

COVID Vaccination Update

HWB Board

2 Dec 2020

Managing expectations

'Hands Face and Space' will have to continue until effective population herd immunity has been demonstrated – not likely until the summer

Prioritisation

The Joint Committee on Vaccination and Immunisation (JCVI) published draft priority recommendations on 25 Sept 2020 and are similar to the flu vaccination groups, with the highest priority being

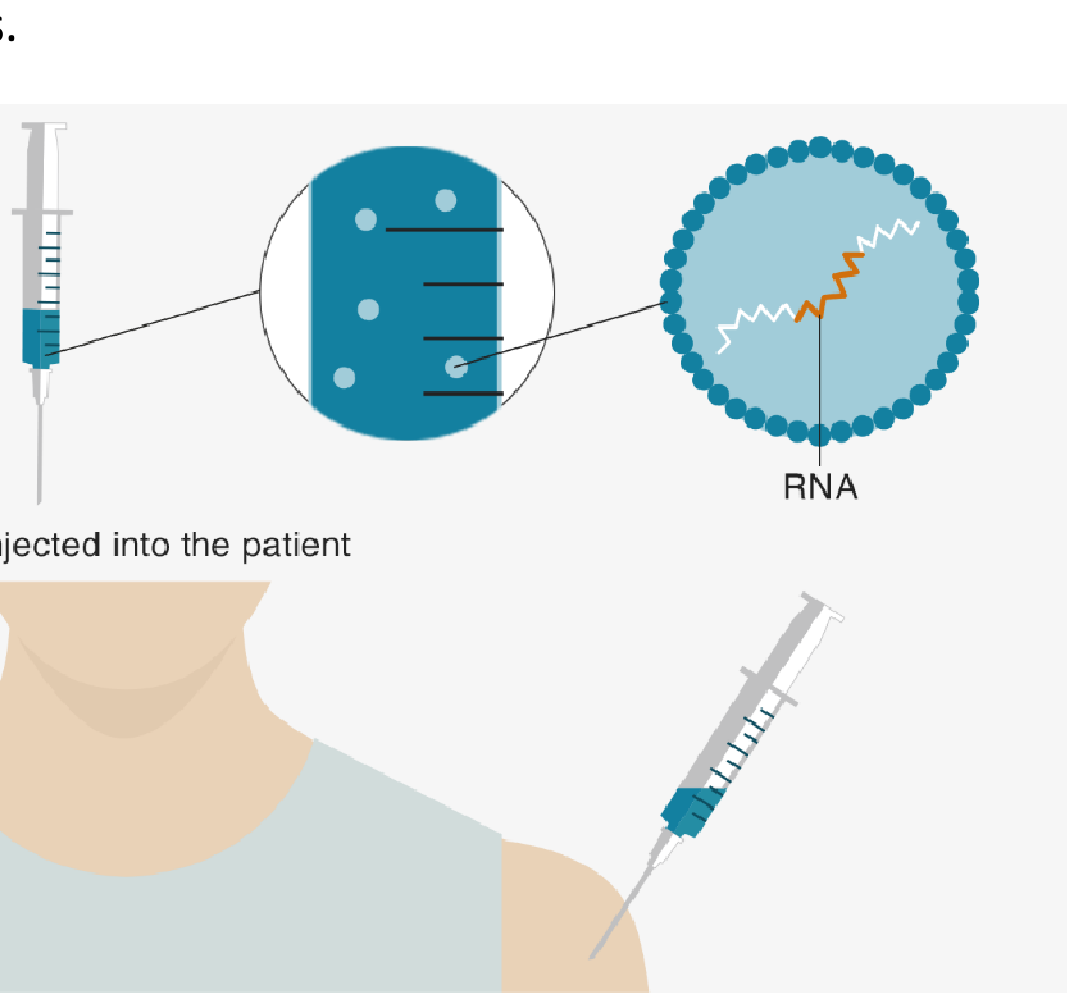
- older adults resident in care homes and care home workers
- all those aged 80+
- frontline health and social care workers

Two vaccines expected to be available in quantity, soon

	Pfizer	Oxford AZ
Vaccine	mRNA	Adenoviral vector
Storage	-70 °C	2–8 °C
UK purchase (doses)	40 million	100 million

How RNA vaccines work

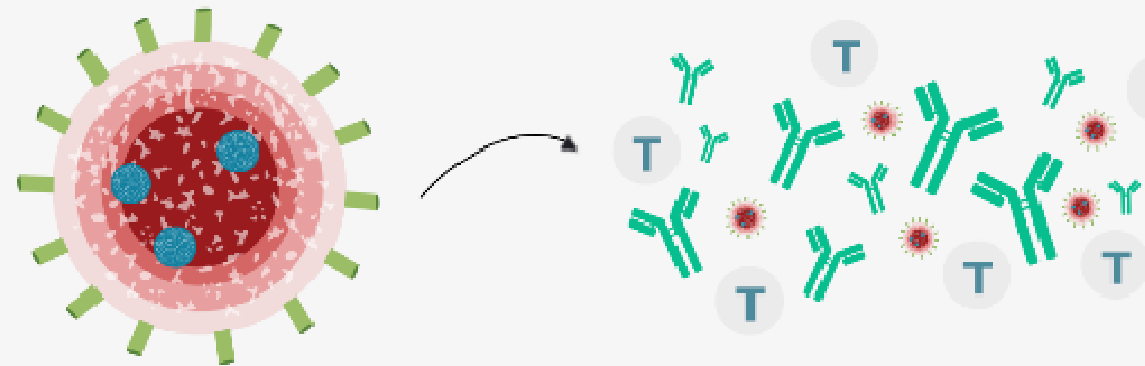
is a small portion of manufactured viral genetic
e specially prepared to easily enter into human



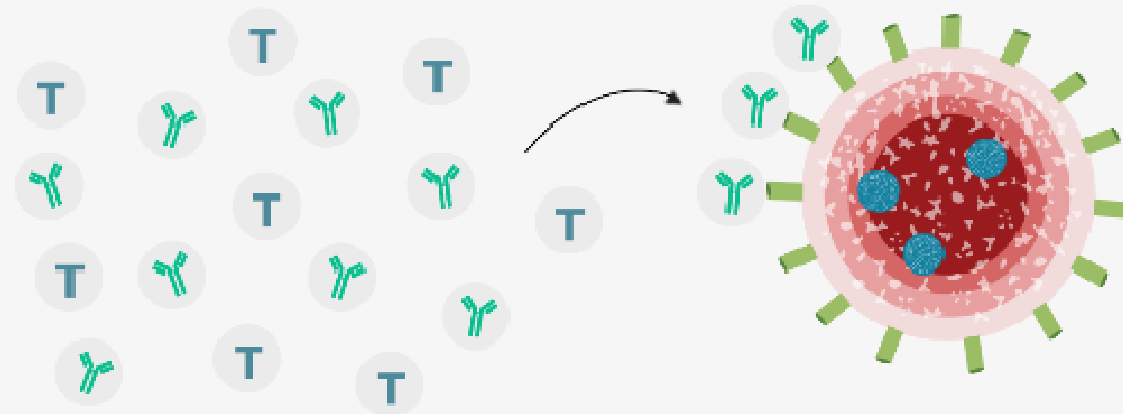
ected into the patient

The vaccine enters the cells and tells them to produce the coronavirus spike protein.

This prompts the immune system to produce antibodies and activate T-cells to destroy infected cells.



If the patient encounters coronavirus, the antibodies and T-cells are triggered to fight the virus



Overview and Expectations

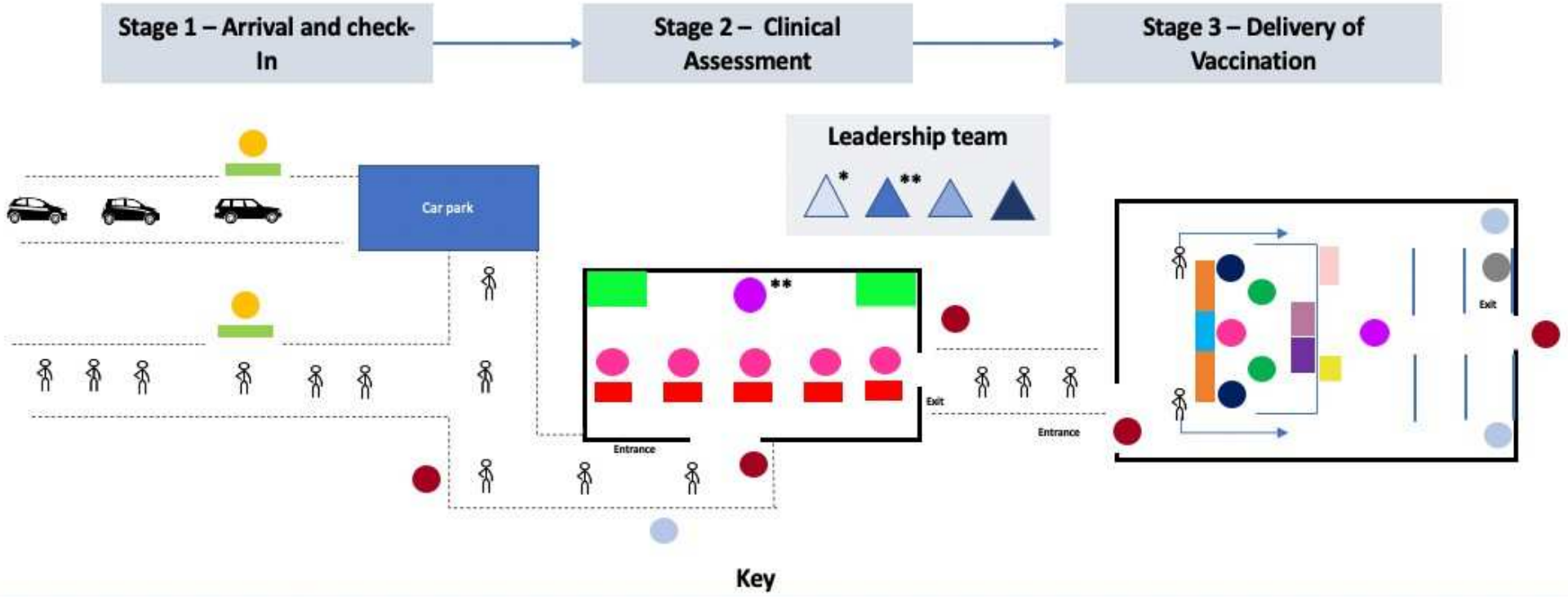
- Service to be ready to commence on 1st December 2020. Sites continue to be prepared.
- Primary Care delivery route, general practices have signed up to deliver this across the patch.
- First vaccine is fragile. -70 storage, can't transport.
- Now on a 10 day notification of when vaccine will be delivered. Not currently licenced.
- Vaccination sites have been identified in each PCN, open seven days, 8am until 8pm.
- Patients to have 2 vaccines with 21-28 day gap between (second dose same vaccine) .
- More guidance to follow but assumption that at least 7 days between flu vaccine and COVID 19 vaccine.
- Registered healthcare professional present for clinical assessment/consent. (Best Interest)
- Non registered healthcare workers can administer vaccine, training package has been circulated.

Pod concept design principles

The table below outlines the design principles for the delivery pod.

Principle	Description
Adequate stock of sufficient delivery pods	<ul style="list-style-type: none"> Pods should not be stocked more than once a day (where vaccine characteristics permit) and all waste removal can occur concurrently with vaccination delivery.
Standard infection prevention and control measures should be central to the design	<ul style="list-style-type: none"> Adherence to PPE guidance and social distancing guidance. Flow through the delivery pods should be one-way with minimal cross over of individuals (staff or users).
Facilitate the deployment of expanded vaccinators into the workforce	<ul style="list-style-type: none"> Following changes to the Human Medicines Regulations 2012 non-registered healthcare professionals may administer the vaccine under the supervision of a registered healthcare professional. Multi-dose vial preparation will be undertaken by registered health professionals. Adverse events will be managed by registered health professionals.
Simple, replicable and scalable	<ul style="list-style-type: none"> Delivery pods are likely to be the delivery unit for multiple delivery models and therefore should be easy to scale up or down.
Enable the high throughput of eligible individuals	<ul style="list-style-type: none"> To deliver the vaccination at scale in a timely manner, throughput for each delivery pod must be sufficiently high.
Use space effectively	<ul style="list-style-type: none"> To enable the identification of appropriate estate, delivery pods should seek to make the most effective use of space.
Positive experience	<ul style="list-style-type: none"> Delivery pods should provide a consistent end-to-end user journey. Delivery pods should cater for eligible individuals with additional needs.
Minimise delivery risk	<ul style="list-style-type: none"> Should mitigate all foreseeable risk as far as possible. For example; delivery pods should be aligned to the delivery of a single vaccine on any given day to remove the risk of cross-contamination and delivery of wrong vaccination.

End to end user journey



Key

User	Registered HCP B5	St John Ambulance (Post Vaccination Observation & Patient Advocate)	Dirty Area	Vaccine Preparation Bench	Senior Manager
Front of House (paid)	Registered HCP B6	Assessment Station	Clean Area	Trolley	8a Nursing Manager
Marshal (volunteer)	Immuniser	Private office for clinical assessment	Vaccine Station	Resus Equipment	Medical Director
Check-in station	Admin Support				Operations Director
Health Care Assistant					

Only required for single pod site* Only required for multiple pod site**

Workforce summary based on one vs. multiple pod site

The table below outlines the workforce requirements to support the safe and effective delivery of vaccinations across a single vs. a multiple pod site. This is aimed to be used for both large-scale and community site models and show the crude numbers needed at any given time for the models to operate. *Please note that the table below does not account for FT, leave, breaks, 2 shifts per day.*

Please note that the site size dictates the required governance structure, which can vary between a one pod site vs multiple pod site as scaling involves increased management overhead and accountability. The proposed supervision, oversight and leadership roles below are still in discussion and detailed on the next slide.

Role	Band	Description	Total no. of workforce required		Narrative and comments
			<u>One pod site</u>	<u>Multiple pod site</u>	
Registered Healthcare Professional (HCP)	6	<ul style="list-style-type: none"> Supervision of the vaccination activity and staff within the pod and observation area. 	1	1 per pod	For scaling purposes numbers show the crude numbers needed relative to the pod ratio, but does not imply the location of roles inside the pod.
	5	<ul style="list-style-type: none"> Responsible for the patient clinical assessment pre-vaccination (x5). Responsible for vaccination draw-up (x1). 	6	6 per pod	
Immuniser	4	<ul style="list-style-type: none"> Responsible for the delivery of vaccination. Responsible for the disposal of clinical waste and change of PPE (when required). 	2	2 per pod	
Healthcare Assistant (HCA)	3	<ul style="list-style-type: none"> Responsible for sanitisation and infection control (e.g. wipe down surfaces). Support the vaccination process. 	1	1 per pod	
Admin Support	3	<ul style="list-style-type: none"> Responsible for patient record keeping. Responsible for recording vaccination data (such as batches, numbers). 	2	2 per pod	
Post Vaccination Observation	SJA	<ul style="list-style-type: none"> Responsible for managing the post vaccination observation area & provide BLS. 	2	2 per pod	
Marshal	Volunteer	<ul style="list-style-type: none"> Responsible for patient flow management. 	5	5 per pod	
Patient Advocate	SJA	<ul style="list-style-type: none"> Responsible for answering patient queries and address any concerns. 	1	1 per pod	
Front of House	3	<ul style="list-style-type: none"> Responsible for patient check-in and pod allocation. Responsible for patient queries on the day. 	2	2 per pod	
Marshal	Volunteer	<ul style="list-style-type: none"> Responsible for patient flow management. 	5	5 per pod	

Workforce summary based on one vs. multiple pod site

The table below outlines the workforce requirements to support the safe and effective delivery of vaccinations across a single vs. a multiple pod site. This is aimed to be used for both large-scale and community site models and show the crude numbers needed at any given time for the models to operate. *Please note that the table below does not account for FT, leave, breaks, 2 shifts per day.*

Please note that the site size dictates the required governance structure, which can vary between a one pod site vs multiple pod site as scaling involves increased management performance and accountability. The proposed supervision, oversight and leadership roles below are still in discussion (highlighted in orange).

Role	Band	Description	Total no. of workforce required		Narrative and comments
			<i>One pod site</i>	<i>Multiple pod site</i>	
Registered healthcare professional (HCP)	6	<ul style="list-style-type: none"> Escalation point for clinical assessment. 	0	1 per max 3 pods	Within the one pod site, the clinical assessors can escalate to the Senior Manager. Scaling up, we anticipate the need of a Band 6 as direct escalation point, or responsible for up to three pods.
Senior Manager	7-8d	<ul style="list-style-type: none"> Responsible for clinical & operational oversight, governance of the site & staff supervision. 	1	0	Within the one pod site, a Senior Manager is able to oversee both clinical and operational activity. Scaling up to multiple pods, this role requires separation of responsibility; therefore we propose that instead of a Senior Manager, a Nursing Manager is responsible for clinical oversight of a maximum of 3 pods and there will be site presence of an Ops Director (see below) responsible for operational oversight.
Nursing Manager	8a	<ul style="list-style-type: none"> Responsible for clinical escalations. Responsible for overseeing the clinical activity for the pod and clinical assessment area. 	0	1 per max 3 pods	
Medical Director	Med Gr.	<ul style="list-style-type: none"> Responsible for clinical leadership and governance of the site(s). Responsible for clinical escalations above the Nursing Manager or Senior Manager. 	At least 1 per Lead Trust covering multiple sites (remote)		We anticipate that a Medical Director can oversee multiple sites remotely. This role may be covered by a GP in the PCN model.
Operations Director	VSM Equiv.	<ul style="list-style-type: none"> Responsible for non-clinical leadership & operational delivery of mass vaccination site(s). Responsible for ensuring all workforce, consumables and equipment are in place. 	At least 1 per Lead Trust covering multiple sites (remote)	1 per site (on site)	We anticipate that the Ops Director can oversee multiple <u>one</u> pod sites remotely. For <u>multiple</u> pod sites, this role may be required in-person, dedicated to that site.

Lancashire Demographics

	Burnley East	Burnley West	Hyndburn Central	Hyndburn Rural	Pendle East	Pendle West	Ribblesdale	Rossendale East	Rossendale West	EL CCG Total	Blackburn East	Blackburn North	Blackburn West	Darwen	BwD Total	Gr To
	31805	31242	29177	20702	26877	38876	21833	18761	21710	240983	32952	39394	27229	21191	120766	361
	3430	3424	3031	2545	3448	3095	3165	2461	2762	27361	3023	3444	2860	2690	12017	39
	3373	3468	2762	2475	3635	2751	3307	2331	2644	26746	2529	3058	2687	2600	10874	37
	3063	2886	2420	2060	3067	2551	2728	1901	2284	22960	2133	2763	2224	2070	9190	32
	2495	2507	2044	1684	2758	2235	2334	1701	2068	19826	1664	2298	1877	1888	7727	27
	2695	2544	2069	1830	2835	2005	2617	1726	2075	20396	1528	1915	1852	1822	7117	27
	1837	1642	1453	1256	1853	1423	1804	1083	1367	13718	971	1287	1330	1162	4750	18
	2176	2192	1819	1591	2386	1862	2487	1263	1723	17499	1262	1872	1882	1414	6430	23
	50874	49905	44775	34143	46859	54798	40275	31227	36633	389489	46062	56031	41941	34837	178871	568

ased Vaccination Programme Modelling - Phase 1 Care Homes

	Burnley East	Burnley West	Hyndburn Central	Hyndburn Rural	Pendle East	Pendle West	Ribblesdale	Rossendale East	Rossendale West	EL CCG Total	Blackburn	Darwen	BwD Total	Gran Total
Homes	10	14	10	12	9	8	9	7	12	91	20	7	27	118
Home Residents	430	391	415	345	344	293	323	172	486	3199	797	231	1028	4227
ated Care Home Staff (Staff : 1 Resident)	860	782	830	690	688	586	646	344	972	6398	1594	462	2056	8450
Vaccinations	1290	1173	1245	1035	1032	879	969	516	1458	9597	2391	693	3084	12681
um vaccinator days based on 80/day	16.1	14.7	15.6	12.9	12.9	11.0	12.1	6.5	18.2	120.0	29.9	8.7	38.6	158.8
ated Care Home Staff (Staff : 1 Resident)	645	587	623	518	516	440	485	258	729	4799	1196	347	1542	6341
Vaccinations	1075	978	1038	863	860	733	808	430	1215	7998	1993	578	2570	10569
um vaccinator days based on 80/day	13.4	12.2	13.0	10.8	10.8	9.2	10.1	5.4	15.2	100.0	24.9	7.2	32.1	132.1

Homes – Number of individuals per vaccination (Aimed at approx. 80 residents/staff per day – 2 care homes)

Residents and care home number taken from Sit Rep (see table below)

to consider logistics incl. cold chain, number of homes and travel times.

ment for Nurses to administer in Nursing Homes rather than DNs

le CPs could administer to care homes residents

ing procedure needs to be considered as multi-dose vials

Vaccination Programme Modelling - Phase 1 Over 80 years of age

	Burnley	Hyndburn	Pendle East	Pendle West	Ribblesdale	Rosendale	Blackburn	Darwen	Total
Number of patients over 80 years of age	4368	3410	2386	1862	2487	2986	5016	1414	23929
Vaccination rate of 80%	3494	2728	1909	1490	1990	2389	4013	1131	19143
Target	3494	2728	1909	1490	1990	2389	4013	1131	19143
Number of vaccinators required to achieve target 80% of over 80 years of age in a 8 hour operational day we would expect a single pod site to vaccinate 240 users [15/hr per vaccinator and 2 vaccinators]	14.6	11.4	8.0	6.2	8.3	10.0	16.7	4.7	

Total Vaccines Required
38286

	Burnley	Hyndburn	Pendle East	Pendle West	Ribblesdale	Rosendale	Blackburn	Darwen	Total
Number of patients over 80 years of age	4368	3410	2386	1862	2487	2986	5016	1414	23929
Vaccination rate of 100%	4368	3410	2386	1862	2487	2986	5016	1414	23929
Target	4368	3410	2386	1862	2487	2986	5016	1414	23929
Number of vaccinators required to achieve target 100% of over 80 years of age in a 8 hour operational day we would expect a single pod site to vaccinate 240 users [15/hr per vaccinator and 2 vaccinators]	18.2	14.2	9.9	7.8	10.4	12.4	20.9	5.9	

Total Vaccines Required
47858

Housebound not deducted from these totals - Community Services support required for this. Not got accurate coding for housebound

in care homes not deducted

Contingency plans in case of sickness, absence in allocated teams

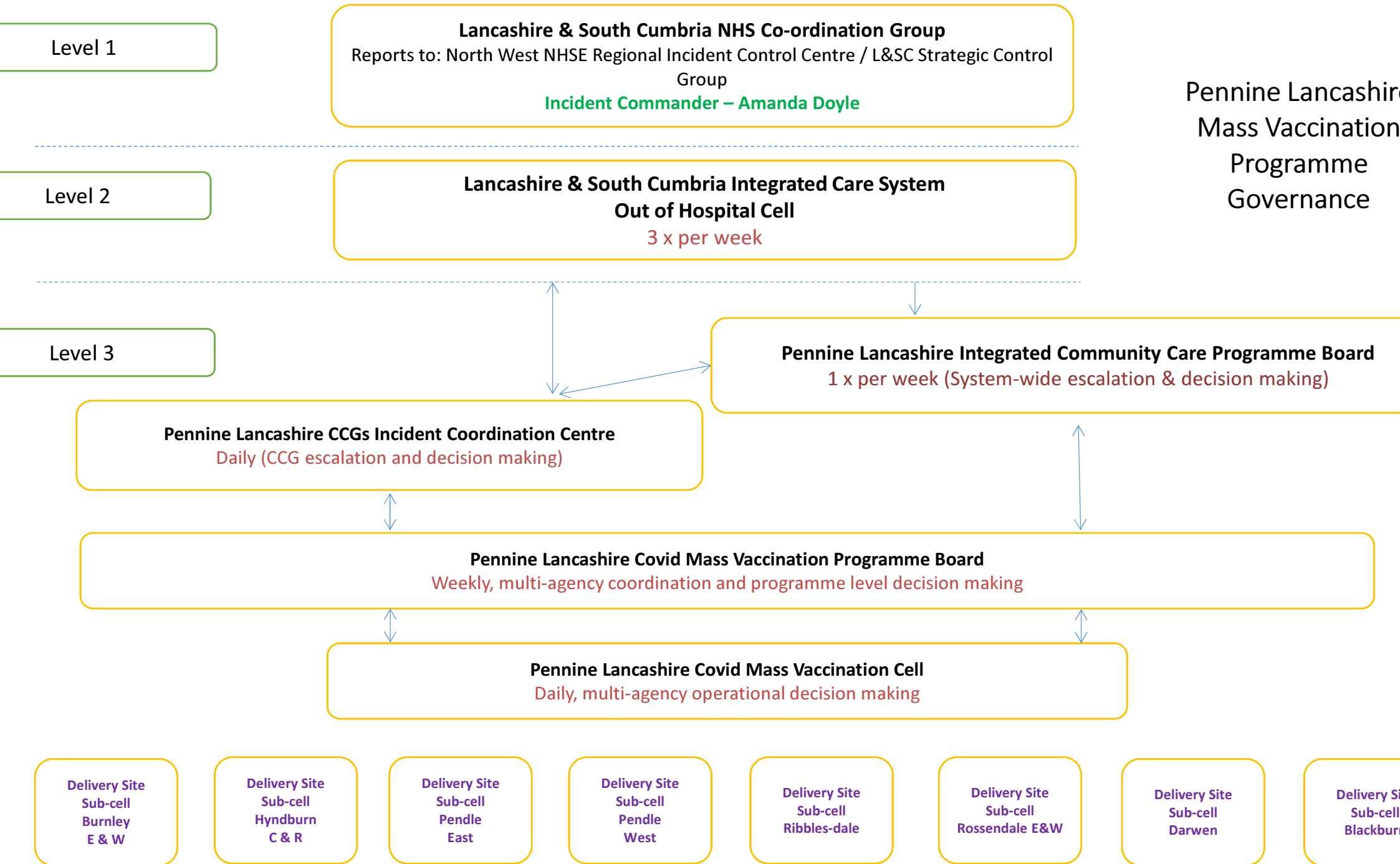
Booster recall required after 3 or 4 weeks (21 or 28 days)

Patients must be re-directed to same site for second dose.

The summary below to be scaled back to reflect 240 vaccinations per day in place of 520 per day

Summary based on One POD site

Role	No. Per Site	Description
Support	2	Responsible for patient record keeping. Responsible for recording vaccination data (such as batches, numbers).
Pod Manager/Nurse (clinical assessment)	4 or 5	Responsible for the patient clinical assessment pre-vaccination and Responsible for vaccination draw-up.
Pod Pharmacist/Nurse (supervisor)	1	Supervision of the vaccination activity and staff within the pod and observation area
Pod Clinical Pharmacist/Nurse/Physician Associates (immuniser)	2	Responsible for the delivery of vaccination. Responsible for the disposal of clinical waste and change of PPE (when required).
Pod Support Assistant	1 or 2	Responsible for sanitisation and infection control (e.g. wipe down surfaces). Support the vaccination process.
Pod Reception volunteers	5	Responsible for patient flow management
Pod Reception (Paid)	3	Front of House. Responsible for patient check-in and pod allocation. Responsible for patient queries on the day.
Pod Ambulance	3	Responsible for managing the post vaccination observation area & provide BLS. Patient Advocate - Responsible for answering patient queries and address any concerns
Pod Clinical Manager	1 (per site)	Responsible for clinical escalations. Responsible for overseeing the clinical activity for the pod and clinical assessment area.
Pod Clinical Director	1 (per site)	Responsible for clinical leadership and governance of the site(s). Responsible for clinical escalations above the Nursing. Manager or Senior Manager.
Pod Operations Director	1 (per site)	Responsible for non-clinical leadership & operational delivery of mass vaccination site(s). Responsible for ensuring all workforce, consumables and equipment are in place



Pennine Lancashire COVID-19 Mass Vaccination Programme Board

Purpose

- Oversee the effective planning and coordination of Covid-19 Mass Vaccination deployment in Pennine Lancashire
- Provide strategic direction to the delivery of the Mass Vaccination Programme and the Operational Cell
- Ensure the actions taken at an operational level within each sub-cell are co-ordinated, coherent and integrated, in order to achieve maximum effectiveness, efficiency and desired outcomes
- Assess significant risks facing the Pennine Lancashire Mass Vaccination Programme and use this to inform tasking of organisational/operational commanders, escalating to the ICS as and when required

Reporting and escalation

- Reporting against the delivery of the Mass Vaccination Project Plan is to the ICP Integrated Community Care Programme Board on a weekly basis for System Wide assurance
- Escalation of risks to the delivery of the Mass Vaccination Programme are to the CCG Incident Coordinate Centre which meets on a daily basis
- Urgent matters which require on the day escalation should be made directly from the Mass Vaccination Programme Commander immediately to the Incident Management Room Commander

Membership

Core Members:

Additional representation as required:

Pennine Lancashire COVID-19 Mass Vaccination Operational Cell

Purpose

- Effective coordination of immediate hands-on work across all organisations providing support to the Mass Vaccination Programme
- Understanding of capacity, skills and service delivery from across providers and risks to this provision
- Operational decision making, in line with the overall strategy advised by the Covid Mass Vaccination Programme Board
- Coordination of collective efforts and resources on specific tasks, to maintain safe and effective vaccine deployment across Pennine Lancashire

Reporting and escalation

- Reporting against the delivery of the Mass Vaccination Project Plan is to the Mass Vaccination Programme Board on a weekly basis and to the CCG Incident Coordination Centre on a daily basis
- Escalation of risks to the delivery of the Mass Vaccination Programme are to the Programme Board which meets weekly
- Urgent matters which require on the day escalation should be made directly to the Mass Vaccination Programme Commander immediately
- If a matter is considered to require a single organisational response, which doesn't impact on partners, the matter should be escalated to the Incident Management Room for the relevant organisation. It will be incumbent on the officer representing that organisation to take action to escalate the matter through their organisation

Membership

Core Members

Associated Members

COVID-19 Mass Vaccination Delivery Site Sub-Cells – Role and Structure

Purpose

Each Delivery Site Sub-Cell should:

- Have a nominated leadership team
- Defined processes for authorisation and escalation to the Mass Vaccination Operational Cell
- Maintain command authority over own resources and personnel and be able to direct resource within the geographical area relevant to their Site
- Liaise and coordinate across all other organisations relevant to their geographical area
- Nominate a Senior Coordinator to oversee actioning of requests, record keeping, filing and processing of administrative
- Maintain an actions, decisions and risks log
- Update the Mass Vaccination Operational Cell **on a twice weekly basis**

Reporting and escalation

- Each Delivery Site Sub-Cell will provide **daily** current state report (sitrep) into the Mass Vaccination Operational Cell
- If a matter or risk cannot be resolved or mitigated through the Sub-Cell, it should be escalated through to the Mass Vaccination Operational Cell
- If the matter/risk can still not be resolved then it should be escalated through to the Mass Vaccination Programme Board at the earliest opportunity
- If a matter is considered to require a single organisational response, which doesn't impact on partners, the matter should be escalated to the Incident Management Room for the relevant organisation. It will be incumbent on the officer representing that organisation to take action to escalate the matter through their organisation

Membership

Core Members

Associated Members