



**AGENDA ITEM**

5.2

**CTM BOARD**

**COVID VACCINATION CAMPAIGN UPDATE**

<b>Date of meeting</b>	25/03/2021
<b>FOI Status</b>	Open/Public
<b>If closed please indicate reason</b>	Not Applicable - Public Report
<b>Prepared by</b>	Julie Keegan, Assistant Director of Planning
<b>Presented by</b>	Clare Williams, Director of Planning and Performance (Interim)
<b>Approving Executive Sponsor</b>	Executive Director of Planning & Performance
<b>Report purpose</b>	FOR APPROVAL

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

<b>Committee/Group/Individuals</b>	<b>Date</b>	<b>Outcome</b>
Covid Vaccine Strategic Board	Twice weekly through February	Supported
Covid Vaccine Operational Board	Twice weekly through February	Supported

**ACRONYMS**

CTM	Cwm Taf Morgannwg University Health Board
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

## 1. SITUATION/BACKGROUND

- 1.1 Welsh Government issued its [Vaccination Strategy for Wales](#) on 11 January 2021. Having submitted to Welsh Government a draft vaccination plan in September 2020, CTM submitted a Phase 1 plan, approved by Board on 28 January 2021, to offer a first vaccine to Priority Groups 1 to 4 by 14 February 2021:

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

- 1.2 CTM has been asked to submit its plan to deliver Phase 2 of the Plan and to offer a first Vaccine to Priority Groups 5 to 9, as well as offer a second vaccine for those in Phase 1:

Priority Group	
5	All those 65 and up to 70
6	All individuals 16 – 64 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

- 1.3 Phase 1 ended on 14 February 2021 and Phase 2 of the Plan commenced on 15 of February 2021. As in Phase 1, there will be two vaccines used:
- Pfizer BioNTech (Pfizer)
  - Oxford/Astra Zeneca/Oxford (Oxford)

1.4 This report sets out to outline the outcome of Phase 1 and outline the CTM Plan to deliver Phase 2.

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

### 2.1 Delivery of Phase 1

2.1.1 Phase/Milestone 1 – to offer a first vaccine to all in Priority Groups 1 to 4 by 14 February 2021 was achieved, with a tremendous effort from all those involved. CTM also achieved the two further targets:

- All Welsh Ambulance staff to be vaccinated by 18 January 2021.
- All care home staff and residents by the end of January 2021

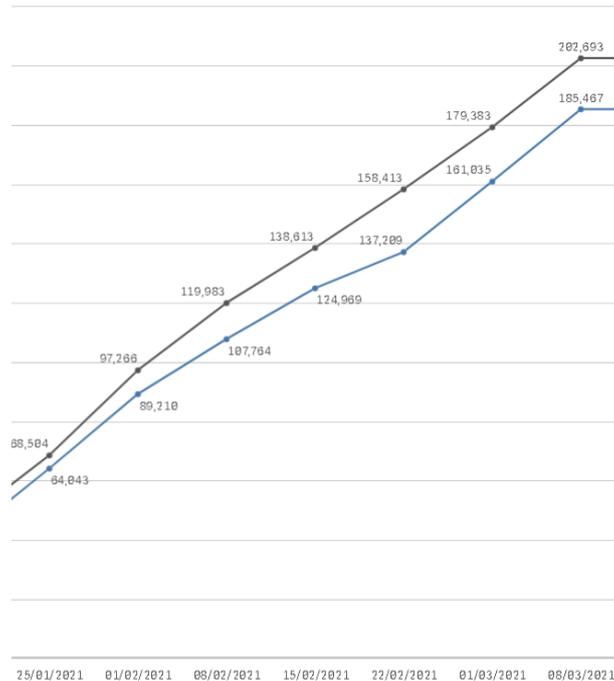
2.1.2 At the time of the last report, priority groups 1 to 4 equated to 115,130 people, since then there have been fewer updates than previously, mostly effecting the P2.3 Social Care Workers Group (~500 increase):

NCI Priority Group Description	Cohort Size	First Doses up to 14th Feb	First Doses between 15 FEB - 14 MAR	2nd Doses remaining
1.1 Older adult resident in a care home	1796	1409	38	634
1.2 Care home worker	5224	4073	230	1595
2.1 All those 80 years of age and over	22566	20348	453	20245
2.2 Health care workers	24751	20260	1058	3409
2.3 Social care workers	6838	5431	419	1462
3 All those 75 years of age and over	18311	16844	534	17137
4.1 All those 70 years of age and over	25467	23317	782	14456
4.2 High risk adults under 70 years of age	11050	8472	1474	9564
<b>Total</b>	<b>116003</b>	<b>100154</b>	<b>4988</b>	<b>68502</b>

2.1.3 The table shows how many have received a first dose during initial periods of Phase 1 and up to the present. With some individuals having already received the second dose, there remains circa 68,500 of those already vaccinated who require their second dose prior to 2 May 2021.

2.1.4 There is also the consideration that 9.3% of these groups have not received a First Dose, including all those individuals who are not able to have the vaccine for medical reasons, those that have refused and any Did Not Attends (DNAs) or cancellations that have not yet been re-arranged.

2.1.5 The total vaccinations administered up to 14 March 2021 across all priority groups is shown in the following chart:



2.1.6 In total, there are 185,467 recorded for this period against a theoretical 202,693 possible doses received. This is the total for both Pfizer and Astra Zeneca vaccines in both primary, community and secondary care locations.

2.1.7 This total is likely to increase further, given that there continues to be a backlog of data entry in a number of areas. It should also be noted that additionally there have been occasional practical difficulties in achieving the planned 6 doses from every Pfizer vial received (in December, vials were limited to 5 doses).

## 2.2 Transitioning into Phase 2

2.2.1 As we moved from Phase 1 to Phase 2, a review of the implementation of Phase 1 was undertaken. There were some key elements to this piece of work to ensure:

- Everyone had received an invite to have a vaccine;
- Our community vaccination sites were still fit for purpose;
- Our staffing model was sustainable going forward; and
- Operating Procedures are updated.

## 2.3 Ensuring Everyone had received an offer of a vaccine

2.3.1 It was important to ensure that no one had been missed in sending out invitation to attend for a first vaccination. We were aware that we had a small cohort of people who had not been invited, mainly in priority group 2, when a clearer definition of what constituted a social care worker was issued to Health Boards towards the end of Phase 1.

- 2.3.2 In addition, we proactively sought to identify individuals who we may not have been aware had not been invited for a vaccine. To do this we launched and publicised an e-form and contact number for people to contact us if they believed they were in groups 1-4 and wish to have a vaccine. We received 1653 e forms (each requiring validation) as at 22 February and would expect more to be received as people change their mind on vaccination or become well after being too sick to receive the vaccine at the time they were invited.
- 2.3.3 The call centre team are working hard to contact the people on these lists to ensure they are invited to receive their first vaccine, in the first two weeks of phase 2, that is 15 and 22 February 2021. To enable these people to access their first vaccine as quickly as possible, three additional all day vaccination clinics were put in place at Ty Trevechick (19 February 2021), Ravens Court (25 February 2021) in Bridgend and Rhondda Sports Centre (26 February 2021), creating c 1700 vaccination slots across the 3 clinics.
- 2.3.4 In addition, an additional clinic was run in Princess of Wales (POW) Hospital for those people originally offered the Pfizer Vaccine but as they have an allergy are required to have the Oxford Vaccine instead or are required to have their vaccine in a hospital setting. This 'Allergy' Clinic for c100 took place on 25 February 2021.
- 2.3.5 We have also made special provision for 16 and 17 year olds in priority groups 1-4. Due to licensing requirements of the vaccines, these young adults are recommended to have the Pfizer vaccine rather than the Oxford vaccine. The c120 young adults attended the additional session on 26 February 2021.
- 2.3.6 Work is currently underway with our Local Authority and Third Sector partners to look at how we reach the hard to reach population, especially the homeless. A group has been established to look at how we could set up a bespoke service which includes wrap around care to provide a wider range of health and social care services than just a vaccine. We are planning to outreach to this group in early April.
- 2.3.7 It is anticipated that individuals we have not had a response from or who may have declined at the time of the offer, may come forward at a later stage. These will be fitted into the vaccination programme at the appropriate time.

## 2.4 **Community Vaccination Centres (CVC)**

- 2.4.1 During Phase 1, 4 CVC's opened as follows:



Ty Trevithick, Abercynon	4 January 2021
Ravens Court, Bridgend	4 January 2021
Rhydycar Leisure Centre, Merthyr	11 January 2021
Rhondda Leisure Centre, Porth	18 January 2021

2.4.2 A review was undertaken in partnership with Local Authority Colleagues to look at both the location and the sizing of the units to ensure appropriate access for the population.

2.4.3 A list of suitable sites identified in partnership with the Local Authority were drawn up and site visits were undertaken by the CTM facilities team, local Authority representatives, Military Liaison Officer.

2.4.4 Each site was assessed against a set of criteria to ensure they met the standards required for a CVC:

- Accessibility – signposting, traffic management, public transport, disabled access
- Security – Secure and adequate lighting, pest control, fire standard compliant, water standard compliant
- Adequate and in good working order - heating, lighting and ventilation
- Parking for staff and public
- Separate access and egress points
- IT/Comms – adequate mobile signal to maintain the computers on site and direct access to NHS Servers
- Good internal flow and space for up to a minimum of 15 lanes and space for observation area
- Adequate toilets for staff and patients
- Suitable facilities for fridges
- Capable of managing two types of vaccine on site

2.4.5 In addition, visits were undertaken by the Police to advise on security, pharmacy on the suitability for vaccine storage and CTM IT services to ensure the mobile signal was sufficient. Some remedial work was required, including putting in new computer lines.

2.4.6 The outcome of this review was that the following seven sites were recommended to be taken forward as follows when the CVC programme would restart:



Llantrisant Leisure Centre	1 March 2021
Rhondda Leisure Centre	1 March 2021
Cynon Valley Bowls	1 March 2021
Ravens Court	1 March 2021
Maesteg Leisure Centre	1 March 2021
Rhydycar Leisure Centre	1 March 2021
Aberfan Community Centre	29 March 2021

2.4.7 As a result of this decision it was agreed that the Ty Trevithick site would close in w/c commencing 22 February 2021 and be returned to the Local Authority.

2.4.8 Whilst Ravens Court in Bridgend was maintained, this was as a result of no alternative facility being available in the area. It was deemed not to be suitable on access and size. Whilst the size cannot be changed, in the interim, it is sufficient. Work is being undertaken to improve access for the disabled and improve signage to the site and car parking in the Rugby club next door to the site. Work will continue to see if there are any further sites to be explored.

2.4.9 The Aberfan site was due to become operational towards the end of March when it was expected that all the CVC's would move to using the Oxford Vaccine, which is easier to store. However, we will now be continuing to use Pfizer during this period. A further review of Aberfan was undertaken at the beginning of March and due to the constraints of the type of vaccine that could be used on the site, together with security concerns, a decision was made with Merthyr Tydfil CBC not to open the site and to continue to operate the existing capacity at Rhydycar rather than the scaled back capacity planned when Aberfan opened. There will be no reduction in capacity for Merthyr Tydfil residents, who will continue to access Rhydycar for their vaccine.

## 2.5 Sustainable Staffing Model

2.5.1 During Phase 1 the staffing model relied heavily on redeployed CTM staff for vaccinators. As a result of 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, the review of the CTM CVC Workforce Pipeline has confirmed that as we move into Phase 2, the Health Board is able to build and staff rotas for each of the seven CVCs, using a mixture of:

- CTM 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 three months, then subject to review;

- Deployed military staff with a commitment of release for a minimum period of three months, which is subject to review;
- Deployed staff from the Fire and Rescue Service, with a commitment of release for a minimum period of three months, then subject to review; and
- Utilise bank workers to fill gaps in the rotas.

The utilisation of these committed staff pipelines will ensure that for the next three months, the six CVCs will have a stable and secure workforce.

#### 2.5.2 Each of the CVC will require the following staff:

- Band 7 Clinical Lead – 1 WTE;
- Vaccinators – Band 5 Registered Nurses and Band 3 Health Care Support Workers. Ratio of 1 in 3. WTE dependent on the number of lanes operated per CVC;
- Band 5 Site Manager – 1 WTE;
- Band 2 Receptionist – 2 WTE per CVC, based on 1 WTE per 5 lanes operated;
- Band 2 Car Park Attendants – 2 WTE
- Meet and Greet Personnel - 2 WTE
- Waiting Area Co-ordinators – 2 WTE
- Exit / Recover Supervisors (Registered Nurses) – 2 WTE N.B this role not required from end of March as CTM switches to administering the Oxford Astra Zeneca Vaccine.
- Pharmacy Technician – 4 WTE – Do not work on CVCs
- Pharmacy Support Officers – 4 WTE - Do not work on CVCs
- Security Services – 2 WTE - Outsourced
- and Cleaning services – 2 WTE - Outsourced

#### 2.5.3 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.

Should CVCs become a core service, the Health Board will need to recruit fixed term/substantive staff to fill the roles that are being covered during Phase 2 by deployed Local Authority, Military and Fire and Rescue Service staff. As lockdown restrictions are eased and removed, these public sector staff will be required to return to their organisations, to undertake their substantive roles.

## 2.6 Operating Procedures

#### 2.6.1 In preparation for the restarting of the six CVCs on 1 March 2021, it was recognised it was important to review the operating processes and procedures of both the call centre and the CVC's themselves. The two key issues identified for improving the smooth working of these were:

- Using the Welsh Immunisation System (WIS) for booking patients in advance and not relying on the call centre to call out to invite people in.
- Additional training on WIS to ensure that everyone in the Call centre and the CVC's are fully trained to record information and use WIS to its full potential.

2.6.2 The two weeks commencing 15 February 2021 have been used to review and rewrite the operating procedures and allow training of new and existing staff on WIS, including adequate super users are identified to support ongoing training.

## 2.7 **Cwm Taf Morgannwg UHB Strategic Delivery Model - Phase 2**

2.7.1 The aim of the Cwm Taf Vaccination programme remains to:

- Develop and offer a COVID-19 vaccination programme to all eligible and consenting residents and health and care sector workers in Cwm Taf Morgannwg;
- Reduce the inequality in preventable disease distribution in Cwm Taf Morgannwg by increasing uptake of vaccinations in areas of deprivation and vulnerable populations; and
- To design a COVID19 vaccination programme where capacity to deliver is directly aligned to vaccination supply.

2.7.2 Phase/Milestone 2 will have two aims:

- Vaccinate those in Priority Groups 1 to 4 with their second dose when it becomes due, and
- Vaccinate with a first dose those in priority groups 5 – 9 inclusive.

2.7.3 Phase 2 will now run from 15 February 2021 and end in w/c 12 April 2021. This phase was originally to end in week commencing 26 April 2021, but was recently brought forward by Welsh Government to allow Wales to complete phase 2 by 19 April 2021. The CTM plan submitted to Welsh Government on 5 February 2021 for phase 2 has now been amended to take account of the change in date. The achievement of this new date has become possible because of an increased supply of vaccine, although it has increased the demand to staff the CVC's.

2.7.4 The Health Board will continue to follow the JCVI Guidelines on vaccinating in priority order of groups 1 through to 9 and allow up to 11 week interval between the first and second dose, as per current Welsh Government guidance.

2.7.5 There is no plan in Phase 2 to mix vaccines between doses and we aim to continue to only use one vaccine type in a single location on any day. However, due to the increased supply, we are moving

between vaccine types with strict operating procedures to ensure clinical safety.

2.7.6 Originally, following Welsh Government guidance, the plan was that Pfizer would only be used for second doses for those vaccinated with a first dose of Pfizer in Phase 1. However, a further small supply of Pfizer has been allocated for first doses from early April.

2.7.7 The Oxford/ AstraZeneca vaccine will be used for the majority of first doses for priority groups 5 – 9 and used in both primary care and the CVC's. It will also be used for any individual who comes forward in Phase 2 from Priority Groups 1 to 4 from 1 March 2021 onwards.

2.7.8 The Oxford/ AstraZeneca vaccine will also be used for all second doses for those vaccinated with Oxford/Astra Zeneca as a first dose, the majority of which will be in Primary Care.

2.7.9 Vaccine supply since the beginning of the campaign has been unpredictable and at the beginning of Phase 2 it remained such, however that position has improved but still remains a challenge in planning. Currently we receive a four week forward view of anticipated vaccine levels, but these predicted levels can change at the last minute. The main implication of this is that if you plan and book patients to the predicted levels, you run the risk of having to cancel clinics and disappoint people. You also run the risk of vaccinating out of turn when you have to rebook them, as subsequent clinics would have already been booked and filled.

2.7.10 Phase 2 will see the requirement for 148k first doses as follows:

JVCI Priority Group Description	Plan Cohort (GP records)
5 All those 65 years of age and over	21,853
6 Moderate risk 16 years to under 65 years of age	46,256
7 All those 60 years of age and over	24,111
8 All those 55 years of age and over	27,892
9 All those 50 years of age and over	28,249
Total	148,361

2.7.11 Recent vaccine supply information has indicated we now have sufficient vaccine to meet the demand for first and second doses in priority groups 1 to 9.

2.7.12 As in Phase 1 the delivery of vaccines will be via the following:

- District General Hospital (DGH) Sites – primarily for Healthcare workers
- Mobile Team – primarily for care homes and inpatients

- Community Vaccination Sites – Social Care Staff and General Public
- GP Practices – General Public

## Second Dose Vaccinations

2.7.13 The second dose Pfizer campaign is due to run in the first half of Phase 2 between 15 February 2021 and by the end week commencing 29 March 2021 as follows:

	15.2	22.2	1.3	8.3	15.3	22.3	29.3
DGH							
Mobile Team							
CVC's							

2.7.14 By bringing forward the second dose vaccine campaign to the front of the programme, it allows the DGH Peer vaccination team and the mobile vaccination team to complete the work in a very short timeframe and be stood down, allowing staff to return to their substantive roles.

2.7.15 The exception to this plan is the GP cluster pilot of Pfizer, who plan to run their second dose campaign from the 8 April 2021.

2.7.16 This plan allows the majority of second doses to be completed by the end of week commencing 15 March 2021, with a small 'mop up' in the CVC's and care homes in week commencing 29 March 2021. Week commencing 22 March 2021 there will be no use of Pfizer, with CVC's using Astra Zenica/Oxford that week to deliver first doses to priority groups 7 and 8, before returning to using Pfizer on the 29 March 2021 to pick up any remaining second dose Pfizer requirements.

2.7.17 Oxford /Astra Zenica Second doses will run from 22 March 2021 to the end of the phase 2 campaign, maintaining the 11 week interval in line with recommendations and evidence of clinical effectiveness as follows:

	22.3	29.3	5.4	12.4
GP's				

2.7.18 This allows the period from the 15 to 22 March 2021 to be entirely to deliver first doses, with an overlap in w/c 22rd March 2021.

## First Doses Vaccinations

2.7.19 All first doses will be using the Oxford/Astra Zenica vaccine and will be delivered by GP practices and the CVC's.

2.7.20 First doses will commence on 15 February 2021 with GP practices delivering to priority groups 5 and 6 by 29 March 2021. Followed by the CVC's commencing on 19 March 2021 and ending in week commencing 12 April 2021. CVC's will be vaccinating priority groups 7, 8 and 9.

	15.2.21 – 28.3.21	19.3.21 – 18.4.21
GP's	Priority Grps 5&6	
CVC's		Priority Groups 7/8/9

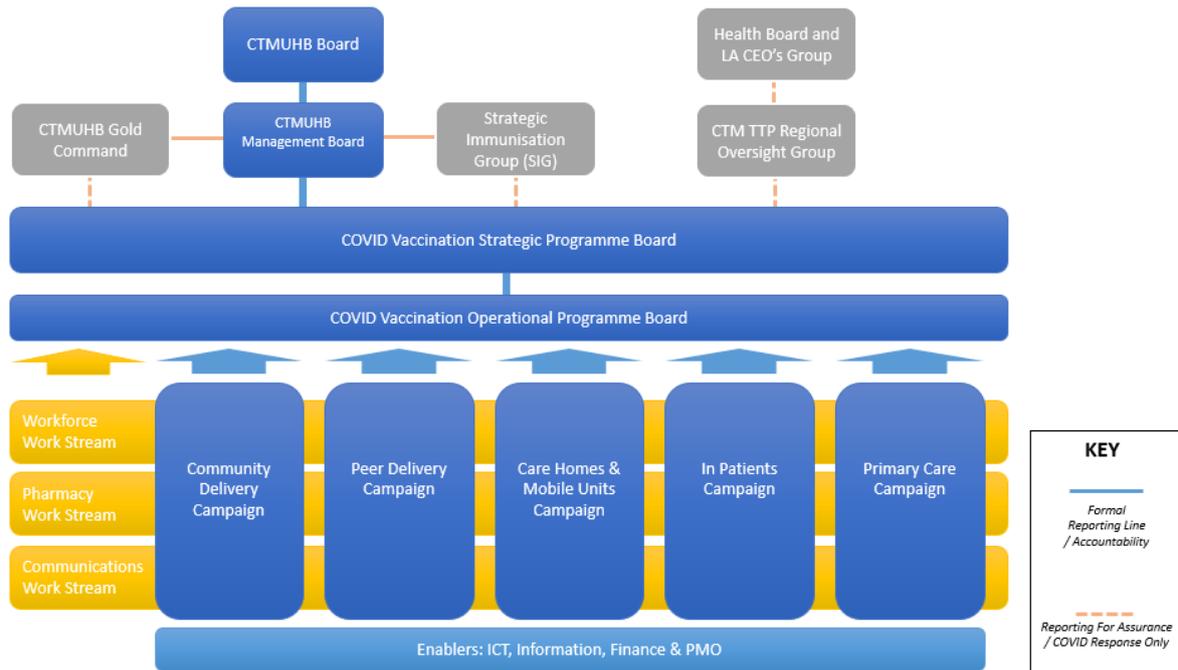
## 2.8 Financial Cost

2.8.1 The financial assessment has been remodelled to reflect the latest delivery plans for the current financial year. The current forecast included within the M10 monitoring returns was £2.9m and the assumption is that an allocation to match the identified cost will be received by the Health Board. This reflects an increase when compared to the M09 assessment which is largely driven by changes made to the primary care plans both in terms of cohorts (and therefore numbers) vaccinated and the timescales for delivery

2.8.2 As part of the Integrated Medium Term Plan (IMTP) process work is being undertaken to assess the funding requirement for 2021/2022 both in terms of completing the current programme but also the potential requirement to implement a sustainable model to deliver ongoing vaccination services.

## 2.9 Governance Arrangements

2.9.1 Governance arrangements for the Vaccination Campaign were strengthened at the beginning of January 2021. The Campaign is applying programme management principles. Alongside senior clinical and public health leads, the Director of Planning and Performance (Interim) appointed as Senior Responsible Officer with the Director of Public Health as the Health Boards Executive Lead.



2.9.2 The new governance structure will remain in place and be further strengthened by an enhanced operation team. The new operational team is in the process of being developed and will involve the appointment of a new operational lead, supported by a dedicated support team of Programme Management Office (PMO) staff, IT etc.

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

- 3.1 The greatest risk to this ambitious Phase 2 vaccination programme remains as in Phase 1, the supply of vaccines. Whilst we have planned on expected levels of vaccine, the later weeks of Phase 2 are still not confirmed fully. This will be difficult to mitigate as the supply is very much out of the hands of the Health Board.
- 3.2 Whilst the new staffing model brings a level of sustainability, this is still a medium term plan and as and when the campaign gets extended beyond the three month period, this will provide a further challenge.
- 3.3 Data quality remains a problem. Whilst there was an improvement as Phase 1 progressed, the issue of backlog whilst smaller, still remains an issue.
- 3.4 The recording of reasons why a vaccine has not been administered, be that for medical reasons or a refusal, is still currently difficult to capture. WIS system changes are being considered to support operational staff capture this important detail.
- 3.5 Further enhancements to the available data for priority groups have been requested from NHS Wales Informatics Service (NWIS) NWIS, in particular Priority Group 6, where the definition of an unpaid carer is required.

- 3.6 This category of patient has the potential to significantly increase the number to be vaccinated in Group 6. The original challenge on identifying this cohort has now been overcome by the development of an on Wales online form to be completed by any individual who regards themselves as an unpaid carer. This form went live from Monday 8 March 2021 and in the first week, we have received c3,000 forms. Work is underway to process these requests and issue appointments.

#### 4. IMPACT ASSESSMENT

<b>Quality/Safety/Patient Experience implications</b>	Yes (Please see detail below)
	All explored in the report itself
<b>Related Health and Care standard(s)</b>	Governance, Leadership and Accountability
	Staff and Resources
<b>Equality impact assessment completed</b>	No (Include further detail below)
<b>Legal implications / impact</b>	There are no specific legal implications related to the activity outlined in this report.
<b>Resource (Capital/Revenue £/Workforce) implications / Impact</b>	Yes (Include further detail below)
	c£2.9m in 20/21
<b>Link to Strategic Well-being Objectives</b>	Work with communities and partners to reduce inequality, promote well-being and prevent ill-health

#### 5. RECOMMENDATION

- 5.1 Board Members are asked to **NOTE** this report and **APPROVE** the latest COVID-19 mass vaccination plan for Phase 2.