

Bundle Public Board 24 September 2020

4.8 HDdUHB Seasonal Influenza Plan 2020/21 / Cynllun Ffliw Tymhorol BIPHDd 2020/21

Presenter: Ros Jervis

SBAR Influenza Vaccination Plan 2020/21

Hywel Dda UHB Influenza Vaccination Plan 2020/21

Appendix 1 - Beat Flu Communications Plan 2020/21 - Overview



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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	24 September 2020
TEITL YR ADRODDIAD: TITLE OF REPORT:	Influenza Vaccination Plan 2020/21
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Ros Jervis, Director of Public Health
SWYDDOG ADRODD: REPORTING OFFICER:	Vikki Wood, Senior Public Health Practitioner Rhys Sinnett, Principal Public Health Officer Jo McCarthy, Consultant in Public Health Lynne Edwards, Vaccination & Immunisation Coordinator Geinor Jones, Senior Public Health Practitioner

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

Influenza (flu) is a serious viral infection which can result in healthy people being debilitated for several days, but for individuals in high risk groups it can lead to prolonged illness and in some cases be fatal. The most effective way to prevent influenza is through vaccination. Vaccination against influenza is targeted at specific population groups in order to protect those who are deemed to be most at risk, as set out in detail in the Welsh Health Circulars ***The National Influenza Immunisation Programme 2020/2021*** (009 and 013 [2020])

The Hywel Dda University Health Board (UHB) Influenza Vaccination Plan 2020/21 describes how we will work together in this unprecedented season to minimise the co-circulation of influenza and COVID-19, protect those most at risk, and reduce the impact of respiratory illness on health and social care services this winter. These aims will be achieved through the deployment of a wide range of actions to increase uptake of the influenza vaccine, which are summarised within this report.

In order to overcome the challenges and maximise the benefits, the Plan has been developed in alignment with the UHB COVID-19 Mass Vaccination Plan and the regional COVID-19 Prevention and Response Plan; and is a live document subject to amendment as the season unfolds, further Welsh Health Circulars are published, and we derive learning from delivery of the COVID-19 vaccine. This season will require maximum flexibility from services charged with delivery of actions within this Plan, in order to rapidly respond to changes in policy, guidance and priorities as they emerge from Welsh Government. Throughout the planning phase for this season partners across and outside of the UHB have fully engaged with the strategic and operational processes required to ensure that challenges identified are tackled collaboratively and in good spirit.

Cefndir / Background

Hywel Dda University Health Board is charged with implementing the requirements of the Welsh Health Circulars (WHC) relating to influenza vaccination and in order to do so effectively,

coordinated planning at a strategic and operational level for whole population and UHB service delivery areas is required. As a means of focussing activity and strengthening lines of accountability, a UHB Influenza Vaccination Plan is developed annually. The 2019/20 Influenza Vaccination Improvement Plan, presented to Board in September 2019, marked the third stage of a three-year improvement process to prevent avoidable respiratory illness and minimise impact of the influenza season on the provision of healthcare services and on the health of the population of Hywel Dda through the deployment of actions to increase uptake of the flu vaccine.

The outcomes from last season were reported to the UHB People, Planning and Performance Assurance Committee (PPPAC) in August 2020 (report included within the Plan as appendix 7.7), and showed improved vaccine uptake in under 65's at risk, pregnant women, over 65's and 2-3 year olds when compared to 2018/19 figures. However, challenges in vaccine availability meant that the UHB did not achieve national or locally agreed targets for uptake.

Asesiad / Assessment

Our Ambition for this Season

This season will see the flu campaign largely dictated by the contours of the COVID-19 pandemic and the impact of this virus on planning for the influenza vaccination season has surfaced the following key issues:

- There will be a requirement for innovative delivery models to ensure the **availability** of vaccine and vaccinators, the **accessibility** of settings and **reassurance** to the public that the programme will be delivered within safe environments.
- Vaccinations will need to be given in socially distanced settings with additional measures in place for infection prevention and control. This will influence the choice of clinic locations, increase the length of appointment times for patients and impact on the potential for administering opportunistic vaccinations and providing 'drop-in' sessions.
- Healthcare staff need to be prepared to address changes in public attitudes, with the potential for increased public demand for flu vaccination, alongside possible anxiety about attending vaccination appointments.
- The UHB must be prepared for Phase Two of the flu vaccination campaign (in November 2020) to potentially run concurrently with a mass vaccination programme for COVID-19. It may be that the flu vaccination campaign needs to be adapted, to ensure primacy of COVID-19 vaccine delivery to priority groups.
- This year's campaign will be driven by **national** flu communications messages from Public Health Wales (PHW) and therefore the local programme will defer the 'Superprotectors' branding developed for Hywel Dda this season, to ensure clarity, consistency and alignment in all public messaging.
- There will be a chance to potentiate any opportunistic benefits that may flow from national and local communications and marketing strategies and the attitude of our public (including the health and care workforce) for the flu programme with a COVID-19 vaccine programme available at the same time. We must utilise to maximum effect the spotlight provided by any COVID-19 vaccine in terms of population health benefits that accrue from **all** immunisations and vaccinations.

We bring many assets with us from previous seasons into this challenging and fluid scenario; not least, strong partnerships, innovation and adaptability. Our commitment to the principles of the UHB Health and Wellbeing Framework such as shifting the culture, adopting an asset-based approach and building on what works has not diminished.

Key Messages from Welsh Health Circulars 2020 09 and 2020 013

The Chief Medical Officer (CMO) for Wales has set the expectation of increased uptake across ten eligible groups in Phase One of the 2020/21 season, with a particular emphasis on specified groups (in bold):

1. **children aged two and three years on 31 August 2020**
2. **children in primary school from reception class to year 6 (inclusive)**
3. **people aged six months to less than 65 years in clinical risk groups**
4. **people aged 65 years and older**
5. pregnant women
6. carers
7. people with a learning disability
8. **healthcare workers (including healthcare students) with direct patient contact**
9. **staff in nursing homes and care homes with regular client contact**
10. **staff providing domiciliary care**

WHC 2020 013 signals the intention of the CMO to extend eligibility to **three additional groups** if and when additional vaccine becomes available from November 2020 onwards:

- Household contacts of those on the NHS Shielded Patient List. (This group may be offered flu vaccine opportunistically throughout the season preferably at the same time as the shielded patient).
- Adults resident in Welsh prisons who do not fall into other eligible categories. (The timing of delivery to this cohort will be for local determination depending on vaccine availability within the health board).
- Additional age cohorts from 50-64 years of age on a phased basis, starting with those aged 60 to 64 years, moving to people aged 55 to 59 years and then 50 to 54 years.

WHC 2020 013 advises that these cohorts should be called on a phased basis when additional stock becomes available in November/December 2020, and not before. On receipt of further WHC(s) the UHB Influenza Vaccination Plan will be updated with our actions to vaccinate these additional cohorts.

Phasing of the Influenza Vaccination Campaign 2020/21

The scope and sequencing of the 2020/21 influenza vaccination campaign will differ from previous seasons in two significant respects. Firstly, WHC 2020 013 sets out the intention to extend eligibility for free flu vaccination to additional cohorts subject to availability of additional vaccine from November 2020. Secondly, on 13th August 2020 the CMO for Wales asked all local health boards to prepare mass vaccination plans in readiness for the potential availability of a COVID-19 vaccine from Q4 2020, coinciding with delivery of the annual flu vaccination programme.

Delivery of this year's influenza vaccination campaign can therefore be structured in two phases:

- **Phase One, September – October 2020** will largely be ‘business as usual’: maximising uptake in the ten priority groups outlined in WHC 2020 09 and 2020 013.
- **Phase Two, November 2020 - Q1 2021** may require three elements of the campaign to be managed concurrently: delivery of flu vaccination to the extended eligibility groups outlined in WHC 2020 013 (subject to availability of additional vaccine); recall of unvaccinated patients in the initial priority groups from Phase One; potential adaptations to ensure primacy of COVID-19 vaccine delivery to priority groups.

Alignment with the UHB COVID-19 Mass Vaccination Plan

The following planning assumptions built in to the UHB COVID-19 Mass Vaccination Plan [version dated 3rd September 2020] have been applied in the Influenza Vaccination Plan:

- The earliest expected delivery date for a COVID-19 vaccine is mid to late October/early November 2020
- The initial priority groups for COVID-19 vaccination are also priorities for receiving flu vaccination:
 - Health and social care workers (starting with staff in A&E, COVID-19 wards, paramedics, maternity wards and care homes)
 - Individuals classified as ‘extremely vulnerable’ (shielding)
 - Those at risk of serious disease and death from COVID-19 infection stratified according to age and risk factors [Joint Committee on Vaccination and Immunisation (JCVI) 18/6/20]
- The COVID-19 vaccine cannot be given at the same time as the influenza vaccine and a 28 day interval is required between the two vaccinations
- If available, the COVID-19 vaccine will be given primacy over the influenza vaccine for priority groups. However, as flu vaccines will be available earlier (September 2020 onwards), phase one of the flu campaign will proceed as early as possible and will aim for maximum uptake before November 2020
- An additional workforce and alternative delivery system is required to deliver the mass vaccination programme for the COVID-19 vaccine alongside the enhanced influenza vaccination programme, delivered predominantly by Primary Care

Governance and Performance Monitoring

Work to progress the actions in the Influenza Vaccination Delivery Plan will take place through a variety of means:

- Monthly partnership (IN-FLU) meetings will be held through the season for delivery partners to check progress against our partnership priorities and address any arising operational issues
- Monthly Action Focused (troubleshooting) meetings will take place in the fortnight between IN-FLU meetings for delivery partners and stakeholders to address any arising operational issues
- Updating the Influenza Vaccination Plan in light of new WHCs, COVID-19 vaccine developments, flu and COVID-19 surveillance information and the impacts on communities and health services
- In-season performance reports will be provided to PPPAC, and quality and safety issues reported through the Medicines Management Sub-Committee of the Quality, Safety and

Experience Assurance Committee (QSEAC) as required. Previous examples of reports produced for UHB committees that address performance in the season 2019/20 are available

- Working closely with the COVID-19 Vaccine Delivery Group to ensure alignment
- Reporting and escalation of issues to the I&V Executive group
- In the 2019/20 season, Occupational Health provided monthly reports for directorate leads on staff uptake at ward and department level. These were disseminated by directorate leads to ward and department managers to enable positive action in areas of low uptake. Due to redeployment and movement of staff during COVID-19, ward level data monitoring is currently challenging; the focus this season will be on ensuring all vaccinations are recorded in staff records, and this data will then be aggregated and used to report monthly on uptake to PHW
- The Public Health Team will produce regular uptake reports and analysis, using data from the Vaccine Preventable Disease Programme (VPDP) team within PHW, along with local and national campaign and surveillance updates. These reports will be provided to Practice Managers, Practice Flu Leads and Cluster Leads on a weekly basis during phase one of the campaign. These comprehensive documents provide tailored information at a practice, cluster, county and Health Board level alongside comparators with other Health Boards and the Wales average
- Cluster-level uptake reports will be provided for discussion at Cluster/Locality meetings throughout the season
- UHB representatives will participate in fortnightly National Influenza Action Group teleconferences and report back actions and emerging issues to local partners
- An end-of-season debrief session will be held for all partners to evaluate and begin the planning process for the 2021/22 season

Innovation

The challenges of delivering a population level public health intervention, such as the seasonal influenza vaccination programme, in the midst of a global pandemic cannot be understated. Those charged with administering this programme (GP practices, Community Pharmacies, UHB staff acting as peer vaccinators, midwives, school nursing service) all face significant delivery challenges due to guidance around Personal, Protective Equipment (PPE) and social distancing requirements. There may, however, be benefits in terms of placing a spotlight on the broader vaccinations and immunisations agenda created by the COVID-19 vaccination programme, which we will seek to maximise.

The challenges involved have promoted innovation, with many providers seeking to develop alternative methods of delivering the vaccination programme. GP practices in the North Ceredigion Cluster have joined together to offer an off-site 'drive through' facility in the Aberystwyth area, in order to share resources and maximise opportunities for increasing their vaccine uptake. A number of other GP practices are seeking to utilise local authority owned buildings (such as leisure centres) or community based facilities (such as rugby clubs) in order to address space challenges within their existing premises.

Throughout the development of these proposals, the UHB has sought to support discussions through facilitating meetings with local authority colleagues and the provision of an additional £7,500 per cluster to enable marketing, communications and venue hire costs to be covered. This additional funding recognises the unprecedented challenges faced in the delivery of the influenza vaccination programme for this year and also enables the piloting of new and innovative models of vaccine delivery. The learning from these initiatives can then be used to further develop the UHB approach to mass vaccination for COVID-19.

Argymhelliad / Recommendation

The Board is invited to consider and support the Influenza Vaccination Plan for this year, acknowledging the operational context within which this programme will be delivered.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol:
Datix Risk Register Reference and Score:

CRR – Risk 543:

There is a risk of the Health Board failing to deliver the Welsh Government Tier 1 targets for the Seasonal Influenza Vaccination Programme 2020/21.

This will lead to an impact/effect on mortality and morbidity and will increase pressure on planned and unplanned care services. Failure to improve overall respiratory health in the Hywel Dda population.

Risk location, Health Board wide.
Score: 12

Safon(au) Gofal ac Iechyd:
Health and Care Standard(s):
[Hyperlink to NHS Wales Health & Care Standards](#)

1.1 Health Promotion, Protection and Improvement
2.1 Managing Risk and Promoting Health and Safety
2.4 Infection Prevention and Control (IPC) and Decontamination

Amcanion Strategol y BIP:
UHB Strategic Objectives:
[Hyperlink to HDdUHB Strategic Objectives](#)

All Strategic Objectives are applicable

Amcanion Llesiant BIP:
UHB Well-being Objectives:
[Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019](#)

4. Improve Population Health through prevention and early intervention, supporting people to live happy and healthy lives

Gwybodaeth Ychwanegol:

Further Information:

Ar sail tystiolaeth:
Evidence Base:

Welsh Health Circular 009: *National Influenza Immunisation Programme 2020/21* [Welsh Government, 2020]
Welsh Health Circular 013: *National Influenza Immunisation Programme 2020/21 (2)* [Welsh Government, 2020]
NHS Wales Delivery Framework 2020/2021 [Welsh Government/NHS Wales, 2020]
Flu Fighters Healthcare Worker Vaccination: clinical evidence [Public Health England, 2015]
Pockett RD, Watkins J, McEwan P, Meier G [2015]
Burden of Illness in UK Subjects with Reported

	Respiratory Infections Vaccinated or Unvaccinated against Influenza: A Retrospective Observational Study. PLoS ONE 10(8): e0134928. doi:10.1371/journal.pone.0134928
Rhestr Termau: Glossary of Terms:	CMO – Chief Medical Officer DPH – Director of Public Health ESR – Electronic Staff Record Flu – Influenza GMS – General Medical Services GP – General Practitioner ILI – Influenza Like Illness JCVI - Joint Committee on Vaccination and Immunisation LMC – Local Medical Committee PHW – Public Health Wales PPPAC - People, Planning and Performance Assurance Committee QSEAC - Quality, Safety and Experience Assurance Committee UHB – University Health Board VPDP – Vaccine Preventable Disease Programme VSO – Vaccine Support Officer WHC – Welsh Health Circular
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	HDUHB Immunisation and Vaccination Committee People, Planning and Performance Assurance Committee (PPPAC)

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	<p>Seasonal influenza vaccination is cost effective due to the reduction in mortality, morbidity and hospital admissions that accrue from its use.</p> <p>In a study by Pockett et al 2015, patients who are high risk and vaccinated have a reduced risk of more than one GP visit with influenza like illness [ILI], compared with low risk and unvaccinated patients. High risk individuals who were also vaccinated had a lower probability of ILI related hospitalisation than individuals who are high risk or vaccinated alone. Pockett et al, calculated that the cost of ILI-related GP visits and hospital admissions in the UK over the study period in low-risk vaccinated patients would be equivalent to over £168 million for GP visits and over £112 million for hospital admissions.</p> <p>Information received from the Service Costing section of the UHB suggests that costs per bed day for 2019/20 for a medical specialty were £416 and for a critical care bed were £1,720.</p> <p>For the financial year 2019/20 there were 104 admissions to secondary care where influenza was the primary diagnosis. This led to 696 bed days being used in DGHS across the UHB area, at an overall cost of £338,299</p>

	<p>Alongside these figures, a prescribed course of anti-virals for diagnosed cases of influenza would be £15.41. Therefore, the potential cost benefit from high vaccination uptake rates could be significant as the influenza season progresses and this is notwithstanding any morbidity from the co-circulation of influenza and COVID-19 this Winter.</p>
<p>Ansawdd / Gofal Claf: Quality / Patient Care:</p>	<p>Vaccination offers the most effective way of preventing influenza. By having the vaccination, patients and the general population are protecting themselves and their family.</p> <p>Patients in risk groups <i>[such as those with chronic conditions and the elderly]</i> are over 10 times more likely to die from influenza than the general population, and in some clinical groups are up to 70 times more likely to die from influenza [Public Health England, 2015].</p>
<p>Gweithlu: Workforce:</p>	<p>Evidence suggests that health care workers are more likely to contract influenza due to their occupation compared to the general population [Public Health England, 2015]. Health care workers who have received the vaccination will have some protection from circulating seasonal influenza strains.</p> <p>Training will be required to ensure that health care professionals use every opportunity to promote seasonal influenza vaccination to all at risk groups. Vaccinators will also require training in order to deliver the programme</p>
<p>Risg: Risk:</p>	<p>CRR – Risk 543:</p> <p>There is a risk of the Health Board failing to deliver the Welsh Government Tier 1 targets for the Seasonal Influenza Vaccination Programme 2019/20.</p> <p>This is caused by the failure, in part, of the Health Board to increase flu vaccination uptake rates.</p> <p>This is influenced by vaccine delays from pharmaceutical suppliers at a UK level for 2019/20</p> <p>This will lead to an impact/effect on mortality and morbidity and will increase pressure on planned and unplanned care services. Failure to improve overall respiratory health in the Hywel Dda population.</p> <p>Mitigation Measures:</p> <p>Appropriate governance to provide leadership for effective planning and delivery during the flu season.</p> <p>Ensure requirements of the Welsh Health Circular 2019 015 the National Influenza Programme 2019-20 are brought into planning.</p> <p>Weekly reports from PHW during flu season and these inform the Executive Group.</p> <p>Influenza plan developed with input from all relevant services led by the Executive Group.</p> <p>Communication campaign to be strengthened in 19/20 to highlight any changes, particularly, the types of vaccines available. Communications strategy developed by Public Health Team working with UHB Communications team.</p> <p>Bespoke materials developed and disseminated with an enhanced focus on children and at risk groups.</p>

	<p>Clearer lines of leadership and accountability established with Executive Directors in respect of their core responsibilities for delivery on aspects of the Health Board Flu Plan and uptake rates for staff working within their Directorates</p> <p>Collaborative work with PHW through fortnightly national teleconferencing during flu season.</p> <p>Integrated working of Immunisation Coordinator with GP practices.</p> <p>Specialist nurses and clinics established for at risk group vaccination.</p> <p>Partnership working with third sector and local authority colleagues to address issues relating to vulnerable groups within care homes, carers etc. has been improved.</p> <p>Review information system for staff immunisations to allow closer monitoring of uptake and follow up</p>
Cyfreithiol: Legal:	No issues noted.
Enw Da: Reputational:	Failure to offer a coordinated population and staff immunisation campaign would adversely affect the reputation of the UHB.
Gyfrinachedd: Privacy:	No issues noted.
Cydraddoldeb: Equality:	Full EqIA has not been completed at this time.

HYWEL DDA UNIVERSITY HEALTH BOARD
INFLUENZA VACCINATION PLAN
2020-2021

Version One: September 2020

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1. Background

1.1 Purpose & Aim

The Hywel Dda UHB Influenza Vaccination Plan 2020-2021 describes how we will work together in this unprecedented season to minimise the co-circulation of flu and COVID-19, protect those most at risk, and reduce the impact of respiratory illness on health and social care services this winter. These aims will be achieved through the deployment of a wide range of actions to increase uptake of the influenza vaccine.

The Plan has been developed in alignment with the UHB COVID-19 Mass Vaccination Plan and regional COVID-19 Prevention and Response Plan; and is a live document subject to amendment as the season unfolds, further Welsh Health Circulars are published, and we derive learning from delivery of the COVID-19 vaccine. This season will require maximum flexibility from services charged with delivery of actions within this Plan, in order to rapidly respond to changes in policy, guidance and priorities as they emerge from Welsh Government. Throughout the planning phase for this season partners across and outside of the UHB have fully engaged with the strategic and operational processes required to ensure that challenges identified are tackled collaboratively and in good spirit.

This Hywel Dda UHB Influenza Vaccination Plan, as presented to Board in September 2020, sets out our actions for phase one of the campaign and our preparations for phase two. The Plan will be updated upon publication of the relevant Welsh Health Circulars (WHCs) to include actions for delivery of phase two.

1.2 Document Structure

Section one provides background on the development of the UHB's partnership approach to influenza vaccination (known as IN-FLU) over recent years and how we will mobilise our collective assets to deliver the flu vaccination campaign in the current challenging circumstances.

Section two details the two phases of this year's campaign and how these align to the emerging UHB COVID-19 mass vaccination plan, and addresses the challenges of campaign delivery during the COVID-19 era.

Section three describes the governance arrangements for immunisation and vaccination and how we will monitor progress towards delivery of the actions set out in the Plan.

Section four outlines the core responsibilities of IN-FLU partners for delivery of WHC 2020 09 and 2020 013

Section five provides a 'plan on a page' – a summary of the operational delivery of the flu vaccination campaign.

Section six sets out the actions we will undertake as a partnership to maximise uptake of influenza vaccination in identified priority groups. These actions are in addition to the core responsibilities for delivery outlined in section four.

1.3 Our Approach

In September 2019, the Hywel Dda UHB Seasonal Influenza Improvement Plan for 2019-20 was approved by the Board. The third document in a three year improvement cycle, the plan embraced the principles of the UHB Health and Wellbeing Framework in recognising the need to shift the culture around vaccination towards an asset-based approach. With this in mind, the core themes for the 2019-20 flu campaign were:

- Focussing on health as an asset, with messaging using the 'Superprotectors' branding and concentrating on creating a 'Flu Free Hywel Dda'. By using positive messages around protecting ourselves and others, rather than focussing on messages around needing the flu vaccine because of a chronic illness or age, we shifted the focus from mitigating illness to maintaining wellness.
- Ensuring a joined up approach throughout the season, engaging early with stakeholders, aligning the UHB staff campaign with the core public health flu campaign, and working as a unified multidisciplinary team to both plan before the season and troubleshoot during it.
- Building further on the 'Superprotectors' brand, linking this with the national 'Beat Flu' campaign and reviewing how this brand could be extended to the wider vaccination and immunisation agenda.
- Ensuring sufficient attention was directed at the risk groups that Welsh Government had prioritised for 2019-20: children aged 2-3 years, people aged under 65 years at clinical risk including pregnant women, and our healthcare workforce.

No flu season is without its challenges. In 2019 severe international delays to the delivery of Live Attenuated Influenza Vaccine (LAIV), followed by the capping of orders to primary care, resulted in disruption to planned clinics and communications and the unforeseen extension of the children's programme well into the new year, which impacted on uptake in school aged children in particular. The national method for recording

staff vaccinations using ESR resulted in our reported vaccinations being significantly lower than the total numbers that were given. The emergence of the COVID-19 pandemic constrained the review and evaluation phase of the flu campaign and curtailed plans for a celebration event with inaugural Superprotector Awards ceremony. However, against this backdrop we achieved a number of successes:

- **Flu vaccine uptake in 2-3 year olds increased by 3.9% to 48.5%**, building on what had worked in previous years and extending the successful model of patient recall across all primary care clusters. The approach of recruiting a vaccine support officer to undertake targeted recall across the South Pembrokeshire cluster and weekly data monitoring and recall across all UHB managed practices were particularly successful interventions. 25 GP practices exceeded our locally set target of 50% uptake and the four UHB managed practices achieved a combined increase of 12% on the previous year.
- **Flu vaccine uptake in clinical risk groups aged 6 months to 64 years increased by 2.1% to 40.2%, and uptake in pregnant women reached 84.4%**. A total of 9,656 NHS vaccinations were given in community pharmacies across Hywel Dda, an increase of 2,666 compared to the previous season. This included 3,661 people aged under 65 years at risk. We committed to enabling vaccination of pregnant women to take place in antenatal settings as well as GP practices.
- **A record number of flu vaccinations were given to our healthcare staff**, which was achieved by increasing the number of peer vaccinators across UHB sites and ensuring they were equipped with training and resources to enable effective conversations with colleagues. A total of 5,864 vaccinations were given to staff, with over 40% administered by 129 peer vaccinators across the UHB directorates.

1.4 Our Ambition for this Season: Delivering in the COVID-19 Era

2020-21 will see the flu campaign largely dictated by the contours of the COVID-19 pandemic.

- We will require innovative delivery models to ensure the **availability** of vaccine and vaccinators, the **accessibility** of settings and **reassurance** to the public that the programme will be delivered in safe environments.
- Vaccinations will be given in socially distanced settings with additional measures in place for infection prevention and control. This will impact on the choice of clinic locations, increase appointment times, and will impact on potential for opportunistic vaccinations and drop-in sessions.
- We must be prepared for changes in public attitudes, with the potential for increased public demand for flu vaccination alongside possible anxiety about attending vaccination appointments.

- We must be prepared for Phase Two of the flu vaccination campaign to run concurrently with a mass vaccination programme for COVID-19, potentially to be paused to accommodate it, or to manage priority cohorts for both vaccines.
- We will be driven by **national** flu communications messages and will defer the local ‘Superprotectors’ branding this season, to ensure clarity, consistency and alignment in all public messaging.
- We will synergise our flu and COVID-19 vaccination communications strategies and utilise to maximum effect the spotlight provided by any COVID-19 vaccine. We will be ready to build on any positive response that may result in terms of public attitudes towards, and population health benefits of, **all** immunisations and vaccinations.

We bring many assets with us from previous seasons into this challenging and fluid scenario – not least, strong partnerships, innovation and adaptability. Our commitment to the principles of the Health and Wellbeing Framework - shifting the culture, adopting an asset-based approach and building on what works - has not diminished.

1.5 Key Messages from Welsh Health Circulars 2020 09 and 2020 013

The Chief Medical Officer for Wales has set the expectation of increased uptake across ten eligible groups in phase one of the 2020-21 season, with a particular emphasis on specified groups (in bold):

1. **children aged two and three years on 31 August 2020**
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5. pregnant women
6. carers
7. people with a learning disability
8. **healthcare workers (including healthcare students) with direct patient contact**
9. **staff in nursing homes and care homes with regular client contact**
10. **staff providing domiciliary care**

Section Six of this Plan details how we will maximise uptake in each of these groups.

WHC 2020 013 signals the intention of the CMO to extend eligibility to three additional groups if and when additional vaccine becomes available from November onwards:

- Household contacts of those on the NHS Shielded Patient List. (This group may be offered flu vaccine opportunistically throughout the season preferably at the same time as the shielded patient).
- Adults resident in Welsh prisons who do not fall into other eligible categories. (The timing of delivery to this cohort will be for local determination depending on vaccine availability within the health board).
- Additional age cohorts, starting with those aged 60 to 64 years, moving to people aged 55 to 59 years and then 50 to 54 years.

WHC 2020 013 advises that these cohorts should be called on a phased basis when additional stock becomes available in November/December 2020, and not before. On receipt of further WHC(s) the UHB Influenza Vaccination Plan will be updated with our actions to vaccinate these additional cohorts.

2. Scope of the plan and planning assumptions

2.1 Phasing of the flu campaign 2020-21

The scope and sequencing of the 2020-21 flu campaign will differ from previous seasons in two significant respects. First, WHC 2020 013 sets out the intention to extend eligibility for free flu vaccination to additional cohorts subject to availability of additional vaccine from November 2020. Secondly, on 13th August 2020 the Chief Medical Officer for Wales asked all local health boards to prepare mass vaccination plans in readiness for the potential availability of a COVID-19 vaccine from Q4 2020, coinciding with delivery of the annual flu vaccination programme.

Delivery of this year's flu vaccination campaign can therefore be understood in terms of two phases:

- **Phase One, September – October 2020** will largely be business as usual: maximising uptake in the ten priority groups outlined in WHC 2020 09 and 2020 013.

- **Phase Two, November 2020 - Q1 2021** may require three elements of the campaign to be managed concurrently: delivery of vaccination to the extended eligibility groups outlined in WHC 2020 013, subject to availability of additional vaccine; recall of unvaccinated patients in the initial priority groups from phase one; potential adaptations to ensure primacy of COVID-19 vaccine delivery to priority groups.

2.2 Alignment with the UHB COVID-19 Mass Vaccination Plan

The following planning assumptions built in to the UHB COVID-19 Mass Vaccination Plan [version dated 3rd September 2020] have been applied in this Plan:

- The earliest expected delivery date for a COVID-19 vaccine is mid-to late October, or early November 2020
- The initial priority groups for COVID-19 vaccination are also priorities for receiving flu vaccination:
 - Health and social care workers (starting with staff in A&E, COVID-19 wards, paramedics, maternity wards and care homes)
 - Individuals classified as 'extremely vulnerable' (shielding)
 - Those at risk of serious disease and death from COVID-19 infection stratified according to age and risk factors [JCVI 18/6/20]
- The COVID-19 vaccine cannot be given at the same time as the influenza vaccine and a 28 day interval is required between the two vaccinations
- If available, the COVID-19 vaccine will be given priority over the influenza vaccine for priority groups. However as flu vaccines will be available earlier (September 2020 onwards), phase one of the flu campaign will proceed as early as possible and will aim for maximum uptake before November 2020
- An additional workforce and alternative delivery system is required to deliver the mass vaccination programme for the COVID-19 vaccine alongside the enhanced influenza vaccination programme delivered predominantly by Primary Care

Alignment with the COVID-19 Mass Vaccination Plan – both in terms of challenges and potential benefits - is detailed for each of the phase one flu priority groups in section six of this Plan.

Section 3: Management, Control & Co-ordination

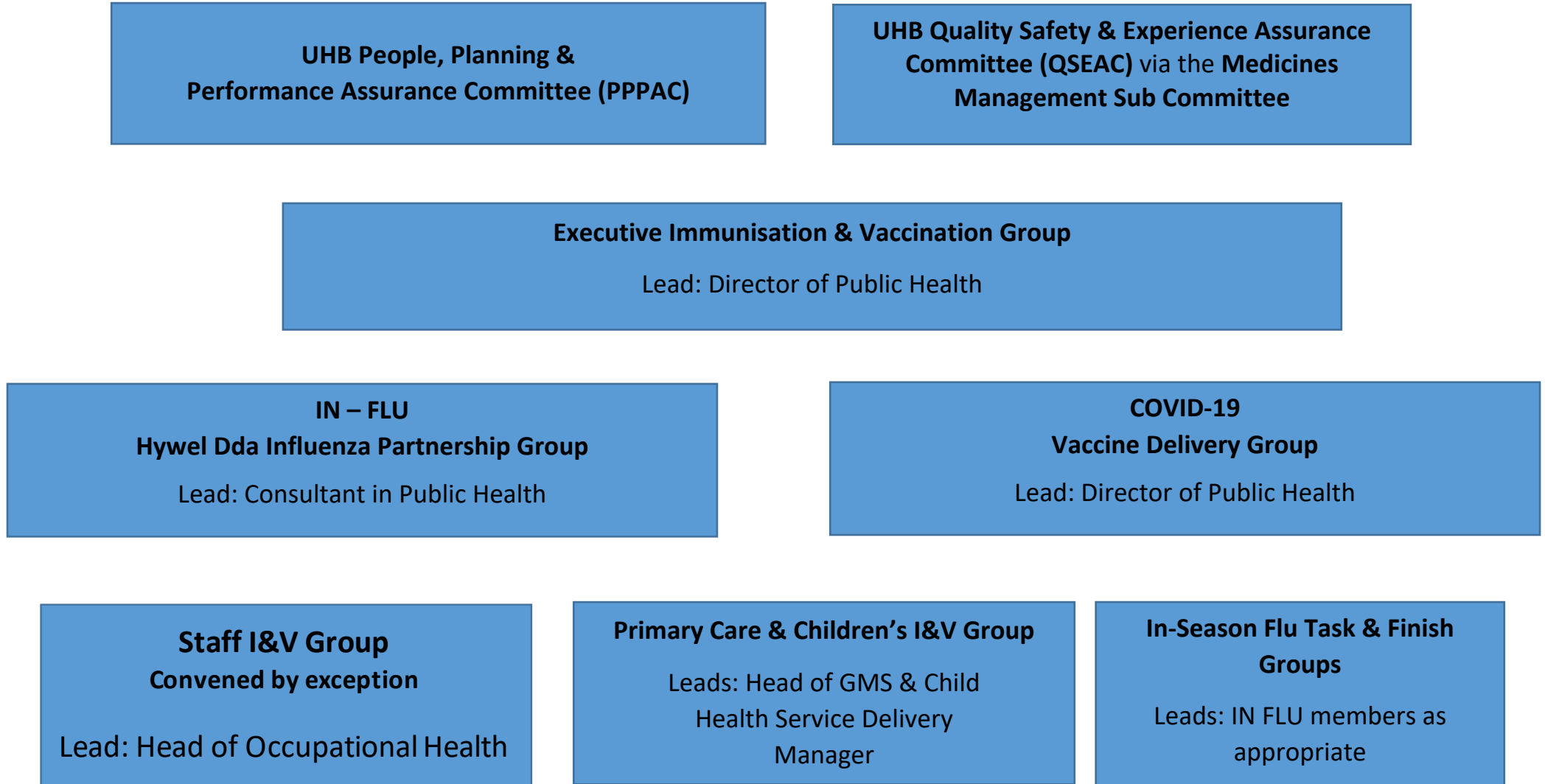
3.1 Monitoring progress

We will work together to progress the actions in the Influenza Vaccination Delivery Plan through a variety of means:

- Monthly partnership (IN-FLU) meetings will be held through the season for delivery partners to check progress against our partnership priorities and address any arising operational issues
- Monthly Action Focused (troubleshooting) meetings will take place in the fortnight between IN-FLU meetings for delivery partners and stakeholders to address any arising operational issues
- Updating the plan in light of new WHCs, COVID-19 vaccine developments, flu and COVID-19 surveillance information and the impacts on communities and health services, as well as the lived experience of delivering two industrial scale vaccination programmes concurrently
- In-season performance reports will be provided to PPPAC, and quality and safety issues reported through the Medicines Management Sub-Committee of QSEAC as required. Previous examples of reports produced for UHB committees that address performance in the season 2019/20 are available
- Working closely with the COVID-19 Vaccine Delivery Group to ensure alignment and employment of measures that can impact on maximising shared benefits and uptake by eligible at risk populations
- Reporting and escalation of issues to the I&V Executive group
- In the 2019/20 season, Occupational Health provided monthly reports for directorate leads on staff uptake at ward and department level. These were disseminated by directorate leads to ward and department managers to enable positive action in areas of low uptake. Due to redeployment and movement of staff during COVID-19, ward level data monitoring is currently challenging; the focus this season will be on ensuring all vaccinations are recorded in staff records and this data will then be aggregated and used to report monthly on uptake to PHW
- The Public Health Team will produce regular uptake reports and analysis, using data from the Vaccine Preventable Disease Programme (VPDP) team within Public Health Wales (PHW), along with local and national campaign and surveillance updates. These reports will be provided to Practice Managers, Practice Flu Leads and Cluster Leads on a weekly basis during phase one of the campaign. These comprehensive documents provide tailored information at a practice, cluster, county and Health Board level alongside comparators with other Health Boards and the Wales average

- Cluster-level uptake reports will be provided for discussion at Cluster / Locality meetings throughout the season
- UHB representatives will participate in fortnightly National Influenza Action Group teleconferences and report back actions and emerging issues to local partners
- An end-of-season debrief session will be held for all partners to evaluate and begin the planning process for the 2021-22 season

3.2 Immunisation & Vaccination Governance Structure



Section 4: Roles and Responsibilities of Key Agencies

4.1 Core responsibilities of IN-FLU partners for delivery of WHC 2020 09 and WHC 2020 013, under the overall responsibility of the Director of Public Health who has the executive lead for immunisation and vaccination.

Delivery Partner	Contribution	What does this mean?	Leadership
Primary Care: General Medical Services	To support independent contractors and managed practices to deliver commissioned services under a Direct Enhanced Service for eligible population groups, as detailed in WHCs (2020) 09 &013	<ul style="list-style-type: none"> • Work with independent contractors and managed practices to ensure effective planning, delivery and performance monitoring • Encourage collaborative working at cluster / locality level to support flu campaign priorities • Share knowledge and insight regarding general practice systems, challenges and emerging issues to enable IN-FLU to work effectively with practices and clusters 	Director of Primary Care, Community & Long Term Care
Primary Care: Community Pharmacy	To make arrangements with all community pharmacies expressing an interest in providing influenza vaccination as an Enhanced Service to eligible groups as detailed in WHCs (2020) 09 &013	<ul style="list-style-type: none"> • Provide training for pharmacists expressing an interest in providing the Enhanced Service • Issue Patient Group Direction, Service Specification and Service Level Agreement • Liaise with and support pharmacies to establish and deliver an effective Enhanced Service to all eligible groups including UHB staff, care home and domiciliary care staff • Monitor uptake data and share with IN-FLU partnership 	Director of Primary Care, Community & Long Term Care
Primary Care Nurse Advisor	To liaise between the I&V Co-ordinator and primary care to support implementation of WHCs in GP practices, and ensure primary care and practice nurse perspectives are reflected in IN-FLU planning and delivery	<ul style="list-style-type: none"> • Support annual immunisation update training for nursing and other Primary Care staff as appropriate • Support recruitment of nurses to Flu Champion roles • Liaise with Lead Nurses in managed practices and develop plans to increase uptake • Ensure practices are aware of updated guidance from VPDP and CMO • Support I&V Co-ordinator with Patient Group Directions 	Director of Primary Care, Community & Long Term Care

Community Nursing Service	To support the influenza vaccination campaign by administering the vaccine to house bound patients that are currently on the District Nursing caseload	<ul style="list-style-type: none"> • Ensure Community Nurses are equipped with knowledge and resources to engage in effective conversations with patients • Ensure all staff are provided with adequate training to administer the vaccine safely and efficiently • Facilitate opportunities for housebound patients and their carer/partner to receive vaccination within their home environment 	Director of Primary Care, Community & Long Term Care
Midwifery	To ensure all pregnant women in the care of the UHB understand the importance of influenza vaccination and are offered vaccination in an appropriate setting, as detailed in WHC 2020 09	<ul style="list-style-type: none"> • Ensure midwifery teams are equipped with knowledge and resources to engage in effective conversations with patients • Facilitate opportunities for pregnant women to receive vaccination in appropriate and accessible locations 	Director of Operations
UHB Pharmacy	To ensure influenza vaccine is available for use by Secondary Care, Occupational Health, School Nursing Service and other (non GMS) vaccination providers	<ul style="list-style-type: none"> • Liaise with I&V Co-ordinator, Occupational Health, School Nursing Service, IP&C and others as necessary to ensure vaccine is ordered, stored and released as required through the season 	Director of Primary Care, Community & Long Term Care
Occupational Health	To support the delivery of the influenza vaccination campaign for UHB healthcare staff, as detailed in WHCs 2020 09 & 013	<ul style="list-style-type: none"> • Facilitate Peer Vaccinator recruitment, training, management and competency sign-off • With support, manage the collection and dissemination of vaccine uptake data including the collection and collation of consent forms • With UHB Pharmacy, manage vaccine storage and cold chain arrangements • Promote ownership and the importance of the flu vaccine across Directorates • Support planning, promotion and delivery of staff flu vaccination clinics 	Head of Occupational Health

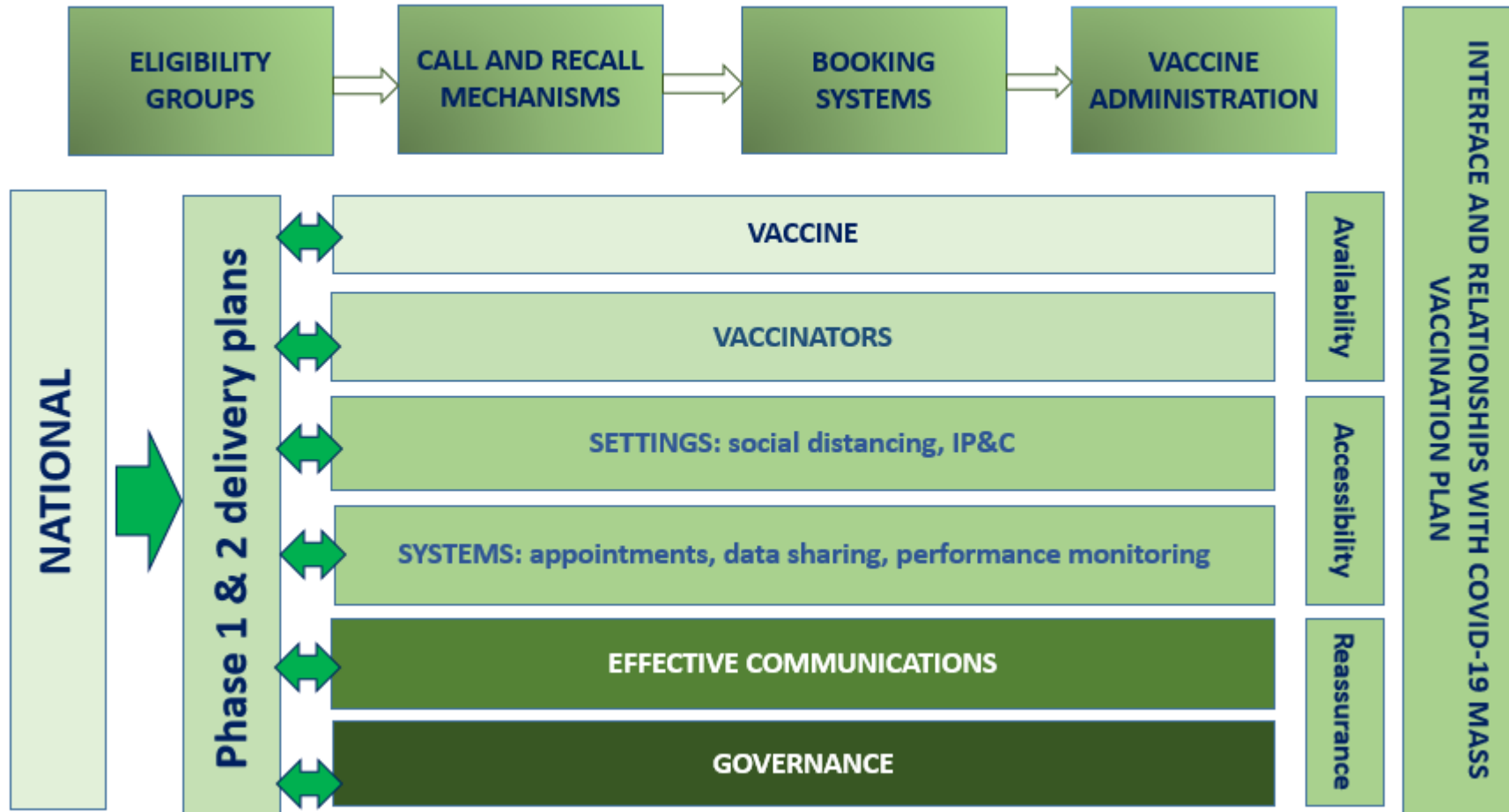
UHB Peer Vaccinators	To promote and provide influenza vaccination to UHB staff	<ul style="list-style-type: none"> • Undertake relevant training and competency sign-off • Engage in positive conversations with staff to discuss the importance of influenza vaccination • Provide vaccination to UHB staff during scheduled flu clinics or ward visits, ensuring all consent forms and data are returned to Occupational Health • Share insights and emerging issues with IN-FLU via Occupational Health representative 	Head of Occupational Health
School Nursing Service	To deliver the school-based influenza vaccination campaign to children aged 4-11 as detailed in WHCs 2020 09 & 013	<ul style="list-style-type: none"> • Develop and deliver local plans in partnership with primary schools to vaccinate children in school settings, including mop-up sessions where appropriate • Manage collection and collation of parent / carer consents • Undertake recall of parents to maximise consent and uptake 	Director of Public Health
Immunisation & Vaccination Co-ordinator	To provide specialist clinical knowledge and expertise in relation to influenza vaccines and vaccination	<ul style="list-style-type: none"> • Co-ordinate and deliver immunisation training for practice and community nurses • Liaise with vaccinators to support implementation of national guidance including WHCs • Respond to vaccine-related queries and incidents • Ensure Patient Group Directions are in place 	Director of Public Health
Local Public Health Team	To support partnership, planning and monitoring arrangements locally and nationally and support the development of priorities and innovations	<ul style="list-style-type: none"> • Draft the Seasonal Influenza Vaccination Plan • Convene IN-FLU meetings • Analyse and share uptake and surveillance data and emerging evidence throughout the season • Liaise with PHW Vaccine Preventable Disease Programme and share national programme developments with local partners • Support effective collaboration between partners, encouraging a focus on long term development and direction in line with evidence and strategic priorities • Support evaluation and review of the season in order to aid with planning for 2021/22 programme 	Director of Public Health

Infection Prevention & Control	To provide specialist advice and support in relation to the prevention and control of influenza disease in secondary care, and to support the delivery of vaccination to staff and patients in secondary care settings	<ul style="list-style-type: none"> • Support recruitment and training of vaccinators in secondary care (including Infection Prevention nurses and Peer Vaccinators) • Support delivery of vaccination to patients and staff in agreed secondary care settings • Contribute to risk assessment of unvaccinated staff working in high-risk areas • Provide advice, liaison and support across the UHB in relation to rapid respiratory testing, management of patient caseload, screening, isolation & cohort nursing and patient flow 	Assistant Director of Nursing: Professional Standards and Workforce
UHB Communications	To deliver a robust communications strategy to promote influenza vaccination uptake across all eligible groups, utilising support from the national campaign delivered by Public Health Wales	<ul style="list-style-type: none"> • Develop and distribute planned and opportunistic media messages to support campaign priorities, through a variety of channels, at appropriate times through the season • Ensure consistency between the local and national campaigns • Provide specialist communications advice to IN-FLU 	Head of Communications
UHB Long Term Care Team	To support flu vaccination uptake in care home staff and those providing domiciliary care	<ul style="list-style-type: none"> • Promote uptake of vaccination with staff in regular client contact working in adult residential care homes, nursing care homes and staff providing domiciliary care, through the NHS community pharmacy service • Ensure care home managers receive appropriate communications in respect of staff eligibility and means of staff accessing vaccination • Explore alternative methods of vaccination delivery for the specific care homes usually in rural areas, where there may be no local community pharmacy offering the flu vaccination service 	Head of Long Term Care

Section 5: Operational Delivery Model

5.1 The Influenza Vaccination Plan on a Page

OPERATIONAL DELIVERY OF THE INFLUENZA VACCINATION CAMPAIGN 2020-21



Section 6: Action & Delivery

6.1 Partnership actions to maximise uptake in phase one priority groups and prepare for phase two

Priority 1: Maximise uptake of influenza vaccination in children aged 2-3y					
What needs to be in place for this to happen?		What are we going to do?	Who will lead on this action?	How will we know we have made a difference?	Which other priorities does this action support?
Availability	Vaccinators	<p>Recruit five additional community nurse immunisers to provide additional vaccinator capacity for priority groups as required through the season</p> <p>Facilitate accredited immunisation training for Healthcare Support Workers and experienced phlebotomists in GP practices</p>	<p>I&V Co-ordinator</p> <p>Primary Care Nurse Advisor</p>	<p>Five CNIs in post and ready to vaccinate by October</p> <p>The number of trained vaccinators within Primary Care settings increases</p>	<p>All</p> <p>3-7</p>
	Vaccine	Share latest information about LAIV ordering, stock availability and vaccine sharing protocols in a timely manner to ensure best possible access to vaccine supplies and enable 2-3y clinics to commence as early as possible	I&V Co-ordinator	Practices are able to order sufficient stock to enable vaccination of 2-3y to begin in September	2
ACC	Settings	Provide additional funding to support clusters to develop alternative delivery models (in surgery or off site) that meet social distancing and IP&C requirements and maximise patient throughput	I&V Co-ordinator	Practices set up socially distanced clinics with all necessary IP&C measures in place in time for arrival of flu vaccine.	3-7
		Provide GP practices with latest guidance on PPE, IP&C, and key operational issues for running offsite clinics	I&V Co-ordinator		2-7

lit		<p>Submit cluster plans to GMS outlining how clinics will operate this season and how additional funding will be used</p> <p>Encourage collaborative working between clusters, community pharmacies, the school nursing service and community nurse immunisers</p>	<p>PCSMs</p> <p>All IN-FLU partners</p>	<p>Children 2-3y are vaccinated from September onwards and uptake reaches 50% before the CMO declares the start of the flu season</p> <p>Patient access is maximised (for example by vaccinating families together) and partners make efficient use of resources, including offsite clinics</p>	<p>3-7</p> <p>All</p>
	Systems	Provide practices and clusters with regular uptake and surveillance data through the campaign	LPHT	Practices and clusters monitor uptake and take appropriate action to recall non-attendees	3-7
R	Comms	<p>Provide primary care with public health messages regarding the importance of attending flu vaccination appointments this season and the measures in place to ensure patient safety, to include in patient letters, texts and phone calls</p>	LPHT	Parents are assured of the safety measures in place	3-7
		<p>Provide GP practices with a bank of prepared social media messages targeting parents of 2-3 year olds, tailored to each stage of the campaign</p> <p>Provide GP practices with regular Beat Flu campaign updates through the season including links to available PHW resources</p>	<p>UHB Comms</p> <p>UHB Comms</p>	<p>Parents are aware of the importance of 2-3y attending their appointment</p> <p>Patients attend the appointments given</p>	<p>3-7</p> <p>3-7</p>
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		Use Health Board communications channels including social media advertising and press releases to enforce national campaign and local messaging / awareness raising	UHB Comms		All
	Alignment with COVID-19 mass vaccination plan and emerging comms plan	Recommend that primary care invite 2-3y for flu vaccination as early as possible in the season (this cohort is not eligible for COVID-19 vaccination but is a priority in terms of minimising the spread of flu across the community).	GMS	Children 2-3y are vaccinated from September onwards	

Priority 2: Maximise Uptake in Children in Primary School from Reception Class to Year Six

What needs to be in place for this to happen?		What are we going to do?	Who will lead on this action?	How will we know we have made a difference?	Which other priorities does this action support?
Availability	Vaccinators	Recruit five additional community nurse immunisers to provide additional vaccinator capacity for priority groups as required through the season	I&V Co-ordinator	Five CNIs in post and ready to vaccinate by October	All
	Vaccine	Share latest information about vaccine ordering, stock availability and vaccine sharing protocols with the school nursing service in a timely manner, to enable effective clinic planning and ensure best possible access to vaccine supplies	I&V Co-ordinator	School nurses access sufficient stock to enable the schools programme to commence at the earliest opportunity	1
ACC	Settings	Ensure school nurses and schools are aware of latest guidance on PPE, IP&C, and key operational issues for school-based vaccination sessions	I&V Co-ordinator	Schools and school nurses make appropriate adjustments to enable onsite vaccination where possible	All
		Encourage collaborative working between clusters, community pharmacies, the school nursing service and community nurse immunisers	All IN-FLU partners	Alternative venues are made available to school nurses if required Patient access is maximised (for example by vaccinating families together) and partners make efficient use of	

Reassurance				resources, including offsite clinics	
	Systems	<p>Ensure the system of obtaining parental consent is aligned with adapted school operating procedures (for example how letters are sent home)</p> <p>Monitor uptake data after each school visit and arrange mop-up sessions where necessary</p>	<p>School Nursing Service</p> <p>School Nursing Service</p>	<p>Parents complete and return consents</p> <p>School nurses monitor uptake and take appropriate action to recall non-attendees</p>	
	Comms	<p>Ensure letters and phone calls to parents include public health messages regarding the importance of children receiving flu vaccination in school this season and the measures in place to ensure safety</p> <p>Provide schools with a bank of prepared social media messages targeting parents of primary school children</p> <p>Provide schools with regular Beat Flu campaign updates from September - December including links to available PHW resources</p> <p>Use Health Board communications channels including social media advertising and press releases to enforce national campaign and local messaging / awareness raising</p>	<p>School Nursing Service</p> <p>UHB Comms</p> <p>Healthy Schools Co-ordinators</p> <p>UHB Comms</p>	<p>Parents are assured of the safety measures in place and provide consent</p> <p>Schools are assured of the safety measures in place and actively encourage parents to consent</p>	<p>1</p> <p>All</p>
	Alignment with COVID-19 mass vaccination plan and emerging comms plan	<p>This cohort is not eligible for COVID-19 vaccination but is a priority in terms of minimising the spread of flu across the community.</p> <p>Work with Directors of Education to secure the support of school leaders in facilitating high uptake of flu vaccination in primary school aged children.</p>	School Nursing Service	All schools agree to facilitate on-site vaccination sessions or use of appropriate alternative venues at the earliest opportunity	

Priority 3: Maximise uptake of influenza vaccination in people aged 6 months to 64 years at clinical risk

What needs to be in place for this to happen?		What are we going to do?	Who will lead on this action?	How will we know we have made a difference?	Which other priorities does this action support?
Availability	Vaccinators	<p>Recruit five additional community nurse immunisers to provide additional vaccinator capacity for priority groups as required through the season</p> <p>Facilitate accredited immunisation training for Healthcare Support Workers and experienced phlebotomists in GP practices</p>	<p>I&V Co-ordinator</p> <p>Primary Care Nurse Advisor</p>	<p>Five CNIs in post and ready to vaccinate by October</p> <p>The number of trained vaccinators within Primary Care settings increases</p>	<p>All</p> <p>1, 4-7</p>
	Vaccine	<p>Secure additional vaccine supply (QIVc) equivalent to 10% of last year's uptake, to be managed by the UHB and available for practices to purchase through the season as required</p> <p>Secure additional vaccine supply to enable opportunistic vaccination of eligible long-stay inpatients and those attending outpatients appointments in secondary care</p> <p>Share latest information about vaccine ordering, stock availability and vaccine sharing protocols with GP practices and community pharmacies in a timely manner, to enable effective clinic planning, prepare for phase two and ensure best possible access to any additional vaccine supplies procured by WG</p>	<p>GMS & LPHT</p> <p>I&V Co-ordinator</p> <p>LPHT & Community Pharmacy</p>	<p>Practices and secondary care have sufficient vaccine to meet the expected increase in demand from this cohort</p>	<p>4-7</p> <p>4</p> <p>4-7</p>
A CC	Settings	Provide additional funding to support clusters to develop alternative delivery models (in surgery and / or off site) that meet social distancing and IP&C requirements and maximise patient throughput	LPHT & GMS	Practices and pharmacies set up socially distanced clinics	1, 4-7

R e s i		<p>Provide primary care and community pharmacy with best practice guidelines for offsite clinics to include latest guidance on PPE, IP&C, and key operational issues</p> <p>Collate practice and cluster delivery plans to understand how clinics will operate this season and how additional funding will be used; use this information to identify needs, target support and evaluate outcomes</p> <p>Encourage collaborative working between clusters, community pharmacies, the school nursing service, district nursing and community nurse immunisers</p>	<p>I&V Co-ordinator</p> <p>GMS & LPHT</p> <p>All IN-FLU partners</p>	<p>with all necessary IP&C measures in place in time for arrival of flu vaccine</p> <p>Two-way information and feedback enables support to be targeted effectively</p> <p>Patient access is maximised (for example by vaccinating families together) and partners make efficient use of resources, including offsite clinics</p>	<p>1, 4-7</p> <p>1, 4-7</p> <p>All</p>
	Systems	<p>Provide practices and clusters with regular uptake and surveillance data through the campaign</p> <p>Ensure an electronic system is in place to notify GP practices of vaccinations carried out in community pharmacies</p>	<p>LPHT</p> <p>Community Pharmacy & GMS</p>	<p>Practices and clusters monitor uptake and take appropriate action to recall non-attendees and manage demand</p>	<p>1, 4-7</p> <p>4-7</p>
	Comms	<p>Ensure patient letters, texts and phone calls include public health messages regarding the importance of attending flu vaccination appointments this season and the measures in place to ensure patient safety</p> <p>Provide GP practices and pharmacies with a bank of prepared social media messages targeting patients under 65y with specific risk factors</p>	<p>LPHT</p> <p>UHB Comms</p>	<p>Patients are assured of the safety measures in place</p> <p>Patients are aware of the importance of attending their flu</p>	<p>All</p>

n ce		<p>Provide GP practices with regular Beat Flu campaign updates through the season including links to available PHW resources</p> <p>Use Health Board communications channels including social media advertising and press releases to enforce national campaign and local messaging / awareness raising</p>	<p>UHB Comms</p> <p>UHB Comms</p>	<p>vaccination appointment</p> <p>Patients attend appointments</p> <p>Comms messages address the dual likelihood of patient hesitancy and increased demand</p>	<p>1, 4-7</p> <p>All</p>
	Alignment with COVID-19 mass vaccination plan and emerging comms plan	<p>Patients on the COVID-19 shielded list are a priority group for both flu and COVID-19 vaccination. Flu vaccination should be given to patients under 65y at risk at the earliest opportunity in Phase One ahead of the potential arrival of a COVID-19 vaccine. This will enable COVID-19 vaccine to be given as soon as possible (allowing for 28 day interval).</p> <p>Household contacts of shielded patients should be offered flu vaccination opportunistically at the start of the season, preferably at the same time as the shielded patient (WHC 2020 013). It is anticipated this cohort will be formally invited in Phase Two from November onwards.</p> <p>Ensure accurate data is available for the shielded patient list and household contacts in advance of Phase Two.</p>		<p>Practices have accurate data on their shielded patient list and household contacts</p> <p>All vaccinations of patients under 65y at risk who have been vaccinated elsewhere are recorded in GP data systems</p> <p>Maximum uptake according to agreed prioritisation with appropriate interval between vaccine types and doses</p>	

Priority 4: Maximise uptake of influenza vaccination in people 65 years and older

What needs to be in place for this to happen?		What are we going to do?	Who will lead on this action?	How will we know we have made a difference?	Which other priorities does this action support?
Availability	Vaccinators	Recruit five additional community nurse immunisers to provide additional vaccinator capacity for priority groups as required through the season	I&V Co-ordinator	Five CNIs in post and ready to vaccinate by October	All
		Facilitate accredited immunisation training for Healthcare Support Workers and experienced phlebotomists in GP practices	Primary Care Nurse Advisor	The number of trained vaccinators within Primary Care settings increases	1, 3, 5-7
		Encourage collaborative working within clusters and with community pharmacies to maximise access and efficient use of resources, and minimise footfall in residential care homes when vaccinating residents	GMS and Community Pharmacy	Care home residents are vaccinated with the minimum necessary number of visits	3,9
	Vaccine	Secure additional vaccine supply (aTIV and QIVc) equivalent to 10% of last year's uptake, to be managed by the UHB and available for practices to purchase through the season as required	GMS & LPHT	Practices have sufficient vaccine to meet the expected increase in demand from this cohort	3, 5-7
		Secure additional vaccine supply (150 doses of aTIV) to enable opportunistic vaccination of long-stay inpatients and those attending outpatients appointments	UHB Pharmacy		3, 5-7
		Share information about vaccine ordering, stock availability and vaccine sharing protocols in a timely manner to ensure best possible access to any additional vaccine supplies procured by WG	I&V Co-ordinator		3, 5-7

Accessibility	Settings	<p>Provide additional funding to support clusters to develop alternative delivery models (in surgery or off site) that meet social distancing and IP&C requirements and maximise patient throughput</p> <p>Provide primary care and community pharmacy with best practice guidelines for offsite clinics to include latest guidance on PPE, IP&C, and key operational issues</p> <p>Submit cluster plans to GMS outlining how clinics will operate this season and how additional funding will be used</p> <p>Encourage collaborative working between clusters, community pharmacies, the school nursing service, district nursing and community nurse immunisers to maximise patient access (for example by vaccinating families together) and make efficient use of resources, including offsite clinics</p>	<p>I&V Co-ordinator</p> <p>I&V Co-ordinator</p> <p>PCSMs</p> <p>All IN FLU partners</p>	<p>Practices set up socially distanced clinics with all necessary IP&C measures in place in time for arrival of flu vaccine.</p>	<p>1, 3, 5-7</p> <p>1,3, 5-7</p> <p>1,3,5-7</p> <p>All</p>
	Systems	<p>Provide practices and clusters with regular uptake and surveillance data through the campaign</p>	<p>LPHT</p>	<p>Practices and clusters monitor uptake and take appropriate action to recall non-attendees</p>	<p>1,3,5-7</p>
Re	Comms	<p>Ensure patient letters, texts and phone calls include public health messages regarding the importance of attending flu vaccination appointments this season and the measures in place to ensure patient safety</p>	<p>LPHT</p>	<p>Patients are assured of the safety measures in place</p>	<p>All</p>
		<p>Provide GP practices with a bank of prepared social media messages targeting patients aged 65y+</p>	<p>UHB Comms</p>	<p>Patients are aware of the importance of attending their flu vaccination appointment</p>	<p>1,3,5-7</p>
		<p>Provide GP practices with regular Beat Flu campaign updates through the season including links to available PHW resources</p>	<p>UHB Comms</p>	<p>Patients attend appointments</p>	<p>All</p>

		Use Health Board communications channels including social media advertising and press releases to enforce national campaign and local messaging / awareness raising			
	Alignment with COVID-19 mass vaccination plan and emerging comms plan	Patients on the COVID-19 shielded list are a priority group for both flu and COVID-19 vaccination. Flu vaccination should be given to patients aged 65y and over who are on the shielded list at the earliest opportunity ahead of the potential arrival of a COVID-19 vaccine.			

Priority 5: Maximise uptake of influenza vaccination in pregnant women

What needs to be in place for this to happen?		What are we going to do?	Who will lead on this action?	How will we know we have made a difference?	Which other priorities does this action support?
Availability	Vaccinators	<p>Recruit five community nurse immunisers to provide additional vaccinator capacity for priority groups as required through the season</p> <p>Facilitate accredited immunisation training for Healthcare Support Workers and experienced phlebotomists in GP practices</p>	<p>I&V Co-ordinator</p> <p>Primary Care Nurse Advisor</p>	<p>Five CNIs are recruited and ready to vaccinate by October</p> <p>The number of trained vaccinators within Primary Care settings increases</p>	<p>All</p> <p>1, 3-4, 6-7</p>
	Vaccine	Secure 500 doses of QIVc for administration in antenatal clinics	UHB Pharmacy	Midwifery teams have access to vaccine in antenatal settings	
Accessibility	Settings	Ensure all pregnant women are offered a flu vaccination in an appropriate setting	Midwifery	Midwifery teams actively promote flu vaccination and offer opportunities to receive it	1,3-4, 6-7
		Make opportunistic flu vaccination available to pregnant women in antenatal clinics, in addition to primary care settings	Midwifery		
		Provide primary care and community pharmacy with best practice guidelines for offsite clinics to include latest guidance on PPE, IP&C, and key operational issues	I&V Co-ordinator	Point of Delivery survey shows all pregnant women are offered, and a high percentage receive, flu vaccination	
		Encourage collaborative working between clusters, community pharmacies, the school nursing service and community nurse immunisers to maximise patient access (for example by vaccinating families together) and make efficient use of resources, including offsite clinics	All IN-FLU partners		

Reassurance	Systems	Provide practices and clusters with regular uptake and surveillance data through the campaign Ensure flu vaccinations administered to pregnant women in antenatal settings are notified to GPs to ensure uptake data is accurate	LPHT Midwifery	Practices and clusters monitor uptake and take appropriate action to recall non-attendees Data is shared between antenatal settings and GP practices in a timely manner	1,3-4. 6-7
	Comms	Ensure midwives are confident in the knowledge around the importance and benefit of the flu vaccine for pregnant women and their baby and where to access the vaccine. Ensure resources are available for midwives to support flu vaccine conversations with pregnant women. Provide flu vaccine and pregnancy promotional materials for antenatal clinics and settings. Ensure patient letters, texts and phone calls include public health messages regarding the importance of attending flu vaccination appointments this season and the measures in place to ensure patient safety Provide GP practices with a bank of prepared social media messages targeting pregnant women Provide GP practices with regular Beat Flu campaign updates including links to PHW resources	Midwifery & LPHT LPHT LPHT LPHT UHB Comms LPHT	Pregnant women are confident of the benefits of flu vaccination and know how to access it	All
	Alignment with COVID-19 mass	Guidance is awaited re: pregnant women and specifically BAME pregnant women regarding priority for COVID-19 vaccination.			

	vaccination plan and emerging comms plan				
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Priority 6: Maximise uptake of influenza vaccination in carers

What needs to be in place for this to happen?		What are we going to do?	Who will lead on this action?	How will we know we have made a difference?	Which other priorities does this action support?
Availability	Vaccinators	<p>Recruit five additional community nurse immunisers to provide additional vaccinator capacity for priority groups as required through the season</p> <p>Facilitate accredited immunisation training for Healthcare Support Workers and experienced phlebotomists in GP practices</p>	<p>I&V Co-ordinator</p> <p>Primary Care Nurse Advisor</p>	<p>Five CNIs in post and ready to vaccinate by October</p> <p>The number of trained vaccinators within Primary Care settings increases</p>	<p>All</p> <p>1, 3-5, 7</p>
	Vaccine	Secure additional vaccine supply (aTIV and QIVc) equivalent to 10% of last year's uptake, to be managed by the UHB and available for practices to purchase through the season as required	GMS & LPHT		3-5, 7
ACC	Settings	Provide additional funding to support clusters to develop alternative delivery models (in surgery or off site) that meet social distancing and IP&C requirements and maximise patient throughput	I&V Co-ordinator	Practices set up socially distanced clinics with all necessary IP&C measures in place in time for arrival of flu vaccine.	1, 3-5, 7
		Provide primary care and community pharmacy with best practice guidelines for offsite clinics to include latest guidance on PPE, IP&C, and key operational issues	I&V Co-ordinator		1, 3-5, 7
		Submit cluster plans to GMS outlining how clinics will operate this season and how additional funding will be used	PCSMs		1, 3-5, 7

		Encourage collaborative working between clusters and community pharmacies to maximise patient access and efficient use of resources	All IN-FLU partners		All
	Systems	Work with carers organisations to encourage carers to register as carers at their GP surgery	LPHT	Registered carers are automatically invited by their practice for vaccination	
Reassurance	Comms	<p>Ensure Community Pharmacies and GP Practices are aware of the importance of the flu vaccine for carers, their FREE eligibility and the carers ID card.</p> <p>Ensure patient letters, texts and phone calls include public health messages regarding the importance of attending flu vaccination appointments this season and the measures in place to ensure patient safety</p> <p>Work with carers' organisations to promote awareness of eligibility for flu vaccination and information about how / where / when to access it</p>	<p>LPHT</p> <p>LPHT</p> <p>LPHT</p>	Carers are confident of their eligibility, and understand the benefits of flu vaccination and how to access it	
	Alignment with COVID-19 mass vaccination plan and emerging comms plan	<p>Patients on the COVID-19 shielded list are a priority group for both flu and COVID-19 vaccination. Flu vaccination should be given at the earliest opportunity ahead of the potential arrival of a COVID-19 vaccine. Household contacts of shielded patients – some of whom will be carers - are to be offered flu vaccination opportunistically at the start of the season, preferably at the same time as the shielded patient (WHC 2020 013).</p> <p>Carers who are also health or social care workers will be a priority for COVID-19 vaccination.</p>			

Priority 7: Maximise uptake of influenza vaccination in people with a learning disability

What needs to be in place for this to happen?		What are we going to do?	Who will lead on this action?	How will we know we have made a difference?	Which other priorities does this action support?
Availability	Vaccinators	Recruit five additional community nurse immunisers to provide additional vaccinator capacity for priority groups as required through the season Facilitate accredited immunisation training for Healthcare Support Workers and experienced phlebotomists in GP practices	I&V Co-ordinator Primary Care Nurse Advisor	Five CNIs in post and ready to vaccinate by October	All
	Vaccine	Secure additional vaccine supply (aTIV and QIVc) equivalent to 10% of last year's uptake, to be managed by the UHB and available for practices to purchase through the season as required	GMS & LPHT	Additional vaccine supplies sourced and used	1, 3-6
Accessibility	Settings	Explore with colleagues in the UHB and social care department, the most appropriate settings for administration of vaccinations to this group	LPHT	Increased understanding of demographics and settings where this priority group can be contacted	
	Systems	Work with statutory and third sector organisations in contact with people with learning disability and their families in order to understand any specific sector challenges in increasing flu vaccination uptake and develop plans to overcome these	LPHT	Increase in flu vaccination uptake with this group	
Reassurance	Comms	Develop bespoke messaging and materials for distribution to members of this group and/or their carers in order to highlight eligibility for a flu vaccination	LPHT & UHB Comms	People with a learning disability are confident of their eligibility, and understand the benefits of flu vaccination and how to access it	

	Alignment with COVID-19 mass vaccination plan and emerging comms plan	This cohort is not currently prioritised for COVID-19 vaccination unless the individual is also a health or social care worker or is shielding.			
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Priority 8: Maximise uptake of influenza vaccination in healthcare workers (including healthcare students) with direct patient contact

What needs to be in place for this to happen?		What are we going to do?	Who will lead on this action?	How will we know we have made a difference?	Which other priorities does this action support?
Availability	Vaccinators	<p>Recruit five additional community nurse immunisers to provide additional vaccinator capacity for priority groups as required through the season</p> <p>Increase the number of peer vaccinators across all directorates</p>	<p>IC Co-ordinator</p> <p>Occupational Health and Directorate leads</p>	<p>Five CNIs in post and ready to vaccinate by October</p> <p>The number of peer vaccinators actively vaccinating staff exceeds 100</p> <p>Peer vaccinators administer more than 40% of staff vaccinations</p>	All
	Vaccine	<p>Secure sufficient vaccine (6,700 doses) prior to the start of the season to achieve a 14% increase on last year's total uptake, with the option to purchase further supplies during the season</p> <p>Flu vaccine will be made available to all staff (including students, volunteers, agency and external contractors) working across the health board, from 5th October 2020.</p>	Occupational Health	<p>Vaccine uptake data shows an increase compared to previous season</p> <p>All staff receive an appropriate vaccine for their age group</p>	

Accessibility	Settings	<p>Provide vaccinators with latest guidance on PPE, IP&C and any other relevant considerations regarding administration of flu vaccination during the pandemic</p> <p>Secure the use of a designated site for vaccination clinics, suitable for social distancing, for a 4 week period, to be supported by an online platform for booking appointments, across PPH, GGH, WGH and BGH</p> <p>Establish a mobile vaccination clinic (using a bus from Mid and West Wales Fire Service) to visit all MHL D locations across Health Board.</p>	<p>IC Co-ordinator</p> <p>Occupational Health/Executive Direction and support</p> <p>MHL D vaccination team</p>	<p>Vaccination takes place in socially distanced settings in accordance with latest guidance</p> <p>Staff attend appointments booked online</p>	
	Systems	<p>Ensure flu vaccination history is added to each individuals' staff occupational health record</p> <p>Use ESR data to identify denominator and monthly uptake data for submission to Public Health Wales</p> <p>Ensure communication channels are in place so that Occupational Health are informed of all vaccines delivered to staff across the health board by return of consent form.</p> <p>Develop data systems to ensure GP practices are informed in a timely manner of UHB staff in at risk groups who receive vaccination in occupational settings</p> <p>Establish an online vaccination appointment booking system for staff to attend sessions at the four main hospital sites to maximise efficient use of clinic time</p>	<p>Occupational Health</p> <p>Occupational Health</p> <p>Occupational Health</p> <p>Occupational Health</p>	<p>The Cohort staff health record is used to record all vaccines given, including staff are vaccinated in Community Pharmacy</p> <p>ESR and Cohort bidirectional interface allows vaccine uptake data based on denominator</p> <p>GP practices hold accurate records of at-risk patients vaccinated in occupational settings</p> <p>Number of staff booking appointments online</p>	

Reassurance	Comms	<p>Send a letter to all directorate leads highlighting plans for forthcoming season and need to increase number of peer vaccinators across all clinical areas</p> <p>Send an email to managers of front line staff in clinical roles prior to launch of programme, encouraging those in front line roles to make arrangements to be vaccinated as a priority as soon as possible</p> <p>Promote the new online booking system for staff across the health board</p> <p>Advertise participating community pharmacies for those who cannot access vaccine as part of booked sessions or via peer vaccinators</p> <p>Promote new peer vaccinators and senior staff taking up in peer vaccinator role</p> <p>Update the Staff flu page, peer vaccinator web page and peer vaccinator packs to include information on COVID-19 , new guidance and availability of online training</p> <p>Utilise staff closed Facebook page and Twitter platform to distribute staff messages re: importance of flu vaccination and new model of delivery for 2020/2021</p> <p>Encourage staff who receive the vaccine elsewhere (in GP practice or community pharmacy) to notify Occupational Health, via staff flu page</p> <p>Secure Executive/Senior management /Directorate lead support for campaign including active promotion of vaccine or images receiving vaccination</p>	<p>LPHT & Occupational Health</p> <p>Occupational Health</p> <p>UHB Comms</p> <p>UHB Comms</p> <p>UHB Comms</p> <p>LPHT & Occupational Health</p> <p>UHB Comms</p> <p>UHB Comms</p> <p>UHB Comms & Occupational Health</p>	<p>UHB staff are aware of the importance of the flu vaccine for patient safety, minimising co-circulation with COVID and protecting health services</p> <p>Staff know where and when they can be vaccinated, and how to book appointments online</p> <p>Numbers of notifications received</p> <p>Social media comms of senior staff receiving vaccination</p>	
	Alignment with COVID-19	Recommend that staff with direct patient contact receive their flu vaccination as early as possible with a 5 th October start date.		Recruitment model for peer vaccinators can be	

	<p>mass vaccination plan and emerging comms plan</p>	<p>Frontline staff are a priority group for receiving COVID-19 vaccination and scheduling early administration of flu vaccination for this cohort will allow administration of the COVID-19 vaccination as soon as possible (allowing for 28 day interval).</p> <p>Identify Peer Vaccinators as additional vaccinators for COVID-19 vaccine delivery, subject to further training, to support agreed delivery models of COVID-19 vaccine</p> <p>Consider extending the delivery models in place for flu vaccine (such as the online appointment platform) to deliver the COVID-19 vaccine</p> <p>Consider options for two way electronic sharing of information with primary care to enable timings of flu and COVID-19 vaccinations to be effectively sequenced</p>		<p>utilised for COVID-19 vaccination campaign.</p> <p>Peer Vaccinators are able to contribute to the delivery of COVID-19 mass vaccination at scale.</p> <p>Maximum uptake according to agreed prioritisation with appropriate interval between vaccine types and doses</p>	
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Priority 9: Maximise uptake of influenza vaccination in staff in nursing homes and care homes with regular client contact

What needs to be in place for this to happen?		What are we going to do?	Who will lead on this action?	How will we know we have made a difference?	Which other priorities does this action support?
Availability	Vaccinators	<p>Recruit five additional community nurse immunisers to provide additional vaccinator capacity for priority groups as required through the season</p> <p>Ensure that as many community pharmacies as possible are signed up to deliver the seasonal influenza vaccination campaign and that wherever possible there is full geographical coverage across the UHB area</p>	<p>I&V Co-ordinator</p> <p>Community Pharmacy</p>	<p>Five CNIs in post and ready to vaccinate by October</p> <p>Numbers of pharmacies providing seasonal flu vaccinations remains stable or increases from last season</p>	<p>All</p> <p>3-8, 10</p>
	Vaccine	Ensure that Community Pharmacies are aware of potential increased demand and eligible cohort size for this seasons flu vaccination campaign so that they can take appropriate measures to secure additional supplies of vaccine	Community Pharmacy	Community pharmacies are able to meet demand	3-8, 10
Accessibility	Settings	Work with local authorities and independent contractors to develop appropriate models for flu vaccination for care home staff including where appropriate clinics in care home settings, off site vaccination sessions (such as at community facilities) and pharmacy based appointment schemes	Community pharmacy	Community pharmacies run flu vaccination clinics for care home staff in appropriate settings with all necessary IP&C measures in place	
	Systems	<p>Scope the size, organisation and location of the social care workforce across the three counties</p> <p>Ensure care home managers are provided with eligibility template letters for staff to present at community pharmacy</p>	<p>LPHT</p> <p>PHW VPDP / LPHT</p>		

Reassurance	Comms	<p>Circulate <i>Flu and Flu Vaccine: A Guide for Care Home Managers and Staff</i> (PHW 2020) to care homes</p> <p>Provide care home managers with regular Beat Flu campaign updates including links to available PHW resources</p>	IP&C	Care home managers promote and facilitate flu vaccination for their staff	
	Alignment with COVID-19 mass vaccination plan and emerging comms plan	<p>Social care staff with regular client contact are a priority group for receiving COVID-19 vaccination. As flu vaccine is likely to be available earlier than COVID vaccine, early administration of flu vaccination for this cohort is recommended.</p> <p>Scope multi-vaccination clinics for this workforce to capture those eligible for both who are yet to be appropriately vaccinated</p>		Maximum uptake according to agreed prioritisation with appropriate interval between vaccine types and doses	

Priority 10: Maximise uptake of influenza vaccination in staff providing domiciliary care

What needs to be in place for this to happen?		What are we going to do?	Who will lead on this action?	How will we know we have made a difference?	Which other priorities does this action support?
Availability	Vaccinators	Recruit five additional community nurse immunisers to provide additional vaccinator capacity for priority groups as required through the season Ensure that as many community pharmacies as possible are signed up to deliver the seasonal influenza vaccination campaign and that wherever possible there is full geographical coverage across the UHB area	IC Co-ordinator Community Pharmacy	Five CNIs in post and ready to vaccinate by October	All
	Vaccine	Ensure that Community Pharmacies are aware of potential increased demand and eligible cohort size for this seasons flu vaccination campaign so that they can take appropriate measures to secure additional supplies of vaccine	Community Pharmacy	Community pharmacies are able to meet demand	3-9
Accessibility	Settings	Work with local authorities and independent contractors to develop appropriate models for flu vaccination for domiciliary care staff including where appropriate off site vaccination sessions (such as at domiciliary care office bases) and pharmacy based appointment schemes	Community Pharmacy	Community pharmacies run flu vaccination clinics for domiciliary staff in appropriate settings with all necessary IP&C measures in place	
	Systems	Scope the size, organisation and location of the domiciliary care workforce across the three counties Ensure domiciliary care managers are provided with eligibility template letters for staff to present at community pharmacy	LPHT PHW VPDP / LPHT	Accurate data are available Staff are aware of and able to show eligibility	

Reassurance	Comms	Provide domiciliary care managers with regular Beat Flu campaign updates including links to available PHW resources	LPHT	Domiciliary care managers promote and facilitate flu vaccination for their staff	
	Alignment with COVID-19 mass vaccination plan and emerging comms plan	<p>Social care staff with regular client contact are a priority group for receiving COVID-19 vaccination. As flu vaccine is likely to be available earlier than COVID-19 vaccine, early administration of flu vaccination for this cohort is recommended.</p> <p>Scope multi-vaccination clinics for this workforce to capture those eligible for both who are yet to be appropriately vaccinated</p>		Maximum uptake according to agreed prioritisation with appropriate interval between vaccine types and doses	

Section 7: Appendices

	Item	Details / document link
7.1	Glossary	I&V Coordinator – Immunisation and Vaccination Coordinator LPHT – Local Public Health Team UHB Comms – University Health Board Communications Team GMS – General Medical Services MHLD – Mental Health and Learning Disabilities IP&C – Infection Prevention and Control PHW VPDP – Public Health Wales Vaccine Preventable Disease Programme
7.2	Welsh Health Circular 2020 09: The National Influenza Immunisation Programme 2020 to 21, 21 st May 2020	WHC 2020 09
7.3	Welsh Health Circular 2020 013: The National Influenza Immunisation Programme 2020 to 21 (2), 14 th August 2020	WHC 2020 013
7.4	Public Health Wales Beat Flu Communications Plan, 18 th August 2020	See Appendix 1.
7.5	PPPAC End Of Season Flu Report, August 2020	Hyperlink to Influenza Season 2020-21 SBAR PPPAC 27 August 2020

Appendix 1

Beat Flu Communications Plan 2020/21 – Overview	
Author: Hannah Lindsay	
Date: 18/08/20	Version: 0G
Publication/ Distribution: For external stakeholders including:- Health Boards and Trusts (Heads of Communications and Flu Communications Leads); Immunisation Co-ordinators; Trust Flu Leads; National Influenza Action Group (NIAG); Welsh Government Communications Leads; Welsh Government Immunisation Branch; Third Sector Organisations; Occupational Health Leads; COVID-19 Vaccine Delivery Programme Board	
Purpose and Summary of Document: This document sets out a plan for communications around the Beat Flu campaign 2020-2021	

1. Introduction and context

Public Health Wales’ annual Beat Flu campaign will be taking place later this year. As ever, the aim of the campaign is to reduce the impact of flu on the population of Wales by encouraging those who are eligible for the free annual flu vaccination to get vaccinated in a timely way.

The Beat Flu campaign is fully bilingual and has been running for six years and each year the campaign offers support, guidance, resources and assets to support joined up working across the NHS and other stakeholders in Wales, on this important public health campaign.

The COVID-19 global pandemic does make this an extraordinary year, and as such, there will be a need throughout the planning process, as well as the campaign itself, to be flexible and adapt to circumstances and situations as they progress or arise.

We will endeavour to keep all interested parties as informed as possible to any changes to the campaign that need to be made. This document is subject to change.

2. Objectives

The communications objectives for the campaign are:

- to raise awareness of the potential seriousness of catching flu;
- the benefits of flu vaccination in eligible groups;
- increase awareness of eligibility; and
- increase uptake of flu vaccine in eligible groups / target audiences for the 2020-21 season.

At some point during the season, we also anticipate that communications may need to address the management of demand for flu vaccine.

In addition, this year within the context of the COVID-19 pandemic, the campaign will aim to provide further clarity on respiratory viruses and how to best protect against them.

3. Audiences

Primary:

- [parents/guardians of] Children aged two and three (age on 31 August 2020)
- [parents/guardians of] Primary school aged children
- Pregnant women
- People aged 65 and over
- People from 6 months of age with long term health conditions
- Adults with a BMI of 40 or above
- Front-line healthcare workers
- Care home staff with regular client contact and domiciliary carers
- Carers

Secondary:

- People aged 50 to 64 (to be extended to this groups later in the season when additional vaccine becomes available)

4. Insight

Anecdotally, it seems the COVID-19 pandemic has altered the public awareness and perceptions around viruses and vaccinations, but exactly how remains to be fully understood. We anticipate an increased demand for flu vaccine in 2020/21, but there may also be an increase in the barriers to vaccination. The 2020/21 Beat Flu campaign will tap into this changed consumer opinion to speak about flu viruses, and the benefits of flu vaccination with maximum contextual relevance.

In order to understand the public's perception surrounding flu, in light of COVID-19, we have undertaken one research survey and have another one planned for early September. These two bursts of research are proposed due to the rapidly changing landscape of COVID-19 as well as the restrictions in place to stop its spread and reduce its impact.

The first survey (which is available for further reference) of people living in Wales about flu vaccines and COVID-19 was conducted in July 2020. In brief summary, the finding showed:

- Over half of adults (54%) think that it is fairly or very likely they will have a flu vaccine this year
- 33% of those who did not have a flu vaccine last year, think they will get vaccinated this year
- 56% think that it is more important to get a flu vaccine this winter due to the COVID-19 pandemic
- 10% of people don't think flu vaccine are safe
- 19% don't think the vaccine is effective
- Almost two thirds (64%) of adults in Wales would consider going to a drive-through clinic to get a vaccine

Research from Public Health England has also shown these key points:

- It is helpful to implicitly refer to the pandemic, but explicitly reference to COVID-19 can be distracting from flu
- People are more keen than before the pandemic, to have the flu vaccine

- There is more awareness / knowledge about viruses following the COVID-19 pandemic
- There are great barriers to accessing the flu vaccine this year, particularly for those who feel at particular risk of COVID-19, who are concerned about the safety of receiving the vaccine
- Messaging around the harms and severity of flu can be helpful but needs to feel credible within the context of COVID-19 and not appear to be scaremongering
- The most effective narrative is based on 'protecting yourself and others' and why this is important
- Referring to the flu as a virus is useful

Coupled with the evaluation of last year's Beat Flu campaign, this insight offers us the basis on which we have shaped the 2020/21 Beat Flu campaign.

5. Strategy

COVID-19 has provided a climate of increased awareness about viruses and protection against them through vaccination. We need to harness this increased overall knowledge and sense of goodwill, community, and responsibility seen during the pandemic, to ensure that eligible groups are also aware of the seriousness of flu and how to obtain a flu vaccination.

We also need to build in to the other key communications campaigns that will be taking place over the same period. This includes Keep Wales Safe, and the winter pressures campaign, which has developed into two strands focusing on individuals protecting themselves and others as well as protecting the NHS by taking pressure off the NHS. Due consideration is also needed for the potential communications campaign for a COVID-19 vaccination; the timing of which is yet to be determined but may run at the same time as the Beat Flu campaign.

a. Brand

We will continue to use the Beat Flu brand and work with partners to incorporate other branding where appropriate.

However, there may be a requirement to add or incorporate other identities to the campaign as the COVID-19 pandemic situation develops into the flu season. This is likely to include the 'Keep Wales Safe' Welsh Government brand.

b. Messaging

Public awareness of viruses has increased due to the COVID-19 pandemic. However some evidence indicates that there is fear about receiving vaccinations and exposure to COVID-19. Target audiences will need to be reassured that appropriate measures are in place to keep them safe.

There is some crossover with ongoing hygiene messaging around COVID-19, such as Catch it Bin it Kill it, as well as crossover with encouragement to have a COVID-19 vaccination should one become available.

Through research and behavioural change theory, we have identified some key barriers that we will need to address throughout messaging. These include:

- Behavioural regulation (booking an appointment / setting aside time)
- Knowledge (awareness of eligibility / where to go to get it)

- Norms (beliefs about what others are doing)
- Beliefs about consequences (don't think vaccine is effective; don't think vaccine is safe; bad previous experience; protecting self and others' health)
- Environmental context (risk of getting COVID-19 if attend a healthcare facility)
- Perceived susceptibility and vulnerability (perceived risk of getting the flu; increased sense of vulnerability and desire to avoid flu)

Overarching communication messages:

- Let's BEAT FLU together.
- This winter, protecting your health and the health of those around you is more important than ever.
- Flu can be very serious
- People who are at high risk of COVID-19 are also those most at risk from flu and there is a safe vaccine for flu.
- Having a flu vaccine is the best way of protecting yourself from catching or spreading flu

Targeted messages:

- **Health and social care workers, and carers** - Protect yourself and those you care for - Let's BEAT FLU together.
- **Children** - Make sure your child is protected - Let's BEAT FLU together
- **People with long term health conditions** - Let's BEAT FLU together and protect your overall health
- **People aged 65 and over** - Protect your health - Let's BEAT FLU together
- **Pregnant women** – Protect yourself and your baby - Let's BEAT FLU together.

6. Implementation - Communication channels

All resources will direct the audience to the Beat Flu website – www.beatflu.org / www.curwchffliw.org as well as relevant clinicians and specialists.

a. Paid for campaign

- TV advertising – ITV Wales and S4C
- VOD – ITV Hub
- Radio – local and national
- Paid social media – Facebook, Instagram, YouTube plus remarketing
- Digital – Google and Bing Display advertising, Google and Bing Search advertising

b. Launch event

Given the ongoing uncertainty over the logistics of how the flu programme (and potentially COVID-19 vaccination programme) will be delivered this year, we are not

holding a physical launch as we have done in previous years. Instead, the launch will be online/virtual. We will work with an influencer and / or a key official/leader to develop a launch video.

We currently aim to launch the campaign week commencing 21st September.

c. PR

A press release will be created to accompany the launch video and will be shared with stakeholders under embargo. There will also be shorter form news story for use on websites.

Reactive PR will prepared and shared. This will be available to react to media enquiries throughout the duration of the campaign with lines available to share nationally.

A series of case study stories focused on those who deliver the flu programme will be created and made available for use by stakeholders. We will aim for at least two of these for launch.

We will aim to work with relevant social media influencers to target key groups.

d. Web content

The Beat Flu webpages are currently being refreshed to support the 2020/21 campaign. This will now include a further developed resources section, as well as links to the flu hub for information in more in-depth, and a 'latest info' section for information about the delivery of the flu programme during the COVID-19 pandemic.

In addition, we aim to make the website more engaging and easy to navigate by adding interactive content that will clearly direct those looking for further information on getting their flu vaccination, to the right place.

e. Organic social media

We will continue to use the Beat Flu/Curwch Ffliw Facebook and Twitter accounts with the hashtag #beatflu / #curwchffliw to run social media activity throughout the campaign. This will be supported by the Public Health Wales / Iechyd Cyhoeddus Cymru Facebook and Twitter accounts.

Content will be focused around core campaign messages with accompanying social media assets. We will aim to provide a social media content and asset bank in advance of the campaign launch – these may be updated and shared throughout the remainder of the campaign as we strive to be flexible and responsive.

We will create a social media template for partners to use and include their organisational logo. We will also aim to create at least 10 separate visual graphic assets for each overarching audience.

f. Video content (all available in Welsh and English)

Shaped by our core campaign messages, we will develop a series of videos including a general focus as well as those specifically targeted to eligible groups.

Topics will include encouraging eligible groups to get the flu vaccine, how to maintain good hygiene to prevent the spread of viruses, and potentially further explainer videos on flu and /or viruses in general.

*This list may be expanded

1. **General:** TV advert – digital version*
2. **Children:** VOD advert – digital version
3. **General eligibility:** Are you eligible?
4. **BSL eligibility:** are you eligible?
5. **General:** 3-4 video clips from main TV advert
6. **Children:** 3 video clips from main VOD advert
7. **General:** how to maintain good hygiene to prevent spread of viruses
8. **General:** flu virus explainer video

g. Print content (all available in Welsh and English)

We have developed a series of print assets including leaflets, flyers, and posters for use in various setting such as clinical healthcare settings and care facilities. These will all be available on the Beat Flu website.

1. **Poster template**
2. **General** – leaflet
3. **Children** – leaflet
4. **Pregnancy** – flyer
5. **General** – poster - Flu version 1 (family)
6. **General** – poster - Flu version 2 (older person)
7. **Pregnancy** – poster
8. **Healthcare worker** – poster
9. **Care home worker** – poster
10. **Domiciliary carer** - poster
11. **Children** – poster (primary school)
12. **Children** – poster - children ages 2-3

13. **General** – flyer - Free flu vaccine eligibility *available in 24 languages and a range of different formats to aide accessibility

14. **General** – email and letter footer

15. **Children** – email and letter footer

Implementation - Stakeholder collaboration

We will work with external stakeholders to both inform and deliver key campaign messages and materials.

By utilising the unique relationship charities, voluntary organisations and Non-Governmental Organisations (NGO's) have with key audiences across Wales we will broaden the reach of our campaign and ensure our work is accessible and relatable to the audiences we share with these organisations.

In doing so, we will:

- Relate campaign messaging to specific audiences with additional communications needs or barriers. This can include language, access, understanding and broader social determinants.
- Create equity in the delivery of the information and services we provide/ highlight.
- Build trust and relationships with keys audiences through external stakeholders and partners.
- Make use of existing channels and networks to deliver our messaging instead of relying on them coming to us.

Collaborate and co-produce to broaden our reach and appeal.

7. Implementation - Timings

Phase 1 of the campaign will run from launch on 21 September 2020 through to 31 December 2020, and will focus on promoting flu vaccine uptake in eligible/recommended groups.

A partner toolkit for phase 1 will be available week commencing 7 September

Phase 2 of the campaign will run from 1 January through to 31 March, and will likely continue to promote flu vaccine uptake, as well as how to stop the spread of flu viruses.

8. Scoring - Reporting and Evaluation

This communications plan will be routinely reported on throughout the campaign using the following framework:

- **Organic social media** – reporting and analysis of performance across channels; making adjustments if necessary
- **Paid for social** – reporting and analysis of performance across channels; making adjustments if necessary

- **Social listening** – reporting and analysis of online conversations around flu; making adjustments if necessary
- **Website analysis** – analysis of user engagement; making adjustments if necessary

On evaluation, a full debrief is routinely planned within Public Health Wales.

This communications plan will be evaluated using the following framework:

- **Paid for social media and digital reach** - the number of impressions and engagement achieved
- **Organic social media** - by content on Public Health Wales social media platforms, and the quality of engagement with the public and stakeholders
- **Website analysis** – analysis of user engagement
- **Media interest and reach** – the number of media enquiries generated, or interactions with journalists, the number of news stories generated in broadcast, print and online coverage
- **Stakeholder feedback** – from local health boards, local authorities and third sector organisations.

To be measured using GCS metrics:

- Inputs
- Outputs
- Out-takes
- Outcomes
- Impact

Evaluation will help to inform:

- **Recommendations** – lessons learned to inform future campaigns