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Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Cyfarfod Cyhoeddus y Bwrdd/ Public Board Meeting

DYDDIAD Y CYFARFOD: DATE OF MEETING:	24 September 2026
TEITL YR ADRODDIAD: TITLE OF REPORT:	Winter Respiratory Vaccination Plan 2026/27
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Dr Ardiana Gjini, Executive Director of Public Health
SWYDDOG ADRODD: REPORTING OFFICER:	Bethan Lewis, Assistant Director of Public Health Strategic Business & Operations

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Ar Gyfer Penderfyniad/For Decision

ADRODDIAD SCAA SBAR REPORT

Sefyllfa / Situation

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

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

This report sets out to Board the programme ambition and provides the proposed delivery approach, with particular attention to early readiness, communications, digital recording, workforce resilience and targeted equity action.

Cefndir / Background

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

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

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

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

Staff group	Vaccinated	Denominator	2025/26 uptake	2024/25 uptake
Add Prof Scientific and Technical	200	414	48.31%	34.04%
Additional Clinical Services	1,020	2,558	39.87%	27.51%
Administrative and Clerical	1,113	2,404	46.03%	33.01%
Allied Health Professionals	379	833	45.50%	34.93%
Estates and Ancillary	371	833	45.50%	25.41%
Healthcare Scientists	86	208	41.35%	28.77%
Medical and Dental	390	740	52.70%	47.45%
Nursing and Midwifery Registered	1,692	3,826	44.22%	32.27%
Grand Total	5,251	11,965	43.89%	31.86%

Key learning identified from previous programmes

Delivery partners have identified a positive foundation, including collaborative working between school nursing, immunisation teams, pharmacies, practices, maternity, care settings and outreach partners. Weekend and evening clinics, walk-ins, housebound contacts, antenatal delivery and opportunistic vaccination were all recognised as effective access routes.

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

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

Key area of focus	Issue	Mitigation focus
Readiness	Late PGDs, protocols, order forms, training, leaflets, delivery timings and programme updates.	Single readiness timeline with owners, dates and escalation triggers.
Digital and data	WIS slowness, writeback delays, access and support issues, incomplete data and stock recording challenges.	WIS improvement plan covering training, support, writeback, EMIS integration, data completeness and workflow.
Workforce capacity	Staffing constraints, administrative burden and weekend/evening delivery pressures.	Review workforce model, role flexibility, bank support, administration and peer vaccinator delivery.
Equity and access	Eligibility awareness gaps, language and accessibility needs, transport barriers, housebound list accuracy and care-home consent issues.	Targeted equity plan with accessible materials, outreach and household/postcode-aware booking.
Logistics	Unclear order windows, early/late delivery, storage pressure, consumables delays and cold-chain transfer challenges.	Confirmed order windows, delivery confirmations, storage plans and bank-holiday contingencies.
Communications	Late or unclear public and stakeholder communications, generic materials and weak signposting.	Audience-specific communications plan using plain language, accessible formats and clearer appointment letters.

Asesiad / Assessment

Progress update

Engagement with GP practices and community pharmacies has been used to confirm participation and available capacity. Commissioning arrangements with General Practice have now concluded and a number of practices have opted out of delivering elements of the vaccination programmes. Each non-participating practice eligible population will be mapped to a named community pharmacy. The Health Board will provide supplementary community clinics where pharmacy capacity, geography, accessibility or cohort needs require additional provision, including support for care homes, housebound people, clinical-risk groups, pregnant women, homeless populations and targeted outreach. This will enable local capacity whilst promoting the call and recall approach required.

Key Priorities for 2026/27

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

Delivery Plan

Workstream	Delivery plan
Programme timeline	Influenza delivery from September 2026 to 28 February 2027, with strongest focus on achieving high uptake between September and 30 November 2026. COVID-19 vaccination expected to commence in October 2026 and conclude on 31 January 2027. Health Board-led mop-up activity begins from 1 December 2026, with earlier remedial action where uptake trajectories are not being achieved.

Delivery model	A mixed delivery model comprising participating GP practices, community pharmacies and Health Board services. The model will be adjusted at locality level.
Health Board provision	Health Board community clinics will provide supplementary and contingency capacity, including locality-based clinics, care-home and housebound provision, targeted outreach, inpatient vaccination and support for cohorts whose needs cannot be fully met through participating practices or pharmacies.
School-aged and nursery delivery	School nursing services will deliver flu vaccination to reception to Year 6 and secondary school Years 7 to 11. Injectable flu preparations should be available in schools for children not consenting to Fluenz. Nursery flu vaccination is planned from 26 October 2026.
Primary care and community pharmacy	Participating GP practices will vaccinate their eligible populations alongside community pharmacy delivery. For each non-participating practice, all eligible registered patients will be allocated and invited to a named community pharmacy. Health Board community clinics will support call and recall, provide alternative appointments where required and undertake targeted follow-up and mop-up for people who remain unvaccinated.
Staff vaccination	Build on Flu Fridays, roving nurse teams, Occupational Health drop-ins, community hubs/outreach and peer vaccinators. Prioritise early text messaging, targeted roving, directorate ownership and executive-level championing.
Monitoring and governance	A single practice-level tracker will record participation status, eligible population, named pharmacy, Health Board clinic support, allocated capacity, invitations issued, uptake and outstanding call and recall. Weekly operational review will identify gaps and trigger additional clinics, workforce redeployment or targeted outreach.

Staff Vaccination Focus

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

Care group	2024/25 uptake	2025/26 uptake	Difference
Chief Executive	43.4%	50.0%	+6.6
Chief Operating Officer Management	36.3%	45.8%	+9.5

Community & Integrated Medicine	28.7%	43.1%	+14.4
Digital	32.8%	39.7%	+6.9
Estates & Facilities	26.2%	39.6%	+13.4
Finance	17.9%	37.1%	+19.2
Medical	46.0%	38.7%	-7.3
Mental Health & Learning Disabilities	29.4%	38.0%	+8.6
Nursing, Quality & Patient Experience	29.5%	47.7%	+18.2
Operational Allied Health & Health Sciences	34.7%	46.7%	+12.0
Planned & Specialist Care	34.3%	46.9%	+12.6
Primary Care	28.9%	43.5%	Increase
Public Health	46.3%	60.1%	+13.8
Strategy & Planning	50.0%	26.3%	-23.7
Workforce & Organisational Development	60.8%	44.7%	-16.1

Workforce Mitigation Measures

Workforce requirements are profiled for Health Board, School Nursing and Occupational Health teams due to the opt out of GP Practices across the programme delivery eligible groups. Mitigations will include redeployment of trained Health Board vaccinators to areas of greatest pressure; use of bank and temporary staff where substantive capacity is insufficient; expansion of peer vaccinators and roving teams; use of appropriately trained pharmacy, nursing and support staff within agreed governance arrangements; dedicated administrative capacity for list cleansing, booking, call and recall and data entry; extended-hours and weekend clinics where this improves access; cross-locality mutual aid; protected training and competency assessment; and a reserve rota to manage sickness or demand surges. Workforce deployment, clinic fill rates and activity will be reviewed weekly, with escalation for additional capacity where forecast demand exceeds available appointments.

Engagement with Bank Team has been successful in identifying new recruits to join the immunisation workforce and additional training to these registered nurses is being finalised. Assurance can be provided that financial considerations for any additional costs associated with these mitigations can be met from the funding currently allocated for GP vaccine delivery, based on the remunerations rate per vaccine delivered.

Assurance

The proposed model provides a clear route for every eligible population, including those registered with non-participating practices. Assurance will be derived from confirmed practice participation, named-pharmacy allocations, clinic and workforce capacity, call and recall completion, uptake, stock and vaccine-waste data, and locality-level equity monitoring. Any unresolved gap in access or capacity will be escalated for corrective action before or during delivery.

Argymhelliad / Recommendation

The Board is asked to:

- **NOTE** the Winter Respiratory Vaccination Plan and the mitigation following confirmed GP practice participation.
- **RECEIVE ASSURANCE** from the proposed mixed delivery model, including allocation of eligible populations from non-participating practices to a named community pharmacy, supported by Health Board community clinics and coordinated call and recall.
- **ENDORSE** the proposed workforce mitigation measures and the use of weekly capacity, uptake and equity monitoring to trigger corrective action.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Cyfeirnod Cofrestr Risg Datix, Teitl a Sgôr Risg Cyfredol: Datix Risk Register Reference and Score:	Risk 1773 – risk score 9
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	2. Healthier communities
Nodau Cynllunio 2026/27 Planning Goals 2026/27	3. 20Four7 Population Health 4. Community by Design
Hypergyswllt i Amcanion Llesiant HDdUHB 2026 Hyperlink to HDdUHB Well-being Objectives 2026	7. Improve health and well-being by focusing on prevention and early intervention, while working in partnership to ensure everyone has equal access to care and opportunities for good health

Model Cymdeithasol ar gyfer Iechyd a Llesiant: (wedi'i gwblhau ar gyfer newid strategol a/neu newidiadau sylweddol i wasanaethau) A Social Model for Health and Wellbeing: (complete for strategic change and/or significant service changes)	7. All Apply
Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	The national influenza immunisation programme 2026 to 2027 (WHC/2026/010) GOV.WALES The national COVID-19 vaccination programme autumn 2026 (WHC/2026/009) GOV.WALES Public Health Wales: Influenza and Covid-19 Vaccination data.
Rhestr Termau: Glossary of Terms:	HCA – Health Care Assistant PGDs – Patient Group Directions WIS – Welsh Immunisation System
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y cyfarfod hwn: Parties / Committees consulted prior to this meeting:	Local Medical Committee Immunisation Oversight Group Strategy and Planning Committee

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

Enw Da: Reputational:	Communication team supporting Immunisation programmes and align to Public Health Wales assets and reporting to prevent reputational risk
Gyfrinachedd: Privacy:	Not applicable
Cydraddoldeb: Equality:	Approaches already undertaken in the area to encourage vaccination uptake and target interventions at groups and communities to address health inequalities.