Review of Staff Flu Vaccination Provision for 2026/27 at Public Health Wales (PHW)

Executive Summary

The review identifies Welsh Ambulance Service NHS Trust (WAST) Occupational Health (OH) team flu vaccination delivery as the principal risk to the current model, compounded by data accuracy/ data sharing issues with WAST and other OH providers.

WAST clinics suffered from poor capacity utilisation (approximately 25% fill rate), clinic cancellations, inflexible scheduling, limited on-site provision at our workplaces, weak communication, and unreliable data submission to the Welsh Immunisation System (WIS). Health Board OH departments performed relatively better but still fell short of expectations, compounded by inconsistent and incomplete data returns.

In contrast, digital and paper flu vouchers demonstrated comparatively strong uptake, covering approximately 14% of the workforce, reflecting staff preference for flexible, convenient access. This reinforces evidence that ease of access is critical to improving uptake. The review also highlights that while organisational communications and flu champions were extensive, the model relied heavily on staff having to proactively navigate clinic options or the choice to request a voucher.

The review concludes that the current OH-led drop-in clinic model is not fit for purpose without significant re-design. Achieving a sustainable 50%+ vaccination rate - aligned with national expectations and PHW's own historic performance - will require a more person-centred, flexible and assertive delivery approach, alongside stronger contractual and data governance arrangements with providers to address data sharing issues. Critical for the success of future provision will be a renewed emphasis on how staff are signposted to the most appropriate vaccination provision for them with active support being required of line managers so as to maintain momentum during the flu campaign season.

1 SITUATION

1.1 Introduction

PHW currently has a complex model for OH (Occupational Health) provision with five providers. These providers deliver PHW's flu vaccination programme with the main provision being through the Welsh Ambulance Service NHS Trust (WAST). In addition, four Health Boards provide flu vaccination for PHW staff who work in the Microbiology/Infection Services Division.

The provision for the administration of flu vaccinations is set out in the Service Level Agreements (SLAs) with the five providers who are WAST, Betsi Cadwaladr, Cardiff and Vale, Hywel Dda, and Swansea Bay Health Boards. In addition, PHW also provides all staff with the option of paper or digital vouchers to obtain flu vaccination from participating community pharmacies.

The annual staff flu vaccination programme has revealed significant issues with the current service delivery model being provided for PHW staff, particularly the service offered by WAST. Issues identified include poor/advanced planning, inadequate capacity, poor record keeping, and administrative errors.

There is an urgent need to review the current provision, address data capture and reporting issues more widely through the OH contracts, evaluate the current risks and benefits so as to inform and develop a robust plan to improve flu vaccination delivery and take-up for the 2026/27 season. Accordingly, this report analyses the current position and sets out interim and longer-term potential solutions with the aim of ensuring ongoing confidence and sustainability in the level of service provided for PHW staff.

Table 1 : Summary of Flu vaccination provision

						Total Number of PHW Staff	Vouchers ordered 25/26
	WAST	BCU	C&V	HD	SBU		
Numbers eligible to receive Flu vaccination from each OH Provider	2034	113	276	58	170	2651	400

The data in Table 2, below, is taken from the *Provisional Report on PHW Staff Influenza Vaccination 2025/2026* and in the report it is noted that the figures are a conservative estimate of uptake. The reasoning is that the data doesn't include vaccinated records which are unmatched to the ESR snapshot. It is also likely to have excluded PHW staff who were vaccinated by Health Boards, meaning that true uptake is likely to be considerably higher.

Table 2 :Summary of recorded PHW staff influenza vaccination 2025-26 (14 January 2026)

Category	Denominator (N)	Vaccinated (N)	Update (%)
Frontline	1,343	348	25.9
Non-frontline	1,377	433	31.4
All PHW staff ESR snapshot	2,720	781	28.7

Notwithstanding, the potential under reporting the vaccination status is significantly below where the organisation needs to be and well below the All Wales average of 43.6%.

In addition to the analysis of flu immunisation uptake, this review may also support PHW in determining elements of the best possible approach for overall OH provision in order that the organisation has confidence and assurance in relation to the services provided for PHW staff. Whilst the context of this review is focussed on staff flu vaccination provision, the findings and recommendations may usefully inform and align with work on developing a national OH service and considerations of how to best provide for the wider wellbeing provision for staff.

2 BACKGROUND

2.1 The Plan for 2025/26

Following a review of the 24-25 delivery model the following key areas of learning were identified:

- Clinical and delivery concerns by the main occupational health provider (WAST)
- Mixed messaging and staff feeling undervalued i.e. front-line versus non-frontline
- Accessibility and availability of staff vaccination clinics at times when staff can attend, particularly notable for the North Wales locality.
- Reduced opportunistic access to flu clinics.
- The lack of Flu champions
- Reduced Communications /promotion on the staff intranet
- Data capture and provision of data from Occupational Health systems and Community providers
- A national decline in vaccination uptake by NHS staff and the general population
- Misinformation in the Public domain

It was agreed that staff would not be segregated between front-line/non front-line staff with there being an organisation-wide offer for all staff so as to make the vaccine as widely available and accessible as possible. The Staff Target Estimate for

2025 /26 was for a total of 2,700 employees, with 1,300 of these being identified as front-line staff. The total also included NHS Wales Performance and Improvement staff as a hosted organisation

In planning for the 2025-26 season, it was recognised that it was not possible to change the providers and therefore the existing Occupational Health SLAs would remain in place with the future provision being a consideration in the broader review of OH services being undertaken by the Director of People and OD.

2.2 WAST OH

Vaccination delivery continued to be via a mixed model approach utilising the WAST SLA to deliver vaccination sessions at the main Public Health Wales sites such as CQ2, Magden Park and front-line screening services such as the Breast Test Wales Regional Centres. This was supplemented with WAST mobile units and static WAST sites such as Matrix One and St. Asaph providing supplementary provision. The multi-pronged approach was targeted at maximising availability and ease of access for staff to the vaccine based on the evaluation of the 24/25 programme

2.3 Health Board Occupational Health Departments

Through the four Health Board SLAs, vaccination continued to be offered to staff in the Microbiology/Infection Services Division. Additionally, non-laboratory staff were able to be vaccinated outside of the SLA agreements by their local Health Board OH department, for example Neonatal Screeners on the postnatal wards, with the Health Board cross-charging Public Health Wales for this service and, accordingly, this was promoted in staff flu campaign communications.

2.4 Flu Vouchers via a Community Pharmacy Provider / Pay As You Activate (PAYA) Vouchers

Occupational Health provision was supplemented through the use of an electronic Flu vouchers using an enhanced offer of Pay As You Activate (PAYA) Vouchers.

Key features of this model included:

- A single activation code for all team members, simplifying distribution and tracking
- Weekly or monthly reporting to monitor voucher activations
- Monthly invoicing based on actual usage
- The cost of this was £18.50 per activated voucher and included full tracking and reporting to show activation of the voucher and when, thereby supporting vaccination rate reporting
- No additional administration support was required to monitor voucher requests (it did however impact on N&Q administrative staff who managed the voucher requests)
- No postage costs (with digital vouchers)
- PHW only paid for the vouchers activated.

300 digital vouchers were ordered and in addition 100 paper flu vouchers which were issued at the beginning of the campaign.

2.5 Community Administration

The Self-referral route to General Practice and/or community pharmacy as appropriate continued to be communicated for staff identified as eligible due their health risk factors.

2.6 External Private Provider

In March 2025, research was undertaken on what a potential external provider could offer in respect of delivering staff flu vaccinations. Insight Workplace Health (IWH) were approached and provided a detailed prospectus of the services they provided. The company has facilities across Wales with clinics in Newport, Swansea, Treforest and Ruthin, together with 3 mobile clinics. The indicative costs for a vaccination clinic in 2025 were £350 for a 4 hour clinic and circa £55.00 per vaccination, although it was unclear from their prospectus what the actual cost of a flu vaccination was.

It would need to be determined the numbers which could be accommodated at each clinic, but working on the basis of 30 vaccination appointments/slots per 4 hour clinic this would require approximately 60 clinics to be held across Wales to cover 50% of the workforce, assuming that there was 75% attendance at each clinic. Using the costs provided by IWH, this would cost PHW £21,000 for the provision of 60 clinics and £72,875 for the provision of the flu vaccination, although it would have to determined through procurement as to whether the vaccination costs could be brought closer to the NHS provided costs. A more realistic figure would be the digital voucher cost of £18.50 and if vaccinations by IWH were to cost the same as the digital vouchers then the overall cost of the vaccinations for 50% of the workforce would be circa £24,500. In total, this would cost in the region of £45,500 to vaccinate 50% of the workforce.

To offset this the costs of vaccinations currently provided by WAST and HBs could be disaggregated from the current cost base within the SLA. The provision of flu vaccination is currently part of the overall WAST OH provision and is not identified or billed separately. If the costs could be extracted from the SLA, the maximum reduction, assuming the SLA provides for 100% of eligible staff to be vaccinated, would be £25,425 i.e. 2034 staff x £12.50 (cost per vaccination). Similarly, there are 617 staff eligible to be vaccinated through the HB OH departments and if all these were vaccinated then the costs invoiced to PHW would be 617 x £12.50 = £7,712.50. Whilst these are the highest costs of WAST and the HBs providing the vaccinations, experience has shown that none of the OH Departments have delivered any where this level and so disaggregating the costs from WAST's SLA would not be straightforward.

Moving to such a provider would not be without its risks and whilst it might be feasible for an independent provider to deliver the flu immunisation programme, the Trust would need to ensure that the clinical service provided could be adequately

assured and that the provider could mobilise to deliver the service by September 2026. Additionally, the Trust would need to ensure that it was comfortable for a non-NHS provider to deliver this service.

2.7 Appointment Scheduling

Flu vaccine clinics with the online appointment system hosted by WAST were promoted for staff in order to view and book available appointments. A dedicated Flu Team email address was in place to ensure staff enquiries were answered.

2.8 Flu Champions

The Flu champion model was re-introduced with 33 flu champions appointed to actively promote flu vaccination, support conversations in the workplace and signposting to available Flu clinics and alternative provision.

2.9 Data Recording

There was an expectation that all providers operating under the national programme used the newly improved Welsh Immunisation System (WIS) to digitally record flu vaccinations as specified in the Welsh Health Circular WHC/2025/020.

Staff receiving vaccines at ABUHB, BCU, CTM and Swansea Bay were to be reported via the WIS system with staff who received their vaccination via primary care and community pharmacies asked to self-report via the online internal form.

It was anticipated that all staff vaccinated by the WAST OH department would be captured within the WIS system. It was noted that in planning for the 25/26 campaign that WAST were due to start using the WIS system from September 2025 with weekly vaccination uptake rates being provided to Public Health Wales by WAST.

2.10 Peer vaccinators

The model of peer vaccinators which operated in 23/24, was highly effective and achieved a vaccination rate of 47%. This included 11 peer vaccinators and volunteer staff for the vaccine fridge checking, alongside the WAST OH team. Clinics were organised at 15 sites, non-clinical PHW sites, WAST offices and NHS Executive offices. Whilst this was particularly effective it was resource intensive for the peer vaccinators and the model required a significant investment of time from the Lead Nurse for Infection Prevention Control (IPC) and clinical staff to undertake a vaccinator role away from their normal duties and responsibilities. The model experienced significant challenges, such as H&S risks e.g. clinical waste management, competency sign off as well as vaccinators being pulled back to their substantive roles which left the IPC nurse required to cover clinics along with the negative impact on IPC work during the 6 month campaign (it should be noted that the most recent IPC job description does not include support for the flu campaign). The fridge checking was also a significant issue which required daily checking and resources to adequately cover this proved to be problematic.

Accordingly, it was agreed that the internal staff Flu vaccination campaign for 24/25 would not use the peer vaccinator delivery model and would seek to maximise the OH departments' service level agreements. This remained the case for the 25/26 campaign.

3 ASSESSMENT

3.1 Data Reporting

As noted, PHW works with five Occupational Health (OH) providers to deliver staff flu vaccination. The four health board providers use the NHS Welsh Immunisation System (WIS) to record vaccinations, but they are not consistently completing the 'employer' field as ‘PHW’ in WIS, which is essential for PHW to report on staff uptake. The main provider (WAST) initially records vaccinations in their own OH system and enters data into WIS retrospectively. As a result, WAST has been unable to report complete and accurate flu vaccination data for all staff (frontline and non-frontline), which affects both internal reporting and national figures. This risk has compounded existing challenges with the staff flu vaccination programme. The poor timeliness of data reporting has resulted in inconsistent data quality which has impacted on the ability of the organisation to address areas of low uptake and plan interventions.

In addition to the WIS data reporting, a Self-Report Form (SRF) is available for staff to record that they have received the vaccine outside of workplace.

Accordingly, the issues highlighted above with data recording posed clinical challenges for the organisation in being able to target areas where take up needed to be improved. PHW continued to feature as the lowest performing NHS Wales organisation in organisational reporting. The National Influenza Immunisation Summary Update 19 (29/01/2026) reported uptake of influenza immunisation across all Welsh Health Board & NHS Trust staff at 43.6% with the PHW figure being 28.7%. Whilst take up of flu vaccination in reality may have been higher at that point, the organisation was only able to report on data which had actually been inputted into the WIS system and reported by the five OH providers as well as self reported vaccinations.

The latest reported data (12/01/26) is noted in Table 2 with Table 3 including an estimate for two HBs who have not provided any data.

Table 2 : Reported data January 2026

	OH Provider					Total OH	*Total Vouchers	Total OH & Vouchers
	WAST	BCU	C&V	HD	SBU			
Number reported as having received Flu vaccination 2025/26	374	No data avail.	109	18	No data avail.	**501**	**363**	**864**
Percentage of those eligible to receive Flu vaccination from each OH Provider	18%		39%	31%		19%		
Percentage of staff covered by vouchers							14%	
TOTALS								
Percentage of PHW staff vaccinated	14%		4%	1%		**19%**	**14%**	**33%**

Table 3 : Reported data including estimate of 33% of eligible PHW staff vaccinated at BCU and SBU January 2026

	OH Provider					Total OH	*Total Vouchers	Total OH & Vouchers
	WAST	BCU	C&V	HD	SBU			
Number reported as having received Flu vaccination 2025/26	374	37	109	18	56	**594**	**363**	**957**
Percentage of those eligible to receive Flu vaccination from each OH Provider	18%	33%	39%	31%	33%	22%		
Percentage of staff covered by vouchers							14%	
TOTALS								
Percentage of PHW staff vaccinated	14%	1%	4%	1%	2%	**22%**	**14%**	**36%**

*Vouchers available on request (300 digital and 100 paper vouchers ordered for 25/26 flu season).

The data below (Table 4) is taken from the Provisional Report on PHW Staff Influenza Vaccination 2025/2026 and in the report it was noted that the figures were a conservative estimate of uptake. The reasoning for this was that the data didn't include vaccinated records which were unmatched to the ESR snapshot and it was also likely to have excluded PHW staff who were vaccinated by Health Boards, meaning that true uptake was expected to be considerably higher.

Table 4 :Summary of recorded PHW staff influenza vaccination 2025-26 (14 January 2026)

Category	Denominator (N)	Vaccinated (N)	Update (%)
Frontline	1,343	348	25.9
Non-frontline	1,377	433	31.4
Total – all staff	**2,720**	**781**	**28.7**

Using the same data sources, this represents an improvement on the 2024/25 vaccination figures. The proportion of frontline staff who were recorded as having received the vaccine increased by 3.8% compared with the same point in January 2025, whilst uptake among non-frontline staff had risen by 24.3%. Overall, total recorded staff vaccinations increased by 14% from 2024-25 to 2025-26.

The data reported in Table 4 differs from the data in tables 2 and 3 due to the recording differences between Occupational Health Departments, the timeliness of data entry/reporting and use of the Self Report Form. The likelihood is that the level of vaccination is somewhere between 30% and 40% overall.

In 23/24 a different model of vaccination was utilised using a peer vaccinator model which overall achieved a 47% vaccination rate. Additionally, as noted above, the National Influenza Immunisation Summary (29/01/26) reported that as at 31/12/25 there was a 43.6% uptake of uptake of influenza immunisation across all Welsh Health Board & NHS Trust staff. Accordingly, given the levels currently being achieved across NHS Wales and those achieved in PHW in 23/24, the recommendations and actions as described within this report are geared towards aiming for a 50%+ level of immunisation across the workforce.

3.2 The 25-26 Flu Vaccination Programme

3.2.1 WAST

The current flu vaccination programme, which is primarily delivered by WAST, has experienced major issues during 2025/26. The Welsh Ambulance Services University NHS Trust, Occupational Health & Wellbeing Service published a comprehensive Flu Vaccination Plan for Public Health Wales Staff 2025/26 (Appendix 1) on 5th August 2025. This plan set out details of the programme with an outline of 30 clinics, their locations and the scheduling/planning of the overall programme across 10 weeks between 7/10/25 and 12/12/25.

The plan set out a comprehensive and detailed programme including 3 clinics on Tuesdays at WAST OH bases and 3 clinics on Fridays each week at PHW locations. The structured approach was informed by input from the Public Health Wales Behavioural Science team and recognised that regular and predictable scheduling would help staff to form habits, remember key dates, and plan attendance with minimal disruption. Concern was expressed with the rigidity of the scheduling and despite a request from PHW to re-profile the clinic offer, WAST declined to change the delivery model.

Unfortunately, the WAST OH team has been unable to met the delivery expectations of the programme as set out in the plan. Specific issues which have been highlighted are:

- insufficient appointment capacity
- inability to schedule clinics on the days requested to maximise footfall at sites
- lack of advanced and detailed planning
- poor communication
- incorrect data
- a lack of regular data updates.

The outcome of the plan's delivery was:

- Schedule overview:
    - 60 sessions with nominal 25 capacity each (unless otherwise stated), giving 1,500 total planned slots
    - 30 clinics PHW and WAST (1 cancelled)
    - 30 clinics PHW only (4 cancelled)
- Cancellations and reschedules:
    - 5 cancellations of the original 60 scheduled clinics
    - 1 clinic re-scheduled from 21 Nov to 28 Nov then subsequently cancelled (included in the total 5 clinics cancelled)
    - 1 clinic re-scheduled from 12 Dec to 11 Dec 2025
- Replacement/ 'mop up' clinics
    - 2 half-day clinics added on 15 Dec

  - 2 clinics added in January (on 22 Jan and 29 Jan)

- PHW vaccinations recorded: 374 records dated Oct - Dec in latest report from WAST OH team.
- Crude season 'fill rate' : ~25% (374 / 1,500).

The timing of the clinics was scheduled for Tuesdays between 10.00 & 15.00 at OH sites and on Fridays between 9.30 & 14.00 for the dedicated PHW clinics. In practice, whilst there were 30 clinics arranged and scheduled for PHW staff, only 14 of these were held at PHW sites with the remaining 16 being held within WAST OH premises.

3.2.2 Health Board OH Departments

As noted in Table 1, four Health Board Occupational Health Departments include flu vaccination provision within the agreed SLAs. This accounts for 617 staff in the Infection Services Division and accounts for 22.5% of the PHW workforce. There have been challenges with receiving regular updates of vaccinations delivered with only two HBs providing data to PHW (Table 2) which confirmed that only 4.6% of the workforce have been vaccinated by HB OH departments. However as noted in Table 3, if an estimate of delivery for the two Health Boards which haven't provided data then the vaccination rate increases to 8% of the overall PHW workforce. This would suggest a fill rate of 35%. Whilst this is an improvement on the WAST delivery model, the statistics still fall short of the current All Wales 43.5% and short of the 47% rate achieved in 23/24.

3.2.3 OH Department vaccination delivery overall

The data indicates that the likely uptake of vaccination by NHS Wales OH providers coved less than 25% of the PHW workforce with the provision of digital and paper vouchers covering 14% of staff. Given the organisation and resources deployed into the planning and delivery of the programme through the OH departments and particularly through WAST, the ratio is only 1.6 vaccinations for every digital/paper voucher. Overall the balance of immunisation provision between vouchers and OH provision is skewed indicating a failure of the OH departments to be able to deliver to level of immunisation expected by PHW as set out in the 24-25 delivery model.

3.2.4 Organisational Communication

Significant communication was undertaken to support the flu campaign with 33 flu champions promoting vaccination across the organisation. Messaging through SharePoint and within the weekly staff bulletin "The Conversation" provided regular communication regarding clinic availability and the work of the flu champions.

3.2.5 Staff Behaviour

Whilst there was extensive communication, messaging and signposting through the PHW intranet and SharePoint sites as well as significant activity by Flu Champions across the organisation, the onus was on staff to act on the communications and

take the necessary steps to receive their flu vaccination. Unlike, in 23/24, where there was a peer vaccinator model in place, all the arrangements required staff to book and attend a clinic or use a voucher to access a community pharmacy.

Clinics promoted by WAST for PHW staff were either on a Tuesday between 10.00 and 15.00 or on a Friday between 9.30 and 14.00. Of the 60 clinics arranged across the 10 week cycle only 14 were actually on PHW sites all of which were on a Friday, which is known to be a day when a higher number of staff may choose to work from home.

3.2.6 Data recording and Sharing

As noted earlier in the report there was an expectation that all providers operating under the national programme would use the Welsh Immunisation System (WIS) to digitally record the administration of flu vaccinations with staff who received their vaccination via primary care and community pharmacies being asked to self-report via an online internal form.

It was anticipated that for the 25/26 flu vaccination delivery programme that all staff vaccinated by the WAST OH department would be captured within the WIS system.

PHW relies on OH teams to accurately record when they are vaccinating Public Health Wales staff as opposed to the person being attributed to the WAST/Health Board, they are delivering the vaccines in. Data entry issues have meant that identification of and access to staff data for internal reporting has continued to not be completely reliable. These difficulties have been persistent throughout recent flu campaigns and whilst concerns have been raised with Digital Health Care Wales in the hope of securing one National solution that will improve data quality, the problems persist.

There continues to be a need to strengthen data sharing agreements with OH providers to enable the sharing of individual level vaccination data and accurate reporting and this has been a continual challenge during the 25/26 campaign. As noted above, two health boards have not been able to supply vaccination data for the 2025/26 programme or have only provided aggregate data.

3.3 Systemic issues with the 25/26 model

Experience has shown that the key to the delivery of a successful influenza vaccination programme for staff is making the process as accessible and as easy for individuals to receive the vaccination with the minimum of inconvenience.

Removing inhibitors to individuals receiving their vaccinations has to be a key part of the determination of any programme moving forward. Issues which have been referenced as inhibiting individuals in actively engaging with the schedule provided by WAST process were:

- Challenges for staff having to be released from/leave their workplace to attend an off-site OH clinic

- the inflexibility of the clinic timings i.e. fixed days Tuesday & Friday
- Friday clinics provided on a day on which a number of part time staff don't work or office-based staff working from home
- difficulties for staff leaving a site during the working day and finding a parking space on return or having problems when arriving later in the morning following attendance at an OH clinic
- the limited number of specific clinics held at PHW workplaces
- clinic timings commencing at 9.30 & 10.00am and finishing at 14.00 & 15.00 making it difficult for staff to attend at the beginning and end of the working day.

Whilst a comprehensive number of clinics were offered by WAST for 2025/26, all the Tuesday clinics and 16 of the Friday clinics were only held at WAST OH premises. The remaining Friday clinics varied within PHW premises across the South-East, South-West and North Wales areas, however this provision was significantly limited with, for example only 4 clinics offered in North Wales at sites where PHW staff work.

Similar concerns exist with the model of provision offered by the Health Board OH departments, coupled with the inability of the departments to ensure that data recording and reporting was accurate and shared as an departmental/organisational priority in line with the agreed SLAs.

3.4 Moving Forward - What needs to be in place to ensure success

3.4.1 Overcoming the systemic issues with the 2025/26 campaign

In addressing the steps which need to be taken for the 26/27 campaign there needs to be a stronger focus on aligning the delivery model to the ease of access for staff.

As noted above there are a number of models and factors which combine to determine whether the suite of approaches offered for vaccination will be successful. The approaches offered to date have been models where staff have been presented with a range of vaccination opportunities where there was a requirement on individuals to determine the appropriate action which they would take within the limitations of the arrangements on offer.

Staff were presented during 25/26 with clinics arranged by the OH departments at times suited to departments' operating hours, consequently there was no opportunity for staff to book an appointment or indeed drop in to an OH department outside of the proscribed clinic times/set days e.g. on a commute into or home from work. It is noted that the voucher model had a good level of uptake and given that it also required staff to take action and engage with the process, the level of uptake suggests that those staff taking up this offer, did so for the flexibility and control which it offered.

Whilst it is right to be critical of the way in which OH departments have approached the delivery of the 25/26 campaign, the low uptake of vaccination should not be externalised to the extent as entirely being the problem of other organisations. It is

not clear as to whether there were any significant numbers of staff who wanted to be vaccinated but weren't able to and, if there were, these were probably only small numbers. The data would therefore suggest that there are 60% of PHW staff who have not engaged with the process and despite the best efforts of the organisational communications and the flu champions messaging these staff failed to act. The challenge, therefore for future campaigns, is going to be addressing the issue of the sizeable numbers of staff who either didn't engage in the process or chose to do nothing.

Moving forward a delivery model needs to be developed where individuals will take action and subsequently follow through on their decision i.e. to attend their chosen vaccination clinic or a local pharmacy. The paradigm amongst OH providers has been one of "build it and they will come" which is the model most convenient and expedient for the OH departments but not necessarily for staff and particularly for the profile of staff working for PHW. Experience of the outcomes from the 25/26 delivery plan would suggest that staff have not found the delivery approach convenient, which resulted in a 25% fill rate for the clinics arranged by WAST and this suggests that the arrangements didn't sufficiently work for PHW staff. Similarly, the HB OH departments, only achieved 32% for those PHW staff working on HB sites.

In contrast, as evidenced in 23/24 a peer vaccinator model which changes the dynamic to one where an individual is presented with an immediate choice to make a decision and receive their vaccination at the point of making that decision has been shown to be successful.

Notwithstanding these two different approaches, the OH clinic model has, during 25/26, vaccinated 22% of the PHW workforce and so care will need to be taken in planning the way forward for 26/27, to ensure that any revised model can successfully build from this as a minimum baseline.

When moving from the peer vaccinator model for the 24/25 programme, it was acknowledged that the decision was not without its risks and challenges and in particular achieving successful delivery through the OH delivered model, principally from WAST. Whilst this model was considered to be feasible it was recognised that issues of concern remained which required attention to the level of staff resources within WAST in particular. These were considered resolvable provided that there was early planning with WAST and on the SLA discussions along with input from key directorates and functions to support the Flu programme with close attention to the planning and preparation for the campaign required between May and June to ensure that any risks did not materialise and allowing for contingency planning to enable delivery from September 2024. Unfortunately, these challenges have persisted throughout the 24/25 and 25/26 campaigns.

3.4.2 Building for success - re-designing the current offer for staff

There are dangers in switching to a revised model which removes any of the current provision. As mentioned above, 22% of staff received their vaccinations through an

Occupational Health provider. Whilst there were clearly problems associated with the fill rates of clinics and the level of uptake, replacing the numbers vaccinated through this means would be a significant task and therefore it is proposed that for 26/27 that there is an increased suite of provision developed for the PHW workforce. This would need to be coupled with an organisational awareness and communication which necessitates an active level of engagement by all staff and line managers.

Consideration of the provision could comprise:

i. WAST OH clinics negotiated around PHW's requirements

Whilst it is recognised that there have been significant and ongoing challenges with the delivery of the service by WAST, the wider challenge for PHW is to effectively replace the WAST provision in the time available ahead of the 2026/27 flu season. The problems with WAST are known and as such knowing where the problems and issues are does enable the organisation to confront the challenge of overcoming these in partnership with WAST. As a precursor to any engagement with this, it may be that executive to executive conversations are held, so as to position the development a successful model for 26/27 as a key joint imperative.

The clinic structure could be renegotiated with WAST to align with the preferences of staff and the organisation regarding the delivery model for vaccinations. As mentioned in the report, the design of the clinic structure did not reflect the needs of the workforce as evidenced in a 25% fill rate. The 25/26 delivery model included 60 clinics and a renegotiated model should move away from a quantitative approach to one which is designed and tailored around convenience and accessibility for staff. Whilst resource negotiations with WAST may be an issue, a more focussed delivery model, possibly with less clinics but focussed and targeted more appropriately, could well be more efficient for both parties.

ii. Dedicated OH vaccinators working within PHW

Similar to the peer vaccinator model, WAST and/or one or more of the HB OH departments could assign vaccinators to work within PHW, attending PHW workplaces to vaccinate staff. This could be on the basis of a dedicated individual or individuals being deployed and directed by PHW to work through an identified list of workplaces/sites where staff would find it geographically more challenging to access their vaccination through an OH clinics site. The phasing of this model may need to be structured to include follow up/mop up visits, as the campaign progresses, and targeted at sites where individuals have not engaged with organisational communications or for whatever reason have not attended a clinic or chosen to access a digital voucher.

As an extension of this model, the dedicated individuals could be employed by PHW but work from one or more of the established OH department with protocols in place for competency assessment, clinical supervision and clinical record keeping. This could potentially form the basis of a future model of OH service for PHW under the umbrella of one or more of the OH departments. This could enable a peripatetic

PHW OH workforce to be engaged specifically on the flu vaccination programme and directed, as required by PHW.

iii. Development of a peer vaccinator model

As an alternative to the OH vaccinators working within PHW as referenced in ii) above, a peer vaccinator model could be developed within the organisation. This model is included in the range of options for completeness, however it is noted, that a clear decision was made in the spring of 2024 that the 24/25 vaccination delivery model would not utilise the peer vaccinator model used in 23/24 due to identified risks and issues.

Such a model would necessitate significant mobilisation within the organisation and would not be without its deployment and delivery challenges together with consideration of how the risks and concerns regarding the use of the peer vaccinator model used in 23/24 could be overcome. The organisation would need to ensure vaccinators have access to appropriate training, competency assessment, and support as well as ensuring that governance structures are in place to support safe practice and as such, directly employing vaccinators on short term contracts may be a more appropriate model.

Both vaccinator models remove many of the barriers to the behaviours and procrastination which inhibit staff to acting positively in seeking to get vaccinated. It is acknowledged that there will always be individuals who actively choose not to be vaccinated, however for others who may be reluctant to get vaccinated or who aren't sufficiently motivated to act and seek out vaccination then this model could support improved levels of vaccination.

iv. HB OH clinics/access optimised for PHW staff attendance

The SLAs with the four Health Board Occupational Health departments include provision for flu vaccination for staff working within Microbiology/Infection Services. As with the WAST model, the clinic structure could be renegotiated with the OH departments in order that the provision and access for PHW staff based on HB sites is better aligned with the preferences and working arrangements of staff.

v. Digital voucher provision

The provision of vouchers proved to be a significant contribution to the 25/26 flu campaign with an uptake of paper and digital vouchers by 363 staff (14% of the workforce). This provision should be retained for 26/27 and potentially increased from the 400 vouchers ordered but any increase would need to be carefully targeted to ensure that overall immunisation is increasing rather than vouchers being taken up by individuals who attended a vaccination clinic in 25/26.

vi. Consider a fully outsourced private provider model for staff flu vaccination, replacing WAST and/or Health Board delivery, subject to clinical assurance and affordability.

A commercial contract, such as the services provided by Insight Workplace Health, would prove to be more binding when compared with the OH SLAs and an option could be explored to procure a single private provider to deliver staff flu vaccinations.

Similar challenges would remain in mobilising the workforce and ensuring accessibility of provision for staff. Costs could be significantly higher than if an NHS Wales OH provider was engaged to provide a comparable service.

As noted, indicative costings suggest that could cost in the region of £45,500 for 50% of the workforce depending on uptake and clinic configuration. These costs are likely to exceed current NHS OH delivery models but may offer improved reliability, contractual leverage, and staff accessibility.

Any external provider option would require early and full engagement with NQIG colleagues to assess clinical safety, governance, vaccine supply arrangements, reporting to the Welsh Immunisation System, and indemnity. Given the time required to complete procurement, clinical assurance, and mobilisation, it is recognised that this option may not be feasible for the 2026/27 flu campaign but could be evaluated as part of longer-term options for staff flu vaccination and occupational health provision, providing the organisation was content to explore the engagement of a private non-NHS provider to deliver the flu vaccination programme.

vii. Mobilising the workforce

Key to the success of any programme is going to be mobilising the workforce to receive their flu vaccination in the most expedient and convenient way for each individual.

In planning for the annual staff flu immunisation programme, research on the way in which staff would prefer to receive their flu vaccination would be helpful in designing and tailoring the organisational flu vaccination offer to staff. For example, flexible approaches might have been an attractive proposition for some staff. Additionally, understanding whether or not the rigidity of clinic hours had acted or would act as an impediment to staff receiving their flu vaccination, would support the organisation in planning the future arrangements with OH providers. Gathering this information would help to provide information on the extent to which alternative models may need to be developed e.g. digital vouchers, workplace vaccination etc. Accordingly, in planning future delivery programmes, the PHW workforce could be canvassed on the most convenient way in which they would prefer/choose to be vaccinated and this could be gathered through an online questionnaire.

Once the preferences of staff are better understood the offer to staff could be tailored accordingly. Ahead of the commencement of the seasonal flu campaign there will be a need to increase the level to which staff are engaged with the new immunisation arrangements for the 26/27 season. This will need to be through active engagement with staff regarding the different ways that staff are able to receive their vaccination. This could be coupled with online awareness raising sessions linked to the

engagement of line managers who will need to both be supported and to support their teams in taking action to determine the best individual approaches for them.

Accordingly, communications will need present staff with a choice to make as to how and where they wish to receive their vaccination. An online decision tree would support this process and if this could be directly linked to an online booking process then momentum can be built early in the campaign season thus supporting targeted interventions.

viii. Improve data collection

Data collection through OH departments needs to be re-prioritised as an essential part of the SLA with OH departments. The failure to properly record and report immunisations of PHW staff is unacceptable and should be escalated by the respective OH departments with a clear plan to address the capturing and reporting of vaccinations developed and agreed between organisations. If there are systemic digital system issues these should be similarly escalated with a resolution planned ahead of the commencement of the 25/26 programme.

ix. Developing a suite of options

To ensure that there is a successful campaign all elements need to be in place ahead of the vaccination programme commencing during late September/early October. Accordingly, a programme will need to be developed to address the recommendations and move forward with delivery for the 26/27 campaign.

4. Recommendations

To support a step change in influenza vaccination uptake for 26/27 will require a multi-pronged approach to address a number of factors, as outlined in this report, which have militated against vaccination uptake by staff. The recommendations below need to be considered as a whole and those that are accepted will need to be quickly addressed within an overall programme comprising a series of individual projects to address all the individual points with the programme timeline and resources aligned to ensure that all projects are concluded by August 2026 ready for implementation of 26/27 flu vaccination provision.

1. Renegotiate the WAST OH clinics offer around PHW's requirements

The clinic structure should be renegotiated with WAST to align with the preferences of staff and the organisation regarding the delivery model for vaccinations. A renegotiated model should be designed and tailored around convenience and accessibility for staff. Whilst resource negotiations with WAST may be an issue, a more focussed delivery model, possibly with less clinics but focussed and targeted on days and at times more appropriately aligned to the requirements of the PHW workforce, could well be more efficient for both parties.

2. Introduce dedicated OH or deployed vaccinators working within PHW workplaces, reducing access barriers and replicating benefits seen in the peer vaccinator model.

Commence discussions with WAST and/or one or more of the HB OH departments regarding assigning vaccinators to work within PHW and attend PHW workplaces to vaccinate staff. This could be on the basis of a dedicated individual, or individuals being deployed and directed by PHW to work through an identified list of workplaces/sites where staff may find it geographically challenging to access their vaccination through an OH clinic site. This may necessitate governance aspects to be agreed with NQIG colleagues.

3. Optimise Health Board OH clinics/access for PHW staff attendance

The SLAs with the four Health Board Occupational Health departments include provision for flu vaccination for staff working within Microbiology/Infection Services. As with the WAST model, the clinic structure could be renegotiated with the OH departments in order that the provision and access for PHW staff, who are based on HB sites, is better aligned with the preferences and working arrangements of Microbiology/Infection Services staff e.g. timing of clinics and OH department access. The data sharing arrangements (also noted in recommendation 6) will also need to be addressed so that the HBs are providing real time reporting on the vaccinations they have delivered to PHW staff.

4. Digital voucher provision

Maintain the provision of vouchers proved and potentially increase from the 400 vouchers ordered, noting that any increase would need to be carefully targeted to ensure that overall immunisation is increasing rather than vouchers being taken up by individuals who attended a vaccination clinic in 25/26.

5. Explore External Provider to replace WAST and potentially HB flu vaccination delivery.

Determine the availability of external providers to deliver staff flu vaccination across Wales for PHW staff and to provide locally accessible clinics. As noted in the report, time would be tight to mobilise such provision for autumn 2026, however work to establish what provision is available, may provide some alternative additional capacity for 2026/27 and provide insight as to whether such provision would be viable on an ongoing basis for future flu vaccination delivery. This would be subject to the caveats noted in the report.

6. External Provider Behaviours

In working with NHS Wales OH providers, commence engagement on the effectiveness of the SLAs in place. This should seek to push the existing thinking to provision which is on a more commercial footing with practices and service comparable to that which might be provided by a competitive commercial provider.

7. Radically improve data capture and reporting, making accurate WIS reporting a non-negotiable SLA requirement.

Data collection through OH departments needs to be re-prioritised as an essential part of the SLA with OH departments. Collecting, populating and reporting the employer field should be an mandatory requirement for all vaccinations delivered by OH department on behalf of PHW. The failure to properly record and report immunisations of PHW staff is unacceptable and the development of solutions should be prioritised by the respective WAST and HB lead Executive Directors for Occupational Health as an organisational priority. Clear plans to address the capturing and reporting of vaccinations should be developed by the respective OH departments with the plans and timescales to address the matter co-developed (as appropriate) and/or shared with PHW. Any systemic digital system issues should be similarly escalated with a resolution planned ahead of the commencement of the 26/27 programme.

8. Staff questionnaire

Research the way in which staff would prefer to receive their flu vaccination to support and tailor the design of the organisational flu vaccination offer to staff. This could be gathered through an online questionnaire in Spring 2026.

9. Staff engagement

Develop an on-line awareness raising tool linked to the 26/27 flu vaccination offer with an on-line decision tree signposting staff to their preferred way of receiving their vaccination.

10. On-line booking

The current digital booking system should be embedded as a sequential part of the awareness raising communications and the decision tree. This will enable individuals to book a clinic/voucher or identify a need for alternative provision immediately following working through the decision tree.

11. Line manager engagement

Line managers should be tasked with facilitating and supporting all their staff to access engagement raising tools and actively enable staff to attend vaccination clinics/provision. Line managers should be accountable for at least 50% of their staff receiving a flu vaccination.