

**CYFARFOD BWRDD PRIFYSGOL IECHYD  
UNIVERSITY HEALTH BOARD MEETING**

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	25 March 2021
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Update on Hywel Dda University Health Board Response to the COVID-19 Pandemic
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Steve Moore, Chief Executive
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Steve Moore, Chief Executive

**Pwrpas yr Adroddiad (dewiswch fel yn addas)**

**Purpose of the Report (select as appropriate)**

Ar Gyfer Penderfyniad/For Decision

**ADRODDIAD SCAA**

**SBAR REPORT**

**Sefyllfa / Situation**

This report provides the Board with an update on the ongoing response to the COVID-19 pandemic within the Hywel Dda University Health Board (HDdUHB) area.

**Cefndir / Background**

This month marks a significant milestone in the evolution of the COVID-19 pandemic - it is a year since we heard of the first confirmed positive cases in Wales. Having only an approximate idea of what was coming in the early days of March 2020, we have faced challenges and pressures that will leave their mark on us both personally and professionally for many years to come. I remain extremely proud to be part of an organisation that has shown such resilience, courage and humanity over the past year – a sentiment that I know the whole Board will share.

As an indicator of the distance we have come, alongside this update we are presenting a first draft our 2021/22 Plan for Recovery to In-Committee Board today. With greater familiarity of the virus, together with a remarkably fast roll out of vaccinations and falling levels of infections, we can now tentatively look a little further ahead than has been possible throughout 2020/21. Uncertainties remain, and there is the ever present risk that the positive trends we have seen will go into reverse, but the process of starting to look to the longer term should provide hope and optimism that a significant turning point has been reached.

In the last update to Board on 28<sup>th</sup> January 2021, we were still in the midst of the biggest surge in local infection rates, hospitalisations and deaths that West Wales had experienced since this pandemic began. Two months later, the tentative signs of improvement in those rates have developed into strong positive trends across all 3 counties and all 4 hospitals.

The lockdown that came into effect on 20<sup>th</sup> December 2020 remains a key driver for the reductions detailed below but early signs at national level are that the vaccination programme is also starting to make its impact felt on infections and hospitalisations.

This paper will set out the position at time of writing regarding our operational response, the work of our Gold Command, Silver, Bronze, Cells and the delivery of the vaccination programme. Executive Directors will verbally update at the meeting on the very latest position.

### Asesiad / Assessment

Since our last meeting, infection rates have fallen significantly in all 3 counties to levels not seen since the early autumn of 2020. Whilst this is positive news and adds to the feeling of optimism that the worst is behind us, current levels are still high when compared to last summer and the hospitals have only recently seen COVID-19 hospitalisations fall below the level of the peak in spring 2020. Our local population has continually demonstrated its support for the NHS and our front line staff by following the rules and guidelines set out by Welsh Government. This lockdown has been tough for everyone but we need to ask people to continue to follow these rules – letting our guard down now has the potential to spark another surge at a time when our vaccination programme has not yet reached sufficient levels of protection in the population to avoid or mitigate a further wave of infections. Our staff who have been on the front line of our response are also tired, having recently been through the most challenging phase of this pandemic.

The table below shows the rate per 100,000 population and positivity rate (the proportion of those tested who receive a positive result) for each county, compared to that set out in the January 2021 Board update.

County	Previous Update – 7 days to 9 <sup>th</sup> Jan Rate per 100k	Latest update – 7 days to 7 <sup>th</sup> March Rate per 100k	Previous Update – 7 days to 9 <sup>th</sup> Jan Positivity Rate	Latest update – 7 days to 7 <sup>th</sup> March Positivity Rate
<b>Carmarthenshire</b>	309.9	36.0	16.6%	4.1%
<b>Ceredigion</b>	173.3	9.6	15.3%	1.4%
<b>Pembrokeshire</b>	256.7	12.7	13.8%	1.6%
<b>Hywel Dda</b>	<b>267.0</b>	<b>23.5</b>	<b>15.5%</b>	<b>2.9%</b>

The scale of the falls in both infection rates and the positivity rate (the number testing positive as a proportion of all tests undertaken) is very encouraging. Whilst still not back at the levels seen over the summer of 2020, the direction of travel and speed of the falls suggests rates will continue to fall for a while at least. I will provide a verbal update on the latest figures at the Board meeting.

### **Operational Update**

The Silver Tactical Group continues to work within its Winter Preparedness plan, which was presented to Board at its November 2020 public meeting. Since the last update, hospitalisations have fallen significantly and, at time of writing stood at 48 COVID-19 positive or suspected patients in our beds, including 17 in our community hospitals. These levels are now below those at the peak we experienced last spring but, with the added challenge of non-COVID winter demand still being experienced, the hospital sites continue to be under significant pressure. The Director of Operations will provide the latest position verbally at the Board meeting.

Reflecting the lower levels of community transmission, the number of COVID-19 associated outbreaks in our hospitals has also considerably improved since the last update, with no outbreaks under the management of the control team at time of writing. The Director of Nursing will provide a verbal update on the latest position at the Board meeting.

## Additional Gold Command Planning Requirements

As reported at the last Board meeting, the Gold Command Group has only met when new decisions have been required, allowing the Silver Tactical and Bronze groups to focus on delivering the existing planning requirements, ratified by Board at its November 2020 meeting.

Since the last Board meeting, the Gold Group has met twice, to review the on-going need for Field Hospital provision into 2021/22 to inform decisions about retaining/decommissioning existing capacity. It also reviewed all existing Gold Command Planning Requirements to affirm their ongoing applicability into 2021/22 and inclusion in the 2021/22 Recovery Plan.

The results of this review are set out in the table below:

### *Tactical Group*

Current Gold Command Group Planning Requirement	Revised Gold Command Group Planning Requirement for implementation from April 2021
<ul style="list-style-type: none"> <li>To establish sufficient capacity (existing hospital and FH sites) to accommodate 613 COVID-19 patients during Q3/Q4 and 47 ICU COVID-19 positive beds. The Tactical Group should assume that the peak in COVID-19 patients will coincide with non COVID-19 winter peaks and plan to have sufficient capacity for both, concurrently. Additional FH beds should be capable of being mobilised at a maximum of 14 days' notice of their operational need</li> </ul>	<p>To establish sufficient capacity (including in Field and Community hospital settings) to allow for the simultaneous hospitalisation of up to 250 COVID patients and 695 non-COVID non-elective patients (i.e. 945 beds in total). This capacity is to be immediately available, or ready for use within a maximum of 3 weeks' notice for the duration of 2021/22. Financial and workforce commitments will be limited to a quarterly basis with exceptions to this requiring specific agreement through Gold Command Group Meetings.</p>
<ul style="list-style-type: none"> <li>All hospital beds (including FH beds) comply with social distancing guidance and reasonable steps are made to minimise the loss of capacity - the Tactical Group is to instruct all directorates to undertake social distancing risk assessments and instruct Bronze Groups to commence the process of introducing identified measures prioritised according to the risks identified (Gold Command Group meeting 16<sup>th</sup> June 2020)</li> </ul>	<p><b>Closed</b></p> <p>Requirement sits with the Social Distancing Cell</p>
<ul style="list-style-type: none"> <li>Red/Green separation to be embedded for the next 12 months between and/or within all sites and services (primary, community, long term care, secondary care, MH &amp; LD)</li> </ul>	<p><b>Unchanged</b></p> <p>Red/Green separation to be embedded for the next 12 months between and/or within all sites and services (primary, community, long term care, secondary care, MH &amp; LD).</p> <p>Financial and workforce commitments will be limited to a quarterly basis with exceptions to</p>

	<p>this requiring specific agreement through Gold Command Group Meetings.</p>
<ul style="list-style-type: none"> <li>• A prioritised risk-based plan to restart services that have been suspended or scaled back in the initial response to COVID which limits visits to hospital sites to a minimum <ul style="list-style-type: none"> <li>○ Accompanied by a clinically prioritised scale-back plan to complement the unscheduled care escalation plan</li> </ul> </li> </ul>	<p><b>Amended</b></p> <p>To develop plans which are capable of being implemented during 2021/2022 to achieve WG targets in relation to RTT, Diagnostics, Therapies, Cancer and Mental Health using measures of likely harm as a way to prioritise initial action in 2021/22. Implementation timescales will be subject to discussion with Welsh Government.</p> <p>Longer-term recovery plans for all areas specified in section 5.A.i and 5.B.i of the Health Board’s Planning Objectives to be developed during 2021/22 for subsequent implementation and where the risk of addition harm arising from the pandemic does not require faster action. Where faster action is deemed necessary, develop plans for implementation in 2020/21</p>
<ul style="list-style-type: none"> <li>• Develop, agree and implement a care and residential home support and escalation plan</li> </ul>	<p><b>Amended</b></p> <p>Maintain the care and residential home support and escalation plan for the duration of 2021/22</p>
<ul style="list-style-type: none"> <li>• Comply with Welsh Government guidance on the availability of essential services</li> </ul>	<p><b>Unchanged</b></p> <p>Comply with Welsh Government guidance on the availability of essential services</p>
<ul style="list-style-type: none"> <li>• To deliver the operational requirements arising from the Public Health Cell in relation to TTP and vaccination plans</li> </ul>	<p><b>Amended – TPP requirements moved to the PH Cell</b></p> <p>To continue to deliver the local Mass Vaccination Programme Delivery Plan in accordance with the milestones and requirements set out by Welsh Government.</p>

Financial and workforce commitments will be limited to a quarterly basis with exceptions to this requiring specific agreement through Gold Command Group Meetings.

*Tactical Group – Confirmation of Readiness Instruction*

<b>Current Gold Command Group Planning Requirement</b>	<b>Revised Gold Command Group Planning Requirement for implementation from April 2021</b>
<p>In order to ensure the above is in place prior to a potential peak of the scale set out above, Gold Command issued an additional instruction regarding timescales for delivery of the above as follows:</p> <ul style="list-style-type: none"> <li>• A week by week capacity plan for the next 12 weeks from week commencing 21<sup>st</sup> September               <ul style="list-style-type: none"> <li>○ Modelling Cell to produce week by week occupied bed forecast from today's actual occupied beds to 613 in 12 weeks and extend functional capacity weekly plan to inform</li> <li>○ A week by week plan to produce sufficient equipment, Oxygen (including testing supply) and consumables in place for each week according to the model</li> <li>○ A week by week plan to produce sufficient bed capacity in all sites (including Field Hospitals) to meet forecast Covid and non-Covid demand</li> <li>○ A week by week plan to produce sufficient mortuary capacity to meet the peak and the weekly capacity need</li> <li>○ A week by week staffing plan (including new, temporary, substantive and staffing models) which for additional staff maximises the number securable at very short notice and minimises substantive appointments.</li> </ul> </li> </ul> <p>Workforce prioritised in the following order:</p> <ul style="list-style-type: none"> <li>○ Stretching ratios / rotas</li> <li>○ Bank</li> <li>○ Redeployment</li> <li>○ Agency</li> <li>○ Appointments</li> </ul>	<p>Closed</p>

- A week by week capacity plan for the next 12 weeks for Care Homes, Primary care and community services to deal with the anticipated peak

*Special Requirements*

- *This is an assurance request which doesn't override existing Gold decisions (for example essential services and elective restarted). If in delivering the above, these decisions require review then tactical will need to request this of Gold.*
- *Tactical group to ensure that in its work and the work of its Bronze groups in those areas where there is competing demand for staff, capacity or equipment, Tactical needs to ensure prioritisation of areas that would minimise overall harm.*

*Public Health Cell*

<b>Current Gold Command Group Planning Requirement</b>	<b>Revised Gold Command Group Planning Requirement for implementation from April 2021</b>
<ul style="list-style-type: none"> <li>• An immediate antigen testing plan with the capacity to test and report all symptomatic people in the local population and               <ul style="list-style-type: none"> <li>○ In light of UK portal issues recently experienced, strengthen our local antigen testing offer, the aim of which is to reduce local reliance on the DHSC model and provide less than 24 hour turnaround times and access for all symptomatic people and all asymptomatic patients and key workers to local testing capacity in the Hywel Dda area</li> </ul> </li> </ul>	<p><b>Amended</b></p> <p>Through 2021/22, continue to deliver the local Testing Plan in accordance with the latest Welsh Government requirements. This will encompass symptomatic testing, asymptomatic screening and antibody testing using PCR, Lateral Flow Devices and new technologies which become available and are mandated by Welsh Government.</p> <p>Financial and workforce commitments will be limited to a quarterly basis with exceptions to this requiring specific agreement through Gold Command Group Meetings.</p>
<ul style="list-style-type: none"> <li>• From June 2020, establish and operate the Hywel Dda Test, Trace and Protect service</li> </ul>	<p><b>Amended</b></p>

<ul style="list-style-type: none"> <li>○ To develop a Test, Trace and Protect dashboard to include the “leakage rate” from those receiving positive tests to contacting their contacts to self-isolate</li> </ul>	Through 2021/22 continue to support and provide regional co-ordination to the Test, Trace and Protect service across the 3 counties of Hywel Dda
<ul style="list-style-type: none"> <li>• An immediate testing plan for key workers in the health and care sector and for those supporting vulnerable groups who are self-isolating</li> </ul>	Closed – included above
<ul style="list-style-type: none"> <li>• Immediately implement a “quarantine” plan for care/residential home discharges to minimise the transfer of asymptomatic COVID positive residents back to the home setting</li> </ul>	Closed – included above
<ul style="list-style-type: none"> <li>• By September 2020 develop a prioritised plan to restart Public Health and wellbeing services that have been suspended or scaled back in the initial response to COVID which limits visits to hospital and other care sites to a minimum</li> </ul>	Closed – included in Tactical requirement to develop recovery and restart plans above
<ul style="list-style-type: none"> <li>• To establish mass vaccination infrastructure and processes, the scale and size of which will be informed by Welsh Government guidance, capable of being implemented from 5th October 2020</li> </ul>	Closed – included in Tactical requirement to continue to deliver the local Mass Vaccination Programme
<ul style="list-style-type: none"> <li>• From July 2020, establish an antibody testing service which is capable of providing sufficient capacity to offer tests to priority groups as directed by Welsh Government (initially teachers and staff supporting child care hubs but likely to evolve over time)</li> </ul>	Closed – included above

*PPE Cell*

<b>Current Gold Command Group Planning Requirement</b>	<b>Revised Gold Command Group Planning Requirement for implementation from April 2021</b>
<ul style="list-style-type: none"> <li>• From march 2020, establish an efficient and sustainable plan to predict, source, organise and distribute PPE to health and care services (including domiciliary care, care homes and residential homes)</li> </ul>	<p>Amended</p> <p>Through 2021/22 maintain an efficient and sustainable plan to predict, source, organise and distribute PPE to health and care services</p>

	<p>(including domiciliary care, care homes and residential homes)</p> <p>Financial and workforce commitments will be limited to a quarterly basis with exceptions to this requiring specific agreement through Gold Command Group Meetings.</p>
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*Social Distancing Cell*

<b>Current Gold Command Group Planning Requirement</b>	<b>Revised Gold Command Group Planning Requirement for implementation from April 2021</b>
<ul style="list-style-type: none"> <li>With immediate effect, ensure that the HB complies with all guidance in relation to social distancing measures across all sites (including FHs) and for all services</li> </ul>	<p><b>Amended</b></p> <p>Through 2021/22 ensure that the HB complies with all guidance in relation to social distancing measures across all sites (including FHs) and for all services</p> <p>Financial and workforce commitments will be limited to a quarterly basis with exceptions to this requiring specific agreement through Gold Command Group Meetings.</p>

*Modelling Cell*

<b>Current Gold Command Group Planning Requirement</b>	<b>Revised Gold Command Group Planning Requirement for implementation from April 2021</b>
<ul style="list-style-type: none"> <li>From March 2020, build and maintain a model to monitor COVID outbreaks and model the timing and extent of demand surges capable of giving maximum possible notice of critical care surges (working with the WG modelling group) <ul style="list-style-type: none"> <li>Provide advice to Bronze groups and other Cell leads on reasonable planning assumptions regarding the timing and size of peaks based on the latest transmission model and actual experience</li> </ul> </li> </ul>	<p><b>Amended</b></p> <p>Through 2021/22 maintain a model to monitor COVID outbreaks and model the timing and extent of demand surges capable of giving maximum possible notice of critical care surges (working with the WG modelling group)</p> <ul style="list-style-type: none"> <li>Provide advice to Bronze groups and other Cell leads on reasonable planning assumptions regarding the timing and size of peaks based on the latest transmission model and actual experience</li> </ul>

## Command Centre

Current Gold Command Group Planning Requirement	Revised Gold Command Group Planning Requirement for implementation from April 2021
<ul style="list-style-type: none"> <li>From March 2020, manage all COVID related enquiries</li> </ul>	<p><b>Amended</b></p> <p>Through 2021/22 manage all COVID related enquiries</p>
<ul style="list-style-type: none"> <li>From March 2020, receive and communicate out to relevant groups(Bronze, Silver, Gold and Cells), all COVID related policy and guidance from national bodies, regulators and advisors</li> </ul>	<p><b>Amended</b></p> <p>Through 2021/22 receive and communicate out to relevant groups(Bronze, Silver, Gold and Cells), all COVID related policy and guidance from national bodies, regulators and advisors</p>
<ul style="list-style-type: none"> <li>From March 2020, manage local access to COVID testing (antibody and antigen)</li> <li></li> </ul>	<p><b>Amended</b></p> <p>Through 2021/22 manage local access to COVID testing (antibody and antigen)</p>
<ul style="list-style-type: none"> <li>From October 2020, establish a process to maintain personalised contact with all patients currently waiting for elective care which will:               <ul style="list-style-type: none"> <li>Keep them regularly informed of their current expected wait</li> <li>Offer a single point of contact should they need to contact us</li> <li>Provide advice on self-management options whilst waiting</li> <li>Offer advice on what do to if their symptoms deteriorate</li> <li>Establish a systematic approach to measuring harm – bringing together the clinically assessed harm and harm self-assessed by the patient and use this to inform waiting list prioritisation</li> <li>Offer alternative treatment options if appropriate</li> </ul> </li> </ul>	<p><b>Amended</b></p> <p>Continue to roll out a process to maintain personalised contact with all patients currently waiting for elective care which will:</p> <ul style="list-style-type: none"> <li>Keep them regularly informed of their current expected wait</li> <li>Offer a single point of contact should they need to contact us</li> <li>Provide advice on self-management options whilst waiting</li> <li>Offer advice on what do to if their symptoms deteriorate</li> <li>Establish a systematic approach to measuring harm – bringing together the clinically assessed harm and harm self-assessed by the patient and use this to inform waiting list prioritisation</li> </ul>

- Offer alternative treatment options if appropriate
- Incorporate review and checking of patient consent

The Board is asked to ratify this Gold Command Requirement today.

The implications of this decision is that the Tactical Group has agreed that the Health Board is now in a position to serve notice to decommission the field hospital sites at Bluestone and Parc y Scarlets. Chair's action has been used to allow this decision to be enacted in a timely way prior to today's meeting and Board ratification for this is requested.

### **Vaccination Programme Update**

Since the last update, our local vaccination programme has accelerated to an unprecedented degree. At time of writing, 158,381 vaccinations have been given; 138,880 first doses and 19,501 second doses. In line with our Mass Vaccination Programme Delivery Plan, we have now completed the first 4 priority groups (as defined by the Joint Committee on Vaccinations and Immunisations (JCVI)) with a current first dose uptake for this cohort standing at 94.5% based on cohort size estimates. We also embarked on our second dose delivery plan on 15<sup>th</sup> February 2021 and have, so far fully vaccinated 72% of our front line health workers, 58% of care home staff and 64% of social care workers.

We remain on plan to have offered all those in priority groups 1 to 9 a first dose vaccination by 18<sup>th</sup> April 2021 (a further c.90,000 doses at time of writing) as well as offering second doses to all those falling due by that date. The Vaccination Bronze Group is currently working on plans for the next phase of delivery to offer vaccinations to all eligible adults in our area by the end of July 2021 (as per Milestone 3 set out in NHS Wales' Vaccination Strategy for Wales, **attached at Appendix 1**). The latest version of Hywel Dda's Mass Vaccination Programme Delivery Plan has been signed off by the Tactical Group and is subject to ongoing change and adjustment in light of operational and supply considerations.

Weekly vaccination bulletins continue to keep our staff, partners and local population informed of the progress we are making and provide estimates of the dates from which each cohort can expect to be invited for vaccination and the likely location – either a Mass Vaccination Centre or a local site managed by their GP Surgery.

### **Gold Level Cell Updates**

The Executive Team continues to meet formally on a weekly basis to review and co-ordinate the work of both the Silver Tactical Group and the Gold level Cells. At the time of writing, all Cells were reporting no issues with their latest position and projections. As indicated in the last written update to Board, Lateral Flow Device Testing has now commenced across the Health Board and a risk assessment has been provided to the Quality, Safety and Experience Assurance Committee for assurance. A verbal update on the latest position in relation to this and other testing issues will be provided by the Director of Therapies and Health Science at the meeting.

### **Argymhelliad / Recommendation**

The Board is asked to:

- Ratify the decision taken under Chair's action to serve notice to the Field Hospitals located at Bluestone and Parc y Scarlets;

- Ratify the adjustments to existing Gold Command Planning Requirements, for inclusion in the 2021/22 Recovery Plan, as set out above.

<b>Amcanion: (rhaid cwblhau)</b> <b>Objectives: (must be completed)</b>	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	853 - Risk that Hywel Dda's response to COVID-19 will be insufficient to manage demand (Score 5) 854 - Risk that Hywel Dda's Response to COVID-19 will be larger than required for actual demand (Score 6) 855 - Risk that UHB's non-covid related services and support will not be given sufficient focus (Score 8)
Safon(au) Gofal ac Iechyd: Health and Care Standard(s): <a href="#">Hyperlink to NHS Wales Health &amp; Care Standards</a>	All Health & Care Standards Apply
Amcanion Strategol y BIP: UHB Strategic Objectives: <a href="#">Hyperlink to HDdUHB Strategic Objectives</a>	All Strategic Objectives are applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019</a>	9. All HDdUHB Well-being Objectives apply

<b>Gwybodaeth Ychwanegol:</b> <b>Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	Included within the report
Rhestr Termiau: Glossary of Terms:	Included within the report
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Hywel Dda University Health Board Gold Command Hywel Dda University Health Board Silver Tactical Hywel Dda University Health Board Bronze Group Chairs

<b>Effaith: (rhaid cwblhau)</b> <b>Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian:</b> <b>Financial / Service:</b>	Any financial impacts and considerations are identified in the report.
<b>Ansawdd / Gofal Claf:</b> <b>Quality / Patient Care:</b>	Any issues are identified in the report
<b>Gweithlu:</b> <b>Workforce:</b>	Any issues are identified in the report
<b>Risg:</b> <b>Risk:</b>	Consideration and focus on risk is inherent within the report. Sound system of internal control helps to ensure any risks are identified, assessed and managed.

<b>Cyfreithiol: Legal:</b>	Any issues are identified in the report
<b>Enw Da: Reputational:</b>	Any issues are identified in the report
<b>Gyfrinachedd: Privacy:</b>	Not applicable
<b>Cydraddoldeb: Equality:</b>	Not applicable



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

# Vaccination Strategy for Wales

February 2021



**DIOGELU CYMRU**  
**KEEP WALES SAFE**



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## SECTION 1. Ministerial Foreword

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On 11 January we published our Vaccination Strategy for Wales. Whilst less than 2 months ago, a huge amount has happened since then. We are now over half way to protecting all those in priority groups 1-9, and have vaccinated over one-third of all those age 16 and over in Wales. Our vaccination programme has gone from strength to strength and I am publishing this update to both reflect on progress and provide some further detail on our current and upcoming priorities.

More than 890,000 people in Wales – most of whom are amongst the most vulnerable to poor outcomes should they become infected with Coronavirus – have now received their first dose of the vaccine. Second doses, which are important for longer term protection, are also beginning to be rolled out with over 70,000 people having had theirs already. By following the JCVI's advice on a longer interval between doses, we have been able to protect more people with first doses and provide good short and longer term protection for as many people as possible as quickly as possible. This is an incredible effort in the national interest. My deepest thanks goes to all those involved – from NHS Wales, public and private sector partners, and the many volunteers that have stepped up.

My thanks also go to the many hundreds of thousands of you that have taken-up your offer of the vaccine. You have played your part in our national mission to keep Wales safe – thank you.

The situation in Wales as we enter spring 2021 remains serious. Cases of the virus are still high and a new, more infectious variant of coronavirus has emerged across the UK, and is now the dominant variant in all parts of Wales. As a result, we are all continuing to stay at home to keep Wales safe. But the impressive start to our vaccine programme has brought with it hope for all of us, and vaccines remain effective against this new variant.

The evidence is still emerging but confidence is building that the vaccine programme is a critical factor in our journey out of lockdown and to a brighter near future.

In the meantime, we all need to continue to follow the rules and guidance in place to keep ourselves and our families safe. This means meeting as few people as possible, washing our hands regularly, wearing a face covering and keeping our distance from others.

## SECTION 2. Overview and where we are now

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We published our national strategy<sup>1</sup> on 11 January. It built upon the plans already in place within each of our seven Health Boards and trusts and provided more detail about our programme. We said in the strategy that it would be reviewed regularly – so that it reflected the latest clinical, scientific and other evidence. This update represents the first of those reviews.

Since publishing the strategy we have achieved our first milestone and are already making good progress towards the second. Some greater certainty is also beginning to emerge in relation to the third milestone. This update will provide more information on the current and future priorities.

It is important to be clear about the ongoing supply challenges. While supply into the UK is forecast to pick-up and stabilise from March; uncertainty and instability remains and is likely to be a feature throughout the duration of the programme.

Our infrastructure and capacity has continued to grow since the publication of our strategy last month. We prioritised building strong foundations at the outset and this has paid off as we've progressed into the programme. At points, and when supply has allowed, vaccines have been administered from almost 500 locations across Wales at a combination of mass centres, GP practices, hospital sites and via mobile units. We have seen the role of primary care expand considerably over recent weeks and expect this to grow and adapt into the next stages, including with a greater role for community pharmacy.

Since publishing our strategy, the amount and types of information we routinely publish has increased. We are committed to providing information to keep everyone informed. More details are provided later on this.

### Where we are now

Since commencement of the vaccine programme in early December we have:

- **Achieved the first milestone in our strategy.** That is to have offered the vaccine to everyone in the first 4 priority groups:
  - everyone over 70;
  - all frontline health and social care workers;
  - everyone living or working in older people's care homes; and
  - everyone who is clinically extremely vulnerable.
- As a consequence of completing priority groups 1–4 we have sought to **protect 88% of those most at risk** of dying from Coronavirus.
- Seen incredible uptake from those groups that have been offered the vaccine. With **uptake in excess of 80%** in these groups, and exceeding 90% in some groups.
- **Made significant progress in building our vaccination infrastructure in all parts of Wales**, with vaccines being administered from close to 500 locations some weeks.
- **Increasing capacity by bringing on board a flexible and multi-professional workforce** which has enabled us to administer almost 180,000 doses of the vaccine some weeks.
- **Reached out to and engaged with a wide range of communities, partners and stakeholders** to seek to ensure a fair and equitable approach, which instils confidence, community and personal responsibility, and also ensures no one is left behind.
- **Administered a first dose of the vaccine to over 850,000 people** in Wales in less than 3 months.

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<sup>1</sup> [gov.wales/sites/default/files/publications/01-2021/vaccination-strategy-for-wales\\_3.pdf](https://gov.wales/sites/default/files/publications/01-2021/vaccination-strategy-for-wales_3.pdf)

## SECTION 3. Our Priorities

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Our priority list of people to receive the vaccine has been agreed by endorsing the UK's independent Joint Committee on Vaccination and Immunisation (JCVI). The same priority list is being followed by all four nations in the UK and has the support of all 4 Chief Medical Officers within the UK.

It is on this priority list that we based the 3 milestones in our strategy.

### Milestone 1

We achieved milestone 1 on 12 February. Eligible groups have been actively identified and called. Uptake has been extremely high with almost 9 in 10 in groups 1-4 accepting vaccination. It's never too late to be vaccinated. In recognition of the fact that there will be reasons why some people in the first 4 groups have not yet been offered or taken up their vaccine – we have implemented a no one left behind approach.

If, for example, a person has changed their mind about vaccination, missed their appointment because they were unwell, were not given an appointment because they were not listed as a frontline health or social care worker or live or work in an older person's care home that has had cases of the virus recently, they have not missed their chance. Every health board is actively encouraging those in groups 1-4 that have not yet had their vaccine and all have published contact numbers and email addresses for those in the first 4 groups to get in touch. Those details can be found at [gov.wales/get-your-covid-19-vaccination-if-you-think-you-have-been-missed](https://gov.wales/get-your-covid-19-vaccination-if-you-think-you-have-been-missed).

The **no one left behind** approach is something that we will continue to see throughout the vaccine programme. As we move through the priority groups, NHS Wales will continue to check back to ensure that all those who are eligible and want the vaccine get it and that those who have not made up their minds continue to have opportunities.

### Milestone 2

Having achieved milestone 1 we are now pursuing milestone 2. That is to offer the vaccine to everyone in priority groups 5-9. That includes:

- everyone aged 50 to 69;
- everyone aged over 16 with an underlying health condition, which puts them at increased clinical risk of serious illness with COVID-19 – including some people with learning disabilities and with severe mental illness; and
- many invaluable unpaid carers who provide care for someone who is clinically vulnerable to COVID-19.

Our strategy said that our aim was to offer the vaccine to these groups by the spring, and we subsequently confirmed our intention to do this by the end of April. We are now aiming to **bring this forward to the middle of April**.

This is following commitments made by the UK Government to bring forward some of Wales' supply allocation to enable an earlier delivery timescale. We have always been clear that we had the capacity to go quicker were the supply available. However, this earlier allocation of supply comes with challenges because of the type of supply and the timing of its delivery. Therefore, while we are clear that we have the capacity to deliver to this timescale, supply is very much the limiting factor.

By targeting the priority groups in milestones 1 and 2, it is estimated that **around 99% of deaths from Covid-19 will be prevented**. That is significant; giving us confidence and presenting opportunities as we navigate the virus through the months ahead.

Uptake of the vaccine has been exceptionally high within groups 1-4. As the vaccine programme moves into the younger and healthier groups, we will continue to work to protect as many people as possible, however it is possible that uptake levels may drop off slightly. The vaccines are very safe, with evidence from over 17 million doses given in the UK and weekly reports published by the Medicines Regulator. We will continue to pursue very high levels of uptake and use all levers available to us to do this – including our communications channels and opportunities through our infrastructure arrangements. Our aim for groups 5-9 is to achieve at least 75% uptake.

With the strong progress we have seen in terms of both infrastructure and capacity, supply permitted, we expect to achieve the following during milestone 2:

- **1 million vaccine doses administered by 7 March**
- **1 million first doses administered by 14 March**
- **To administer over 1.5 million doses during Milestone 2**

As of week commencing 15 February, NHS Wales has effectively begun operating two sets of arrangements alongside each other – that’s a first dose system and a second dose system.

This brings with it operational challenges, for example around scheduling and appointments. It also brings with it challenges around vaccine stock management and in terms of capacity.

We all want to see the continued high-pace that we have seen over recent weeks with first doses. But second doses are essential for longer term protection and, as a consequence, there is a need for a balance between the deployment of both doses. Completing the first 4 priority groups means that the most vulnerable in our communities have a high level of protection against the virus. This gives us the confidence and assurance to start deploying second doses.

Over the coming weeks and months we will continue to see NHS Wales administer thousands of vaccines each week, but these will be a mix of first and second doses, so the numbers of new people called for appointments may not be as high as they have been over recent weeks.

That said, we do not believe that NHS Wales has peaked yet in terms of capacity. To-date, the highest weekly number of vaccines administered has been around 180,000 vaccines. Subject to the availability of supply, we are confident we have the capacity to exceed 200,000 doses in a week.

There will be weeks where there are reduced levels of supply across the UK. These dips in

supply will be planned and expected and as a result we will flex our infrastructure and capacity accordingly. We have the flexibility within our model to pop-up and pop-down vaccine locations as needed. This means NHS Wales will need to prioritise the vaccine programme alongside its other essential work.

**Priority group 6** is a large and complex group and merits explanation.

[JCVI priority group 6](#) includes ‘all individuals aged 16 years to 65 years with underlying health conditions which put them at higher risk of serious disease and mortality’. It also includes some unpaid carers.

We have published separate guidance on the prioritisation of unpaid carers<sup>2</sup> and of those with learning disabilities and severe mental illness<sup>3</sup>.

Priority group 6 is further defined in the Green Book Chapter 14a<sup>4</sup> as ‘Adults aged 16 to 65 years in an at-risk group’. The list of at-risk conditions can be further subdivided into **three main sub-groups**:

- Adults aged 16 to 65 years in an at-risk group which includes:
  - Chronic respiratory disease;
  - Chronic heart disease and vascular disease;
  - Chronic kidney disease;
  - Chronic liver disease;
  - Chronic neurological disease, including severe or profound learning disability (which the separate guidance we will publish will explain);
  - Diabetes mellitus;
  - Immunosuppression;
  - Asplenia or dysfunction of the spleen;
  - Morbid obesity; and
  - Severe mental illness (which the separate guidance<sup>5</sup> we have published explains)

2 [gov.wales/covid-19-vaccination-and-unpaid-carers](https://gov.wales/covid-19-vaccination-and-unpaid-carers)

3 [gov.wales/covid-19-vaccinations-prioritisation-individuals-learning-disability-or-severe-mental-illness](https://gov.wales/covid-19-vaccinations-prioritisation-individuals-learning-disability-or-severe-mental-illness)

4 [www.gov.uk/government/publications/covid-19-the-green-book-chapter14-a](https://www.gov.uk/government/publications/covid-19-the-green-book-chapter14-a)

5 [gov.wales/covid-19-vaccinations-prioritisation-individuals-learning-disability-or-severe-mental-illness](https://gov.wales/covid-19-vaccinations-prioritisation-individuals-learning-disability-or-severe-mental-illness)

**Individuals in an at risk group being treated by their GP will be known to the NHS and will be contacted automatically for their vaccine appointment.**

- Younger adults in long-stay in-patient nursing and residential care.
- Adult carers, which the separate guidance<sup>6</sup> we have published explains.

**Priority group 6 is similar to the flu at risk groups, but with some important differences.**

In particular, for COVID-19 compared with flu:

- The age range is limited to adults with the exception of some children with severe neurodisabilities.
- Those with severe asthma are at increased risk and included. Severe asthma is defined by the JCVI as requiring regular use of oral corticosteroids or previously requiring hospital admission. Individuals with mild to moderate asthma are not at increased risk and not recommended for vaccination by JCVI.
- Those with 'severe and profound' learning disability are included and is explained in the separate guidance we have published, including the inclusion of an element of clinical discretion in our approach to reflect that this is not recognised language in Wales.

### Milestone 3

Milestone 3 is essentially the second phase of our vaccine programme. In our strategy we state that our aim is to have offered the vaccine to the rest of the adult population by autumn. The UK Government has suggested vaccine supply could be brought forward to enable this milestone to be **achieved by the end of July**. As with bringing forward the target date for milestone 2, NHS Wales has the capacity to deliver to this earlier timescale, but vaccine supply needs to be the right supply and deliveries need to be timely so that effective deployment plans can be made. We will continue to work with the UK Government on this.

Our strategy also says that delivery of milestone 3 is subject to further advice from the JCVI on prioritisation.

The **JCVI has today issued interim advice on phase 2 prioritisation**. It has recommended the continuation of an age-based approach for prioritisation. This is with the aim of continuing to focus on mortality, morbidity and hospitalisations while also continuing vaccine roll-out at pace – organising the programme by age is the most straightforward approach that allows everyone to be offered a vaccination as quickly as possible. A more complex system would require the setting up of new systems and arrangements which would take time and potentially slow down deployment. Other important factors – specifically ethnicity and socio-economic status – are also featured. We will build these considerations, as well as broader equalities considerations, in our wider communications and deployment arrangements, allowing for local operational flexibility where appropriate.

The 4 Chief Medical Officers agree with the JCVI advice and the 4 nations of the UK have subscribed to implementation of the advice. That was our clear approach for the milestones 1 and 2 and will be maintained for the next phase.

What is clear already in terms of phase 2 is that it will require us to keep under close review our infrastructure and capacity. Around 2 million doses of vaccine will need to be administered over the summer and into the autumn. We need to ensure we have the right infrastructure for this – including a greater role for community pharmacies and more in-reach into communities – both to ensure equity of access across all areas of Wales and to maintain the current high-levels of up-take. We will also say more about this soon.

<sup>6</sup> [gov.wales/covid-19-vaccination-and-unpaid-carers](https://gov.wales/covid-19-vaccination-and-unpaid-carers)

## SECTION 4. Looking Ahead

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As we proceed with the vaccination programme we are learning more about how effective vaccines are and there has been some recent positive news on this:

- This week, research by Public Health Scotland suggests the vaccination programme is having a significant impact on preventing serious illness. The research found that four weeks after the first dose, hospital admissions were reduced by 85% and 94% for the Pfizer and AstraZeneca vaccines respectively. Also, among the over 80s, there was an overall reduction of 81% in the numbers admitted to hospital;
- Public Health England has also published research this week showing that protection against infection from a single dose of the Pfizer vaccine was 72%, corresponding with similar data from Israel that suggested 75% protection;
- The independent Medicines and Healthcare products Regulatory Authority recently released research demonstrating the vaccines are extremely safe, the vast majority of side effects are mild and short lasting reflecting the normal and expected response, including some individuals who experience a day or two of flu-like symptoms requiring rest;
- A study on the Oxford Astra-Zeneca vaccine suggests that it could lead to a substantial fall in the transmission of the virus (up to 67%), and that protection remained at 76% during the first three months after the first dose, and rose to 82% after the second dose;
- The World Health Organisation's department of immunisation has said that even if the efficacy against developing new symptoms with new variants of the virus dropped to a low level, the vaccine will still stop severe disease and death.

This is incredibly positive. However, there is more we need to learn about the impact of vaccination and there is a risk from variants and mutations – both those we know about and those that could emerge. That is why it is so important that, even after vaccination, people continue to follow the rules to keep themselves and their loved ones safe.

To combat this potential risk, we may need to build on the current vaccine deployment plan with a booster programme in the autumn. The need for this should become clearer over the coming months and will be factored into future planning if considered necessary.

There is much to be hopeful about due to the success of the roll-out of vaccines. But cause for concern and risks to our health and care systems remain. The role of the vaccine programme in releasing restrictions and coming out of lockdown is explored further in our Coronavirus Control Plan: Update<sup>7</sup>. We are on the road to recovery, but it will take time.

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<sup>7</sup> [gov.wales/coronavirus-control-plan-alert-levels-wales-coming-out-lockdown](https://gov.wales/coronavirus-control-plan-alert-levels-wales-coming-out-lockdown)

## SECTION 5: Keeping up to date on the vaccination programme

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Since publishing our national strategy in early January we have expanded the ways in which we are communicating information about the vaccine programme.

Public Health Wales is publishing daily and weekly surveillance data<sup>8</sup>, which provides information on how many vaccinations have been administered, including daily breakdowns by priority groups, and weekly breakdowns by health board.

From this month, Public Health Wales will also publish monthly surveillance reports on equity of coverage<sup>9</sup> between ethnic groups and level of socioeconomic deprivation. Over time, this will be expanded to look at coverage at a geographical level too.

Welsh Government statisticians are publishing some of the more operational statistics<sup>10</sup> attached to the programme each week.

We are also publishing a weekly narrative<sup>11</sup> to set out progress against our strategy.

More broadly, a national communications and stakeholder engagement plan is in place, which includes the prioritisation of communications with marginalised or hard to reach groups. During February, for example, the Minister for Health and Social Services hosted a roundtable event with community leaders from Black and Minority Ethnic communities; and a webinar was held in relation to the prioritisation of unpaid carers. Public Health Wales has also published accessible information resources<sup>12</sup>.

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8 [public.tableau.com/profile/public.health.wales.health.protection#!/vizhome/RapidCOVID19-virology-Public/Headlinesummary](https://public.tableau.com/profile/public.health.wales.health.protection#!/vizhome/RapidCOVID19-virology-Public/Headlinesummary)

9 [public.tableau.com/profile/public.health.wales.health.protection#!/vizhome/RapidCOVID19-virology-Public/Headlinesummary](https://public.tableau.com/profile/public.health.wales.health.protection#!/vizhome/RapidCOVID19-virology-Public/Headlinesummary)

10 [gov.wales/covid-19-vaccination-programme-stock-and-distribution](https://gov.wales/covid-19-vaccination-programme-stock-and-distribution)

11 [gov.wales/covid-19-vaccination-programme-weekly-updates](https://gov.wales/covid-19-vaccination-programme-weekly-updates)

12 [phw.nhs.wales/topics/immunisation-and-vaccines/covid-19-vaccination-information/accessible-information/](https://phw.nhs.wales/topics/immunisation-and-vaccines/covid-19-vaccination-information/accessible-information/)