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Health Board



<b>Meeting Date</b>	<b>28 January 2021</b>	<b>Agenda Item</b>	<b>2.2</b>
<b>Report Title</b>	<b>COVID-19 Vaccination Programme</b>		
<b>Report Author</b>	Dorothy Edwards, Deputy Director of Transformation (Programme Director – COVID 19 vaccination roll out)		
<b>Report Sponsor</b>	Dr Keith Reid, Director of Public Health		
<b>Presented by</b>	Dr Keith Reid, Director of Public Health		
<b>Freedom of Information</b>	Open		
<b>Purpose of the Report</b>	The purpose of this report is to set out the COVID Vaccination Plan for Swansea Bay Health Board to deliver the requirements for vaccinating priority cohorts 1-4 in line with the national Vaccination Strategy.		
<b>Key Issues</b>	<p>After many months of careful planning, the Board begun to deliver its mass vaccination programme on 8<sup>th</sup> December when the Pfizer/BioNTech vaccine became available. As at 17<sup>th</sup> January, almost 19,000 people in Swansea Bay have received a first dose of one of the two vaccines now available to the Board, with the roll out of Oxford/Astra Zeneca beginning on 5<sup>th</sup> January.</p> <p>Welsh Government published its Vaccination Strategy for Wales on 11<sup>th</sup> January and this sets out a number of milestones and markers for NHS organisations. The first of those milestones is to vaccinate all those within priority groups 1-4 as set out by the Joint Committee on Vaccination and Immunisation (JCVI).</p> <p>The first 2 of these priority groups: those resident in care homes, all those aged over 80 and staff working in a front line role in either health or social care are the current focus of the programme but from mid January, the programme will move categories 3 and 4.</p> <p>GP practices have been commissioned to deliver the vaccine to care homes and those aged over 80. The delivery to care homes is nearly complete with over 80% vaccinated to date and the programme is on course to complete this cohort by end January.</p> <p>The roll out to the over 80's has begun in earnest and will ramp up further week commencing 18<sup>th</sup> January when</p>		

	<p>vaccine supplies increase. The aim is to complete this cohort in early February and in parallel to begin vaccinating those who are clinically extremely vulnerable</p> <p>From 20<sup>th</sup> January, the Board will begin using its mass vaccination centres to deliver to patient cohorts beginning people aged 79 and working through the age groups to target all those aged over 70 by mid February.</p> <p>The programme continues to manage a number of risks including vaccine availability which is subject to frequent changes and also workforce challenges. From 18<sup>th</sup> January, supplies of both vaccines increase significantly and delivery through the MVC model and through primary care will double to enable the programme to deliver its objective of vaccinating the most vulnerable in society as identified by the JCVI by mid February.</p>			
<b>Specific Action Required</b> <i>(please choose one only)</i>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>	<b>Approval</b>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Recommendations</b>	<p>Members are asked to:</p> <ul style="list-style-type: none"> <li>• <b>ENDORSE</b> the local plan to deliver vaccination to cohorts 1-4 in line with the National Vaccination Strategy for Wales</li> <li>• <b>APPROVE</b> the commissioning of support from GP practices to support delivery of the programme and <b>RATIFY</b> Chair's action to approve commissioning of activity from primary care in 2 phases</li> <li>• <b>APPROVE</b> commissioning of further vaccine delivery within primary care in line with the Board's Scheme of Delegation and Standing Financial Instructions.</li> <li>• <b>NOTE</b> the risks pertinent to the programme and mitigating actions</li> <li>• <b>SUPPORT</b> further scrutiny of performance of the delivery of the plan through Performance and Finance Committee as part of the Board's assurance mechanism.</li> </ul>			

# **UPDATE ON DELIVERY OF THE COVID-19 VACCINATION PROGRAMME IN SWANSEA BAY**

## **1. INTRODUCTION**

The purpose of this report is to provide an update on the COVID-19 Vaccination Programme within SBUHB since the roll out begun at the start of December 2020.

## **2. BACKGROUND**

The Board has previously received updates on the development of the vaccination programme through the regular COVID-19 reports.

Following the initial submission of a vaccination plan in early September, detailed planning has continued at pace and a revised Programme Delivery Plan was submitted to Welsh Government on 16<sup>th</sup> November.

The Board agreed its delivery mechanism in September which includes:

- A central Mass Vaccination Centre
- Satellite Vaccination Centres in both Swansea and Neath Port Talbot
- Local centres for staff at each acute hospital site
- An In-reach model to support the delivery of vaccine into closed settings and to reach housebound patients
- The potential for Local Vaccination Centres to be deployed depending on the timing and availability of vaccine supply.

The programme is being rolled out in line with the priorities identified by the independent Joint Committee on Vaccination and Immunisation (JCVI) updated in December 2020 which identifies age as being the single biggest risk of mortality from COVID. JCVI have identified the order in which the vaccine should be offered as follows:

1. Residents in a care home for older adults and their carers
2. All Those 80 years of age and over and frontline health and social care workers
3. All those 75 years of age and over
4. All those 70 years of age and over and clinically extremely vulnerable individuals
5. All those aged 65 years and older
6. All those aged 16 to 64 years of age with underlying health conditions
7. All those aged 60 years and over
8. All those aged 55 years and over
9. All those aged 50 years and over.

Welsh Government published its National Vaccination Strategy on 11<sup>th</sup> January 2021. This set out a number of milestones for organisations in Wales to deliver:

**Milestone 1** – by mid February – cohorts 1-4 (approximately 100,000 people in Swansea Bay)

**Milestone 2** – by the Spring – cohorts 5-9 (approximately 125,000 people in Swansea Bay)

**Milestone 3** – by the Autumn – all eligible adults (to be defined by JCVI in due course) (approximately 50-80,000 people depending on extent of overlap with other groups in Swansea Bay).

The plan also set out a number of markers:

- All Welsh Ambulance Service staff to be vaccinated by 18<sup>th</sup> January
- All Care Homes residents to be vaccinated by the end of January
- GP surgeries to increase from 100 to 250 by the end of January providing vaccine to the vulnerable closer to their homes as availability of the Oxford/AstraZeneca vaccine increases.

### **3. GOVERNANCE**

The Senior Responsible Owner for the Programme is Dr Keith Reid. The programme is governed through the Board's overarching command and control arrangements for COVID and reported through Gold. A Silver tactical group is in place. New Programme Director arrangements were in place from late December 2020.

It is recommended that the future reports on programme activity and performance are overseen through Performance and Finance Committee (PFC) who can provide assurance to the Board on delivery of the plan.

### **4. PROGRESS**

#### **Vaccine Supply**

The Board received its first delivery of Pfizer BioNTech vaccine on 7<sup>th</sup> December. This vaccine is particularly difficult to store and handle, and in Wales, it was agreed that the initial groups to be vaccinated were those in priority group 2 – health and social care staff, due to the logistical challenges in being able to deliver the vaccine in other settings. During the period up to 4<sup>th</sup> January, vaccinations were delivered across Morriston, Singleton and Cefn Coed Hospital sites supported by a Mass Vaccination Centre at the Bay Field Hospital which opened on 21<sup>st</sup> December.

On 4<sup>th</sup> January 2021, the first supplies of Oxford/Astra Zeneca became available to use locally. This vaccine is easier to store and manage, and therefore has fewer logistical challenges, however, it is important to note that it remains a vaccine that has to be treated with care and with due consideration to the specific product characteristics. It is not like the annual flu vaccination and comparisons in this respect are unhelpful. Both products have been permitted for use in the UK under a temporary authorisation and their specific handling requirements need careful adherence. National governance documents have been produced including Patient Group Directions and a Protocol.

The plan to deliver the programme in SBUHB continues to need to be flexible and adaptable in line with the constraints of vaccine supply. The volume and timing of deliveries of vaccine throughout December and January have changed frequently, sometimes daily, but with the publication of the national plan and further certainty over supplies, the forward plan to mid February is now on a firmer footing. It should be noted that due to the approach taken by the Medicines & Healthcare Products Regulatory Agency (MHRA) which involves batch approval of supplies as they come off the production line, there is always a risk of delays in supplies on a week by week basis. This has already impacted on the supply of Pfizer BioNTech vaccine in December and will impact on Oxford/Astra Zeneca supplies in January.

### **Policy decisions**

The Board will be aware that the four Chief Medical Officers of Wales, England, Scotland and Northern Ireland made the decision to defer all second doses of the COVID vaccines across the UK in early January. Backed by data from the Joint Committee on Vaccination and Immunisation (JCVI) they determined that there was greater benefit in increasing the number of people receiving the first dose of the vaccine rather than giving people their second dose according to the original timetable. This is a policy decision rather than one made by the Health Board and is being implemented across the UK in the same way.

The CMOs and JCVI considered this a pragmatic solution in order to increase immunity in vulnerable people in the face of a rising tide of new infections and significant concern about the spread of the new variant of COVID. It is estimated that deferring the 2<sup>nd</sup> dose across the UK will directly prevent the deaths of 2,000 people. They considered that the first dose of the vaccine offered good protection within 14 days of receiving it and that the timing of the second dose could be safely prolonged without any detriment. It is now planned to give the second dose of the vaccines at 11 weeks rather than the original 28 days, but to schedule care home residents for their second dose at 7-8 weeks to provide flexibility in case of outbreaks occurring within those settings that prevents timely administration of the 2<sup>nd</sup> dose.

### **Mass Vaccination Centre**

The Bay Field Hospital opened as a mass vaccination centre on 21<sup>st</sup> December followed by Margam Orangery on 11<sup>th</sup> January. Canolfan Gorseinon opened on 21<sup>st</sup> January. As at **20<sup>th</sup> January**, 24,286 vaccinations have been given across the Health Board including in primary care.

The table below sets out the vaccine received and its use up to **17<sup>th</sup> January**:

<b>Vaccine (8<sup>th</sup> December to 17th January)</b>	<b>Vaccine supply received</b>	<b>Number of vaccinations given (note 1)</b>	<b>Cohort</b>	<b>Approximate size of cohort</b>	<b>Approximate percentage of cohort vaccinated</b>
Pfizer/BioNTech	15,600	15,761	Front line health and social care staff	20,986	75%

Note 1: the number of vaccinations given is higher than those supplied due to the ability to be able to draw an additional 6<sup>th</sup> dose from a vial. Overall vaccine waste to date is around 0.6% in Wales.

The plan to mid February is to ramp up MVC delivery of Pfizer/BioNTech vaccine in order to achieve the following objectives:

- Complete vaccinating front line health and social care workers
- Complete those aged between 75 and 79 – this will start from 20<sup>th</sup> January
- Complete those aged between 70 and 75 – this is estimated to start from late January and to be complete by mid February.

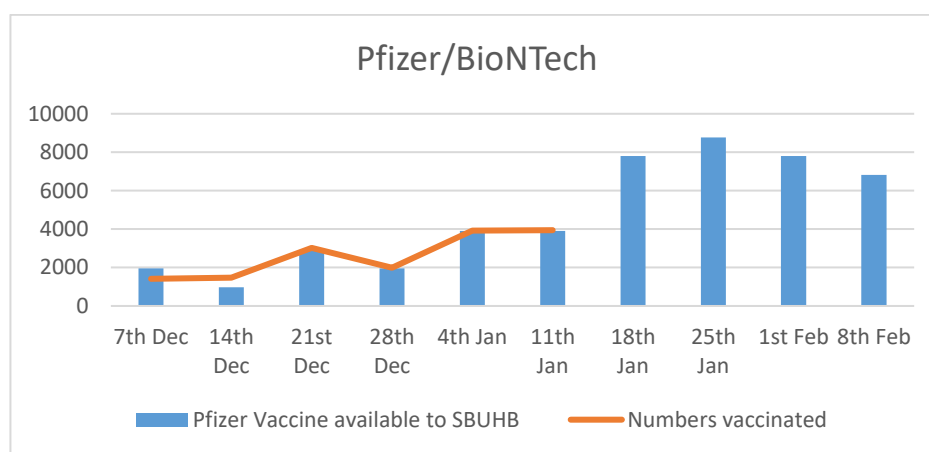
Further work has been undertaken on cohort mapping since the last planning assumptions were issued in October 2020. The revised cohort sizes are shown in the table below and have decreased the estimated size of the cohort from 100,000 to 88,818. This is largely as a result of an assessment of the volume of patients who are Clinically Extremely Vulnerable who are aged over 70 and therefore captured in an age cohort; and secondly an adjustment to the number of health and social care workers as a result of a stricter definition of those who are classified as front line:

**Table 1: Revised cohort sizes in SBUHB**

<b>Cohort</b>	<b>Revised Estimate received on 20/01/21</b>
Group 1: Residents in a care home for older adults	1,874
Group 2a All those aged over 80	20,738
Group 2b Health & Social Care staff	20,986
Category 3 All those aged over 75	15,098
Category 4a All those aged over 70	21,349
Category 4b All those who are classified as Clinically Extremely Vulnerable	
<b>Total</b>	<b>88,818</b>

The Board will be aware that the Pfizer/BioNTech vaccine arrives in trays which equate to 975 doses and the product must be utilised within 4 days of receipt hence is suited to delivery at scale in a mass vaccination centre. A revised delivery schedule was agreed with Welsh Government on 20<sup>th</sup> January, however it remains subject to change:

Graph 1: Anticipated Vaccine Supply in SBUHB up to mid February (supply information as at 20<sup>th</sup> January 2021)



In total, over the period 18<sup>th</sup> January to mid February the Board will receive a further 31,200 doses of Pfizer vaccine which should be sufficient to enable deliver to cohorts 1-4 with flexibility in utilising the 6<sup>th</sup> dose when needed. We have also agreed that primary care will support some of the 70-79 cohort if they are housebound or with significant mobility issues so this will reduce the numbers who need to be vaccinated at an MVC. The supply of Oxford vaccine will be sufficient to also compensate for any shortfalls in Pfizer and one of the MVCs can be converted to support delivery of Oxford in February if required.

Staff working for the Welsh Ambulance service have been invited to attend a vaccination appointment at a number of sites and we have been able to vaccinate completion of all those staff initially identified to us as front line ambulance workers.

Workforce has been identified as key constraint in delivery of the programme within Swansea Bay. Significant recruitment of additional staff has taken place since December and we continue to use other supplies of labour including bank and agency, and more recently, deployed school nurses. The model of delivery developed here remains efficient and now that the MVC have been in operation for 4 weeks, a review of throughput is underway to test whether possible to deliver greater throughput via the pod model developed.

## Primary Care

Primary care have been commissioned to support the vaccination programme under the auspices of the national Primary Care COVID Immunisation Scheme (PCCIS). The PCCIS provide a Wales framework and pricing structure to enable primary care to contribute to the programme.

Vaccination begun on Tuesday 5<sup>th</sup> January with a cluster based roll out programme to care homes. The following table sets out the position in respect of Oxford/Astra Zeneca delivery which will largely be utilised in primary care, except for a small quantity of vaccine retained at the Health Board to support inpatient delivery and to high risk staff who are contra-indicated for Pfizer.

<b>Vaccine (5<sup>th</sup> January to 17<sup>th</sup> January 2021)</b>	<b>Vaccine supply received to date</b>	<b>Volume allocated to primary care (note 1) up to 20<sup>th</sup> January</b>	<b>Cohorts</b>	<b>Vaccinations recorded in WIS (note 2) as at 20<sup>th</sup> January</b>
Oxford/Astra Zeneca	6,000	5,900	Care Homes Over 80's	4,811

**Note 1:** deliveries to primary care take place on a Wednesday & Thursday which will account for a delay in reporting vaccinations undertaken when reporting on a Monday to Sunday basis

**Note 2:** Due to issues with WIS, some practices have been unable to upload their forms contemporaneously. Further work is ongoing to improve data quality to ensure patients are coded to the correct JCVI cohort.

## Care Homes

Due to issues in recording information on the Welsh Immunisation System (WIS) a manual exercise has been undertaken to assess delivery of this vulnerable cohort. All clusters have now indicated that they have vaccinated the majority of care homes within their local area. As at Friday 15<sup>th</sup> January, a total of 58 care homes had received a visit from a GP clusters and 1600 patients vaccinated (out of an estimated cohort of 1,874 residents). Around 250 patients have not been scheduled due to their COVID status. This means that the Health Board is well placed to complete all care homes by the end of January, although it should be noted that this is unlikely to be 100% completed as some patients will have received a positive COVID test after 3<sup>rd</sup> January which will make them ineligible until a period of 28 days has lapsed.

## Over 80's

All GP practices in SBUHB have agreed to vaccinate their over 80's and the estimated size of this cohort is now 21,000. GP practices received a small supply of vaccine week beginning 11<sup>th</sup> January, and this will ramp up significantly from 18<sup>th</sup> and 25<sup>th</sup> January. The majority of Oxford vaccine for the period up to mid February will be distributed to primary care to enable them to complete the over 80's cohort and to vaccinate those who are identified as being Clinically Extremely Vulnerable (CEV). In total, the Board is expecting to receive over 48,000 doses of Oxford/Astra Zeneca over this period and this be sufficient



to facilitate vaccination of the cohorts identified – care homes, over 80's and all those who are clinically extremely vulnerable.

## **Commissioning the Primary Care COVID Immunisation Scheme in Swansea Bay**

As a result of a need for timely decisions to be taken, the PCCIS scheme has been rolled out in SBUHB for the initial 2 cohorts (care homes and patients aged over 80) in January. This was undertaken via Chair's action and the paper supported by Independent Members is available in the resources section.

The Board will now need to commission the next cohort (clinically extremely vulnerable) from end January. Approval is therefore being sought to commission this service from GP practices. Formal expressions of interest will be sought from primary care in mid January and some flexibility will be provided to enable GPs to deliver this cohort in parallel.

Under the national scheme, the cost of vaccinating this cohort with 2 doses will be in the order of £519,200. A further paper seeking Chair's action is also in the resources section. (Please note that the costs were based on the original cohort sizes prior to downward adjustments noted on 20<sup>th</sup> January 2021).

## **Timetable**

The timetable for the period up to mid February is set out below:

Location/Date	4 <sup>th</sup> January	11 <sup>th</sup> January	18 <sup>th</sup> January	25 <sup>th</sup> January	1 <sup>st</sup> February	8 <sup>th</sup> February
MVC	Health and Social Care Staff					
		Over 75's				
		Over 70's				
GP Clusters	Care Home Residents					
GP Practices		Over 80's				
		Clinically Extremely Vulnerable				

## **5. FORWARD PLAN**

The position in terms of vaccine supply remains fluid and there are no delivery schedules for either vaccine beyond mid February. In light of the WG commitment to extend the vaccination programme to those in categories 5-9 by the Spring, a rapid assessment of the capacity needed to deliver these cohorts and the potential further commissioning of primary care including a broader range of contractors is being undertaken.

As part of this, work is ongoing to scope the development of additional Local Vaccination Centres which could provide a hub for a range of primary care professionals to work together to deliver either Pfizer and/or Oxford vaccine depending on supplies. These would create the ability for greater throughput overcoming the constraints of delivering in GP practice premises or pharmacy locations and ensure a smooth delivery supply at sufficient volume. As it is

likely that the primary care will continue to play an important role in delivery in future, PCCIS will be utilised further and extended to cover other primary care contractors. A detailed demand and capacity plan is in development which also takes into account requirement for second doses which will be due in mid February.

## 6. RISKS

The risk register for the programme is being updated in light of the move from planning into operational delivery phase. Key risks at this time are set out below and a detailed risk log is in place and monitored through the command structure:

National Risks			
Risk	Risk descriptor	Risk assessment	Mitigating Action
Supply	Vaccinate supply may differ from schedule	Low	Revised cohort mapping undertaken nationally and supplies now aligned
2 <sup>nd</sup> doses	Availability of vaccine for 2 <sup>nd</sup> doses to complete in required timeframe	Medium	Requirements for 2 <sup>nd</sup> doses being mapped nationally and discussion with suppliers
Approval	Regulatory approval of individual batches may impact on national and local supplies	Medium	Frequent assessment of batch approvals
Local Risks			
Imbalance in supply chain	Supply that is unbalanced in terms of Oxford of Pfizer may impact on local delivery plans	Low	Confirmation of supply chain until mid February
Late notification	Late notification of changes in supply may disrupt plans to call patients into MVC or primary care causing distress to patients	Medium	Forward looking indicative allocations to primary care to support planning but need to emphasise in communications
Primary care capacity	HB is reliant on primary care capacity to support vaccination programme	Low	Further assurance on delivery plans particularly for large practices
Cohort Size	The size of the cohort may differ	Low	Sufficient supply of Oxford vaccine to accommodate if practices need further supply
Workforce	Workforce may be insufficient	Low	The current pipeline will be sufficient up to mid February and further work is ongoing to map pipeline beyond this point
Finance	No confirmed funding in place to support deliver	Low	Detailed financial plan shared with WG and Finance Delivery Unit and all costs captured in monthly monitoring returns

## 7. RECOMMENDATION

Members are asked to:

- **ENDORSE** the local plan to deliver vaccination to cohorts 1-4 in line with the National Vaccination Strategy for Wales
- **APPROVE** the commissioning of support from GP practices to support delivery of the programme and **RATIFY** Chair's action to approve commissioning of activity from primary care in 2 phases
- **APPROVE** commissioning of further vaccine delivery within primary care in line with the Board's Scheme of Delegation and Standing Financial Instructions.
- **NOTE** the risks pertinent to the programme and mitigating actions
- **SUPPORT** further scrutiny of performance of the delivery of the plan through Performance and Finance Committee as part of the Board's assurance mechanism.

Governance and Assurance		
Link to Enabling Objectives (please choose)	Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities	
	Partnerships for Improving Health and Wellbeing	<input type="checkbox"/>
	Co-Production and Health Literacy	<input type="checkbox"/>
	Digitally Enabled Health and Wellbeing	<input type="checkbox"/>
	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	
	Best Value Outcomes and High Quality Care	<input checked="" type="checkbox"/>
	Partnerships for Care	<input checked="" type="checkbox"/>
	Excellent Staff	<input checked="" type="checkbox"/>
	Digitally Enabled Care	<input checked="" type="checkbox"/>
	Outstanding Research, Innovation, Education and Learning	<input checked="" type="checkbox"/>
Health and Care Standards		
(please choose)	Staying Healthy	<input checked="" type="checkbox"/>
	Safe Care	<input checked="" type="checkbox"/>
	Effective Care	<input checked="" type="checkbox"/>
	Dignified Care	<input checked="" type="checkbox"/>
	Timely Care	<input checked="" type="checkbox"/>
	Individual Care	<input checked="" type="checkbox"/>
	Staff and Resources	<input checked="" type="checkbox"/>
Quality, Safety and Patient Experience		
All indicators of quality, safety and patient experience continue to be monitoring and actions are in place to manage how staff are deployed to ensure that risk is balanced across the Health Board.		
Financial Implications		
Financial implications of the COVID-19 response are being developed and will be shared with the Board. The Director of Finance has overarching responsibility for ensuring that the cost of our response (actual and planned response) are appropriately captured and assessed for discussion with Welsh Government. Planning cells have been asked to complete decision logs for all expenditure above £75k. In addition, a summary of financial decisions each week is being noted at Gold with effect from Friday 6 <sup>th</sup> November.		
Legal Implications (including equality and diversity assessment)		
Reporting the decisions made in terms of how the Health Board has managed risks and issues will be important in terms of legal cases arising out of the COVID-19 pandemic. Further discussions will take place on how to ensure that the Board has an appropriate information management system in place to support record keeping.		
Staffing Implications		
There are significant workforce implications as a result of responding to the Pandemic and these rest with the Workforce Silver Command to assess and respond to the workforce implications (short and medium term). The importance of focussing on the psychological impact of the pandemic on our current and future staff requirements is a key issue.		
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)		

The Well-Being of Future Generations (Wales) Act (2015) will be assessed as part of the Board's approach to Recovery.

**Report History**

This is the first detailed report but vaccination has been covered as a regular issue in COVID Board reports on the following dates:

- Board Meeting 30<sup>th</sup> April 2020
- Board Meeting 28<sup>th</sup> May 2020
- Board meeting 25<sup>th</sup> June 2020
- Board meeting 30<sup>th</sup> July 2020
- Board meeting 24<sup>th</sup> September 2020
- Board meeting 26<sup>th</sup> November 2020

**Appendices**

Copies of the chair's actions are available in the resources section.