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| GIG CYMRU NHS WALES \| Iechyd Cyhoeddus Cymru Public Health Wales | **Name of Meeting** Quality, Safety and Improvement Committee<br>**Date of Meeting** 10 September 2026<br>**Agenda item:** 5.2 |

# Review of the Staff Flu Vaccination Campaign 2025/26 and Options for Staff Flu Vaccination Campaign 2026/27

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| **Approval/Scrutiny route:** | Business Executive Team (06/05/2026)<br>Quality, Safety and Improvement Committee |

## Purpose

The purpose of this paper is to provide the Quality, Safety and Improvement Committee with assurance on the review of the 2025/26 staff flu vaccination campaign, the actions agreed by the Business Executive Team in May 2026, and the delivery plan being progressed for the 2026/27 staff flu vaccination campaign.

The paper highlights the delivery, data and governance issues identified through the review and the actions being taken to strengthen accessibility, uptake, reporting and assurance for 2026/27.

## Recommendation:

| APPROVE | CONSIDER | RECOMMEND | ADOPT | ASSURANCE |
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The Quality, Safety and Improvement Committee is asked to:

- take **assurance** from the review of the 2025/26 staff flu vaccination campaign, the actions approved by the Business Executive Team in May 2026, and the proposed delivery plan for the 2026/27 campaign.

| **Link to Public Health Wales Strategic Plan**<br><br>Public Health Wales has an agreed strategic plan, which has identified seven strategic priorities and well-being objectives.<br><br>This report contributes to the following: | |
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| **Strategic Priority/Well-being Objective** | All Strategic Priorities/Well-being Objectives |
| **Strategic Priority/Well-being Objective** | Choose an item. |
| **Strategic Priority/Well-being Objective** | Choose an item. |

| **Summary impact analysis** | |
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| **Equality and Health Impact Assessment** | An Equality and Health Impact Assessment (EqHIA) has not been undertaken.<br><br>The review recognises that different delivery models may have varying levels of impact on staff depending on role, location and working patterns, and that some differential impact is mitigated through alternative access routes (for example, vouchers or deployed provision).<br><br>Crucially, there is no evidence from the review of adverse impact on staff groups with shared protected characteristics. |
| **Risk and Assurance** | Failure to redesign the delivery model presents ongoing risks to workforce health and related service delivery, organisational resilience, data assurance and reputation. Clear direction and strengthened governance are required to mitigate these risks and support delivery against national expectations.<br><br>Any move to external provision would be subject to clinical assurance through NQIG and appropriate procurement and contract management arrangements. |
| **Health and Social Care (Quality and Engagement) (Wales) Act** | This paper supports the Duty of Quality by seeking to improve the effectiveness, and accessibility of the staff flu vaccination programme, informed by a comprehensive review of delivery performance, risks and assurance issues identified during the 2025/26 campaign. |

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| | The proposed direction of travel places a stronger emphasis on preventative action, workforce wellbeing and service resilience, with the aim of reducing avoidable staff illness and associated impacts on service delivery.<br><br>Any future changes to the delivery model will be subject to appropriate quality, safety and governance arrangements. |
| **Financial implications** | The review indicates that current arrangements do not represent optimal value given low utilisation rates.<br><br>There may be cost implications depending on the model adopted, particularly in relation to deployed vaccinators or expanded voucher use. These will be confirmed once a preferred approach is agreed.<br><br>The review identifies that a fully outsourced private provider model is likely to carry higher direct costs than current NHS OH provision, with limited opportunity to offset existing SLA costs in the short term. |
| **People implications** | A re-designed flu vaccination programme is expected to have a positive impact on staff wellbeing, engagement and sickness absence. |

## 1. Purpose / situation

The purpose of this paper is to provide the Quality, Safety and Improvement Committee with assurance on the review of the 2025/26 staff flu vaccination campaign, the actions agreed by the Business Executive Team in May 2026, and the delivery plan being progressed for the 2026/27 staff flu vaccination campaign.

The paper highlights the delivery, data and governance issues identified through the review and the actions being taken to strengthen accessibility, uptake, reporting and assurance for 2026/27.

At its May 2026 meeting, the Business Executive Team approved the recommendations to re-negotiate and strengthen Occupational Health flu vaccination provision with existing providers, retain and expand voucher provision, strengthen staff and line manager engagement, improve data capture and reporting through WIS, and explore a single outsourced private provider model for future campaigns.

Work is now progressing to translate those decisions into 2026/27 staff flu delivery plans, including engagement with Occupational Health providers, voucher expansion, strengthened communications and manager support, and clearer reporting expectations.

## 2. Background

Public Health Wales currently delivers its annual staff flu vaccination programme through a complex, multi provider Occupational Health (OH) model, with provision primarily delivered via the Welsh Ambulance Service NHS Trust (WAST), supplemented by four Health Board OH departments and the use of digital and paper vouchers for use at community pharmacies.

Despite significant organisational effort, communication activity and the re-introduction of flu champions, the 2025/26 campaign was affected by systemic delivery and data challenges, most notably within the WAST led clinic model.

Recorded uptake remained well below the All-Wales average and significantly below Public Health Wales' historic performance achieved under earlier delivery models.

Given the scale and persistence of these issues across successive campaigns, a formal review was commissioned at the close of the 2025/26 campaign, to assess the current model, identify risks, and propose options to support a sustainable, person-centred and higher uptake approach for 2026/27.

## 3. Description/Assessment

### 3.1 Key findings from the 2025/26 campaign

The review concludes that the current OH led drop-in clinic model is not fit for purpose without significant redesign. The principal risks and issues identified include:

- Poor utilisation of OH clinics, particularly those delivered by WAST, with an approximate 25% fill rate, multiple clinic cancellations, inflexible scheduling and limited on-site provision at Public Health Wales workplaces.
- Data quality and reporting failures, including inconsistent use of the Welsh Immunisation System (WIS), incomplete use of the 'employer' field, delayed reporting and, in some cases, no data returns from OH providers, undermining organisational assurance and national reporting.
- Over reliance on staff initiative, requiring individuals to navigate clinic availability or proactively request vouchers, despite evidence that ease of access and immediacy are critical to uptake.
- Comparatively strong performance of digital and paper vouchers, which accounted for approximately 14% of the workforce, reinforcing the importance of flexibility and convenience in driving engagement.

While recorded uptake improved, compared to 2024/25, overall performance remains significantly below the All-Wales average and previous Public Health Wales performance, indicating that incremental change alone is unlikely to deliver the required step change.

### 3.2 Options for the 2026/27 campaign

The review proposes a suite of delivery options for the 2026/27 staff flu vaccination campaign, recognising that no single intervention is likely to be sufficient in isolation and that future success will depend on improving accessibility, convenience, data assurance and workforce engagement.

A detailed appraisal of the options is set out in sections 3.4 and 3.5 of the review, including an assessment of risks, benefits and implementation considerations.

The key options from the review are summarised below for Business Executive Team consideration:

**a) Re-negotiated WAST Occupational Health provision**

The review identifies the need to fundamentally re-design the current WAST led flu clinic model, moving away from a high volume, fixed schedule approach towards a more targeted and accessible offer aligned to Public Health Wales' operational needs and working patterns.

This could include fewer but better located clinics, revised timings, increased on site delivery at Public Health Wales workplaces and clearer performance expectations around data quality and reporting.

**b) Dedicated OH or vaccinators deployed on-site**
The review highlights the potential benefits of deploying professionally trained vaccinators into Public Health Wales workplaces, either through OH providers or alternative employment arrangements, to reduce access barriers and increase immediacy and convenience for staff. We require clarity on responsibilities, e.g. who owns the vaccine, the process, and the cold chain assurance.

This approach seeks to retain the behavioural benefits observed in earlier delivery models (i.e. vaccination at the point of decision), without reintroducing the governance, safety and sustainability risks associated with peer vaccination arrangements.*

**c) Optimised Health Board OH provision**
For staff based on Health Board sites, the review proposes re-negotiating clinic access, timing and expectations, alongside strengthened data sharing requirements to ensure timely and accurate reporting of staff vaccinations. This option is particularly relevant for Infection Services Division.

**d) Digital and paper voucher provision**
The review concludes that digital and paper vouchers were one of the strongest performing elements of the 2025/26 campaign, accounting for approximately 14% of staff uptake. It recommends retaining this provision for 2026/27, with consideration given to targeted expansion, while ensuring vouchers complement (rather than displace) workplace and OH based provision.

**e) Strengthened contractual and data governance arrangements**
Across all delivery models, the review identifies data quality and reporting failures as a critical risk. It proposes making accurate and timely recording in the Welsh Immunisation System (WIS) a non-negotiable requirement within OH service level agreements, supported by clearer escalation and assurance mechanisms.

**f) Workforce engagement and mobilisation**
The review emphasises that improved delivery models must be supported by active workforce involvement, including staff engagement activity, clearer decision support tools, line manager involvement and early communication ahead of the campaign start.

**g) Fully outsourced private provider model (longer-term option)**

The review includes an option to cease staff flu vaccination delivery via WAST and Health Boards and instead procure a single private provider to deliver flu vaccinations for Public Health Wales staff. This option could offer stronger contractual leverage, improved reliability and greater flexibility of on-site provision but is likely to be more costly than OH delivery and would require procurement, mobilisation and clinical assurance. The review recognises that this option is unlikely to be feasible for the 2026/27 campaign but may warrant further exploration as a longer-term strategic alternative.

*The review also considered the previous Public Health Wales peer vaccinator model for completeness. While this model delivered higher uptake in 2023/24, it was explicitly discounted for subsequent campaigns due to significant operational, governance and workforce risks, and remains unlikely to be sustainable or appropriate without substantial redesign. It is therefore not presented as a preferred option for 2026/27.

## 4. Recommendations

Achieving a step change in flu vaccination uptake requires a multi-pronged approach to address the factors set out in the full report.

The Quality, Safety and Improvement Committee is asked to take assurance that the recommendations approved by the Business Executive Team in May 2026 are being progressed through the 2026/27 staff flu vaccination delivery plan, with a focus on improving accessibility, data quality, reporting, governance and staff engagement.

The approved recommendations include retaining the core elements of the existing flu vaccination offer for 2026/27 and beyond, to stabilise the provision for the future but re-negotiating the staff flu vaccination provision with WAST and Health Boards to be more effective for Public Health Wales, and retaining and expanding the voucher provision. There are also recommendations aimed at increasing colleague and line manager engagement.

The recommendations will require cross-organisational support, e.g. Nursing, Quality and Integrated Governance (including Internal Governance and potentially Digital colleagues, to support data sharing and other elements related to improving reporting), Communications to develop and implement plans to enhance colleague and line manager engagement, and People and OD as the holders of the SLAs with the OH providers. It may also be advantageous to engage Executive-level colleagues in discussions with their counterparts in WAST and the Health Boards where we are seeking to influence the design of their flu clinic provision and data sharing arrangements.

### Recommendation 1

Re-negotiate the WAST OH flu clinic provision, and design and tailor this to:

- prioritise convenience and accessibility for our colleagues, including exploring dedicated OH or deployed vaccinators working within Public Health Wales workplaces to reduce access barriers and replicate benefits seen in the former peer vaccinator model
- radically improve data capture and reporting, ensuring use of 'employer' field in WIS to enable accurate reporting.

**Recommendation 2**
Re-negotiate and optimise Health Board OH clinics/access to ensure:

- the provision and access is better aligned with the preferences and working arrangements of Infection Services staff
- data sharing arrangements are addressed so health boards are able to provide regular reports on the vaccinations they have delivered, and/or ensuring use of 'employer' field in WIS to enable accurate reporting.

**Recommendation 3**
Retain, expand and proactively communicate the flu vaccination voucher provision, reflecting staff preference for flexible, convenient access and strong take up, and utilising options set out in the full report such as payslip messaging to communicate this.

**Recommendation 4**
Task line managers with facilitating and supporting all their staff to access engagement-raising tools and actively enable staff to attend OH vaccination clinics/ community pharmacy vaccination.

**Recommendation 5**
Further exploration of a single outsourced private provider in readiness for the 2027/28 staff flu vaccination campaign. This work would include:

- Definition of the service requirement and outcomes; and engagement with potential providers to understand capacity, clinical governance arrangements, mobilisation lead times, and ability to deliver on-site and/or near-site provision.
- Confirmation of clinical assurance requirements, including appropriate oversight via Nursing, Quality and Integrated Governance and any required approvals prior to any formal procurement.

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