NHS
University Hospitals Birmingham
NHS Foundation Trust

BIRMINGHAM AND SOLIHULL COVID VACCINATION PROGRAMME

SYSTEM VACCINE OPERATIONS CENTRE (SVOC) OPERATIONS MANUAL

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1. MISSION STATEMENT

University Hospitals Birmingham NHS Foundation Trust (UHB), as designated lead provider within the Birmingham and Solihull (BSOL) COVID Vaccination Programme, is responsible for the management, oversight and co-ordination of the COVID Vaccination Programme (CVP) and associated delivery models for the Birmingham and Solihull Integrated Care System (ICS). In line with national guidance, a System Vaccination Operations Centre (SVOC) has been established to co-ordinate operational service delivery and communication between providers, subcontractors, other delivery partners and wider stakeholders

2. GOVERNANCE

2.1. The BSol CVP has a reporting line to the Birmingham and Solihull ICS as well as to NHS England (NHSE) Midlands.   SVOC sits within the programme structure and has a reporting line to the Regional Operations Centre (ROC).

2.2. Each level in the programme has a Gold, Silver and Bronze accountability structure.

2.3. The following Appendices define the Governance Structure

- • Appendix A The detailed Governance Structure can be found in and the table,
- • Appendix B Elements membership, roles, authority and where it reports to
- • Appendix C Programme Board Roles

3. SCOPE

3.1. This document is for the CVP senior leadership, any Programme Management Office (PMO) staff assigned to the CVP, SVOC operations managers and UHB led vaccination centre and hospital hub site operations managers. The document should be read in conjunction with any site-specific manuals and the relevant national and UHB Standard Operation Procedures for the CVP.

3.2. **De-confliction with UHB COVID Incident Command Centre**

3.2.1. The UHB COVID Incident Command Centre (ICC) was established in March 2020 to co-ordinate COVID related incident reporting. The UHB ICC is led by Kellie Jervis, Head of Emergency Planning and Business Continuity. The UHB ICC is operational between 8am and 8pm, 7 days a week. There is no overlap between reporting for the SVOC and ICC and all vaccine related information is provided to SVOC not ICC.

3.2.2. Contact details for ICC are: Major.incidents@uhb.nhs.uk or 0121 424 0266 or 0121 371 4713

4. KEY DELIVERY PARTNERS AND STAKEHOLDERS

4.1. The SVOC in conjunction with the CVP PMO has day to day operational oversight of the CVP delivery models in BSO.

4.2. As of the date of approval of this document, there are no subcontractors within the programme. The organisations identified in the following paragraphs are key delivery partners.

4.3. Each delivery partner is responsible for completing assurance processes through Foundry. UHB has provided support to other trust Hospital Hubs (HH) in BSOL with regards to the assurance process. Each PCN has completed their own assurance processes. The memorandum of understanding requires delivery partners to comply with the reporting and governance processes established by the Main Coordination Organisation (MCO) to ensure all parties are delivering vaccination services in line with their contracted volume and service KPIs. This will mean participating in the daily reporting and meeting programme ("the daily battle rhythm" and providing data against the required KPIs for aggregation and reporting in a timely way.

4.4. **Primary Care Networks (PCN)**

There are 31 BSol PCNs which will deliver the local COVID vaccination model from 28 community clinic locations. The PCNs are providing this service through a National Enhanced Service contract (ES). BSol CCG provides relationship management for the 31 PCNs. The key CCG contact for the SVOC is Paul Sherriff, Chief of Primary Care and Integration.

4.5. **Community Pharmacies (CP)**

Each region has community pharmacists who join the vaccination programme, they are commissioned nationally and have no direct reporting line through SVOCs.

4.6. **NHS providers**

The Royal Orthopaedic Hospital (ROH), Birmingham Women's and Children's Hospital (BWCH), Birmingham Mental Health Trust (BMHT), Birmingham Community Heath Care Trust (BCHC) have all become delivery partners in BSol. Each location established a HH on their own premises to enable vaccination for their own staff as well as offering additional capacity to wider BSol Health and Social Care staff. Each non UHB HH reports in through SVOC via a daily SITREP.

4.7. **Relationships with other stakeholders**

4.7.1. The organisations identified below are key stakeholders rather than key delivery partners.

- Birmingham City Council
- Solihull Metropolitan Borough Council
- Public Health England

4.7.2. These organisations are not required to participate in the SVOC daily battle rhythm and will receive regular update reports via the weekly BSol CEOs meeting.

5. REGIONAL/NATIONAL STRUCTURE

5.1. National Vaccination Operations Centre (NVOC) Network Key Functions

The purpose of the National Vaccination Operations Centre is to enable the end-to-end deployment of COVID-19 vaccines through the Regional and System Vaccination Operational Centres (ROC and SVOC) together with the Management and Co-ordination Organisations and the Lead Employers within each system. The NVOC is in Skipton House in London.

5.2. NVOC Key Responsibilities

The National Vaccination Operations Centre (NVOC) will provide:

5.2.1.   National surveillance and management of the COVID-19 vaccine supply chain.

5.2.2.   National monitoring of 'early warning' triggers, anticipatory action in real time to avoid failure, and timely dissemination of the learning to NHS Regions.

5.2.3.   Oversight of national-level incidents including incident recovery, post-incident root-cause analysis and rapid dissemination of the learning.

5.2.4.   A national point of contact for all COVID-19 Vaccination queries escalated from regions (non-public).

5.2.5.   A single integrated source of intelligence owned by all cross-government stakeholders.

5.2.6.   A single route for ensuring appropriate allocation of the vaccine in line with forecast demand.

5.2.7.   A national level and central reporting framework capable of developing SITREPs, bulletins and briefings to create situational awareness.

5.2.8.   Leadership of the daily battle rhythm including daily touchpoints with ROC and twice daily situational reports to inform the Top of the Office (TOTO) briefing incorporating the combined intelligence into one national report.

5.2.9.   Data monitoring, including reports of new COVID-19 cases in people who have been vaccinated

5.2.10. A mechanism for maintaining continuous improvement and informing strategic decision-making for future Flu and COVID-19 Vaccination service.
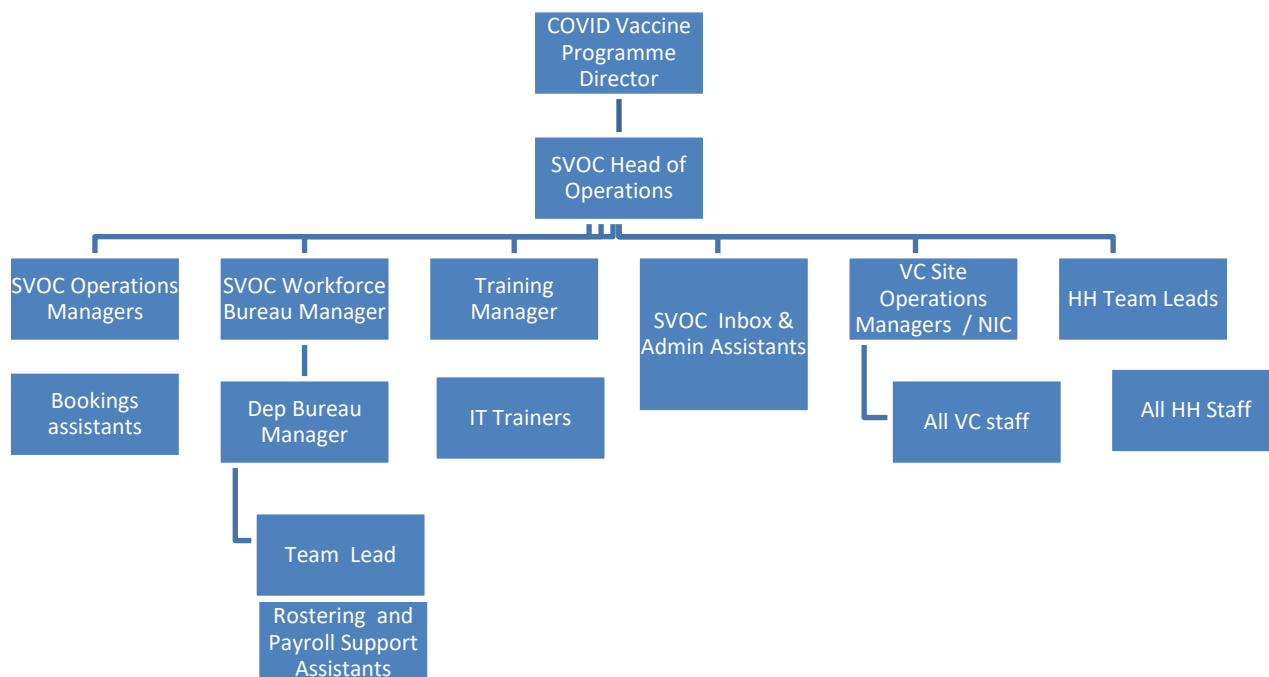
5.3. NVOC Operating Model

5.3.1.   The NVOC will be operational from 08:00-1800 weekdays and 0900-1700 weekends and Bank Holidays, with on call arrangements to the Incident Control centre (ICC). It will work on a 96hr planning cycle.

5.3.2.   The NVOC will employ a Bronze, Silver and Gold accountability structure for consideration of Operational, Tactical and Strategic requirements and decision making respectively.

5.4. Regional Operations Centres (ROC)

The Midlands ROC is located virtually. It will provide:

5.4.1. Regional oversight and management of any vaccine-related escalation issues arising from each SVOC

5.4.2. Identifying and reporting to the NVOC early warning of potential failure so that mitigating action can be taken, and learning applied across all NHS Regions

5.4.3. Oversight of regional-level incidents including incident recovery, post-incident root-cause analysis and rapid feedback of the learning to the NVOC

5.4.4. Participation in the event of a national incident with accountability to the NVOC and participation in follow-up evaluation and learning

5.4.5. A regional point of contact for all COVID-19 Vaccination queries and feedback loop to the NVOC to aid the process of national intelligence gathering

5.4.6. Management of cross-border issues and brokering of mutual aid between local systems, through the SVOCs.

5.4.7. Two-way dissemination of data and intelligence from the NVOC to ROC for sub-regional distribution and feedback loop back to NVOC Participation in the daily battle rhythm as led by the NVOC and responding promptly to daily requests for updates, information and reports as requested by the NVOC. This includes contributing to the twice daily situational reports to provide one national report

5.4.8. Regional contribution to national continuous improvement and informing strategic decision-making for future COVID-19 Vaccination Programme

5.5. **ROC Operating Model**

5.5.1. ROCs will be operational from 08:00-1800 weekdays and 0900-1700 weekends and Bank Holidays. It will be aligned with the regional ICC structure and is virtual.

5.5.2. The ROC will employ a Bronze, Silver and Gold accountability structure for consideration of Operational, Tactical and Strategic requirements and decision making respectively.

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6. SVOC Roles and Responsibilities

6.1. SVOC Operations Team

The SVOC Operations Team comprises of SVOC Head of Operations, Operations Managers, SVOC Training Manager , SVOC Inbox, administrative and booking assistants.

6.2. PMO and SVOC Operations Team Roles and Responsibilities

The SVOC Operations Team is responsible, through the SVOC Heads of Operations, to the BSol Covid Vaccination Programme Director for the day to day running of the BSol SVOC. Key roles and responsibilities are:

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6.2.1. Routine and ad hoc daily reporting to ROC and NVOC including daily SITREPs for Vaccination Centres (VCs) and HHs as required

6.2.2. Providing a line of communication between VCs, HH, CCG, PCNS and CPs from BSol to ROC and from ROC downwards.

6.2.3. Liaison and communication with CCG and PCNs

6.2.4. Liaison and Communication with other BSol NHS Trusts HHs.

6.2.5. Carrying out daily teams call with VCs and UHB HHs.

6.2.6. Conducting liaison visits to UHB VC and HH, ensuring every site is visited at least once a week by SVOC Operations team.

6.2.7. Communication of incidents to ROC either through routine daily reporting/ DATIX or adhoc for significant/urgent issues.

6.2.8. Maintaining a log of CCG/PCN incidents reported to SVOC, working closely with CCG Patient Safety Team to ensure incidents are investigated and incident reporting is thorough.

6.2.9. Working with UHB Patient Safety Learning Lead to ensure incidents at UHB VCs and HH are investigated.

6.2.10. Ensuring national incidents are cascaded to all BSol vaccination sites utilising CCG colleagues as well as upwards to the PMO, CVP and UHB executives.

6.2.11. Participating in Clinical Oversight Group meetings and support clinical team in ensuring a safe vaccination environment is maintained.

6.2.12. In conjunction with UHB and CCG pharmacy colleagues completing vaccine stock level reporting to ROC, capacity and delivery planning, performance reporting and escalate any supply issues.

6.2.13. In collaboration with the CCG and other BSol Trust partners monitor and report uptake of vaccine in staff and general population, highlight areas of low uptake and liaise with communications regarding messaging.

6.2.14. In collaboration with PMO, update the VC Operations Manual, SOPs, and associated documents as required.

6.2.15. Induction and refresher training for COVID Vaccine Assistants (CVAs) and supporting the UHB Clinical Education team in delivery of vaccinator training where required.

6.2.16. Handling of complaints arising from activity at UHB HH and VCs, provide first line of complaint resolution and liaise with UHB Patient Relations Lead as required.

6.2.17. Management of local booking system and operations of a bookings inbox and phone line.

6.2.18. Management of National Booking System for BSol VCs.

6.2.19. Management of access to IT systems for all staff at VCs and UHB HHs.

6.2.20. Act as the BSol authoriser for approval of National Immunisation Vaccination System accounts for the CVP.

6.2.21. In coordination with the CVP work stream leads participate in venue mobilisation.

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6.2.22. Business continuity planning for SVOC, VCs and UHB HHs.

6.2.23. Attend CVP meetings as required.

6.2.24. Operational support to the Programme Management Office.

6.2.25. Manage BSol SVOC Inbox, mandated monitoring of inbox is in line with ROC operating hours.

6.2.26. Operationally manage the delivery of vaccinations to inpatients across UHB sites and operationally manage UHB mobile and pop-up vaccine delivery.

6.3. SVOC Operations Team Working Hours

	Timings	Comments
Normal Office Hours	08:00-17:00	NEC Unit 1, at VCs or HH or remote working
Weekday Late	17:00-close of all sites	SITREP compilation and inbox cover as required- remote working
Weekend & BH	From opening of sites- until close of all sites	Head of Ops and Duty Ops Managers cover 1 weekend in 4. Inbox monitoring, Duty Ops manager and SITREP compilation.

6.4. SVOC Operations Team Meetings- Daily

Time	Title	Comments
08:00- 08:30	CVP Daily Update	Weekdays except Wednesday
08:30-- 09:00	SVOC Ops Team daily meeting	Head of Ops, Ops Managers and workforce bureau manager
09:45-10:15	Ops call with site Ops managers	7 days a week
10:30-11:00	ROC Morning Call	Weekdays SVOC and/or PMO attendance
16:00	Ops call with site Ops managers	7 days a week
16:30 -16:45	ROC evening call	Weekdays SVOC and/or PMO attendance

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6.5. **SVOC Work Force Bureau Manager Responsibilities**

6.5.1.   The Workforce Bureau Manager will roster trained vaccinators and Covid Vaccination Assistants (CVAs) to deliver staff to the VCs and UHB HH across BSol.

6.5.2.   In addition to supplying workforce for VCs and UHB HHs, the SVOC Workforce Bureau Manager may be required to identify staff to support workforce demands from non UHB trusts and other delivery models within BSol for example PCNs, dialysis units, mobile and roving models etc

6.5.3.   The SVOC Workforce Bureau Manager will work with the SVOC Head of Operations and Operations Managers to ensure that staffing levels at VCs and HHs are sufficient to meet varying customer demand.

6.5.4.   The SVOC Workforce Bureau Manager may be required to stand up and stand down staff at short notice.

6.5.5.   The SVOC Workforce Bureau Manager is responsible for informing the SVOC Head of Operations of major workforce issues.

6.5.6.   The SVOC Workforce Bureau Manager will participate in daily teams call with VCs and UHB HH to identify workforce issues if required.

6.5.7.   Responsible for performance management issues of BSol COVID Vaccine workforce including management of sickness absence.

6.5.8.   Responsible for production of daily and ad hoc reports on COVID Vaccine workforce statistics for upwards reporting to the SVOC Heads of Operations.

6.6.   Daily Timetable: The Workforce Bureau will be operational from 0700-1900 5 days a week this will be a mix of in office at Unit 1 NEC and remote working with weekend on call cover.

6.7.   SVOC Workforce Team

The SVOC Workforce Bureau Manager is supported by a deputy Workforce Manager and the following:

- Bureau team lead
- Three rostering assistants
- Three payroll assistants

7.   DELIVERY MODELS

In order to reach the whole of the UK population, the COVID vaccine needs to be made available to customers utilising a number of different methods and location types.

7.1.   **Hospital Hubs (HH)**

7.1.1. Each area has identified a hospital to be a lead site for the vaccination program. This will use NHS estates and will provide a location for a mix of customer cohorts including hospital staff, staff from other hospitals, members of the public, care home residents, health and social care workers and patients either outpatients or inpatients prior to discharge. The advantage of the HH model is an established site with good transport links and established policies and procedures for providing healthcare.

7.1.2. The HH in BSol are:

- Queen Elizabeth Hospital Birmingham

- Heartlands Hospital

- Good Hope Hospital

- Solihull Hospital

- Royal Orthopaedic Hospital

- Birmingham Children's Hospital

- Birmingham Mental Health Trust

7.1.3. Each HH will open in tranche order and the tranches delivery date will be informed by ROC. Each SVOC will nominate its proposed HHs and declare their readiness states, ROC will confirm 'go live' and activation dates. Each HH will close as demand for vaccination of Health and Social Care workers which is what they were opened for reduces.

7.1.4. Each HH will have different numbers of lanes available depending on the size of the site. Each location will be able to flex its number of lanes open to meet demand, vaccine availability and staff availability.

7.2. **Vaccine Centres (VCs)**

7.2.1. Each region has identified non-NHS sites on which to establish VCs to enable a mass vaccination program to a wide customer group.

7.2.2. In BSol the confirmed VCs are:

- Millennium Point

- Villa Park

- Edgbaston Cricket Ground

7.2.3. As of July 2021, no further VC sites are planned for opening in BSol.

7.2.4. Different VCs will open in tranche order and the tranches delivery date will be informed by ROC. Each SVOC will nominate its proposed VCs and declares their readiness states, ROC will confirm 'go live' and activation dates.

7.2.5. Each VC will have different numbers of lanes depending on size of site, numbers of lanes in operation will depend on customer demand, vaccine availability and staff availability.

7.3. **Local Vaccination Services (LVS)**

LVS are provided by PCNs which are groupings of GP practices and health centres, they will be a significant part of the vaccination programme. In BSol there are 31 PCNs which will deliver the local COVID vaccination model from 28 community

clinic locations. PCNs come online with the CVP in waves, the first wave commenced on 14 December 2020 shortly after the first HH. PCNs report into SVOC via the CCG in most instances.

7.4. Roving Model

Roving models will play a part in the delivery of vaccines to populations that cannot easily access an LVS, VCs or HH. Two trusts in BSol are operating roving models: BCHC and UHB. BCHC is also the responsible partner for delivering vaccines to the Secure Detained Estate (SDE) in BSol.

7.5. Mobile Model

UHB and BSol CCG have established a mobile model to access hard to reach communities, reduce health inequalities and provide bespoke Public Health Initiatives in workplaces of high outbreaks. The mobile model coordinates with multiple stakeholders to ensure the right areas are targeted for the model. They work closely with Birmingham City Council, Solihull Metropolitan Borough Council, Public Health England, charities homeless, and refugee organisations, community and faith leaders. Members of the CVP meet with the Health Inequalities Board for BSol to coordinate responses.

7.6. Inpatient Model

SVOC will co-ordinate the delivery of vaccines to clinically suitable inpatients across UHB sites using a webform referral method which are submitted by eligible patients' clinicians. BSMHT and BCHC will manage the vaccination of inpatients in their hospitals and units.

7.7. Community Pharmacies (CPs)

Community Pharmacists are commissioned nationally and provide another delivery model in BSol.

7.8. Managing demand, capacity and allocation

7.8.1. Capacity in BSol is created via the different delivery models; VC, HH, LVS, CPs mobile and roving models.

7.8.2. The capacity available is a function of the allocation of the vaccine to BSol as well as physical capacity at vaccination venues and workforce capacity on a given day. Capacity is generated into appointments via a combination of opening appointments on the National Booking System at VCs, LVS and CPs and the use of local booking solutions across all delivery models.

7.8.3. Demand is generated by the opening of cohorts according to national direction. Demand can fluctuate with surges in demand seen at the opening of a cohort with the tailing off as that cohorts nears completion of those eligible or desiring the vaccine.

7.8.4. Matching capacity and demand are closely monitored and coordinated across BSol through collaboration of VC, HH, LVS, CP a, mobile and roving models under the direction of Programme Director and the CVP.

7.8.5. Patients can move between each delivery model for their first and second vaccines depending on their own personal requirements or due to fluctuating supply and access to different brands of vaccine at each location. Each delivery method can support another to provide continuity

of access for the BSol population. The SVOC bookings team plays an integral role in coordinating patients moving between delivery models utilising a local booking solution.

8. JCVI VACCINATION PRIORITY GROUPS

8.1.   Vaccinations in BSol are offered in line with JCVI guidance and national priorities. NVOC direct when each cohort is open for booking and control the booking of cohorts via access to the National Booking System, each delivery method also has a local booking solution which they are required to manage the cohort priorities in line with the national priorities.

8.2.   The priority cohorts are:

1.	Residents in a care home for older adults and their carers
2.	All those 80 years of age and over and frontline health and social care workers
3.	Those 75 years of age and over
4.	All those 70 years of age and over and clinically extremely vulnerable individuals
5.	Al those 65 years of age and over
6.	All individuals aged 16 years to 64 years with underlying health conditions which put them at higher risk of serious disease and mortality
7.	All those 60 years of age and over
8.	All those 55 years of age and over
9.	All those 50 years of age and over
10.	All those over 40
11.	All those over 30
12.	All those over 18

Reference: https://www.gov.uk/government/publications/priority-groups-for-coronavirus-COVID-19-vaccination-advice-from-the-jcvi-30-december-2020

9. VACCINE INFORMATION

9.1.   The PHE Green Book Chapter 14a provides the overarching direction for the use of vaccines within the COVID vaccine programme.

https://www.gov.uk/government/publications/COVID-19-the-green-book-chapter-14a

9.2.   Prescribing the Vaccine

Medications can be prescribed using a number of different methods which are relevant to the CVP.

9.2.1.   Patient Specific Direction (PSD)

9.2.1.1.   A PSD is a written instruction signed by a prescriber of medicines to be supplied and / or administered to a named

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patient after the prescriber has assessed the patient on a need basis.

9.2.1.2. Prescribers need to be medical practitioners, independent nurse or pharmacist prescribers (who are suitably trained with experience in immunisation) limiting the number of staff who can prescribe. A Prescriber will need to give an authorised instruction to administer a medicine to a list of individually named patients where each patient on the list has been individually assessed by that prescriber. The prescriber must have adequate knowledge of the patient's health and be satisfied that the medicine to be administered serves the individual needs of each patient on that list.

9.2.1.3. PSD are required if a customer cannot receive a COVID vaccine under a Patient Group Direction or National Protocol due to medical reasons.

9.2.2. Patient Group Direction (PGD)

9.2.2.1. A PGD allows healthcare professionals to supply and administer specific medicines to defined groups of patients without a prescription.

9.2.2.2. PGDs can only be used by those registered health care professionals as listed in the legislation. These are: chiropodists and podiatrists, dental hygienists, dental therapists, dieticians, midwives, nurses, occupational therapists, optometrists, orthoptists, orthotists and prosthetists, paramedics, pharmacists, physiotherapists, radiographers and speech and language therapists.

9.2.3. National Protocol (NP)

9.2.3.1. A NP is a new type of instruction that was introduced to support the expanded influenza and COVID-19 Vaccination Campaign. This is a new legal mechanism which has been put in place following amendment of the Medicines Regulations.

9.2.3.2. The protocol is authorised in law by the Secretary of State for Health and allows those who are registered healthcare professionals who cannot operate under a PGD, and those who are not registered healthcare professionals, to safely administer a licensed or temporarily authorised COVID-19 or influenza vaccine.

9.3. Second Dose Timings

9.3.1. Each COVID vaccine may have a different minimum requirement for numbers of days between first and second dose. Some exceptions may be permitted due to specific clinical reasons for requiring a second dose earlier which will be approved by COVID Vaccine Program clinical directors or if a customer is due to move out of the country before a full course would be completed if they waited the specified time.

9.3.2. The Vaccination programme will adhere to the latest national guidance on delivery of second dose timings.

9.4. **Missed Second Dose Follow Up**

SVOC Bookings Team utilise Outcomes for Health and the National Immunisations Vaccination System to ensure that everyone who has been given a first dose in BSOL has received a second dose. Appendix D details the process.

9.5. **Vaccine Storage**

Vaccine storage requirements varies depending on the type of vaccine. Please refer to the latest National and UHB Standard Operating Procedures associated with vaccine storage which can be found at the CVP microsite.

10. WORKFORCE PLAN

10.1. The workforce plan remains flexible to meet the changing requirements of the HHs and VCs as well as any additional support requests from other Trusts and CCGs. SVOC Workforce Bureau will roster vaccinators and COVID Vaccine Assistants in sufficient quantities to provide a workforce suitable for the number of lanes at a given venue on a given date and time. Due to the uncertain nature of vaccination bookings, the workforce bureau will need to be flexible to support short notice requirements for standing up and standing down staff although estimated staffing requirements will be reviewed daily Mon-Fri by PMO and SVOC Head of Operations to attempt to alleviate short notice requirements as far as practicable.

10.2. The SVOC staffing will also flex according to need with additional bank staff being rostered to support the workforce team and bookings team as the operational tempo changes or short term discrete administrative task may arise.

10.3. The majority of the workforce for the COVID vaccine program will come from bank staff recruited as vaccinators and COVID Vaccination Assistants (CVAs). However, some core roles in SVOC are on fixed term contracts and a number of staff has been provided from the redeployed pool nominated by UHB HR department.

11. TRAINING

UHB is responsible for training of all vaccinators and CVAs which work in UHB HHs, VCs, the UHB led roving model or any staff UHB loan to PCNs/ CCGs. The other non UHB HHs, LVS and CP in BSol are responsible for the training of their own staff.

11.1. **Vaccinators**

11.1.1. Vaccinator training for both registered and non-registered staff is conducted by the UHB Clinical Education team. This involves theory, practical training and a period of competency review and sign off by clinical education staff.

11.1.2. All registered and unregistered staff employed within the Programme must be signed off as competent against the appropriate parts of the relevant vaccine PDG/PGO/NPs.

11.1.3. Theory training is hosted on E-learning for Health and practical training takes place in a training room at one of the VCs. Practical training for registered staff is 2 hours and for non-registered, 4 hours. All aspects of E–learning are required to be completed prior to attending the practical training.

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11.1.4.   Once all aspects of training are completed vaccinators undergo a competency assessment and sign off by a member of the Educational Team at one of the VCs or HH. All staff who complete face to face training and competency are submitted via an electronic form on the day of training, which uploads to a database held by the rostering team, to allow them to know instantaneously when a vaccinator is ready to roster onto shifts.

11.1.5.   Vaccinators' training takes place at a VC and therefore they receive an orientation to the VC operations during their vaccinator training and undertake practical training within a vaccination lane. In addition, vaccinators are invited to attended induction at VCs before first rostered shift. If a vaccinator arrives at a VC or HH and has not worked there before then the NIC will conduct an orientation of the facility.

11.2.   Nurse in Charge

11.2.1.   The Nurse in Charge of each shift is the clinical leader of the vaccination team, ensuring the delivery of a safe and effective service for the mass delivery of COVID-19 vaccinations in hospital hubs, mass vaccination centres and mobile services associated with the delivery of the National Covid 19 Vaccination programme.

11.2.2.   The nurse in charge also provides clinical and professional leadership for the site working alongside the operations manager for the vaccination centre.

11.3.   COVID Vaccination Assistants (CVA)

11.3.1.   CVA induction is provided by SVOC Training Manager assisted by SVOC Ops Managers as required. This covers all other roles at VCs and HHs which are not vaccinators or NIC. Training lasts 90-120 minutes, depending on questions.

11.3.2.   A detailed list of topics covered is in Appendix E

11.3.3.   Prior to opening new VCs CVA training takes place in small groups over a few days for new staff and experienced staff who may be changing VC location. The SVOC Training Manager also conducts smaller adhoc training for new starters and refresher training at VCs and HH as required. Records of who has received induction training and a signed register are kept by SVOC Training Manager.

11.4.   VC Operations Managers

New VC operations managers receive on the job training with current VC operations managers and a period of shadowing before taking control of a site. They will also receive the induction training which is delivered to CVAs. SVOC Operations managers will also provide on-site support to new vaccine centre operations managers during the first few shifts and are available 7 days a week during vaccination hours for help and guidance.

11.5.   New starters procedures

Due to the high turnover of bank staff and the fact the work force has to be flexible across multiple sites. It is the NIC, Site Ops Managers and team leader's responsibility to identify any new starters at the beginning of the shift. They will then be given an orientation of the facility by the NIC /site ops manager or team lead. IT

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trainers on site will ensure all new users accounts are set up if this has not been completed before first shift. Any new starter without appropriate IT accounts will be allocated a non-IT based role/shadowing whilst IT accounts are created.

12. REPORTS

The reporting requirements for the COVID vaccination program vary daily as the regional and national bodies require differing reports, reports required are notified by ROC to SVOC via email with deadlines for submission. SVOC inbox managers are responsible for keeping a task log and sending returns to ROC in normal working hours, the SVOC duty ops manager carries out this function out of office hours or in the inbox managers absence.

12.1. Approval of reports and returns

The Programme Director has operational accountability for the BSol SVOC and is therefore responsible for approving the content of all reports which the SVOC is required to submit to ROC, UHB, BSol ICS, delivery partners or any other organisation. The Programme Director can delegate authority to members of PMO or SVOC to submit on behalf of BSOL.

12.2. Situation Report (SITREP)

Each VC and HH in BSol is required to submit a daily SITREP to SVOC after vaccinating activity has finished at the site. It is the responsibility of the Operations manager at the VC and team leads at HH to send the reports in a timely manner to the SVOC inbox. The SITREP for VC and HH differ slightly due to national requiring different information. The VC SITREPs need uploading to the link that feeds foundry reporting tool daily, the HH SITREPs as of 19 February 2021 are no longer reported onto foundry daily but are used internally within SVOC to inform vaccination activity and assist in compiling other reports according to regional and national requests.

13. INFORMATION TECHNOLOGY

There are number of key digital solutions that are used by the BSol CVP, as follows:

The Solution	What it does	Who is expected to use it
National Immunisation Management System (NIMS)	The national data collection portal as the single source of truth for vaccinations	National Team. BSol do not need to use this tool.
National Immunisation Vaccination System (NIVS)	This is the clinical data capture tool that must be used for NHS staff and patients being vaccinated at the Hospitals Hubs. NIVS links to the Electronic Staff Record (ESR) which will in turn update NIMS which will update the GP record.	HHs Inpatient Vaccinator teams SVOC

The Solution	What it does	Who is expected to use it
Outcomes for Health (also known as Pinnacle or Pharmaoutcomes)	This is the clinical data capture tool to be used for non-NHS staff and all patients. O4H will update both the GP record and NIMS.	VCs PCN's Roving Model BCHC/UHB Community and Care Homes. SVOC
National Booking service (NBS)	The national booking service for appointments for staff and patients. This is not yet available.	VCs SVOC
DrDoctor	Local slot management system for use by the Hospitals Hubs and Employers to book into the ITM	HHs VCs SVOC
GP Connect	Booking solution for use by the PCN which ensure consistency of capture and booking across PCN sites	PCN's

The following shows how the national solutions link together:

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YCC/SCR

ESR

Patient history

Staff record

Acute System

GP System

NIVS

Patient record

Staff vaccination data

Vaccination Procedure

Patient record

Booking service
- Confirm locations
- Facilities
- Appt availability

PharmOutcomes

Negative events

NIMS

Vaccination history

Confirm eligibility status

Confirm identity with NIMS and PDS

13.1. National Immunisation Vaccination System (NIVS)

13.1.1. The National Immunisation Vaccination system is the point of care solution for the HHs and inpatient vaccination activities. NIVs is used to upload first and second dose vaccinations records and can be used to check immunisation status of patients. NIVs links to the NIMs and all records uploaded in NVS will appear in NIMs.

13.1.2. All CVAs and team leads that work in HH and carry out inpatient vaccinations need a NIVs account. To be able to apply for a NIVs account an NHS email address is required.

13.1.3. SVOC IT Trainers apply for new NHS emails accounts for new starters and as of April 2021 can create NIVs accounts as they are designated 'Super Users'. If no Superuser are available to create an account SVOC Ops Team can apply for NIVS accounts through agem.nivs-covid@nhs.net. SVOC Head of Operations have approval authority for new accounts.

13.1.4. SVOC is also responsible to apply for and authorise NIVS accounts for other NHS Trusts in BSol, requests for accounts are emailed to the SVOC Joint Inbox.

13.1.5. NIVS updates are received from ROC and disseminated by SVOC Inbox Managers to SVOC training manager, VC & HH team leads and SVOC IT Trainers.

13.2. Outcomes for Health (O4H)/ Pinnacle

13.2.1. O4H is the point of care solution used at the VC's, in PCNs as well as in

the roving models. O4H is used to upload first and second dose vaccinations records and can be used to check immunisation status of patients. O4H links to the NIMs and all records uploaded in O4H will appear in NIMs.

13.2.2. All CVAs working at VCs need an O4H account. Accounts are applied for by SVOC IT trainers and members of SVOC Ops Team can also apply for accounts.

13.2.3. SVOC IT trainers can set up new accounts for O4H as can the SVOC Ops Managers.

13.2.4. O4H updates are received from ROC and disseminated by SVOC Inbox Managers to SVOC training manager, VC & HH team leads and SVOC IT Trainers.
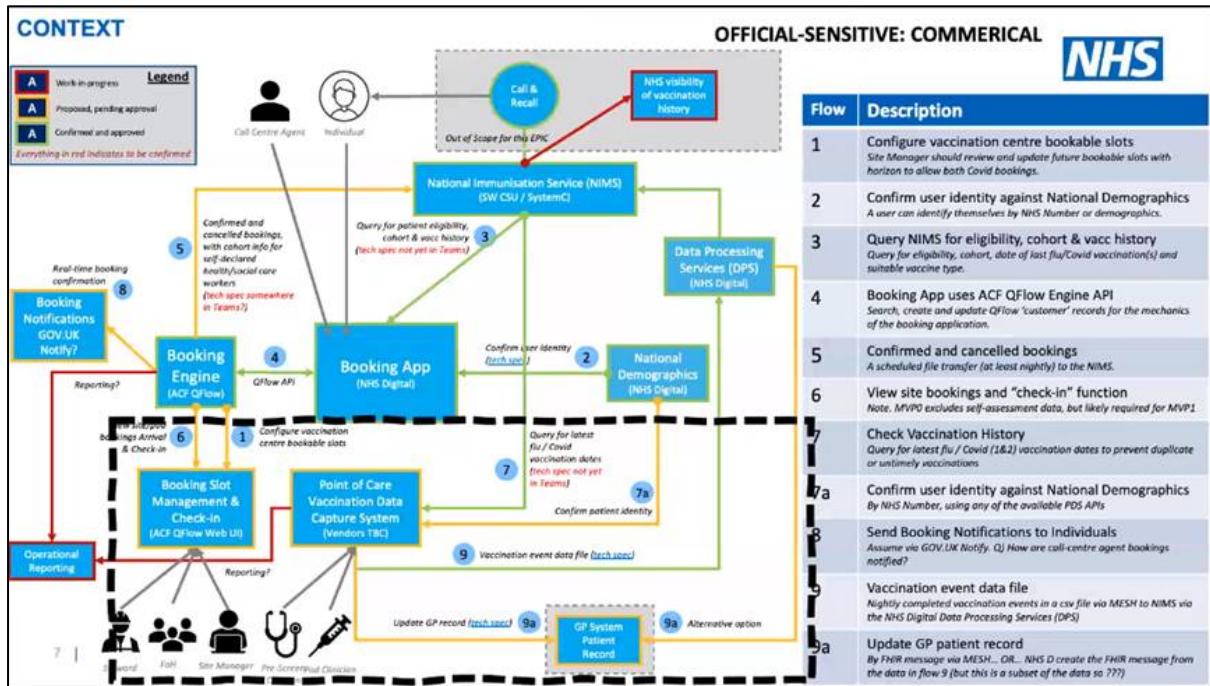
13.3. Local Booking Solution (DrDoctor)

13.3.1. The DrDoctor local booking solution is used at both UHB HH and VCs. At HHs it is the only booking system in use and is used to book staff and members of the public in for vaccinations at HH sites. At VCs it is used alongside the National Booking System to provide a method for various patients to be booked in such as Health and Social Care Workers at times when the s not open to them, Carers, to provide a route for accelerated second dosing for Clinically Extremely Vulnerable patients or to assist in referrals from GP surgeries for second doses.

13.3.2. DrDoctor can be booked in 3 ways:

13.3.2.1. By a member of the SVOC Ops or Booking Team.

13.3.2.2. By use of a shared URLs which is emailed to eligible patients and groups

13.3.2.3. By single use URLs which are generated and emailed to known eligible patients.

13.3.3. All 3 methods are used in BSol depending on the operational requirement.

13.3.4. Other hospital trusts, ROH and BWCH, in BSol also use DrDoctor and manage their own accounts and bookings with initial set up assistance and guidance from SVOC Ops Managers.

13.3.5. DrDoctor accounts are created for staff by SVOC Operations Managers or SVOC IT Trainers.

13.4. National Booking System (NBS)

13.4.1. The NBS became available in December 2020 and was designed to provide a booking system for members of the public to book into VCs. Patients access the NBS, either by the NHS website or by calling 119.

13.4.2. As of May 2021, the NBS is also used by CPs for bookings and is in the process of being made available to some LVS sites.

13.4.3. When patients book through NBS it automatically requires then to make both first and second dose appointments.

13.4.4. Patients can rearrange their own appointments using the 'manage my booking' tool available in NBS and can move their appointments to a

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different date or location. Patients do not have to attend the same site for their second as their first.

13.4.5. SVOC Ops managers are designated 'Site Managers' for each of the VCs in BSol available to book on NBS. Site Manager sets up the clinics and make the appointment slots available to be booked. Site managers also upload information about each site with regards to local transportation access, facilities, disabled access, interpretation services available etc so patients can pick the site that best suits their needs. Opening of appointments is carefully controlled in discussion with PMO and Pharmacy to ensure appointments available do not exceed vaccine allocation.

13.4.6. SVOC Ops Managers authorise access to NBS for staff at UHB VCs that require them.

13.5. **Foundry**

13.5.1. Foundry is a national NHS system which is used for the reporting required to command and control the national CVP. SVOC Operations Managers submit information onto Foundry daily in the form of SITREPs from VCs.

13.5.2. The PMO submits information on foundry for readiness returns. Members of BSol informatics teams use Foundry data to interrogate vaccination level activity within BSol to understand the uptake of the vaccine and assist in answering requests for information from regional and national.

14. INCIDENT MANAGEMENT

14.1. The SVOC is required to aggregate all clinical and non-clinical incidents related to vaccine deployment from supply to the incidents occurring at each site – for all BSol

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delivery partners. Incidents are reported daily via the Foundry situation reports. Incidents from all delivery partners are received and aggregated each day under the following categories:

Clinical Adverse Incidents- Other	Clinical adverse Incidents- Adverse Reaction
Clinical adverse Incidents- Faint/ collapse	Cold Chain Incidents
Medication errors - Wastage of product	Medication errors - Other
Consent	Safeguarding
Non-clinical health and safety- Needlestick	Non-Clinical health and safety - Other
Information Governance	Workforce and staffing (that have a significant impact on site operations or safety)

14.2.   SVOC will escalate incidents severe in nature to ROC immediately as well as notifying COVID Vaccine Program Clinical Directors and Programme Director. The SVOC inbox manager is responsible for alerting SVOC duty ops mangers of incidents and assisting with escalation and management of incident data. The latest Standard Operation Procedure for management of incidents by SVOC is stored on the CVP microsite.

14.3.   The following paragraphs provide an overview of incident reporting arrangements for each delivery partner.

14.4.   **UHB HH and VCs**

14.4.1.   Each location where COVID vaccinations are delivered by UHB employed staff has been set up on Datix. The Nurse in Charge, as the senior clinical lead, is the lead for Datix at a site. Other members of the staff can also submit a Datix. All CVAs get Datix awareness training during induction.

14.4.2.   All UHB incidents are screened by the Trust governance team by mid-day for the preceding 24 hours. An automated report identifying the number of incidents by site and by category will be sent to the SVOC daily, 7 days a week.

14.5.   **Non UHB HH**

Non UHB HH have their own internal reporting systems but are required to report serious incidents to SVOC via email for upwards reporting to regional. SVOC will coordinate any requests for further information from regional to other HH in BSol and ensure reporting has been completed.

14.6.   **CCG/PCNs**

PCNs are required to report incidents to SVOC in a timely manner, this is usually done by email and then the sites will complete a Datix. SVOC maintain a CCG/ PCN incident log which is shared with CCG patient safety team every Friday. SVOC Head of Operations coordinates on a regular basis with CCG patient safety to

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ensure all incidents are followed up and any requests for information from regional are actioned.

14.7. **Clinical Oversight Group**

Members of SVOC, CVP Medical Leads, CVP senior nursing team, Lead Pharmacists, CCG and UHB patient safety representatives meet fortnightly at the Clinical Oversight Group and review incidents which have occurred during the vaccination programme in VCs, HH, PCN and the community.

15. LOGISTICS

15.1. Logistical support is provided by UHB central logistics team headquartered from Unit 1 at the NEC. Vaccine delivery is controlled centrally and deliveries to sites across BSol are provided under the national contract.

15.2. UHB logistics provide support to move vaccine between BSol locations if vaccine transfer is required after delivery from national. All vaccine moves between BSol locations are carried out using NHSEI approved cool boxes which are temperature monitored with a digital display which is checked on delivery, prior to loading and at collection points. The cool boxes are also transported in refrigerated van which is set at 4 degrees Centigrade and is constantly monitored by the on-board digital thermometer system fitted to the van and displayed in the cab at all times.

15.3. Non vaccine consumables and equipment are also provided through the national system however, local support is provided by UHB logistics team where national systems have failed to deliver in time or where a deficit is experienced.

15.4. UHB Logistics deliver all printing material required from UHB printing department to the VCs and HH ensuring patient leaflets and stickers are available as a well as IT paper back up forms. SVOC Operations Managers are responsible for ordering printing stock and requesting deliver to sites.

15.5. UHB logistics has forward logistical teams operating at VCs providing day to day supply of consumables and working with pharmacy delivering vaccine from fridges to vaccination lanes.

16. INFECTION PREVENTION CONTROL

16.1. Each UHB VC and HH is reviewed by the UHB Infection Prevention Control team prior to opening to ensure all appropriate IPC controls have been put in place. The COVID vaccine program has an IPC lead provided from the UHB IPC department for dedicated advice and guidance. The UHB IPC team will also conduct additional visits or spot checks at sites as required.

16.2. The following measures are in place at all sites:

16.2.1. Fluid Resistant Surgical Mask (FRSM) are available for all staff and customers who arrive without a mask are provided with one.

16.2.2. Visors are provided for those in close contact with customers.

16.2.3. All vaccinators wear aprons during administration of vaccine which are changed asper SOP.

16.2.4. Gloves can be worn to vaccinate if a vaccinator feels an individual customer indicates use.

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16.2.5. Supplies of PPE- gloves, visors, aprons, hand gel are provided through the UHB COVID Vaccination logistic chain with stock checks and resupply completed daily.

16.2.6. All staff in the vaccination environment are required to have long hair tied up

16.2.7. Hand gel is used between ever patient and washed o the 5th patient

16.2.8. All staff in the vaccination environment (PODs and lanes) are required to be compliant with the "bare below the elbows" requirements. This includes no wrist watches, no wrist jewellery, no long sleeves and no nail varnish.

16.2.9. Social distancing measures are in place in seating and queuing areas. Staff are reminded to assist customers in obeying the distancing rules. Sites have been

16.2.10. designed to avoid queuing as far as possible.

16.3. There are procedures in place for, cleanliness standards; management and disposal of sharps and pharmaceutical waste; management of clinical and household waste and standards of dress code for clinical practice as described above.

16.4. The correct aseptic technique and all associated IPC requirements are adhered to as part of vaccine preparation and administration.

16.5. Lateral flow tests are available for staff at all sites. Staff are expected to take two tests each week and report the results. Any staff who have a positive lateral flow are to be offered a PC test via Occupational Health.

16.6. Daily audits/monitoring are undertaken by the Nurse in Charge at each VC and HH to maintain strict compliance with IPC requirements and address any concerns arising.

16.7. IPC issues at sites are raised by the Nurse in Charge or Operations Manager to SVOC who will contact the IPC department at UHB and raise to ROC if required.

16.8. IPC issues are also discussed at the Clinical Oversight Group.

16.9. All non UHB HH, LVS, CP, roving and mobile models will be governed by their own IPC standards for their organisations.

17. MEDIA AND COMMS

17.1. **Local procedures**

17.1.1. Media handling will be through the standard UHB process: "If you receive any media requests, please contact communications@uhb.nhs.uk or call 0121 371 6491. Out-of-hours, please contact the on-call press manager via the UHB switchboard on 0121 371 2000."

17.1.2. All comms enquiries from SVOC are routed through the CVP Comms leads.

17.1.3. BSOL COVID vaccine website hosts information for members of BSOL public: https://www.birminghamandsolihullcovidvaccine.nhs.uk/

17.2. **Social Media Guidance**

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Any posting on social media using a personal account must adhere to UHB's Social Media procedure which can be found here: https://www.uhb.nhs.uk/Downloads/pdf/controlled-documents/SocialMediaProcedure.pdf"

17.3. National procedures

Public communications will be led by DHSC, working with the NHS, PHE and other Government departments. As is currently the case with flu and other vaccination campaigns, eligible people will be contacted directly and invited to attend for vaccination. Local community champions, voluntary and charity organisations and other authorities will also play important part in amplifying these messages in their particular local communities.

18. BUSINESS CONTINUITY (BC)

SVOCs roles in business continuity involves ensuring that VCs and UHB led HH can continue to operate whilst maintain SVOC operations and administrative staff at Unit 1.

18.1. BC for IT systems

18.1.1. Each vaccine recording systems (NIVS and O4H) has a paper copy back up available at all VCs, UHB HH and Mobile Models. If in the event of loss of NIVS or O4H these would be utilised.

18.1.2. If DrDoctor is unavailable then attendance at VCSs or UHB HH can be recorded on paper or, crossed off a pre-printed register if available.

18.1.3. If NBS is unavailable then attendance at VCSs can be recorded on paper or, crossed off a pre-printed register if available.

18.1.4. If unit 1 IT network is unavailable core staff have VPN access to be able to operate from home.

18.1.5. If unit 1 telephones are unavailable, then there is temporary disruption to the booking phone lines but referrals can still be received via email to the bookings inbox.

18.2. BC for sites

18.2.1. If any VC, UHB HH or Mobile model becomes unavailable SVOC is responsible for coordinating with UHB estates, VC site estates teams and logistics to plan for recovery.

18.2.2. SVOC will be responsible for communicating the moving of patient's appointments to different venues or different dates as required, additional resource for bookings administration for this would be sourced from COVID vaccine workforce.

APPENDIX A Governance Structure

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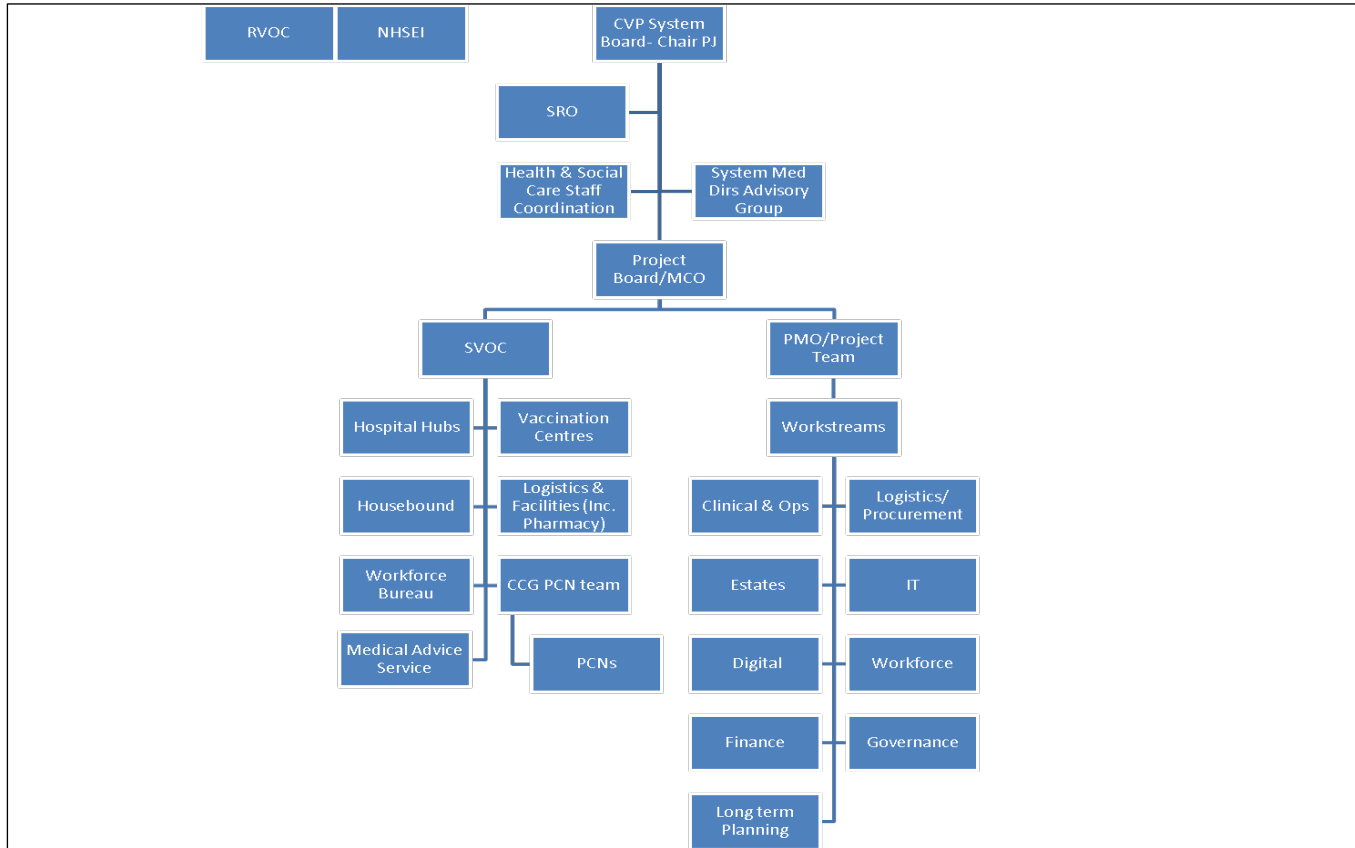
APPENDIX B: Elements, Membership, Role, Authority and Reporting

Element	Membership	Role	Authority	Reports to
Operational Units	Primary Care Networks, Hospital Hubs, Vaccination Centres and Housebound Providers	Administration of Vaccine	Site Leads or equivalent	SVOC
SVOC	N/A	Operational coordination & oversight of operational units i.e. PCNs, Hospital Hubs, Vacc Centres and Housebound Providers	Heads of Ops	Programme Director
Workstreams	IT, Digital, Workforce, Finance, Governance, Estates, Logistics/Procurement, Clinical & Ops	Planning and deployment/commissioning	Work stream Leads	Programme Board through Programme Management Office (PMO)
PMO	N/A	Coordination of Programme workstreams

Operational decisions | Programme Director | Programme Director |

Element	Membership	Role	Authority	Reports to
Programme Board	Lead – Programme Director (MG) Programme Medical Lead (CD) Programme Lead Nurse (HG) Programme Pharmacist Lead (IS) Programme Finance (BM) Primary Care Lead (CCG – PS) Programme Gov/Legal Lead (DB) Programme Comms Lead (FA) Programme HR Lead (CS) Programme Digital Lead (SC) Programme Data Lead (CS)	Decision making re implementation of strategy, policy etc	Authority sits with SRO	CVP System Board
COVID Vaccine Programme (CVP) System Board	Chair – Paul Jennings (SRO) Reps from: Providers, CCG, Primary Care and LA People Board Rep (LSG)	Strategic/Policy level decision making	STP	{JHOSCS)
System Med Dirs Advisory Group	System MDs/CMOs	Advisory – clinical	Advisory	CVP System Board
Health & Social Care Staff Coordination	System CNs/reps	Advisory – H&SC Staff	Advisory	CVP System Board

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APPENDIX C: Programme Board Roles

	Role	Responsibilities
Programme Director (MG)	Overall Programme leadership	

Programme Medical Lead (CD)	Clinical Advice and Oversight	• Chair of clinical oversight group to include:
		  o Overview of incident reporting, management and learning for B Sol delivery pillars
		  o Review and implementation of appropriate clinical guidance for B Sol delivery pillars
		• Link to STP medical directors' group to provide information
		• Sits in vaccine inequalities board with public health and ICS inequalities team
		• Provision of clinical advice to programme as required

Programme Lead Nurse (HG)	Lead Nurse for COVID Vaccination Program	Ensure sites and practices are clinically appropriate to meet the clinical requirement. Oversee the ongoing service and future set up of sites for vaccination delivery

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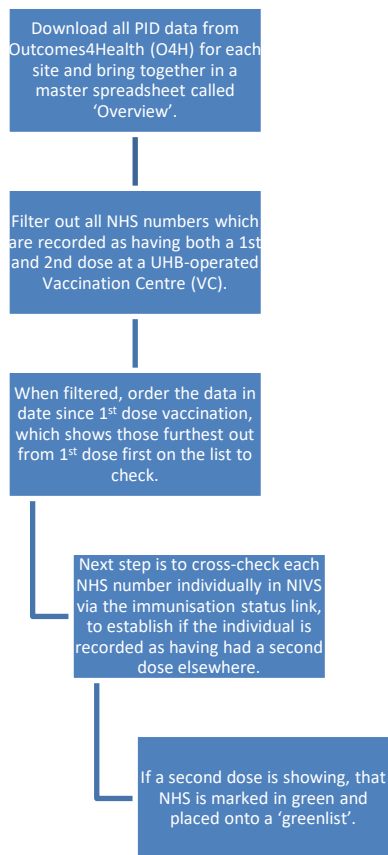|		
Programme Pharmacist Lead (IS)	Accountable for the safe and secure handling of medicines on all vaccination sites operating.	Oversight of those elements of practice within vaccinations centres and other designated vaccination sites that may impact on product integrity, from receipt of product to vaccine administration. Endure that appropriate and formal authorisation for vaccine administration is in place such as Patient Group Direction, protocol or written instruction and that staff groups are supplied with, prepare, and administer the COVID-19 vaccine are those defined as eligible to do so. Oversight to ensure that storage and transportation are undertaken in accordance with the relevant SOPs, that cold chain temperatures are monitored correctly and that any 'out of specification' recordings are addressed promptly and appropriately, and that a full audit trail is maintained. Ensure that vaccination booking numbers align to available vaccine supplies. Ensure implementation of and compliance against Trust COVID-19 vaccine handling and management operational policy.
Programme Finance (BM)		Financial planning, budgeting, forecasting and monitoring Compliance with SFIs VFM and efficient use of resources
Primary Care Lead (CCG – PS)	Interface with PCNs and other CCG led resources	
Programme Gov/Legal Lead (DB)	Governance arrangements, legal arrangements (including contractual and real estate) and advice	• Ensure appropriate strategies to secure sufficient real estate • Ensure appropriate contractual arrangements are in place, both as a service provider and with sub-contractors • Ensure appropriate programme governance structures are in place and effective • Provide legal advice as required

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Programme Comms Lead (FA)	To ensure programme is supported with an effective comms strategy	
Programme HR Lead (CS)	To ensure appropriate strategies to have available to the system an agile workforce with the right staff and skills mix with the right level of competency and the right values to meet the vaccine supply and population demand.	• Agree workforce modelling and planning • Ensure appropriate strategies to source staff and volunteers from local and national supplies • Ensure arrangements for safe recruitment and onboarding of staff • Ensure appropriate training and education in place and accessed to sign off from recruited to roster ready • Performance management of recruitment from application to roster ready to termination • Oversee Employment Bureau • Oversee HR management of staff conduct, performance and sickness

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Programme Digital Lead (SC)		• Provision of physical IT equipment. • Provision of resilient network infrastructure. • Installation, configuration, testing and support of IT equipment and resilient network infrastructure. • Installation, configuration, testing and support of local and national vaccination software applications. • Assist with development of end user training alongside SVOC team. • Author business continuity procedures to cover loss or functional issues with local and national vaccination software applications. • Provide and monitor digital security and cyber protection counter measures. • Provide, support and administrate user identity and user authentication services. • Provide mass mail/communication services. • Support services to cover operating times of VC's • Engage with regional digital VC delivery teams. • Business Intelligence and informatics services including data extraction, modelling and reporting. • Data quality and completeness reporting • Early life support. • Digital incident and problem management. • Provide Programme management for digital services.
Programme Data Lead (CS)		

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APPENDIX D Second Dose Checking Pathway

Outcomes4Health data from all sites is downloaded into a master excel, which is titled 'Overview'

Approved SVOC team members download PID (Patient Identifiable Data) in order to pull records which also allow the team to contact certain individuals where it shows that a second dose has not been recorded.

Download all PID data from Outcomes4Health (O4H) for each site and bring together in a master spreadsheet called 'Overview'.

Filter out all NHS numbers which are recorded as having both a 1st and 2nd dose at a UHB-operated Vaccination Centre (VC).

When filtered, order the data in date since 1st dose vaccination, which shows those furthest out from 1st dose first on the list to check.

Next step is to cross-check each NHS number individually in NIVS via the immunisation status link, to establish if the individual is recorded as having had a second dose elsewhere.

If a second dose is showing, that NHS is marked in green and placed onto a 'greenlist'.

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The 'greenlist' is a separate file, where all NHS numbers showing as having had two doses recorded are placed. This is because the O4H data is regularly refreshed and pulled for the latest appointment data. Once downloaded, the greenlist is cross checked against the new data to eliminate those NHS numbers which have already been checked and showing as having had both doses.

When it has been confirmed which numbers are not showing as having had a second dose, these people are then contacted to establish if they have had a second dose or not.

If NIVS is not showing as having had a second dose, the number is marked in red.

With access to PID data, we're able to attempt to contact the individual and establish if they have had a second dose or not.

If they confirm they have had a second, we ask where second dose was had and tell customer to contact that centre to make sure the dose is recorded on the national system. We then turn this customer to green and place on greenlist.

If the customer has not had a second dose, we then ask for the reason as to why they have not had a second. This can be for a number of reasons, and we place this against the record to show that we have contacted and spoke with that individual.

If the customer is uncertain and hesitant to have second, we ask them to contact their GP in order to get clinical guidance on the next steps.

If a person has been contacted that has had first put does not want a second, we place this as an amber record, so we know that they have been spoken to and we do not need to contact them.

Other reasons why someone may be placed on the amber list include death, in hospital, out of the country etc.

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If an individual has had a second dose abroad, we place them on the greenlist, and ask them to contact their GP in the UK to make sure that they're aware that a second dose has been given and to send that record to the GP direct so it can be placed on their medical record manually by the doctor.

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APPENDIX E Topics included in orientation:

- Housekeeping: fire exits, toilets, rest areas, lockers, parking, dress code
- Orientation: Iinformation received before they arrive, user account set up, daily briefing information, behaviour and attitude, Policies and Procedures
- Induction: job overview, a look at the requirements within each of the COVID Vaccine Assistant areas
- Customer service
- Observations
- Customer Flow
- Check in
- Lane administration
- System run throughs
- Outcomes for Health/ Pinnacle (VCs)
- National Booking System (VCs)
- DrDoctor (VCs and HH)
- National Immunisation Vaccination System (HH only)
- Scenario Planning: an overview of what to do in certain situations
- Witnessing a reaction pre or post vaccine
- Witnessing a fall
- Someone fainting
- Angry customer
  - asked a question they don't know the answer too
  - customer's transport not arriving

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- Incident Reporting – overview of Datix system and who personnel need to report incidents to. Examples given of what is an incident:
- Clinical Adverse Incidents- Other
- Clinical adverse Incidents- Adverse Reaction
- Clinical adverse Incidents- Faint/ collapse
- Cold Chain Incidents
- Medication errors- Wastage of product
- Medication errors- Other
- Consent
- Safeguarding
- Non-clinical health and safety- Needlestick
- Non-Clinical health and safety- Other
- Information Governance
- Workforce and staffing (that have a significant impact on site operations or safety)
- Other:
    - Waste management
    - Interpreting services
    - Reporting faulty equipment and IT