

# Vaccination & Immunisation

## Final Internal Audit Report

2025/26

Hywel Dda University Health Board



Limited Assurance

### Contents

Executive Summary .....	1
At a Glance: National Immunisation Surveillance Data .....	3
Findings & Agreed Action Plan .....	4
Appendix A .....	11

### Review Reference

HDU-2526-15

### Fieldwork

July – November 2025

### Executive Sign Off

21 January 2026

### Audit Committee

February 2026

### Executive Lead

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# Executive Summary

## Purpose

To assess the arrangements in place to monitor and promote the uptake of vaccination and immunisation programmes amongst the eligible population covered by the Health Board.

## Overview

The Welsh Government's (WG) vision for the future of immunisation programmes in Wales is the high uptake of effective, sustainably delivered vaccines administered at the right time, to reduce mortality and morbidity. The [National Immunisation Framework \(NIF\)](#), launched in October 2022 by the Minister for Health & Social Services, builds on lessons learned from the COVID vaccination programme. It requires health boards to develop vaccination equity strategies that clearly outline how inequities in access and uptake are being actively addressed. In May 2024 the Minister [reaffirmed the WGs commitment](#) to ensuring equitable access to vaccinations for every citizen as a core priority.

At the outset of our review Hywel Dda did not have an overarching strategic immunisation plan. Whilst this is not a Welsh Government requirement, we have observed strategic plans in place at two other health boards and the findings of this review indicate that the Health Board would benefit from having one. At the time of reporting, a *West Wales Regional Health Protection Strategic Plan* was in development and includes a very high-level strategic immunisation plan. **[Finding 1]**

The Health Board published its [Immunisation Equity Strategic Plan \(2024-2026\)](#) (IESP) in May 2024. Whilst an implementation plan has been developed, actions are not consistently SMART and there were inconsistencies between the 'master' and 'easy view' versions of the document **[Finding 2]**. There is no evidence of progress in implementing actions within the plan, and no evidence of implementation monitoring since its inception in July 2024 as the Vaccine Equity Steering Group was not established until July 2025. **[Finding 3]**

Over 80% of vaccination for the eligible population of the HDUHB are delivered by GP practices. Whilst the Health Board has an annual delivery plan for influenza and COVID-19, there are no delivery programmes in place for other routine vaccinations. **[Finding 4]**

A governance structure has been designed to provide oversight, monitoring and assurance in relation to delivery of immunisation programmes and the IESP. However, the structure is not fully operational with most groups in the early stages of development, infrequent meetings and issues with member engagement and attendance. **[Findings 3 & 5]** Furthermore, the Population Health & Oversight Subgroup has not been established and this is not reflected in the A Healthier Mid & West Wales (Executive Team) Group governance. There is however evidence of periodic reporting on immunisations to AHMWW. **[Finding 6]**

Engagement between the Immunisations Team, Primary Care and primary care contractors can be improved and there is lack of clarity regarding roles and responsibilities for delivery and monitoring **[Finding 7]**

Whilst there is some evidence of community outreach activity to raise awareness and extend vaccination access, this is not borne out of a data-driven and co-ordinated programme of activity linked to the IESP. **[Finding 8]** Furthermore, there is limited evidence to demonstrate outcomes monitoring to evaluate the impact of engagement on immunisation uptake, to inform future activity. **[Finding 9]**

Noting the issues identified, we have concluded **Limited** assurance overall. Full details of the matters arising are detailed within the Findings and Agreed Action Plan. The following opportunities for enhancement have also been identified that do not impact the overall opinion and are highlighted for management information:

- The Immunisation Equity Strategic Plan is broadly aligned with the five core principles set out within the NIF, although comparison with the plans for other Welsh health boards highlighted opportunity to make this alignment more explicit by structuring the document in line with the core principles.
- A vaccination equity strategic plan peer review has recently been completed by the Welsh Clinical Leadership Fellowship Project, led by Welsh Government and Public Health Wales. The findings of this review were communicated to health boards in September 2025 and offers opportunity to refresh and enhance the IESP.

## Scope & Assurance Summary

**Objectives** The objectives and associated assurance ratings are not necessarily given equal weighting when formulating the overall audit opinion.

Related Findings

Assurance

	Objectives	Related Findings	Assurance
1	The Health Board has suitable strategic and operational plans in place to improve vaccination uptake and address inequalities in uptake.	1, 2, 3, 4	<b>Limited</b>
2	Appropriate structures, resources and processes are in place to ensure accountability for effective delivery of strategic/operational plans, with regular monitoring and assurance reporting to the Board.	3, 4, 5, 6	<b>Limited</b>
3	The Health Board works closely with partners to ensure effective communication and engagement with the population, including vulnerable people and underserved communities.	7, 8, 9	<b>Limited</b>

### Management Actions



High Priority



Medium Priority

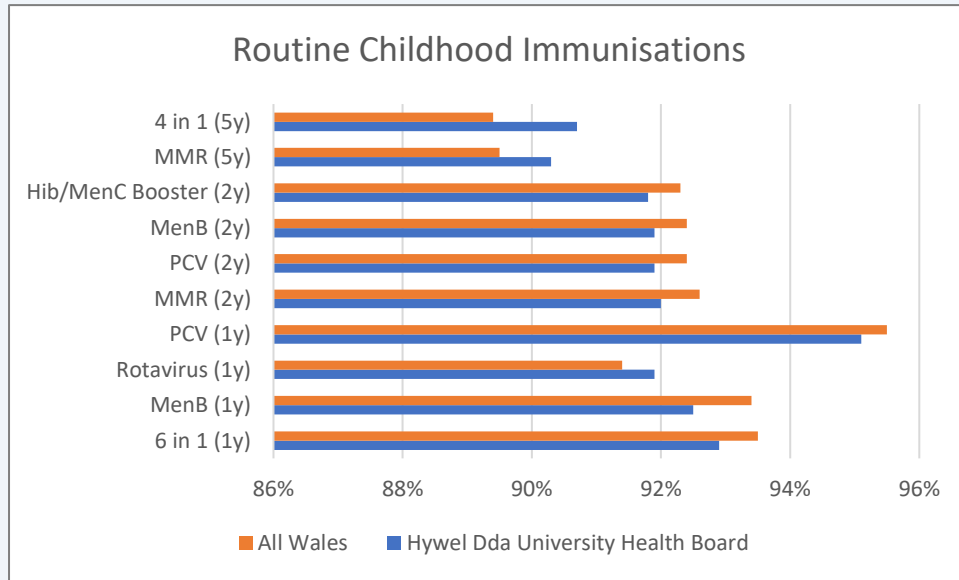
### Themes



### Risk Types

Quality or Safety Issues  
Public Perception & Reputational Risk

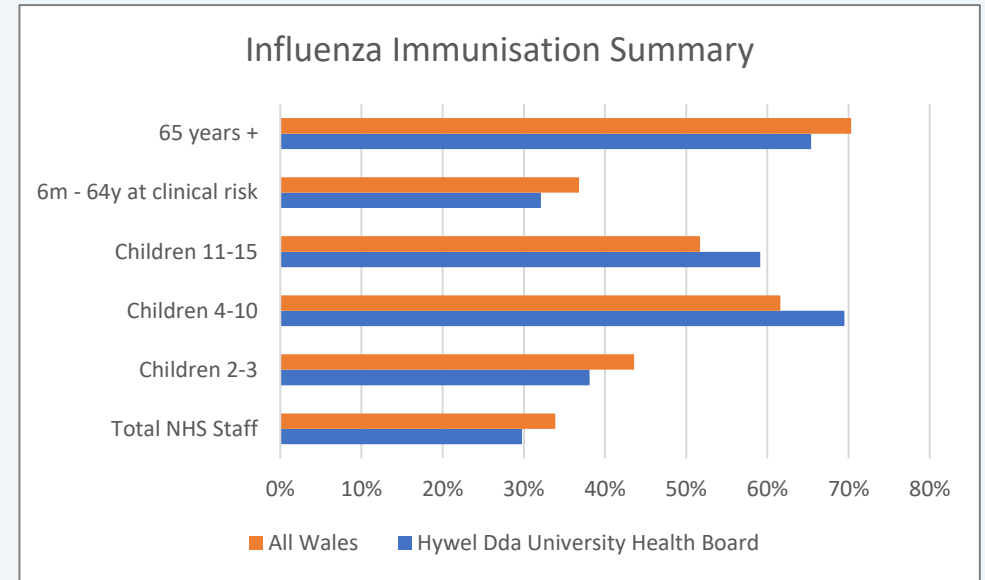
# At a Glance: National Immunisation Surveillance Data



**Chart 1:** Uptake of routine childhood immunisations in children Q1 2025-26

Welsh Government Target: 95%

Source: [PHW Childhood Immunisation Uptake Report Q1 2025-26](#)



**Chart 2:** Uptake of influenza in eligible population in 2024-25

Welsh Government Target: 75%

Source: [National Influenza Immunisation Summary - 2024-25 \(27 Mar 2025\)](#)

The data demonstrates that whilst Hywel Dda is not an outlier in terms of vaccination uptake, the Health Board is falling short of Welsh Government targets.

# Findings & Agreed Action Plan

## Objective 1: The Health Board has suitable strategic and operational plans in place to improve vaccination uptake and address inequalities in uptake

Limited

### Strategic Plans

The Health Board's commitment to improving population health (Planning Objective 10), reducing health inequalities and increasing the uptake of routine immunisations is conveyed within the 2025-26 Annual Plan. Included are specific targets for increasing immunisation rates for HPV from 78% to 81%; MMR2 by age 5 from 88.2% to 91.2%; and flu vaccination in priority populations by 5%. See *Objective 2 for further detail on monitoring and reporting*.

The NIF outlines six priority areas of focus: Vaccination Equity; Digitally Enabled Vaccination; Eligibility; Public Vaccination Literacy; Deployment; and Governance. Whilst not a specific requirement of the NIF, we note that two Welsh health boards have overarching strategic immunisation plans aligned to each of the six priority areas. There is no overarching strategic immunisation plan in place within Hywel Dda. The Health Board is however developing a *West Wales Regional Health Protection Strategic Plan 2025-2028* (a draft version was presented at the end of audit fieldwork). This document outlines the health priorities of West Wales including priorities and arrangements for immunisation and vaccine equity. A 'strategic immunisation plan' is included within the appendices setting out the vaccination programmes (including target groups, delivery model and expected uptake rates) and community vaccination and outreach 'mop-up' arrangements (including triggers, criteria and associated response). The document is yet to be completed, finalised and implemented. **[Finding 1]**

Aligned to the first priority area and in response to a specific requirement of the NIF, Hywel Dda has developed an [Immunisation Equity Strategic Plan \(2024-2026\)](#) (IESP) which outlines the organisations commitment and high-level strategies to address inequities in vaccination access and improve uptake. The strategic plan, approved in May 2024, outlines the current position (as at 2024), the long-term aim to achieve 95% uptake of vaccines and also identifies the challenges in achieving optimal immunisation uptake rates for the Health Board's population groups.

The plan is broadly aligned with the five core principles set out within the NIF, although comparison with the plans for other Welsh health boards highlighted opportunity to make this alignment more explicit by structuring it in line with the core principles. A vaccination equity strategic plan peer review has recently been completed by the Welsh Clinical Leadership Fellowship Project, led by Welsh Government and Public Health Wales. The findings of this review were communicated to health boards in September 2025 (during the audit) and offers opportunity to refresh and enhance the IESP where appropriate to reflect learning. This has been highlighted to management as an area for potential enhancement.

### Operational Plans

The IESP identifies the key objectives and goals aligned to the three-year strategy and these are replicated in an Immunisation & Vaccination Workplan. However, the associated actions are not consistently SMART in nature **[Finding 2]** and implementation has not been progressed or monitored since its inception in July 2024. **[Finding 3]** We understand that the workplan was to be the focus of a new Vaccine Equity Steering Group (VESG), but this was not established until July 2025 (see *objective 2 for further detail on governance arrangements*).

An 'easy view' version of the workplan has been developed at the request of the VESG, to aid monitoring and review at the group. However, comparison with the original workplan identified inconsistencies. **[Finding 2]**

The Immunisation Schedule & Monitoring document outlines the timing, primary and secondary delivery routes and governance monitoring arrangements for each vaccination. The Seasonal Influenza & COVID-19 Vaccination Programmes Delivery Plan 2025/26 was presented to the Strategic Planning & Delivery Group in August 2025. We were not provided with any evidence of Health Board-wide delivery plans in place for other routine vaccination programmes (these have been observed at another health board). **[Finding 4]**

Key Findings	Risk & Impact	Agreed Management Action
<p>1 <b>West Wales Regional Health Protection Strategic Plan</b></p> <p>Hywel Dda does not have an overarching strategic immunisation plan aligned to the six priorities set out within the NIF.</p> <p>The <i>West Wales Regional Health Protection Strategic Plan 2025-2028</i> includes a very high level 'strategic immunisation plan' within the appendices, setting out the vaccination programmes and community vaccination and outreach 'mop-up' arrangements. The document is yet to be completed, finalised and implemented.</p> <p><b>Theme:</b> Strategy</p>	<p>Lack of strategic plan resulting in public health objectives not being achieved.</p> <p><b>Medium Priority</b></p> <p>Control Operation</p>	<p><b>Agreed Action:</b></p> <p>The West Wales Regional Health Protection Strategic Plan will be finalised, approved by the Health Protection Oversight Group/A Healthier Mid &amp; West Wales Group and implemented.</p> <p><b>Expected Evidence of Implementation:</b></p> <p>Final, approved plan. Evidence of approval.</p> <p><b>Officer:</b> Glenna Jones, Head of Health Protection Service</p> <p><b>Target Implementation Date:</b> 31 May 2026</p>
<p>2 <b>Immunisation &amp; Vaccination Workplan - Design</b></p> <p>Actions within the Immunisation &amp; Vaccination Workplan are not consistently SMART in nature.</p> <p>An easy view version of the workplan has recently been developed (to aid monitoring at the VESG – see finding 3), however:</p> <ul style="list-style-type: none"> <li>• Four amber actions have been omitted from the easy view version, the reason for this is not clear</li> <li>• One red action has been changed to amber, the reason for this is not clear as the actions are otherwise identical.</li> <li>• Two actions (rated red and amber on the original) have no RAG rating.</li> </ul> <p>We were advised that the intention is to maintain both documents, which is inefficient and risks inconsistency. The key difference between the 'master' and 'easy view' versions is the omission of objectives and green RAG rated actions (there are only three) in the latter.</p> <p><b>Theme:</b> Strategy</p>	<p>Actions that are not SMART in nature can cause ambiguity and limits progress tracking and impact evaluation.</p> <p>Failure to deliver the IESP.</p> <p><b>High Priority</b></p> <p>Control Design</p>	<p><b>Agreed Action:</b></p> <p>Actions will be reviewed and updated to ensure that they are SMART in nature.</p> <p>A single document will be maintained and filtered as necessary for the purpose of monitoring and reporting to the VESG.</p> <p><b>Expected Evidence of Implementation:</b></p> <p>Updated actions that are SMART in nature.</p> <p><b>Officer:</b> Glenna Jones, Head of Health Protection Service</p> <p><b>Target Implementation Date:</b> 31 March 2026</p>

<p>3 <b>Immunisation &amp; Vaccination Workplan – Monitoring &amp; Delivery</b></p> <p>There is no evidence of progress in implementing the actions within the plan, and implementation of the plan has not been monitored since inception in July 2024. We are advised that this is due to lack of Consultant capacity – this is reflected on the risk register (1844).</p> <p>The VESG was established in July 2025 and minutes of the September 2025 meeting indicate that the workplan was discussed, but it is not clear whether the plan itself was presented.</p> <p>There are 31 actions in the most recent version (easy view) of the implementation plan, with three red actions, 26 amber and two with no rating. Deadlines for nearly 60% of the actions have passed (Q2 24/25 – Q2 25/26).</p>	<p>Failure to deliver the IESP.</p>	<p><b>Agreed Action:</b></p> <p>A public health Consultant has now been appointed, responsibility includes leading on implementation of the IESP workplan.</p> <p>Action deadlines will be revised and the workplan will be routinely monitored at the VESG, which reports to the Immunisation Oversight Group.</p>
<p><b>Theme:</b> Planning, Delivery &amp; Deadline Management</p>	<p style="background-color: red; color: white; text-align: center;"><b>High Priority</b></p> <p>Control Design</p>	<p><b>Expected Evidence of Implementation:</b></p> <p>Revised action deadlines. Evidence of monitoring at VESG e.g. meeting papers/minutes.</p> <p><b>Officer:</b> Dr Jo McCarthy, Consultant in Public Health</p> <p><b>Target Implementation Date:</b> 30 April 2026</p>
<p>4 <b>Vaccine Delivery Plans</b></p> <p>The Health Board has an annual delivery plan for influenza and COVID-19, but there are no delivery programmes in place for other routine vaccination programmes.</p> <p>Whilst recognising the availability of national guidance (such as Patient Group Directions) and frameworks (such as the Healthy Child Wales Programme and School Nursing Framework) which guide delivery of immunisation programmes, terms of reference for the planning &amp; delivery groups (see objective 2) identify these groups as responsible for providing delivery plans for their respective vaccination areas. <i>See also Finding 5.</i></p>	<p>Lack of clarity regarding vaccine programme delivery, potentially resulting in duplication or omission, and negative impact on partner engagement.</p>	<p><b>Agreed Action:</b></p> <p>Vaccine specific delivery plans will be developed and monitored by the respective governance groups.</p>
<p><b>Theme:</b> Planning, Delivery &amp; Deadline Management</p>	<p style="background-color: red; color: white; text-align: center;"><b>High Priority</b></p> <p>Control Operation</p>	<p><b>Expected Evidence of Implementation:</b></p> <p>Vaccine specific delivery plans. Evidence of monitoring at respective governance groups e.g. meeting papers/minutes.</p> <p><b>Officer:</b> Glenna Jones, Head of Health Protection Service; Dr Jo McCarthy, Consultant in Public Health</p> <p><b>Target Implementation Date:</b> 30 April 2026</p>

## Objective 2: Appropriate structures, resources and processes are in place to ensure accountability for effective delivery of strategic/operational plans, with regular monitoring and assurance reporting to the Board

Limited

Vaccination programmes are issued nationally through Public Health Wales (PHW) Routine Immunisation Schedule for Wales and Welsh Government Welsh Health Circulars (such as the National Influenza Immunisation Programme 2025-26). PHW play a central role in surveillance and performance monitoring through robust mechanisms such as the COVER (Coverage of Vaccination Evaluated Rapidly) reports, which provide detailed uptake data at national and health board levels.

### Operational Resources

The NIF committed to establishing central immunisation resource within health boards, including a core team of specialist immunisation nurses to provide a robust local commissioning function. Hywel Dda has an Immunisation Team led by a Head of Nursing, Senior Nurse and Lead Nurse for Health Protection and Immunisations. The Head of Nursing reports to the Assistant Director of Public Health Strategic Business and Operations. The Consultant Lead for immunisations is currently on secondment – we are advised that this has impacted on delivery of the IESP.

### Operational Governance Arrangements

The governance structure in figure 1 is intended to provide oversight, monitoring and assurance in relation to delivery of immunisation programmes and the IESP. However, the structure is not fully operational with most of the five Immunisation Planning & Delivery Groups (IPDGs) and the Vaccination Equity Steering Group still in the early stages of development, some groups not yet established, infrequent meetings and issues with member engagement and attendance. **[Findings 3 & 5]**

Whilst the Immunisation Oversight Group has been meeting regularly since 2024, the *Health Protection Coordination Oversight Group (HPCOG)* has only met twice (January and July 2025) and current reporting arrangements from the HPCOG to the Executive Team's *A Healthier Mid & West Wales (AHMWW)* Group are not in line with terms of reference for the latter. AHMWW action notes demonstrate that periodic high-level updates have been provided in relation to vaccination and immunisation, these are mostly verbal and not supported with papers to the Group. **[Finding 6]**

### Assurance Reporting to Board

Progress against the deliverables within Planning Objective 10 is regularly reported to the *Strategic Planning Committee* by the Director of Public Health. The Winter Vaccination Programme (Influenza and COVID-19) was presented to SPC in August 2025.

Figure 1: Immunisation Governance Structure



Key Findings	Risk & Impact	Agreed Management Action
<p>5 <b>Immunisation Planning &amp; Delivery Groups / Vaccine Equity Steering Group</b></p> <ul style="list-style-type: none"> <li>The <i>Occupational IPDG</i> has not been established.</li> <li>The <i>Adult IPDG</i> has only met to discuss terms of reference, and has not met since May 2025.</li> <li>The <i>Infant &amp; Pregnancy IPDG</i> and Vaccine Equity Steering Group were established during audit fieldwork.</li> <li>The <i>School Age IPDG</i> has not met since May 2025.</li> </ul> <p>Based on the meeting minutes provided to us, none of the IPDGs are discharging their responsibilities as set out within their respective terms of reference.</p> <p>Meeting minutes demonstrate notable challenges with engagement and meeting attendance across all IPDGs, particularly with Primary Care representatives who cite capacity as an issue.</p> <p><b>Theme:</b> Governance</p>	<p>Lack of oversight and monitoring of immunisation programme delivery potentially resulting in immunisation targets not being achieved.</p> <p><b>High Priority</b></p> <p>Control Operation</p>	<p><b>Agreed Action:</b></p> <p>The existing governance structure, terms of reference and membership will be reviewed and streamlined, in consultation with Primary Care colleagues, to achieve a more efficient structure that better supports operational needs. Guidance will be sought from the Corporate Governance Team where needed.</p> <p><b>Expected Evidence of Implementation:</b></p> <p>Refined governance structure. Updated Terms of Reference. Meeting minutes demonstrating that meetings for all IPDGs are taking place and with appropriate attendance.</p> <p><b>Officer:</b> Glenna Jones, Head of Health Protection Service</p> <p><b>Target Implementation Date:</b> 31 March 2026</p>
<p>6 <b>Reporting to AHMWW</b></p> <p>The <i>Health Protection Coordination Oversight Group (HPCOG)</i> should report to the <i>Population Health &amp; Oversight Subgroup (PHOSG)</i> – a subgroup of the Executive Team’s <i>A Healthier Mid &amp; West Wales Group (AHMWW)</i>.</p> <p>However, the PHOSG has not been established. Instead, the HPCOG (and three other groups within Public Health that should report to the PHOSG) report directly to AHMWW via respective members of the Public Health Senior Leadership Team. This is not reflected in the AHMWW governance.</p> <p>Whilst there is evidence of periodic, high-level updates provided to AHMWW in relation to vaccination and immunisation, these are predominantly verbal with papers rarely included in meeting packs.</p> <p><b>Theme:</b> Reporting</p>	<p>Reporting and escalation is not in line with defined governance arrangements.</p> <p><b>Medium Priority</b></p> <p>Control Design</p>	<p><b>Agreed Action:</b></p> <p>Terms of Reference for the AHMWW will be updated to reflect the current governance structure and reporting arrangements.</p> <p>Papers will be included in the AHMWW meeting packs to support information flows and discussion.</p> <p><b>Expected Evidence of Implementation:</b></p> <p>Updated terms of reference for AHMWW</p> <p>Public Health update papers included within the AHMWW meeting packs.</p> <p><b>Officer:</b> Lee Davies, Director of Strategy &amp; Planning; Ardiana Gjini, Director of Public Health</p> <p><b>Target Implementation Date:</b> 31 March 2026</p>

**Objective 3:** The Health Board works closely with partners to ensure effective communication and engagement with the population, including vulnerable people and underserved communities.

**Limited**

Whilst the Health Board has overall responsibility for achieving immunisation uptake targets to safeguard and improve population health, a significant proportion (~80%) of immunisation programmes are delivered in the primary care setting by independent GP and pharmaceutical contractors, with the Primary Care Clinical Care Group responsible for commissioning arrangements (outside the scope of this review).

We were advised that the Immunisation Team utilises national vaccine surveillance data to monitor uptake trends and identify vaccines with low coverage. Data is analysed at GP level to identify underserved populations and inform targeted interventions. There was evidence of monitoring and use of this data in relation to RSV, influenza and COVID-19.

In cases where uptake is lower than expected, the Immunisation Team will intervene to support delivery efforts (for example by focusing on the harder to reach population such as housebound patients and underserved communities) and improve vaccination uptake. However, the circumstances or triggers for instigating intervention and the form that this will take are not defined. Minutes of the Respiratory IPDG note lack of clarity over arrangements for influenza and COVID-19, and friction between the Health Board and primary care contractors over the approach for 2- & 3-year-old flu. Informal observations during the audit also indicate that there is scope to improve engagement between Public Health and Primary Care. **[Finding 7]**






Vaccination equity means tailoring support for specific groups that are affected by inequalities in vaccine uptake. The Immunisation Team cited numerous examples of community outreach activity such as mobile and pop-up clinics and participation in community events to raise awareness, improve vaccination literacy and extend vaccination access to individuals with mobility issues, anxiety, transport deprivation, socioeconomic disadvantage or those not registered with a GP. However, efforts are not borne out of a data-driven and co-ordinated programme of activity linked to the IESP. **[Finding 8]** Furthermore, there is limited evidence of outcomes monitoring to evaluate the impact of engagement and interventions on vaccination rates and equity outcomes, to inform future engagement activity. **[Finding 9]**

Key Findings	Risk & Impact	Agreed Management Action
<p>7 <b>Engagement with Primary Care</b></p> <p>The circumstances or triggers for instigating intervention and the form that this will take are not defined and anecdotal comments shared during the audit suggest that this is a source of dissatisfaction among GP contractors.</p> <p>Informal observations during the audit indicate that there is scope to improve engagement between Public Health and Primary Care.</p> <p>Furthermore, minutes of the Respiratory IPDG in September 2025 note:</p> <ul style="list-style-type: none"> <li>“lack of clarity over who is delivering what” in relation to the influenza and COVID-19 programmes “making it difficult to plan clinics”.</li> </ul>	<p>Lack of clarity over roles and responsibilities. Ineffective engagement between Health Board teams and primary care contractors, potentially impacting on vaccine programme delivery.</p>	<p><b>Agreed Action:</b></p> <p>Roles and responsibilities for monitoring and driving vaccination uptake, including triggers for instigating intervention and the form that this will take, will be agreed between the Immunisation Team and Primary Care and formally defined.</p> <hr/> <p><b>Expected Evidence of Implementation:</b></p> <p>Documented roles and responsibilities. Documented triggers and consequential actions for intervention in primary care vaccination programme delivery. Evidence that these are agreed by both the Immunisation Team and Primary Care.</p>

	<ul style="list-style-type: none"> <li>“there has been a lot of friction and upset over the approach [for 2- &amp; 3-year-old flu] between primary care and the Health Board”.</li> </ul>	<p style="text-align: center;"><b>Medium Priority</b></p>	<p><b>Officer:</b> Dr Jo McCarthy, Consultant in Public Health; Rhian Bond, Assistant Director of Primary Care; Sion James, Deputy Medical Director Primary Care &amp; Community Services</p>
	<p><b>Theme:</b> Communication &amp; Engagement</p>	<p>Control Operation</p>	<p><b>Target Implementation Date:</b> 31 May 2026</p>
<p>8</p>	<p><b>Approach to Targeted Interventions / Community Outreach</b></p> <p>The Immunisation Team cited numerous examples of community outreach activity to raise awareness, improve vaccination literacy and extend vaccination access. However, efforts are not borne out of a data-driven and co-ordinated programme of activity linked to the IESP.</p>	<p>Interventions intended to improve vaccination uptake may not be focused in the right areas and therefore may not have the desired outcome in improving equity and uptake.</p>	<p><b>Agreed Action:</b></p> <p>Vaccination uptake data will be used to inform and develop a planned programme of community outreach activity to ensure that resources are focused in the right areas. This will link in with the IESP Workplan.</p> <p><b>Expected Evidence of Implementation:</b></p> <p>Documented programme of community outreach activity, demonstrating focus on priority areas identified in vaccine uptake data.</p>
		<p style="text-align: center;"><b>High Priority</b></p>	<p><b>Officer:</b> Marie Evans, Health Protection Manager; Wesley Spencer, Senior Public Health Practitioner</p>
	<p><b>Theme:</b> Strategy</p>	<p>Control Design</p>	<p><b>Target Implementation Date:</b> 30 April 2026</p>
<p>9</p>	<p><b>Evaluating the Impact of Interventions</b></p> <p>Whilst there is anecdotal evidence of proactive approaches to improve vaccine uptake and equity, there is limited evidence to demonstrate outcomes monitoring to evaluate the impact of engagement on immunisation uptake, to inform future engagement activity</p>	<p>Opportunities to improve the effectiveness of interventions may be missed.</p> <p>Continued use of ineffective methods resulting in wasted resources.</p>	<p><b>Agreed Action:</b></p> <p>Develop and implement tools to capture service user experienced (e.g. surveys, focus groups, interviews).</p> <p>Design and carry out regular monitoring to assess how targeted interventions affect vaccine uptake rates and equity outcomes across different population groups.</p> <p>Embed evaluation activities and feedback loops into both the strategic and implementation plans.</p> <p><b>Expected Evidence of Implementation:</b></p> <p>Evaluation framework outlining the methods, data sources, frequency of analysis, roles and responsibilities.</p> <p>Defined reporting framework for the outcome of the evaluations undertaken; and agenda/notes to support the same.</p>
		<p style="text-align: center;"><b>Medium Priority</b></p>	<p><b>Officer:</b> Marie Evans, Health Protection Manager</p>
	<p><b>Theme:</b> Lessons Learnt</p>	<p>Control Design</p>	<p><b>Target Implementation Date:</b> 30 June 2026</p>

# Appendix A

## Assurance Opinion

	<b>Substantial</b>	Few matters require attention and are compliance or advisory in nature. <b>Low impact</b> on residual risk exposure.
	<b>Reasonable</b>	Some matters require management attention in control design or compliance. <b>Low to moderate impact</b> on residual risk exposure until resolved.
	<b>Limited</b>	More significant matters require management attention. <b>Moderate impact</b> on residual risk exposure until resolved.
	<b>Unsatisfactory</b>	Action is required to address the whole control framework in this area. <b>High impact</b> on residual risk exposure until resolved.
	<b>Advisory</b>	Given to reviews and support provided to management which form part of the internal audit plan, to which the assurance definitions are not appropriate. These reviews are still relevant to the evidence base upon which the overall opinion is formed.

## Prioritisation of Findings

Priority	Explanation
<b>High</b>	Significant risk to achievement of a system objective OR evidence present of material loss, error, or misstatement. Poor system design OR widespread non-compliance.
<b>Medium</b>	Some risk to achievement of a system objective. Minor weakness in system design OR limited non-compliance.

## Disclaimer

This audit report has been prepared for internal use only. Audit and Assurance Services reports are prepared, in accordance with the agreed audit brief, and the Audit Charter as approved by the Audit Committee.

Audit reports are prepared by the staff of the NHS Wales Audit and Assurance Services and addressed to Independent Members or officers including those designated as Accountable Officer. They are prepared for the sole use of the Hywel Dda University Health Board and no responsibility is taken by the Audit and Assurance Services Internal Auditors to any director or officer in their individual capacity, or to any third party.

The report is based on the review work undertaken and is not necessarily a complete statement of all weaknesses that exist or potential improvements. Whilst every care has been taken to ensure that the information provided in this report is as accurate as possible, no complete guarantee or warranty can be given with regard to the advice and information contained.

Our work does not provide absolute assurance that material errors, loss or fraud do not exist. Responsibility for a sound system of internal controls and the prevention and detection of fraud and other irregularities rests with management of the Hywel Dda University Health Board. Work performed by internal audit should not be relied upon to identify all strengths and weaknesses in internal controls, or all circumstances of fraud or irregularity. Effective and timely implementation of recommendations is important for the development and maintenance of a reliable internal control system.

## Public Sector Internal Audit Standards

Audit work undertaken by NHS Wales Audit and Assurance Services conforms with the International Standards for the Professional Practice of Internal Auditing and associated Public Sector Internal Audit Standards as validated through the external quality assessment undertaken by the Chartered Institute of Public Finance & Accountancy in April 2023.

