

North Wales COVID-19 Mass Vaccination Implementation Plan (MVIP)

20th January 2021

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Please note: This plan is subject to change at short notice and is dependent upon further instruction from sources including the Welsh Government, Public Health Wales and the UK Joint Committee for Vaccination and Immunisation.

The Health Board wishes to thank our partners for their contributions of time, people, and facilities:

Conwy County Borough Council
Denbighshire County Council
Flintshire County Council
Gwynedd Council
Isle of Anglesey County Council
Ministry of Defence
North Wales Police
North Wales Fire and Rescue Service
Wrexham County Borough Council

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1.Introduction

Further to the All Wales National Strategy published on the 11th January, a North Wales Mass Vaccination Implementation Plan (MVIP) has been developed in response to the expectation and deliverables of the COVID-19 vaccine programme. The plan is being developed as a matter of urgency alongside the implementation of the mass vaccination programme itself.

A North Wales Strategic Vaccine Group has been established with multi-agency partners reporting to the North Wales Strategic Co-ordination Group (SCG). The plan has been developed across North Wales to deliver the COVID-19 Vaccination Programme in line with Welsh Government guidelines and parameters. The SCG have now included support for the vaccination programme within their strategic remit.

Partners have worked closely with supporting and establishing all Mass Vaccination Centres, providing staff and expertise, working together on care home delivery, communication including circulation of letters to all households.

It is noted that implementation of the programme is progressing at pace and as such the programme is changing on an almost daily basis; with previous briefings and report updates quickly becoming out of date.

The purpose of the plan is to describe the overarching approach that has been adopted by Betsi Cadwaladr University Health Board (BCUHB), and partners, for delivering a mass vaccination delivery programme for our population, including our health and social care staff.

The focus of this plan is upon delivery of the first cohort (Priority groups 1 to 4 as per Welsh Government guidance) with outline delivery plans for 2nd dose delivery and cohort 2.

Accordingly, this plan will be reviewed towards the end of the first Cohort (14th February) to reflect changes in guidance as well as detail on further developed long-term plans as and when they arise.

2. Priorities

On the 11th January, the national COVID-19 vaccination strategy was published. This plan reflects months of detailed delivery planning and sets out the national strategy and priorities for the coming months.

Aims and Objectives

The overall strategic aim is as follows:

To develop and deliver a COVID-19 Mass Vaccination Programme to all eligible residents and front line health and care sector workers in North Wales.

The key objectives are:

1. To develop and oversee the implementation and delivery of a high quality COVID vaccination programme in line with Welsh Government policy for the eligible people in the North Wales
2. To provide confidence and assurance to the North Wales population through a robust vaccine monitoring and reporting regime of fair and equal access to the vaccination programme for all groups with special characteristics.
3. To identify all eligible individuals and ensure 100% offer is made in a timely manner, vaccinating all eligible residents and health and care sector workers within priority groupings, targets and timeframes set by the Welsh Government
4. To ensure fair and equal access to the vaccination programme for all population groups, including those with protected characteristics, to achieve the highest possible uptake.

5. To identify and put in place the necessary resources, including workforce, assets, Information, communications and Technology (ICT), training, PPE, vaccination supply and storage which will enable the vaccination programme to be implemented safely and efficiently within the defined timescales.

The priority groups below are prioritised to receive a COVID-19 vaccine priority as determined by the Joint Committee on Vaccination and Immunisation (JCVI) at a UK level. This is based on evidence of those who are most at risk from COVID-19.

The national strategy sets out three key milestones:

- By mid-February (i.e. 14th February) – all care home residents and staff; frontline health and social care staff; everyone over 70 and everyone who is clinically extremely vulnerable will have been offered vaccination ((the first four priority groups). (Cohort 1 P1-P4))
- By the spring – vaccination will have been offered to all the other phase one priority groups. This is everyone over 50 and everyone who is at-risk because they have an underlying health condition. (Cohort 2. P5-P9)
- By the autumn – vaccination will have been offered to all other eligible adults in Wales, in line with any guidance issued by the Joint Committee on Vaccination and Immunisation (JCVI). (Cohort 3. P10)

The numbers of people in each of the eligible groups who are either resident and/or work within health and social care in North Wales are as follows:

Priority	Risk group	North Wales Population
1	Residents in a care home for older adults and staff working in care homes for older adults	14,498
2	All those 80 years of age and over and frontline health and social care workers	69,366
3	All those 75 years of age and over	39,235
4	All those 70 years of age and over and clinically extremely vulnerable individuals (not including pregnant women and those under 16 years of age)	60,326
5	All those 65 years of age and over	39,689
6	Adults aged 16 to 65 years in an at-risk group (see below)	80,666
7	All those 60 years of age and over	30,020
8	All those 55 years of age and over	35,910
9	All those 50 years of age and over	38,831
10*	Rest of the population (to be determined)	TBC

*Welsh Government guidance is awaited.

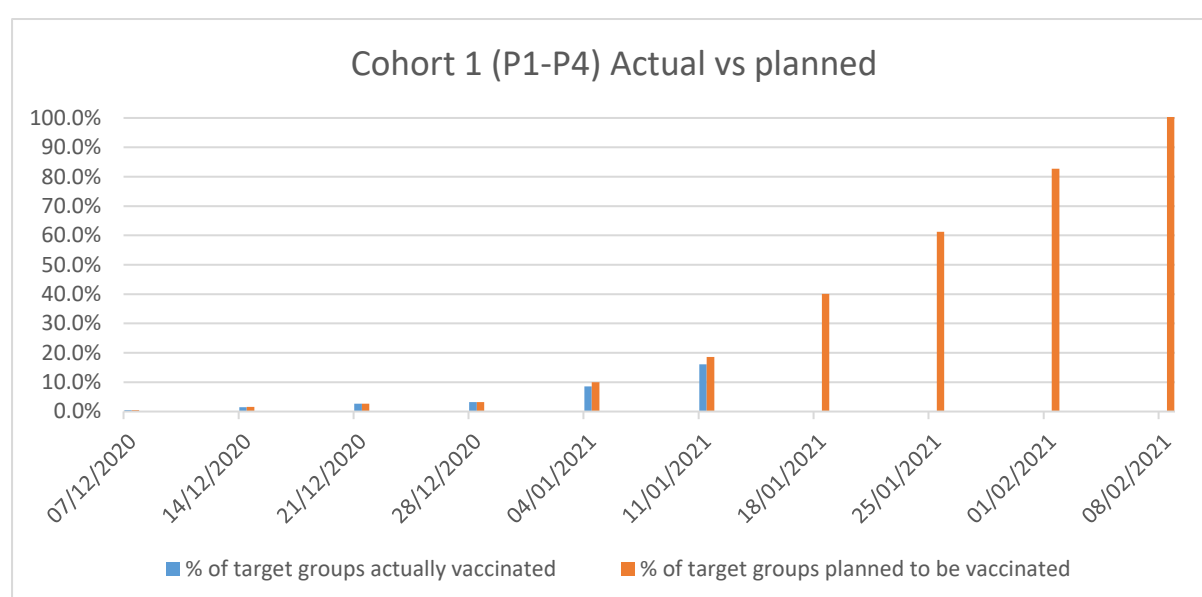
3. Delivery

This plan sets out our ambition and feasible intentions for the period up to Autumn 2021. The mass vaccination programme defines when and how the COVID 19 vaccines will be delivered across North Wales. The scale of the programme is to vaccinate the eligible adult population of North Wales by autumn 2021.

Priority Group		Total	East (Wrexham and Flintshire)	West (Gwynedd and Ynys Mon)	Centre (Conwy and Denbighshire)
1	Care home staff	8,344	3,488	2,253	2,603
	Care Home residents	6,154	2,572	1,662	1,920
2	Over 80's	35,371	14,785	9,550	11,036
	BCUHB staff	18,122	7,575	4,893	5,654
	Primary care staff	2,291	958	619	715
	Social care staff	12,000	5,016	3,240	3,744
	Other staff groups	1,582	661	427	494
3	Over 75's	39,235	16,400	10,593	12,241
4	Over 70's	42,753	17,871	11,543	13,339
	Shielding groups	17,573	7,346	4,745	5,483
Total		183,425	76,672	49,525	57,229
5	Over 65s	39,689	16,590	10,716	12,383
6	16 to 64 - high clinical risk	80,666	33,718	21,780	25,168
7	Over 60s	30,020	12,548	8,105	9,366
8	Over 55s	35,910	15,010	9,696	11,204
9	Over 50s	38,831	16,231	10,484	12,115
Total		225,116	94,098	60,781	70,236

*NB: Figures published on population priority groups may vary due to overlapping of priority groups.

The following graph shows the actual vs planned vaccine administered for cohort one of the programme vaccination delivery. Please note, the rapid increase in planned vaccination is due to the increased supply of vaccines for both, Pfizer and AstraZeneca. Our modelling presents us with the required information to understand our supply and demand.



We are opening Mass Vaccination Centres for longer hours, increasing weekend working, and increasing vaccine supply to community based vaccinators, so we are confident delivery will match the planning profile.

Our supply of vaccine is currently scheduled on a weekly basis, receiving vaccines from both, Pfizer and AstraZeneca. Utilising both vaccines has enabled the Health Board to rapidly, rollout the offer of the vaccine across Cohort 1. (P1-P4).

The Strategic Vaccine Group partners will work to ensure consistency of our booking system in line with the national guidance, avoiding the potential inequity of delivery across patient groups and across geography of North Wales.

By January 17th 2021 over 30,000 people have already received their first dose of the vaccine in North Wales. The figures for frontline BCUHB staff vaccinated by 17th Jan was 8,379. By 18th January, the Health Board will have received 11,200 of the AstraZeneca vaccine as well as 22 Pfizer vaccine trays totalling 25,300 doses. The Pfizer programme commenced December 7th 2020 with deliveries expected on 19th January of a further 21,000 AstraZeneca and 16,100 Pfizer doses. Our programme draws a further dose from each AstraZeneca and Pfizer vial above the Welsh Government's official figures.

By 14th February over 183,000 vaccines will have been administered to the priority cohort 1 across North Wales figures may vary dependent on level of uptake. Within that we will have offered and administered first doses for all front line health and social care staff by 5th February.

The strategy depends on sufficient and regular supply of the vaccines. We are confident that the North Wales COVID-19 Vaccine Programme will receive our proportion of the vaccines and will be able to administer it to match the future rate of supply. Outline delivery schedules indicate sufficient supplies to vaccinate the priority groups within Cohort 1 (P1-P4). The vaccine will be offered to all the population of North Wales, with an ambition to achieve uptake for all of the North Wales adult population. We note, there will be an anticipated small numbers of people, based from our modelling, who do not wish to uptake the offer of a vaccine and we expect to see this in small numbers and this will be reflected in our reporting.

In order to deliver a timely response to the challenges of planning during a pandemic where there is a fluidity in good practice and available guidance, a number of assumptions have had to be made in order to inform the initial plan. The planning approach adopted combines planning flexibility in the need that the latest Welsh Government guidance may change. The plan will continue to be reviewed, revised and tested.

We have identified Hospital Vaccination Centre's (HVC), Mass Vaccination Centre's (MVC), Local Vaccination Centre's (LVC) as well as having full sign up from all GP surgeries within North Wales area. This provides us with the capability to fulfil the Mass

vaccination delivery programme. In addition, a community pharmacy model has been tested in BCUHB on behalf of Welsh Government and expressions of interest for further roll out is ongoing.

Delivery models have been planned to meet the expected supplies of COVID-19 vaccines into North Wales, as determined by the Wales COVID-19 Vaccine Programme Delivery Board, and the priority groups as set out by the JCVI.

All three Mass Vaccination Centres (MVCs) located in Bangor, Llandudno and Deeside are now operational, together with three Hospital Vaccination Centres (Ysbyty Gwynedd, Ysbyty Glan Clwyd, and Ysbyty Wrexham Maelor). We have used the initial weeks to test, modify and amend our operational procedures and processes. No other Health Board has commissioned this number of sites and establishing this scale of delivery has been the programme's objective over the initial weeks.

The current delivery models are as set out overleaf:

Setting	Cohort
Hospital Vaccination Centre (HVC)	Frontline healthcare workers Care home staff*
Mass Vaccination Centre (MVC)	Care home staff <i>Frontline healthcare workers</i> <i>Frontline social care workers</i> Age cohorts
Primary care (GP Surgeries)	Frontline healthcare workers Frontline social care workers Care home staff (complete) Age cohorts (initial focus on over 80s)
Local Vaccination Centre (LVC) Contingency service***	Frontline social care workers Age cohorts Support for Primary Care
Care homes**	Care home residents
Domiciliary Care	All Housebound
Community Pharmacy	Frontline healthcare workers Frontline social care workers Care home staff (mop up) Age cohorts (initial focus on over 80s)

*This option is currently being scoped with regional partners.

**Care home residents to be managed in line with the Red Risk assessment, See risks log for definition and mitigation.

*** The LVC's will open if required to support primary care services and also dependant on the outcome of the Pfizer vaccine pilot scheme.

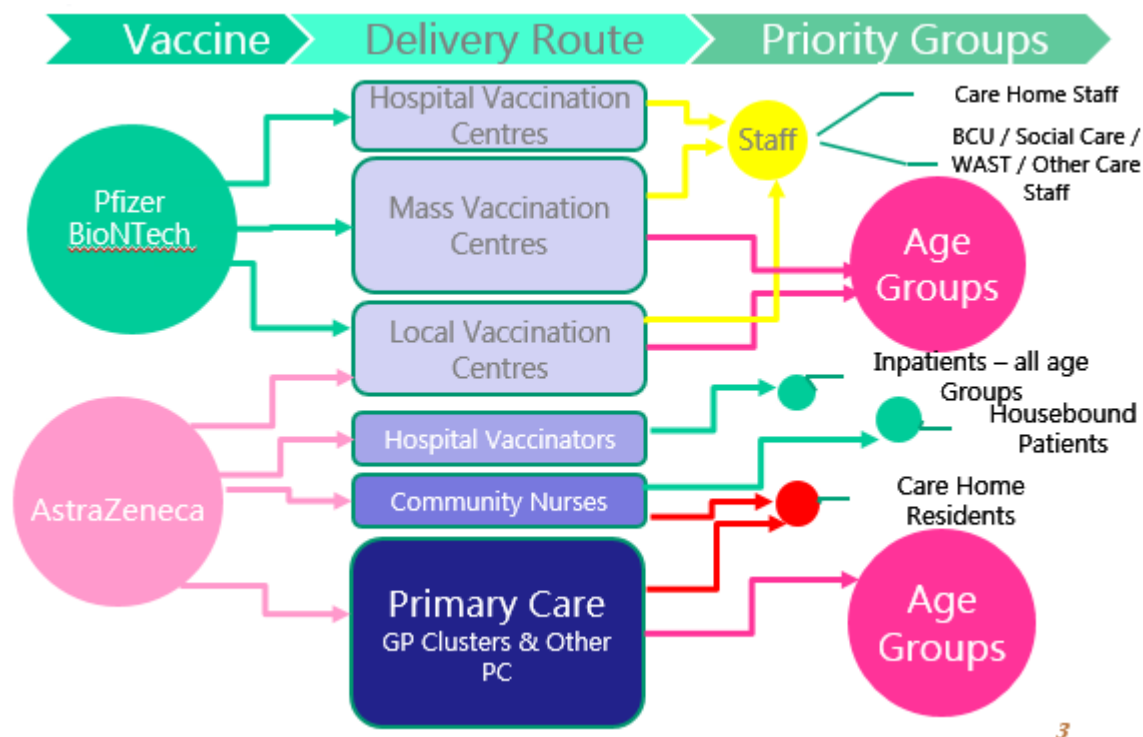
The primary care vaccine rollout will focus on delivering the AstraZeneca vaccine. The primary care vaccination rollout started on the 5th January and has already administered 11,200 vaccines. The primary care vaccine plan will initially focus on P1-P2 priority groups (includes care homes, and over 80's). This is being co-ordinated across North Wales by Area leads taking into consideration numbers of patients in each priority group within each practice, planned delivery within MVC's, alongside weekly vaccine availability.

As of 19th January there has been 21,000 AstraZeneca vaccine deployed across Primary care. This will increase to circa 25,000 by the week commencing 25th January; these vaccines will be used to continue to vaccinate the over 80's. It is unclear at this stage what the AstraZeneca supply is beyond February 15th. The Welsh Government have requested that we continue to vaccinate the first dose only and they will inform us when to start administering the second dose. A plan is in place in readiness to deliver the second dose to the North Wales population the moment the Welsh Government advises to do so. Within the plan, we expect to vaccinate those who have had first doses by the 12-week point, starting week commencing 22nd February this will allow us to have completed vaccinating Cohort 1, as per government guidance.

In addition to the AstraZeneca vaccine being used within the primary care services, as from the week commencing 18th January there are 2 trays of Pfizer vaccine (circa 2,300) being deployed for two GP Surgeries as pathfinders / pilot schemes within a Local Vaccination Centre / GP practice. Welsh Government have supported North Wales to be a pan Wales primary vaccination of the over 80's pilot scheme using the Pfizer vaccine.

Alongside the primary care initiative, we are developing the community pharmacy pilot scheme, which has enabled community pharmacies to vaccine 100 people over 80's in the last week. This is now increasing to 200 this week, with a scale up of community pharmacy vaccination going forwards. This has the opportunity for increased scale up following the invitation of expressions of interest from all community pharmacies across North Wales.

The 'Delivery route' illustrated overleaf, presents the flow through of vaccines into North Wales, representing the various delivery models being implemented, to meet the needs of the individual cohorts and entire population.



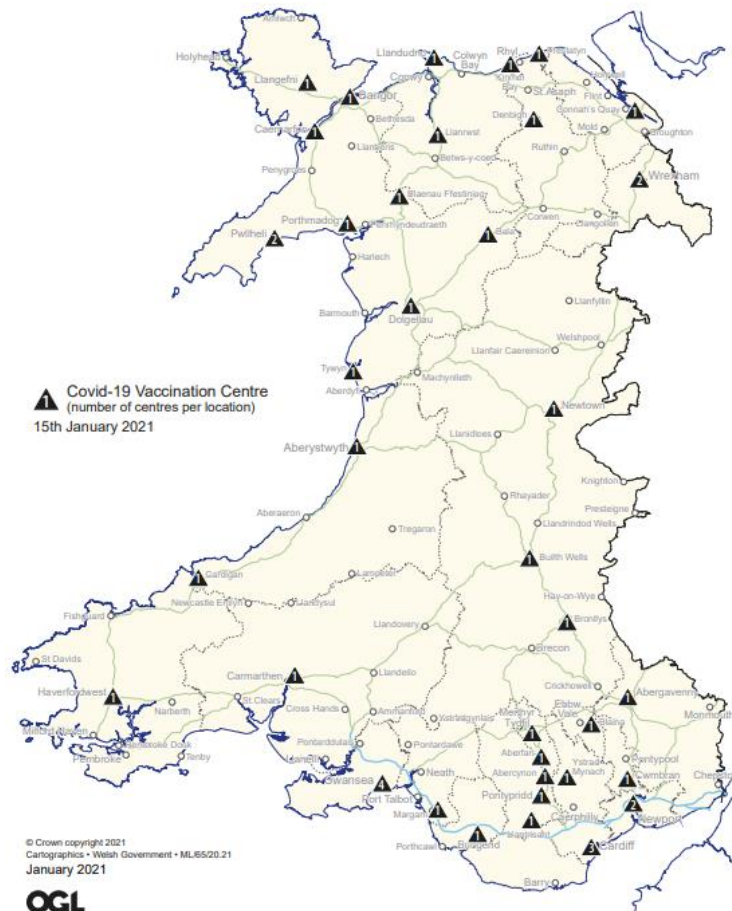
Hospital Vaccination Centres are located on hospital sites. These centres have been set up as the most convenient locations for the majority of frontline healthcare staff to receive vaccinations.

As part of a contingency plan for vaccine delivery, and if required to upscale at pace, we have the potential to open a further 15 Local Vaccination Centres (LVC), planned to ensure that the majority of the North Wales population are within a 30 minute drive time of a vaccination centre. Deployment will be dependent on supply of vaccine in order to upscale capacity and delivery of the vaccine to the North Wales population.

LVCs can be mobilised within 7 days, but will only be required when vaccine supplies reach 40,000 vaccines per week or where GP Clusters request a vaccination site.

WALES

COVID-19 VACCINATION CENTRES



4. Workforce

Our delivery model is underpinned by robust workforce plans which provide assurance that through working in partnership we can achieve, if not exceed, the expectations of us in this most critical and challenging programme. Our plan details the additional workforce to extend and expand the vaccination programme to support the delivery of Cohorts 2 and 3.

As part of this, our workforce team has worked closely together with Area Vaccination Leads and Occupational Health to develop a workforce plan to enable the delivery of

the vaccination programme across North Wales. Initially a deployed workforce of existing registered staff were identified as vaccinators across the Health Board and are administering vaccines, Following the change in legislation to allow non registered staff to be trained as vaccinators, we are blending into a mixed workforce, administering the vaccine when the change in legislation allows through 2021.

The figures presented here are the very latest estimates. It is intended that delivery of the programme will be phased in such a way for an equitable delivery across North Wales. We have a capability to upscale the delivery programme substantially per week if further increases of vaccines became available.

The workforce model for the vaccination centres is based on a maximum 12-hour 7-day provision together with the numbers of vaccination lanes required to deliver the vaccines required for the population

In addition, a level of extra staff have been included given the need to build in contingency.

Required WTE	
Lead (8a)	3.00
Clinical Lead (7)	6.00
Deputy Nurse Manager	10.20
Vaccinator	115.00
Vaccinator Admin Assistant/HCSW	115.00
Admin	20.80
Recovery	8.19
Pharmacy	25.14
Total	294.33

Following the decision to utilise GP practices all of the 98 GP practices across North Wales have registered and expressed interest to deliver and administer the COVID-19 vaccine. This will provide a more local delivery route particularly for the over 80's

and care homes, utilising the AstraZeneca vaccine. General Practices are being planned into the delivery programme on a week by week basis, and it is expected that uptake will accelerate when practices can order their supply direct. This roll out commenced in the week of 11th January.

The workforce plan has been developed taking a collaborative approach to maximise escalation and mitigate risk. Working together with Health Board Vaccination Leads, Occupational Health and partners a plan has been developed to enable the delivery of the vaccination programme across North Wales. Whilst BCUHB has an existing pool of over 600 vaccinators, many of these support direct clinical services and as such the intention is not to utilise these staff unless the risk is assessed as appropriate.

The intention will be to utilise our workforce by allowing vaccinators to provide a proportion of their week to work on the programme of between ½ and 1 day. This period is to be determined dependant on the volume and pace at which the vaccine arrives in North Wales. As such, the plan is focussed upon deployment of:

1. External recruitment
2. External “volunteer” expression of interest
3. External/Partner organisation support
4. Internal clinical staff in non-clinical roles
5. Flexible “bank” workers
6. Occupational Health
7. Existing Vaccinators

This order of deployment has been further enabled by the approval of the two national documents relating to the COVID-19 vaccines been developed by Welsh Government:

1. The National Protocol for COVID-19 Astra Zeneca Vaccine
2. The National Protocol for COVID-19 Pfizer BioNTech Vaccine

These documents have been devised to ensure that the COVID-19 vaccines can be administered to overcome the fact that initially the vaccines will not be licenced, although they will have been authorised for use under a Section 274A Regulation. This

will enable health services to rapidly increase the workforce that is able to vaccinate in this emergency pandemic situation. It will also provide indemnity cover for staff working to the Protocols whether they are registered or unregistered.

This includes staff working within the framework employed by BCUHB (paid and/or volunteer) or within a third party partnership organisation, including agency, independent contractors, Universities, other Health Board's and trusts and the military. For the purposes of this framework non-registered professional persons involved in the vaccination pathway include:

- Health Care Support Care Workers with direct or indirect clinical experience
- Student Health Professionals on placement within BCUHB
- Military personnel with clinical experience

Deployment includes a comprehensive approach to training and competency assessment.

We are working in close partnership with a Military Assistance Team whose focus is supporting our work in North Wales. Current opportunities for collaboration have included:

- A number of RAF staff are already working across our three Mass Vaccination Centres both in vaccinator and support roles.
- A strategic military planner has reviewed our detailed operational plans.
- The possibility of military support in the event of adverse weather is being explored.

Further opportunities will be identified and explored as part of our close ongoing dialogue.

Training

A full training matrix is in place and being led and delivered by a team comprising Clinical Trainers, Corporate Trainers and key subject matter experts. The Training is split into:

- Pre learning using eLearning
- Clinical Skills training/refresher (as appropriate)
- In situ Local Induction and on-site training
- Competency Assessment through observation

Using the learning from the first weeks of vaccination delivery, the process for “on boarding” and mobilising all roles within vaccination has been streamlined to ensure a steady flow of the pipeline.

5. Risks

Risks will be identified and managed as an integral part of the programme management arrangements initiated for the COVID -19 Mass Vaccination programme and will utilise the Health Board’s standard risk management framework.

All risks will be held on a Risk Register and each will be assigned owners, assessed according to probability and impact and mitigating actions identified. The risks will be closely monitored and reviewed within the programme governance structure and appropriate timely action taken to ensure the objectives of the Mass Vaccination programme are met.

Given the pace at which the mass vaccination programme is being developed and the number of current uncertainties, a number of planning assumptions have had to be made at this stage and significant risks identified, that could impact the delivery of the programme. We will work in partnership to constantly review and mitigate these risk which include:

- Uncertainties about vaccine availability (timing and delivery). A number of planning assumption have been made to inform the vaccine rollout which may prove to be inaccurate.
- Limited planning timeframe of vaccine availability potentially increasing risk that the programme will not be fully operationally ready.

- Anti-vaccine and/or safety concerns amongst the public could lead to a lower take up to the vaccine.

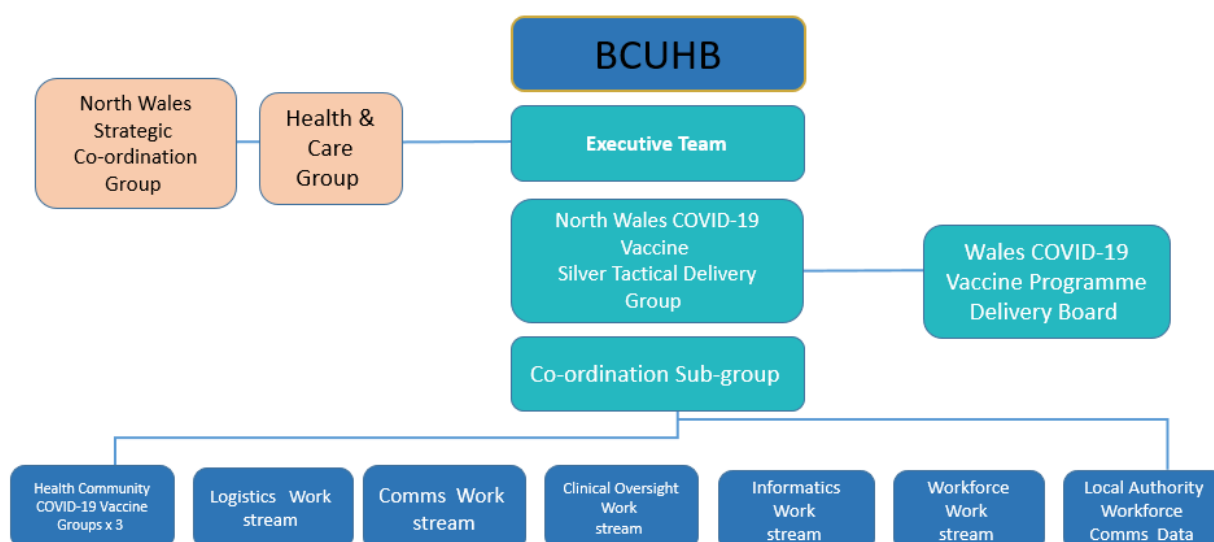
Strategic Risks	Mitigation
<p>1. There is a risk that the Vaccination Delivery Programme may not be able to secure adequate staff to fulfil the requirements of the Programme. This may be due to capacity and demand issues in primary care and community services, redeployment of staff into other programmes, capacity required for the 20/21 Flu Vaccination programme. This may result in delay in delivering the vaccination programme</p>	<ul style="list-style-type: none"> • The military has offered support further immunisation support • On-going recruitment of workforce • Dedicated Silver group owning and managing/mitigating risks • Partner involvement to support vaccination programme • Ability to escalate issues to WG via SCG or directly if required
<p>2. There is a risk of unsustainable pressure on services with knock-on effects caused by rising COVID-19 infections leading to system pressures, workforce pressures etc. Surge / super-surge situation. The impact may be to suspend the vaccination programme due to strain on staffing causing dis-benefits elsewhere in system</p>	<ul style="list-style-type: none"> • Alert Level 4 measures in place to reduce transmission • Full LRF and SCG structure in place to work to combat the spread of C19 in the community, reduce hospitalisations and subsequent pressures including working with Health & Social Care on hospital discharges • Ability to escalate and influence WG via SCG or directly where additional measures may be required • Dedicated Silver group owning managing and mitigating risks
<p>3. There is a risk of lack of operational readiness and preparedness to implement a COVID-19 vaccination programme due to uncertainties about vaccine availability (timing and delivery). There is also a risk that there may be disruption to critical supplies for the Vaccination Delivery Programme, such as clinical consumables, PPE. This may be due to overall increased demand for supplies due to the pandemic such</p>	<ul style="list-style-type: none"> • Dedicated silver group in addition to tactical delivery group to own, manage and mitigate risks • North Wales Mass Vaccination Implementation plan being drafted with risks and issues escalated as appropriate • Senior Partner support available via LRF to draw on as required • Full LRF and SCG structure in place to identify and escalate risks (for example PPE) to WG as required

as the PPE requirements; competing needs of the Flu Vaccination programme; disruption to supply chains due to the end of the EU transition period. This may limit the capacity for the Programme and delay delivery.	
4. Insufficient supply of vaccines	<ul style="list-style-type: none"> • Full LRF and SCG structure in place to identify and escalate risks (for example PPE) to WG as required • Escalate to WG
5. Lack of clarity in prioritisation criteria leading to lack of alignment with JCVI recommendations / the evidence	<ul style="list-style-type: none"> • Robust programme governance. Escalate to SCG if needed
6. Concerns about vaccine safety and efficacy reduce uptake	<ul style="list-style-type: none"> • Communications and Engagement activity
7. Perceived lack of progress causes reputational damage to SCG partners in the eyes of the communities we serve	<ul style="list-style-type: none"> • Communications and Engagement activity • Transparency of performance reporting Robust programme governance and escalation.
8. Risk public confidence in reporting system, recording numbers vaccinated from cohort 2 or 3.	<ul style="list-style-type: none"> • Validation process, monitoring and dashboard accuracy. • Communication and engagement activity Implementing lessons learnt
9. Red Risk Care Homes assessment	Utilise all wales risk assessment tool working with LA.

6. Governance and Reporting

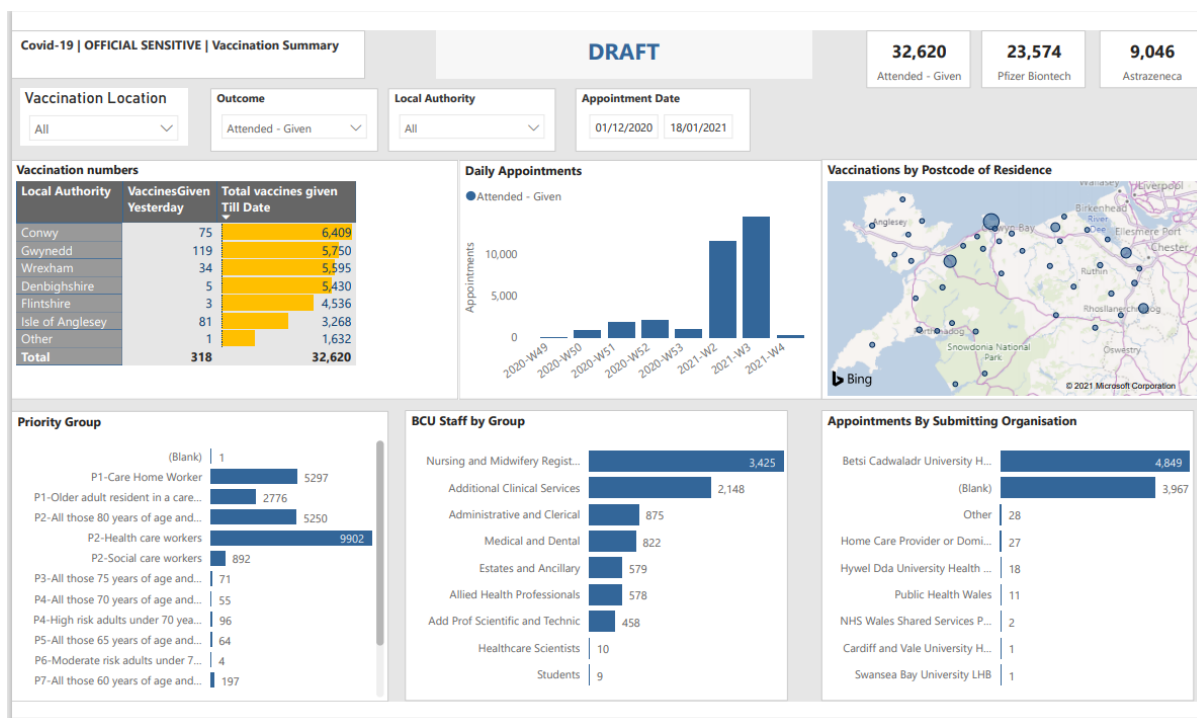
A North Wales COVID-19 Vaccine Tactical Delivery Group has been established with multi-agency partners. A plan has been developed across North Wales to deliver the COVID-19 Vaccine Programme in line with Welsh Government guidelines and parameters, which feeds into the North Wales Strategic Co-ordination Group (SCG). The SCG have now included support for the vaccination programme within their strategic remit. This plan is published on the Health Board's website (bcuhb.nhs.wales), and will be available bilingually before 27th January.

BCUHB Chair and Chief Executive are in continuous dialogue and with the vaccination programme team. The Chair is ensuring Independent members are sighted on developments. The Board receives a comprehensive briefing each week and is also advised of any significant developments immediately.



Reporting

A dashboard has been developed to monitor vaccination activity. This will include tracking against trajectories for delivery and have varying levels of granularity to provide a consistent overview of activity from public facing high level summaries to operational detail. The dashboard will be published and updated regularly via our website: bcuhb.nhs.wales. Snapshots from this will be included in updates to SCG and our weekly intelligence cell update.



*Illustrative example.

Communication & Engagement

Work has been undertaken to develop informative strategies and tools to support the effective communication planning and management in response to delivering the COVID-19 mass vaccination programme. This will be carried out in line with any national work led by the Welsh Government and Public Health Wales.

A strong communications and engagement plan is being developed with all partners from the SCG, which aims to:

- Be proactive rather than reactive.
- Focus on the mass vaccination programme's key objectives.
- Develop links with key partners.
- Take control in association with the Welsh Government and Public Health Wales plans.
- Ensure that all elements and opportunities have been properly considered.
- Ensure that everybody involved knows what they are required to deliver.

We are also in the meantime reviewing our engagement and communication channels with the following:

- Members of Parliament
- Members of the Senedd
- Partners via North Wales Strategic Coordinating Group
- Staff
- GPs and other primary care contractors
- Patients

Our plan will also identify what data we have available and how we use this to inform partners, Welsh Government and the North Wales population of the programme progress. Further to the communication plan we will develop an FAQs document.

Annex 1

The following table shows Silver Level Risks, comprising of the key risks identified above and including escalated risks from the Vaccination operational programme.

Programme High Risks		
Description	Controls in place	Further action required
<p>There may be a Governance risk in potentially having multiple COVID-19 vaccines within the programme, delivery sequencing, Standard Operating Procedures and allocation of vaccine to individuals. This may be caused by numerous vaccines with differing characteristics and different indications/contraindications. This may result in the wrong vaccine to wrong person, difference frequencies, repeat dose of some vaccines</p>	<ol style="list-style-type: none"> 1 training developed to understand different characteristics 2. Close liaison with the Flu Vaccination programme 3. Information regarding priority groups may already be available 4. Given the defined nature of the priority groups, scheduling of vaccinations can be better managed 5. One vaccine per site at any one time. 6. Development of SOPs 7. Confirm priority groups and timing 8. Confirm need for early flu vaccination for shielded patients & healthcare staff 9. SharePoint for central data repository 10. There is a physical difference in appearance of vaccine vials and volumes which significantly helps to distinguish between products. 	<ol style="list-style-type: none"> 1. Development of colour coded system for easy recognition by staff of vaccine being used (with logistics) and action cards. 2. Dependent upon future vaccination characteristics, anyone presenting for vaccination who has difficulty in providing a coherent medical history will be given a specific vaccine.
<p>There is a risk that the workforce able to administer vaccines may be expanded to those who are not members of professional regulatory bodies. This may be</p>	<ol style="list-style-type: none"> 1. All BCU employees are covered by organisational indemnity 2. Consider appointment to BCU or National Bank for attaining indemnity for non-BCU employees if necessary 	<ol style="list-style-type: none"> 1. Engage with discussion with CVB at Director of Workforce level to explore options. 2. Await communication

caused by a need to significantly increase the number of vaccinators required to cover the identified mass vaccination numbers. The impact may be a requirement to ensure suitable professional indemnity arrangements are in place.		regarding vaccine to HBs/Trust when advised at UK level.
There is a risk that the workforce may not possess the skills required to carry out and required dedicated facilities / equipment /consumables. This may be because vaccine candidates may require reconstitution/dilution/ specialised preparation prior to administration. This may impact upon vaccinators' ability to administer the vaccine.	<p>1. Training developed by national work stream and implemented/overseen by IC (Leigh) logistics and planning work streams being aware of differing vaccine characteristics</p> <p>2. Guidance from national group incorporated in SOP for vaccinators</p> <p>3. Application of BCU policy re. injectable medicines: 'For injectable medicines prepared in clinical areas, practitioners must not administer an injectable medicine that has been prepared by another practitioner unless they have witnessed or supervised the preparation themselves.'</p> <p>4. 24.11.2020 Injectable medicines policy allows for a change in process to have a preparation area with 2 registered nurses mixing and drawing separately from the vaccinator to allow for breaks.</p> <p>5. 02.12.2020 Courageous vaccine - reconstitution of vaccine will be</p>	1. The Clinical services lead is working on 'how to reconstitute' as part of the competency for the wider vaccination pool. A National video is being done and technical services are taking a lead on it.

	limited to 5 professions; Nurses, midwives, doctors, pharmacists and dentists	
Welsh Government Guidance in relation to reviewing priority levels and eligible grouping.	<p>Contingency plans within LVC's, however dependant on Vaccine supply.</p> <p>There exists additional capability, and capacity to meet the needs if this were to be amended within the guidance.</p>	<p>Limitations of vaccine availability means that to include teachers, we either delay others being vaccinated or depend upon the numbers in other cohorts not taking up their offer of a vaccine is greater than the numbers of teachers requiring vaccines. The latter is likely to be the case, however we cannot plan for that.</p>