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COVID-19 Vaccination Centres: Operating Framework

Information and guidance on operating Vaccination
Centres

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1. Purpose

This operating framework has been developed to promote a consistent and equitable approach to the delivery of COVID-19 Vaccination Centres across England. The framework is not designed to replicate, duplicate or supersede any relevant legislative provisions that may apply e.g. the Health and Social Care Act 2012.

This document should be read in conjunction with all other published information on the COVID-19 Vaccination, including but not limited to:

- Public Health England's Green Book that contains the latest information on vaccines and vaccination procedures ([link](#))
- JCVI ([link](#))
- MHRA ([link](#))
- SOP on vaccine handling etc

The operating framework has been developed to support the set-up, operation and close-down of vaccination centre services. This operating framework does not apply to the Enhanced General Practice Service, Primary Care Networks, Hospital Hubs, Roving and Detained Estates.

2. Preparation for Vaccination Centres

2.1 Leadership

Each vaccination centre must appoint a clinical lead and operational lead responsible for the delivery of all aspects of vaccination centre services.

The operational and clinical lead will oversee the development and implementation of the operating plan to ensure all systems and processes, including workforce and training, are in place to support effective delivery.

2.2 Site preparation

Once a site is approved to become a vaccination centre by the Regional and National Teams, the vaccine centre management will need to set up an account on the national reporting tool. The national reporting tool is the on-line system that will be used to track each centres readiness. Information on how to access the national reporting tool is included in Appendix D.

Once the site has been confirmed, the required equipment will be issued to the vaccination centre. Further details about the supplies and the process for issuing them are included in section 4.

On arrival the equipment should be confirmed as received on the national reporting system and set up in line with the [POD definition document](#). IT equipment will arrive separately, supported by an on-site visit from the Tech and Data team to support set up.

Access

Providers should ensure that their vaccination centres are accessible to all members of their community and take reasonable steps to improve access and reduce potential inequalities for people eligible to receive vaccinations. This includes having access to translation and interpretation services as required to support consent, mental capacity and clinical assessments. It may be helpful to have supporting

literature available in a range of languages and easy read formats appropriate to the population being served.

Further information about health inequalities and inclusion is included in Annex A.

COVID-secure, social distancing and patient flow

Please refer to the [Health and Safety Executive guidance on making your workplace COVID-secure](#), [government guidance on working safely during coronavirus \(COVID-19\)](#), guidance on [social distancing](#) and guidance on wearing of [face coverings](#).

The following advice should be considered when setting up the sites:

- Use clear signage to direct patients to the appropriate site/space on arrival.
- Ensure alcohol gel/handwashing facilities are readily available for patients and staff, including at site entrances.
- Where possible, configure sites to support linear patient flows and have separate entrances and exits. This will be particularly helpful for enabling higher flow rates.
- De-clutter communal spaces and clinical rooms.
- Communal areas should allow for physical distancing between patients; consider the use of floor markings, seating arrangements, signage and queue marshalling to support this. This should apply for patients at all stages of the operating model.
- **Ensure rooms or suitably private spaces are available to complete consent/capability and clinical assessments and vaccine delivery to enable patient confidentiality and privacy.**
- Ensure there is sufficient fridge capacity for vaccines, that the area is secure and there is an area suitable for vaccine preparation.
- **Ensure there is sufficient secure storage space for the vaccine consumables and waste generated by the vaccination centre.**
- Consider measures such as asking patients to wait in private vehicles or designated external waiting areas, where possible, to reduce numbers in communal spaces during busy periods.
- Ensure staff wear appropriate Personal Protective Equipment (PPE) and pay attention to social distancing with each other.

IT equipment and systems

Prior to starting vaccination, providers should have tested I.T. equipment and ensure relevant staff have received training and can access from the site the different clinical and non-clinical systems relevant to COVID-19 vaccination. These include:

- National Booking System
- National reporting system (access guide Appendix E)
- Pinnacle Point of Care System for recording the vaccination event.
- Any reporting systems as directed by the commissioner for site readiness assessment and vaccine re-ordering.

Providers will be given access to the relevant systems and associated training as part of the site onboarding process. All sites, particularly those who will be delivering from new, non-NHS sites, should ensure that they have appropriate broadband connectivity. Non-NHS sites will be supplied with a 4G/router as standard.

First aid & resuscitation preparation

Providers should be prepared to respond to three possible medical emergencies associated with vaccination: Fainting, Hyperventilation, and Anaphylaxis.

Training should be undertaken in accordance with the national recommended programme approach for the training of registered and unregistered staff. All staff at designated sites as a minimum should have Basic Life Support training (BLS), with some staff trained to a higher level, where required.

All sites should at a minimum include a registered healthcare professional trained within the previous 18 months in the management of anaphylaxis, cardiopulmonary resuscitation, and use of an automated external defibrillator. PHE has included resuscitation training within the COVID-19 vaccination programme training resources, which can be found on the [GOV.uk website](#).

All designated sites will be provided with resuscitation equipment and medications included in the Supply Inventory List. Some sites may wish to have additional equipment or medicine as recommended by The Resuscitation Council UK, due to local circumstances, and can complete a local resuscitation risk assessment to consider as a minimum the following:

- Location (Remoteness)

- workforce (including the consistent presence of healthcare professionals with advanced skills in resuscitation)
- Volumes of patients presenting (quantities of equipment and workforce requirements)
- Quantities of equipment / medicines held

Operational Considerations

- Ensure the flow through the POD is one way and that multiple PODs do not cross over. Larger Centres should take in to account the added issues that larger volumes of people bring
- Social distancing rules must be adhered to throughout the model apart from during the vaccination event
- Sites must ensure they are accessible to all members of their community
- Emergency equipment should be sufficient for the size of the VC and conveniently placed throughout
- Site trials before going live are advised to ensure staff are familiar with their roles and flow can be seen and tested
- All transit materials/packaging for the initial equipment should be kept (pallets/boxes etc) as they will be needed to repackage the equipment for return when the centre closes
- See [link](#) for manuals to fridges and freezers being used across all vaccination delivery models

2.3 Occupational health requirements

Providers should have an occupational health offer in place for staff, they should also ensure they have a local needlestick injury protocol accessible (ideally displayed) on site which should include contact details for their occupational health service and that staff understand what to do should they experience a needle stick injury.

If you do not know who your occupational health services provider is, contact your local commissioner. The provider is responsible for ensuring a nominated individual on site has knowledge and understanding of local protocols and ensure that they are followed.

2.4 Infection prevention and control (IPC)

Infection control precautions are to be maintained by all staff, in all settings, at all times, for all patients; please refer to the latest [IPC guidance](#). This includes [videos and posters](#) demonstrating correct procedures for donning and doffing personal protective equipment (PPE).

The IPC guidance states that for administration of vaccines, healthcare workers must perform hand hygiene between patients and wear a sessional fluid-resistant surgical facemask (FRSM).

A patient and procedure risk assessment for vaccine administration may be completed (as recommended by the IPC guidance) to consider the likely risk of exposure to blood, body fluids and respiratory droplets, which in turn will inform the need for any additional PPE. This should take into account factors such as the prevalence of COVID-19 infection in their locality, the health status of the person being vaccinated, the route of administration, model of delivery and any relevant environmental factors; If further advice is needed, contact your local infection prevention and control team.

3. Operating Model

3.1 Identifying eligible patient cohorts

The Joint Committee on Vaccination and Immunisation has provided advice on prioritisation of patient groups, which can be found [here](#).

The Call and Recall Service will issue letters to members of the public in line with JCVI guidance who have not already been vaccinated against coronavirus, inviting them to book an appointment to attend vaccination centres.

Operational Considerations

- For all patient groups, COVID-19 vaccines should not be given if any other vaccination (e.g. influenza) has been received within the last 7 days.
- For all patient groups, COVID-19 vaccines should not be given if to anyone who are suspected or confirmed to have COVID-19 or are awaiting a test result.
- [JCVI guidance](#) on pregnancy, management of people with a history of allergies and people who take anticoagulants.
- Further information can be found in [The Green Book](#)

3.2 Booking and Scheduling

Booking and scheduling for members of the public will be facilitated by the National Booking System (NBS). It is expected a site manager will be identified for each vaccination centre who will be responsible for [setting up the site using Q-Flow](#) which is the administration programme that interacts with the NBS. The site manager will need to define the available vaccination slots for bookings. Sites can have more than one person designated with this role and requires around half a day of training and practice to use the system. If more than one site manager is designated, the centre lead will need to coordinate and be clear on roles and responsibilities.

Pod numbers need to be confirmed on the national reporting tool as they will be used to inform vaccine and supply allocation. Theoretical capacity of a site needs to then be moderated based on the supply of vaccine available and the capacity of the supply chain to equip and supply the intended number of pods. This will be an

iterative process and will use learning from activating the first VCs to inform what actions will be required nationally, regionally or locally.

Members of the public will be able to access the National Booking Service after they receive their Call / Recall letter. The call/recall letter will invite them to either book online or call 119 to book a vaccination appointment. See [link](#) for video on how a booking is made via 119. They will make appointments for both their first and second dose at the same time.

Health and social care workers not employed by an NHS Trust may receive communications from their employer directing them to the NBS rather than a Call / Recall letter.

See [link](#) with information and guidance on setting up and managing the booking capacity of each centre.

Operational Considerations

- The site manager will need to set up their site on the NBS, defining accessibility details, opening hours, number of active Pods and the number of appointments
 - Site managers can cancel bookings through the NBS
- Standard operating procedures for health and social care workers is available in this [link](#).*

3.3 Arrival and Check-in

Standard opening times for vaccination centres will be 8am – 8pm, seven days a week.

On arrival at the vaccination site, users will be greeted outside of the building by a steward and they will complete a series of activities, including:

- Confirmation of appointment and check-in completed with a steward using a mobile device, by entering the unique reference code provided to the user as part of their booking confirmation.
- For users who do not have this information, stewards will be able to check them in using their name, DOB and address.
- ID check to confirm they are a health or social care worker.
- Directing the user towards the Clinical Assessment area.

Further detail on the end-to-end journey is include in Appendix F.

Operational Considerations

- Estates – wherever possible, site teams should seek to undertake the health status check before a user enters the building. However, it is understood that not all sites will have suitable outside space to enable the arrival and check-in to be completed. A suitable solution should be identified.
- Estates – appropriate signage should be installed to ensure users go to the right area
- Estates – consideration should be given to the layout to allow for disabled access
- Tech and data/estates – the hand-held mobile device requires a suitable data connection (4G /Wi-Fi)
- It is not currently planned that vaccination centres will use multiple vaccines however this is being kept under review and specific guidance will be provided if required. It is expected that should multiple vaccines be introduced that the vaccination centre clinical lead will complete a risk assessment and ensure mitigating actions are sufficient to assure patient safety. At no point should a single pod provide more than one vaccine in a session/day.

3.4 Pre-vaccination clinical assessment

Following check-in, users will be directed to the appropriate place to complete their pre-vaccination clinical assessment. The pre-vaccination clinical assessment is undertaken by registered Health Care Professionals (HCP's). Registered HCPs will have access to laptops/tablets with internet connectivity to complete the pre-vaccination clinical assessment. These staff members will be key to the integration of the non-clinical and clinical systems. The following process will take place:

- Staff will enter the user's unique booking reference into the non-clinical system to bring up a user's booking details along with their NHS Number.
- Both the booking reference and NHS Number will need to be entered into the clinical system to bring up a user's record.
- The following will be documented in the user's record:
 - Outcome of the clinical assessment

- Documentation of verbal consent
- Directed towards Vaccination Station

Operational Considerations

- Privacy – sites should ensure appropriate social distancing and an ability to maintain privacy and dignity.
- Site should ensure patients in need of additional support are identified and supported appropriately.
- A clinical governance framework with clearly defined routes of escalation – ensuring registered HCPs undertaking the clinical assessment are adequately trained and competent is critical to maintaining flow throughout the process. This should be underpinned by clearly defined routes of escalation for when more complex patients present, in line with national guidance ([RCUK](#)).
- Legal Mechanisms – The correct mode of legal mechanism that allows supply and administration of the vaccine should be chosen based on the local staff mix and delivery models. For vaccination centres, the most appropriate method is likely to be the National Protocol as this allows the splitting of tasks between registered and non-registered staff, which allows a quicker throughput. However, PSD and PGD (on publication) can also be used depending on local delivery models.
- Consideration should be given as to who is the clinical lead on site each day and an identified lead for dealing with resuscitation attempts.

3.5 Consent

All patients who are able to give informed consent are required to do so, in order to receive the vaccination. Those being vaccinated should be able to understand, retain, or communicate:

- the anticipated benefits of vaccination in the simplest of terms,
- the likely side effects from vaccination and any individual risks they may run should be addressed, and
- the disbenefits of not consenting to the vaccination.

Operational Considerations

- There is no legal requirement for consent to immunisation to be in writing and a signature on a consent form is not conclusive proof that consent has been given, but serves to record the decision and the discussions that have taken place with the patient.
- The informed consent should be recorded (this is a required field on the Pinnacle Point of Care system). The patient should be provided with written information about the vaccination.
- Health care professionals offering the vaccine to someone who may lack the mental capacity to consent should take all practicable steps to support the person to make the decision for themselves.
- Where it has been established that the person lacks capacity to consent, a best interests decision should be taken in line with best interest checklist in section 4 of the [Mental Capacity Act](#). This means that the decision-maker must consider all the relevant circumstances, including the person's wishes, beliefs and values, the views of their family where appropriate and what the person would have wanted if they had the capacity to make the decision themselves.
- The decision maker should make a record of their best interests decision. Best interests decisions must always be made on an individual basis.
- Where appropriate, the person's advocate or those with power of attorney for Health and Welfare should be consulted. If there is a deputy or attorney with relevant authority, then the health care professional can only give the vaccination if the deputy or attorney has first given their consent.
- Relevant consent forms, other supporting forms and associated information can be found on the [GOV.uk website](#).
- Consent (given by a deputy or attorney with relevant authority), or a best interests decision to vaccinate, or not, (informed by advance consideration and information gathering undertaken by carers), should be recorded. This is a required field on the Pinnacle Point of Care system.

[Chapter 2 of the Green Book](#) states consent must be obtained before administration of all vaccines. The guidance in this chapter is based both on the current legal position and the standards expected of health professionals by their regulatory bodies.

3.6 Vaccination and observation

A single queue feeds into each pod. A marshal will direct users to a vaccination station. Each vaccination station is staffed by a vaccinator and an administrator. The following process will take place:

Vaccination

Final checks – the administrator will:

- use clinical system to bring up a user's record confirm the user's name, address and DOB
- confirm the user has completed their clinical assessment.
- vaccine information is emailed if email is provided. Alternatively, a record card is given to the individual which includes type of vaccine and batch no. An aftercare information leaflet is also handed out.

Updating the user's record:

- name of the individual who drew up the vaccine-name of the vaccinator
- vaccine particulars (brand, batch, expiry date)
- where the vaccine was administered, date and time of vaccine event.

Post vaccination observation

- user makes their way to a socially distanced seat in the post vaccination observation area
- where a post vaccine observation period is required the centre will ensure arrangements are in place to support and monitor attendees in timing their monitoring period

Operational Considerations

- Sites need to have an ability and space to manage patients who may have a reaction to vaccine i.e. those with a previous history of allergy.
- Infection Prevention and Control - ensure that resources are in place for recommended IPC practice within a vaccination clinical setting so that the care of staff and patients is prioritised, further guidance [here](#)

- Vaccinations teams are likely to identify safeguarding concerns and will require access to safeguarding expertise with clear escalation processes in place to protect both children and vulnerable adults, further guidance [here](#)

3.7 Operational Reporting

Designated sites must ensure contemporaneous clinical record keeping. Vaccination centres will be required to document the point of care vaccination event into Pinnacle.

A daily Situation Report (SitRep) needs to be completed on the national reporting tool by all vaccination centres from day one of the site going live. Vaccination centres should not submit data on behalf of any other centre – those centres will be submitting their own data directly.

Daily reports must be signed off by site manager. It is each site leads' responsibility to ensure the return is accurate and reflects the real position in terms of pressure for that time period.

The deadline for this collection is 2pm each day (including weekends) for the 24-hour period, defined as midnight (00:00:00) to 23:59:59 on the day before reporting. There will be no opportunity to amend the data submitted after the collection has closed. The collection will run seven days a week, so uploads will run over the weekend, to the same timetable as during the week.

Further detail about the national reporting tool and data collection function are included in Appendix G.

Operational Considerations

- National Immunisation Management System (NIMS) will be the source of data for number of vaccinations completed
- If the Lead Provider is using Allocate workforce reports will be available on Foundry automatically. Site management are able to input key daily operational indicators through the SITREP form on Foundry
- Sites will also need to ensure they follow local quality reporting requirements

3.8 IT Support

Across vaccination centre operations staff will use a range of nationally provided hardware (e.g. laptops and tablets), connectivity and software (including NIMS, NIVS, Pinnacle, NBS) products.

Operational Considerations

- Support for these products is available 06:00 – 22:00 every day (including bank holidays) and can be accessed through the Covid Vaccination Help Desk on 0300 200 1000, or by emailing vaccineservicedesk@england.nhs.uk
- For general queries relating to NHS Foundry (e.g. Access) please contact agem.foundrysupport@nhs.net
- For queries specific to completing readiness returns, sit reps, stock management or queries on data or KPIs on any Foundry dashboards please contact vaccination.operationaldata@nhs.net
- If support is required for the vaccine ordering system ImmForm please contact Helpdesk@immform.org.uk

3.9 Incident management

The management of incidents across the network of Vaccination Centres will be routed through two primary channels, the National Vaccination Operations Centre (NVOC) or the Vaccine Service Desk. The National Covid Vaccination Operations Centre (NVOC) can be contacted at england.covidvaccs@nhs.net

Full process outlined in Appendix H and contacts for Regional Vaccination Operations Centres (RVOC) outlined in Appendix D.

Operational Considerations

- Any issues relating to the supply of the vaccine or associated products being delivered by Public Health England should be directed to COVID19PHEsupplies@phe.gov.uk
- Any operational incidents related to the estate, supply chain or NHSE provided hardware or software should be directed to the Covid Vaccination Help Desk on 0300 200 1000, or by emailing vaccineservicedesk@england.nhs.uk

- Providers (vaccination centres) must report all clinical incidents using both the [MHRA Yellow Card system](#) and the reporting process outline in the COVID-19 Vaccination Clinical Workstream Standard operating procedure [Management of COVID-19 vaccination clinical incidents and enquiries](#) resulting in escalation to national level via the National Incident Coordination Centre Single Point of Contact (ICC SPOC).
- All clinical incidents requiring treatment should be reported **as soon as possible** after the event (providers should not wait until 5pm to report these) using the fast track incident response pathway.
- The reporting process for regional and national enquiry or incident management and escalation is shown in Appendix I.

A fast track pathway for urgent requests will be in place and will follow the same route described above but the subject line will begin 'URGENT: ACTION REQUIRED'. All team members will be required to urgently act (within one hour) on these requests.

3.10 Decommissioning a site

When a vaccination centre ceases vaccinations and is no longer required, you will be notified by the National or Regional team, and provided with details about what to do with the equipment.

Vaccine and associated consumables etc should be used/disposed of in the usual manner. If you are carrying excessive stocks please notify your RVOC immediately for further instructions. All equipment should be packed back into its original packaging and palletised ready for collection. If extra packaging, tape or pallets etc are needed please let your EEC&L contact know, who will help to arrange this for you. Your National contact will arrange for collection of the equipment and give guidance on any other remaining stocks.

Once all equipment and stocks have been removed from the site, the site should be thoroughly cleaned and returned to its original state as per the licence agreement. Guidance through these processes will be given from National and Regional Estates representatives.

Operational Considerations

- Remove all signage
- All finances must be cleared according to the agreement
- Ensure all waste is removed
- The site must be handed back in the condition as per the agreement (licence) or further charges may be incurred

4. Inventory Management

NHS England and Improvement has worked with clinicians and NHS procurement experts to develop inventories for the vaccination centre delivery model.

There are 3 types of products that a site requires:

- **Equipment:** The equipment needed to setup a vaccination session from office equipment to furniture to IT equipment, as identified on the SIL.
- **Vaccine:** Medicines and Healthcare products Regulatory Agency (MHRA) approved vaccines for Covid-19
- **Consumables (including PPE):** All consumables required for vaccination sessions including medical equipment, clinical consumables and PPE as identified on the Supply Inventory List (SIL).

4.1 Ordering Equipment

A Vaccination Centre readiness assessment must be completed before it is authorised to conduct vaccinations. Once the vaccination centre reaches a point of readiness that requires the necessary equipment to setup, an order for a pre-defined set of equipment will be raised by the national programme and 'pushed' to the site.

If an item delivered is not needed, or there are items required that are missing or damaged, or a new item not on the 'SIL' is required crucial to being able to managing a vaccination session, the Site Manager should call the 'Service Now' helpline to raise a ticket which will be routed to the appropriate department.

The 'Service now' helpdesk for the Covid-19 vaccination program is [0300 200 1000](tel:03002001000); the registered site address and the name of the person responsible for ordering (raising the ticket) will need to be provided for each call. The Helpdesk will pursue a resolution to the issue providing any information such as delivery estimates for the replacement equipment.

4.2 Allocation and ordering vaccine

The programme will allocate vaccine in accordance with the prioritisation of population cohorts been recommended by JCVI, according to an agreed set of principles and in-line with operational feasibility.

The process for managing the allocation of vaccines to these cohorts takes place centrally on a weekly cycle, assessing the latest supply quantity, the routing of priority cohorts through delivery models, the sites approved as able to administer vaccine, and the volume of patient throughput these sites can achieve. This is balanced to achieve equity across regions. Operational metrics (e.g. residual stock, wastage, reported demand and capacity) will additionally inform the allocation of vaccine to regions and ultimately sites.

On a weekly basis, an Allocation Committee will approve allocations, and the activation date of these allocations. Approved allocations will be communicated to PHE and vaccination centres electronically.

The activation date is the date on which ordering will be made live via Immform. All vaccination centres must be setup on Immform during their Readiness assessment.

On instruction from the Allocation Committee, PHE will ringfence the stock for that site. Once the Activation date is reached, PHE will activate the ability to order the stock via Immform, and the account holder will receive a notification that the site can order their stock.

When placing an order for vaccine, a site should consider the residual amount of vaccine left in storage, how much additional storage space is available in the appropriate storage conditions and ensure that they will be able to meet their target throughput. Packs should only be ordered where there is certainty that vaccine can be safely stored or used within the expiry window in order to minimise wastage.

4.3 Ordering Consumables and PPE

Consumables (including PPE) are automatically sent to a Vaccination Centre based on their vaccine allocation. A directly proportional amount of consumables (including PPE) is packed into a 'bundle' by the 3PL and sent to the Vaccination Centre that

corresponds to the quantity of vaccine allocated to that site. This ensures that the consumables (including PPE) arrive at the Vaccination Centre at least 3 days before the vaccine. It is important for a site to report residual stock periodically so that bundles can be adjusted by regions.

If a site has too many or too little of a particular item included in the bundle, the person responsible for ordering should raise a ticket on the “Service Now” helpline, which will be routed to the relevant department to ensure that stock is adjusted or additional stock sent out.

Non-standard items or additional different sized items (such as extra small/large gloves) can be ordered; the person responsible for ordering should raise a ticket on the “Service Now” helpline which will be routed to the relevant department.

Any issues about products for sites which NHS England and Improvement have not authorised, or wanting access to additional stock should be directed to england.spockh@nhs.net

Operational Considerations

- The national stocktaking/inventory management system will be provided so that sites can confirm receipt of their allocations, verify in hand inventory, and provide updates on consumption and waste.
- Any issues with vaccine supplies, consumables or equipment should be reported through the ‘Service Now helpdesk available on 0300 200 1000, or by emailing vaccineservicedesk@england.nhs.uk

The following ordering times are in place for PHE:

- Orders placed by authorised accounts before 11:55am Monday to Friday will receive next day delivery (Tuesday to Saturday respectively)
- Orders placed after 11:55 Friday and before 11:55 Saturday will be delivered Monday
- Orders placed after 11:55 Saturday and before 11:55 Monday will be delivered Tuesday
- A separate delivery schedule will be developed bank holidays.

It should be noted that each hubs delivery frequency must be aligned to the rate of vaccine consumption so that waste is minimised. It is anticipated that most vaccine hubs will not receive more than 2 deliveries per week

Appendix A: Health inequalities and inclusion

The Joint Committee on Vaccination and Immunisation have provided advice on [COVID-19 vaccinations and health inequalities](#).

COVID-19 has had a disproportionate effect on certain sections of the population – including older people, men, people living in deprived areas, BAME groups, those who are obese and those who have other long-term health conditions, mirroring and reinforcing existing health inequalities, as highlighted in the [PHE review of disparities in risks](#) and outcomes and the PHE report on the [impact of COVID-19 on BAME groups](#). Furthermore, the long-term economic impact of the pandemic is likely to further exacerbate health inequalities. Within the priority groups set by JCVI, designated sites will need to consider what reasonable steps they take to target uptake and should collaborate with their commissioner, local voluntary and community organisations to make sure those who are most excluded have access to local vaccination services.

People experiencing homelessness: During the pandemic some patients may have been displaced out of area and/or a group of homeless people relocated into your catchment area due to measures applied by local authorities. Practical resources are available from [the Faculty of Inclusion Health](#) and the Future NHS Collaboration space (contact [Future NHS](#) for access). The Home Office may have set up initial accommodation for asylum seekers in your area who may need access to (and have a right to register for) vaccination services. PHE has published [advice](#) on healthcare for refugees and migrants. Doctors of the World can provide specialist advice on working with asylum seekers and refugees.

Gypsy, Roma and Traveller communities face some of the most severe health inequalities and poor health outcomes in the UK. Friends, Families and Travellers [has a service directory](#) on its website, and relevant information on COVID-19.

Appendix B: Site security risk assessment

Site Name _____	
Site Address _____	
Physical Security Risk Assessment _____	
Assessment Undertaken by:	_____
Date Assessment Undertaken:	_____

The level of risk is normally established by considering the impact of a potential data loss occurring and the likelihood of a loss taking place. It is for a contractor to assess the risk based on local circumstances and take a decision on which physical security measures are appropriate.

1. Is access to the outside of the building controlled i.e covered by CCTV?		
Yes / No	Risk Level: High/Low/Medium	Action Plan:
2. Does the outside of the building have security lighting, floodlighting or street lighting?		
Yes / No	Risk Level: High/Low/Medium	Action Plan:
3. Are there warnings on windows, visible alarms etc that warn potential intruders that there are physical security measures in place?		
Yes / No	Risk Level: High/Low/Medium	Action Plan:
4. Are accessible windows suitably protected with locks?		
Yes / No	Risk Level: High/Low/Medium	Action Plan:
5. Do the downstairs windows have security bars?		
Yes / No	Risk Level: High/Low/Medium	Action Plan:
6. Are the windows closed and checked every evening?		
Yes / No	Risk Level: High/Low/Medium	Action Plan:
7. Are blinds closed and checked every evening?		
Yes / No	Risk Level: High/Low/Medium	Action Plan:
8. Are skylights suitably protected by bars and locks?		
Yes / No	Risk Level: High/Low/Medium	Action Plan:
9. Are external doors suitably protected e.g. by 5 lever locks?		
Yes / No	Risk Level: High/Low/Medium	Action Plan:
10. Is there a burglar alarm with intruder monitors covering all areas especially those containing IT equipment or records?		
Yes / No	Risk Level: High/Low/Medium	Action Plan:
11. Is the alarm system connected to a police station or call response centre?		

Yes / No	Risk Level: High/Low/Medium	Action Plan:
12. Are you able to ensure all keys stored on site are not obvious and any instructions regarding key instructions or keypad codes are stored securely?		
Yes / No	Risk Level: High/Low/Medium	Action Plan:
13. Are keypad codes changed regularly?		
Yes / No	Risk Level: High/Low/Medium	Action Plan:
14. Are alarm codes changed regularly?		
Yes / No	Risk Level: High/Low/Medium	Action Plan:
15. Are staff aware of the procedure for challenging unidentified visitors in controlled areas?		
Yes / No	Risk Level: High/Low/Medium	Action Plan:
16. Do staff ensure that the Vaccine storage area or the access route to the storage area is never left unoccupied whilst the Vaccination Centre is open?		
Yes / No	Risk Level: High/Low/Medium	Action Plan:
17. Do staff ensure that patient identifiable or confidential paperwork is not left unattended in the Consultation Area?		
Yes / No	Risk Level: High/Low/Medium	Action Plan:
18. Are screensavers in use on computers that are used to display information about patients?		
Yes / No	Risk Level: High/Low/Medium	Action Plan:
19. Are identity passes/cards worn by all staff at all times?		
Yes / No	Risk Level: High/Low/Medium	Action Plan:
20. Are identity passes/cards worn by all visitors at all times?		
Yes / No	Risk Level: High/Low/Medium	Action Plan:
21. Are visitors escorted at all times in secure areas?		
Yes / No	Risk Level: High/Low/Medium	Action Plan:
22. Is a log of visitors maintained?		
Yes / No	Risk Level: High/Low/Medium	Action Plan:
23. Is IT equipment situated where it cannot be viewed by visitors or the public from outside the premises?		
Yes / No	Risk Level: High/Low/Medium	Action Plan:
24. Are deliveries to and collections from the Vaccination centre supervised?		

Yes / No	Risk Level: High/Low/Medium	Action Plan:
25. If a back door or loading bay is used to receive deliveries – is this secured when not in use?		
Yes / No	Risk Level: High/Low/Medium	Action Plan:
26. Is new equipment stored securely prior to installation?		
Yes / No	Risk Level: High/Low/Medium	Action Plan:
27. Is the movement of IT equipment out of the site subject to authorisation and control? i.e. use of laptops and portable equipment off site.		
Yes / No	Risk Level: High/Low/Medium	Action Plan:
28. Are lock down devices used to secure IT equipment?		
Yes / No	Risk Level: High/Low/Medium	Action Plan:
29. Are laptops and other portable equipment stored securely overnight?		
Yes / No	Risk Level: High/Low/Medium	Action Plan:
30. Is IT equipment asset marked?		
Yes / No	Risk Level: High/Low/Medium	Action Plan:
31. Do assets have visible ID markings?		
Yes / No	Risk Level: High/Low/Medium	Action Plan:
32. Is electronic equipment stored away from the risk of burst water pipes?		
Yes / No	Risk Level: High/Low/Medium	Action Plan:
33. Is electronic equipment stored away from the risk of splashing from taps or sinks and the risk of water running from windows or condensation?		
Yes / No	Risk Level: High/Low/Medium	Action Plan:
34. Through the Local Resilience Forum or other assessment, has the site been deemed at risk and requiring additional / physical security presence over and above fixed security systems and controls?		
Yes/No	Risk Level: High/Low/Medium	Action Plan:

Any there any other observations from the review?

Appendix C: Contacts for Regional Vaccination Operations Centres (RVOC) and National Vaccination Operations Centres (NVOC)

RVOC	
North East & Yorkshire	england.ney-vacc-cell@nhs.net
North West	Covid-19.MVNW@nhs.net
Midlands	england.midscovid19voc@nhs.net
East of England	england.eoe-vacprg@nhs.net
London	england.london-covid19voc@nhs.net
South East	england.servoc@nhs.net
South West	england.swcovid19-voc@nhs.net
NVOC	
National Vaccination Operations Centre	england.covidvaccs@nhs.net

Getting Access – Sub-regional (ICS/STP)

- **ICS/STPs ONLY: How to request access to NHS Foundry**
- Please share the list of names and email addresses for those requiring access within each ICS/STP to fluCOVID19pmo@moorhouseconsulting.com
- Ask relevant ICS/STP colleagues to follow the guidance below to register for an account in NHS Foundry:
 - Register for an account with NHS Insights (Okta) here: [https://apps.model.nhs.uk/register\[apps.model.nhs.uk\]](https://apps.model.nhs.uk/register[apps.model.nhs.uk])
- (If you already have an account you do not need to complete this step)
 - Complete a copy of [eForm here \[ppds.palantirfoundry.co.uk\]](https://ppds.palantirfoundry.co.uk) (<https://ppds.palantirfoundry.co.uk/secure-upload/forms/uxkvyaxrdlqp4uesdevghaop5c>), requesting access to '**regional** vaccine operations'
- Once the request has been approved, ICS/STP users will receive an email from the service desk including an onboarding document and details of how to log-in.
- Approval for 'regional vaccine operations' will grant you to:
- A single region view of the readiness workspace
- A single region view of the COVID-19 Operational Dashboard (Expected Late Dec)

Helpdesk:

- For general queries relating to NHS Foundry, please contact agem.foundrysupport@nhs.net
- For queries specifically about completing readiness returns, please contact agem.vaccinationstocktake@nhs.net

OKTA Application – use your own organisation & either enter your region or ‘National’ under ‘Region’

<https://apps.model.nhs.uk/register>[\[apps.model.nhs.uk\]](https://apps.model.nhs.uk)



Register to use the Insights Platform from NHS England and NHS Improvement

Some products and services can only be used by employees of certain organisations. We may need to verify your details before granting access.

First name

Last name

Please read before choosing which address to use

- Use your work rather than personal email, where possible.
- Use the address provided to you by the main organisation you work for, where possible.
- Use your own email, not a group email address.

Email address
Enter your main email address.

Job role (main)
Select the role you have at the main organisation that you work for.

The organisation(s) you work for
You can select more than one organisation. If you work for a GP practice, select Primary Care Network.

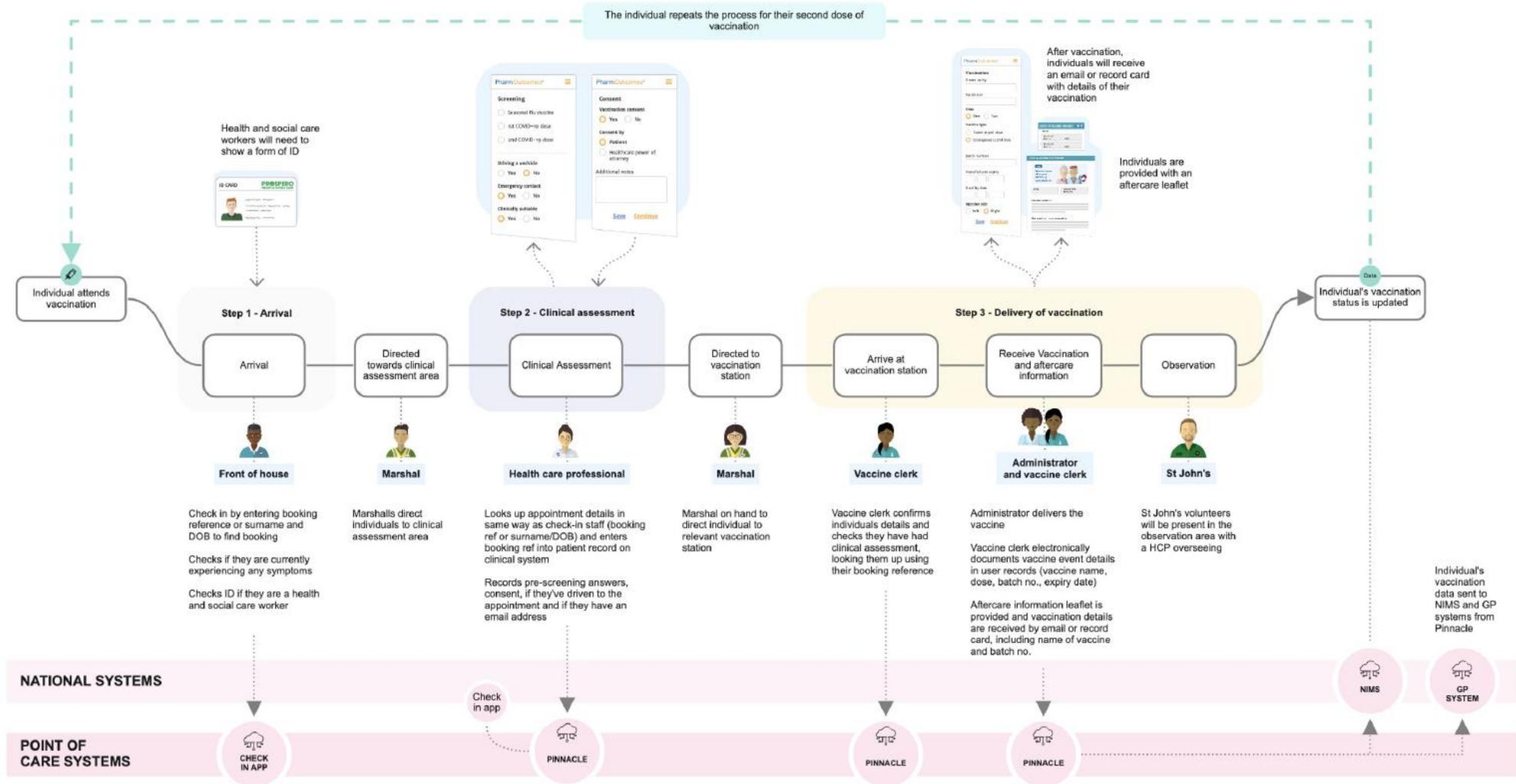
Organisation (main)

Region

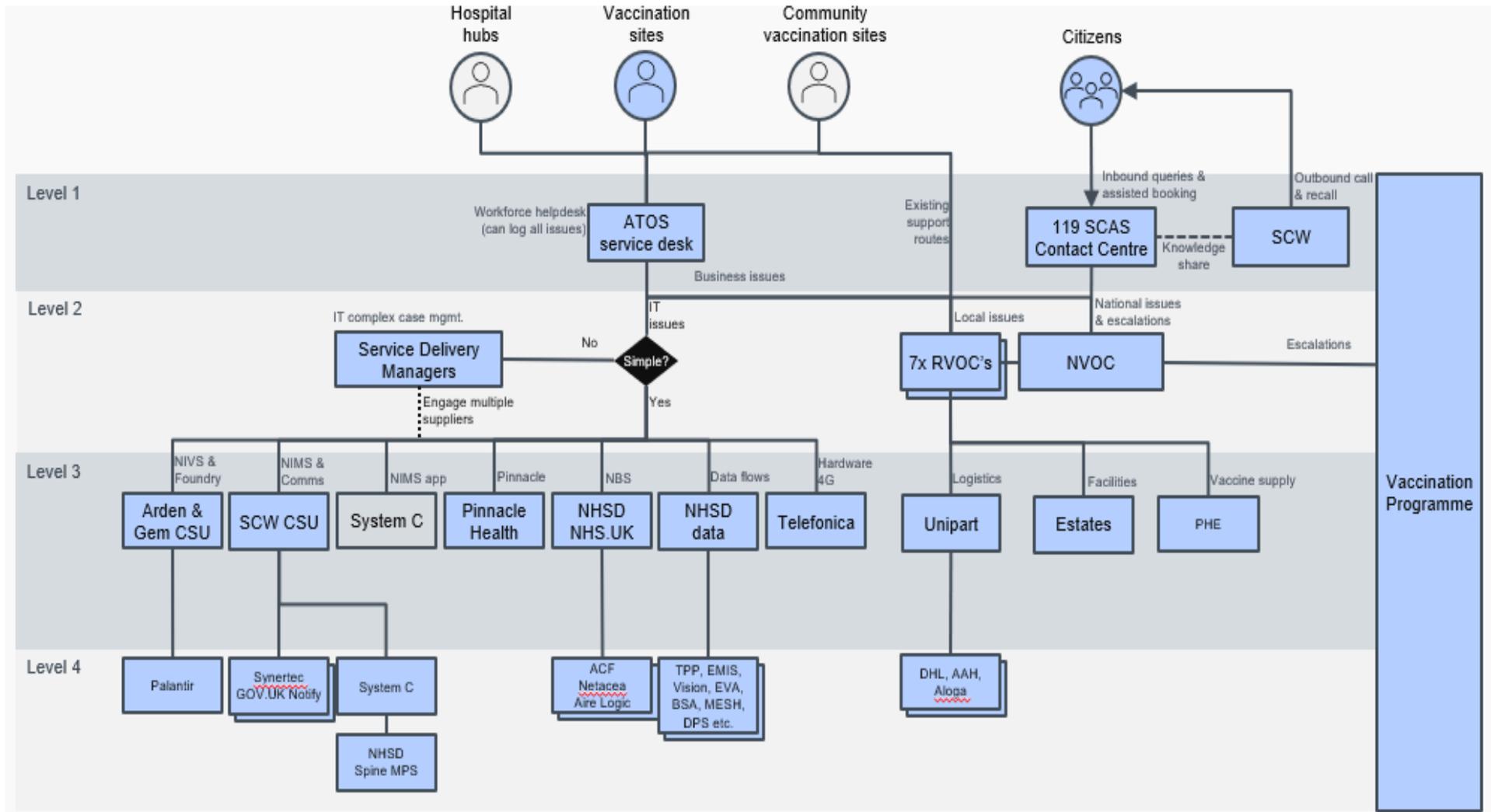
[+ Add another organisation](#)

Terms and conditions
 I agree to the [terms and conditions](#) of using the Insights Platform.

Appendix E: Visual point of care journey vaccination centres – all cohorts



Appendix F: Incident Support Vaccination Centres



Appendix G: Clinical Case Escalation Framework

