

AGENDA ITEM

(6.2)

CTM BOARD
COVID-19 VACCINATION CAMPAIGN UPDATE

Date of meeting	30/09/2021
FOI Status	Open/Public
If closed please indicate reason	Not Applicable - Public Report
Prepared by	Julie Keegan, Assistant Director of Planning
Presented by	Clare Williams, Deputy Director of Strategy and Transformation
Approving Executive Sponsor	Executive Director of Public Health
Report purpose	FOR APPROVAL

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)

Committee/Group/Individuals	Date	Outcome
Covid Vaccine Strategic Board	Fortnightly meeting	Supported content
Covid Vaccine Operational Board	Weekly meeting	Supported Content
Meetings with representatives of the clinical team, ILGs and Primary Care	Meetings through July/August	Contributed to plan

ACRONYMS

MRHA	Medicines and Healthcare Products Regulatory Agency
AZ	Astra Zeneca Covid-19 Vaccine
JCVI	Joint Committee for Vaccination and Immunisation
WIS	Welsh Immunisation System
NWIS	NHS Wales Informatics Service



WG	Welsh Government
DNA	Did Not Attend
CVC	Community Vaccination Centre
CTMUHB	Cwm Taf Morgannwg University Health Board
RCT	Rhondda Cynon Taf
DDA	Disability Discrimination Act

1. SITUATION/BACKGROUND

1.1 The purpose of this report is to update the Board on its Strategic and Operation Plan for its COVID-19 Vaccination Programme, including progress on 1st and 2nd dose campaign of Priority Groups 1 to 10 and a forward look to the Autumn Booster stage.

1.2 In line with Welsh Government requirements, CTMUHB approved and submitted a preliminary draft vaccination plan in September 2020 to vaccinate all those in Priority Groups 1 – 9 and commenced vaccinating the first of the priority groups in December 2020. Since then all adults in groups 1 to 10 have been offered a 1st dose. The priority groups and timelines for Phase 1 and 2 were as follows:

1.2.1 Phase 1- Milestone 1: 1st Dose Priority Groups 1-4

Target date: Mid-February 2021 to complete

Priority Group	
1	Residents and staff in care homes for older people
2	All those 80 years and over, and Frontline Health and Social care Workers
3	All those 75 and over
4	All those 70 years and over, and Extremely Vulnerable Individuals

This target was achieved by CTMUHB and WG announced the 1st milestone was met on 12th February.

1.2.2 Phase 1- Milestone 2: 1st Dose Priority Groups 5-9

Target date: Offer of 1st vaccine to those in Groups 5 – 9 by mid-April 2021.



Priority Group	
5	All those 65 and up to 70
6	All individuals 16 – 64 yrs with Underlying health conditions which put them at higher risk
7	All those 60 and up to 65
8	All those 55 and up to 60
9	All those 50 and up to 55

This target was achieved by CTMUHB and WG announced the 2nd milestone was met on 4th April 2021.

1.2.3 **Phase 2 - Milestone 3: 1st Dose Priority Group 10**

Target date: To offer a 1st doses to all those 18-49 by end of July 2021.

Priority Group	
10	All those 40 to 49
10	All those 30 to 39
10	All those 18 to 29

This target was achieved by 27th July 2021.

1.2.4 **Phase 2 - Milestone 4: 2nd doses in Groups 1 – 10**

On 27th July 2021, Welsh Government announced that they aimed to offer all eligible adults 2 doses of a vaccine by the end of September 2021. Currently CTMUHB is on target to achieve this deadline, but will always have a tail of 2nd doses as we pick up people who originally declined a vaccine but are now coming forward as part of our campaign of 'no one left behind'. Currently we are still vaccinating approximately 500 people a week with a 1st dose. These individuals will not be eligible for their 2nd doses until 8 weeks after their 1st dose.

1.3 CTMUHB Vaccination Programme has continued to use 2 vaccines throughout: Pfizer BioNTech (Pfizer); and Oxford/Astra Zeneca/Oxford (Oxford).

1.4 The JCVI issued advice on which vaccine to use for the under 40's, which was subsequently approved by Welsh Government. Due to the extremely small risk of thrombosis/thrombocytopenia, it was recommended to offer the under 40's an alternative to the Astra Zeneca vaccine. Initially, in April 2021, the advice was for those under 30 years of age and this followed in May 2021 for all those under 40 years of age. This advice was for 1st doses and for those who had already had a 1st dose of AZ it was recommended to have a 2nd dose of AZ regardless of age.

1.5 The majority in Priority Groups 1 to 10 have also had their 2nd doses. Currently the vaccination centres are operating with an 8 week

interval between 1st and 2nd doses in line with WG requirements. All those eligible for their 2nd dose have been invited for their 2nd vaccine. The remaining will be called as and when their 2nd vaccine is due.

- 1.6 Between June 30th and 4th August 2021, JCVI and subsequently WG have announced a series of additional groups to be vaccinated as part of a Phase 3 Programme of work, to include:
- 16/17 year olds (this followed plans to vaccinate the rising 18 year olds, i.e. 17 year olds were 3 months off their 18th birthday).
 - 12-15 year olds who are clinically extremely vulnerable.
 - 12-15 year olds living with someone who is severely immunosuppressed.
- 1.7 On 30th June 2021, JCVI published interim guidance on a Phase Booster campaign to begin in September 2021.
- 1.8 In early September further guidance was issued to vaccinate 12-15 years who are clinically at risk. These children will have an underlying health condition such as Type 1 diabetes or moderate to severe asthma. This was followed shortly after with further guidance to vaccinate all 12-15 year olds. The start date of these two groups of 12-15 year olds is to commence by 4th September 2021.
- 1.9 Final Guidance for the booster campaign was issued on 14th September, confirming the arrangements for the booster campaign to begin on 20th September.
- 1.10 Details and plans for these further phases are outlined in the main body of this report. The reports content will also outline progress on the 1st and 2nd dose vaccination Programme.

2. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

2.1 Achievements of Phases 1 and 2 – 1st and 2nd doses

Uptake of the vaccine across the whole of the programme for both 1st and 2nd doses has been excellent and in most categories above the All Wales average. As at 22nd September, activity for 1st and 2nd doses across the main priority groups 1- 10 were as follows.

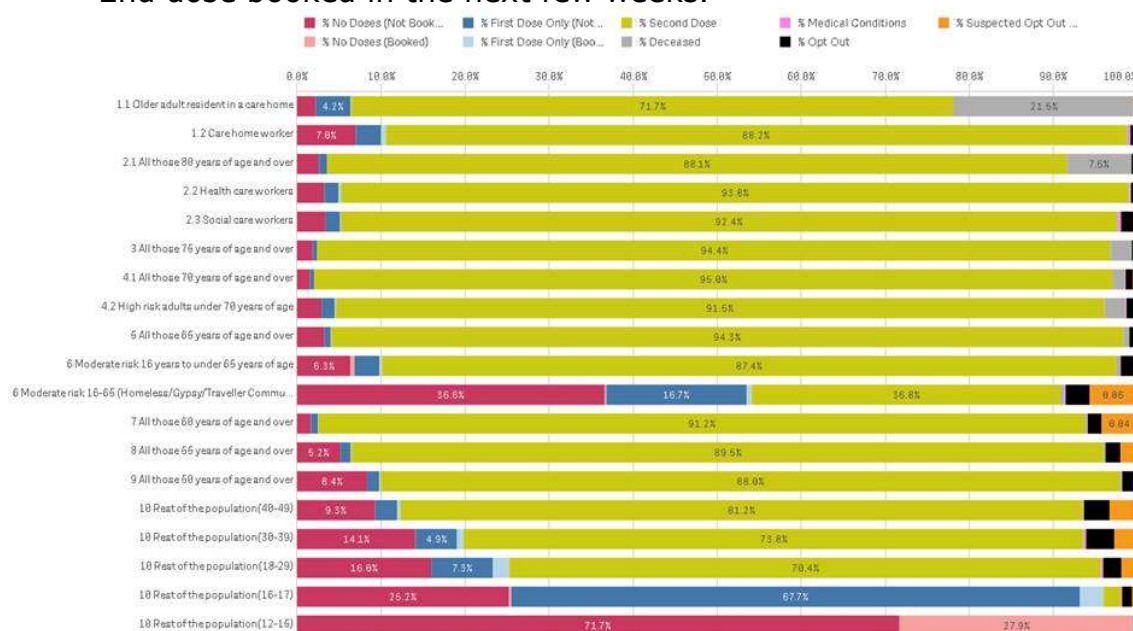
Priority Group	Description	1st Dose %	2nd Dose %
1.1	Older Adults Resident in a Care Home	96.7%	91.3%
1.2	Older Adults Care Home Workers	91.9%	88.3%
2.1	Adults Aged 80+	96.4%	95.3%
2.2	Health Care Workers	95.9%	93.9%
2.3	Social care Workers	94.3%	92.4%

Priority Group	Description	1 st Dose %	2 nd Dose %
3	Adults 75-79	97.4%	96.8%
4.1	Adults 70-74	97.0%	96.5%
4.2	High Risk Adults under 70	95.6%	93.9%
5	Adults 65-69	95.7%	94.9%
6	Moderate Risk Adults 16-64	91.0%	87.7%
7	Adults 60-64	92.4%	91.5%
8	Adults 55-59	91.0%	89.7%
9	Adults 50-54	89.8%	88.2%
10	Adults 40-49	84.3%	81.3%
10	Adults 30-39	79.4%	73.7%
10	Adults 18-29 *	79.6%	70.3%
10	Young Adults 16-17	72.5%	72.5%

*Still outstanding 2nd doses due to 8 week interval requirement

The table below shows the data in a graph form:

- The yellow shows the number who have completed their course of 2 vaccines.
- The dark blue show the numbers who have had only 1 doses and don't yet have their 2nd doses booked and
- The lighter blue show the number who have had 1 dose but have a 2nd dose booked in the next few weeks.



2.2 Analysis of the non uptake of vaccine

With support from Public Health Wales, the Programme is trying to understand the reasons why people have not taken up the offer of a vaccine. The data above shows the level of vaccine hesitancy increases the younger the group being vaccinated



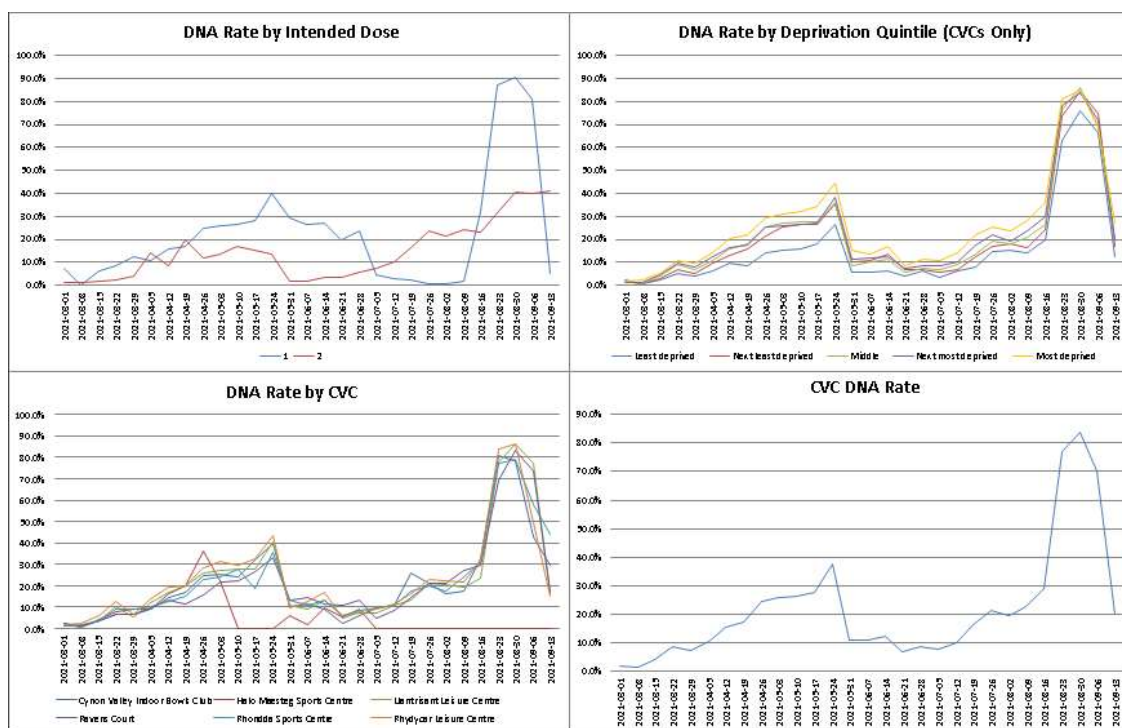
2.2.1 The data also shows us that we have areas where we have lower uptakes in certain localities that correlate with areas of higher deprivation. The gap between the most and least deprived areas also widens, as you go down the age ranges as follows.

JCVI Priority Group	Depravation	% Population had 1st Dose
1.1 Older adult resident in a care home	Least deprived	97.4%
	Most deprived	98.6%
1.2 Care home worker	Least deprived	90.6%
	Most deprived	93.2%
2.1 All those 80 yrs of age and over	Least deprived	95.6%
	Most deprived	97.6%
2.2 Health care workers	Least deprived	94.1%
	Most deprived	97.5%
2.3 Social care workers	Least deprived	93.4%
	Most deprived	96.1%
3 All those 75 yrs of age and over	Least deprived	96.6%
	Most deprived	98.7%
4.1 All those 70 yrs of age and over	Least deprived	95.9%
	Most deprived	97.7%
4.2 High risk adults under 70 yrs	Least deprived	94.5%
	Most deprived	97.5%
5 All those 65 yrs of age and over	Least deprived	94.7%
	Most deprived	96.9%
6 Moderate risk 16 yrs to under 65 yrs	Least deprived	88.9%
	Most deprived	94.1%
7 All those 60 yrs of age and over	Least deprived	91.1%
	Most deprived	94.8%
8 All those 55 yrs of age and over	Least deprived	89.3%
	Most deprived	93.6%
9 All those 50 yrs of age and over	Least deprived	87.1%
	Most deprived	93.1%
10 Rest of the population(40-49)	Least deprived	81.5%
	Most deprived	90.0%
10 Rest of the population(30-39)	Least deprived	76.2%
	Most deprived	84.8%
10 Rest of the population(18-29)	Least deprived	75.2%
	Most deprived	86.9%
10 Rest of the population(16-18)	Least deprived	67.4%
	Most deprived	78.4%
10 Rest of the population(12-15)	Least deprived	0.2%
	Most deprived	0.6%

2.2.2 Work is being undertaken through the inequalities sub group to better understand why we have this level of vaccine hesitancy within age groups and between different areas. Some small scale surveys have identified that access is not the issue but more around the safety of the vaccine, in particular with the younger age groups around the perceived concern about it potentially affecting fertility. There also remains a low uptake with pregnant

women and again there is work being undertaken with our maternity service to address this, including training up the midwives to deliver the COVID vaccine in antenatal clinics. These patterns are not unique to CTMUHB and are replicated across all Health Boards.

2.2.3 Do Not Attends (DNA's) remain a major issue across all groups. The highest DNA rates are in the 1st doses compared to the 2nd doses, which explains the shape of the curve in the below diagrams. However, as we have moved to predominately 2nd doses in the under 40's, we have seen an increase in the DNA rates for 2nd doses as well. This is currently being investigated as to why and all outstanding DNA's are being contacted by phone either by the call centre or the central admin team with the aim to offer and rebook their 2nd dose appointment.



2.2.4 Additional invites went out at the end of August/ beginning of September to anyone not vaccinated and who has not opted out or been suspended. Whilst the number of invites were very high, the uptake of the vaccine was much lower than expected. Many of the invites went to people who had already DNA'd at least once and some 3 times already. As the CVC's had the capacity it was thought helpful to try and reach this group before the start of the Autumn Boosters.

2.3 Hard to Reach Groups

Homelessness, Gypsy, Traveller and Women Refugee Community

2.3.1 The Vaccination Programme has had a specific work stream to ensure the hard to reach population are vaccinated. This group of people are the ones that are at highest risk of both catching and being adversely affected by Covid-19. The work around this group was undertaken in partnership with internal and external partners to ensure that such individuals were given the relevant information and opportunities to help support them make informed decisions in relation to receiving the Covid-19 vaccination

2.3.2 The work to engage these hard to reach groups has been challenging due to their transient lifestyle. As a result we do not have a definite and accurate dataset on these groups. The UHB continues to engage with Local Authority colleagues on this matter to ensure that no one is missed and that all are given the opportunity to be vaccinated.

- Out of 555 people identified with lived experience of homelessness and the 29 identified as Gypsy and Traveller Community people 53.5% have been vaccinated, with the second dosage vaccination pathway in progress.

2.3.3 As part of our 'no one left behind' campaign, we formed outreach teams to go out and visit the homeless shelters and hostels to offer the vaccine in a more convenient way. The teams worked hard to reach as many as possible and whilst vaccinating a small number, there was a significant level of vaccine hesitancy in this group.

2.3.4 **Access for other hard to reach groups**

In addition to the work of specific groups, the Vaccination Programme has worked hard to ensure that those with disabilities and those with access issues, have been supported in attending their vaccine appointment:

All CVC's:

- Are located in Disability Discrimination Act compliant buildings.
- Have disabled parking spaces.
- Can provide support for patients with mobility issues.
- Have two wheelchairs, one of which bariatric.
- Can provide a separate clinics for those who are sensitive to their environment such as autistic patients.
- Able to provide break out rooms for patients suffering with anxiety.
- Have a translation service/ language line app.
- Have Welsh Speakers at the CVC's.
- Hearing loops/ Sonido hearing aides.

- Gender neutral toilets.
- Brail communications.

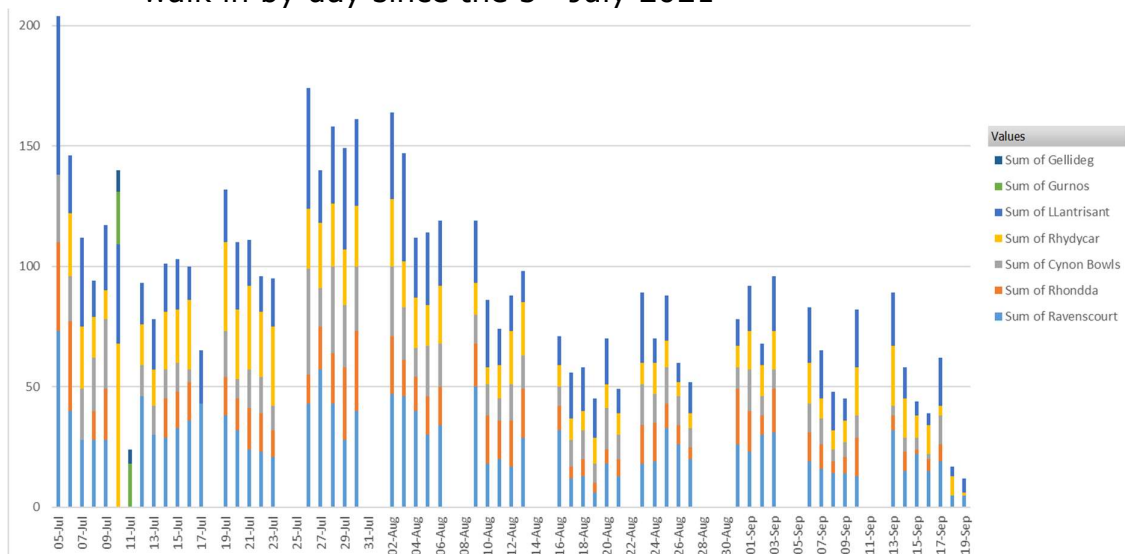
In addition:

- We've provided home visits for homebound patients.
- We have commissioned the Vaxi-Taxi service to collect and return patients unable to get the vaccinations centre for their appointment.
- We have a Welsh language option with the contact centre.
- We have a text option at the contact centre for the hard of hearing.

2.4 No-one Left Behind

The Health Board has been extremely active in ensuring no one is left behind in not having their vaccine:

- 2.4.1 Walk Ins: From the beginning of July we have operated an open door policy of walk ins for 1st doses for anyone over the age of 18. Due to vaccine supply, we are now operating using Pfizer for all 1st doses in all CVC's. The CVC's have seen a steady and consistent flow of people turning up for their 1st doses, with the majority being in the under 40 category. The diagram below shows that walk in by day since the 5th July 2021



Due to the success of the walk ins we extended this to the lower age group of 16/17 year olds, from the week of the 23rd August 2021. 2nd dose walk ins commenced on 10th September 2021, for anyone over 8 weeks from 1st dose. This does not replace appointments for 2nd doses, which are still sent to everyone when they become due for the 2nd dose. The walk ins are to make it easier for those who have missed their appointment or have changed their mind and now want the vaccine.



- 2.4.2 Pop Up Clinics: In response to the low uptakes in certain areas in Merthyr Tydfil, we piloted a pop up/ walk in clinic model in Gellideg (Primary School) and Gurnos (PCH Outpatients) over a Saturday and Sunday on 10th/11th July 2021. Despite a wide ranging communication strategy to support this work, the results were disappointing with very low uptake at the two pop up centres. Many of those who did attend were not from the areas we were targeting. We are taking the lessons learnt from this into any future outreach work.
- 2.4.3 Student Campaign: One of the areas in CTM with the lowest uptake in vaccine is the Treforest area in RCT. This is associated with the student population, where potentially students either left the area before their age group was called for a vaccine, or they have left the area after completing their studies and have not changed their GP (GP registration drives who the responsible Health Organisation is for vaccinating any individual).
- 2.4.4 We had had a very positive response from the University of South Wales (USW), to develop an outreach model at Fresher's week. In partnership with USW we are now running outreach vaccination sessions on each day of Freshers week, commencing Monday 20th September. USW have supported us with communication through the students welcome packs and allowing banners to be put up on site. They have also provided an accessible venue.
- 2.4.5 An option to create a mobile vehicle which would support the no-one left behind campaign is being developed. This will allow for a more agile mobile team; able to respond to low uptake areas without the need to find a location.

2.5 **Audit**

The vaccination has had a number of positive audits over the last 9 months including:

- HIW audit
- Equalities audit
- IP&C audit
- An internal audit
- Welsh Language Audit

2.6 **Forward Work Plan- Phase 3 August 2021 onwards**

There are four parts to this work:

- Providing a 3rd Primary Dose for Severely Immunosuppressed.
- Vaccination of the 16-17 year olds
- Extension in the range of children to be vaccinated
- Autumn Booster Plan

2.6.1 **Providing a 3rd primary dose for severely Immunosuppressed.**

The JCVI published advice on 1st September, that individuals aged 12 and over with severe immunosuppression at the time of either or both of their two vaccine doses should be offered a 3rd dose at a minimum of 8 weeks after their 2nd dose. This group of people will also be offered a booster vaccine 6 months after their 3rd dose. The JCVI have produced detailed criteria for clinicians to support identification of patients that fall under the definition of severely immunosuppressed.

Work is currently underway to identify these patients with support of nationally compiled records and patients doctors and consultants. Once identified these patients will moved into a new priority group (0) to ensure they are easily identified as requiring a booster dose as well.

There is an added complexity to this group of patients as there will be a sub set that require their 3rd dose at a specific time around their treatment plans to ensure they get the greatest efficacy from the vaccine.

The identification and validation process of this patients group will take time to identify and are likely to be identified in stages. However, as soon as patients are identified they are offered an appointment in protected sessions in a CVC. Bookings commenced week commencing 20th September for appointments from the 27th September.

2.6.2 **JCVI Guidance on Young Adults 16/17 years old and Plans to Vaccinate**

On the 4th August 2021 JCVI published new guidance on the vaccinating of young adults 16/17 years of age. WG issued guidance and asked that all these be vaccinated as quickly as possible before they return to school or college. This followed on from WG guidance which asked Health Boards to vaccinate the 'rising' 18 year olds, where they were within 3 months of their 18th birthday. The guidance at present is only for 1 dose, except those who are in the following groups who can have two doses, eight weeks apart:

- Within 3 months of their eighteenth birthday
- have an underlying health condition or
- a household member of someone who is immunosuppressed.

Dedicated sessions commenced the week of the 16th August 2021 and were completed in week commencing 23rd August. The uptake was higher than expected and is currently averaging 73 % across

CTM, but with variation across the 3 Local Authorities, with the highest uptake in Rhondda Cynon Taff and the lowest in Bridgend.

Although JCVI have only recommended 1 vaccine for the majority of the 16/17 year olds at present, further guidance from JCVI is expected on whether a 2nd dose is recommended.

2.6.3 **JCVI Guidance on Children 12-15 and Plans to Vaccinate**

The JCVI Guidance on vaccinating Children can be broken down into 3 groups of children.

- Children and young people 12-15 years whose condition puts them at serious risk of Covid 19
- Children and young people aged 12-15 years whose condition puts them at risk of Covid 19
- All healthy children and young people aged 12-15 year olds.

2.6.4 All vaccinators for this age group are required to be trained/ experienced in childhood vaccinations, be fully DBS checked and have had safeguarding training. We also allow more time to vaccinate each young person/child to go through the consent process with both the parent and child. All in this age group have to be accompanied by a parent or guardian and special arrangements have been put in place for those children in the care system.

2.6.5 **Group 1: Children and young people 12-15 years whose condition puts them at serious risk of Covid 19.**

29th July 2021, JCVI published advice on vaccinating children and young people aged 12-15 years with specific underlying clinical conditions that put them at serious risk of Covid 19. It was recommended that the following groups be vaccinated:

- Extremely vulnerable group – these are children on the shielding list. The latest CTM list from January 2021 has 49 children.
- Children and young adults with learning disability (LD) - all children 12 years or older in our special schools to be offered the vaccine. (Ty Coch, Hen Felin, Greenfields, Park Lane & Heronsbridge).
- Down Syndrome – all children with this diagnosis.
- Children with severe neuro-disability and/or neuromuscular conditions that compromise respiratory function. This includes conditions that may affect swallowing and protection of the upper airways, leading to aspiration, and reduce the ability to cough and resulting overall in increased susceptibility to respiratory infections.
- Immunosuppression due to disease or treatment – children who meet the criteria to be included on a shielding list.

- Children 12 years or older who are contacts of immunosuppressed individuals - Those aged 12 years and above who expect to share living accommodation on most days with individuals of any age who are immunosuppressed.

2.6.6 The majority were identified from Downs Syndrome and Learning Disability registers, as well as the nationally agreed shielding lists. The majority came from these national sources and a relatively small number were identified via local Paediatric services. Children who are contacts of immunosuppressed individuals can self-referral via an online form and after some validation are vaccinated.

2.6.7 This is a very defined group of 12-15 year olds with a relatively small number of children requiring vaccination. WG on 16th August 2021, issued a letter requesting that these children be vaccinated before they return to school in September. This group of children are recommended to have two doses of Pfizer vaccine, eight weeks apart.

2.6.8 Dedicated sessions were held for these children over two evening and one full Saturday in three of the CVC's. All children identified at that time were vaccinated between 26th August and 4th September and as requested, in time before returning to school.

2.6.9 **Group 2: Children and young people 12-15 years whose condition puts them at risk of Covid 19.**

On 3 September 2021, the JCVI published advice on vaccinating children and young people aged 12-15 years with specific underlying clinical conditions that put them at risk of Covid 19. The advice recommended that these group of children should have two doses with an eight week interval between doses.

These children in CTM have been identified and letters have been sent inviting them in for their vaccination. Appointments start on the 25th September, with the aim of completing the weekend of the 2/3rd October.

2.6.10 **Group 3: Healthy children and young people 12-15 years of age.**

The JCVI provided advice to the Minister on 3rd September stating that the health benefits of vaccinating healthy 12-15 year olds slightly outweighed the risks, however the margin of health benefit was too small to recommend vaccination on health grounds alone. The Ministers of all four nations asked their respective Chief Medical Officers to review the wider public health benefits and risks of universal vaccination in this age group.

The UK CMOs considered education one of the most important drivers of improved public health and mental health. Evidence from clinical public health colleagues consistently makes clear the massive impact that absent or disrupted face-to-face education has had on the welfare and mental health of many children and young people.

As a result of the review of the wider benefits, the CMO's recommended on public health grounds that Ministers extend the offer of universal vaccination with a first dose of Pfizer-BioNTech COVID-19 vaccine to all children and young people aged 12-15 not already covered by existing JCVI advice.

The issue of consent in this age group is considered to be important and under 16s are not automatically presumed to be legally competent to make decisions about their healthcare and, therefore, whether they should be given the COVID-19 vaccine. Generally a parent will accompany a child and be able to provide consent, however another accompany adult can provide consent on the parents behalf, however a clinician would need to establish that the parents were aware. Ideally the 'other adult' would be a close relative eg grandparents, older sibling etc. If in any doubt then the vaccination would be deferred.

Like other 12 – 15 groups, the plan is to vaccination in dedicated weekend children sessions, with these starting for this group on the weekend of the 2/3rd October. The aim is to complete before the children return to school after the half term break.

2.6.11 Boosters

On the 30 June 2021, the JCVI published interim guidance on Phase 3 Autumn Booster campaign to begin in September 2021. The final Guidance was published on 14th September 2021. The planning assumptions of the booster campaign is as follows:

- A single dose of Pfizer or a half dose of Modern. In CTM we will only be using Pfizer.
- It will cover Priority Group 1-9 with the addition of the new 0.1 and 0.2 for the immunosuppressed group.
- No decision has been made on the under 50's at this stage.
- All Boosters will be given no less than 6 months after the 2nd dose but there is no upper limit of time. This timeframe will determine the pace of vaccination.
- It can be co-administered with Flu.

The expected start date for the booster campaign by Welsh Government was by the 20th September.

2.6.12 In light of the final guidance the delivery model is as follows in summary:

- The majority of the boosters will be delivered by the CVC's with the exception of:
 - Care Home residents– mobile outreach team
 - Hospital based Staff – via ILG peer vaccinators on ILG site/s. Sites to be used are:
 - Prince Charles Hospital
 - Keir Hardie Health Park
 - Ysbyty Cwm Cynon
 - Royal Glamorgan Hospital
 - Ysbyty Cwm Rhondda
 - Princess of Wales Hospital
 - All housebound patients – mobile outreach team
- The CVC's to be used following the extension of leases to the end of June 2022 are:
 - Ravenscourt in Bridgend
 - Llantrisant Leisure Centre
 - Rhondda Leisure Centre
 - Cynon Bowls
 - Rhydycar Leisure Centre
 - An imminent decision on Maesteg is due, but in the interim is not being used. Ravenscourt is working a 12 hour/ 7 day operation instead.
- The CVC's will run the boosters from the date of the 2nd dose across Groups 1 to 9. However as 1st and doses were prioritised from Groups 1 Care Home Residents and Staff (the more vulnerable) to Group 9 the 50 and above, the least vulnerable, the booster campaign will loosely follow that same pattern.
- The COVID-19 and Flu campaigns remain separate, however due to the delay in the start of the booster campaign and the arrival of Flu into the Health Board, the vaccination of staff will look to co-administer where possible and with the consent of the staff member. Those who do not want the two vaccines to be co-administered will have the opportunity to do so.

2.6.13 The commencement of the booster campaign has started as follows:

- Care Homes: The care Home Campaign started on Saturday 18th September and due to end Friday 24th September. Whilst all homes are planned to be visited, Covid outbreaks in homes may delay a visit and some residents are also not due their booster in this period. Follow up work will be required using an outreach team from the CVC's
- Care Home residents: To minimise footfall in care homes, care home staff were invited via the home they work at, to walk into the CVC's for their booster from the 18th

September until the 24th September. Any that remain not vaccinated after this period will be given a scheduled appointment.

- CVC's: The 4 week period from 27th September to 22nd October have been scheduled and appointment letters sent. The groups included are:
 - ✓ Health Workers(2.2 not hospital based such as GPs, dentists, pharmacists etc)
 - ✓ Social care workers (2.3)
 - ✓ Those 75 and above
 - ✓ Some 70 and above
 - ✓ Care Home Staff (1.2)

3. KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

- 3.1 During Phase 1 the staffing model relied heavily on redeployed CTMUHB staff for vaccinators, as well as an extensive recruitment process for paid and volunteer staff across a number of areas, including, vaccinators, administrators, meet and greet, site managers and car park attendants.
- 3.2 As we moved from Phase 1 to 2, the staffing position became more of a challenge as redeployed staff started to return to their substantive jobs. The staffing was achieved using a mixture of:
- CTMUHB fixed term / seconded staff recruited to work in the CVCs;
 - Deployed staff from the three Local Authorities with a commitment of release for a minimum period of 3 months, then subject to review;
 - Deployed military staff with a commitment of release for a minimum period of 3 months, which is subject to review;
 - Deployed staff from the Fire and Rescue Service, with a commitment of release for a minimum period of 3 months, then subject to review; and
 - Utilise bank workers to fill gaps in the rotas.
- 3.3 By the end of phase 2, the majority of redeployed staff had returned to their substantive roles, the military and Fire and Rescue staff had left, leaving a very fragile workforce, heavily reliant on bank staff, with many shifts being understaffed. The main problem was with having enough qualified staff to supervise the unqualified vaccinators be they HCSW or LA staff vaccinators. Recruitment was largely unsuccessful because of the short term contracts and staff reluctant to release staff to the vaccination centres because of the timescale.
- 3.4 At times, in the CVC's, this resulted in queues forming by those waiting for their vaccine and staff shortening breaks and extending their working day to minimize and clear queues.

- 3.5 As we move into Phase 3, to minimise the risks encountered towards the end of phase 2, the staffing model has been reviewed and strengthened by:
- Changing the ratio of qualified to unqualified from a 1:3 to a 1:5 to reflect the experience of the HCSW staff.
 - Releasing qualified staff in recovery.
 - Releasing the LA vaccinators now we have enough HCSW and so release the burden of supervision for the qualified staff.
 - Extending contracts and making some posts permanent
 - More successful recruitment to CVCs and vaccination staff bank.
- 3.5.1 To ensure the longer term stability and security of the CVC workforce, the potential life span of the COVID-19 vaccination programme needs to be understood. Separate work is underway to create a new Directorate to include COVID-19 testing and vaccinations. Such an approach would create a more permanent and stable workforce to provide an ongoing essential service for the Health Board.

4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	Yes (Please see detail below)
	All explored in the body of the report
Related Health and Care standard(s)	Governance, Leadership and Accountability
Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.	No (Include further detail below)
Legal implications / impact	There are no specific legal implications related to the activity outlined in this report.
Resource (Capital/Revenue £/Workforce) implications / Impact	Yes (Include further detail below)
	Resources associated with the vaccination have been covered by Welsh Government to date, which is expected to continue for Phase 3 as well.
Link to Strategic Well-being Objectives	Work with communities and partners to reduce inequality, promote well-being and prevent ill-health

5. RECOMMENDATION

- 5.1 **APPROVE** the COVID-19 mass vaccination plan for Phase 3 in line with JCVI Guidance.