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# COVID-19 Vaccination in Powys Phase 1/2 Review and Phase 3 Delivery Plan

## Last Updated 3 November 2021

# **COVID-19 Vaccination in Powys**

## **Review of Phase 1 and 2**

# Vaccination Programme Phase 1 and 2 Delivery has been completed

## Phase 1 & 2 Performance



Dos Cyntaf / First Dose

91.0%

Ail Ddos/ Second Dose

88.6%

Milestone 1: to have offered all adults in groups 1 to 4 a vaccine by mid-February with at least 75% uptake

Achieved

Milestone 2: to have offered all adults in groups 5 to 9 a vaccine by mid-April with at least 75% uptake

Achieved

Milestone 3: to have offered a first dose of the vaccine to those in group 10 i.e. the rest of the eligible adult population by the end of July with at least 75% uptake

Achieved

Phase 1/2 headline performance based on PHW comparators (source: PHW, uptake as at 26 September 2021):

- 91.0% of the adult population have received their first dose (Wales: 87.0%)
- 88.6% have received their second dose (Wales: 83.6%)

## Progress against Phase 1 & 2 Plan

To deliver swift, safe and effective approved vaccines for COVID 19 to population in accordance with the Vaccination Strategy for Wales published 11 January 2021

Achieved

Programme governance and assurance in place including Strategic Oversight Group, Operational Delivery Group, workstreams, clinical leadership and assurance.

To deliver the vaccine to the whole population, beginning with Priority Groups 1-4 and then Priority Groups 5-9 (people over 50 years old and all adults with significant underlying health conditions) as recommended by the UK's independent Joint Committee for Vaccination and Immunisation

Achieved

National strategy milestones delivered ahead of schedule. Headline performance for vaccine uptake for over 18s in Powys are the highest of all health boards in Wales.

To ensure that no one is left behind – accessibility, cross-border, non-registered and temporary populations and other factors that may affect the ability to access the vaccine.

Achieved

Ongoing focus on “leaving no one behind” including monitoring of uptake at MSOA and agreed targeted action to respond to variance (e.g. promotional materials in multiple languages, pop-up clinic in MSOA with lowest uptake). EQIA under ongoing review

# Vaccination Programme in Powys: Learning from Phase 2

Theme	Key Lessons Learned
Bookings & Administration	<ul style="list-style-type: none"> <li>Blended approach to booking appointments is most successful in making contact and avoiding DNAs, including use of; Bookings App, letters, telephone calls, pre-allocated bookings, text messaging.</li> </ul>
Management of DNAs	<ul style="list-style-type: none"> <li>Use of text messaging service is beneficial, especially with younger cohorts</li> <li>Proactive approach to filling empty slots towards the end of the day – bringing forward appointments to support this.</li> <li>Use of Reserve Lists</li> </ul>
Vaccine Wastage	<ul style="list-style-type: none"> <li>Collaborative working between teams, including; Administration, Pharmacy and Nursing is essential to the smooth running of the MVCs</li> <li>Sharing learning across the sites</li> <li>Tailor opening times to suit the cohorts e.g. avoiding weekend/evenings for younger cohorts</li> </ul>
Communication	<ul style="list-style-type: none"> <li>Use of social media to engage Powys citizens proved to be an essential factor in the success of the rollout</li> </ul>
Technology	<ul style="list-style-type: none"> <li>Use of Teams and Sharepoint proved to be an effective facilitator for collaborative working</li> <li>Use of IT systems brought teams of staff closer together and supported personal development is use of IT</li> </ul>
Strategy & Governance	<ul style="list-style-type: none"> <li>Utilising Programme Support to organise the flow of the programme and governance structure provides transparency, support to the operational teams and assurance around the delivery of the programme.</li> <li>Development of SOPs to provide guidance and support given the rapidly changing environment.</li> <li>Earlier planning and more structure would have benefitted the initial stages (dependent on WG direction)</li> <li>Importance of Daily Pulse meetings recognised to share general/operational information on a day to day basis</li> </ul>
Workforce	<ul style="list-style-type: none"> <li>Line Management training may have helped colleagues understand recruitment processes and HR laws given the extent of the recruitment campaign undertaken as well as further training for existing managers to help prepare them for dealing with the pandemic</li> <li>Recruitment could have commenced earlier</li> <li>Having the right staff in the right role – often individuals had to support multiple roles.</li> <li>Consider introducing a ‘floater’ role to provide an opportunity to observe the programme from a different perspective</li> </ul>
Teamwork	<ul style="list-style-type: none"> <li>Earlier collaborative working would have avoided duplication of workload e.g. development of separate SOPs</li> <li>Earlier reflection and sharing of learning</li> <li>Positive experience being part of a dedicated and committed team</li> </ul>
Wellbeing	<ul style="list-style-type: none"> <li>Intensity of programme is mentally challenging. Important to take leave and regular breaks.</li> <li>Increased pressure/stress leading up to the implementation as a result of what some considered too much focus on the plans rather than the implementation itself.</li> </ul>
Leaving No One Behind	<ul style="list-style-type: none"> <li>Focused reviews undertaken of outreach activity in Ystradgynlais and Welshpool</li> <li>Review visit undertaken to Swansea Bay “Immbulance”</li> </ul>

# Vaccination Programme in Powys: Learning from Phase 2 – Internal Audit

Internal Audit undertook an Advisory Review and their key learning was as follows:

- The organisational structure of the programme adapted as it moved from planning to delivery ensuring plans were aligned to the JCVI and national guidance;
- Staff resources and training is fit for purpose and underpinned with regular reviews, competency checks and SOPs;
- Robust arrangements in place to manage appointments for cohorts within the designated WIS system in accordance with JCVI guidance, picking up consent, DNAs/CNAs and ensuring no-one is left behind;
- Vaccine management complies with national and specific guidance, ensuring it is secure and stored at the appropriate temperatures to ensure minimum wastage;
- Maintaining appropriate communications and stakeholder engagement is deemed critical to the success of the rollout;
- Ongoing development, maintenance, review and progress reporting against key milestones, risk registers etc are managed through programme/workstream documentation - to be undertaken at the earliest opportunity to support future planning;
- Lessons learned are identified through workshops, incidents, audits are shared, and;
- Access to up-to date information is essential to inform ongoing planning and monitoring arrangements and to support operational business processes.

# Vaccination Programme in Powys: Learning from Phase 2 - HIW

Key learning from Healthcare Inspectorate Wales undertook a review of vaccination across the country, and we have reflected on their findings and recommendations for the delivery and management of our local programme:

National Findings	National Recommendation	Local Action taken in PTHB
1) Vaccines being left unsupervised and not checked between preparation and administration.	We recommend all health boards ensure their processes for vaccine delivery are in line with the National Protocol.	<ul style="list-style-type: none"> <li>• PTHB does not draw up doses in a separate area of the MVC, we draw up one dose at a time in the cubicle that the vaccine will be administered in and the dose is administered immediately.</li> </ul>
2) No clinical or environmental audit activity	We recommend that all health boards ensure a programme of clinical and environmental audit activity is in place, and is regularly completed, reported and acted upon where necessary	<ul style="list-style-type: none"> <li>• Clinical audit programme agreed at Clinical Services Strategy Group</li> <li>• IPC inspections undertaken at all 3 mass vaccinations centres</li> </ul>
3) Security, fire regulation compliance and emergency evacuation	We recommend that all health boards ensure risk assessments for fire regulations and security are up to date and actions taken where appropriate. All centres should have up to date evacuation procedures and all staff should be aware of what to do in an adverse event.	<ul style="list-style-type: none"> <li>• Health and Safety inspections undertaken at all 3 mass vaccination centres. All recommendations being reviewed and actioned</li> <li>• Fire evacuation plans detailed in Site Standard Operational Procedures.</li> <li>• Security: the extension to 24-hour security provision across all 3 mass vaccination centres has stabilised and strengthened the Security roster, which has enabled the Security company to issue fixed term contracts. This has enabled us to work with the Security teams to establish their roles in recognising and developing the continuity of work and ensure a higher level of Security awareness and control across the sites.</li> </ul>
4) Checks of resuscitation equipment	We recommend all health boards ensure there is a process in place to regularly check all equipment required for a patient emergency, and ensure procedures are in line with the Resuscitation Council (UK) guidelines.	<ul style="list-style-type: none"> <li>• Resuscitation equipment checked daily by clinical team and log of checks maintained.</li> <li>• Resuscitation procedures detailed in Clinical Standard Operating Procedure</li> </ul>

# COVID-19 Vaccination in Powys

## Phase 3 Plan

# Vaccination Strategy for Wales – Phase 3 Overview

The key national requirements for Phase 3 are:

## 1. “Always Open” offer:

- First doses for those who have not already had one, and second doses (subject to eligibility).

## 2. Vaccination for under 18s in line with national guidance

- JCVI guidance on 15 July recommended first and second doses for 12-15 year olds with conditions that make them clinically extremely vulnerable to serious illness from COVID 19, 12-17 year olds who are household contacts of the immunocompromised, and people within 3 months of their 18<sup>th</sup> birthday.
- JCVI guidance on 4 August extended this to include first doses for all 16-17 year olds, and first and second doses to 12-15 year olds with a wider definition of underlying health conditions.
- UK Chief Medical Officers recommended on 13 September that one dose be offered to all people aged 12-15.

## 3. Booster programme in line with national guidance:

The JCVI advised on 14 September that booster vaccines be offered to those more at risk from serious disease, and who were vaccinated during Phase 1 of the vaccine programme (broadly equivalent to priority groups 1 to 9). This includes:

- those living in residential care homes for older adults
- all adults aged 50 years or over
- frontline health and social care workers
- all those aged 16 to 49 years with underlying health conditions that put them at higher risk of severe COVID-19, and adult carers
- adult household contacts of immunosuppressed individuals

The JCVI advises that the booster vaccine dose is offered no earlier than 6 months after completion of the primary vaccine course.

## 4. Third primary dose for people with immunosuppression at the time of first or second dose:

The JCVI advised on 1 September that certain individuals with immunosuppression should be offered a third primary dose if they had immunosuppression at the time of their first or second dose. Further guidance is awaited regarding booster doses for this cohort.



**Mae Brechu yn achub bywydau**  
**Vaccination saves lives**

**Phase 3**  
**COVID-19 Vaccination Strategy**  
**for Autumn/Winter 2021**

**October 2021**





# Vaccination Strategy for Wales – Phase 3 Supply and Regulations

## Phase 3 vaccination in Powys will predominantly use the Pfizer-BioNTech vaccine.

JCVI recommends mRNA vaccines for the booster programme and has stated the following:  
*“After reviewing data on booster responses from different combinations of COVID-19 vaccines, JCVI advises a preference for the Pfizer-BioNTech (BNT162b2/ Comirnaty®) vaccine to be offered as the third booster dose irrespective of which product was used in the primary schedule. There is good evidence that the Pfizer-BioNTech (BNT162b2/ Comirnaty®) vaccine is well tolerated as a third dose and will provide a strong booster response. Alternatively, individuals may be offered a half dose (50µg) of the Moderna (mRNA-1273/Spikevax®) vaccine, which should be well tolerated and is also likely to provide a strong booster response. A half dose (50µg) of Moderna (mRNA-1273/Spikevax®) vaccine is advised over a full dose due to the levels of reactogenicity seen following boosting with a full dose within the COV-BOOST trial. Where mRNA vaccines cannot be offered e.g. due to contraindication, vaccination with the AstraZeneca (ChAdOx1-S/Vaxzevria®) vaccine may be considered for those who received AstraZeneca (ChAdOx1-S/Vaxzevria®) vaccine in the primary course (please refer to the green book for further details)”*

In addition, JCVI recommends Pfizer-BioNTech for vaccination of 12-17 year olds as this is the only vaccine authorised in the UK for this age group.

Locally in Powys we have agreed that our supply will focus on Pfizer-BioNTech due to supply availability of this vaccine, its use for both booster programmes and 12-17 year olds, our significant experience of use during Phase 1/2, and our existing Standard Operating Procedures based on this experience to ensure safe and effective use.

In addition, AstraZeneca will be offered where Pfizer-BioNTech cannot be offered e.g. due to contraindication.

The specific requirements for storage, transport and administration of Pfizer-BioNTech will continue to place constraints on the delivery programme within the county including:

- Low storage temperatures and limitations on transport time once brought from storage
- Requirement for pharmacist input to ensure safe storage and use
- Continued requirements for 15 minute sit and wait following Pfizer-BioNTech administration in an environment that meets social distancing and infection prevention & control requirements

## Key guidance: Children and Young People

- [JCVI statement on COVID-19 vaccination of children and young people aged 12 to 17 years: 15 July 2021 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/news/jcvi-statement-on-covid-19-vaccination-of-children-and-young-people-aged-12-to-17-years-15-july-2021)
- [JCVI statement on COVID-19 vaccination of children and young people aged 12 to 17 years: 4 August 2021 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/news/jcvi-statement-on-covid-19-vaccination-of-children-and-young-people-aged-12-to-17-years-4-august-2021)
- [JCVI statement on COVID-19 vaccination of children aged 12 to 15 years: 3 September 2021 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/news/jcvi-statement-on-covid-19-vaccination-of-children-aged-12-to-15-years-3-september-2021)
- [Joint Statement by the UK Chief Medical Officers on 13 September 2021: Young people aged 12 to 15 to be offered a COVID-19 vaccine - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/news/joint-statement-by-the-uk-chief-medical-officers-on-13-september-2021-young-people-aged-12-to-15-to-be-offered-a-covid-19-vaccine)

## Key guidance: Immunosuppression:

- [Joint Committee on Vaccination and Immunisation \(JCVI\) advice on third primary dose vaccination: 1 September 2021 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/news/joint-committee-on-vaccination-and-immunisation-jcvi-advice-on-third-primary-dose-vaccination-1-september-2021)

## Key guidance: Boosters

- [JCVI statement regarding a COVID-19 booster vaccine programme for winter 2021 to 2022: 14 September 2021 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/news/jcvi-statement-regarding-a-covid-19-booster-vaccine-programme-for-winter-2021-to-2022-14-september-2021)

## Regulatory Approval of Pfizer/BioNTech:

- [Information for Healthcare Professionals on COVID-19 Vaccine Pfizer/BioNTech \(Regulation 174\) - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/news/information-for-healthcare-professionals-on-covid-19-vaccine-pfizer-biontech-regulation-174) (last updated 27 September 2021)

## COVID-19 Green Book:

- [COVID-19: the green book, chapter 14a - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/covid-19-the-green-book)

# Vaccination Strategy for Wales – Phase 3 Eligibility

Eligibility for vaccination is more complex in Phase 3 than in Phase 1-2

Last updated 17 October 2021		Primary Doses			Booster Doses
Cohort	Phase 1/2 Priority Groups	Dose 1	Dose 2	Dose 3	Booster (at least 6 months after final primary dose)
Care home residents and care home workers	P1	✓	✓	x	✓
People aged 12+ with severe immunosuppression at time of 1 <sup>st</sup> /2 <sup>nd</sup> dose	Subset of P1-4 (now group 0.1 and 0.2)	✓	✓	✓	TBC (awaiting JCVI guidance)
Health & Care workers, patient facing, age 16+	P2	✓	✓	x	✓
People aged 16+ with conditions that make them Clinically Extremely Vulnerable to serious illness from COVID	P4	✓	✓	x	✓
People aged 12-15 with underlying health conditions [aligned with JCVI advice]	P4	✓	✓	x	x
People aged 16+ who are household contacts of immunosuppressed	P6	✓	✓	x	✓
People aged 12-15 who are household contacts of immunosuppressed aged 12-15	P6	✓	✓	x	x
Underlying health conditions 16-65	P6	✓	✓	x	✓
Unpaid carers aged 16+	P6	✓	✓	x	✓
All other adults aged 50+	P2,3,4,5,7,8,9	✓	✓	x	✓
All other adults aged 18-49	P10	✓	✓	x	x
16-17 year olds without health conditions above	P10	✓	x (eligible for second dose from 17yrs 9 months)	x	x
12-15 year olds without health conditions above	P10	✓	x	x	x
Under age 12	None	x	x	x	x

# Phase 3 Delivery Plan in Powys: Programme Aims and Principles

Our Programme Aims for Phase 3 are as follows:

Aim 1:	Aim 2:	Aim 3:	Aim 4:	Aim 5:
To continue to offer first and second dose vaccination for people who have not yet taken up the offer, ensuring no one is left behind.	To deliver first and second dose vaccination for children and young people aged 12-17 in line with national guidance.	To deliver a safe, prudent and timely booster programme in line with national guidance.	To deliver a third primary dose for individuals experiencing immunosuppression at the time of their first or second dose, in line with national guidance.	To continue to review COVID-19 vaccination delivery in order to develop our future model, if and as required by national policy and guidance.
<i>"Always open" offer in place</i>	<i>12-17 invitations issued by end October</i>	<i>Booster invitations issued by 8 months after second dose 80% offer by end December 2021</i>	<i>Invitations issued by end November</i>	<i>Future model in place for 2022/23, if and as required</i>

Our delivery programme principles are:

 <p>PRINCIPLE 1. DO WHAT MATTERS</p>	 <p>PRINCIPLE 2. DO WHAT WORKS</p>	 <p>PRINCIPLE 3. FOCUS ON GREATEST NEED</p>  <p>PRINCIPLE 4. OFFER FAIR ACCESS</p>	 <p>PRINCIPLE 5. BE PRUDENT</p>	 <p>PRINCIPLE 6. WORK WITH PEOPLE &amp; COMMUNITIES</p>
<p>Offer booster vaccination to everyone who has previously received second dose vaccination in the eligible groups identified in JCVI guidance.</p> <p>Offer first and second dose vaccination to every young person aged 12-17 registered with a GP practice in Powys (and to Powys residents who are not registered with a GP).</p> <p>Offer a third primary dose to immunosuppressed individuals identified through clinically-led assessment of eligibility and timing.</p>	<p>Follow national advice from the JCVI and Welsh Government based on the latest clinical evidence.</p> <p>Continue to review our experience of COVID-19 vaccination, share best practice and plan for the future.</p>	<p>Offer first and second dose vaccination to any adult registered or resident in Powys who has not yet taken up the offer.</p> <p>Continue to review delivery to identify and implement local priorities for “leaving no one behind”.</p>	<p>Deliver a vaccination model that best uses the resources available to us to meet need, and takes account of the overall impact from COVID and non-COVID harms on our communities.</p>	<p>Continue to work in partnership to make best use of the talents of Powys.</p>

## **Aim 1: To continue to offer first and second dose vaccination for people who have not yet taken up the offer, ensuring no one is left behind**

### Delivery Programme:

- Continue to offer drop-in sessions for first and second dose alongside booster clinic sessions.
- Targeted approach for pregnancy and breastfeeding in line with national guidance.
- Second dose reminders in line with agreed protocols.
- Continue to maintain routes for contact and booking to request vaccination:
  - Online forms
  - Booking Hub
  - Website
  - Social media campaigns
  - Raise awareness via intermediaries (e.g. third sector, housing, Community Health Council, county councillors, town and community councils, MSs, MPs)
  - Referral via Welsh Government channels and campaigns

### Key considerations:

- Ensure processes in place when people’s eligibility changes (e.g. 17 year olds without underlying health conditions become eligible for a second dose as they approach their 18<sup>th</sup> birthday)
- Cross border considerations

## First Dose Appointments



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## Second Dose Appointments



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## Aim 2: To deliver first and second dose vaccination for children and young people aged 12-17 in line with national guidance

### Delivery Programme:

- Approaching 18th birthday (JCVI 15 July)
  - Drop-in sessions for first and second dose
  - Booked appointments sent to people aged 17 years and nine months
- CEV – severe neurodisabilities, Down's Syndrome, Multiple/Profound Learning Disabilities, Immunocompromised (JCVI 15 July):
  - Dedicated clinic sessions at mass vaccination centre, recognising additional support needs
  - Outreach for those unable to attend vaccination centre (e.g. residential care, special schools)
- Household contacts of immunosuppressed individuals (JCVI 15 July):
  - Self-referral via national online form
  - Those who do not self-refer will be invited as routine via 12-17 invitation process
- Expansion of 12-15 underlying health conditions (JCVI 4 August) / all 12-15 year olds (UK CMOs 13 September):
  - Invitation to mass vaccination centre for first dose (and second dose where recommended by JCVI guidance)
- Ongoing:
  - Drop-in appointments for 16-17 year olds at MVC from September 2021
  - Drop-in appointments for 12-15 year olds at MVC expected by December 2021

### Key considerations:

- Dedicated staffing model in place including Standard Operating Procedure
- Consent model including parent/guardian and/or Gillick Competence
- Outreach to special schools
- Engage with residential environments (boarding schools, residential care)
- Cross border considerations (England via schools / Wales via MVCs)



## Aim 3: To deliver a safe, prudent and timely booster programme in line with national guidance.

### Delivery Programme:

- Booster invitations between 6-8 months after second dose for eligible individuals:
  - Bronllys Mass Vaccination Centre
  - Builth Wells Mass Vaccination Centre
  - Newtown Mass Vaccination Centre
- GP-led model at participating practices for over 80s
  - Welshpool
  - Rhayader
  - Presteigne (vaccinating from Knighton for Presteigne and Knighton patients)
- Outreach to care homes and clinically housebound
  - Majority of eligible care homes by end October
- Ongoing offer
  - Access routes for people who have moved into eligible categories, or moved to Powys since second dose e.g. booking hub, online form, social media campaign
  - Keep uptake under review acknowledging challenges of access to MVC for some residents

### Key considerations:

- Dedicated staffing model in place including Standard Operating Procedure for MVC and for care home / domiciliary
- Delivery plan to bring invitations closer to 6 months where possible
- “No waste” approach including reserve list to use open vials
- Cross border considerations (registered vs. resident, health & care staff)





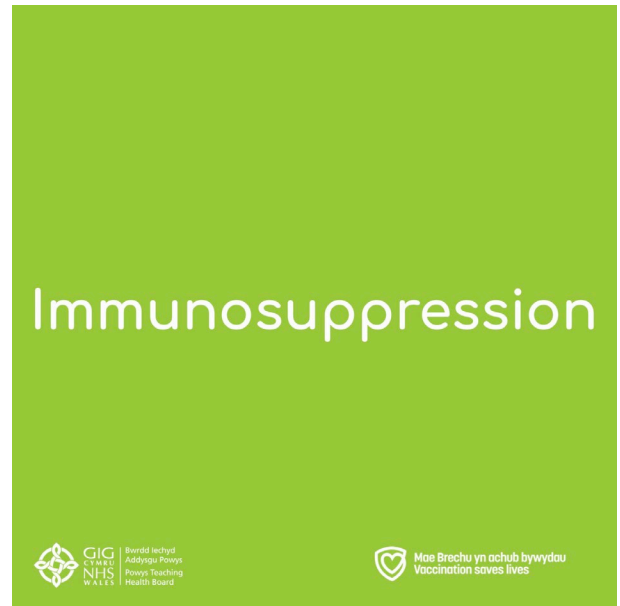
## **Aim 4: To deliver a third primary dose for individuals experiencing immunosuppression at the time of their first or second dose, in line with national guidance.**

### Delivery Programme:

- Third primary dose offered via Mass Vaccination Centres using Pfizer/BioNTech unless clinically contra-indicated
- Nationally-led process in place for confirming eligibility criteria, identifying individuals from electronic records
- Clinically-led assessment of eligibility and timing – predominantly by neighbouring Health Boards and NHS Trusts for Powys residents under their care
- P0.1 and P0.2 categories in place
- Agree and implement local approach to self-referral to ensure no one gets left behind for their third primary dose

### Key considerations:

- Many Powys residents with immunosuppression will receive their definitive care from neighbouring health boards in Wales and NHS Trusts in England, and identification of patients (eligibility and timing) will be dependent on the clinically-led processes in those organisations.
- Guidance awaited from JCVI on eligibility for booster following third primary dose.
- Immunosuppressed individuals will normally be in Phase 1/2 Priority Groups 1-4 and many will be due an invitation for a booster soon.



**Aim 5: To continue to review COVID-19 vaccination delivery in order to develop our future model, if and as required by national policy and guidance.**

**Development Programme:**

- Ongoing review through Pulse, Operational Delivery Group and Strategic Oversight Group
- Clinical audit, learning from complaints and incidents
- Engagement with national programme
- Implementation for new cohorts subject to national guidance (e.g. decisions on extending cohorts of booster programme, extending second dose to younger age groups)
- Future “business as usual” model including flu alignment – clinical, operational and financial model for 2022/23

**Key considerations:**

- Emerging clinical evidence and advice.
- Welsh Government policy and approach for 2022/23 and beyond





# Phase 3 Delivery Plan in Powys: Population Profile

Based on current guidance, the Phase 3 programme in Powys will need to deliver up to 80,000 booster doses for eligible individuals and 8500 first doses to 12-17 year olds.

This assumes 100% uptake, and uses current second dose uptake in P1-9 as the baseline.

Individuals should be invited for a booster dose no earlier than six months after their second dose. 95% of eligible individuals in Powys will reach this milestone by end December 2021.

Boosters are currently offered 6-8 months after second dose. By the end of December our aim is for boosters to be normally offered 6-7 months after second dose. Approximately 20,000 people will become due in December, and due to the Christmas and New Year period many of these will be appointed in January. The majority of boosters based on currently eligibility criteria would conclude by end January.

Current booster advice from the JCVI includes those broadly in P1-9 from Phase 1 & 2 of the vaccination programme. If eligibility is extended to include under 50s, the booster programme would continue to March 2021.

Phase 1 / 2 Priority Group	Name	Number
P1.1	Care Home Residents	947
P1.2	Care Home Staff	1910
P2.1	80 years and older	9198
P2.2	Healthcare Workers	5820
P2.3	Social Care Workers	2728
P3	75-79 years old	7337
P4.1	70-74 years old	9792
P4.2	16-69 CEV	3013
P5	65-69 years old	8324
P6	16-65 'at risk'	14079
P7	60-64 years old	5175
P8	55-59 years old	5674
P9	50-54 years old	5366
<i>P10 (not currently included in booster programme)</i>	<i>18-49 years old</i>	<i>24870</i>
Young People	Name	Number
P10 <i>(currently first dose only)</i>	16-17 years old	2764
P10 <i>(currently first dose only)</i>	12-15 years old	5762

## Multi Channel Vaccination Delivery Model with Expansion Options

### PTHB Mass Vaccination Centre

Aim 1: To continue to offer first and second dose vaccination for people who have not yet taken up the offer, ensuring no one is left behind.

Aim 2: To deliver first and second dose vaccination for children and young people aged 12-17 in line with national guidance.

Aim 3: To deliver a safe, prudent and timely booster programme in line with national guidance.

Aim 4: To deliver a third primary dose for individuals experiencing immunosuppression at the time of their first or second dose, in line with national guidance.

#### Boosters for general population, vaccination for 12-17 year olds, drop-in for "always open" offer

North Powys: Newtown Maldwyn Leisure Centre

Baseline capacity 2240 appointments per week:

- 8 lanes (expansion capacity: 12 lanes) x 40 hours per week

Mid Powys: Royal Welsh Showground

Baseline capacity 896 appointments per week:

- 4 lanes (expansion capacity: 7 lanes) x 32 hours per week

South Powys: Bronllys Hospital

Baseline capacity 1400 appointments per week:

- 5 lanes (expansion capacity: 6 lanes) x 40 hours per week

The number of sites, and their location, has needed to take in to account a wide range of factors including:

- **Ensuring the safe storage, transport and administration of the Pfizer/BioNTech vaccine** – which is the main vaccine available for the booster programme. It has greater challenges for storage, transport and administration than the AstraZeneca vaccine which was available to us during Phase 1 and Phase 2 of the vaccination programme.
- **Delivering the Pfizer/BioNTech vaccine in ways that meet the latest guidance on infection prevention & control** – in particular, everyone is asked to sit and wait for 15 minutes after administration of the Pfizer/BioNTech vaccine (this was not a requirement for the AstraZeneca vaccine), so venues need to be large enough to accommodate everyone seated 2 metres apart
- **Seeking to offer a service to as many people as possible as quickly as possible across the most sparsely populated county in England and Wales** – we have therefore worked hard to provide three smaller vaccination centres across the county, rather than asking everyone to travel to single central location.
- **Balancing the need for access with the need to ensure that we have the specialist and support staffing available** – including pharmacy, registrant vaccinators, non-registrant vaccinators, support staff, administration, volunteers and our wider team

### Primary Care

#### Boosters for Over 80s via GP Practice

3 GP practices in Powys will offer vaccination for 4 practice populations:

- Rhayader
- Welshpool
- Presteigne (vaccinating in Knighton Community Hospital for Presteigne and Knighton patients)

We have worked closely with GP practices to identify whether they may be able to participate in the booster vaccination programme. However, in most cases this has not proved possible due to:

- **Operational pressures on GP practices**, who are working hard to provide the wide range of other services for their patients
- **Additional storage and transport requirements of Pfizer/BioNTech** (our GP practices were using AstraZeneca in phase one)
- **Additional space requirements** of ensuring that vaccination is offered in a location that allows for everyone to sit and wait for 15 minutes after vaccination in an environment that allows for social distancing (this is a requirement for Pfizer but not AZ) – meaning that most GP practices cannot offer vaccination within their GP premises

After very careful consideration, three of the 16 GP practices in Powys have joined the booster programme.

### Outreach

#### Boosters for people who are housebound, inpatients, care home residents

Community nursing teams providing outreach programme for people who are housebound, care home residents, PTHB inpatients.

#### Vaccination for 12-17 year olds who are unable to attend mass vaccination centres due to the nature of their needs

Outreach vaccination in special schools (Ysgol Cedewain, Ysgol Penmaes) through partnership between mass vaccination and school nursing.

#### Leaving no one behind

Keep under review options for further outreach dependent on need, capacity, resources

### Logistics

#### Clinical Logistics and Governance

- Vaccine handling and supply
- Medicines management and protocols
- Consent

#### Supply Logistics

- PPE and consumables
- Stock management and delivery
- Transport

#### Site Logistics

- Site management, equipment and maintenance
- Site layout and flow

#### Workforce Logistics

- Staffing – vaccinators, booking and administration, pharmacy, site management, volunteers etc.
- Training

#### Administration

- Booking
- Patient Records
- Communication and Engagement

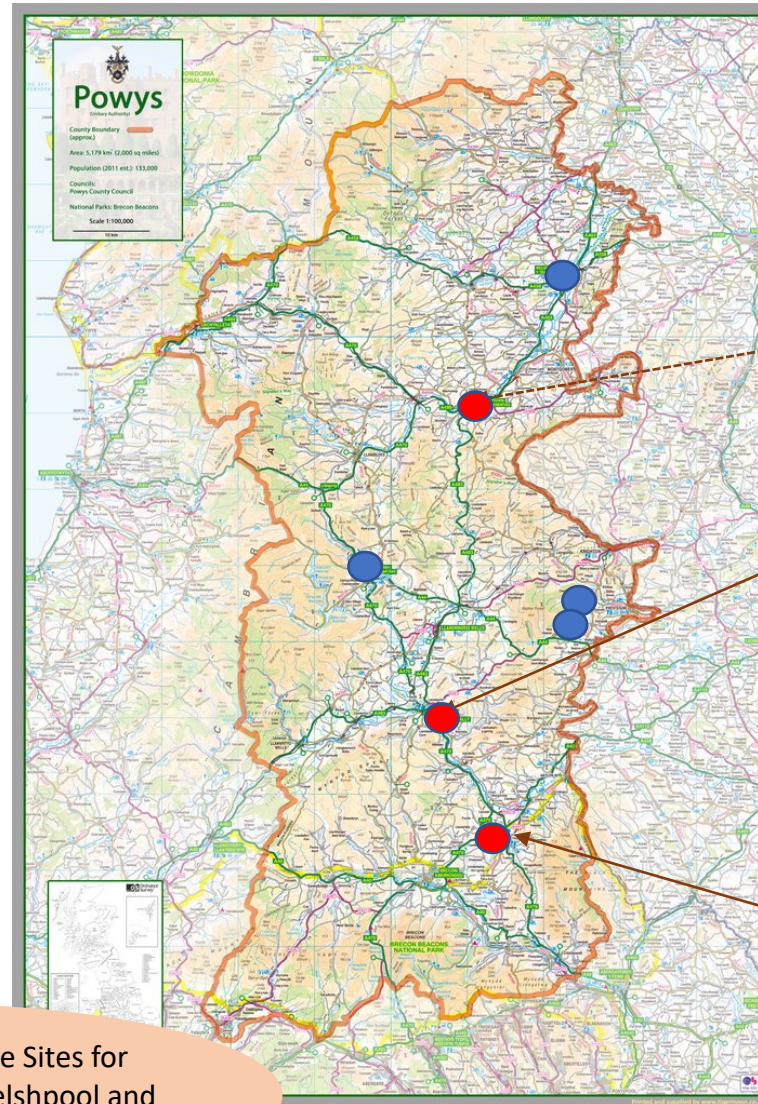
# Phase 3 Delivery Plan in Powys: Geography and Sites

Sites in North, Mid and South Powys to provide coverage in line with the population distribution

North Powys population  
c. 70,000

Mid Powys population  
c. 25,000

South Powys population  
c. 50,000



Newtown Maldwyn Leisure Centre  
Mass Vaccination Site

- 8 Lanes
- 40 Hours a week
- 8 Hours a day over five days
- 2240 appointments per week
- Capacity to expand for peaks in demand

Royal Welsh Showground Builth Wells  
Mass Vaccination Site

- 4 Lanes
- 32 Hours a week
- 8 Hours a day over four days
- 896 vaccines per week
- Capacity to expand for peaks in demand

Bronllys Concert Hall  
Mass Vaccination Site

- 5 Lanes
- 40 Hours a week
- 8 Hours a day over five days
- 1400 vaccines per week
- Capacity to expand for peaks in demand

Outreach for care homes and housebound

Additional Primary Care Sites for  
over 80s in Rhayader, Welshpool and  
Presteigne/Knighton.

## COVID Vaccination Programme

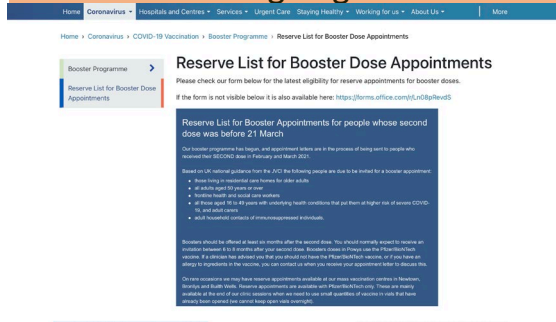




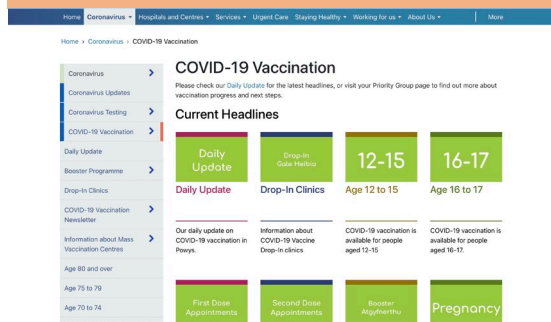
# Engagement and Communication

## An integrated approach to engagement and communication on COVID-19 immunisation

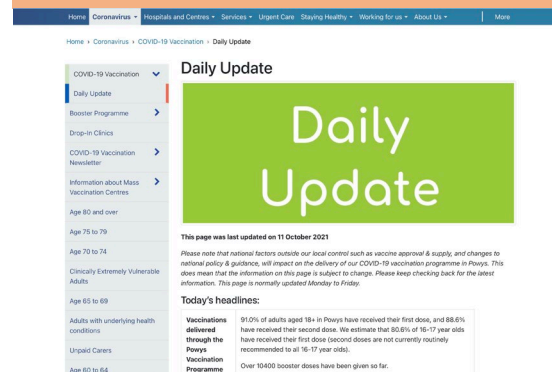
Direct Contact with eligible patients through the booking and appointment process, and online forms (e.g. reserve lists)  
Ongoing



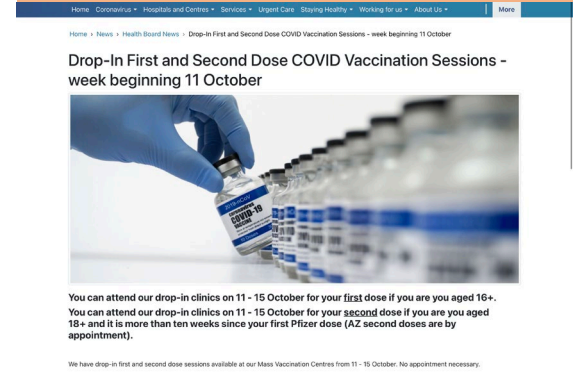
Dedicated website at [www.pthb.nhs.wales/covid-vaccine](http://www.pthb.nhs.wales/covid-vaccine)  
Updated daily



Public and stakeholder updates via our social media channels  
Updated daily



Ongoing programme of press and media activity linked to key milestones



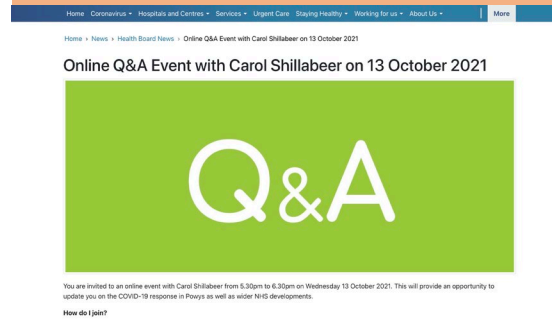
Stakeholder engagement with critical stakeholders (CHC, MSs, MP, LA Cabinet/EMT, councillors, TCCs etc.) and monthly Bulletin



Staff engagement and communication  
Ongoing

Staff bulletins  
Staff briefings and Q&As with CEO and Directors  
CEO videos  
Intranet  
Management Cascade  
Stay Well in PTHB Facebook group

Public Online Q&A Events to provide updates and answer key questions



Local amplification of national communication and engagement plan



# Leaving No One Behind

Our reliance on Pfizer/BioNTech for the booster programme, alongside operational pressures on the wider health and care system, places a number of constraints on Phase 3 delivery.

The main vaccine available for the booster programme in Powys is Pfizer/BioNTech. Whilst there has been some easing in the stringent requirements in place for Pfizer/BioNTech (e.g. a tray of 1170 doses can now be used over a period of 1 month rather than 4-5 days), key constraints remain:

- Temperature control, storage and transport
- Requirement for 15 minute sit-and-wait after vaccine administration in an environment that meets requirements for social distancing and infection prevention & control

AstraZeneca is only available where an mRNA vaccine (such as Pfizer/BioNTech is contraindicated).

Alongside this, we must make careful decisions about how we allocate our resources to take account of the five harms: the direct harms arising from coronavirus; the indirect health harms, such as cancellation of non-urgent treatment; the social harms, for instance related to closures or inability to attend education; the economic harms including reduced business income and unemployment; and, the harms from coronavirus or the response exacerbated existing or creating new inequalities.

Taking these issues into account, our Phase 3 vaccination programme therefore focuses on three mass vaccination centres, vaccination delivery for over 80s to their registered patients by three GP practices, and outreach for care home residents and housebound. This will present some challenges for access across 2000 square miles of the most sparsely populated county in England & Wales, and we will continue to keep access and opportunity under review as part of our programme monitoring. Delivery of phase 3 will require ongoing partnership with our communities and the third sector to support people to access timely vaccination.

Our approach to addressing inequalities and inequity and leaving no one behind will continue to include:

Rurality and Social Deprivation	Transient and non-registered populations	Cross-border	Equality and Welsh Language	Young People and Families	'Always Open' offer
<i>e.g. Travel, Transport, Distance</i>	<i>e.g. temporary registrations, homelessness, gypsy and traveller communities etc.</i>	<i>e.g. Resident vs. Registered CCGs in England, Health Boards in Wales</i>	<i>e.g. accessible venues, inclusive Booking &amp; Appointment systems, housebound, Welsh Language</i>	<i>e.g. consent, age appropriate materials, transport and access</i>	<i>e.g. for those who have not yet had their first dose</i>

## Strategic

Clinical Leadership, advice and assimilation of National / International Guidance, Policy and Directives

NHS Wales National Programme Interface and management of National / Regional and Cross Border Interdependencies

Population Vaccination Model and Timeline

Workforce Model and Planning

Strategic Communications and Engagement

Programme Direction, Control and Oversight

Leaving No-one Behind

## Operational

### Areas of Work

#### Clinical Strategy and Delivery

- Clinical Governance and Quality inc. IPC
- Patient Experience and Safety
- Service Delivery and Clinical Site Management

#### Venue and Site Logistics

- Venue identification, lease and legals
- Site preparation and set up, layout and flow
- Site Security and risk assessment
- Fixtures, fittings, equipment
- Ongoing site maintenance & management
- Public transport to vaccine centres
- PPE & Consumables
- Stock control, ordering & management
- Supply and distribution / transportation

#### Vaccine Supply

- PGD
- Written Instructions
- Vaccine Handling, Cold Chain

#### Booking and Documentation

- Patient record-keeping
- Information Governance including consent
- Booking process
- Call centre set up and management
- ICT systems and equipment
- WIS Data Management & Quality

#### Primary Care

- Local negotiation and agreement aligned to national
- Agreement of Capacity and related supply requirements
- Logistical interdependencies

#### Workforce

- Workforce Planning
- Recruitment/Redeployment
- Volunteer Programme
- Training and Competency
- Skill Mix and Rostering
- Staff Comms & Engagement/ Staff Side Liaison

#### Cohort Specific Task and Finish

- Leaving No-one Behind
- Care homes and housebound
- 12-15
- Pregnancy & breastfeeding

**Strategic Oversight Group**  
reporting by exception / escalation to Executive Committee

### Surveillance and Assurance Mechanisms

- Population Model
- Performance Dashboard
- Programme Implementation Plan
- Standard Operating Manual
- Risk Register
- Reports by exception from Operational Group
- Direction and instruction to Operational Group
- Reports by exception to Executive Committee
- Board reporting
- Clinical oversight arrangements



**Operational Group**  
reporting by exception/ escalation to Strategic Gold Group

### Operational Delivery Mechanisms

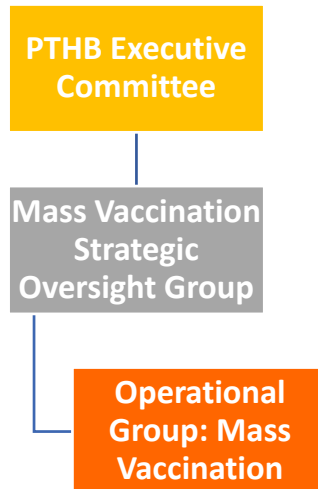
- Areas of work identified with leads to co-ordinate and own Implementation Plan
- Leads to update Implementation Plan weekly in line with schedule for Strategic Oversight Group
- Update Standard Operating Manual to include significant developments as appropriate
- Risk owners to update Risk Register weekly in line with schedule for Strategic Oversight Group
- Operational Group to bring together work leads for knowledge transfer, horizon scanning / action learning and unblocking/ tactical level changes to plan
- Escalation to SOG for material changes or recommendations

### Daily Pulse

Daily Pulse meetings for operational leads to share and resolve current issues, escalating to ODG as required

# Programme Governance

The PTHB COVID-19 vaccination programme is part of the PTHB Executive Committee governance arrangements. A Strategic Oversight Group has been in place since December 2020 and continues to meet at least monthly. This has a direct reporting arrangement to PTHB Executive Committee to ensure rapid escalation and resolution of issues. Day to day delivery is managed through an Operational Delivery Group (meeting at least weekly) and Pulse (meeting daily or as required).



The programme is being delivered in partnership with:

- Welsh Government and Public Health Wales; National COVID-19 Vaccination Programme
- The Dyfed Powys Local Resilience Forum
- Primary Care Services
- Powys County Council
- The independent and third sectors

It is informed by the national, regional and local pandemic and civil contingency response arrangements including those for Dyfed Powys as noted above, Welsh Government and cross border system resilience arrangements.

It is also informed by ongoing engagement with the Powys Community Health Council.

## COVID-19 Vaccination Strategic Oversight Group

Purpose	<ul style="list-style-type: none"> <li>• Lead the development and delivery of the COVID-19 vaccination programme in Powys</li> <li>• Monitor the clinical and non-clinical performance and outcomes of the programme</li> <li>• Ensure the programme remains compliant with national guidance and professional advice</li> <li>• Oversee development of the programme's communication and stakeholder plan</li> <li>• Responsible for the high-level programme risk register</li> </ul>
Reporting	<ul style="list-style-type: none"> <li>• Exception and highlight reporting to Executive Committee</li> <li>• Exception and highlight reporting from Operational Delivery Group</li> </ul>
Chair	• Deputy Chief Executive / Director of Planning & Performance (Senior Responsible Owner)
Membership	<ul style="list-style-type: none"> <li>• Director of Workforce, OD and Support Services</li> <li>• Director of Primary &amp; Community Care and Mental Health</li> <li>• Director of Finance and IT</li> <li>• Director of Public Health</li> <li>• Director of Nursing</li> <li>• Medical Director</li> <li>• Director of Therapies and Health Science</li> <li>• Programme Director</li> <li>• Consultant in Public Health Medicine</li> </ul>
Secretariat	COVID-19 Vaccination and TTP Programme Office
Frequency	At least monthly
Review	Terms of reference to be reviewed November 2021

Work Areas	Executive Lead
Clinical Strategy & Delivery	Director of Therapies and Health Science / Medical Director / Director of Nursing and Midwifery
Venues and Site Logistics (including supply/waste/transport)	Director of Workforce & OD and Support Services / Director of Planning & Performance
Vaccine Supply / Waste / Delivery	Director of Primary & Community Care and Mental Health / Chief Pharmacist
Booking and Documentation	Director of Finance and IT
Workforce	Director of Workforce & OD and Support Services
Primary Care	Director of Primary & Community Care and Mental Health
Engagement and Communications	Director of Planning & Performance / Programme Director
Care Homes / Housebound	Director of Primary & Community Care and Mental Health
Strategy / Model	Director of Planning and Performance



# Phase 3 Risk Management

A Covid 19 Vaccination Programme Risk Register has been established with weekly update at Strategic Oversight Group and comprehensive monthly review. There is a direct escalation to Strategic Oversight Group to the Covid Risk Register / Corporate Risk Register and overarching Board Assurance process.

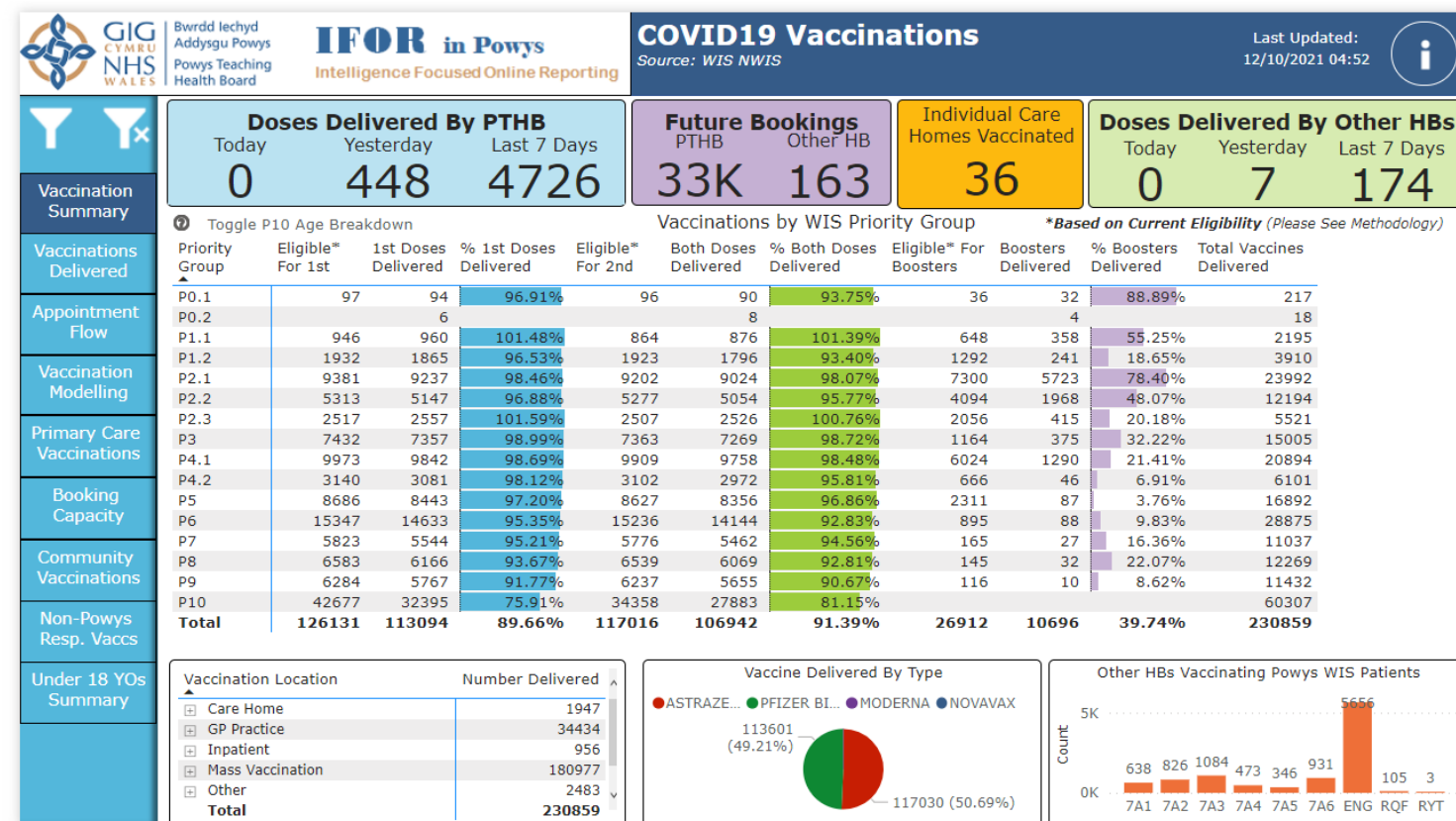
Catastrophic	5				<ul style="list-style-type: none"> <li>Insufficient capacity to accommodate new requirements when/if announced [added 29/10]</li> </ul>	
Major	4		<ul style="list-style-type: none"> <li>Inability to extend clinical waste contract</li> </ul>	<ul style="list-style-type: none"> <li>Risk venues (RWAS + Maldwyn) will not be available to support the delivery of Phase 3 vaccinations [up from 8 to 12 29/10]</li> </ul>	<ul style="list-style-type: none"> <li>Risk of insufficient workforce capacity to deliver COVID vaccination programme</li> <li>Risk that additional capacity not in place to meet additional demand</li> </ul>	
Moderate	3		<ul style="list-style-type: none"> <li>Risk that vaccine supply does not meet demand /capacity to deliver (005)</li> <li>Risk of vaccine wastage (storage, transportation, pack sizes)</li> <li>Risk of needlestick injury with potential to acquire blood borne virus</li> <li>Data quality relating to recording of the vaccinations within WIS system.</li> <li>Cold chain failure (Care Home / Housebound)</li> </ul>	<ul style="list-style-type: none"> <li>Risk from security issues (protest, theft, terrorism, crowd control problems, other security risk)</li> <li>Risk of serious adverse reactions to the vaccine</li> <li>Risk that plan not in place for third primary dose [down from 12 to 9 on 29/10]</li> </ul>	<ul style="list-style-type: none"> <li>Risk of further reduction in volunteer numbers presenting themselves for shifts at MVCs.</li> <li>Risk of insufficient booking capacity to meet demand</li> <li>Risk that cohorts of the population are more difficult for the health board to reach [up from 9 to 12 3/11] (004)</li> </ul>	
Minor	2		<ul style="list-style-type: none"> <li>Cold chain failure (Pandemic Room, and MVCs)</li> <li>Cold chain failure (Primary Care)</li> <li>Workforce risk – inability to use contracted hours</li> <li>Risk to public from misinformation and scams</li> </ul>			
Negligible	1	<ul style="list-style-type: none"> <li>Risk of lack of use of WIS in primary care</li> </ul>	<ul style="list-style-type: none"> <li>Risk that the wrong dose is administered</li> </ul>			
		1	2	3	4	5
		Rare	Unlikely	Possible	Likely	Almost Certain

# Phase 3 Performance and Assurance

## Assurance Mechanisms

- Maintain regular reporting to the Strategic Oversight Group reporting to the Executive Committee
- Strategic Population Model developed in accordance with JCVI Priority Groups and NHS Wales National Covid-19 Vaccination Plan and Milestones
- Trajectories produced by the Strategic Model can be adapted for any changes in assumptions / external and internal dependencies such as vaccine supply and workforce
- Steady State model in use and ensures consistency across booking, workforce and clinical delivery processes
- Daily Pulse meetings in place within PTHB and weekly vaccination surveillance and programme progress monitoring
- Dashboard reporting exists to summarise and track progress against key performance indicators, in line with national requirements / regional and local arrangements and benchmarks
- Reporting and liaison in place with National Covid 19 Vaccination Programme
- Reporting and liaison in place with regional system resilience arrangements in Dyfed Powys and cross border
- Weekly national public report from PHW and WG
- Data on supply and stock of vaccines

## Key Performance Indicators and Dashboard for Daily Reporting



### Key Performance Indicators will include:

- ☐ % Boosters by priority cohort
- ☐ % 1st and 2nd doses for children and young people
- ☐ DNA / CNA Running Totals
- ☐ Record of any waste of vaccine
- ☐ Record of any missed second doses
- ☐ Incidents by number and type
- ☐ Third primary dose uptake
- ☐ LNB population variance

# Update Log

Date	
18/10/21	Reviewed and approved by Executive Committee
29/11/21	Eligibility updated to reflect current guidance
01/11/21	Reviewed by Delivery and Performance Committee
03/11/21	Risk Register updated to reflect increased risk around “leaving no one behind” (004)

# COVID-19 Vaccination Programme

## Powys Teaching Health Board

[powys.massvaccineprogramme@wales.nhs.uk](mailto:powys.massvaccineprogramme@wales.nhs.uk)