

Vaccination & Immunisation

Final Internal Audit Report

2025/26

Swansea Bay University Health Board



Reasonable Assurance

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Review Reference

Fieldwork

Executive Sign Off

Audit Committee

Executive Lead

Audit Team

SBU-2526-17

August - September 2025

6 November 2025

20 November 2025

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Executive Summary

Purpose

To evaluate the processes in place within Swansea Bay University Health Board (the health board) to monitor and promote the uptake of vaccinations and immunisations amongst the public.

Overview

The Welsh Government's vision for the future of immunisation programmes in Wales is the high uptake of effective, sustainably delivered vaccines administered at the right time, to reduce mortality and morbidity.

The National Immunisation Framework (NIF)¹, launched in October 2022 by the Minister for Health and Social Services, builds on lessons learned from the COVID vaccination programme. It requires health boards to develop vaccination equity strategies that clearly outline how inequities in access and uptake are being actively addressed. In May 2024 the Minister reaffirmed Welsh Government's commitment to ensuring equitable access to vaccinations for every citizen in Wales as a core priority².

In response, the health board published its first Vaccine Equity Strategic Plan in June 2024. The plan sets out that the aim that *"all people across Swansea Bay UHB should have fair access and opportunities to discuss and receive all vaccinations. We want to work with our communities to offer additional tailored support to individuals, families and our communities. This will ensure they have they have the required information to make an informed choice, ensuring they are protected from vaccine preventable diseases through timely vaccination.* The plan is further supported by a Strategic Immunisation Plan.

Delivering of the Vaccine Equity Strategic Plan is managed through an Implementation Plan with defined actions and regular reporting. A robust governance framework, led by the Strategic Immunisation Group, provides oversight and accountability. Innovative delivery models, such as home-based vaccinations, mobile units, and pop-up clinics, enhance access for underserved groups. Data from national surveillance and internal dashboards informs targeted interventions. Stakeholder engagement is embedded at multiple levels, supported by accessible communication materials to promote vaccine confidence and literacy.

We have concluded reasonable assurance on this area. The significant matters requiring management attention include:

- Lack of cohesion between the Vaccine Equity Strategic Plan and the Strategic Immunisation Plan, both of which are intended to guide the health board's approach to equitable vaccine delivery.
- Targets and performance measures for monitoring progress against the strategic plans are not consistently SMART (Specific, Measurable, Achievable, Relevant, Time-bound).
- Whilst there is clear evidence of practice and innovative approaches to improve vaccine update and equity, there is limited evidence to demonstrate the effectiveness of these interventions.

Full details of matters arising are detailed within the Findings & Agreed Action Plan.

¹ [National Immunisation Framework for Wales](#)

² [Statement by the Cabinet Secretary for Health and Social Care](#)

Scope & Assurance Summary

Objectives The objectives and associated assurance ratings are not necessarily given equal weighting when formulating the overall audit opinion.

Related Findings

Assurance

1	To assess whether the health board has suitable strategic and operational plans in place to improve vaccination uptake and address inequalities.	1, 2	Reasonable
2	To determine whether appropriate structures, resources and processes are in place to ensure accountability for the effective delivery of strategic/operational plans, including regular monitoring and assurance reporting to the Board.	2	Reasonable
3	To evaluate how effectively the health board collaborates with partners to communicate and engage with the population, particularly vulnerable and underserved communities.	3	Reasonable

Management Actions

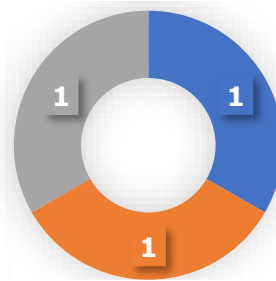


High Priority



Medium Priority

Themes



■ Lessons Learnt

■ Performance Monitoring

■ Strategy

Risk Types

Public Perception & Reputational Risk

At a Glance: National immunisation surveillance data.

Summary of uptake of selected immunisations 2024-2025.

Chart 1: Uptake of routine childhood immunisations in children 2024-25.
Welsh Government target: 95% uptake

(Source: Vaccine Uptake in Children in Wales COVER Annual Report 2025³).

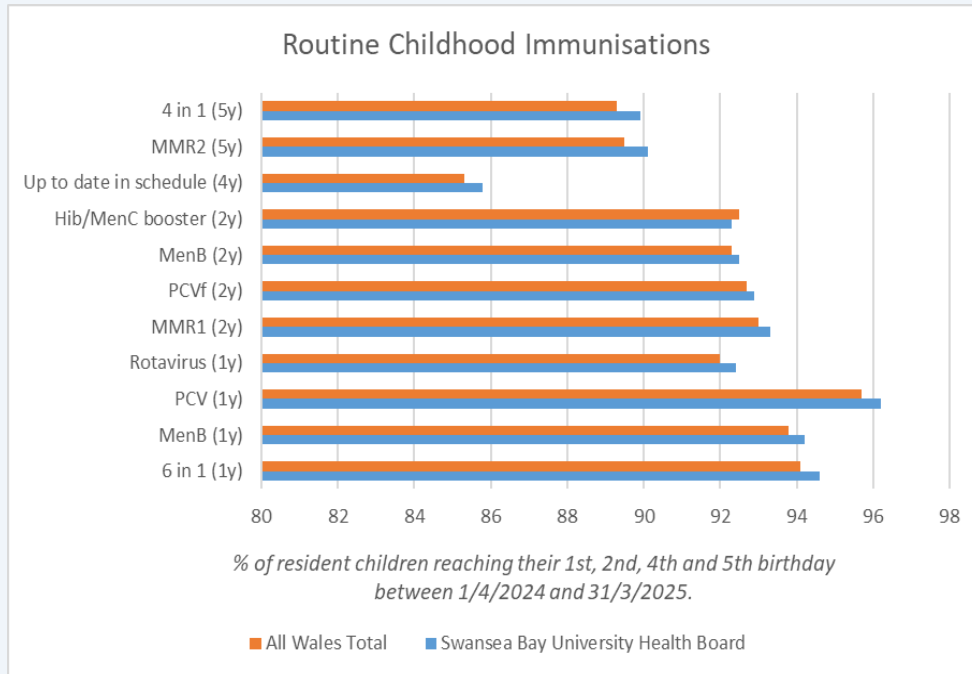
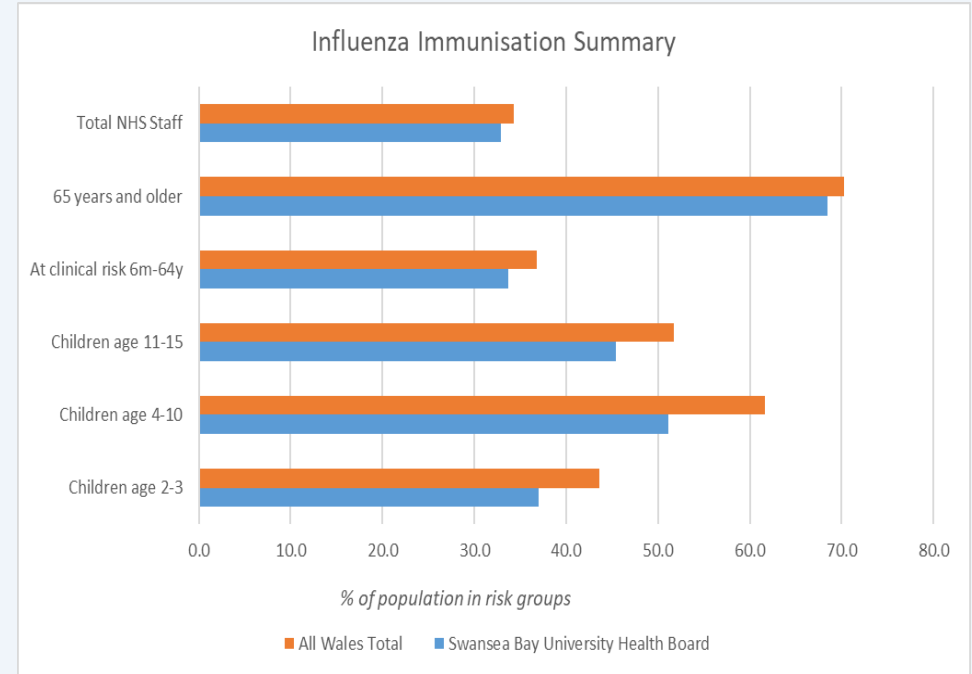


Chart 2: Uptake of influenza in population at risk in 2024-25.
Welsh Government target: 75% uptake

(Source: National Influenza Immunisation Summary – Update 24⁴)



The Vaccine Uptake in Children in Wales COVER Quarterly Report April to June 2025⁵ demonstrates improvements in Swansea Bay University Health Board’s uptake in routine childhood immunisations in comparison to the annual COVER report above (April 2024 to March 2025). Improvements can be seen specifically in 1st year vaccines (6 in 1, MenB, PCV and Rotavirus) and 5th year vaccines (MMR2 and 4 in 1).

³ [Vaccine Uptake in Children in Wales COVER Annual Report 2025](#)

⁴ [National Influenza Immunisation Summary - Update 24 2024-25 \(27 Mar 2025\) .pdf](#)

⁵ [Vaccine Uptake in Children in Wales April to June 2025](#)

Findings & Agreed Action Plan

Objective 1: To assess whether the health board has suitable strategic and operational plans in place to improve vaccination uptake and address inequalities.

Reasonable

The National Immunisation Framework (NIF) states that *health boards should develop a Vaccine Equity Strategy and programme of work with dedicated public health support*. Detail is provided as to the principles to consider when developing the strategies but there is limited further guidance available. As such, there are likely to be differences in what each organisation develops.

In response to the NIF, the health board has developed the following strategic and operational plans to support vaccination equity and uptake:

- Vaccine Equity Strategic Plan
- Strategic Immunisation Plan
- Vaccine Equity Strategic Implementation Plan

The Vaccine Equity Strategic Plan was approved in June 2024. The plan outlines high-level strategies to ensure fair and equitable access to vaccinations, with a particular focus on enhanced surveillance of vaccination data and tailored support for under-served and harder-to-reach population groups. It sets out the health board's equity priorities for 2024/2025 and is closely aligned with the NIF, incorporating the five guiding principles to support vaccine equity.

The Vaccine Equity Strategic Plan is designed as a one-year plan and was due for renewal at the time of audit. However, renewal had been postponed pending the outcome of a peer review of Vaccine Equity Strategic Plans across all seven health boards in Wales. The Immunisation Team received the peer review report during the audit period (2 September 2025), but no actions had yet been taken in response. We note that the recommendations are not health board specific so work will be required to determine the applicability against the plan currently in place. However, the recommendations that have been raised in this audit report are also replicated within the detail of the peer review report.

The Strategic Immunisation Plan is a three-year framework, designed to guide the delivery of high quality, patient-centred and equitable delivery of vaccines. This overarching plan supports the implementation of both the NIF and the health board's Vaccine Equity Strategic Plan, setting out goals, methods, and expected outcomes across six key areas of focus identified in the national framework.

Whilst both the Vaccine Equity Strategic Plan and Strategic Immunisation Plan provide strategic direction, there is a disconnect between them. Whereas the Vaccine Equity Strategic Plan is a comprehensive plan that outline priorities underpinned by robust data, the Strategic Immunisation Plan focusses on broader goals, delivery methods and outcomes. Although the priorities and goals are broadly aligned, they do not directly correspond across the two documents (**see Key Finding 1**).

To support delivery and monitoring of the Vaccine Equity Strategic Plan, the health board has developed a Vaccine Equity Implementation Plan, structured around four overarching priorities from the strategic plan. It translates these into specific actions, assigns responsibility to named individuals, and uses RAG status indicators to support operational monitoring. Progress is recorded within the plan and was formally reported to the Population Health Committee in September 2025.

The Immunisation Team actively maintains and updates the implementation plan, including enhancements to the monitoring process such as identification of equity groups for targeted focus, documentation of challenges encountered, and recording of outcomes achieved. However, the plan lacks key elements such as time-bound actions; measurable outcomes; and narrative for updates, which limits its effectiveness as a monitoring tool.

Similarly, while both the Vaccine Equity Strategic Plan and the Strategic Immunisation Plan outline priorities and goals, these are not structured as SMART objectives (Specific, Measurable, Achievable, Relevant, Time-bound). The differing structures and approaches between the plans hinder integrated monitoring and limit the ability to track progress cohesively across both documents (**see Key Finding 2**).

Key Findings	Risk & Impact	Agreed Management Action
<p>1 Misalignment between Strategic Plans for the delivery of vaccination and immunisation</p> <p>The audit identified a lack of cohesion between the Vaccine Equity Strategic Plan and the Strategic Immunisation Plan, both of which are intended to guide the health board’s approach to equitable vaccine delivery.</p> <p>While both plans are broadly aligned with the National Immunisation Framework and share common high-level objectives, they differ significantly in structure and focus which may hinder the health board’s ability to deliver a unified and coordinated approach to vaccine equity:</p> <ul style="list-style-type: none"> • The Vaccine Equity Strategic Plan focusses on equity-driven priorities, informed by detailed data analysis and sets out specific priorities in four key areas aimed at addressing inequalities. • In contrast, the Strategic Immunisation Plan outlines broader goals, delivery methods, and expected outcomes across six thematic areas, without directly mapping to the equity priorities set out in the Vaccine Equity Strategic Plan. 	<p>Lack of alignment creates fragmentation, causing inconsistent delivery, unclear priorities, and duplication—undermining an effective, equitable vaccination programme.</p> <p>Medium Priority</p>	<p>Agreed Action:</p> <ul style="list-style-type: none"> • Facilitate a joint review of both the Vaccine Equity Strategic Plan and the Strategic Immunisation Plan to identify overlaps, gaps and areas of misalignment. • Revise the Strategic Immunisation Plan to explicitly incorporate the four equity-drive priorities. • Update the Vaccine Equity Strategic Plan to align to the Strategic Immunisation Plan timeframes <p>Expected Evidence of Implementation:</p> <ul style="list-style-type: none"> • Documented gap analysis comparing both plans; and action log resulting from the review. • Updated version of the Strategic Immunisation Plan with clear reference to the four equity-driven priorities; and approval of such. • Updated version of the Vaccine Equity Strategic Plan, and approval of such. <p>Officer: Liŷr Lloyd; Senior Principal Public Health Practitioner, Immunisation Service</p>
<p>Theme: Strategy</p>	<p>Control Design</p>	<p>Target Implementation Date: 31 December 2025</p>

Key Findings	Risk & Impact	Agreed Management Action
<p>2 Lack of defined targets and performance measures for monitoring progress against strategic plans</p> <p><u>Strategic Plans</u></p> <p>While both the Strategic Immunisation Plan and the Vaccine Equity Strategic Plan outline goals and methods, these are generally high-level and lack consistent application of the SMART framework, particularly in terms of measurable indicators and defined timeframes. This limits the ability to assess progress and impact effectively.</p> <p><u>Implementation Plan</u></p> <p>There are currently two versions of the Vaccine Equity Strategic Implementation Plan:</p> <ul style="list-style-type: none"> • An annual plan covering 2024-2025. • A quarterly plan for quarter 1 of 2025-2026. <p>The transition to quarterly planning is a pragmatic step to enhance monitoring and responsiveness. However, the revised quarterly plan does not fully reflect the structure and content of the annual plan, which clearly mapped actions to strategic priorities. This limits the ability to effectively monitor progress against the overarching Vaccine Equity Strategic Plan.</p> <p>Similarly to the strategic plans, the implementation plan lacks consistent application of the SMART framework.</p>	<p>Lack of SMART objectives and clear performance measures limits progress tracking, impact evaluation, and responsiveness. Incomplete, inconsistent plans reduce transparency, delay decisions, and weaken assurance reporting across the health board.</p>	<p>Agreed Action:</p> <ul style="list-style-type: none"> • Review and revise the goals and methods in both the Vaccine Equity Strategic Plan and the Strategic Immunisation plan to ensure they are SMART. • Review and revise the quarterly implementation plan to ensure it reflects the structure and strategic priorities of both the Vaccine Equity Strategic Plan and Strategic Immunisation Plan. • Rework both the Strategic Immunisation Plan and quarterly implementation plan to ensure all objectives and actions are SMART. • Create a standardised template/dashboard for tracking progress across both the Vaccine Equity Strategic Plan and Strategic Immunisation Plan. <p>Expected Evidence of Implementation:</p> <ul style="list-style-type: none"> • Updated, and approved, goals and methods which are SMART. • Updated quarterly implementation plan – reflective of both the structure and priorities of the Vaccine Equity Strategic Plan and Strategic Immunisation Plan and inclusion of SMART actions. • Progress tracking dashboard
<p>Theme: Performance Monitoring</p>	<p>Medium Priority</p> <p>Control Operation</p>	<p>Officer: Llŷr Lloyd; Senior Principal Public Health Practitioner, Immunisation Service</p> <p>Target Implementation Date: 31 March 2026</p>

Objective 2: To determine whether appropriate structures, resources and processes are in place to ensure accountability for the effective delivery of strategic/operational plans, including regular monitoring and assurance reporting to the Board.

Reasonable

Vaccination programmes are issued nationally through Welsh Health Circulars from the Welsh Government, such as The National Influenza Immunisation Programme 2025-2026 and the Introduction of RSV (Respiratory syncytial virus) Vaccination Programme 2024, alongside the Routine Immunisation Schedule for Wales, published by Public Health Wales (PHW). These documents set the framework for immunisation delivery across the health board. They also include target uptake rates for each vaccine (e.g. 95% for routine childhood immunisations and 75% for annual flu vaccine uptake) providing benchmarks against which performance can be measured (refer to 'At a Glance' page).

The health board's Immunisations Team oversees strategic planning and operational delivery, led by the Head of Immunisation reporting to the Interim Executive Director of Public Health. The team includes strategic leadership, project development, administrative support, and clinical input from lead roles and frontline immunisers. Vaccination delivery is further supported by Child Health, School Nursing and Primary Care services. These key services are integrated into the governance structure and hold memberships within the oversight groups, contributing to strategic direction, operational planning, and delivery assurance.

A governance framework is in place for the vaccination programmes, led by the Strategic Immunisation Group (SIG), which oversees strategic direction and operational delivery. SIG reports to the Population Health Committee and is supported by sub-groups (all of which have been established for over 12 months) responsible for specific aspects of immunisation. These sub-groups provide regular updates and escalate issues to SIG to support informed decision-making and coordinated action:

- Vaccine Equity Group – oversees progress towards reducing vaccine inequity.
- Operational Immunisation Group – functions as the primary delivery mechanism for immunisation programmes.
- Data & Epidemiology Group – provides analytical support and risk escalation based on data insights.
- Clinical Governance Group – ensure that immunisation practices and processes are effective and robust.

All groups have clear terms of reference outlining roles, responsibilities, and reporting lines. While each group maintains distinct functions, some overlap is intentionally built into the structure to promote integrated delivery and comprehensive oversight. Meeting minutes show regular meetings with appropriate attendance and active engagement from key services, with discussions covering programme status, targeted interventions, delivery challenges and future initiatives/actions.

Vaccination updates have been formally presented at the last two Population Health Committee meetings, including a detailed progress report against the Vaccine Equity Strategic Plan in September 2025. However, reporting prior to 2025 was absent. This aligns with observations made in Audit Wales Structured Assessment 2024, which noted underrepresentation of Primary Care updates at Population Health Committee. A recommendation was made to improve agenda planning for Committees to ensure sufficient coverage. We have not sought to replicate the recommendation at this report.

The Immunisation Service uses additional tools, such as operational reports, highlight reports, and SWOT analyses, to support internal monitoring, oversight and ongoing service evaluation. However, the assessment of the impact of targeted interventions remains limited. Current monitoring practices appear to focus primarily on uptake figures for each clinic/session, rather than undertaking a more comprehensive evaluation of the effectiveness of specific interventions (see objective 3 for further detail).

Although progress is monitored (2024/25: 104 out of 108 actions (96%) recorded as complete; and 2025/26 (Q1) 41 out of 46 actions (89%) recorded as complete) effectiveness is limited by the absence of defined performance indicators and milestone targets in both the Vaccine Equity Strategic Plan and the implementation plan (**see Key Finding 2**).

Objective 3: To evaluate how effectively the health board collaborates with partners to communicate and engage with the population, particularly vulnerable and underserved communities.

Reasonable

The health board has embedded the use of data and insight as a central component of its strategic approach to improving vaccination uptake and reducing health inequalities. The Immunisation Team utilises national vaccine surveillance data from PHW (e.g. COVER and IVOR reports – see page 3) alongside internally developed dashboards to monitor uptake trends and identify vaccines with low coverage, for both health board staff and the wider local population. Data is analysed at GP and cluster level to identify underserved populations and inform targeted interventions, such as cluster-based pilots launched in the Upper Valley and Cwmtawe areas in response to low Fluenz uptake among pre-school children.

To improve access and convenience, the health board has implemented flexible delivery models, including the Domiciliary Immunisation Service, which offers home-based vaccinations for infants and children unable to access mainstream services due to factors such as geographical isolation, transport barriers, parental health, or additional learning needs. Referrals are received from Health Visitors, GP Nurses, School Nurses, and the Looked After Children (LAC) team.

Mobile and community-based services, such as the Immbulance, pop-up clinics, and outreach in community venues, extend vaccination access to individuals with mobility, anxiety, or transport challenges, and those not registered with a GP. These also serve as engagement hubs, promoting vaccine awareness in collaboration with local stakeholders.

The health board has also undertaken targeted insight-gathering exercises to better understand the needs and barriers faced by specific population groups, including immunosuppressed patients, care home residents, and stakeholders such as Primary Care GPs, Your Voice Advocacy, and Local Authority care home leads. These insights have shaped service design and communication strategies to support vaccine literacy and confidence. The Immunisation Team has distributed accessible resources to the stakeholders, including easy-read materials, subtitled videos, audio formats, and QR codes linking to PHW resources. A vaccine equity presentation was delivered to frontline teams to promote awareness and collaborative working, and the PHW Equity Assessment Toolkit was shared to guide equitable planning and delivery.






While there is evidence that targeted interventions and strategic partnerships have been implemented to address barriers to low vaccine uptake and inequity, there is currently limited evidence demonstrating their effectiveness. At the time of this review, there was insufficient assurance that consistent feedback mechanisms are in place to capture how interventions are perceived by individuals. Furthermore, there is a lack of systematic analysis to evaluate the impact of these interventions on vaccination rates and equity outcomes **(see Key Finding 3)**.

It is, however, acknowledged that the health board is actively working to enhance surveillance capabilities through the development of internal dashboards and integration with Child Health systems. These initiatives are intended to enhance the availability of timely, locally relevant data, supporting more robust analysis and enabling more informed decision-making. We recognise that focus of the Immunisation Team has been directed towards the delivery of the COVID-19 vaccination programme, which has limited the capacity to prioritise and strengthen the work across other vaccination programmes.

Key Findings	Risk & Impact	Agreed Management Action
<p>3 Limited evaluation of targeted interventions and impact on vaccine uptake and equity outcomes</p> <p>While there is clear evidence of proactive and innovative approaches to improve vaccine uptake and equity, there is limited evidence to demonstrate the effectiveness of these interventions:</p> <ul style="list-style-type: none"> Consistent feedback mechanisms to capture service user experiences are not yet in place. Systematic analysis to evaluate the impact of targeted interventions on uptake rates and equity outcomes is not routinely undertaken. <p>This limits the ability to assess what is working, refine approaches, and demonstrate progress in reducing vaccine inequities.</p>	<p>Limited evaluation hinders assessment of interventions, risking missed improvements and continued use of ineffective methods with unclear outcomes.</p> <p>Medium Priority</p>	<p>Agreed Action:</p> <ul style="list-style-type: none"> Develop and implement tools to routinely capture service user experiences (e.g. surveys, focus groups, interviews). Design and carry out regular evaluations to assess how targeted interventions affect vaccine uptake rates and equity outcomes across different population groups Embed evaluation activities and feedback loops into both the strategic and implementation plans. <p>Expected Evidence of Implementation:</p> <ul style="list-style-type: none"> Evaluation framework that outlines the evaluation methods, data sources, frequency of analysis; and roles and responsibilities. Defined reporting framework for the outcome of the evaluations undertaken; and agenda/minutes to support the same. <p>Officer: Llŷr Lloyd; Senior Principal Public Health Practitioner, Immunisation Service</p>
<p>Theme: Lessons Learnt</p>	<p>Control Design</p>	<p>Target Implementation Date: 30 September 2026</p>

Appendix A: Assurance Opinion & Prioritisation of Findings

Assurance Opinion

	Substantial	Few matters require attention and are compliance or advisory in nature. Low impact on residual risk exposure.
	Reasonable	Some matters require management attention in control design or compliance. Low to moderate impact on residual risk exposure until resolved.
	Limited	More significant matters require management attention. Moderate impact on residual risk exposure until resolved.
	Unsatisfactory	Action is required to address the whole control framework in this area. High impact on residual risk exposure until resolved.
	Advisory	Given to reviews and support provided to management which form part of the internal audit plan, to which the assurance definitions are not appropriate. These reviews are still relevant to the evidence base upon which the overall opinion is formed.

Prioritisation of Findings

Priority	Explanation
High	Significant risk to achievement of a system objective OR evidence present of material loss, error, or misstatement. Poor system design OR widespread non-compliance.
Medium	Some risk to achievement of a system objective. Minor weakness in system design OR limited non-compliance.

Website: [Audit & Assurance Services - NHS Wales Shared Services Partnership](#)

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Audit work undertaken by NHS Wales Audit and Assurance Services conforms with the International Standards for the Professional Practice of Internal Auditing and associated Public Sector Internal Audit Standards as validated through the external quality assessment undertaken by the Chartered Institute of Public Finance & Accountancy in April 2023.

