Pwyllgor Strategaeth a Chynllunio/ Strategy and Planning Committee

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	20 AUGUST 2026
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Autumn Respiratory Vaccinations Programme 2026/27
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Dr Ardiana Gjini, Executive Director of Public Health
SWYDDOG ADRODD: **REPORTING OFFICER:**	Glenna Jones, Head of Nursing – Health Protection & Public Health Nursing; Bethan Lewis, Assistant Director of Public Health Strategic Business & Operations

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

The Autumn/Winter Seasonal Influenza and COVID-19 vaccination programmes remain a critical health protection intervention. Respiratory viruses create significant pressure every winter through staff absence and increased demand across Primary, Community and Secondary Care. The programmes are therefore central to protecting vulnerable populations and maintaining NHS and social care resilience.

The 2026/27 programme is positioned as a prevention and winter preparedness programme, with an emphasis on timely access, maximising uptake, reducing inequity and maintaining close performance oversight. Influenza delivery will run from September 2026 to 28 February 2027, with COVID-19 vaccination expected to commence in October 2026 once supply and legal authorisations are available and conclude on 31 January 2027.

This report sets out to the Strategy and Planning Committee (SPC) the progress made, programme ambition and provides the proposed working delivery approach, with particular attention to early readiness, communications, digital recording, workforce resilience and targeted equity action.

Cefndir / Background

Hywel Dda University Health Board (HDdUHB) has used a mixed model over recent years, involving Health Board services, primary care contractors, community pharmacies, school nursing, occupational health and targeted outreach. This model is intended to maximise uptake, improve equity, maintain resilience and ensure those most at risk are offered vaccination as early as possible in the programme.

The 2025/26 programme saw improvement across several areas, but uptake remained below the 75% ambition in a number of eligible cohorts. Workforce uptake improved from 31.86% in 2024/25 to 43.89% in 2025/26, an improvement of 12.03 percentage points. For patient-facing staff, uptake was 43.90%, against the Public Health Wales recommendation that 70% of patient-facing staff are vaccinated against influenza.

Flu eligible group	2024/25 uptake	2025/26 uptake	Ambition
65 years and over	69.2%	71.0%	75%
6 months to 64 years at risk	35.9%	44.5%	75%
2–3 year olds	35.8%	49.5%	75%
Primary school children aged 4–10 years	69.5%	69.2%	75%
Secondary school children aged 11–15 years	59.0%	58.3%	75%
Healthcare staff	30.7%	43.8%	75%

COVID-19 eligible group	2024/25 uptake	2025/26 uptake	Ambition
75 years and over	57.1%	61.9%	75%
Care home residents	73.3%	77.6%	75%
6 months to 64 years at risk	20.7%	44.5%	75%

Staff group	Vaccinated	Denominator	2025/26 uptake	2024/25 uptake
Add Prof Scientific and Technical	200	414	48.31%	34.04%
Additional Clinical Services	1,020	2,558	39.87%	27.51%
Administrative and Clerical	1,113	2,404	46.03%	33.01%
Allied Health Professionals	379	833	45.50%	34.93%
Estates and Ancillary	371	833	45.50%	25.41%
Healthcare Scientists	86	208	41.35%	28.77%
Medical and Dental	390	740	52.70%	47.45%
Nursing and Midwifery Registered	1,692	3,826	44.22%	32.27%
Grand Total	5,251	11,816	43.89%	31.86%

Asesiad / Assessment

Progress update

The programme has moved from learning and stakeholder feedback into defined planning assumptions for 2026/27. Delivery partners have identified a positive foundation, including collaborative working between school nursing, immunisation teams, pharmacies, practices, maternity, care settings and outreach partners. Weekend and evening clinics, walk-ins, housebound contacts, antenatal delivery and opportunistic vaccination were all recognised as effective access routes.

Contractor discussions are underway, with GP practices and community pharmacies placing orders for flu vaccine. The Health Board immunisation team will continue to provide planned local clinics, care home visits, housebound provision and targeted outreach, and will support clinical-risk cohorts, nursery flu, school-aged vaccination, inpatients, pregnant women, homeless populations and eligible populations of GP practices not opted to deliver.

The workforce programme has also shown progress. The 2025/26 approach included Flu Fridays, roving nurse teams, Occupational Health, community hubs/community outreach and peer vaccinators. Roving provision delivered 2,285 vaccinations compared with 910 in 2024/25, representing a 151.1% increase and demonstrating the value of taking vaccination directly to clinical and workplace areas.

Key issues and risks

The programme remains exposed to a number of delivery risks. These include priority groups not being vaccinated early enough to realise maximum protection, workforce constraints, the risk that individuals may choose one vaccine and not attend for both, communication challenges relating to appointments and venues, vaccine waste, and duplicate vaccination where records are not updated promptly.

Workshop feedback identified three main areas requiring corrective focus: late readiness; digital friction; and capacity and access barriers. Late readiness included late PGDs, protocols, order forms, communications, training, leaflets, delivery timings and programme updates. Digital friction included WIS slowness, writeback delays, access and support issues, workflow gaps and incomplete data. Capacity and access barriers included staffing constraints, administrative burden, consent confusion, language and accessibility gaps, transport barriers and list accuracy issues.

Risk area	Issue	Mitigation focus
Readiness	Late Patient Group Directions (PGDs), protocols, order forms, training, leaflets, delivery timings and programme updates.	Single readiness timeline with owners, dates and escalation triggers.
Digital and data	Welsh Immunisation System (WIS) slowness, writeback delays, access and support issues, incomplete data and stock recording challenges.	WIS improvement plan covering training, support, writeback, Egton Medical Information Systems (EMIS) integration, data completeness and workflow.
Workforce capacity	Staffing constraints, administrative burden and weekend/evening delivery pressures.	Review workforce model, role flexibility, bank support, administration and peer vaccinator delivery.
Equity and access	Eligibility awareness gaps, language and accessibility needs, transport barriers,	Targeted equity plan with accessible materials, outreach

	housebound list accuracy and care-home consent issues.	and household/postcode-aware booking.
Logistics	Unclear order windows, early/late delivery, storage pressure, consumables delays and cold-chain transfer challenges.	Confirmed order windows, delivery confirmations, storage plans and bank-holiday contingencies.
Communications	Late or unclear public and stakeholder communications, generic materials and weak signposting.	Audience-specific communications plan using plain language, accessible formats and clearer appointment letters.

Key Priorities for 2026/27

Priority	Key Actions	Intended impact
Earlier planning and readiness	Publish and monitor a single readiness timeline covering communications, logistics, WIS, training, PGDs/protocols, stock ordering and go-live dates.	Reduces launch delays, confusion and operational pressure.
Communications and engagement	Develop earlier, clearer and audience-specific communications in plain language and accessible formats, with improved appointment letters and text reminders.	Improves confidence, eligibility awareness and uptake.
Equity and targeted access	Build an equity delivery plan using outreach, accessible materials, household/postcode booking and targeted engagement.	Reduces inequity in access and vaccination uptake.
WIS and data quality	Strengthen WIS training, support, writeback, EMIS integration, data completeness and workflow functionality.	Improves call/recall, uptake monitoring, stock recording and assurance.
Workforce capacity	Review workforce model, training requirements, Health Care Assistant (HCA)/ Band 3 governance, administrative capacity and weekend/evening staffing.	Maintains clinic capacity and reduces pressure on clinical teams.
Logistics predictability	Confirm order windows, delivery dates, auto-replies, storage plans, bank-holiday contingencies and cold-chain transfer arrangements.	Supports reliable clinic scheduling, stock control and waste reduction.
Staff vaccination	Continue Executive and Directorate ownership through escalation metrics, targeted roving, peer vaccination and communication to improve workforce uptake.	Protects patients, staff and service resilience during winter.

Proposed Working Delivery Plan

Workstream	Delivery plan
Programme timeline	Influenza delivery from September 2026 to 28 February 2027, with strongest focus on achieving high uptake between September and 30 November 2026. COVID-19 vaccination expected to commence in October 2026 and conclude on 31 January 2027. Health Board-led mop-up activity begins from 1 December 2026, with earlier remedial action where uptake trajectories are not being achieved.
Delivery model	Mixed model involving Health Board services, primary care contractors, community pharmacies, school nursing, occupational health and targeted outreach.
Health Board provision	Planned local clinics, care home visits, housebound provision, targeted outreach, inpatient vaccination, antenatal-aligned flu vaccination, homeless population routes and support where GP practices do not opt in to delivery.
School-aged and nursery delivery	School nursing services will deliver flu vaccination to reception to Year 6 and secondary school Years 7 to 11. Injectable flu preparations should be available in schools for children not consenting to Fluenz. Nursery flu vaccination is planned from 26 October 2026.
Primary care and community pharmacy	GP practices and community pharmacies will contribute to eligible cohort delivery, including older people, clinical-risk groups, carers, household contacts of immunocompromised people, frontline health and care workers, pregnant women not vaccinated in antenatal clinics and occupational groups at risk of zoonotic influenza exposure.
Staff vaccination	Build on Flu Fridays, roving nurse teams, Occupational Health drop-ins, community hubs/outreach and peer vaccinators. Prioritise early text messaging, targeted roving, directorate ownership and Executive-level championing.
Monitoring and governance	Use WIS for same-day vaccination recording and stock balances. Monitor uptake, denominators, delivery capacity, stock position and equity impact through the Respiratory Immunisation Delivery Group, reporting to the Immunisation Oversight Group.

Indicative Readiness Milestones

Milestone	Timing / trigger	Assurance requirement
Single readiness timeline agreed	Before operational deadlines compress	Named owners, dates, dependencies and escalation routes confirmed.

Contractor commissioning and local delivery schedules finalized.	Ahead of campaign launch	Opt-in/opt-out arrangements, clinic models and escalation routes agreed.
Public and stakeholder communications launched	First wave ahead of campaign start	Plain-language, accessible and audience-specific messages available.
WIS training and support plan in place	Before first clinics	Training, support response routes and writeback monitoring agreed.
Flu priority delivery period	September to 30 November 2026	Weekly review of uptake trajectories, capacity and equity impact.
COVID-19 delivery period	October 2026 to 31 January 2027	Readiness dependent on vaccine supply and legal authorisations.
Nursery flu launch	26 October 2026	Delivery model, consent and communications confirmed.
Health Board-led mop-up	From 1 December 2026	Targeted call/recall and outreach focused on lower-uptake cohorts and communities.

Staff Vaccination Focus

Staff vaccination is a key resilience and patient safety priority. Although uptake improved in 2025/26, the Health Board remains below the Public Health Wales (PHW) recommendation for patient-facing staff. A more targeted, Care Group-led model is therefore required for 2026/27, supported by Population Health Escalation Metrics and operational delivery close to staff workplaces.

Care group	2024/25 uptake	2025/26 uptake	Difference
Chief Executive	43.4%	50.0%	+6.6
Chief Operating Officer Management	36.3%	45.8%	+9.5
Community & Integrated Medicine	28.7%	43.1%	+14.4
Digital	32.8%	39.7%	+6.9
Estates & Facilities	26.2%	39.6%	+13.4
Finance	17.9%	37.1%	+19.2
Medical	46.0%	38.7%	-7.3
Mental Health & Learning Disabilities	29.4%	38.0%	+8.6
Nursing, Quality & Patient Experience	29.5%	47.7%	+18.2
Operational Allied Health & Health Sciences	34.7%	46.7%	+12.0
Planned & Specialist Care	34.3%	46.9%	+12.6
Primary Care	28.9%	43.5%	Increase
Public Health	46.3%	60.1%	+13.8
Strategy & Planning	50.0%	26.3%	-23.7

Workforce & Organisational Development	60.8%	44.7%	-16.1

Staff Vaccination Improvement Actions
To improve performance in 2026/27, the Health Board will adopt a more targeted and data-driven approach. This will include using Power BI intelligence to identify areas and staff groups with lower uptake and deploying roving vaccination teams to those locations. The successful peer vaccinator model will be expanded to improve accessibility for staff who are unable to attend static clinics, while earlier text messaging and reminder communications will support greater awareness and uptake throughout the campaign. A network of directorate flu leads will be established to strengthen local ownership, improve engagement and provide visible leadership within services. In addition, consideration will be given to appointing an Executive-level flu champion to reinforce the Board's commitment to staff vaccination and to promote vaccination as an essential patient safety intervention. Targeted education and engagement activity will also be undertaken to address vaccine hesitancy, challenge misinformation and strengthen understanding of the role vaccination plays in protecting vulnerable patients, maintaining workforce capacity and reducing winter service pressures. Collectively, these actions are intended to build on the improvements achieved in 2025/26 and support a sustained increase in staff vaccination uptake across all directorates.

Assurance
There is a clear programme structure and governance route. Action and delivery monitoring will be managed through the Respiratory Immunisation Delivery Group and reported to the Immunisation Oversight Group. Monitoring will include uptake, denominator changes, delivery capacity, stock position and equity impact. Where variation is identified between practices, localities or population groups, rapid corrective action is expected to maintain programme pace and reduce inequity.

Argymhelliad / Recommendation

The Committee is asked to:

- **NOTE** progress and programme ambition.
- **RECEIVE ASSURANCE** for the proposed delivery approach for the HDdUHB Winter Respiratory Vaccination Programme 2026/27, with particular attention to readiness, communications, digital recording, workforce resilience and targeted equity action.
- **RECOMMEND** the Autumn Respiratory Vaccinations Programme 2026/27 for onward ratification by Board on 24 September 2026.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cylch Gorchwyl y Pwyllgor: Committee ToR Reference:	3.1.14.Seek assurance on plans, systems and processes to deliver health improvement and increase health equity and seek assurance on the work of the Health Board to reduce avoidable health inequalities.
Cyfeirnod Cofrestr Risg Datix, Teitl a Sgôr Risg Cyfredol: Datix Risk Register Reference and Score:	Risk 1773 – risk score 9.
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	7. All apply

Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	2. Healthier communities
Nodau Cynllunio 2026/27 Planning Goals 2026/27	3. 20Four7 Population Health 4. Community by Design
Hypergyswllt i Amcanion Llesiant HDdUHB 2026 Hyperlink to HDdUHB Well-being Objectives 2026	7. Improve health and well-being by focusing on prevention and early intervention, while working in partnership to ensure everyone has equal access to care and opportunities for good health
Model Cymdeithasol ar gyfer Iechyd a Llesiant: (wedi'i gwblhau ar gyfer newid strategol a/neu newidiadau sylweddol i wasanaethau) A Social Model for Health and Wellbeing: (*complete for strategic change and/or significant service changes)*	7. All Apply
Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	The national influenza immunisation programme 2026 to 2027 (WHC/2026/010) | GOV.WALES The national COVID-19 vaccination programme autumn 2026 (WHC/2026/009) | GOV.WALES Public Health Wales: Influenza and Covid-19 Vaccination data.
Rhestr Termau: Glossary of Terms:	Contained within report.

Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y cyfarfod hwn: Parties / Committees consulted prior to this meeting:	LMC Immunisation Oversight Group

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Service model delivery of all immunisation programmes will consider any financial constraints from existing budgetary allocations
Ansawdd / Gofal Claf: Quality / Patient Care:	It is important that there are effective plans in place for the 2026/27 Autumn Respiratory Vaccination Programme, not only to improve overall respiratory health in the population of HDdUHB but also to protect those at risk, prevent ill health and minimise further impact on health and social care services
Gweithlu: Workforce:	As above for Quality / Patient Care impact
Tegwch Iechyd: Health Equity:	Approaches already undertaken in the area to encourage vaccination uptake and target interventions at groups and communities to address health inequities. Strategy designed to reduce inequities further.
Risg: Risk:	Risks are detailed in the report. Areas where uptake levels are lower than target will be reflected within directorate risk register
Cyfreithiol: Legal:	Not applicable
Enw Da: Reputational:	Communication team supporting Immunisation programmes and align to Public Health Wales assets and reporting to prevent reputational risk
Gyfrinachedd: Privacy:	Not applicable
Cydraddoldeb: Equality:	Approaches already undertaken in the area to encourage vaccination uptake and target interventions at groups and communities to address health inequalities.