu Immunisation e-learning</td>
<td>Existing trained COVID-19 vaccinators would need to complete sessions:</td>
</tr>
<tr>
<td>2.</td>
<td>The immune response to influenza vaccines and how they work</td>
<td>Yes via Flu Immunisation e-learning</td>
<td>1. Core Knowledge module within Flu Immunisation e-learning programme</td>
</tr>
<tr>
<td>3.</td>
<td>Vaccine preventable diseases – influenza</td>
<td>Yes via Flu Immunisation e-learning</td>
<td>2. For adults vaccinations vaccinators must also complete the Inactivated Flu Vaccines module</td>
</tr>
<tr>
<td>4.</td>
<td>The different types of vaccines, their composition and the indications and contraindications for influenza</td>
<td>Yes via Flu Immunisation e-learning</td>
<td>3. For children vaccinations vaccinators must complete the live flu vaccine module</td>
</tr>
<tr>
<td>5.</td>
<td>Current issues relating to influenza</td>
<td>Yes via Flu Immunisation e-learning</td>
<td>They should also be provided with a F2F opportunity for Q&amp;A to address any concerns or questions around flu vaccination and co-administration.</td>
</tr>
<tr>
<td>6.</td>
<td>Communication with patients and parents about influenza</td>
<td>Yes via Flu Immunisation e-learning</td>
<td>They should then be assessed and signed-off as competent against the Flu Vaccinator Competency Assessment Tool by a Supervisor (RHCPs who are experienced vaccinators may complete a self-assessment).</td>
</tr>
<tr>
<td>7.</td>
<td>Legal issues including consent and use of PSDs and PGDs</td>
<td>No – already covered in COVID-19 vaccination e-learning</td>
<td>*Flu training materials are due to be updated as part of the cyclical flu training update</td>
</tr>
<tr>
<td>8.</td>
<td>Storage and handling of influenza vaccines</td>
<td>Yes via Flu Immunisation e-learning</td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td>Correct administration of influenza vaccines</td>
<td>Yes via Flu Immunisation e-learning (also the same as COVID vaccination i.e. via IM injection)</td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td>Anaphylaxis, basic life support and adverse reactions</td>
<td>No – already completed Anaphylaxis and BLS training for COVID-19 vaccinations</td>
<td></td>
</tr>
<tr>
<td>11.</td>
<td>Documentation, record keeping and reporting</td>
<td>No – they should already be clear on this from being involved in COVID-19 vaccinations (also covered in Flu Immunisation e-learning) if the PoC system is modified they may need to be retrained</td>
<td></td>
</tr>
<tr>
<td>12.</td>
<td>Strategies for the effective organisation of vaccination sessions</td>
<td>No – they should already be clear on this from being involved in COVID-19 vaccinations</td>
<td></td>
</tr>
<tr>
<td>13.</td>
<td>The role of the HCSW as an immuniser</td>
<td>This should be refreshed by their Supervisor.</td>
<td></td>
</tr>
<tr>
<td>14.</td>
<td>Support for the HCSW e.g. supervision, mentorship and reflection</td>
<td>This should be refreshed by their Supervisor.</td>
<td></td>
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</tbody>
</table>
Unregistered workforce can be upskilled or deployed to support wider NHS services and/or sign up for training opportunities to support the wider NHS.

Investing time in upskilling the COVID-19 vaccination workforce will increase their ability to support additional roles, temporarily or as long-term careers within the NHS. The following outlines some of the opportunities that people can be upskilled to support the wider NHS.

<table>
<thead>
<tr>
<th>Role</th>
<th>Registration status</th>
<th>Main Skills &amp; Competencies</th>
<th>Examples of redeployment / training opportunities</th>
<th>Examples of wider NHS roles/careers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Front of House (Band 2)</td>
<td>Unregistered</td>
<td>• Computer literacy&lt;br&gt;• Records &amp; data management&lt;br&gt;• Customer service &amp; communication</td>
<td>• Administrative support roles&lt;br&gt;• NHS 111 support roles&lt;br&gt;• Support with recruitment activity post basic training&lt;br&gt;• Support elective recovery</td>
<td>Administrative roles&lt;br&gt;• Clerk&lt;br&gt;• Health records staff&lt;br&gt;• Medical secretary / personal assistant&lt;br&gt;• Receptionist&lt;br&gt;• Secretary / typist&lt;br&gt;• Telephonist / switchboard operator&lt;br&gt;• Wider Healthcare Team roles</td>
</tr>
<tr>
<td>Admin Support (Band 3)</td>
<td>Unregistered</td>
<td>• Patient observation&lt;br&gt;• Providing post-procedure care&lt;br&gt;• Anaphylaxis Management&lt;br&gt;• Basic Life Support&lt;br&gt;• Safeguarding&lt;br&gt;• Customer service &amp; communication</td>
<td>• Making every contact count&lt;br&gt;• Administrative support&lt;br&gt;• Upskill in order to utilise in other areas&lt;br&gt;• Use in outreach models to ensure patient safety&lt;br&gt;• Utilisation in school settings to support SAIS providers&lt;br&gt;• Transfer to primary care and community pharmacies&lt;br&gt;• Outpatient clinic support&lt;br&gt;• Commit to completing the Care Certificate to access HCSW roles&lt;br&gt;• Support elective recovery</td>
<td>Staff who have completed the Care Certificate can start working in other Healthcare Support Worker roles, such as:&lt;br&gt;• Dietetic assistant&lt;br&gt;• Healthcare assistant&lt;br&gt;• Maternity support worker&lt;br&gt;• Occupational therapy support worker&lt;br&gt;• Physiotherapy assistants / support worker&lt;br&gt;• Radiography assistants and imaging support workers&lt;br&gt;• Speech and language therapy assistant&lt;br&gt;Discover more Healthcare Support Worker roles</td>
</tr>
<tr>
<td>Healthcare Care Assistant–(Band 3)</td>
<td>Unregistered</td>
<td>• Aseptic non-touch technique&lt;br&gt;• IM injection administration&lt;br&gt;• Vaccine preparation&lt;br&gt;• Immunisation principles&lt;br&gt;• Anaphylaxis management&lt;br&gt;• Basic Life Support&lt;br&gt;• Safeguarding&lt;br&gt;• Customer service &amp; communication&lt;br&gt;• Reassuring anxious patients</td>
<td>• Oximetry at home could be delivered (training required)&lt;br&gt;• Utilise SJA in HHs, and more in CPs &amp; PCNs&lt;br&gt;• Non-clinical inpatient support worker role&lt;br&gt;• Remote roles e.g. contact patients re appointment reminders (esp. housebound)&lt;br&gt;• Outpatient support worker roles (some training required)&lt;br&gt;• Commit to completing the Care Certificate to access HCSW roles&lt;br&gt;• In-reach to maternity to support COVID-19 vaccination of pregnant women&lt;br&gt;• Support elective recovery</td>
<td>Vaccinators can be upskilled to be a HCSW or trained in other clinical roles, such as: Phlebotomy</td>
</tr>
</tbody>
</table>
Registered workforce can be redeployed to support wider NHS services

Investing time in upskilling the COVID-19 vaccination workforce will increase their ability to support additional roles, temporarily or as long-term careers within the NHS. The following outlines some of the opportunities that registered workforce could be deployed into supporting the wider NHS:

<table>
<thead>
<tr>
<th>Role</th>
<th>Registration status</th>
<th>Main Skills &amp; Competencies</th>
<th>Examples of redeployment / training opportunities</th>
<th>Examples of wider NHS roles/careers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registered Healthcare Professional (Band 5)</td>
<td>Registered</td>
<td>• Capacity &amp; consent&lt;br&gt;• Anaphylaxis Management&lt;br&gt;• Basic Life Support&lt;br&gt;• Safeguarding&lt;br&gt;• Cold chain management&lt;br&gt;• Incident response management&lt;br&gt;• Customer service &amp; communication&lt;br&gt;• Having difficult conversations &amp; handling delicate situations</td>
<td>• Band 5 HCP support with outreach and healthcare visits&lt;br&gt;• Utilising the retired workforce, who may not be suitable for the hospital environment but could be used to support in primary care or virtual working (i.e. direct calling patients to support primary care)&lt;br&gt;• Supporting the outpatient departments to increase throughput or flow&lt;br&gt;• Vaccination of care homes or housebound in collaboration with primary care&lt;br&gt;• Support screening programmes in local area&lt;br&gt;• Support elective recovery</td>
<td>• Nursing&lt;br&gt;• Physiotherapist&lt;br&gt;• Occupational therapist&lt;br&gt;• Dental teams&lt;br&gt;• Management roles&lt;br&gt;• Public Health&lt;br&gt;• Psychological Professions&lt;br&gt;• Wider Healthcare Team roles</td>
</tr>
<tr>
<td>Registered Healthcare Professional (Band 6)</td>
<td>Registered</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
There are many online learning programmes available to help individuals develop additional skills and knowledge to enable the redeployment of workforce across the wider NHS. Completing online training may be a relatively quick and easy way to address any gaps in their suitability for an identified role.

1. **Advanced statutory/mandatory training**
   - Individuals may have already completed some of the statutory/mandatory e-learning package for their role in the vaccination programme. Another opportunity to enhance future employability is to complete additional modules in this package (such as advanced Safeguarding or Resuscitation). Statutory/mandatory e-learning modules are available to complete on e-LfH. They are free and accessible to anyone who wants to complete them.

2. **HEE Care Certificate**
   - The Care Certificate ensures healthcare support workers have the skills to provide safe, compassionate and high-quality care.
   - The e-learning modules are free to complete. Individuals may have already completed some as part of their statutory/mandatory training for the vaccination programme.
   - For each standard, they must then be assessed in practice to demonstrate how they are applying their learning.

3. **NHS Leadership Academy Edward Jenner Programme**
   - The Edward Jenner programme is a free online programme that supports health and social care staff to develop essential leadership skills.
   - The course is designed to help individuals deal with the daily challenges of working in healthcare, care for patients and provide leadership for those around them.
   - There are approx. 40 hours of online learning which can be completed at their own pace. They then need to submit a piece of written evidence.

4. **PHE All Our Health Programme**
   - The “All Our Health” e-learning programme provides support and guidance for health and care professionals on how to embed prevention within their work, helping to reduce health inequalities, premature morbidity and mortality.
   - The e-learning sessions are free and available on e-LfH.

5. **HEE IT skills pathway**
   - The IT Skills Pathway provides access to quality assured, customisable learning and assessment products from basic digital skills through to more advanced Microsoft Office products.
   - The IT skills pathway is a free resource which is delivered by Health Education England (HEE)'s partner work area (Digital Learning Solutions).
   - All of the learning is delivered through the IT Skills Pathway network of training centres.

6. **Functional Skills**
   - Many roles and apprenticeships require GCSE Maths and English or equivalent qualifications. For individuals who do not have these qualifications, it may be worthwhile for them to complete Functional skills courses in Literacy and Numeracy.
   - There is also a Digital Numeracy Functional skills course which provides digital skills which are useful for Administrative roles.
   - Free online learning tools are available on the Skills for Health website.

7. **Access to courses on e-LfH**
   - There is a wide range of e-learning courses which are free and accessible through the e-LfH platform. Individuals can complete courses which are of particular interest to them, and which provide them with skills and knowledge in a certain field of expertise to support them in a future role in healthcare.

8. **Experience**
   - Many roles do not require a specific qualification, however employers may want the individual to have had some relevant experience (whether that be in a paid or voluntary capacity). If they do not have any previous experience in the healthcare sector, there are several ways they can gain some experience before applying for a role, such as through an internship or by volunteering.
COVID-19 workforce can be upskilled to conduct making every contact count (MECC) interventions

The table below provides an overview of the responsibilities, competencies and training required for each MECC intervention. We suggest that systems work with lead employers to identify specific health interventions that would beneficial to the local system. This may include agreeing any shadowing opportunities for staff before they can perform the role. It is recommended that unregistered staff supporting MECC interventions have either completed or are working towards the Accelerated Care Certificate.

<table>
<thead>
<tr>
<th>Suggested MECC interventions</th>
<th>MECC responsibilities by workforce can include:</th>
<th>Competencies required</th>
<th>Training requirements</th>
<th>Who can support the MECC intervention?</th>
</tr>
</thead>
</table>
| 1. Display health promotion materials (posters, leaflets, information) | • Support with logistics to get the promotional materials in physical format and other necessary stationary available on site  
• Support with the set-up and placement of digital/printed materials at agreed point in the pathway  
• Place materials strategically so individuals can spot them easily (e.g. in vaccination booths) and are likely to read them (e.g. waiting areas) | ❑ Staff know who the point of contact is for any further information required by patients  
❑ Staff are briefed and understand the purpose of MECC interventions | • What is MECC and why is it important?  
• Staff are briefed on the intervention | Admin, HCAs, HCSWs, RHCPs, Volunteers |
| 2. Signposting & motivational interviewing | • Identify when it is the right time and place and proactively apply this intervention (i.e. in the waiting area or during the assessment or vaccination stage)  
• Motivational interview about specific health areas (i.e. patient health and lifestyle, flu vaccine, relevant NHS screening programmes)  
• Direct individuals to information on local health services and to relevant resources on or off site | In addition to the competencies required to undertake the intervention above:  
❑ Competent in motivational interviewing in brief interventions (or equivalent Health Screening and Promotion)  
❑ Demonstrate knowledge of locally promoted health services and how to access them  
❑ Competent in signposting to accurate, current and relevant materials, as well as signposting to other health improvement services | • What is MECC and why is it important?  
• How to have a MECC conversation  
• Motivational Interviewing in brief interventions training  
• Signposting | Admin, HCAs, HCSWs, RHCPs |
| 3. On-site health interventions, as determined locally. | • The exact responsibilities and who can fill the role should be based on local determination and associated specific intervention. | To be locally determined. Examples of competencies are:  
❑ Staff are briefed and understand the purpose of MECC interventions  
❑ Staff know who the point of contact is for any further information required, including escalations.  
❑ Staff demonstrate knowledge of the promoted health service and how to access them  
❑ Competent in delivering the specific intervention | The vaccination site leads can access a range of e-Learning resources to support them when getting the staff skilled up to be able to deliver specific interventions:  
• MECC E-Learning for Health (eLfH) Package  
• MECC official website  
• PHE All Our Health e-learning programme | Locally determined based on the type of intervention |
Build on retention successes through a focus on exploring long-term career opportunities in healthcare for the COVID-19 vaccination workforce

Over 13,500 vaccination staff, as of mid-May 2022, were retained to start a career in the health service. This has been possible as a result of robust retention approaches and systems should optimise retention activities during periods of lower demand and continue to align retention across respective ICSs. Examples of activities should include increasing engagement activities such as contacting staff yet to be offered a career conversations, careers events/webinar, role matching, raising awareness of learning and career opportunities etc.

**Retention resources on NHS Futures:**

- Guide for employers: Local Retention for unregistered staff
- Guide for Unregistered Staff: Career opportunities in healthcare
- Skills requirements for clinical and non-clinical roles

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A survey or chatbot is used to gather expressions of interest from candidates, as well as basic information about their desired employment type, working pattern and roles they may be interested in.

During a 1-2-1 career conversation, the Careers Adviser/Coach helps the individual assess their suitability for different roles and narrow down their list to a smaller set of realistic options. Together they then determine any training needs and develop an action plan.

The individual is matched to a range of appropriate roles for which there is local demand. The individual decides which to apply for and is either provided with application support or is fast-tracked into employment.

The individual is successfully employed in a suitable role or training opportunity and commences their career in health or care.
Useful process for helping staff to think through their career/life motivations, transferrable skills and career aspirations.

Not all staff within the vaccination programme have had the opportunity to access career conversations due to demands on the workforce. There is an opportunity to conduct and schedule more career conversations during this period. There is also an opportunity to upskill coaches to ensure conversations are impactful and effective.

The healthcare and social care sectors have an abundance of career opportunities. Being aware of the career paths and demand for roles will help guide engagement as well help the individual consider their suitability and preferences for staying in the health sector. Some examples of opportunities:

- NHS Reserve
- HCSW programme
- Career in Nursing
- Apprenticeships
- Developing bespoke career paths
- Corporate roles
- Manager level roles (non-clinical)
Equality, diversity and inclusion (EDI) and wellbeing at the heart of the end-to-end employee experience and career opportunities

The NHS is committed to ensuring we have a workforce that reflects the communities it serves, being the best workplace for staff, volunteers and partners, and prides itself on having a workforce from all walks of life and experiences. System retention plans and interventions should reflect local commitments for EDI and wellbeing in the form of practical interventions that may benefit your vaccination workforce (existing and new recruits).

The People Promise outlines the NHS ambitions to being an inclusive employer along with creating the right culture where staff are listened to and have line of sight on career opportunities and progression.

Local recruitment for Autumn boosters

Our vaccination workforce is a flexible pool of temporary staff, prone to fluctuating for a number of reasons including in response to changes in the level of vaccine activities.

Workforce leads should start reviewing any need for additional staff, taking into consideration locally determined expected churn, and advertise for positions soon.

Insights from national recruitment informs us that the end to end recruitment of unregistered vaccinators takes between 6-8 weeks, including vetting, training and onboarding.

**Tip #1:** Consider partnering with local organisations to take opportunities to support hard to reach communities.

**Tip #2:** Review recruitment processes to sense check EDI is incorporated, including job description, interview questions etc.

Staff wellbeing

It is vital we use the summer period to encourage our substantive staff to take a well earned rest and book their annual leave now, particularly ahead of the imminent Autumn surge, so staff continue to be best placed to support another busy period.

Please do check-in with staff on their wellbeing and offer them access to local support available for staff. Workforce leads should collaborate with Local Wellbeing leads to raise awareness of support available. You can also use the NHS health and wellbeing framework to understand where organisations should prioritise health and wellbeing efforts.