



# The Saolta COVID-19 Vaccination Programme End of Programme Report

15 March 2023 v0.15





# 1 DOCUMENT CONTROL DETAILS

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# 2 ACRONYMS

ACRONYM	DEFINITION
ADON	Assistant Director of Nursing
BLS	Basic Life Support
CNA	Could not attend
CDONM	Chief Director of Nursing and Midwifery
CHO	Community Health Organisation
CHO1	Community Healthcare Organisation Area 1
CHW	Community Healthcare West (CHO Area 2)
CNE	Centre of Nurses Education
CVC	Centralised Vaccination Clinic
DNA	Did not attend
DON	Director of Nursing
FLHCW	Frontline healthcare worker
GUH	Galway University Hospital
HCW	Healthcare worker
HSA	Health and Safety Authority
HSE	Health Service Executive
KPI	Key performance indicator
LTRCF	Long-term residential care facility (used interchangeably with RCF)
LUH	Letterkenny University Hospital
LVC	Local vaccination centre (early terminology, replaced by CVC)
LYIT	Letterkenny Institute of Technology
MEP	Major Emergency Planning
MUH	Mayo University Hospital
MVC	Mass vaccination centre (early terminology, replaced by CVC)
NAS	National Ambulance Service
NCHD	Non-Consultant Hospital Doctor
NIAC	National Immunisation Advisory Committee
PMO	Portfolio Management Office
PUH	Portiuncula University Hospital
RCF	Residential care facility (used interchangeably with LTRCF)
RHA	Regional Health Authority
RUH	Roscommon University Hospital
SIT	Sligo Institute of Technology
SUH	Sligo University Hospital

# 3 EXECUTIVE SUMMARY

*“From the very start we set ourselves two aims. The first was to ensure that no vaccine was wasted. The second was to ensure that the pace at which we delivered the vaccine would only be limited by the availability of the vaccine itself. Despite all of the challenges and setbacks along the way, we have consistently achieved both of these aims.”*

CEO Saolta and Chair of the Steering Group  
2 July 2021

In November 2020 it became clear that vaccines would arrive in Ireland before the end of the year, with the expectation that they would need to be administered as soon as possible. On 28 December 2020 a few hundred vaccines were received at Galway University Hospital, part of the first shipment of 10,000 doses of Pfizer BioNTech that came into Ireland. The first vaccine in the region was administered to a nurse vaccinator on 29 December 2020, followed by vaccinations to healthcare workers in other hospitals in the group over the subsequent week.

The programme was not in a position to apply business as usual thinking to emergency situations – the programme had a responsibility to protect the health of the nation. Some resources would be over provided and others under provided during the journey; the need to react swiftly to the emergency situation was paramount. The longer the population went unvaccinated the higher risk to the country, to hospitals and care facilities, and to the economy. It was almost a year into the COVID global pandemic when the vaccination programme started. Some people had quickly forgotten the harrowing scenes in Bergamo (Italy) in 2020 and the lockdowns during the preceding months. We were still in an emergency situation. The powers that be were under no illusion though; this programme needed to get underway as quickly and as safely as possible.

An integrated Steering Group was rapidly established, with membership from Saolta, the two CHOs, HSE Emergency Planning, HSE Estates, Public Health and the National Ambulance Service (NAS). The Saolta CEO took the role of Chair. The importance of reporting into a single governance body was critical, with clear lines of responsibility, decision making and communication. The Steering Group would go on to meet weekly or fortnightly until the point of transfer in May 2022. A Central Programme Team was formed under the leadership of the Saolta Chief Director of Nursing and Midwifery (CDONM), who was the nominated Executive Lead for the regional programme. The team structured the programme into distinct workstreams, with key leads and responsibilities identified.

The rest of the hospitals in the Saolta Group would administer their first vaccines to HCWs on 6 January 2021, with clinics set up in each managed and led by Directors of Nursing (DONs) under the governance of the Hospital Managers, with thousands of vaccinations administered.

At the Steering Group meeting on 1 February 2021, the CEO asked the programme team to work with all stakeholders to plan the implementation of external standalone central vaccination centres (CVCs). The aim was to move the HCWs vaccinations to new locations, ahead of fully converting them to public-facing facilities. On 22 February 2021, the Sligo vaccination centre opened. The Galway Racecourse vaccination centre opened 3 days later, followed by Letterkenny on 11 March 2021. The Mayo vaccination centre at Breafoy House Resort and the Roscommon vaccination centre at the Abbey Hotel in the town centre, both opened on the 21 March 2021, followed by Carrick-on-Shannon on 12 May 2021.

A workforce strategy was developed and implemented, to enhance the national contracts for agency staff. The programme team grew and Operational Site Managers (OSMs) and Clinical Leads (CLs) were appointed to manage and grow the vaccination centres and their teams. The centres opened their doors to the public and administered hundreds of thousands of vaccinations to eligible cohorts, in line with national directions, peaking at over 42,000 per week in June 2021.

There were significant challenges: opening 7-days a week for 12-hours per day; reacting to changes to the national vaccine-type supply chain; uncertainty on a day-to-day basis; moving vaccination centres and having to minimise downtime for access; allocating people to their nearest vaccination centre; opening satellite vaccination centres; reacting to peaks and sudden troughs of demand; continuing to work safely at pace during the HSE cyber-attack; and many more along the way. The workforce was continually scaled up or down to try and match the demand and changing national and global picture, as the COVID-19 pandemic progressed.

The programme, which consisted of over 650 staff at its peak, was to oversee the vaccination of people from the age of 5 upwards in the CVCs, but also in their homes (where housebound), residential care facilities (RCFs), prisons, acute and community settings, and third level institutions. It worked with partner health organisations, voluntary and other agencies. Dozens of articles and interviews were given to local, regional and national media channels.

Above all, at the point of transfer to the CHOs, the Saolta-governed programme had administered 750,000 vaccinations, of which 703,000 had been given in the CVCs. The public came from far and wide to get their vaccines and the staff worked around the clock to provide a safe and quality service that everybody involved should be proud of.

The single element that sticks out most about the success of the programme is the willingness of the staff involved to go far beyond what was asked of them. 'The ask' was set at a very high bar in the first place and this was exceeded time and time again. For many staff responsible for delivering the programme, there was a significant professional pride.

Of course there are lessons learned; things that would be done differently given the opportunity to go back and do it all again. Those lessons will now be taken forward into other large scale regional programmes and projects.

As the HSE experiences another significant change with the implementation of the Regional Health Authorities (RHAs), these lessons are transferable and many of the staff involved in the regional vaccination programme have developed improved skills that can be brought to bear on these new initiatives and service delivery improvements.

*"You're gonna' need a bigger boat....."*

*The job ahead of us was enormous – I knew this from the start. I wanted to make sure that we were robust in our approach and set out the mantra 'we won't waste a drop'".*

**Chief Director of Nursing and Midwifery (CDONMN)  
and Vaccination Programme Executive Lead**

This report was commissioned by the CEO of the Saolta Health Care Group, following the successful transfer of the service to CHO1 on 25 April 2022 (Sligo, Leitrim, and Donegal CVCs); and, to CHW on 9 May 2022 (Mayo and Galway CVCs, plus Roscommon mobile activity).

The purpose of the report is to provide a record of the process undertaken, with information on the set up, the operation and the learning from the regional vaccination programme under Saolta governance. The report is intended to describe the mobilisation of the programme, the journey and the impact. It includes views from some staff who worked on the programme, in their own words.

#### **THE SAOLTA-GOVERNED REGIONAL VACCINATION PROGRAMME WAS THE FIRST IN THE COUNTRY TO:**

- Establish an integrated Steering Group with clear governance structure for delivery regionally;
- Recruit its own workforce, to supplement and enhance the national agency staff contracts being established;
- Open and operate multiple vaccination centres across a region;
- Open and operate fixed satellite vaccination centres; and
- Undertake a *People Satisfaction Survey*.



## 4 BACKGROUND AND INTRODUCTION

This report was commissioned by the CEO of the Saolta Health Care Group, following the successful transfer of the service to CHO1 on 25 April 2022 (Sligo, Leitrim, and Donegal CVCs); and, to CHW on 9 May 2022 (Mayo and Galway CVCs, plus Roscommon mobile activity).

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### 4.1 THE NATIONAL VACCINATION PROGRAMME

On 15 December 2020, the Minister for Health announced the Government's National COVID-19 Vaccination Strategy<sup>1</sup>. This set out the proposed approach, segmentation of priority groups to receive the vaccine and set a high-level blueprint for delivery and governance. On the 24 December 2020, a memo was sent to all hospital group Chief Executives and all CHO Chief Officers from the National Director for COVID-19 with a suite of information and documents preparing hospital group CEOs for administering the first vaccines the week after Christmas.

The response to escalating COVID-19 infection rates was stark – the government agreed to move the entire country to Level 5 lockdown restrictions (with a number of adjustments) from Christmas Eve until 12 January 2021 at the earliest<sup>2</sup>. Two days later, the first shipment of 10,000 Pfizer/BioNTech COVID-19 vaccines arrived in Ireland.

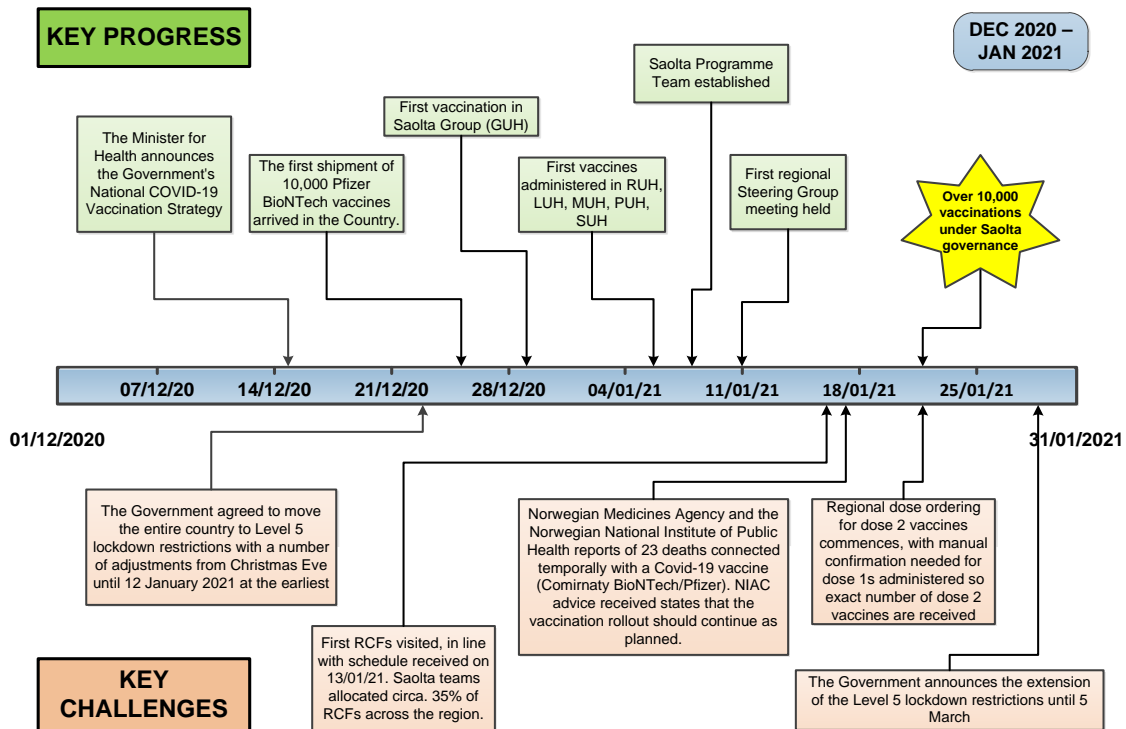
Version 1.0 of the Clinical Guidance for COVID-19 Vaccination was issued by the national team on 28 December 2020 and the first vaccines were administered the day after.

This was not a moment too soon; the Department of Health had been notified of 1,296 new cases of COVID-19 in the preceding 24 hour period, bringing the total number of confirmed cases to 85,394, with a further six deaths, bringing the total number of COVID-19 related deaths to 2,200.

<sup>1</sup> <https://www.gov.ie/en/press-release/c89a9-minister-for-health-announces-national-covid-19-vaccination-strategy/>

<sup>2</sup> <https://www.gov.ie/en/press-release/a1f21-ireland-placed-on-level-5-restrictions-of-the-plan-for-living-with-covid-19-with-a-number-of-specific-adjustments/>

# 5 PROGRAMME INITIATION (Dec 2020 – Jan 2021)



The regional vaccination programme started for Saolta in November 2020, when it became clear to the CEO that vaccines would arrive in Ireland before the end of the year, with an expectation that they would start to be administered as soon as possible. On 22 December 2020, the CEO had a call from the national programme lead confirming that the programme would commence in the acute sector rather than residential care facilities (RCFs). The CEO agreed that Galway University Hospital would be one of the first locations in the country to receive and administer COVID-19 vaccines. The decision to focus on acute settings was risk-based – there would be access to an emergency response and clinical expertise if needed, in the event of adverse reactions. The vaccine administration process and any potential side effects were unknown in the country at that time.

The CEO asked the Chief Director of Nursing and Midwifery (CDONM) to lead the programme in Saolta and subsequently, regionally. This decision was made on the basis that the role usually had annual responsibility for the rollout of the flu vaccine to healthcare workers (HCWs) so was seen as a natural fit. It was acknowledged that other Executive Team members would have pivotal roles too, with the Chief Operations Officer providing the line management with the group's hospitals; the Chief Clinical Director able to help address any clinical issues arising; and the Group Director of HR to support workforce planning. It was originally considered that the Executive Lead role would be short term or even part term. However, the CDONM was aware that it would necessitate full time commitment to deliver; he had recently joined Saolta from the NHS, where one of his last roles had been planning for the roll out of the COVID-19 vaccination in the South West of England.

Discussions took place between the Saolta CEO and the Chief Officers of the CHOs with National Acute Operations to discuss which organisation would lead the programme. It was decided that Saolta would lead the programme in the region. The immediate access to a clear clinical governance pathway was seen as a strength.



## 5.1 THE FIRST VACCINES ARRIVE IN HOSPITALS

On the 28 December 2020 a few hundred vaccines were received at Galway University Hospital, part of the first shipment of 10,000 doses of Pfizer BioNTech that came into Ireland. Only a small number of Model 4 hospitals received vaccine deliveries at this time and the first dose was administered to a Saolta nurse on 29 December 2021:



### Saolta Group Media Release (extract) - 29 December 2021

**An Assistant Director of Nursing and one of the peer vaccinators who will deliver the COVID-19 vaccine to staff based in University Hospital Galway, was the first staff member in the hospital and the Saolta Group to receive the Pfizer BioNTech vaccine. She received the vaccine from her UHG nursing colleague Michelle McNamara Nee.**

**The Director of Nursing at Galway University Hospitals whose team is delivering the COVID-19 vaccine campaign across the hospital said, “2020 has been a very difficult year for everyone including health care staff. Today is a really positive day and I want to thank our peer vaccination team here in UHG for their commitment to rolling out this essential vaccine”.**

**Concluding, the Saolta Chief Director of Nursing and Midwifery said, “Today is the start of the national COVID-19 vaccination campaign. While we have begun the vaccination of staff in UHG we will be working on the roll-out of the vaccination across all our Saolta Group hospitals as we receive vaccine supply”.**

The rest of the hospitals in the Saolta Group would administer their first vaccines to HCWs on 6 January 2021. Vaccines were allocated to HCWs on the basis of the early prioritisation of same and a blank template of available ‘slots’ for clinics for HCWs within hospitals was shared with CHOs, asking them to complete with the names of individuals that would be attending. This is just one example of the integrated approach that was taken early in the programme, with transparency from all stakeholders, sharing the number and volume of vaccines expected to be received at each hospital to ensure availability for frontline HCWs in the community, not just the acute settings.

The *National Recruitment Strategy/Process* outlined the various roles within the COVID vaccination clinics. The Central Programme Team predicted, at the beginning of January 2021, that a large number of vaccinators would need to be recruited. The national programme was already engaging with staff agencies regarding the recruitment process for vaccinators, while Saolta commenced its own advertising through the following channels:

- Saolta Website
- HSE website
- Twitter

The Group Recruitment team in Saolta played a significant role in the recruitment of all staff for the vaccination programme. The task was vast, but it was achieved due to the long hours undertaken by the team, their commitment and flexibility in carrying out the job in unprecedented times. They also understood how critical their involvement was in recruiting to the posts that would ultimately save lives through administering the vaccine. A critical enabler for this element of the programme was also having a member of the programme team dedicated as Workforce Lead; the programme warranted a fast-track, creative and constant focus on workforce.

Saolta started advertising for vaccinators on 8 January 2021; just 15 days after the Minister of Health signed the first Statutory Instrument. The advert contained the contact details of the Assistant Director of Nursing, responsible for the

workforce in the programme. Over the course of that weekend, in excess of 100 calls and text messages were received, with candidates keen to do what they could to support the programme. In order to be called for interview, staff had to be eligible based on the Statutory Instrument to deliver the vaccine. Candidates were asked to submit a CV and were informed that any required training would be offered and they would receive the vaccine in advance of commencing the role. Each discipline had their own training requirements and met the standards of their professional regulator. Although Physiotherapists and Pharmacists were approved in S.I. 698, the training for them had to be approved by each individual professional body. The training was delayed for both parties, so did not commence until mid-March 2021.

It was critical that the interviews of the candidates commenced immediately so that the training could also start. Therefore, unlike other recruitment campaigns, interviews commenced as soon as CVs were received; i.e. before the advert closing date. Interviewing commenced on 14 January 2021. It was agreed to hold brief regional interviews as all applicants were already registered with their own professional bodies. The interviews covered the following areas:

- Previous vaccination experience
- Training required to fulfil their role
- Understanding of Clinical Guidance for the COVID-19 vaccination
- Understanding of consent for the vaccine
- The candidates concerns regarding administration of the vaccine

One of the initial challenges following interview was access to the education/training required for staff working within the programme. Some needed updating in BLS and anaphylaxis training. Fortunately, within Saolta, the Centres of Nurses Education (CNEs) across all sites played a pivotal role in supporting the training and education required and facilitated many extra training days each week for staff to attend.

The national programme introduced a vaccination administration system, Covax at the turn of the year. This would be developed using an Agile project development methodology, with a number of 'sprint' releases iteratively introducing improvements or changes to system functionality over time. These sprints would continue to be released throughout the entire programme.

For the first HCWs to receive vaccinations, personal details were required to be shared with the national team in Excel sheets for batch uploading to the Covax system. ICT Hardware, laptops and routers, were provided to each hospital site to provide access to record the vaccine administration in real time. However, there were a number of challenges seen with the process in the first couple of weeks, including:

- A significant number of staff details that had been submitted to the national Covax team were not appearing on the system and tracking forward for their second doses later proved to be problematic. (The national team set a cut-off point of 9 January 2021 for the submission of templates as they would be introducing a HCW portal for direct registration to the system).
- Most data had to be captured on paper in the early period and input later due to issues with accessing Covax in real time. There was some confusion around where to report issues nationally for rapid resolution. These ranged from strategic issues (for example, some team members did not appreciate that a 'CHO' was not a physical location, but referenced services within a geographic area), and daily calls were held nationally each night to address these. There were also delays with system pages opening, poor Wi-Fi connectivity and issues with routers. The issue around location was important, as HCWs were expected to register against their *affiliated organisation*, not the physical place where they were getting their vaccine.
- Some details were not recorded correctly in the early part of the programme, so caused later data quality issues when it came to EU vaccination certificates being issued or people being called for second doses. For example, in the first week vaccinating in MUH, the national tracking Excel sheet showed 1725 vaccinations administered (with 688 on the system), when the team on the ground could see from their own records that they had only administered 863 vaccinations to date.

In order to try and help relieve the volume of manual data collection that was being done at regional level, a National Portal for HCWs to register directly into Covax for their vaccine was launched on Saturday 9 January 2021.

*“Only for the cooperation of many staff on the ground in the hospital the vaccination programme would not have been a success here; Nurses, HCAs, Clerical Officers, Management Team members, Maintenance - the list goes on. The urgency of the set up and the subsequent changes on a regular basis, sometime mid clinic, made it nearly impossible to keep up - the only way to keep going was by the enthusiasm and the willingness of the staff around you. Overall a positive experience, the intensity of the programme on top of an already very busy job made it almost impossible, but very worthwhile.”*

Director of Nursing, Roscommon University Hospital

On the 12 January 2021, the national team announced that the first shipment of Moderna vaccine had arrived in Ireland<sup>3</sup> and they also issued *Guidance on Sequencing of COVID-19 Vaccination of Frontline Healthcare Workers* to help clarify the prioritisation of those to receive vaccines.

## 5.2 GOVERNANCE, THE STEERING GROUP AND INTEGRATED WORKING

The first Steering Group meeting was held on Monday 11 January 2021, with membership from Saolta, CHO1, CHW, HSE Emergency Planning, HSE Estates, Public Health and NAS. The Saolta CEO took the role of Chair. The importance of reporting into single governance body was critical, with clear lines of responsibility, decision making and communication. This allowed urgent decisions to be made.

The scope of the programme was agreed to be:

- *‘The development of the HCW COVID-19 Vaccination programme, covering Donegal, Galway, Leitrim, Mayo, Roscommon and Sligo, for circa. 50,000 HCWs. This provides a governance and operational management framework for rollout of the vaccine and defines the key reporting mechanisms.’*

At this early stage an overriding assumption was that Saolta would only be involved in vaccinating HCWs due to the need to protect the most vulnerable members of staff at risk of exposure to COVID-19 in acute settings. Another key assumption was that the management and administration of the COVID-19 vaccination programme in residential care facilities (RCFs) for staff and residents would be managed solely by the CHOs. This clear division of responsibility was appropriate for the time. The key assumptions for the programme were agreed as:

- *Standardisation of protocols and process will be adhered to at all sites.*
- *Engagement and commitment from all stakeholders and HCW employers.*
- *Timely access to vaccination data, including that made available through the national Covax system.*
- *Clinics would initially run for 5/6-days per week, with circa. 400 vaccines per day (GUH) and 250-300 vaccines per day (other hospitals). This was based on the expected capacity and supply of vaccines at this time.*
- *Vaccines would be allocated to the region on a timely basis by national logistics and sufficient notice would be given to effectively plan their use, to minimise the risk of any waste.*
- *Second doses would be ring-fenced by the national supply chain, ensuring compliance with clinical guidelines and second dose protocols.*
- *Contingency plans would be built into scheduling protocols, to ensure the impact of DNAs are minimised by having ‘stand-by’ lists for use of excess vaccines.*
- *Where offsite vaccination sites were required, these would remain under the governance of the most appropriate hospital, treated as an extension of its service.*
- *Not all HCWs would accept the offer of the vaccine. It is a personal choice and such decisions will not be communicated on an individually-identifiable level.*
- *ICT support (hardware and software) would be provided by the OoCIO nationally and locally.*
- *Programme oversight, support and guidance would be provided by the CDONM, the Group ADON and the Saolta PMO. Local delivery would be led by the (proposed) individual Vaccination Site Implementation Committees (VSIC).*

<sup>3</sup> <https://www.rte.ie/news/coronavirus/2021/0112/1189250-coronavirus-vaccine/>

The two key risks identified were largely ICT-focussed, as follows:

- *Having a delay to full-functionality within Covax may adversely affect the ability to minimise the risk of waste of vaccines delivered to the region.*
- *The self-registration system (opt-in) means there may be the potential for staff to ‘fall through the gaps’ and they may miss timely vaccination.*

It was agreed that where CHOs might not use their allocated vaccine, it would be made available to Saolta. The vaccine was delivered to the region and then divided up as equitably as possible. At this first meeting, allocation of HCW vaccines for the week was agreed – this was possibly seen as micro-management by some, but it was necessary in the early part of the programme due to scarcity of vaccine in the region. As an example, at the first Steering Group the following allocation was agreed:

- LUH - 300-320 vaccines - 50% of which are to be made available to HCWs outside the hospital
- SUH - 300-320 vaccines - 50% of which are to be made available to HCWs outside the hospital
- MUH - 300-320 vaccines - 50% of which are to be made available to HCWs outside the hospital
- PUH - 300-320 vaccines - 60% of which are to be made available to HCWs outside the hospital
- GUH - 400 vaccines - 60% of which are to be made available to HCWs outside the hospital
- RUH - likely that 400 vaccines will be directed to Galway Hospital and (the) above 60% rule will apply
- Vaccination for community HCWs to take place Wed 13th Jan and Thursday 14th Jan for this week
- Circa 1535 vaccines for RCFs (Residents and HCWs). GPs aligned to facilities will also be offered vaccine
- Circa 1270 vaccines for RCFs (Residents and HCWs). GPs aligned to facilities will also be offered vaccine
- CHOs to determine priority and order of vaccination for respective HCWs
- (Saolta) CEO to compose email communication to GPs re priority and to agree with (CHO) COs prior to issue

It was agreed that weekly meetings of the Steering Group would need to take place to oversee the rollout of the programme, due to the pace of the work that was needed. The strength of the Steering Group was that it brought people together; there was a greater skillset round the table, better access to resources and a range of organisations to help deal with uncertainty. It was a shared journey and a learning experience. The energy was directed where it needed to go – on decision making – which was made possible by the frequency of the meetings. The clear line of accountability and responsibility meant decisions could be made quickly.

*“The Steering Group worked well. All relevant stakeholders were represented and could co-opt others to attend if and when required. The frequency of meetings was appropriate and changed over time, again appropriately. The Chair kept the content to the right level, it was kept strategic. The Zoom approach worked well, people were familiar with it. The presentations and updates, format and agenda were really good, the summaries and pictures/diagrams kept it focussed and built a natural rhythm about what needed to be covered each week.”*

**Steering Group member**

Two days after the first Steering Group meeting, a memo was received from National Acute Operations requesting additional vaccination teams from the hospital system to provide onsite vaccination clinics in a proportion of RCFs nationally, to support the work of CHO colleagues, starting the following Saturday 16 January 2021. This was the same weekend that a pop-up clinic at Merlin Park in Galway was to be held for GPs and GP staff<sup>4</sup>, using the newly arrived Moderna vaccine, under the governance of the national programme.

There were 28 RCFs that needed to be visited within a seven-day period, with over 2800 eligible residents and HCWs identified. An already-stretched team of nursing and admin staff from the hospitals were pulled into an emergency Zoom call by the CDONM to mobilise for the weekend, with the key focus on agreeing the approach to:

- the allocation of the RCFs to individual hospital teams;
- management of the cold-chain supply;
- organising pre-visits to RCFs where required; and
- supporting ICT requirements to enable access to Covax.

<sup>4</sup> <https://www.rte.ie/news/coronavirus/2021/0116/1190181-covid-19-vaccines/>

Vaccination teams set out early in the morning on Saturday 16 January 2021 in teams of 2-4 people, supported by admin/clerical and ICT staff, administering hundreds of vaccines over the weekend to some of the most vulnerable people. The RCF programme was hampered during that week by the onset of COVID-19 outbreaks, so there were daily revisions to the schedules and some visits postponed with short notice, necessarily, on advice from Public Health. In the CHW region, to allow GUH teams to focus on supporting the pressures in the hospital due to COVID-19 infections, it was agreed that the PUH vaccination team would visit all Galway county RCFs allocated to Saolta.

***“The successful vaccination of the residential care facilities must be acknowledged. Teams had to develop safe processes and work in challenging environments to ensure the most vulnerable were vaccinated. I will never forget the gentleman with dementia that the DON waltzed in for his vaccination and he continued to dance throughout the entire check in and vaccination process; the nursing home resident who cried asking could she hug her grandchildren now that she is vaccinated; the excitement among staff and residents in each of the facilities that we visited and vaccinated. I felt we brought hope in a time of uncertainty to their lives.”***

**Clinical Lead, Galway CVC**

There were a number of reports circulating in the media at this time about concerns with the safety of COVID-19 vaccines. Reports from the Norwegian Medicines Agency and the Norwegian National Institute of Public Health identified 23 deaths connected temporally with a COVID-19 vaccine (Comirnaty BioNTech/Pfizer). Of these, 13 had been assessed, which suggested that common adverse reactions to mRNA vaccines, such as fever and nausea, may have contributed to a fatal outcome in some very frail elderly individuals. On the 17 January 2021, the programme was advised that the NIAC advice received stated that the vaccination rollout should “*continue as planned*”.

The programme was also notified over that weekend that the supply of vaccine was going to be less than expected and so, following a successful weekend spent visiting the first RCFs, a decision was made by the Steering Group on 18 January 2021 to focus the reduced allocation on the remainder of the RCFs for the week as well as administering second doses to HCWs in GUH-only.

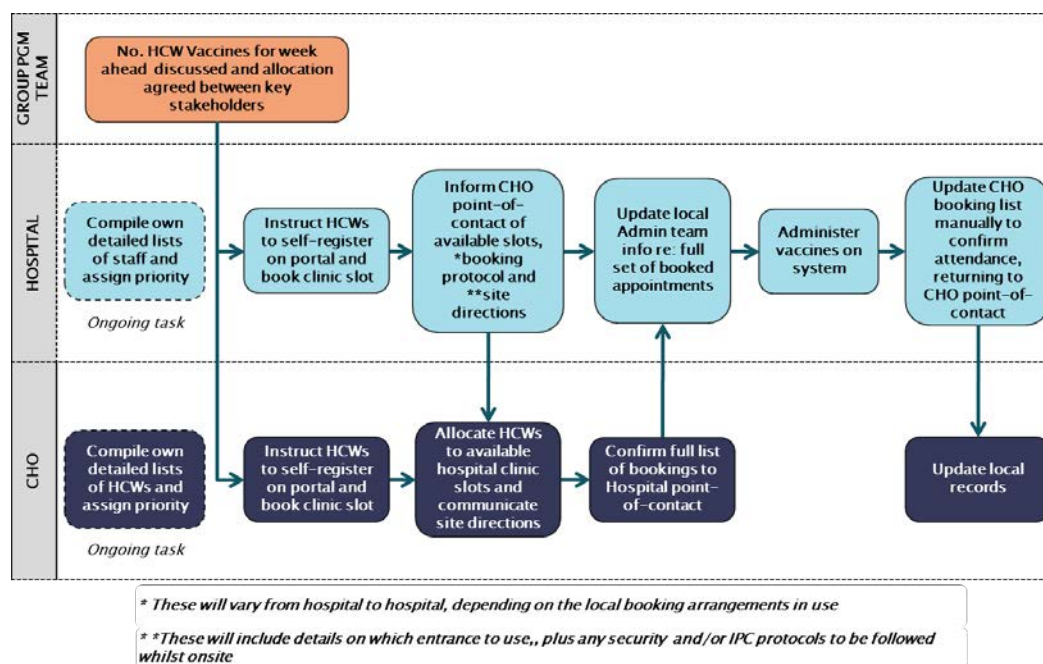
Revised Guidance on the *Sequencing of COVID-19 Vaccination of Frontline Healthcare Workers* was issued on 19 January 2021, with the main change being clarity about what to do in the event of higher-sequencing HCWs not being available where vaccine doses were at risk of being wasted.

In an environment where dozens of emails were received each day with various directions, guidance, advice and clarifications, the CDONM wrote to all the hospital vaccination teams on the 22 January 2021 acknowledging that “.....at times it (has) felt very last minute and responding to an ever challenging, national request.....it is also clear that this way of working is unsustainable and with that in mind, I’m writing to invite you onto the COVID-19 Vaccination Programme Operational Delivery Group..... (this) group will report into the regional Steering Group.....”. The inaugural meeting was planned for 27 January 2021 to take place on a weekly basis. All hospital managers and DONs were invited to attend, along with the Central Programme Team and CHO representatives.

At the Steering Group held on Monday 25 January 2021, the first detailed demand and capacity model was shared with members. Over 10,000 vaccinations had been given at this point under Saolta governance, the vast majority to HCWs, and the estimate was that the programme could be completed for all healthcare workers in a little over six weeks, depending on vaccine availability:

Demand and Capacity Analysis		
Estimated HCW to be Vaccinated	70,000	To be refined
Total vaccine doses	140,000	Based on 2 vaccines per HCW
Administered to date	c. 10,000	
Doses to be administered	130,000	
Current hospital capacity per day	500	Based on 6 bays and each vaccinator administering 6 per hour (12 hour day)
Capacity per week on each site	3,500	based on 7 day week
Daily capacity across 6 Saolta sites	3,000	
Weekly capacity across 6 Saolta sites	21,000	
No. of weeks required to complete programme	6.2	Based on unlimited supply of vaccine and necessary staffing

A detailed process flow was also launched at this meeting, setting out how Saolta and CHO HCWs could access their vaccination. This took on a weekly cycle, with the number of vaccines being made available to the region communicated by the national team at the weekend to the CDONM and Central Programme Team, and a subsequent decision made at the Steering Group each Monday to distribute them to the hospital teams and allocate to priority HCWs in an equitable and transparent way. The intention was to try and ensure all 1A Priority HCWs received their vaccinations ahead of other priorities, regardless of which healthcare organisation they worked for. Private hospitals were also engaged in the region, with vaccine being distributed to them via Saolta stocks for their priority HCWs in early February 2021, to supplement vaccine they had received directly from the national programme cold chain.



As the supply of vaccine increased slightly, it was quickly recognised there was a need to secure additional workforce. At the Steering Group meeting on 27 January 2021 it was noted that recruitment had ramped up significantly, with 55 vaccinators interviewed, cleared and training planned. A further 40 were being interviewed the following week. This approach to recruit directly by Saolta was taken ahead of the national agency contract, to try and reduce the impact on the nursing and admin teams in the hospital sites during what was a time of huge pressure on the health system – at this time, the entire country was at full Level 5 lockdown restrictions, which were expected to last until 31 January 2021 at the earliest.

In the early days of the programme, there was significant national and local media scrutiny over which groups were receiving vaccines, due to the scarcity, with several high-profile stories about actual or perceived inappropriate vaccine administration. The Saolta CEO and CHO Chief Officers felt a high level of personal and public responsibility to get the sequencing right and to try and ensure no vaccine was wasted. This mantra was driven down through the entire programme and all staff knew the spotlight was on them at a time when the entire country's focus was on the vaccination programme.

### 5.3 THE PROGRAMME APPROACH AND THE CENTRAL PROGRAMME TEAM

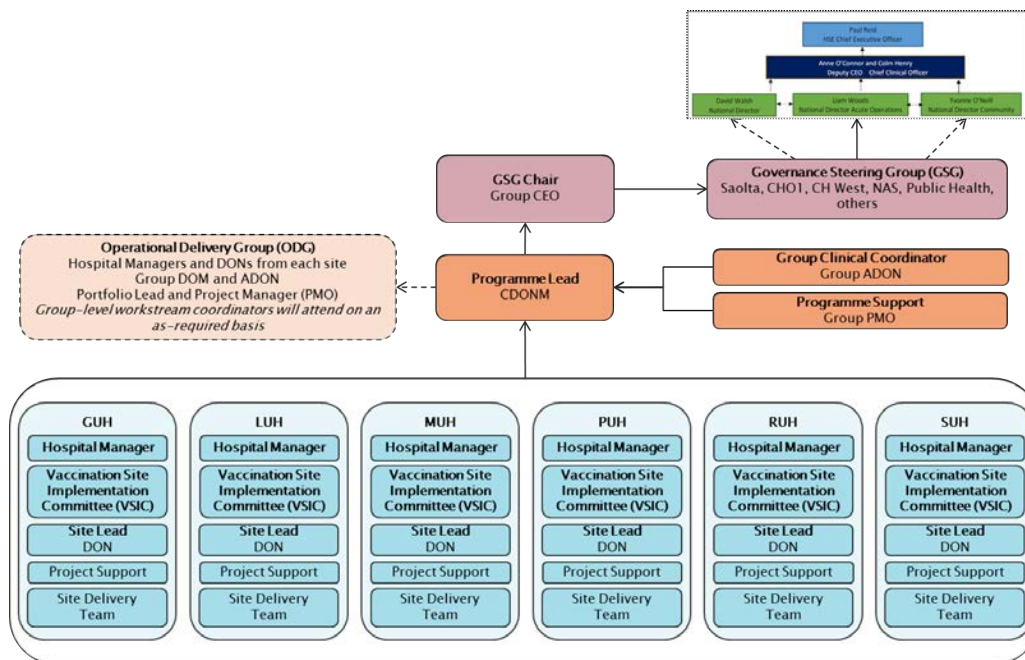
While the Steering Group was taking shape, a small team had been working in the background, 7-days a week, under the leadership of the Chief Director of Nursing and Midwifery (CDONM), also the nominated Executive Lead for the programme in Saolta. A group-level ADON, who had been delivering vaccinations to HCWs and previously working in RCFs during the first wave of COVID-19, came in to support the CDONM along with the Portfolio Lead in the Saolta Portfolio Management Office (PMO). Within a few days, they had secured another senior project/programme manager from the PMO to bolster support. Based primarily on the suite of information and guidelines sent by the COVID-19 National Director on 24 December 2020 preparing hospital group CEOs for administering the first vaccines, the team developed a regional programme scoping document. This was presented to members at the Steering Group meeting on Monday 11 January 2021.

It was proposed that the programme be split into seven workstreams (these were later reduced to four consolidated workstreams):

- 1 - Governance and Reporting
- 2 - Clinical Governance
- 3 - Communication
- 4 - Workforce Planning and Training
- 5 - Sites and Facilities
- 6 - Consumables
- 7 - ICT

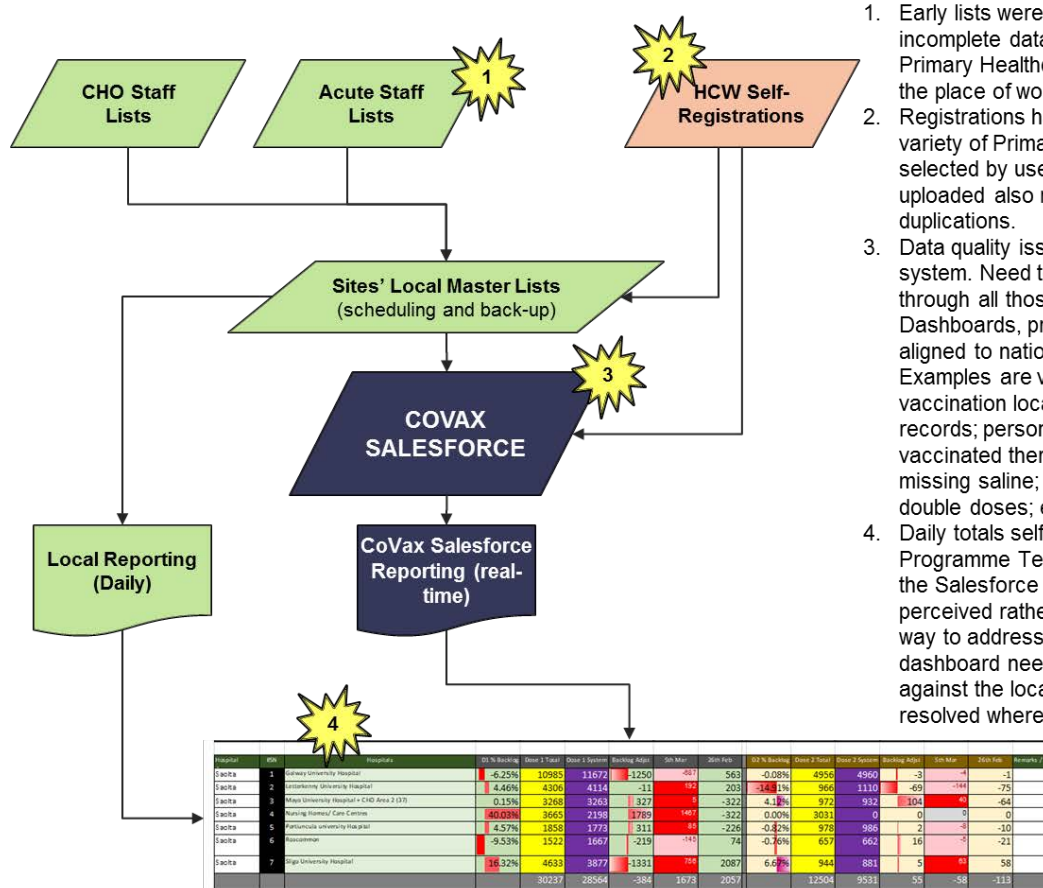
Each workstream was assigned a workstream lead, with support secured from Saolta Communications Team. *Workforce Planning and Training* was identified as the priority workstream, as it was immediately recognised that the existing nursing and admin resources in each hospital would need to be supplemented with additional support and should be replaced as soon as possible with a dedicated vaccination workforce.

A local structure was proposed that had full responsibility for delivery, with the Hospital Managers and DONs having local implementation committees, onsite dedicated project support and other delivery team supports.



The Administrative Lead joined the Central Programme Team at the end of January 2021, performing the vital role of data collection and reporting. A Consultant Anaesthetist from GUH agreed to take on the role of programme Clinical Lead in early February 2021, along with the addition of a workstream lead for ICT and Data Quality on 11 March 2021. They would later be joined by an Infrastructure Lead in late spring 2021, and the core Central Programme Team was complete.

Covax was still in its infancy, being developed through the ‘sprints’ and key issues the team faced in the Saolta region were summarised as follows:



1. Early lists were batch uploaded and had incomplete data fields. Many had inconsistent Primary Healthcare Facilities listed (should be the place of work).
2. Registrations have been inconsistent, with a variety of Primary Healthcare Facilities selected by users. Number of users batch uploaded also registered, leading to duplications.
3. Data quality issues exist in many places on the system. Need to review each site and go through all those identified in the Data Quality Dashboards, prioritise and plan resolution aligned to national Data Quality approach. Examples are varied and may include: vaccination location incorrect; duplicate records; person unknown to location (was not vaccinated there); incorrect vial assigned; missing saline; missing personal details; double doses; etc.
4. Daily totals self-reported by sites to the Saolta Programme Team do not match those seen on the Salesforce system. Backlogs are typically perceived rather than actual, so need to find a way to address these issues. IBM reporting dashboard needs to be scrutinised tested against the local records (e.g. Excel) and resolved where possible.

As the end of January 2021 came into sight, the Government announced the extension of the Level 5 lockdown restrictions until 5 March 2021<sup>5</sup>. This meant the burden of responsibility was on the national and regional vaccination programmes to maintain the heroic efforts already seen; to administer vaccine to the most vulnerable populations as quickly as supply would allow, enabling the safe reopening of society and relieving pressure on the overworked healthcare system.

Whilst no one on the programme expected the high workload and demands on their personal lives to reduce significantly, the next two months were to challenge them further with the expansion of the programme into large scale vaccination centres, opening the doors to the public for the first time.

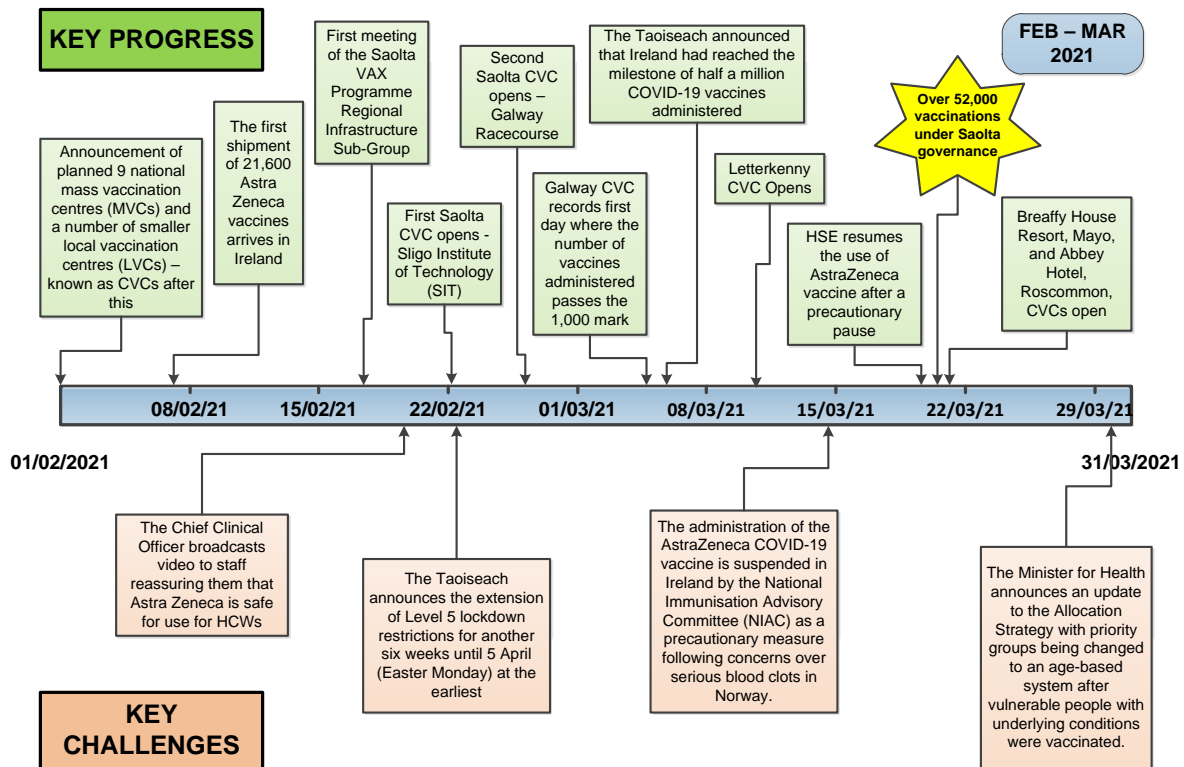
*“The strong leadership of the programme at a regional level was key to the success of the rollout. There was much to learn from the programme about true team working (the establishment of a small core team with very strong links to local centres and clear communication channels, clear direction where possible and clarity of roles and responsibilities in particular). This was hugely effective. The importance of also having a regular presence onsite at vaccination centres was borne out during the programme and was viewed as very positive by the local teams.”*

Central Programme Team member

<sup>5</sup> <https://www.gov.ie/en/press-release/e2374-extension-of-level-5-restrictions-and-introduction-of-measures-for-international-travel/>



## 6 OUT OF THE HOSPITALS, INTO THE CVCS (Feb – Mar 2021)



At the Steering Group meeting on 1 February 2021, the CEO reported that there was a national plan to transfer the existing HCW clinics in hospitals to mass vaccination centres (MVCs) and asked the Central Programme Team to work with a range of stakeholders, including regional Estates and national ICT as appropriate, to plan all aspects needed to manage the increase in vaccines and expected activity. It was agreed that the Steering Group was the right forum to drive through the implementation of the MVCs for the general population and the Central Programme Team was asked to move the HCW clinics to new locations by the middle of February 2021, ahead of fully converting them to fully public-facing centres.

At this early stage, the information from the national team indicated there would be around 9 national mass vaccination centres (MVCs) including Galway and Sligo, along with a number of smaller local vaccination centres (LVCs) to include Donegal, Mayo and Roscommon. These would collectively come to be known as central vaccination centres (CVCs).

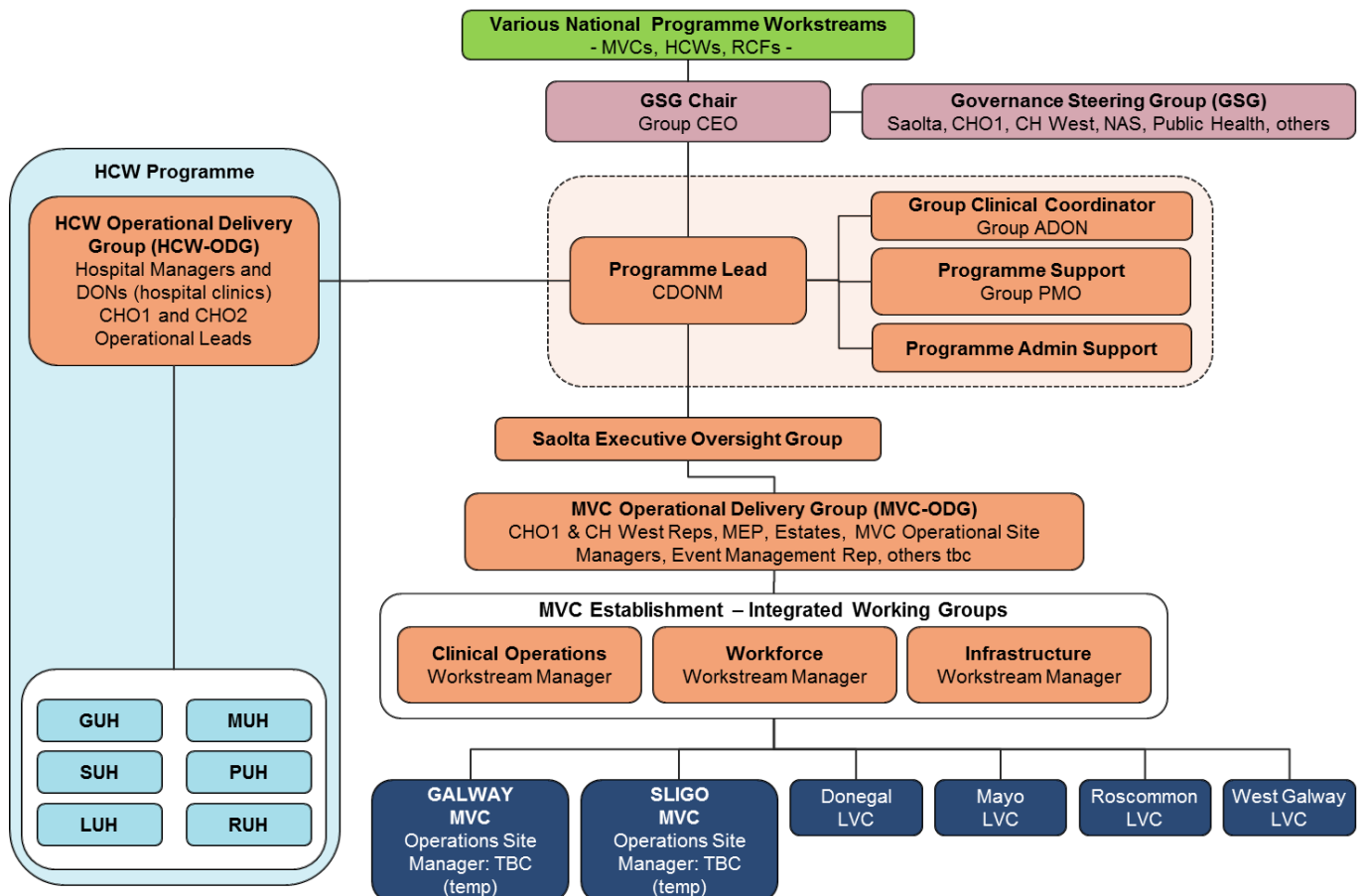
On 8 February, the Steering Group confirmed the need to prioritise both Galway and Sligo as key sites. At the next meeting on 15 February, it was noted that the national timelines had not yet been released around the expected opening for the centres, but it was agreed that the sites at the Estates-chosen locations of Sligo Institute of Technology and Galway Racecourse should be opened during the week commencing 22 February 2021. The Letterkenny Institute of Technology centre opened on 11 March 2021 and it was subsequently agreed by the Steering Group that sites for Roscommon and Mayo should open no later than w/c 15 March. (Note – a country-wide ‘pause’ to the use of the AstraZeneca vaccine meant these other two sites did not open until 15 March 2021).

*“I was a vaccinator and April 2021 was tough month; we started on the oncology cohort and it was hard not to get emotional. I cried with people who had not seen anybody for months. This was their ticket out. A gentleman in his best clothes, suit and tie, came in - this was their day out. There was a huge social element for people and for staff too. This was escape for some staff; nobody else in the country was going anywhere. There was a huge element of giving back.”*

CVC Clinical Lead

## 6.1 INFRASTRUCTURE AND OPENING THE CVCS

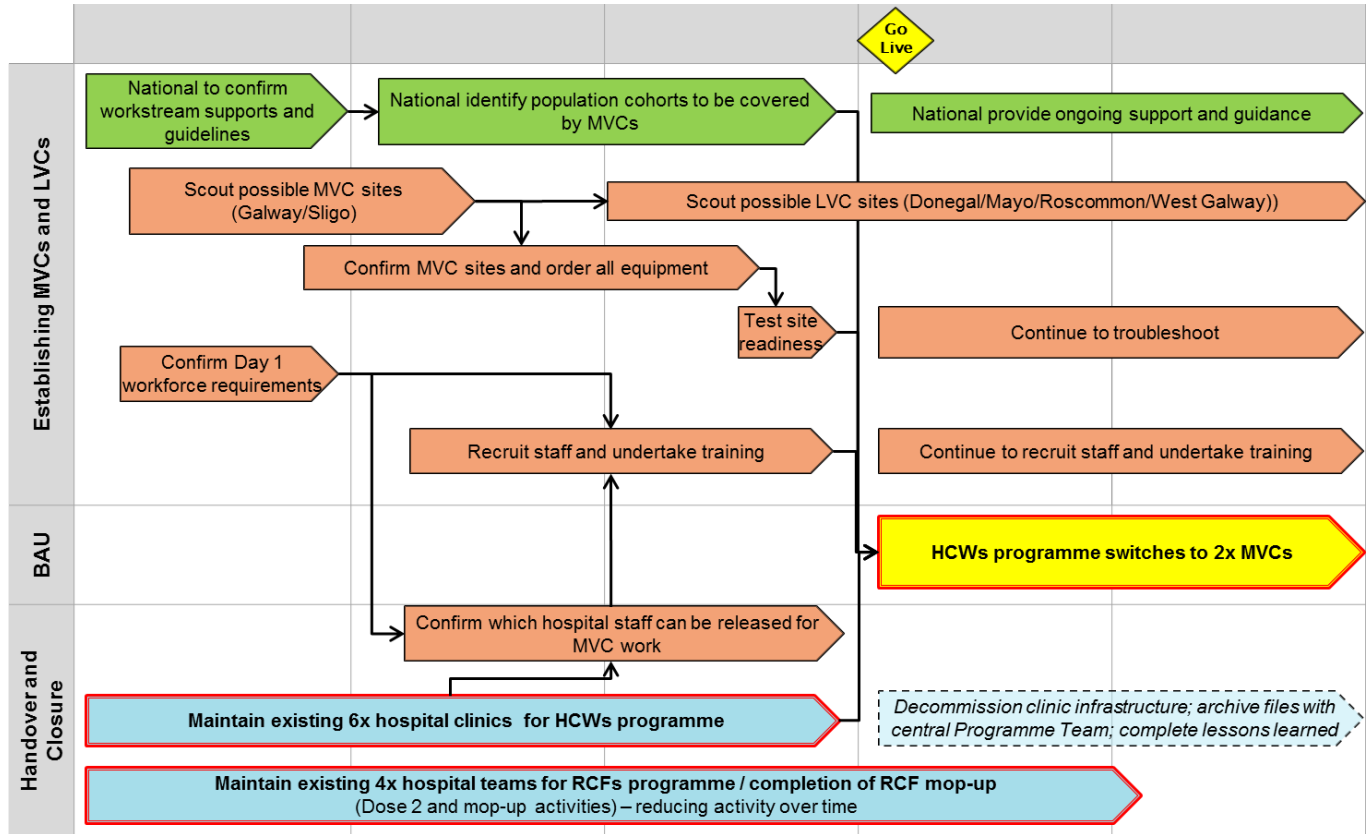
The Central Programme Team had weekly meetings throughout the first few months of the programme, lasting 2-3 hours each – this provided an invaluable opportunity each week to discuss the approach, revise and tweak the plans, review progress and their own roles. At their meeting on 2 February 2021, it was proposed to revise the programme governance, streamlining the need for layers of team members at hospital level and to amend the existing workstreams to encompass the new MVC requirements. Various options were explored, including the Portfolio Lead and the CEO taking the programme forwards. However, following discussions, the Steering Group agreed the new structure at their meeting on 8 February 2021:



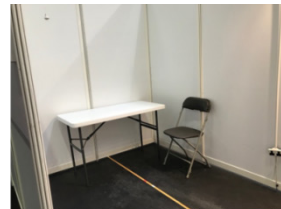
There were a lot of unknowns related to the proposed vaccination centres at this stage, such as:

- How do people register for the vaccine and what safeguards will be put in place to avoid 'priority-cohort-skipping'?
- How many people are expected to be vaccinated in the Saolta-region MVCs and LVCs (outside of the existing HCW and RCF programmes)?
- How will the MVCs be 'fed' cohorts of the population and who will verify the accuracy of the prioritisation (as MVC staff will not be equipped to do this)?
- What are the expectations for onsite emergency treatment (over and above standard observation) and how will this be provided?
- How will cold chain and pharmacy processes operate and be staffed appropriately?
- Who will provide training on Covax Salesforce to the MVC Operations Site Managers, MVC Clinical Leads, LVC Operations Site Managers, MVC/LVC Vaccinators and MVC/LVC Administrators?

A high-level transition plan was proposed, setting out how to leave the hospitals and move the clinics into fully functioning MVCs without a pause in administering vaccinations and it was agreed to establish a regional integrated Infrastructure Sub-Group.



The regional North West Estates team led a delegation of Steering Group members and the Central Programme Team to visit the proposed Sligo Institute of Technology (SIT) MVC site on 4 February 2021. The team arrived expecting to find a large empty sports hall but instead were stunned to find 30 booths already constructed, complete with table and chairs and working lights, along with dozens of people chairs set out in formation as a large observation area. There was even a fridge installed in a makeshift ‘pharmacy’ booth.



The SIT had been used a few days previously, as one of a handful of GP practice pop-up clinics under the governance of a different part of the national programme. The basic layout and infrastructure was in place, but it lacked signage, data links and any equipment. However, the visit was incredibly fortuitous, as it enabled delegates to accurately visualise what an MVC was supposed to look like.

The day after the Sligo visit, the regional west Estates team led a delegation to visit the proposed Galway Racecourse MVC site and the experience could not have been more different. The MVC was proposed to be split across the ground floor of both the Killanin and Millennium Stands at the track. The walkthrough took place on a bitterly cold day, with a strong breeze blowing through the two concourses. In stark contrast to Sligo, there were no equipment or fittings onsite; just the existing racecourse infrastructure including bars, food hatches and betting counters. The Galway site was to be the flagship vaccination centre in the region, with a maximum operating capacity of 50 booths across the two stands. A large marquee was to be erected between them, floored and heated. There were concerns about the size of the site and the potential distances that older people would have to walk from the car park to the centre, particularly in colder weather.

There was significant activity at the Galway site for the remainder of the week, including an afternoon meeting on a snowy Saturday 13 February 2021, in the midst of level 5 restrictions, to discuss pharmacy equipment placement with the Chief Pharmacist from Galway University Hospital.

The MVCs / LVCs Operational Delivery Group was established on 11 February 2021, consisting of representatives from the Saolta Central Programme Team, regional Estates, the Major Emergency Planning (MEP) Team, CHO1 and CHW, and the newly appointed Operational Site Managers (OSMs) for three of the MVCs in Sligo, Galway and Letterkenny. Managers for the latter two had come out of retirement to assist with the pandemic effort and offered their services to the Saolta hierarchy just days before. OSMs for the other centres would be identified soon after.

A service contract meeting was held on 16 February 2021. In attendance was the Saolta Chief Operations Officer, the Regional Estates Lead and two Estates team regional managers, the OSMs for Galway and Sligo, and the Saolta PMO. At the meeting a number of key principles for each site were discussed and agreed, including:

- Estates were engaging with a large event management company (traffic management and security). Few other services were available locally, so it was agreed that the COO and OSM would extend existing hospital service contracts to the Galway Racecourse site.
- In Sligo, existing services provided by SIT would be used, but Estates were engaging with a large event management company to look at longer term options for traffic management and security.
- Cleaning should be carried out by local services onsite at locations selected, but may need to be 'topped-up' with clinical cleaners extended from hospital services.

Additional meetings and discussions further confirmed that the nominated OSM should progress with the services on offer at Breaffy House. Both proposals for service support for the hotels needed to be further discussed by the nominated vaccination centre managers and Saolta PMO with the hotel owners directly, to agree flex up and down. For LYIT, it was agreed to use existing services at LYIT, with traffic management being engaged through Estates and clinical waste to be provided.

At the subsequent meeting of this group, on 18 February 2021, a detailed status update on all five sites was presented. This noted the readiness of each site to open for both the transfer the HCW programme across and to start preparing for public vaccinations. The assessment included the current position on: Booths and Minor Works; Fridges, Pharmacy and Cold Chain; ICT – Wi-Fi and hardware; Service Contracts; Equipment and Consumables; Workforce – Vaccinators; Workforce – Admin; Workforce – Management; and Processes. The same format would be used throughout the work to establish and open the vaccination centres, and would be reinstated later in the spring of 2021, when the Carrick-on-Shannon centre was opened, then again in the summer when four remote satellite vaccination centres were set up.

## 2. Vax Site Readiness – Summary

DRAFT – Restricted

SLIGO IT	Current Status	RAG
Booths and Minor Works	30 booths in place. All works completed, ready to move into. Second prep-room added, 2 new isolation bays created. Tested for GP pop-up 14/02. All furniture in place. Licence signed.	Green
Fridges, Pharmacy and Cold Chain	Estates to secure second fridge and confirm alarm monitoring probes working and system set up. Expected in time for go-live 22/02/21. NCCS to be notified of delivery location. Vaccinators to select location on Salesforce.	Yellow
ICT – Wi-Fi and hardware	Confirmed existing CoVax hardware will be moved down. PFH to assist and reconfigure if needed for new CoVax Wi-Fi (tested by SUH team 16/02, fast speeds seen). Query with national re: ICT support (and Wi-Fi contingency), but should not be a showstopper as the system works effectively now.	Yellow
Service Contracts	All contracts reviewed with Estates and Saolta COO 16/02/21. No showstoppers identified but some work to do to get ready for 22/02/21 (e.g. catering, domestic waste). Sligo IT will provide many services to start, likely to transition to others as scale increases (tbc). Need to confirm role of Defence Forces.	Yellow
Equipment and Consumables	National list secured, will need to be reviewed this week by Operational Site Lead. Take existing items from SUH clinic as necessary?	Green
Workforce – Vaccinators	Existing SUH hospital team to relocate from 22/02/21. Longer term workforce planning underway.	Green
Workforce – Admin	Existing SUH hospital team to relocate from 22/02/21. Longer term workforce planning underway.	Green
Workforce – Management	Operational Site Lead identified, discussions underway with CHO1 and others re: roles to be filled. Pharmacist role to be confirmed.	Yellow
Processes	Will continue existing clinic approach, with all using system and manual backup as contingency. Manual scheduling. SUH management and DON engaged.	Green

## 3. Vax Site Readiness – Summary

DRAFT – Restricted

GALWAY RACECOURSE	Current Status	RAG
Booths and Minor Works	43 booths in place. All works completed, ready to move into. Most of furniture in place and various walkthroughs conducted. Licence signed last week.	Green
Fridges, Pharmacy and Cold Chain	GUH Chief Pharmacist secured fridges, delivered onsite. Monitoring system to be installed 19/02/21. Expected to be ready for go-live 25/02/21. NCCS to be notified of delivery location. Vaccinators to select location on Salesforce.	Green
ICT – Wi-Fi and hardware	Confirmed existing CoVax hardware will be moved down. PFH to assist and reconfigure if needed for new CoVax Wi-Fi. ICT support (and Wi-Fi contingency) to be managed by OoCIO with local arrangement. Onsite testing taking place this week.	Yellow
Service Contracts	All contracts reviewed with Estates and Saolta COO 16/02/21. No showstoppers identified but some work to do to get ready for 25/02/21 (e.g. catering, maintenance). Racecourse provide almost no services, so most will be external. Need to confirm role of Defence Forces. Early traffic management is crucial.	Yellow
Equipment and Consumables	National list secured, will need to be reviewed this week by Operational Site Lead. Take existing items from GUH clinic as necessary?	Green
Workforce – Vaccinators	Existing GUH hospital team to relocate from 25/02/21. Longer term workforce planning underway.	Yellow
Workforce – Admin	Existing GUH hospital team to relocate from 25/02/21. Longer term workforce planning underway.	Yellow
Workforce – Management	Operational Site Lead identified, discussions underway with CHO2 and others re: roles to be filled. Pharmacist role will be overseen by GUH Chief Pharmacist, but onsite TBC.	Yellow
Processes	Will continue existing clinic approach, with all using system and manual backup as contingency. Manual scheduling. GUH management and DON to discuss process 18/02/21.	Yellow

On 22 February 2021, the Sligo vaccination centre opened, just two days after the first centre in the country had opened at The Helix in Dublin. On the opening day, the team administered 166 dose 1 vaccinations to HCWs, primarily from CHO1. The opening of the Sligo centre was a big day for the programme and a milestone that will be remembered by everyone who was there. A real sense of hope spread across the programme, tempered only slightly by the announcement from the Taoiseach the next day about the extension of Level 5 lockdown restrictions for another six weeks until 5 April 2021 (Easter Monday) at the earliest<sup>6</sup>.

On 25 February 2021, the Galway Racecourse vaccination centre opened in the Killanin Stand. The team administered 438 dose 1 vaccinations to HCWs. The day after the Galway opening, the site experienced a power cut due to a nearby sub-station major problem. This enabled an impromptu test of the contingency plans that had been put in place. On the following day the last HCW clinic was held in Portiuncula University Hospital, with all subsequent vaccinations for PUH HCWs to be carried out at the Galway CVC. A number of clinic team members from PUH were able to join the team that had already moved to the CVC.

On 26 February 2021 a meeting was held at the Letterkenny site to finalise plans for opening with the new OSM.

On 1 March 2021, the CDONM and General Manager met with the Regional Chief Emergency Management Officer for HSE West to discuss the approach to emergency response from various external agencies at the vaccination centres. The Regional Chief Emergency Management Officer for HSE West and their team had been pivotal in driving local engagement with non-health agencies and advising the Steering Group on emergency planning. This discussion led to *Interagency Site Briefings* being held in Sligo and Galway the same week. The focus was to provide summary information, from the Central Programme Team, Operational Site Managers and MEP, to: An Garda, the Fire Service, local authorities, Civil Defence, National Ambulance Service (NAS), Defence Force, and other onsite stakeholders (including security and traffic management representatives). Blue-light routes were agreed to facilitate rapid response access if needed for both NAS, for medical emergencies, and An Garda for other security issues. There was some anxiety regarding emergency response times at CVCs that were not located close to an acute designated Emergency Department and these briefings helped to allay those concerns. Some key topics discussed and agreed were:

- Public highways, access and egress
- Fire response
- Theft / security breach (out of hours)
- Response to road traffic accidents (RTAs) affecting access / egress
- Response to potential public protest / disorder onsite or nearby

When the CVCs opened, there was genuine concern for the security of the sites in relation to the last point; there had been official warnings in a number of countries that individuals may seek to steal vials of vaccine or empty vaccine vials with the intention of reselling them. There was also concern that there may be protests with little or no warning, from anti-

<sup>6</sup> <https://www.gov.ie/en/press-release/c80ef-current-public-health-restrictions-to-continue-until-5th-april/>

vaccination groups or individuals, or for other reasons. Specific site challenges were examined and group responses agreed amongst stakeholders. Dedicated *WhatsApp* groups were set up by the Chief Emergency Management Officer for HSE West with all stakeholders, in case of the need for rapid broadcast of messages at any point in the future. These groups were established for each subsequent vaccination centre and county and remained in place until the handover of governance from Saolta to the CHOs in April and May 2022 respectively.

The requirement to stand up a vaccination centre in Leitrim was first identified at the Steering Group meeting on 22 March 2021, where it was agreed that this was not envisaged to be a 7-day service, due to population size, but would instead operate as a satellite of the Sligo IT vaccination centre; however, it would be some weeks before this would be opened.

To complete the opening of Saolta's five main vaccination centres, a Civil Defence Officer from Mayo County Council was brought in on 26 February 2021 to be the OSM for the Mayo vaccination centre at Breaffy House Resort. Another was loaned in from Roscommon University Hospital on 16 March 2021 to be the OSM for the Roscommon vaccination centre at the Abbey Hotel in the town centre. Both centres opened on the 21 March 2021, following the resumption of administering the AstraZeneca vaccine after the national precautionary pause<sup>7</sup>, administering 100 and 154 vaccines respectively on their opening days.

The national team circulated a summary status of operational readiness of the vaccination centres across the whole of Ireland on 26 March 2021. It was noted that Saolta had 5 operational vaccination centres – more than any other region in the country – and no other region had more than 2 vaccination centres operating at that point in time. It was also noted that the Saolta programme had the highest *expected delivery capacity* of any region in the country too, despite covering just 16% of the population. This was testament to the hard work put in by the entire workforce, from hospitals to the new centres, not least in securing sufficient skilled workforce to scale up as needed in preparation for opening vaccination up to the public.

The original six vaccination centres had a significant capacity, as shown below:

LOCATION	MAX NO. BOOTHS
GALWAY RACECOURSE	50
ABBAY HOTEL, ROSCOMMON	10
BREAFFY HOUSE RESORT, MAYO	25
CARRICK-ON-SHANNON, LEITRIM	5
SLIGO IT	30
LETTERKENNY IT	30

At the time of opening the centres, a key risk to the programme was considered to be the potential easing of Level 5 restrictions, thereby allowing the CVC landlords to return facilities to normal business use, leading to closure of the centres and/or inability of Estates to locate suitable alternatives at short notice. The Estates team had included extensions and break clauses into the lease agreements and would continue to monitor availability and changes as directed by the national team throughout the programme.

## 6.2 SECURING AND TRAINING THE WORKFORCE

The CEO of Saolta wrote to the hospital vaccination leads, the DONs and Hospital Managers on 17 February 2021, outlining that the key purpose of moving the clinics out of the hospitals into the vaccination centres was to ensure that the programme was not, unnecessarily, bringing non-hospital HCWs and others onto hospital sites in order to avail of the vaccine. Secondly, it was confirmed that using the centres for HCWs would allow the team to identify and resolve any teething issues that might arise before they were used by the general public. The CEO stated that it would be necessary to maintain a blend of experienced vaccinators with newer staff at each centre in the initial stages, so confirmed that it would be necessary to transfer existing hospital based vaccinators for a period of time. It was expected that this would be for the duration of March 2021, with the intention of releasing them back to the hospitals as soon as programme recruitment and training allowed.

<sup>7</sup> <https://www.gov.ie/en/press-release/f7310-statement-from-dr-ronan-glynn-on-recommencement-of-the-covid-19-vaccine-astrazeneca-programme/>

At the Steering Group meeting on 29 March 2021 the following progress was reported by the Workforce Lead:

- 350 staff interviewed for Vaccinator and Admin/Clerical roles – 95 Vaccinators placed across sites
- 300+ expressions of interest processed from existing staff offering extra hours in new centres, from acute and CHOs, with 28 admin roles placed
- Senior staff for CVCs in place (temporary) and other senior recruitment on-going
- Vaccinator training plan developed
- Workforce planning agreed in line with national model
- Local Authorities request for additional staff
- Weekly meetings with all sites

The Workforce Lead had also carried out modelling to plan for the future. The maximum capacity of the vaccination centres across the region assumed that both the workforce and the vaccine were in good supply and that vaccines would be administered at a rate of one every 7.5 minutes per booth:

Vax Centre	Max Booths	Max Days	Max Hours	Max Vax Rate p/h	Max Vax per Day	Max Vax per Week
Racecourse	50	7	12	8	4,800	33,600
Abbey Hotel	10	7	12	8	960	6,720
Breaffy House	25	7	12	8	2,400	16,800
Carrick-On-Shannon	5	7	12	8	480	3,360
Sligo IT	30	7	12	8	2,880	20,160
Letterkenny IT	30	7	12	8	2,880	20,160
	<b>150</b>				<b>14,400</b>	<b>100,800</b>

The expected capacity was more conservative, based on vaccine supply at levels that had been advised by the national programme would reach a peak of 39,000 per week allocated to the Saolta programme by the end of May 2021. The speed of vaccination would stay the same, but the number of booths, days / hours of opening would all be reduced:

Vax Centre	Max Booths	Max Days	Max Hours	Max Vax Rate p/h	Max Vax per Day	Max Vax per Week
Racecourse	32	5	10	8	2,560	12,800
Abbey Hotel	5	5	10	8	400	2,000
Breaffy House	15	5	10	8	1,200	6,000
Carrick-On-Shannon	5	5	10	8	400	2,000
Sligo IT	22	5	10	8	1,760	8,800
Letterkenny IT	22	5	10	8	1,760	8,800
	<b>101</b>				<b>8,080</b>	<b>40,400</b>

The Saolta recruits operated on an *If-and-When* Contract with agency staff from the national contracts operating on a *Fixed Hours Contract*. There was a defined rate of pay for the vaccinators. However, some of those who came forward for interview were of the opinion that they were entitled to be paid at the rate of their discipline rather than the vaccinator pay scale. Despite this being outlined prior to interviews, some disciplines continued with interviews and training and subsequently declined the post when the rate of pay for their professional was not upheld. This resulted in inefficient use of both the interviewers and recruitment team's time and resources.

The national contract agency staff integrated very well into the CVCs and were initially recruited once the CVCs were up and running, in contrast to most of the rest of the country. The first agency resources in each CVC started on:

- Galway CVC – 29 April 2021
- Mayo CVC – 26 April 2021
- Letterkenny CVC – 3 May 2021
- Roscommon CVC – 7 May 2021
- Sligo CVC – 7 May 2021

The recruited staff was complemented by the addition of on-loan staff from the CHOs and local authorities (especially in administrative roles), along with Defence Force personnel allocated to some vaccination centres. The Defence Force personnel were assigned to a variety of roles, including as vaccinators, logistics and stock management and the management of people flow through the centres. They also assisted with medicines management. Defence Force personnel first commenced in the Galway centre in February 2021, followed by Sligo in March 2021 and Mayo and Letterkenny soon after. Some Defence Force personnel assigned to the Sligo centre assisted with the transport of vaccines to the Carrick-on-Shannon centre. The Defence Force personnel were instrumental in supporting the clinical and operational team at each vaccination centre throughout the programme.

*“A number of times we had to make stretching demands on our staff. Their ability to move through the cycle – from a critical reaction to the seemingly impossible ask; to grounding themselves in it; to then achieving and deliver the requirement – was very quick. On numerous occasions they reacted phenomenally”.*

**Chief Director of Nursing and Midwifery (CDONMN) and Vaccination Programme Executive Lead**

### 6.3 FROM HCWS TO THE FIRST PUBLIC VACCINATIONS

The process of administering vaccines became more complex on 8 February 2021, with the addition of the Astra Zeneca vaccine to Pfizer BioNTech vaccine<sup>8</sup>. On 12 February 2021, the programme team sent out a revised *Daily Site Report* template which included separate sections for recording administration of both Pfizer and AstraZeneca vaccines. Throughout the start of the programme the totals were recorded onto a spreadsheet which was then sent on a daily basis, 7 days a week, by each hospital clinic to the Central Programme Team for collation and onward reporting to the National Programme each day. The Covax system was not yet able to satisfactorily produce these reports and the manual cross-check was needed and considered *‘the single source of the truth’*. The differentiation was discussed on daily / nightly calls - the *‘Service Management | Daily Evening Check Point’*.

This was a video conference meeting for the whole country, typically attended by 50+ individuals, including regional vaccination leads, national ICT team, Hyper-Care support team, national programme team and others. These calls were held every week day at 18:30 – 20:00 from early January to the end of February 2021, at which point they were scaled back to twice weekly on Mondays and Thursdays earlier in the evening and each vaccination centre was then requested to send a representative.

<sup>8</sup> <https://www.gov.ie/en/press-release/da62c-statement-on-the-approval-of-the-astrazeneca-covid-19-vaccine-in-the-irish-vaccination-programme/>



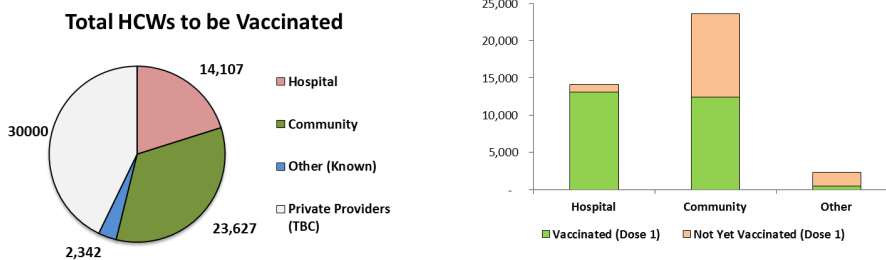
*“I was on those calls every night during January and February 2021. For the days when I wasn’t on the road doing the calls from my car, my wife would bring my dinner into my home office so I could eat it while doing the WebEx; my younger kids would sneak in to say goodnight. The calls would frequently run over but they were essential to attend, in order to keep up to speed with what was happening with Covax and to fight the corner for Saolta about data quality and the perceived ‘backlog’.*

Saolta General Manager

Some HCWs had expressed concerns about the safety of the Astra Zeneca vaccine and so on 19 February 2021, the Chief Clinical Officer circulated a broadcast video to HSE staff reassuring them that Astra Zeneca was safe for use for HCWs.

As the bulk of priority groups of HCWs across acute and community settings neared completion for at least dose 1 (and dose 2 in many cases), attention turned to the provision of vaccines to other priority HCW groups. It was agreed at the Steering Group meeting on 15 February 2021 that CHOs should prioritise scheduling of community pharmacists and their staff for the following two week period.

At the Steering Group meeting on 1 March 2021, significant progress had been made on vaccinating the priority HCW groups:



To be Vaccinated HCWs 1st Dose	Total outstanding (inc students)	Allocation W/C 01.03 (includes additional 1100 from 25/02/21)	Remaining
Saolta Hospitals	400	200	200
CHO 1	4232	3100	1132
CH West	7350	4600	2750
Private Hospitals	360	200	160
<b>Total</b>	<b>12342</b>	<b>8100</b>	<b>4242</b>

As the programme was starting to ramp up, the Executive Lead asked all vaccination clinics and centres to attend a daily touch base meeting at 16:30, to address key issues as they may arise and offer the opportunity to learn from each other. It provided a support network across the programme and was the template for how the vaccination centre network would interact as time went on. At the meetings key information was clarified and boundaries set –vaccine was still in limited supply and further cohorts had become eligible, it was stated on many occasions that every site/centre must ensure minimal leftover vaccines; vials were not to be opened unless needed for the current cohort of patients and only in the event of imminent wastage of doses should any clinic seek to go outside of current cohort(s).

This was just one of a significant number of meetings that were in place every day; some were nationally-driven and others were arranged regionally to ensure the vaccination teams could keep up to speed with the rapid changes to the programme.

A typical week of meetings at this time looked like this:

## Fixed Programme Meetings – current

Meeting Name	MON	TUES	WEDS	THURS	FRI
Vaccination Rollout (HG CEOs / CHO COs)			●		
CVC Area Leads Forum		●			
CVC Sub Group	●		●		●
Cohort 3 Sub Group	●		●		●
Cohort 4 Sub Group	●		●		●
CoVax IBM/OoCIO/NIO/HSE Update	●			●	
CoVax Dashboard Sub Group	●				
Regional Steering Group	●				
Saolta Executive Team Updates		●		●	
Vaccination Operational Delivery Group			●		
Clinical Sub Group		●			
Workforce Planning Sub Group		●			
Infrastructure Sub Group			●		
Daily Touch-Base (All Sites)	●	●	●	●	●
Daily Planning Catch Up (Programme Team)	●	●	●	●	●

● National meeting  
 ● Regional meeting  
 ● Local (Saolta) meeting

On the 5 March 2021, Galway CVC recorded the first time that the number of vaccines administered exceeded 1,000 in a single day in any Saolta-governed vaccination centre.

On the 6 March 2021<sup>2</sup>, the first draft of the national *Vaccination Clinic Operating Model* was issued, the same time as the Taoiseach announced that Ireland had reached the milestone of half a million COVID-19 vaccines administered<sup>2</sup>. The Saolta Programme Team submitted detailed comments on the draft guidance, including graphics of the governance structures developed regionally. These graphics were subsequently included in the final version issued on 13 March 2021, credited to the Saolta programme.

The programme began to get even more complex, with the introduction of newly eligible cohorts that needed to be vaccinated. On 3 March 2021, a memo was issued to the Saolta CEO by the Chief Clinical Officer to advise that vaccine administration to Cohort 4a (high risk medically vulnerable aged 18-69) and Cohort 4b (high risk medically vulnerable aged 16-17 years) was to commence from week commencing 8 March within the acute hospitals. In addition, a few days later, on the 8 March 2021, the national programme announced that vaccination of people who were inpatients over 70 years of age in acute settings was to commence. This marked the first two public groups that the Saolta-governed teams would be required to vaccinate. The national Covax system did not allow registration access for non-HCWs this early in the process, nor did allow batch-upload of people information, so solutions for significant manual workarounds had to be developed and implemented. For example, for Cohorts 4a and 4b, following Saolta Central Programme Team input to the national working group for this cohort, it was decided to implement the following process with the support of the Saolta Chief Clinical Director and Hospital Managers:

- Eligible individuals' personal data to be collated locally at hospital level, via clinical teams.
- Hospital Managers offices to capture the details onto a central repository for sharing with each vaccination centre (or clinic, where still onsite in hospital setting).
- Vaccination centre/clinic leads contact and schedule people.
- People attend vaccination centre/clinic at scheduled time, unless people were inpatients where they would be vaccinated in the hospital setting.

<sup>2</sup> <https://www.gov.ie/en/press-release/94db0-update-on-covid-19-vaccine-deliveries-10-march-2021/>

On 10 March 2021, on a national call it was noted that the vaccination programmes was already starting to show significant benefits. Case numbers were falling and lives were being saved in the RCFs. There was a significant positive impact on HCW infection cases, with a drop from circa. 1,000 HCWs per week contracting COVID-19 in January 2021 to just 45 in the week leading up to the call. It was also noted that circa. 88% of deaths had been in the >70 age group, so continued focus on getting through those individuals was key, with 1300 GP practices participating nationwide.

The programme was to hit a major issue nationally on Sunday 14 March 2021. It was announced that the administration of the AstraZeneca COVID-19 vaccine was suspended in Ireland by the National Immunisation Advisory Committee (NIAC), as a precautionary measure, following concerns over serious blood clots in Norway<sup>10</sup>. The Central Programme Team organised a region-wide Zoom call shortly before Sunday lunch to discuss the implications with the vaccination teams. The entire programme was paused while NIAC reviewed the evidence and the launch of the Mayo and Roscommon vaccination centres was put on hold. The HSE resumed administering the AstraZeneca vaccine at a number of hospitals across the country after a precautionary pause on 20 March 2021<sup>11</sup>.

Around this time the national team wanted to introduce functionality within the Covax system that would enable scheduled appointment details to be sent as SMS text messages automatically. Some issues were raised by the Saolta Central Programme Team, such as the inability to have two-way messaging (i.e. for people responding to say the allocated time did not suit them). As a result, the team investigated extending an existing SMS service in use in various Saolta hospitals with the Information Services Manager at Galway University Hospital. There were issues with this too though – the vaccination process was dependent on people that were booked arriving, especially those booked to come during the last hour of vaccinating at the clinics. There were issues with people not attending ('did not attend' – aka DNAs), so the Galway CVC started to call people to check they would be attending. This helped by reducing the average daily DNA rate by 10% to 16%. One of the key reasons stated by people when called was that they had already received their vaccine through other channels, such as their GP. The impact of DNAs on the work of the centres would continue to be felt throughout the life of the programme. The rates would fluctuate, typically depending on the age and type of the cohort being vaccinated at any point in time, along with the dose type (first, second, booster, etc).

As the month of March drew to a close, the Steering Group reflected on the work achieved to date across the programme at its meeting on 29 March 2021:

Workstream	Key Achievements to Date
<b>Governance and Reporting</b>	<ul style="list-style-type: none"> <li>• Governance structures established with TOR agreed</li> <li>• Templates developed for RAIDs, KPIs and status reporting</li> <li>• Processes in place for regional coordination via core Vaccination Programme Team (from representation on national subgroups, including HCW, CVC, Cohort 3, Cohort 4, Reporting Dashboard, CoVax/ICT)</li> <li>• Frontline HCWs vaccination programme 1<sup>st</sup> doses complete, RCF programme complete (hospital-led sites)</li> <li>• Standardised approach to Cohorts 3, 4a and 4b across the region</li> </ul>
<b>Clinical Governance</b>	<ul style="list-style-type: none"> <li>• Subgroup established with representation from all sites – meets weekly</li> <li>• Development of standardised approach to protocols for management of clinical issues.</li> <li>• SOPs developed for anaphylaxis, pharmacy, needle stick injury and other clinical issues such as managing high-risk patients</li> <li>• Updated resource list and library of materials</li> <li>• Competency training tool developed (METT)</li> </ul>
<b>Workforce Planning and Training</b>	<ul style="list-style-type: none"> <li>• 350 staff interviewed for Vaccinator and Admin/Clerical roles – 95 Vaccinators placed across sites</li> <li>• 300+ expressions of interest processed from existing staff offering extra hours in new centres, from acute and CHOs, with 28 admin roles placed</li> <li>• Senior staff for CVCs in place (temporary) and other senior recruitment on-going</li> <li>• Vaccinator training plan developed</li> <li>• Workforce planning agreed in line with national model</li> <li>• Local Authorities request for additional staff</li> <li>• Subgroup established with representation from all sites – meets weekly</li> </ul>
<b>Infrastructure</b>	<ul style="list-style-type: none"> <li>• 5 of 6 sites operational (Carrick-on-Shannon in progress)</li> <li>• Service contracts and local CoVax WIFI support arrangements in place at all open centres</li> <li>• Operational Plan template developed with HSE Major Emergency Planning for completion and ownership in each centre (includes Traffic Management Plans, 'blue-light' routes, H&amp;S material, SOPs, directory of contacts)</li> <li>• Subgroup established with representation from all sites and stakeholders (Estates, CHOs, emergency Planning) – meets weekly</li> </ul>
<b>ICT and Data Quality</b>	<ul style="list-style-type: none"> <li>• Central mechanisms established to support sites for CoVax (Salesforce) system and hardware issues, including information repository and national escalation protocols</li> <li>• Hardware relocated from hospitals to new centres and future full-capacity hardware orders submitted</li> <li>• Data Quality plan scoped and work underway to rapidly reconcile data against CoVax-reported vaccination figures (no paper backlog exists on any site)</li> <li>• Scheduling functionality on CoVax reviewed and local workarounds established to facilitate national functionality shortfall</li> </ul>

<sup>10</sup> <https://www.gov.ie/en/press-release/covid-19-vaccine-astrazeneca-14-march-2021/>

<sup>11</sup> <https://www.gov.ie/en/press-release/f7310-statement-from-dr-ronan-glynn-on-recommencement-of-the-covid-19-vaccine-astrazeneca-programme/>

March 2021 was rounded off with an Operational Site Leads workshop held in the Sligo vaccination centre. This workshop went into detail with all operational managers on the expectations for the role, the agreed approach to workforce recruitment and management and data and ICT issues. The Central Programme Team clarified their own roles and talked about potential future governance options and the future role of the hospitals. HSE West Emergency Planning also attended the meeting and the Operational Site Plans were discussed – another local Saolta initiative. These plans were to be considered ‘living documents’, intended to assist the management and staff at each centre as a type of ‘super-manual’. They incorporated many elements of the National Operating Model, various health and safety guidance elements and the national Clinical Guidance document, but did not override them.

The Central Programme Team also discussed the upcoming national audit tool, rooted in the three service delivery capabilities: Operational (Policy & Physical), Clinical, and Medicines Management. It was intended to be deployed with the policies, SOPs & checklists of the operational model for an in-depth audit. The Saolta team again linked with the national team and offered to pilot the use of the audit tool, due to the variety of centre sizes they had opened. This offer was gratefully accepted and the audit tool would be trialled at the end of April 2021 in all of Saolta’s vaccination centres, with the lead for the national project taking part in the user tests.

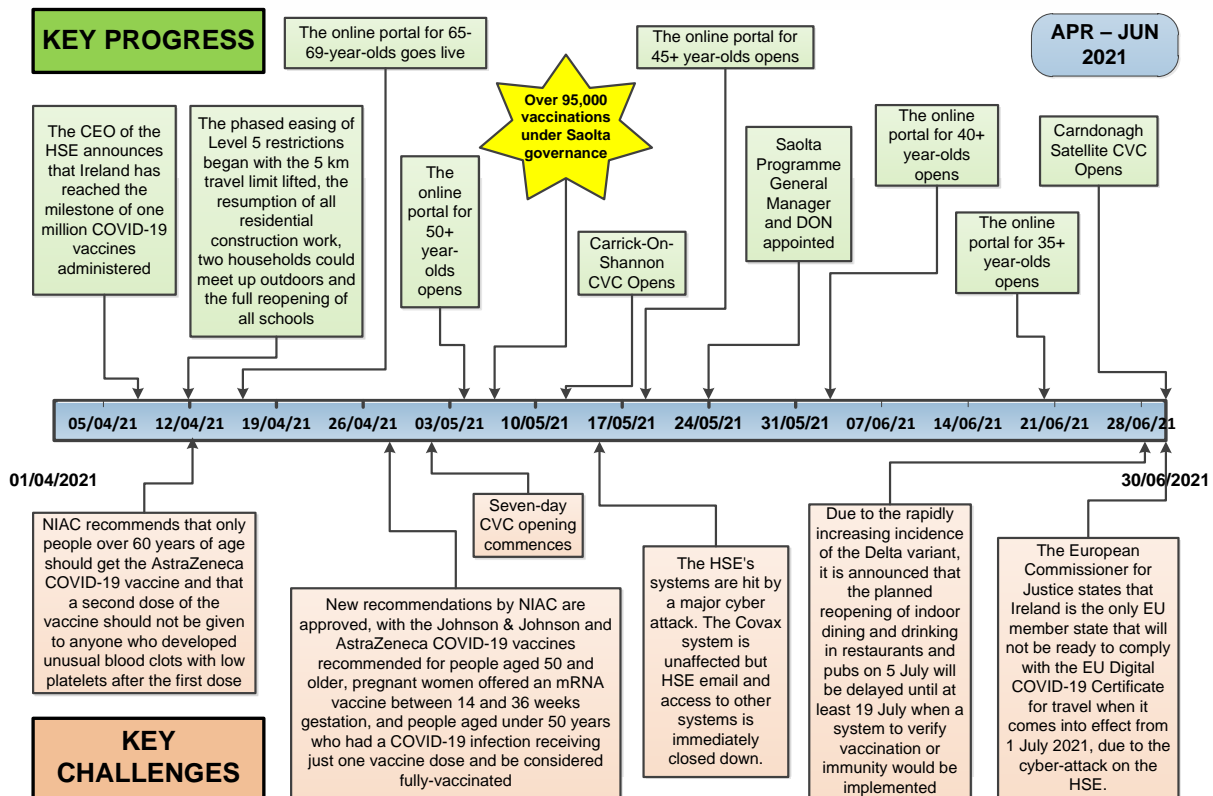
The month concluded with good news from the Government. The Minister of Health announced an update to the *COVID-19 Vaccine Allocation Strategy*<sup>12</sup> with priority groups being changed to an age-based system after vulnerable people with underlying conditions had been vaccinated. In addition, the Government announced a phased easing of Level 5 restrictions from Monday 12 April 2021<sup>13</sup>, with people allowed to travel within their county, two households allowed to meet socially outdoors, people who were fully vaccinated against COVID-19 allowed to meet other fully vaccinated people indoors, and the resumption of all residential construction projects from that date.



<sup>12</sup> <https://www.gov.ie/en/press-release/93f8f-minister-donnelly-announces-update-to-irelands-vaccination-prioritisation-list/>

<sup>13</sup> <https://merriestreet.ie/en/news-room/news/government-announces-phased-easing-of-public-health-restrictions.html>

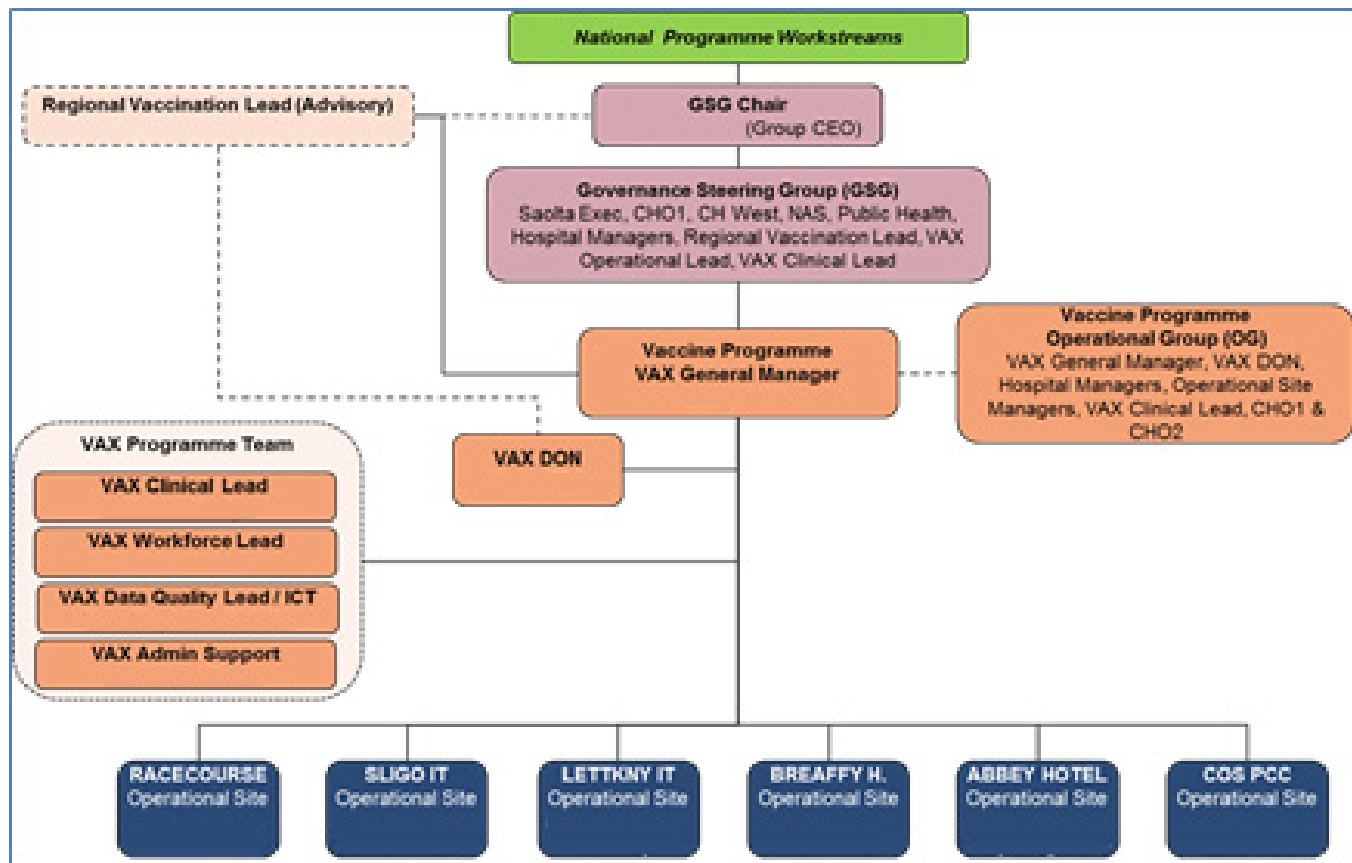
# 7 SUMMER RAMP UP (Apr – Aug 2021)



Throughout spring and summer 2021, the Central Programme Team held weekly workshops to review the latest national guidance, agree messaging for the CVCs and management teams, review progress and address key issues and/or risks. In early April the team recommended to the Saolta Executive Team that the governance of the programme team be reviewed, recognising the change in approach from an emergency response to a more business-as-usual (BAU) requirement as large scale public vaccinations were about to start. The following changes were recommended:

- *Dedicated vaccination programme function at group level, with General Manager new post supported by DON*
- *General Manager reports to regional Executive Lead (CDONM)*
- *Operational Site Managers (OSMs) report to General Manager*
- *Vaccine Programme Operational Delivery Group has more of an advisory role*

It had the benefits of: a single dedicated role providing clear line management to Operational Site Managers; a single route for national communication and working group engagement, leading to greater consistency of standardisation across centres; and, negated the need to establish separate Local Operations Groups for each CVC. Importantly, this allowed the Hospital Managers to focus their attention and resources on day-to-day hospital services and withdraw their element of governance from the programme. The recommendation was accepted with the introduction of a new programme structure:

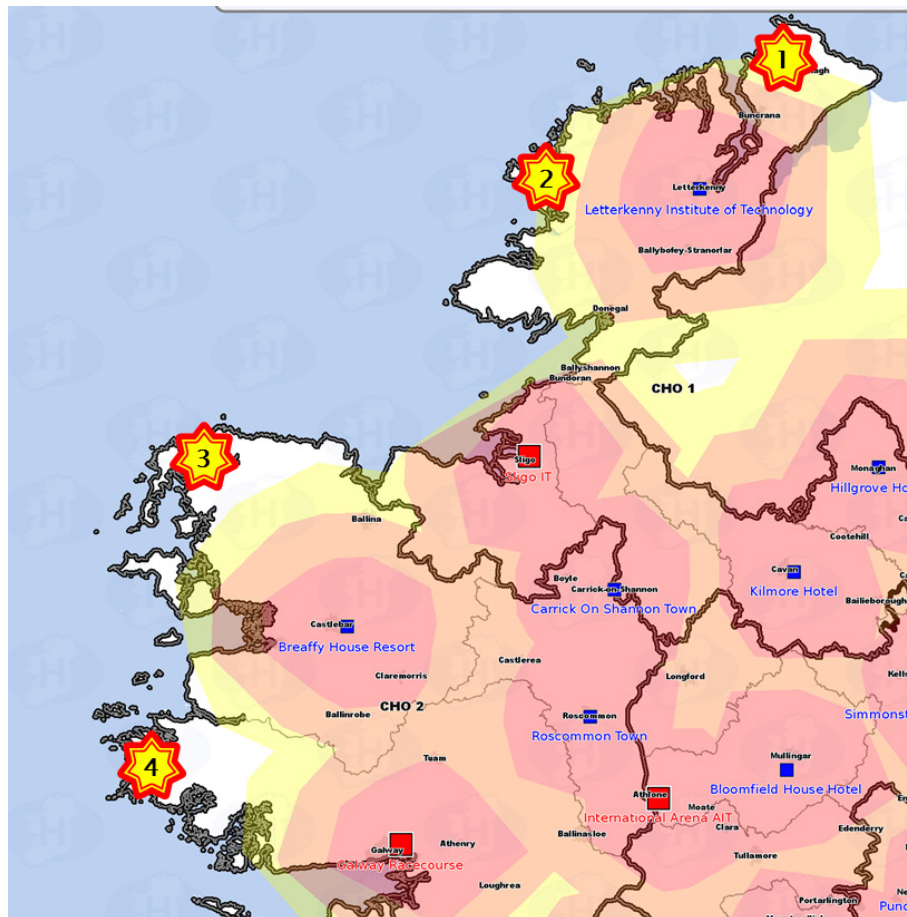


The General Manager (GM) role was advertised on 11 April 2021, with interviews held on 28 April.

## 7.1 LEITRIM AND THE SATELLITE CVCS

The requirement to stand up a vaccination centre in Leitrim was first identified at the Steering Group meeting on 22 March 2021, where it was also agreed that this was not envisaged to be a 7-day service, due to population size, but would instead operate as a 'satellite' of the Sligo IT vaccination centre. A delegation visited the proposed site in the new primary care centre in Carrick-on-Shannon on 29 March 2021.

At the Steering Group meeting on 29 March 2021, the central programme team was asked to look into potential site options for temporary or 'pop-up' vaccination clinics, within the CHW region. This was due to the significant distances people in rural parts would have to travel to get to a CVC and also in response to the impact of COVID-19 outbreaks in some rural areas, for example in Belmullet in County Mayo. This request sowed the seed for what would become, over the summer, the establishment of four fixed satellite vaccination centres. At the next meeting on 12 April 2021, it was agreed that Carrick on Shannon CVC should proceed as quickly as possible and that the space could be used by CHO services when the centre was not in use, subject to security arrangements. It was also agreed that the preferred locations for other satellite CVCs were: Carndonagh in Donegal (1 in map below); Clifden in Galway (4); and, and Belmullet in Mayo (3). The Chief Officer for CHO1 confirmed that commitments had been made about opening a satellite in Carndonagh as soon as possible and also requested the addition of a further satellite around the area of Dungloe in west Donegal (2). There was an expectation set that the satellites would be operational by June 2021.



Nowhere else in the country was developing satellite CVCs at this time and there were a number of significant operational and logistical issues to work through, not least whether the national programme would support their establishment. It was agreed that the model of delivery would be to align them to the national CVC Operating Model ensuring consistency of people service and quality, through fixed satellite locations, open 1-2 days per week depending on the demand. They would be governed and serviced by the nearest permanent CVC – including provision of vaccine through the maintained cold chain and staff.

*“At the time it was the right decision (to open the satellites). We should be bringing services as close to people as possible; but also want to generate good will, ownership, and respond positively to people in the community. It may have been an early model for how to develop the vaccination programme going forwards; not so much the need for mass vaccination anymore, but make it mobile and flexible through multiple channels..”*

*“It was the right thing to do, as made it real and accessible for those that did take the vaccine. It was definitely right in some locations as we were trying to reinforce confidence in the HSE with the community. In other areas it was also important; we were conscious of equity and parity; some areas have a perception that they are forgotten about”.*

*“They had a huge impact on highlighting the political will to get behind the programme and give opportunity to people in areas of low take-up to come forward. It became something local councillors put in newsletters to their constituents, regardless of their political party; it amplified our message. In future, we should have some form of easily erected structure that could be moved (a genuine mobile-home style pop-up) and would save so much time. We could have been more roving, hitting additional smaller places.”*

Steering Group members

The satellites continued to be a top priority for the programme, but progress on establishing them was slower than expected. For some of the areas, most notably Carndonagh and Belmullet, a number of potential locations were scouted and considered, but the final sites reverted to the original suggestions. One key aspect in the delay was consideration to how the people would be sourced for each satellite – i.e. who would be invited to attend these and why. The allocation of people through Eircodes, where splitting the prefixes was not possible automatically. This would continue to be a significant issue until the introduction of walk-in clinics some months later. This meant that Admin and Scheduling Teams in the CVCs had to manually go through the lists of people registered on Covax in order to identify those that lived near to the satellites and re-assign them to the satellite CVCs. This process was painstaking and the reallocation did not suit every person; for example, someone who lived near to Clifden may not have wanted to have their vaccination there if they travelled into Galway city every day for work. So people making an individual choice helped to overcome some of the potential risks with this approach.

There were no walk-in clinics anywhere in the country at this point. On 10 June 2021, following discussions with CHO leads, the Central Programme Team proposed the following options:

Option	Key Features	Key Benefits	Key Challenges
<b>1 – Social Inclusion</b>	<ul style="list-style-type: none"> <li>• CHOs identify an eligible cohort from local systems, stakeholders, Support Groups, Primary Care teams and local Resource Centres.</li> <li>• Cohort will be manually registered and scheduled for vaccination</li> </ul>	<ul style="list-style-type: none"> <li>• Satisfies the social inclusion priority</li> </ul>	<ul style="list-style-type: none"> <li>• Labour intensive. Manual registration and scheduling required.</li> <li>• Scheduling will need to be done by phone as contact by text is unreliable</li> <li>• Likely to be low numbers</li> <li>• Difficult to quantify by CHOs</li> </ul>
<b>2 – Identify a clear catchment area</b>	<ul style="list-style-type: none"> <li>• Agree an arbitrary line (longitude/latitude or a list of townlands/villages) that can be applied to CoVax</li> <li>• Registration via CoVax completed manually by Admin staff</li> </ul>	<ul style="list-style-type: none"> <li>• Includes those who decline CVC appointment waiting for Satellites to open.</li> </ul>	<ul style="list-style-type: none"> <li>• Identifying the catchment area and adapting the scheduling system accordingly</li> <li>• How to address to who have had 1<sup>st</sup> dose in the CVC already.</li> </ul>
<b>3. Walk-in Vaccination Clinic</b>	<ul style="list-style-type: none"> <li>• Limit to pre-determined age-groups per session</li> <li>• Manage expectations</li> </ul>	<ul style="list-style-type: none"> <li>• if age groups are managed, this could result in good attendance</li> </ul>	<ul style="list-style-type: none"> <li>• Managing expectations</li> <li>• Vaccine supply</li> <li>• Managing flow</li> </ul>
<b>4 – Blended option</b>	<ul style="list-style-type: none"> <li>• Hybrid of these options</li> </ul>	<ul style="list-style-type: none"> <li>• Will achieve higher number of vaccinations</li> </ul>	<ul style="list-style-type: none"> <li>• Developing an effective scheduling system.</li> </ul>

Ultimately, the hybrid option was preferred by the Steering Group and implemented, but there was a significant amount of manual effort needed to go through lists and identify potential people for re-allocation to the new satellites.

The first satellite opened in Carndonagh, Donegal, on 30 June 2021 – this was also the first in the country – followed by Clifden, Galway, one week later.



### Saolta Group Media Release Extract - 28 June 2021

*On Wednesday (30 June) the first vaccines will be administered in the vaccination centre based in Carndonagh Community School by staff from Saolta University Health Care Group and Community Healthcare Organisation Area 1, as part of a phased opening of the centre.*

*The Saolta Executive Lead for the rollout of the vaccination programme in the West and North West said, “We are delighted to be in a position to open a satellite vaccination centre on the Inishowen Peninsula to support the delivery of the vaccination programme and to supplement the vaccination work being carried out by our staff in the LYIT vaccination centre, by GPs and now also by pharmacies. “The Carndonagh vaccination centre will administer vaccines in line with the national COVID-19 Vaccine Allocation Strategy which sets out a priority list of groups for vaccination. We expect that from next week the centre will operate for one or two days per week, depending on the number of people who have self-registered for a vaccine online and depending on vaccine supply.*

*“The centre will be managed by staff from the LYIT vaccination centre who will travel to Carndonagh for the vaccine clinics. We look forward to vaccinating all those eligible to receive the vaccine as quickly as possible. Our priorities are safety and working to protect people as quickly as we can, subject to vaccine supply.”*

Helplines run and managed by the governing CVC were quickly set up to enable people to call in and request their first or second vaccine in the satellites which help increase the opportunity for flexible locations in the region. The satellites were warmly greeted by the community and the first two were opened for 1-2 days per week for several weeks. Further satellites followed, with Belmullet, Mayo, opening on 31 August 2021 and Burtonport, Donegal, on 9 September 2021.

There was a huge demand for information on how the programme would roll out and although there was high level information available – *the COVID-19 Vaccination Strategy and Implementation Plan* – the information did not relate to the user experience or the local experience. The Saolta Communications Team quickly highlighted the need to bridge that gap and, in doing so, build trust and engagement with the local communities. A comprehensive education and awareness programme localised for each county within Saolta’s region about the vaccination process and what to expect when attending the actual COVID-19 vaccination centres in the region was rolled out. The goals were to reassure, explain and inform using simple language and local context. To achieve this, the comms team developed bespoke video content for each vaccination centre in our region. The videos showed the journey from the people’s perspective; from arriving in the car park, through the registration and vaccination processes. The videos were scripted and produced entirely in-house using staff working in each centre, with a local voice-over to resonate with people, along with sub-titles to aid accessibility. The team also produced Irish language videos for the centres based in the Gaeltacht areas in Galway, Mayo and Donegal. The videos were supplemented with local information guides that were published using plain language in English and in Irish.

The videos captured the people’s journey and the interactions with the different staff along the way - security/car park staff, reception staff, vaccinators and staff working in the observation area. Using video with voice-over and subtitles incorporates visual, spoken and written elements which made the information accessible for people that didn’t speak English or Irish as a first language, who had difficulty reading, were deaf or had vision impairment and needed reassurance about such a new experience.

There were over 34,070 video views and 19,483 webpage views on Saolta channels alone during the programme.

## 7.2 7-DAY RUNNING, SCHEDULING AND EIRCODES

The announcement at the end of March 2021 on the update to the COVID-19 Vaccine Allocation Strategy<sup>14</sup> with priority groups meant the following changes:

- 1. People aged 65 years and older who are residents of long-term care facilities (likely to include all staff and residents on site)
- 2. Frontline healthcare workers
- 3. People aged 70 and older
- 4. People aged 16-69 with a medical condition that puts them at very high risk of severe disease and death
- 5. People aged 65-69 whose underlying condition puts them at a high risk of severe disease and death
- 6. Other people aged 65-69, Key workers essential to the vaccine programme
- 7. People aged 16-64 who have an underlying condition that puts them at high risk of severe disease and death
- 8. Residents of long-term care facilities aged 16-64
- 9. People aged 64 years and younger in the following order:
  - 64-55 years
  - 54-45 years
  - 44-35 years
  - 34-25 years
  - 24-16 years

On 1 April 2021, the Saolta Vaccination Programme Clinical Lead wrote to the group's Chief Clinical Director, requesting that consultants across all professions in the hospital group start to identify individuals that were eligible for inclusion as cohort 7. This group which included those aged 16-64 with an underlying health condition which put them at high-risk of severe disease and death. On 7 April, the national programme issued version 1.0 of the Operational Guidance document to support the ongoing vaccination of people who were inpatients aged 70 years and older in acute hospital settings. A process was established by the Central Programme Team, supported by Hospital Managers and DONs, to provide daily data collection returns. This gave the go ahead to vaccinate from a reserve list of those in Cohort 7 *"people aged 16-64 who have an underlying condition that puts them at high risk of severe disease and death"* where there were no further 4a and 4b patients to vaccinate and there was available vaccines.

On 8 April 2021, the CEO of the HSE announced that Ireland had reached the milestone of one million COVID-19 vaccines administered to all eligible groups through all channels<sup>15</sup>. At this time, the Saolta governed programme had administered over 55,000 vaccines. There had been significant activity in administering vaccines by GPs, but pharmacies had not yet joined the delivery of the programme.

On the weekly national CVC Leads call that day, Centralised Vaccination Clinic (CVC) Launch document was discussed. This stated that all CVCs were to start to open 7-days per week, to ensure there was always a clinic the next day to use up any excess vaccine that had been supplied. Pfizer-BioNTech was going to be the most widely available vaccine but some Moderna would start to be introduced into the system, although each CVC was intended to run only one vaccine type to reduce the potential risk of mix-up. Saolta was chosen to receive the Moderna vaccine for April and May 2021, as the population cover of circa. 15% approximated that of the Moderna supply into the country. Deliveries of vaccines would be twice-weekly, increasing from once a week, and the allocation would be made to each CVC individually – removing the need for the Saolta Central Programme Team to divide up the region's supply each week. The aim of the national approach was to ensure planning two weeks in advance for vaccine supply, looking at real-time demand and supply data from Covax. It was confirmed that the public portal would open for those aged in their 60s in the coming weeks and the national scheduling system (the Lightning Scheduler) was becoming more advanced with the introduction of a choice of two clinic templates linked to Covax – the Model A or Model B configurations:

Clinic Type	Operating Hours	Suggested opening hours	Capacity
<b>A</b>	12 hours per day	8am to 8pm First appointment 8.15am, last registration 7.15pm	9.5 hours/day 95 appts/day/booth
<b>B</b>	8 hours per day	11am to 7pm First appointment 11.15am, last registration 6.15pm	6 hours/day 60 appts/day/booth

<sup>14</sup> <https://www.gov.ie/en/press-release/93f8f-minister-donnolly-announces-update-to-irelands-vaccination-prioritisation-list/>

<sup>15</sup> <https://twitter.com/paulreiddublin/status/1380063004004380672>

The system caused a number of issues however, with configuration only permissible in 5 or 10 minute slots, so some manual calculation was required to plan the templates. For example, a clinic that had to deliver 700 appointments would have 10 booths within the scheduling tool ‘opened’. The vaccination centre would then need to go on to determine the balance of ‘actual’ booths open and the pace at which the teams were vaccinating people. In this example:

- If 5 min appointment slots are feasible, then open 10 actual booths
- If 10 min appointment slots are feasible, then open 20 actual booths
- If 2.5 min appointment slots are feasible, then open 5 actual booths

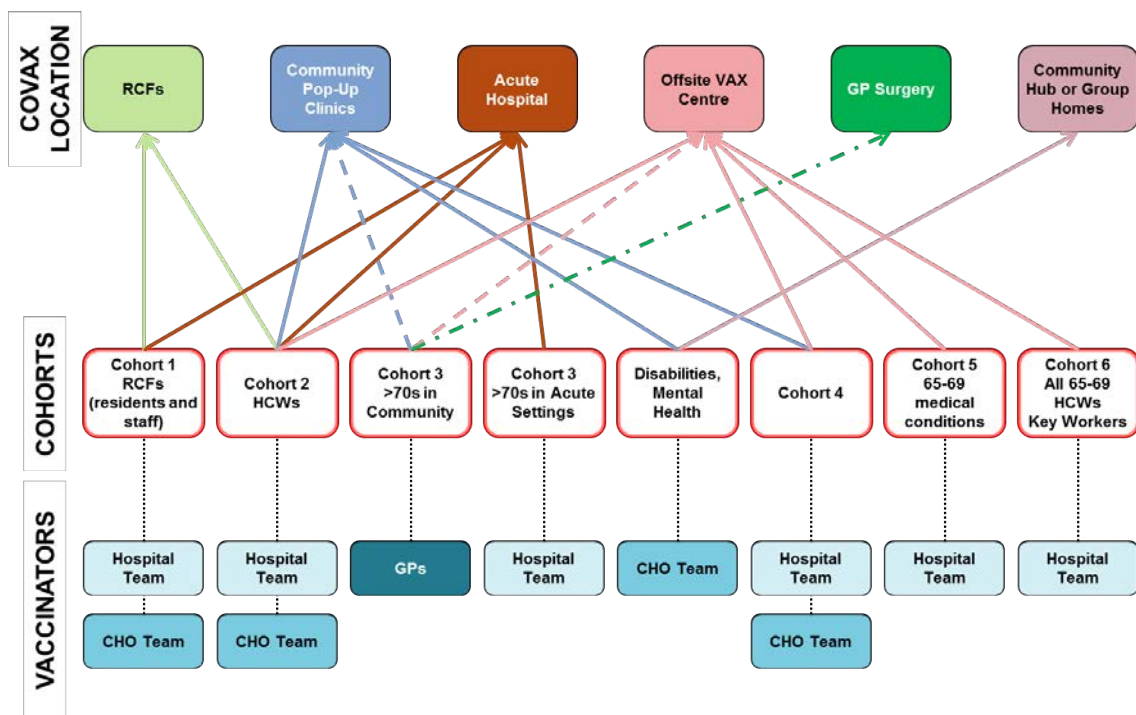
The scheduling took a significant amount of administrative resource and, in the early days, had an element of trial and error to it. The system had the benefit of providing SMS confirmation messages to people linked to attendance in Covax, so rates of DNA or CNA (‘could not attend’) could be monitored and processes amended accordingly (for example, for some groups people were only permitted to DNA three times and they would then be placed into a ‘hold’ part of Covax, meaning they would no longer be automatically scheduled).

At this point in the programme, each CVC was still reporting numbers on a daily basis using an Excel spreadsheet template, which was manually collated each day by the Administrative Lead.

There were positive developments outside of the programme on 12 April 2021, with the phased easing of Level 5 restrictions. This began with the 5km travel limit lifted, the resumption of all residential construction work, two households being permitted to meet up outdoors and the full reopening of all schools<sup>16</sup>.

On 12 April 2021, NIAC recommended that only people over 60 years of age should get the AstraZeneca COVID-19 vaccine and that a second dose of the vaccine should not be given to anyone who developed unusual blood clots with low platelets after the first dose<sup>17</sup>.

The activity was getting more complex by the day and this was illustrated through the summary of different channels and eligible groups in April 2021:



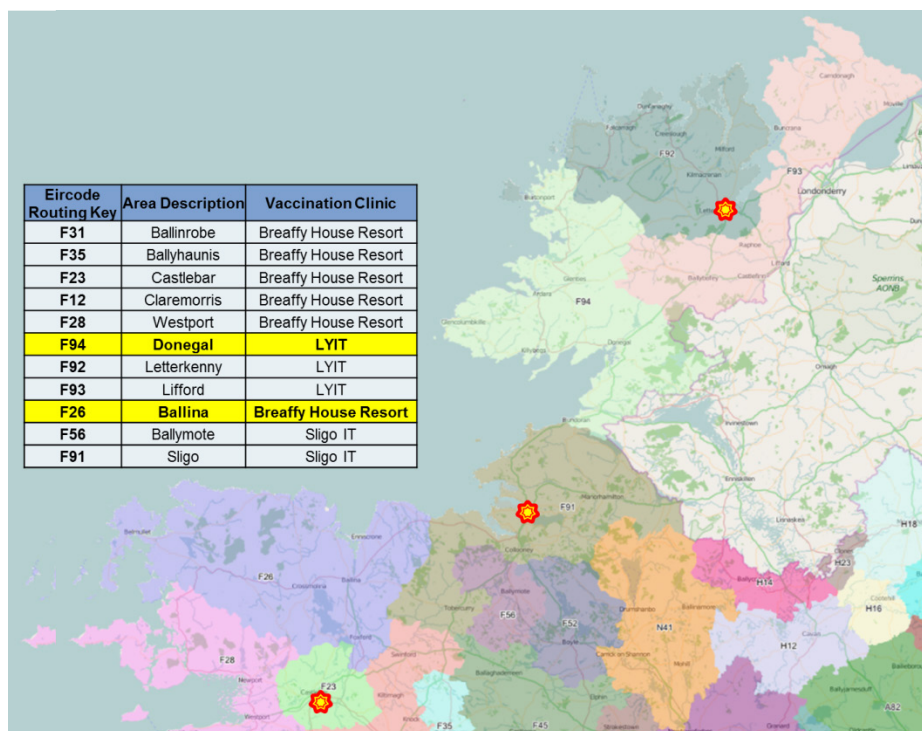
Further progress and good news followed. On 20 April 2021, it was reported that 136,000 people nationally had registered for a COVID-19 vaccination after the online portal for 65-69-year-olds had opened on 15 April<sup>18</sup>. In the first 24 hours of its opening, Saolta had almost 4500 people registered to get a vaccine at its CVCs. This was the first use of the public registration portal and it assigned people to their nearest CVC based on their Eircode. By the 25 April over 22,000 people had registered in the Saolta region.

<sup>16</sup> <https://www.rte.ie/news/coronavirus/2021/0412/1209207-covid-19-ireland/>

<sup>17</sup> <https://www.gov.ie/en/press-release/47463-statement-from-acting-chief-medical-officer-dr-ronan-glynn-monday-12-april-2021/>

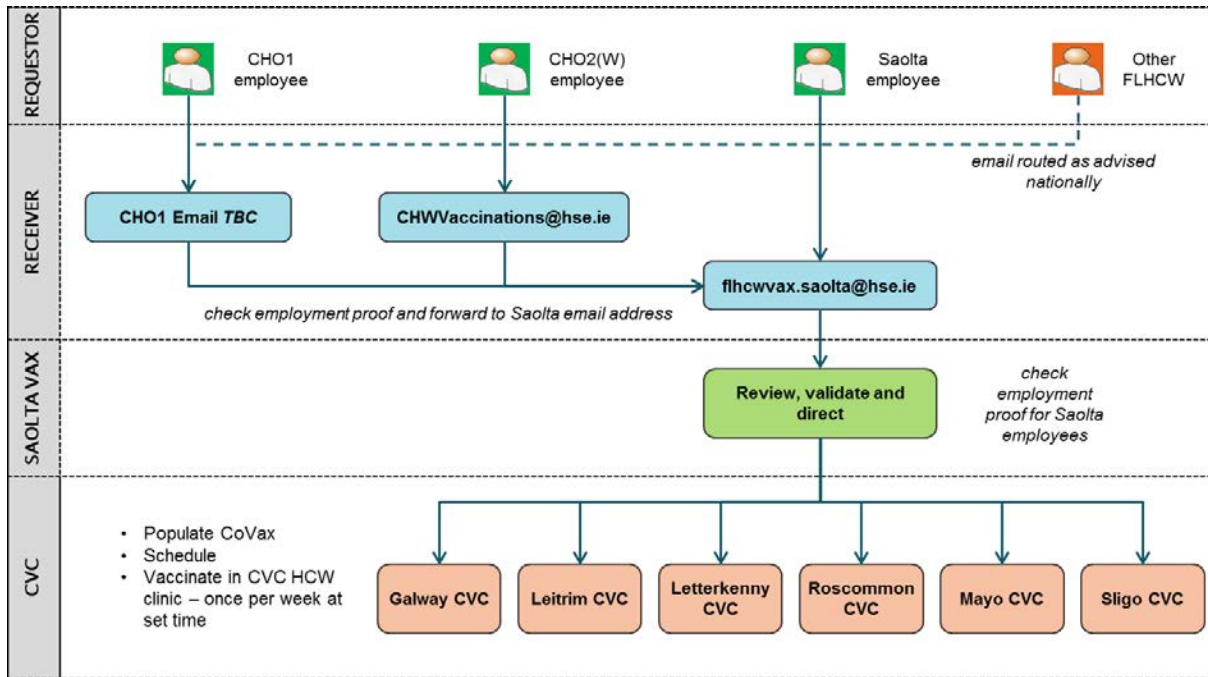
<sup>18</sup> <https://www.gov.ie/en/press-release/deda8-post-cabinet-statement-plan-update/>

Assignment of people to CVCs by their Eircode was largely successful on a national basis, but its limitations were to be felt in some parts of the region. Eircodes are composed of two parts; the first 3-character part, called the 'routing key', is a specific geographic region based on An Post's own historical working structure. The second part, composed of 4-characters, is random and non-sequential to the geography of a property. The routing key was used by Covax to assign people to their 'nearest' CVC – however, the routing key boundaries are not coterminous with county boundaries, which meant in some cases the assigned CVC was further away than the geographically closest one. Examples of these included:



This would be a relatively insignificant issue in a densely populated area with multiple geographically smaller routing key areas (such as a city), but in the rural west and north-west where the routing key areas are large, it meant that some people were not assigned to the geographically nearest CVC. For example, people residing in some parts of area F94 would be much closer to Sligo CVC than Letterkenny. This came to light through feedback from public representatives and direct concerns raised by people when attending CVCs for their vaccines. There was no technological solution to address this in Covax, so the Central Programme Team decided to implement a manual workaround for the most affected areas. This consisted of extracting registration lists for all people in an affected routing key area, and then two people painstakingly going through the list line by line to mark records as requiring re-assignment due to their home address location. The marked up list was then sent to the national team to be re-assigned to the geographically-nearest CVC in Covax, so appointments could be sent out. During May 2021 there was an expectation that the national ICT team would introduce a new module to Covax, the Opta Scheduler which would have the functionality to assign individuals to the nearest CVC geographically. However, this functionality was never enabled during Saolta's involvement in the programme, so the manual task of scouring lists for people to move remained in place for many weeks until walk-in clinics and self-booking became the norm later in the year.

As the HCW portal had closed prior to the opening of the public portal, a new process was instigated with the introduction of a dedicated email address for all new or outstanding HCWs in the region to send in their details to be registered on Covax. This email address generated significant traffic, with hundreds of queries being received in a short space of time. Many of these were relevant but a significant proportion was just asking when their appointment would be; however, these still took time to work through and this was another task that the Administrative Lead took on. It was agreed that CHOs would provide a coordination point for HCWs falling under their remit, as a number of data items needed to be checked for completeness before sending to CVCs for registration:



On 23 April 2021, the Central Programme Team contacted the national team having been alerted by OSMs that the region had exhausted the list of 65-69 age groups on the portal. This was the first example of the regional programme working through the registered groups quickly, efficiently and safely, and requesting to move ahead. However, this request was not permissible as it was important that the whole country moved ahead at the same pace.

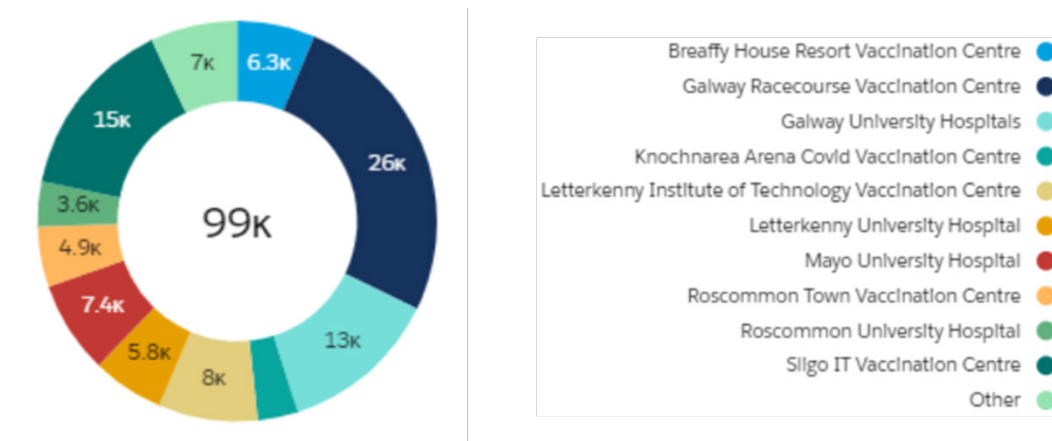
On 27 April 2021, new recommendations by NIAC were approved by the Government with the Johnson & Johnson (Janssen) and AstraZeneca COVID-19 vaccines recommended for people aged 50 and older, pregnant women offered an mRNA vaccine between 14 and 36 weeks gestation, and people aged under 50 years who had a COVID-19 infection receiving just one vaccine dose and be considered fully-vaccinated<sup>19</sup>.

Also on 27 April 2021, the first weekly OSM meeting (CVC Leads) was held with the Central Programme Team. This would continue until the handover to CHOs in April/May 2022. As the complexity and frequency of the information coming from the national team was increasing, it was decided to establish OSM WhatsApp groups on 1 May 2021. These were initially open to the Central Programme Team, OSMs and their deputies, but were later expanded to include Clinical Leads and Data Quality Leads at each CVC. A separate Clinical Leads Group was also established. The scope of use was a quick and easy way to get important broadcast messages around, including ‘Check your email’ alerts (for example, regarding vaccine delivery information or urgent national memos) and major emergency alerts. The CVC users were also encouraged to foster the single-regional-team approach by using the WhatsApp group as a channel for requests such as ‘...has anyone else any information on X...’ These could be related to a specific piece of guidance, or an operational issue being faced.

The number of vaccinations had started to increase considerably and the public portal opened up for further age groups. On 4 May 2021 it opened to people aged between 50 and 59 on a phased basis, starting with people aged 59<sup>20</sup>. This was very timely for the programme, with good progress made in CVCs across the group in vaccinating people aged 60 and above. The reporting on Covax kept on improving and the daily manual collation process was able to end. The reporting module within Covax allowed users to configure reports to show a variety of cross-tabulated information, which could then be displayed graphically or the data exported for further manipulation in third-party applications.

<sup>19</sup> <https://www.rte.ie/news/coronavirus/2021/0427/1212262-covid-ireland/>

<sup>20</sup> <https://www.independent.ie/irish-news/covid-19-vaccine-registration-now-open-forpeople-in-their-50s-40385371.html>



Note – the data above excludes the majority of the circa. 6,500 HCWs vaccinated in In RCF settings (under Saolta governance)

The following week, the impact of the success of the vaccination programme was seen in public life, with further easing of Level 5 restrictions. All hairdressers, barbers, beauticians, galleries, museums, libraries and other cultural attractions reopened<sup>21</sup>. The resumption of non-essential retail was permitted on a phased basis (with all opening from 17 May 2021), inter-county travel and in-person religious services resumed, and three households (or six people) from individual households were permitted to meet outdoors.

The national team informed the regional programme that all CVCs were expected to open for 7-days per week from the first weekend in May 2021, which was marked by a 40% increase in vaccine deliveries. 7-day opening was to facilitate appointment-only people at this stage. The numbers registering on the system for eligible cohorts was not as high as expected and over the weekend a national team identified that several tens of thousands of people had not been automatically assigned to a CVC. The team worked on assigning 27,000 over the weekend with more to follow. Ensuring people were assigned was essential in order to keep the pipeline of activity open, to maximise resources and the use of the centres. There were also issues noted with a small number of people reporting that they did not receive SMS messages about appointments. This meant that some people needed to be re-booked and included in the next batch of messages to be sent out. This would lead, in some cases, to small delays in administering vaccinations. On the national CVC Leads call on 11 May 2021, it was noted that a small number of 'long-waiters' in the 60-69 age group had been identified with no obvious reason why the system was not picking them up in appointment scheduling runs. This would continue to be monitored during the programme, through reporting dashboards developed by the national team, with local teams adjusting parameters where they could and working with their data quality leads to capture these individuals.

As the work complexity and quantity increased so much in a short space of time, the Central Programme Team decided to implement a regional on-call rota to provide cover at weekends for any issues or queries arising from the CVCs. All programme team members participated in this and details of whom to contact were shared with CVCs each Friday.

On 14 May 2021, the HSE's systems were hit by a major cyber-attack. The Covax system was unaffected but HSE email and access to other HSE systems was immediately closed down.

The programme team met up in the Galway CVC first thing that morning to discuss what to do and used the WhatsApp groups to convene an urgent call with all CVCs. On this call each CVC set out their local contingency plans in case of further attacks. All CVCs confirmed they had manual processes ready to go if needed, with paper copies of vaccination records printed and ready. The programme team agreed that if Covax went down they would be assigned to different CVCs to help coordinate work, share lessons across sites and handle local media queries. The national team also hastily convened a call to reassure CVC Leads that the vaccination programme systems were unaffected, but to stress the need to remain vigilant. Each CVC was closely monitored over the weekend by the team and there were no ICT issues, it was business as usual. At

<sup>21</sup> <https://www.rte.ie/news/coronavirus/2021/0510/1217933-businesses-reopening/>

the request of the nation team, a third-party email account was set up for the Saolta programme to enable urgent email communications to be distributed and each CVC subsequently went on to do the same across the country, along with key national contacts including the NIO. It would be 3-4 weeks before HSE email was up and running again properly for most programme team members.

The majority of the recruitment data was held in the files on HSE systems and a lot of this data was required in order to proceed with appointments, for example, an agency new-starter's commencement dates, training and overall figures for National Reports across all CVCs. Fortunately for the programme, the clerical support to the programme DON had printouts for the weekly plans for vaccinators, which allowed the follow up with agencies to continue. This paper trail saved the day with workforce information, as it allowed the programme to continue with its ongoing recruitment of vaccinators.

*"I was working in Galway for two days with the rest of the team and I remember the Friday morning vividly. I woke up early to start work as there was so much going on. I turned on my HSE laptop, but could not connect to my MiFi or phone to synchronise my email. I turned the devices off and on again, tried again, to no avail. I used my own phone to check RTE News online and saw that the HSE had been the victim of a cyber-attack. Soon after we started to get text messages telling us that systems were down and we should not turn on any HSE laptops. Following some urgent phone calls to all of our OSMs, we quickly established that Covax appeared unaffected, as it was run outside of the HSE network utilising open Wi-Fi capacity at the various CVC locations on generic laptops and tablets. The programme team met up in the Galway CVC first thing to discuss what to do. It was almost eerie being severed from official HSE comms channels – we sat there agreeing who to contact locally and nationally to ensure we had contingency plans in place. It was such a relief that Covax operated outside of the HSE network, as we had no idea that access would be affected for weeks. The lack of email contact over the weekend was welcomed of course (!), but there was a sense of isolation in the work".*

Central Programme Team member

Alongside the programme learning to cope without access to HSE systems, there was further easing of Level 5 restrictions on 17 May 2021, with the reopening of all non-essential retail for the first time in over four months<sup>22</sup>. Two days later, the COVID-19 vaccine registration portal opened to people aged between 45 and 49 on a phased basis, starting with people aged 49<sup>23</sup>. The NIAC confirmed that people in their 40s would be given a choice to accept the Janssen or AstraZeneca COVID-19 vaccine or opt to wait for another vaccine. The introduction of the Janssen vaccine took the active types of vaccines in use at CVCs to four.

VACCINE	APPROVAL	DEPLOYMENT
PFIZER	12/12/2020	29/12/2020
MODERNA	06/01/2021	16/01/2021
ASTRAZENECA	29/01/2021	08/02/2021
JANSEN	11/03/2021	06/05/2021

Further changes were seen in CVCs during June 2021, with the introduction of 'kiosk mode' in Covax. This enabled generic tablets to be used by vaccinators, streamlining the interface and fields to be completed helping to speed up the vaccination rate.

The management of supply of vaccine was largely manual at this point, ahead of the medicines management system *TrackVax* being implemented. The Central Programme Team called the OSMs together on 10 June 2021 to discuss the balancing act of scheduling and stock management, asking all CVCs to work within the following principles:

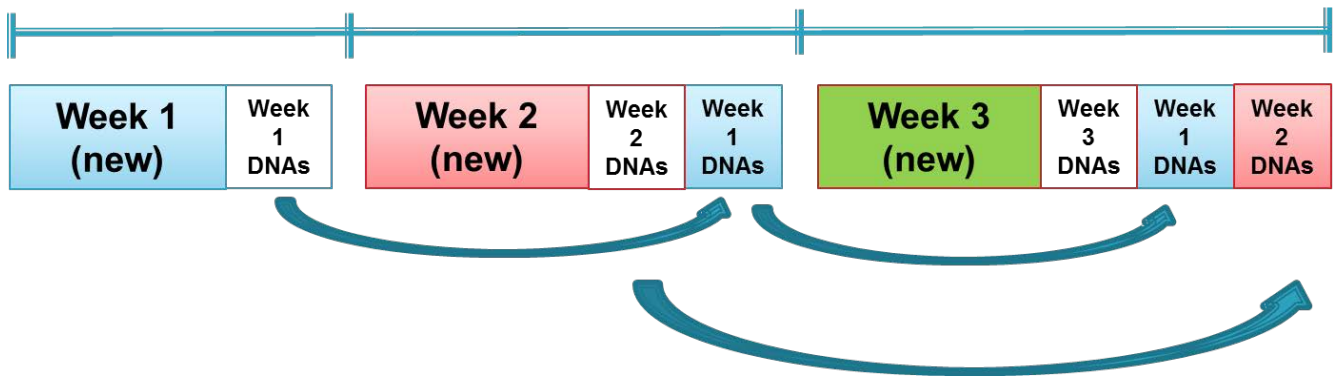
- Every dose received has someone's name on it now
- Keep scheduling to pull in DNAs – 3 chances to DNA
- National Planning Sheet directs expected numbers for new D1 and planned-in-period D2 only

<sup>22</sup> <https://www.gov.ie/en/press-release/ab2a6-briefing-on-the-governments-response-to-covid-19-friday-14-may-2021/>

<sup>23</sup> <https://www.rte.ie/news/coronavirus/2021/0519/1222479-coronavirus-ireland/>

- Highlight levels of genuine 'spare' vaccine weekly
- Be aware of vaccine expiry dates / manage locally
- Maintain clear protocols for Standby Appointment lists
- Use the Covax Dashboard and question what you are looking at if it doesn't look right
- Take time to read supply plans carefully and engage with your scheduler(s)

The following diagram was used to illustrate that if a person 'missed' an appointment, they still needed a vaccine, so that had to be factored into the management of supply levels over the subsequent 2-3 week cycle:



While the complexity around the vaccine types, age groups and doses increased, with the General Manager and DON now in place, the Central Programme Team decided to provide greater direction to CVCs in the region. This would help to ensure consistency of service, better management of resources and foster a true regional model (whereby shortages of vaccine or resource in one area could be backfilled by another). As an example, on 17 June 2021 OSMs were asked to consider the following as directions across the group:

- Roster 2-weeks ahead as far as possible
- CVCs must open 7-days-a-week – except Carrick-on-Shannon (considered a 'satellite' of Sligo CVC).
- Schedule as far ahead as practical to help with workforce planning – avoid scheduling 'today for tomorrow' at all costs.
- Flag as early as possible if it looks like activity may run out (e.g. lack of Dose 1 on portal) – staff may be redeployed elsewhere in the group if needed.
- Consideration should be given to opening for longer hours rather than just opening more booths in a shorter day. This would give people greater opportunity to attend appointments.
- Use the scheduling dashboard on Covax to plan ahead. This should have been part of the daily management and planning cycle.
- Make sure all workforce roles are considered when planning ahead, not just the vaccination staff (for example, include admin, security, cleaning staff, etc).
- Use any downtime for admin to look at data quality issues – this is everyone's responsibility, not just the Data Quality Lead at each CVC.
- Use e-Rostering for vaccinator roles – the group had recently implemented e-rostering across some CVCs in line with the national plan and as a proof-of-concept for Saolta nursing staff in acute settings.



As part of the twice-weekly OSM calls across the group, each CVC was tasked with maintaining and sharing a record of their weekly plans – the numbers of appointments booked in versus the national expected target number, plus a workforce plan. The OSM meetings then provided a good challenge session and the ability to share lessons learned, spot trends across the group, and discuss key issues / risks:

CURRENT WEEK	MON	TUES	WEDS	THURS	FRI	SAT	SUN
	28/06	29/06	30/06	01/07	02/07	03/07	04/07
No. Guided (National) Appointments	458	458	458	458	458	458	458
No. Actual Appointments Booked	448	512	512	508	487	490	490
Opening Hours	08.30-17.00	08.30-17.00	08.30-17.00	08.30-17.00	08.30-17.00	08.30-17.00	8.30-17.00
No. Booths to Open	7	7	7	7	7	7	7
No. Vaccinators on Rota	10	10	10	10	10	10	10
No. Ops Admin on Rota	3	3	3	3	3	3	3
Actual No. Vaccinations Given							

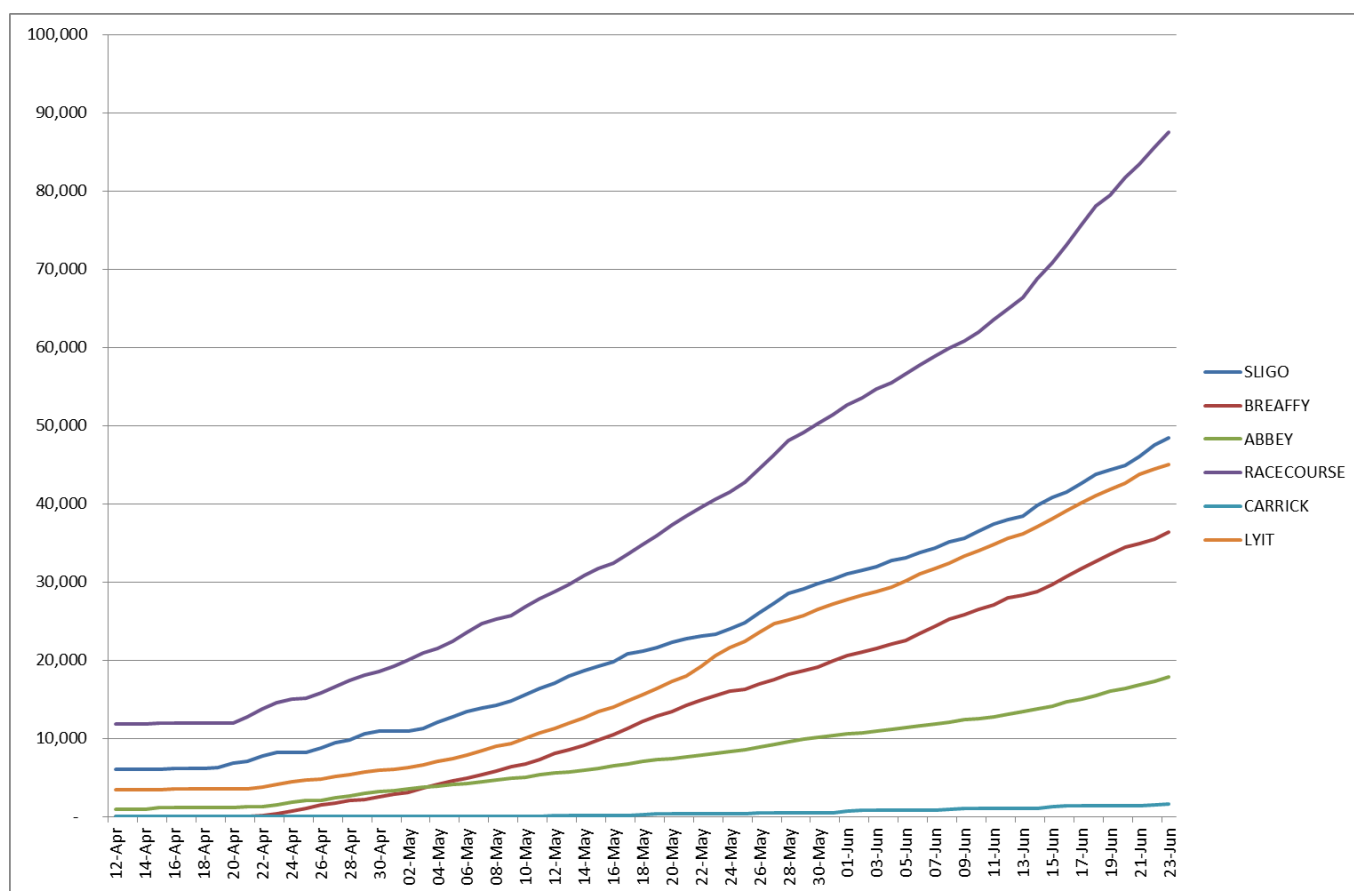
The pace of the programme continued to pick up, with the COVID-19 vaccine registration portal opened to people aged between 40 and 44 on a phased basis, starting with people aged 44 on 2 June 2021, followed quickly by people aged 35 and 39 on 25 June. On 3 June the NIAC advised that the gap between two doses of the AstraZeneca vaccine could be reduced from 12 weeks to 8 weeks. This coincided with, a few days later, the continuing gradual easing of COVID-19 restrictions, with the reopening of all bars, restaurants and cafés for outdoor service, gyms, swimming pools, leisure centres, cinemas and theatres, the partial resumption of driver theory test services, and the allowance of an unvaccinated household to visit another unvaccinated household indoors.

*“The mobilisation of “all” from the different service cohorts involved in setting up and running the CVC’s is a testament to the altruistic nature of humanity and I am proud to have contributed to this team effort-thank you.”*

CVC Clinical Lead



The numbers of people vaccinated in the region's CVCs showed significant upturn in May and into June 2021 (cumulative numbers, all doses):



The stunning June weather was the backdrop to concerns increasing around the COVID-19 Delta variant. On 15 June 2021, the Government agreed to increase the self-isolation period for travellers arriving in Ireland from Britain from 5 to 10 days for those who were not fully vaccinated<sup>24</sup>. This was followed on 29 June 2021 by an announcement that the planned reopening of indoor dining and drinking in restaurants and pubs on 5 July would be delayed until at least 19 July 2021<sup>25</sup>, when a system to verify vaccination or immunity would be implemented, while 50 guests would be permitted to attend wedding celebrations as an exception from July. On the first day of July 2021, within 24 hours of the Carndonagh Satellite CVC opening in Donegal, the Chief Medical Officer announced that a fourth wave of COVID-19 was beginning in Ireland following an increase in cases caused by the Delta variant<sup>26</sup>. This increased the need to ensure as many people were getting vaccinated as capacity would allow and to encourage those not yet coming forward to do so. By the 28 July 2021, the Delta variant accounted for 90% of the cases of COVID-19 in the country<sup>27</sup>.

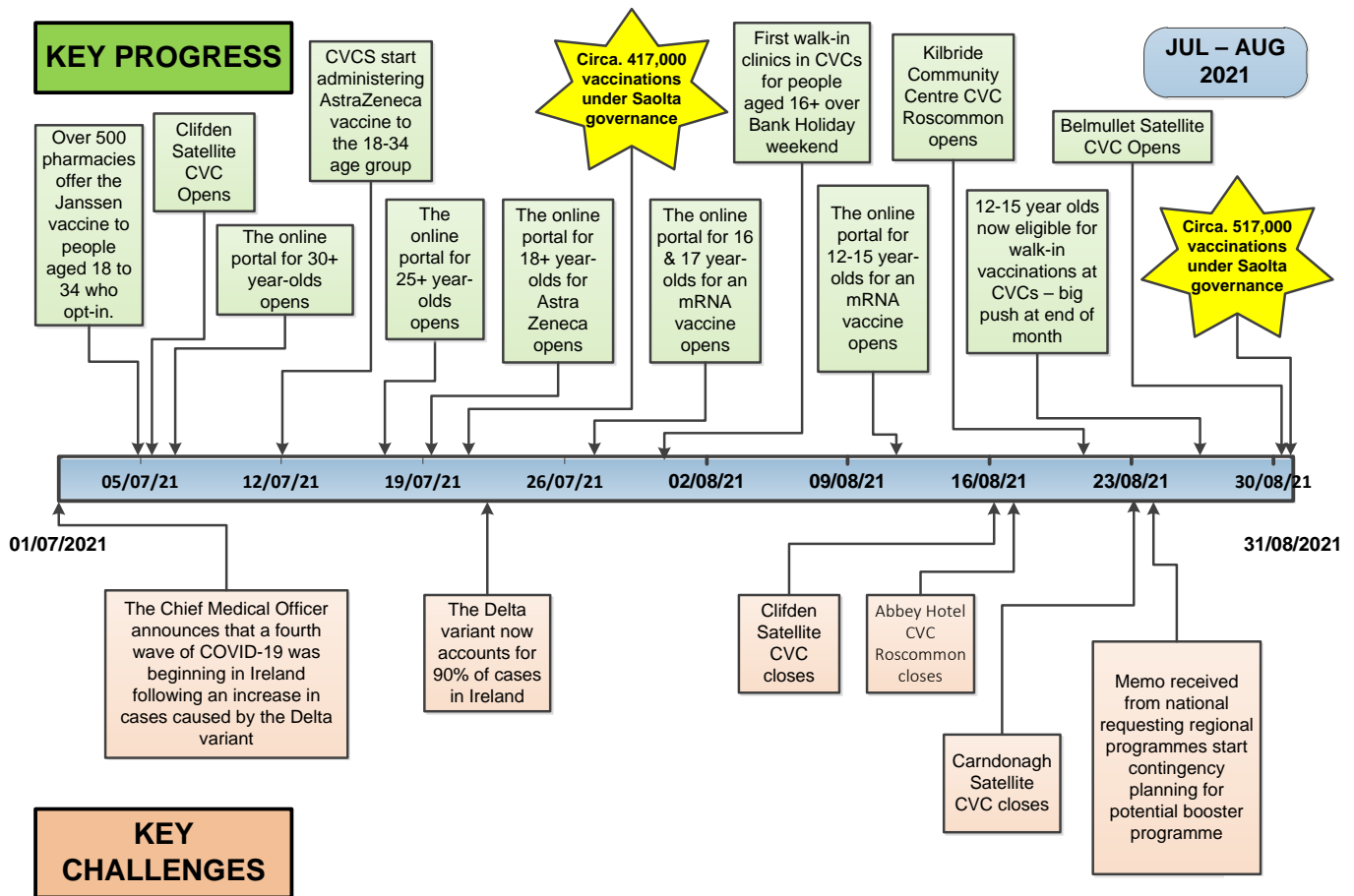
<sup>24</sup> <https://www.gov.ie/en/press-release/12f7d-minister-donnolly-confirms-day-10-pcr-advice-for-arrivals-from-great-britain/>

<sup>25</sup> <https://www.irishtimes.com/news/health/reopening-ireland-indoor-dining-postponed-as-plans-for-proving-vaccination-drawn-up-1.4606597>

<sup>26</sup> <https://www.irishtimes.com/news/health/fourth-wave-of-pandemic-beginning-in-ireland-holohan-1.4609212>

<sup>27</sup> <https://www.gov.ie/en/press-release/90820-statement-from-the-national-public-health-emergency-team-wednesday-28-july/>

DNA rates continued to be quite high across the country, in part contributed to by the lack of real-time integration between some GP systems and the Covax application, leading to some people who had received a vaccine at their GP practice not necessarily showing as vaccinated in the system. This meant they continued to be scheduled for appointments in the relevant CVC, based on their Eircode, but would not turn up for appointments. During the programme, this along with the early days of HCW batch upload data, probably contributed to the two largest data quality issues faced by the programme. A number of GPs across the country began to opt out of the programme, resulting in outstanding dose 2 vaccinations to be administered in CVCs. A process was launched by the national team on 1 July 2021 to enable referrals for these people.

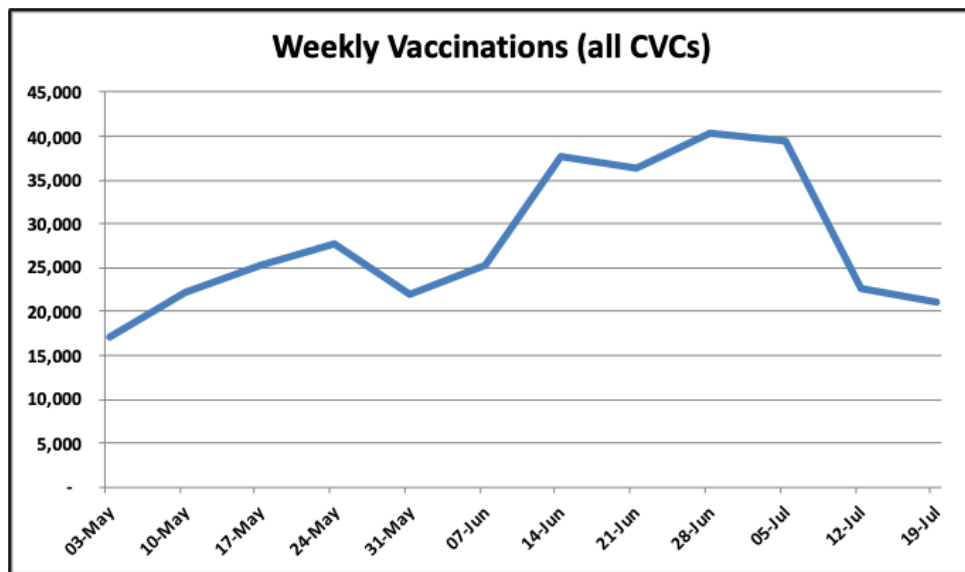


To maximise the use of vaccine supply to the country, during late June 2021, the NIAC were considering the use of AstraZeneca and Janssen for people under 50 and also the option to mix vaccine types (as was being seen in the UK). For the potential to use the single-jab Janssen vaccine for younger people, there were key issues to be resolved around consent. On 5 July 2021, over 750 pharmacies around the country began administering Janssen COVID-19 vaccine to people aged 18 to 34 who had opted-in to receive it<sup>28</sup>. Two days later, the COVID-19 vaccine registration portal opened to people aged between 30 and 34 on a phased basis, starting with people aged 34<sup>29</sup> and Astra Zeneca was permitted to be administered to people aged 18-34 from 12 July 2021<sup>30</sup>. By the end of July, the COVID-19 vaccine registration portal was opened to people aged 16 and 17 for the Pfizer or Moderna vaccines. It was noted on the 21 July 2021 that nationally, 80% of the total eligible population were at least partially vaccinated and 66% were fully vaccinated. Saolta had administered circa 417,000 vaccinations to date, with circa 383,000 having been carried out in the CVCs:

<sup>28</sup> <https://www.gov.ie/en/press-release/eba88-covid-19-vaccine-rollout-at-pharmacies-expanded-to-include-younger-age-groups/>

<sup>29</sup> <https://www.thejournal.ie/vaccine-registration-open-today-for-people-aged-30-34-5487508-Jul2021/>

<sup>30</sup> <https://www.rte.ie/news/2021/0702/1232591-virus-covid-19/>



A significant development in the return to normality across Europe during May and June 2021 was the introduction of the EU Digital COVID-19 Certificate. The certificate provided proof (in digital or paper format) that a person had either:

- been vaccinated against COVID-19; or
- received a negative COVID-19 test result; or
- had recovered from COVID-19 in the last 6 months.

A Digital COVID-19 Certificate was required in most countries to enable travel across borders. In Ireland it was announced that it would also be used to facilitate admission to some pubs and restaurants, with the data from Covax shared nationally between government departments to enable certificates to be issued. There were some data quality issues faced prior to release of certificates. The CVC Leads were given a short window of circa. 2 weeks to complete gaps in HCW's personal data. Most of these gaps occurred because of the pace of the early part of the programme, when the minimum required information was input to Covax in order to get HCWs vaccinated as quickly as possible. Many HCWs did not have email addresses, or had thought HSE email addresses were a pre-requisite, leading to many sharing single email addresses. Names were incorrectly entered, phone numbers were missing and home addresses were missing. The national team pushed CVC leads to put in place plans to work to complete as many of the gaps as possible. The Central Programme Team spoke with Saolta hospital managers and DONs to help coordinate the effort, asking for admin support to complete gaps. Data Quality Leads at CVCs managed teams, working tirelessly to address gaps - going through paper records, reviewing Covax data and even phoning people to get the missing information. Crucially, identifying where the HCWs worked was not always straightforward, as the 'primary healthcare facility' field used in the early days of the programme in January 2021 onwards was frequently misinterpreted as the location where the vaccination was administered. National helplines were set up for concerned HCWs to call to check their details and thousands of records were checked. On the 12 July 2021, fully vaccinated people began receiving their EU Digital COVID-19 Certificates via email or post<sup>31</sup>, including huge numbers of HCWs. The CVCs across the region continued to go the extra mile to facilitate HCW colleagues contacting them to check data or make minor changes to ensure that certificates issued held the correct legal identifiers. This part of the programme was not very visible to many people, and certainly not to the general public, but it was critical in ensuring people received certificates so they could start to use them in their 'outside lives'.

*"I only played a supporting role in the rollout of the vaccination programme but it was most definitely the most rewarding project I have ever been involved with in 10+ years in the health service. It was uplifting to see what could be achieved when a project is properly resourced and the usual bureaucratic delays are not tolerated."*

Saolta Comms Team Member

<sup>31</sup> <https://www.gov.ie/en/publication/3a698-eu-digital-covid-certificate/>

Towards the end of the month, it became clear that the national programme was again favouring a move to Pfizer BioNTech as the primary vaccine being offered to younger age groups, on the basis that it would also make proposed walk-in clinics easier to manage, being reflective of the vaccine supply into the country through the national cold chain. This led to some of the CVCs having excess Moderna vaccine with a short expiry date. The first time this happened, the Central Programme Team were able to link into the national network of CVC Leads and seek to re-direct excess vaccine to other CVCs, including City West in Dublin. The lack of vaccine was no longer a barrier in the programme, although every effort continued to be made to use every dose prior to expiration.

It was agreed nationally to mark the August Bank Holiday in 2021 as the first time walk-in clinics for all eligible people would be held. This proved to be very successful and across the region the CVCs and satellites administered the following volumes:

	<b>SAT 31-Jul</b>	<b>SUN 01-Aug</b>	<b>MON 02-Aug</b>	<b>TOTAL</b>
<b>Carndonagh</b>	-	-	160	<b>160</b>
<b>LYIT</b>	358	186	-	<b>544</b>
<b>Sligo IT</b>	470	323	377	<b>1,170</b>
<b>Carrick-on-Shannon</b>	-	-	340	<b>340</b>
<b>Breaffy House</b>	348	254	272	<b>874</b>
<b>Abbey Hotel</b>	125	100	115	<b>340</b>
<b>Galway Racecourse</b>	-	-	718	<b>718</b>
<b>Clifden</b>	130	-	-	<b>130</b>
<b>TOTAL</b>	<b>1,431</b>	<b>863</b>	<b>1,982</b>	<b>4,276</b>

On a call with OSMs after the weekend the key benefits of a walk-in approach was discussed, as comments had been provided to the national team throughout the weekend by both centres and the on-call Central Programme Team member. The general consensus was very positive:

- Clinics 'captured' people never previously registered, confirming that there was an unmet demand;
- Some people came to clinics whilst on holiday from other parts of Ireland; and
- A significant number in older age groups 50+ came in, many new people and some who had specifically waited to get the Pfizer vaccine, some over 70s were included.

There were queues at some of the CVCs before the advertised opening time and the staff found this very satisfying. Many people had heard about the walk-in opportunity through word of mouth, which was encouraging, as a 'buzz' had been created through the national and regional communications.

Some minor negative points from the walk-ins included having to turn a small number of people away due to a lack of suitable ID. Some younger people also wanted the single dose Janssen vaccine, so they were redirected to pharmacies.

Another Saolta innovation was launched later that week – the first People Satisfaction Survey undertaken in the country. The survey was developed by the DON and OSM for Sligo CVC, supported by a researcher with the NMPDU who had been redeployed part-time to Galway CVC. The aim of the survey was to assess



the experiences of people who received a vaccine at CVCs under Saolta Hospital Group governance over a six week period during August and September 2021. Study participants had the option to complete a paper version of the survey, or to complete the survey online by using a QR code. The survey opened on 6 August 2021 and closed on the 15 September 2021. A total of 14,475 responses were received. The total number of vaccinations carried out throughout the Saolta Hospital Group during that period was 74,076. The overall response was 19.5% of attendees. At the time of the study, the programme was vaccinating people under 50 years of age. The age profile of the study participants reflected this age cohort, with 96% of the study participants under 48 years. Almost one quarter (24%) of the participants were aged between 16 and 17 years. Sixty two percent of the participants were  $\leq 24$  years. The vast majority of the participants (97%) were either extremely satisfied or very satisfied with the level of information they received regarding their vaccine, and 97% also reported that the vaccination centre had either been extremely responsive or very responsive about their concerns or questions about the vaccine. Some people provided positive feedback which was shared with staff at all CVCs, for example:

*'Everything was excellent, I was in and out quickly and the nurse was very good. She took her time and provided all the information'*

*'Great welcome by all staff with lots of information given and made to feel comfortable throughout.'*

*'Excellent services. Excellent information. I am very happy with what I have seen'.*

*'An extremely professional service the whole way through , plenty of information about the vaccine and its side effects, the staff make you feel like you're at home which makes getting the vaccine a much less stressful situation, the staff in the waiting area after the vaccines where prompt to offer me water etc.... great service'*

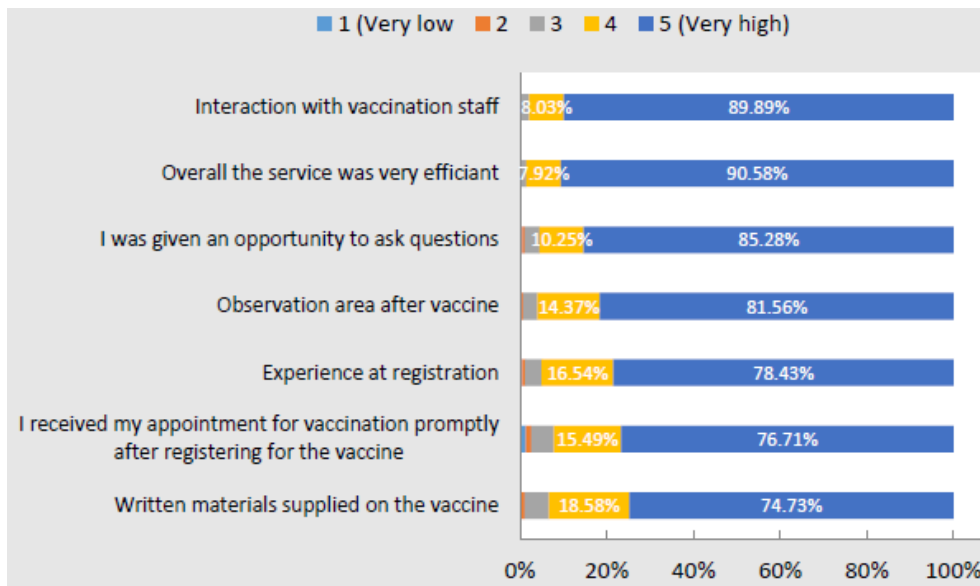
*'In with my 16 year old daughter today who is very afraid of needles, but the vaccinator was just amazing, her patience and kindness is so appreciated given the amount of work they have done to keep us all safe'.*

*'An absolutely fantastic service from start to finish. Staff were extremely professional, caring and knowledgeable. I have just received my 2nd vaccination and the whole process from registration to completion has been a seamless and positive experience. Thank you'*

Example responses to people satisfaction survey, Aug-Sep 2021



The efficiency of the service, interaction with vaccination staff, and the opportunity to ask questions received the highest ratings in the survey:



The online registration process and the written materials supplied at registration were rated less favourably. A number of comments by the participants highlight the issues identified:

*'Couldn't receive text message with verification code when registering online, even when I tried resending it.'*

*'I registered 2 children online and I received 2 appointments on 2 different days. It would have been beneficial if I could have linked the 2 children during the registration process and have a joint appointment for vaccination.'*

*'Vaccination Centre is great but helpline are all over the place'*

*'Online registration not easy, then tried phone line, impossible to get through, 6 different times'*

*'I received written materials for the 1st dose only'*

Example responses to people satisfaction survey, Aug-Sep 2021

The vast majority of the study participants (99%) felt that they were treated with respect and dignity during their time at the CVCs. Some of the comments from the participants are included below:

*'Excellent centre and my son was treated with respect and dignity'*

*'People are naturally a bit nervous, there was a sense of respect for that here. All staff were respectful and helpful'*

*'Nothing to improve. The nurse who worked with my daughter was so genuine and spoke to her with such respect, thank you.'*

*'The respect and professionalism of all staff exceeded my expectations - security, vaccinators, car park etc. Incredibly efficient, calm and no delays or misguiding.'*

Example responses to people satisfaction survey, Aug-Sep 2021

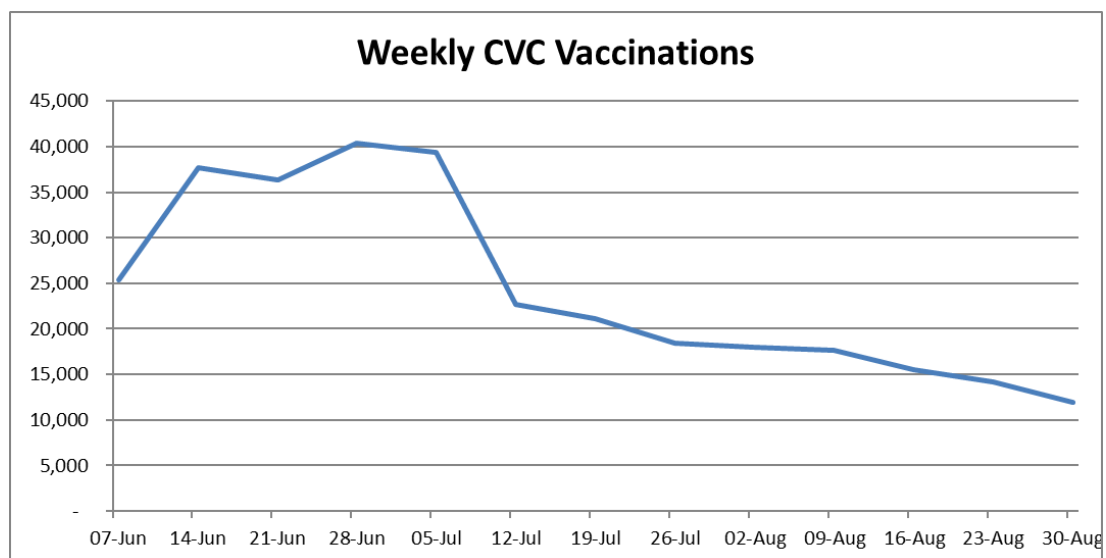
The survey was also shared with the national team and was re-run early in 2022 when the programme opened to children aged 5 to 11 years old.

On 11 August 2021, the COVID-19 vaccine registration portal opened to people aged 12 to 15 years old<sup>32</sup>. The introduction of children to the CVCs provided new challenges to many of the vaccinators and further in-house training was provided by paediatric colleagues from within Saolta on aspects around reassurance to the staff and on the safe clinical management of children.

*“Certain days stick out in your mind. The first day we vaccinated children, there was a nervousness among the staff but a commitment to make this a very positive day for the children and their families. Again this was a world that most staff never have to be involved with; parents with children with complex medical needs, children with chronic disease, cancer, severely autistic and rare diseases. The staff played a blinder the CVC rang out with laughter and good fun. A great day for everyone.”*

CVC Clinical Lead

As the month of August 2021 drew to a close, in a letter to the Government, the National Public Health Emergency Team recommended that there should be no widespread further easing of COVID-19 restrictions until 90% of over 16-year-olds were fully vaccinated<sup>33</sup>. The numbers coming into the CVCs had started to reduce significantly and staff were encouraged to take their annual leave allocation as the CVCs became quieter. The numbers at the end of August 2021 showed that Saolta had administered circa 517,000 vaccinations to date, with circa 481,600 having been carried out in the CVCs:



However, the downward trajectory was clear. A decision was agreed by the Steering Group to close the satellite centres in Carndonagh (on 23 August 2021) and Clifden (on 16 August 2021). Both had been based in schools which would shortly be re-opening for the new term and required the use of the space again. They had successfully fulfilled the original intention of providing additional access and choice for people and were particularly suited to the walk-in model.

<sup>32</sup> <https://www.gov.ie/en/press-release/6b845-minister-for-health-confirms-that-irelands-covid-19-vaccination-programme-will-open-to-12-15-year-olds/>

<sup>33</sup> <https://www.rte.ie/news/coronavirus/2021/0826/1243003-covid-figures-nphet/>



During August 2021, vaccination centres operating under the governance of Saolta hit the milestone of delivering 500,000 vaccines since the first CVC opened in the region.

On the 28 August 2021, a memo was received from the Chief Operations Officer requesting that regional teams start contingency planning for a potential COVID-19 booster vaccination programme later in the year. The Central Programme Team convened and agreed a set of planning principles for the remaining four months of the year, for the regional programme:

- *Phase 1 would complete at the end of September 2021.*
- *All CVCs remain open 7-days per week during the remainder of Phase 1, with full workforce, with focus on the completion of the primary vaccination course for all of the 12+ eligible populations.*
- *Some Phase 2 activity may start before end September, e.g. rollout of booster shots to run alongside flu jabs, starting with: those in residential care; frontline workers; 80 +; and, the immunocompromised.*
- *Phase 2 would start in October and possibly see rationalisation of CVCs, likely to be n=14 nationally (meaning circa. 2-3 in Saolta region).*
- *Saolta programme governance should be maintained throughout transition to Phase 2, with a review in December 2021, in line with national plan to maintain the existing lead organisation for each region (either the incumbent hospital group or CHO).*

### 7.3 WORKFORCE CHANGES

Around the same time, the programme had developed a robust Workforce Plan; recruitment had been very successful with over 60% of the required workforce recruited (circa. 450 individuals), with another 20% in progress.

The *Workforce Plan* had been developed in response to a request from the Chief Clinical Officer and the National Lead for the Vaccination Programme on 27 April 2021, to include planning for 'surge' workforce requirements to manage an expected increased national vaccine supply expected in Ireland during June and July 2021. The recruitment was to be accelerated and augmented with additional staff from:

- The national agency staff contracts
- Support from Defence Forces / non voluntary agencies
- Voluntary agencies
- Local Authorities
- Additional hours from CHOs/Acute hospitals

The key challenges were considered to be managing staff annual leave during summer and the potential opening up of society. An absence/ leave rate of 20% was built into the staffing levels to try and mitigate this.

The requirement for Admin / Clerical Staff had increased following the national team's time and motion study conducted in the City West CVC (in Dublin), with the registration staffing amended from 1 person per 5 booths, to 1 per 2 booths. The Defence Force personnel also played a pivotal role in the stewardship of the vaccines, along with logistics. The strategy had been to recruit pharmacists and pharmacy technicians across all the CVCs, but this was very difficult to achieve as there simply were not enough applicants for the open posts. Despite all these efforts, it was not considered feasible to resource sufficiently to open all vaccination booths across the region for 12 hours a day 7 days a week. In respect of surge planning, the DON also linked with both CHOs and Saolta group acute hospitals to compile a resource pool of staff that was vaccinator trained. However, the DON was very cognisant of the need for CHOs and hospitals to revert to BAU services and the ability to release staff would have been challenging. This surge capacity would only be drawn upon in December 2021, when other recruitment channels had been exhausted.

As the programme moved into Phase 2 in autumn 2021, the Central Programme Team wrote to the Hospital Managers to thank them for their ongoing support for providing staff from the hospital. This included a list of staff that were to be retained and a list to be returned. It concluded by stating that, should the national programme change their plans significantly, for example in relation to providing boosters for a wider cohort of the public and all healthcare workers, or

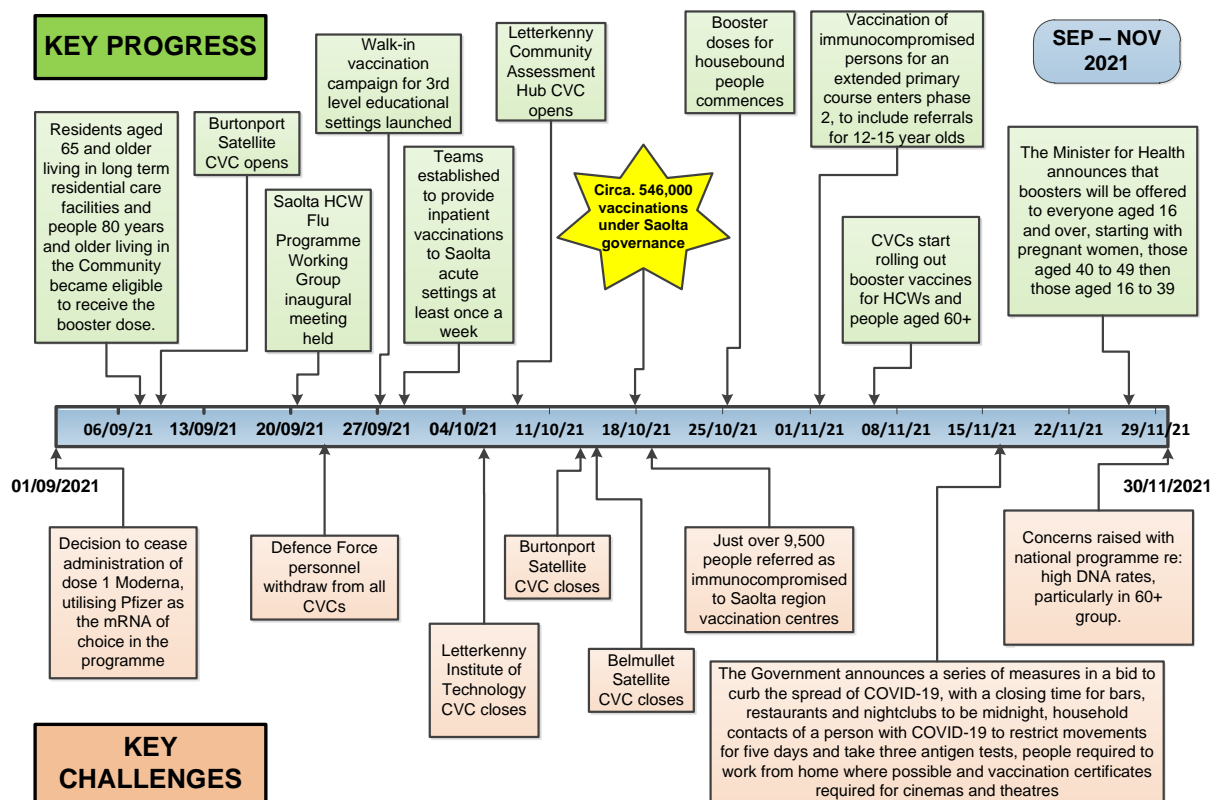
in the event that a new variant requires additional vaccination, then the programme would seek to re-engage those staff returned to hospitals to help support the CVCs. The Hospital Managers were extremely supportive in providing staff when asked throughout the programme.

Once the work was starting to scale down, the DON wrote to staff, particularly those with a nursing background, asking if they would be interested in taking up a position within an acute setting after they ceased work at the CVCs. Over 20 former CVC staff, who had previously left nursing, took up nursing positions within Saolta hospitals as a result of this initiative. Their return to the acute workforce, based on their work in the CVCs with the right support and encouragement, was a major unexpected benefit of the programme.

The COVID-19 pandemic potentially changed the face of HSE recruitment. Prior to COVID-19, online interviews were only used for international recruitment. Face to face interviews were considered to be the norm, to an extent that interviews were rescheduled or even cancelled rather than proceed online. The strategy for workforce recruitment for the CVCs was to recruit and train as many vaccinators for the regional programme at an early stage.



# 8 AUTUMN SLOW DOWN (SEP – NOV 2021)



As the month of September 2021 started, public transport began operating at 100% capacity across the country, as the Government's plan for easing most COVID-19 restrictions by 22 October began. The NIAC recommended that pregnant women could be offered an mRNA COVID-19 vaccine at any stage of pregnancy and those immunocompromised individuals aged 12 and older could receive a third additional vaccine dose of their primary vaccination course<sup>34</sup>. There was also a decision from the national programme to cease administration of dose 1 Moderna, utilising Pfizer as the mRNA of choice in the programme going forwards.

At a pivotal Steering Group meeting on 6 September 2021, the group members ratified a Central Programme Team proposed set of operational directions that all Saolta CVCs were expected to adhere to until the end of the month:

- 'All sites must open for minimum of 5-days per week, including Friday, Saturday and Sunday and at least one late evening until minimum 20:00. All days a CVC is open should include a walk-in element.
- The CVC should not be closed for the same two days every week.
- OSMs and/or their deputies should work remotely at least one of the days the CVC is closed to the public, to focus on weekly planning, administration, strategic and transitional planning (aligned to central team direction, as details emerge). OSMs should only work max. one day at the weekend, with appropriate cover shared with the Deputy OSM.

<sup>34</sup> <https://www.gov.ie/en/press-release/042a7-minister-for-health-announces-updates-to-irelands-covid-19-vaccination-programme-1-september-2021/>

- *OSM or Deputies are required to still attend the Tues and Thurs team meetings, regardless of whether the CVC is closed to the public.'*

The Steering Group also agreed to reduce CVC opening from 7 days per week where sensible to do, on the condition that all CVCs would remain open every weekend. There were changes to vaccine administration too, with Pfizer and Moderna clinics for D2 people included heterologous (mixed) vaccination where the first dose had been Astra Zeneca.

At the same meeting, the Steering Group was informed that Defence Force resources would be fully withdrawn by 24 September 2021 from all CVCs, nationwide. Local training plans had been developed to cover medicines management roles carried out by Defence Force personnel in some CVCs. The withdrawal would be gradual over the month and affected all CVCs except Roscommon, which had not received support up to that point.

*“One of the highlights was working with the Defence forces. It was a great opportunity to learn from them, especially regarding discipline and order. “*

CVC OSM

*“The contribution of the Defence Forces was immense.”*

CVC Clinical Lead

It was confirmed that CVC staff may need to be redeployed to other appropriate duties / activities when centres were quiet. It was a risk that as the centres became less busy some staff could become bored or discouraged and some would inevitably leave due to both the pace of work and the uncertainty of the programme beyond the end of September 2021. It was also noted that a number of infrastructure changes may be needed across the CVC footprint, over the coming months and it was expected that the OSMs would lead this activity locally.

Finally, the Steering Group agreed that there was an expectation that the HCW flu programme for Saolta staff would be delivered through the CVC teams, utilising some of the spare capacity. Version 4.1 of the *HSE Vaccination Clinics Operating Model* was also issued on 8 September 2021.

On 10 September 2021, the Government figures showed that 90% of adults in Ireland were fully vaccinated against COVID-19, while a milestone was hit of the seven-millionth dose being administered<sup>35</sup>.

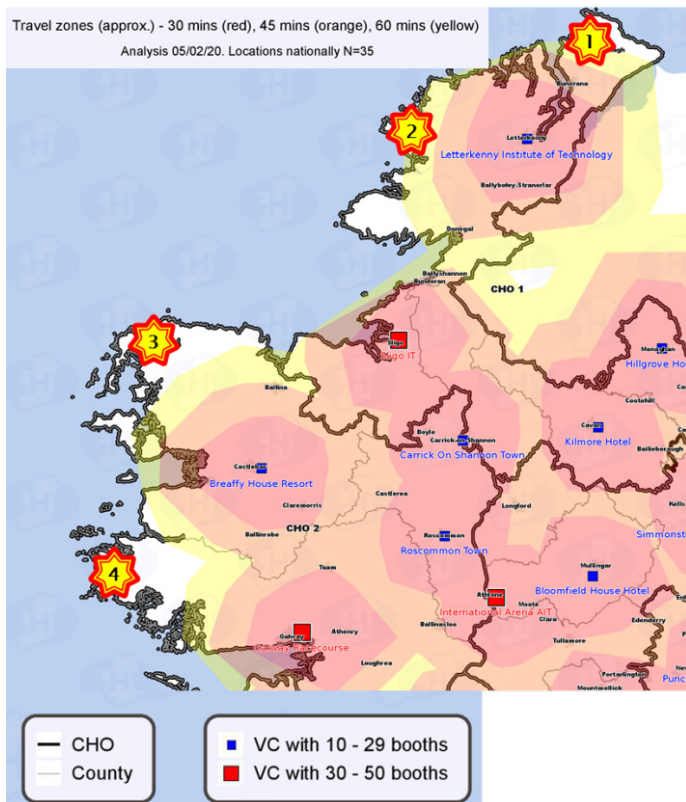
## 8.1 MOVING CVCS AND CLOSING THE SATELLITES

As early as the Steering Group on 10 May 2021, it was identified that the opening of the country would cause a risk to the operation of the CVCs, if they were located in premises that had other overriding business uses – the CVCs of key concern in the region were Galway Racecourse (due to the races in July and October), Breaffy Resort and Abbey Hotel (as there was a hope to re-open to the public in the coming weeks). Decisions were made to retain the second floor at Racecourse until the end of September 2021, with a plan to move to the Wilson Lynch Building thereafter. Breaffy House remained available to programme until the handover. The Abbey Hotel was to relocate to the Kilbride Community Centre, some 10km outside of Roscommon Town.

At the Steering Group meeting on 20 September 2021, it was noted that there was a low turnout in the newly opened Belmullet and Burtonport centres and it was agreed to reconsider the need for them at the next meeting. A decision was also taken to reduce Belmullet to open one day per week.

At the same meeting, it was acknowledged that the Letterkenny IT and Sligo IT CVCs needed to close, to be handed back to the colleges to enable third-level students to resume studies. No alternative had been identified for either site at this point and north west Estates colleagues were working hard to identify suitable alternative premises. Adding further change, the team had been informed by west Estates that the Kilbride Community Centre in Roscommon would be re-organised, meaning the CVC needed to move to a smaller section of the building in the coming weeks.

<sup>35</sup> <https://www.thejournal.ie/vaccine-rollout-90-vaccinated-5545515-Sep2021/>



1. **Carndonagh Satellite** – to close 27/08/21
2. **Dungloe Satellite** – Burtonport site agreed, to be opened w/c 30/08 (tbc)
3. **Belmullet Satellite** – Civic Centre site agreed, to be opened w/c 23/08 subject to operational availability (tbc)
4. **Clifden Satellite** – to close 20/08/21
5. **Abbey Hotel, Roscommon CVC** – to close on 17/08/21 and relocate to Kilbride Community Centre 20/08/21

The Letterkenny CVC initially struggled to find an alternative location; ironically, the very first potential location reviewed in September 2021 ended up being the final CVC location in December, but that was first punctuated by a temporary move to the Community Assessment Hub facility near the ED entrance at LUH. The programme team asked the Saolta CEO to approach the CHO1 Chief Officer to see if the space could be utilised. After permission was gratefully received a temporary smaller operation was established with a maximum of 6 booths, to deliver the full range of services at the time. The pace at which the service was established was a testament to strong joint working and relationships between the Central Programme Team, CHO1 and north west Estates colleagues.

The team at the Sligo IT moved the CVC to the Sligo Racecourse, a location which was functional but split across two buildings (management/staff and clinical). Parking provision would continue to be an issue at this location, but again, north-west Estates colleagues pulled out all the stops to provide extra spaces in agreement with the racecourse landlord.

*“Since I started, not one staff member in any role has ever said ‘no’ to me for any request (such as “I can’t do that”, (or) “it’s impossible”). They’re not nodding dogs though; I have never seen such a can-do attitude. On the day we held a minutes silence for the Ukrainian situation; one refugee came to the CVC desk. Observing how they were treated by the staff was so incredible. They treated her with humility and dignity - they were so supportive, they have provided incredible support throughout.”*

CVC OSM

On 14 October 2021, the CVC at Kilbride Community Centre was reduced from 10 to 5 booths. Under the agreement negotiated by west Estates, the Community Centre was only available to the programme on Tuesday afternoons, Fridays, Saturdays and Sundays, which led to serious concerns about the ability to react to any future increase in vaccine administration. As a result, a request was made for west Estates to continue to search for more viable alternatives. A location at the Golf Links Road in Roscommon Town was found and the CVC moved into the site in December 2021. The space was more suitable and, despite ongoing issues with a faulty lift, remained in good use until its closure at the end of March 2022.

The Letterkenny CVC would ultimately move to the Letterkenny Business Park on 4 December 2021, on the basis of an initial six-month agreement, utilising space in a former call centre. Office space was subsequently allocated to the new CHO1 Vaccination Programme General Manager in 2022.

In early December 2021, the programme was informed that the Mayo COVID-19 testing service, operated by CHW would be co-locating on the Breaffy House Resort site, necessitating the start of closer working relationship and joint risk assessments.

The following table summarises the various CVC locations, with the opening and closing dates where applicable:

CVC	FIRST CLINIC	LAST CLINIC
GALWAY RACECOURSE	25 FEBRUARY 2021	
SLIGO IT	23 FEBRUARY 2021	
SLIGO RACECOURSE	WEEK OF 11 OCTOBER	FIRST WEEK OF APRIL 2022
SLIGO NAZARETH HOUSE	15 APRIL 2022	
BREAFFY HOUSE RESORT	21 MARCH 2021	
LETTERKENNY IT	11 MARCH 2021	
LETTERKENNY COMMUNITY ASSESSMENT HUB	09 OCTOBER 2021	
LETTERKENNY BUSINESS PARK	04 DECEMBER 2021	
ROSCOMMON ABBEY HOTEL	SUNDAY 21 MARCH	
ROSCOMMON KILBRIDE	20 AUGUST 2021	
ROSCOMMON GOLF LINKS RD	17 DECEMBER 2021	27 MARCH 2022
CARRICK-ON-SHANNON PRIMARY CARE CENTRE	12 MAY 2021	
CARNDONAGH (SATELLITE)	30 JUNE 2021	23 AUGUST 2021
CLIFDEN (SATELLITE)	06 JULY 2021	16 AUGUST 2021
BELMULLET (SATELLITE)	31 AUGUST 2021	15 OCTOBER 2021
BURTONPORT (SATELLITE)	09 SEPTEMBER 2021	14 OCTOBER 2021

## 8.2 SUPPORTING THE COMMUNITY – POP-UPS, MOP-UPS & THE HOUSEBOUND

In August 2021, CHW had contacted the Central Programme Team to request a meeting to discuss supporting the forthcoming 16+ housebound vaccination programme that was being established by community teams in Galway, Mayo and Roscommon. The intention was that the CVCs would supply vaccine to the mobile community teams as required, with referrals made by GPs to the CHO teams, who would arrange home visits.

The national workstream, which was CHO-led, had asked for the support of the CVC network in distributing vaccine supply for the community-based mobile teams and the Saolta CVCs were engaged to help. This request was subsequently further extended to seek staff from CVCs to assist with the administration of the vaccines in RCFs and other settings, with a timeframe to commence the work from 27 September 2021.

On 14 September 2021, it was confirmed by CHW that vaccination responsibility would move from their Primary Care team to Health and Wellbeing, providing a focal point for ongoing liaison with CHW which would continue right through to the point of programme governance transfer.

At the Steering Group meeting on 20 September 2021, a number of options were discussed, with a view to agreeing a way forward, across the region, for CVCs to provide support to additional community-focussed elements of the vaccination programme. The Steering Group agreed the following:

- *For >65 RCF Residents booster rollout, it was agreed that: the overall governance would sit with the Saolta programme, with the CVCs providing onsite vaccinator and admin teams, along with clinical coordinators provided by a mix of CHOs and Saolta. The logistics (preparatory activity with RCFs) would be led and resourced by the CHOs using their local knowledge and networks.*
- *For the provision of flu vaccinations to CHO HCWs, it was agreed that Saolta would manage the vaccination component for some CHO staff in CVCs. The CHOs would be responsible for registering their staff and scheduling in advance, along with vaccine management (provision). This would help to address the shortfall in CHO peer vaccinators and suitable locations for community and primary care based staff to be vaccinated.*
- *For supporting the schools vaccination programmes, it was agreed that Saolta would provide space in CVCs for CHO use, but the CHOs would provide all resources required, including staff, vaccines, and consumables. It was noted that the service opportunity would have to be limited solely to those days when the Saolta CVCs were closed to the public.*

This agreed approach ensured that the HSE extracted best value from the resources available to it through the CVCs – both in terms of clinically-suitable space and skilled staff – without impacting on the delivery of the COVID-19 vaccination programme.

At the same meeting, the Steering Group agreed that there was a need to bring vaccination clinics closer to particular groups that were hard to reach in Galway, Mayo and Roscommon. CHW had carried out significant work over the summer and early autumn to provide vaccinations to marginalised groups and Public Health colleagues had now identified relatively small cohorts of people that still required vaccination in defined locations across the 3 counties. Through the Steering Group, an arrangement was put together to deal with one of these requirements in Ballyhaunis immediately and a working group convened to try and address the best approach to the other groups that were identified. A similar model had been looked at for CHO1 earlier in the year in conjunction with Public Health; although the intention to link directly with food processing plants had not resulted in additional vaccination clinics, it was agreed that the Central Programme Team would look at this again.

Two working groups were eventually set up to support the community-focussed elements of the work. The first was chaired by Saolta: the *Saolta / CHOs Governance Group* met on 30 September 2021. The group had a standing agenda covering progress with >65 RCFs Boosters, CHO HCWs flu vaccinations, schools immunisation programme need and, latterly, housebound cohorts and prison groups. The second group was a CHW-specific group, chair by their Head of Health and Wellbeing and was attended by Public Health and Saolta, along with other CHW colleagues. The aim of this group was to establish the feasibility for targeted pop-up clinics, focusing on areas of low take-up, high outbreaks and/or disadvantaged groups.

This work included a clear division of responsibilities, with CHOs identifying suitable locations (to be agreed with Saolta), doing further ground work as necessary (e.g. cohort liaison) and pre-registrations. Public Health was responsible for additional pre-engagement, provision of education, on-the-ground outreach and culturally-appropriate communications. The CVCs agreed they would send a team of vaccinators and administrators out, with appropriate ICT equipment for real-time access to Covax.

On 13 September 2021, the national programme team requested that all CVC Leads start to investigate options for the provision of temporary walk-in vaccination clinics in third level educational institutions during the week of 27 September 2021. The aim was to maximise vaccine uptake in those who had not yet availed of vaccination, including international students. The focus would be on accessibility and the positive promotion of the vaccination, supported through a dedicated national and local communications campaign.

In the Saolta region the Central Programme Team committed to offer clinics to students of:

- NUI Galway (situated on the main concourse in the Arts and Science building)
- Galway/Mayo Institute of Technology (Galway students went to NUIG; Mayo students were offered clinics in the Castlebar campus)
- Sligo Institute of Technology
- Letterkenny Institute of Technology

In September 2021, thousands of workers across the country began returning to their offices and places of work as COVID-19 restrictions further eased. Rules around organised indoor group activities were relaxed and limits on outdoor group activities for participants removed. On 20 September 2021 the team was informed that many of the people previously referred as very high or high risk earlier in the programme, would now also be offered a third dose of their primary vaccine course.

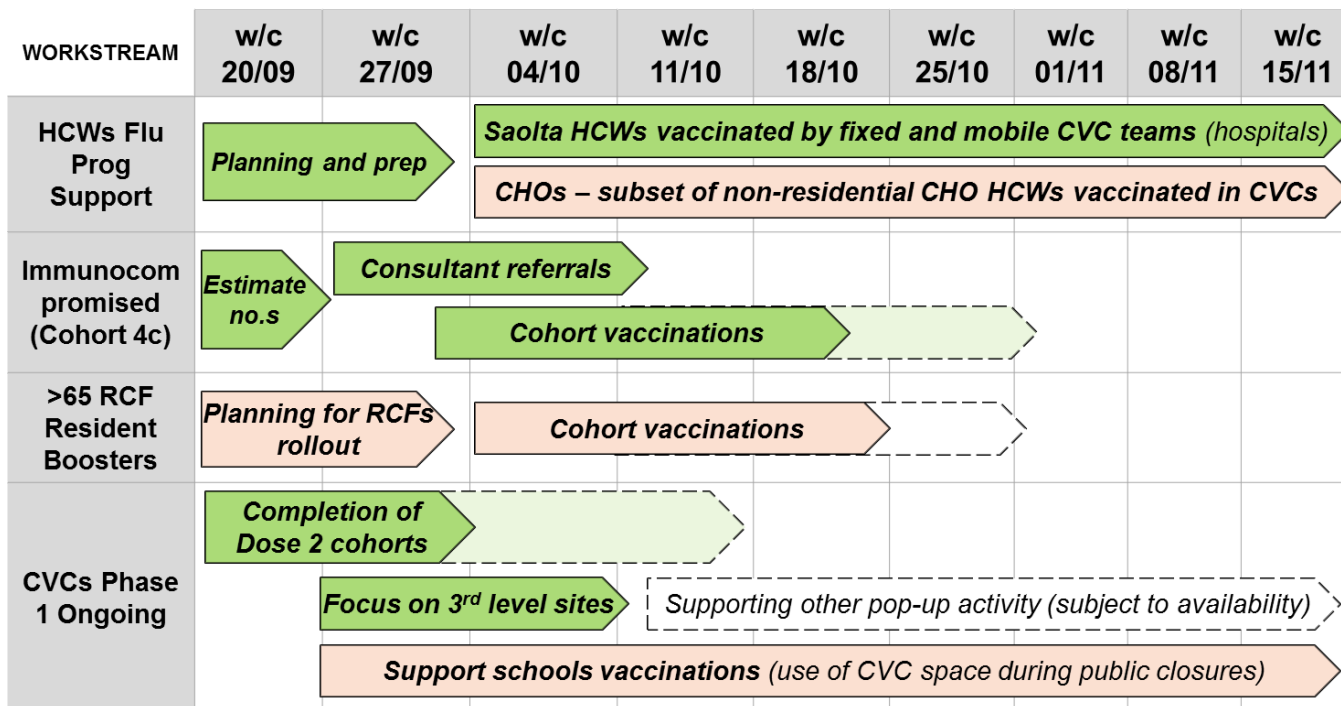
Those people identified as *immunocompromised* associated with a suboptimal response to vaccines, would be offered a third vaccine to be given after a minimum interval of two months. The most easily identifiable patients were in general also those at highest risk and are likely to be on regular follow up with hospital specialists (organ transplant, rheumatology, renal, cancer, primary immunodeficiency, HIV, etc). Hospital consultants were required to start preparing referral lists from 21 September with the aim of vaccinations starting on 27 September in the CVCs. The data collection, referrals, scheduling and Covax workarounds were expected to be very labour intensive and admin resource was asked to support the process of data review, tagging on Covax and checking as queries arose. The region expected a maximum of approximately 29,000 referrals. The work was complex and on 21 October 2021, it was reported to the national team that the region's CVCs had experienced a fairly consistent 50% DNA rate across all the CVCs for this group. As an example, one day in Galway CVC saw a 45% DNA rate, so they phoned all the people to see why they had not attended. The majority had been given a third dose by their GP when they went in for their flu jab, but this information had not been transferred to Covax. Therefore, people continued to get regular SMS texts asking them to come in to a CVC for an appointment. Many of them were very irate and phoned the HSELive helpdesk to ask them to stop; however, the call handlers were unable to assist as the people couldn't be identified as complete on the system. The limitation was recognised and continued to cause issues for the staff in the CVCs.

The national team made a further request in September 2021 – to establish CVC teams to provide vaccinations to people who were inpatients in acute settings at least once a week to the eligible groups: Immunocompromised (Dose 3); Booster Dose (80+ and 65+ RCF Residents); Maternity Outpatient Clinics Dose 1 and Dose 2; and Opportunistic Dose 1 and Dose 2. A set of guiding principles were established to both guide and support colleagues in the hospitals, to enable CVC teams to effectively administer vaccines:

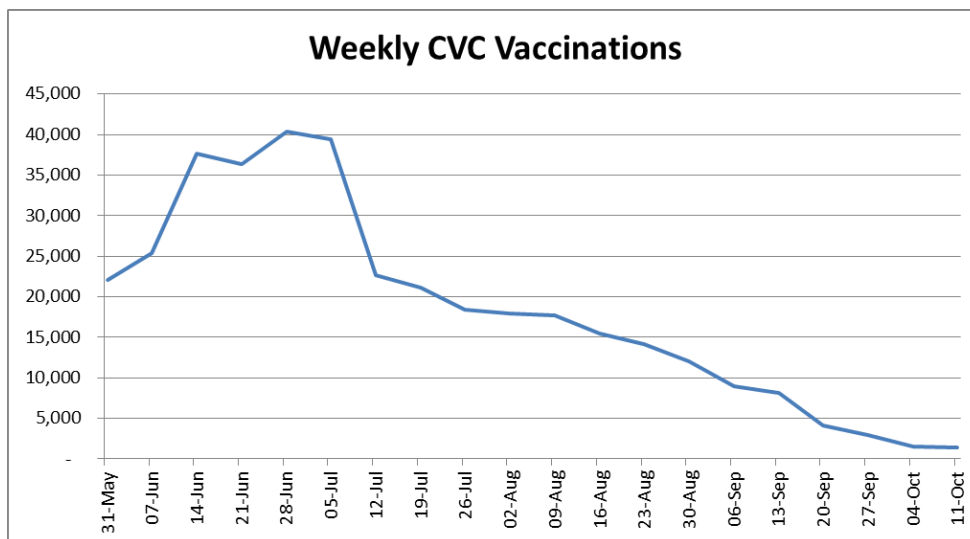
- *Clinical governance was under each hospital.*
- *A single point of contact was identified in each hospital, responsible for collating the list of people who were inpatients that meet the criteria for vaccination for any of the agreed pathways, to be submitted to the local CVC by 12:00 on Thursday each week. This would require consultation with the patient, their family or their GP (based on the patient's capacity).*
- *A single point of contact in each CVC was identified to receive the list of people who were inpatients from hospitals (excluding immunocompromised people) at an HSE email address.*
- *Each CVC had a team available to go into the local hospital the following week to administer the vaccinations.*
- *Consent that is appropriate to each cohort guideline (third dose or booster dose, as they are different) was obtained by the hospital prior to administering the vaccination.*
- *All vaccine, consumables (e.g. syringes), Covax ICT mobile kits, were provided by the CVC, except for sharps bins which were sourced by the hospital.*
- *Covax had to be accessible in real-time and the vaccination location must be selected as the hospital.*



The landscape was becoming more and more complex in terms of the different groups eligible for vaccines, a fact that was highlighted at an OSM Workshop in Breaffy House Hotel on 23 September 2021. The upcoming few weeks were summarised into a swim-lane diagram:



At the Steering Group on 18 October 2021, it was noted that although the complexity of activity was increasing, the numbers were still very low and were starting to flatten out a just 2-3 thousand per week.



At this point in time, the Saolta-governed programme had administered circa 546,000 vaccinations, with circa 509,048 having been carried out in the CVCs.

Around the same time, the Government published a revised plan for the easing of restrictions on 22 October 2021, with nightclubs allowed to reopen, the return of normal trading hours in pubs and restaurants, no attendance limits on weddings and religious ceremonies and 100% capacity allowed at sporting venues, while the continued use of masks, vaccine certificates and social distancing measures would remain in place until at least February 2022<sup>37</sup>. It was also noted that just over 9,500 people had been referred as immunocompromised to Saolta CVCs so far.

<sup>37</sup> <https://www.gov.ie/en/press-release/58d28-statement-on-covid-19-public-health-measures-19-october-2021/>

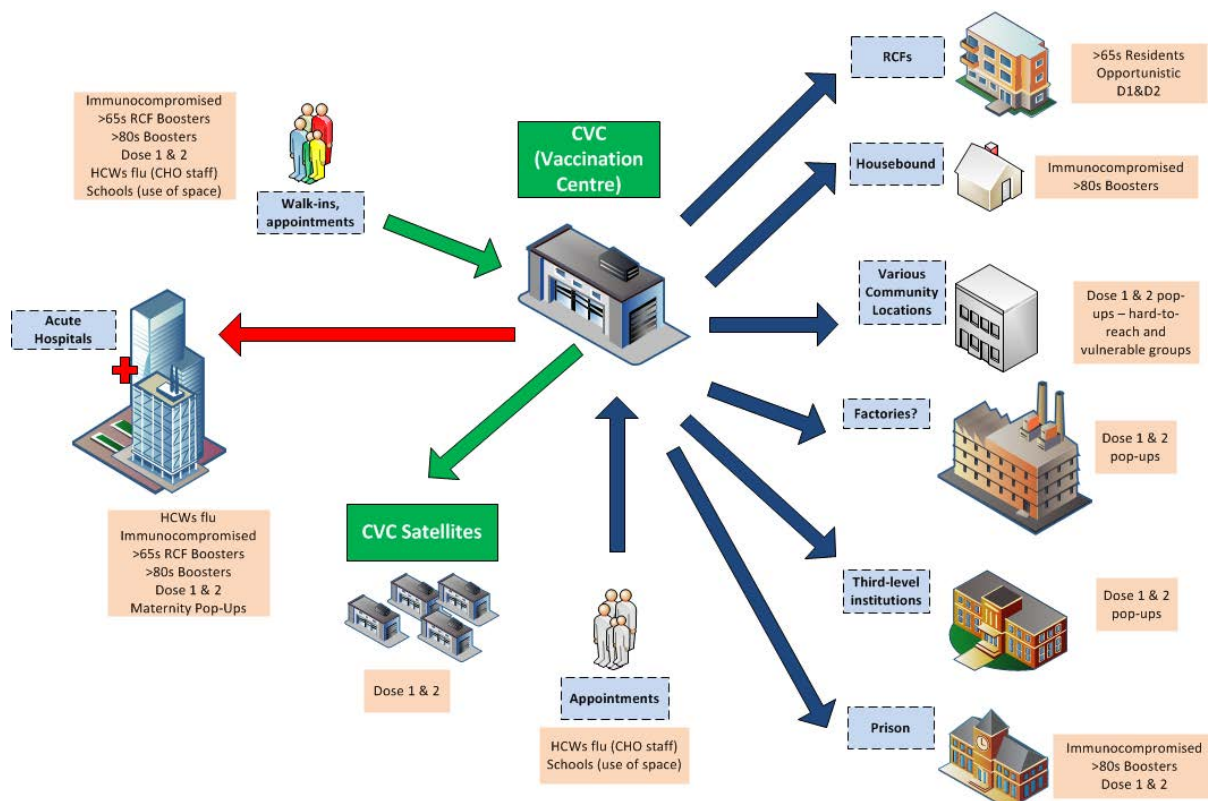
On 21 October 2021, the national programme wrote to CVC Leads stating that in 90% of Local Electoral Areas (LEAs), more than 80% of the population aged 12 years and older were fully vaccinated (received both doses or single dose where applicable). However there remained some areas where the rate of vaccination was lower than the national average. The Central Statistics Office (CSO) undertook an analysis of uptake rates at LEA level and identified 16 areas across 7 counties where uptake levels were significantly below the national average. Within the Saolta region, these included: Buncrana, Carndonagh and Lifford-Stranorlar, all in Donegal. They outlined the requirement to extend walk-in clinics to these areas of low vaccine uptake in an effort to improve it, through temporary “pop up” vaccination clinics. The *Temporary Vaccination Clinic* operating model would be utilised, a model that had been extensively informed by the work undertaken by the Saolta programme with the satellites earlier in the year. This would complement the enhanced role of retail pharmacies in administering COVID-19 vaccinations, which had started to increase significantly throughout the autumn, providing a much-needed alternative channel in these rural communities.

Three pop-up clinics were established in partnership with CHO1, which sourced the locations, to run clinics on 5 – 7 November 2021:

- Carndonagh – Colgan Hall
- Buncrana – Gateway Hotel
- Stranorlar - St. Mary’s Parish Centre

There was an intensive piece of work undertaken by the Infrastructure Lead, the Letterkenny CVC OSM and their team, and CHO1 colleagues, to ensure vaccine was available and transported to the locations every day, using the CVC as a hub for all three pop-ups.

At the Steering Group meeting on 1 November 2021, it was noted that each CVC was now effectively running as *hub-n-spoke* model for activity outside of the ‘normal’ CVC mass vaccination of the public. This mechanism delivered truly integrated services with CHO and Public Health colleagues; an example of what can be achieved with close working and clean lines of responsibility, bringing services to where they are most needed by service users in a whole-system way. This is illustrated as follows:



Around this time, boosters were not approved for use by NIAC outside of the >65 RCF residents and housebound populations. The CDONM was contacted by one of the Saolta Hospital Managers, concerned that the NIAC had not yet made a decision on boosters for HCWs. There was a real and genuine anxiety amongst staff in high risk areas about getting boosters; they were the first HCWs to get vaccinated and they were feeling more and more vulnerable each day with the increase in COVID numbers across the country. In addition, it was highlighted that the hospital itself was under significant pressure – in those high risk areas, they simply could not afford to lose staff from the frontline services. The hospital had already started to see fully vaccinated staff test positive for COVID-19 and asked that these concerns be relayed to the national team.

There was a significant flurry of national programme activity over the next week, due to increasing numbers of COVID-19 across the country.

- 2 November - vaccination of immunocompromised persons for an extended primary vaccination course enters phase 2, to include referrals for 12-15 year olds.
- 5 November - the HSE began rolling out COVID-19 booster vaccines for those aged 60 and over<sup>38</sup>.
- 5 November - following new advice from NIAC, the Minister for Health authorised the use of booster vaccines for HCWs<sup>39</sup>.
- 7 November - rollout of booster vaccines for HCWs commences.
- 11 November - pathway for people unable to get their booster dose at a GP (where they received dose 1 and dose 2 there previously) is initiated. This was necessary where a GP practice had decided not to continue offering vaccinations.

There was growing concern over the need to increase the pace of the booster campaign in the face of a deteriorating national situation. CVC Leads were asked to increase staff levels by 25%, offering workers contracts to the middle of 2022 if needed. The region went a step further than the national team had directed and introduced managed walk-in clinics from mid-November, given the high DNA rates for both >60 boosters and HCWs through the appointment-based system. The programme developed a regional approach for managing these walk-ins, supported by local Comms and planned to run these in parallel or separate to appointments. The operational approach to walk-ins was further enforced by the Central Programme Team with the following guidelines:

- *CVC Leads should determine the likely need and uptake for walk-in clinics based on the current DNA rates and pipeline of due and overdue boosters.*
- *HCW and 60+ booster walk-ins can be managed locally with careful consideration given to:*
  - *Traffic management – the potential impact on local road systems needs to be considered along with availability of onsite and/or overspill parking.*
  - *People management (queues) – social distancing must be managed in line with national guidance at all times. Where necessary, people may be asked to wait in their vehicles to be called. Where practical, separate appointment and walk-in queues may be provided.*
  - *Mixing scheduled and walk-ins in-cohort – it may be preferable to have specific slots when mixing clinics, to spread the potential walk-in load throughout the day. This will be a local decision.*
- *Walk-in clinics can ONLY be facilitated where there is live access to Covax. In the event of a system failure, walk-ins must be stopped immediately as people details cannot be accurately verified.*

Over the first few weeks, a number of issues arose in respect of take-up:

- *HCWs with no mobile numbers, so not receiving appointment SMS.*
- *HCWs with CVC assigned different to expected – Eircode and/or previous dose discrepancy.*
- *HCWs being called for Dose 1 instead of booster.*
- *NCHDs receiving text messages to attend appointments for their boosters at locations they have left.*
- *Some feedback re: inconvenience of CVC location for HCWs.*
- *HCWs turning up when COVID-positive in past 6 months.*

<sup>38</sup> <https://www.gov.ie/en/press-release/d2092-minister-for-health-announces-updates-to-irelands-covid-19-vaccination-programme-19-october-2021/>

<sup>39</sup> <https://www.gov.ie/en/press-release/64bbd-minister-for-health-announces-updates-to-irelands-covid-19-vaccination-programme/>

On 16 November 2021, the Government announced a series of measures in a bid to curb the spread of COVID-19, with a closing time for bars, restaurants and nightclubs to be midnight, household contacts of a person with COVID-19 to restrict movements for five days and take three antigen tests, people required to work from home where possible and vaccination certificates required for cinemas and theatres<sup>40</sup>.

On 19 November 2021, the NIAC approved a change to the interval for the administration of a booster vaccine to 5 months (152 days) from the operational interval of 5.5 months (168 days). This change was applicable for all 4 vaccines types (Comirnaty {Pfizer}, Spikevax {Moderna}, Vaxzevria {Astra Zeneca}, Janssen). There was a strong sense of further change and urgency, as Moderna was earmarked to be the primary mRNA booster to be used by the end of November 2021 for people aged 30+ - Pfizer would be used for all remaining eligible cohorts, including any new first doses, any age, the housebound and high-risk populations. By the end of the month, all parts of the country were holding HCW and other eligible groups' walk-in clinics. At the last Steering Group of the month, on 29 November 2021, the huge queues for walk-in booster clinics seen at Galway CVC that weekend were discussed; some people queued for 2-3 hours to get a vaccine, with traffic backing up for many hundreds of metres into the main traffic network in the city. It was agreed that this needed to be managed as best as possible, but that queues were inevitable and very difficult to predict. The view of the Saolta General Manager was that a queue, while not ideal, was preferable to an empty CVC.

On 26 November 2021, the Minister for Health announced that COVID-19 booster vaccines would be offered to everyone aged 16 and over on a sequential basis, following new recommendations from NIAC<sup>41</sup>.

### 8.3 DELIVERING THE FLU PROGRAMME

At the Steering Group on 9 September 2021, it had been agreed that Saolta CVCs would deliver the flu vaccine for 2021/22 season to Saolta HCWs through the CVC network. The annual flu vaccine rollout to acute HCWs is typically under the remit of the Saolta CDONM and each Hospital Manager. For this approach, it was confirmed that the responsibility to deliver the programme of work was still under the governance of the CDONM and hospital DONs, but would be administered on their behalf by the COVID-19 Vaccination Programme. This would also cover the usual annual commitment to administer flu vaccination to small numbers of long-term residents or at-risk patients in hospital settings. The following principles were agreed:

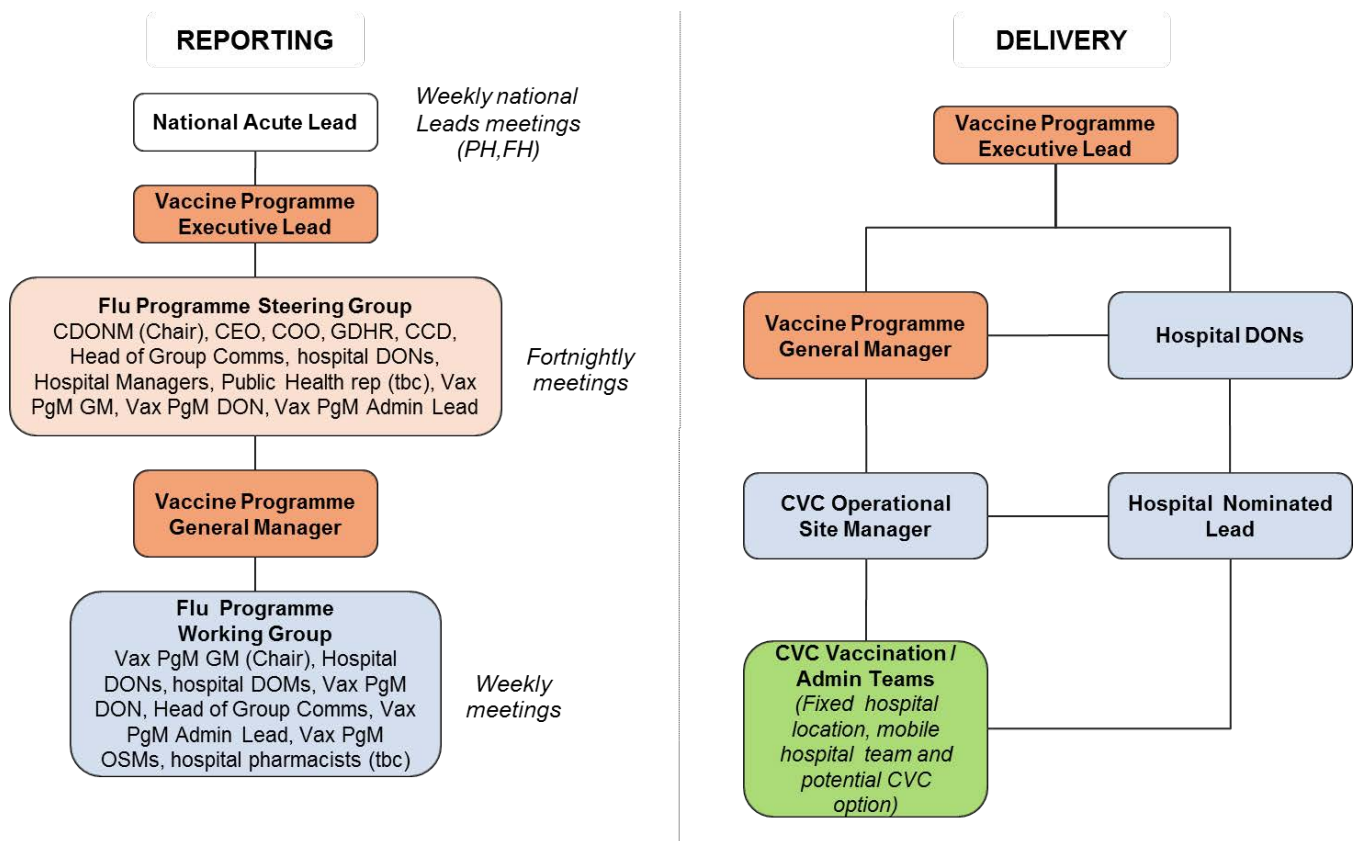
- *Consistent protocols and process will be adhered to at all sites. Each DON will nominate a hospital lead to liaise with the Regional COVID-19 Vaccination Programme team, to provide on-the-ground support as required, including engagement with pharmacy staff.*
- *Flu vaccines will be made available in all acute sites on a 5/7basis, with the days available each week varying at sites to offer maximum opportunity to staff to take up the offer. The Operational Site Manager (OSM) at the closest CVC will be responsible for provision of workforce to administer the vaccines in hospital sites. These will be both at fixed locations (to be determined by DONs) and mobile 'floating' teams (e.g. on wards).*

It was also agreed, shortly after the launch of the workstream, that flu vaccination at the CVCs would also be available for CHO staff, on an appointment-basis. Where this was to be offered, the CHO liaison point would be responsible for ensuring their staff had booked onto the national self-booking system and arranged transport to attend. For CHO clinics, the CHO teams were responsible for providing the vaccine to the CVCs and maintaining the cold chain as necessary.

<sup>40</sup> <https://www.gov.ie/en/speech/a07a2-address-to-the-nation-by-an-taoiseach-micheal-martin-on-16th-november-2021/>

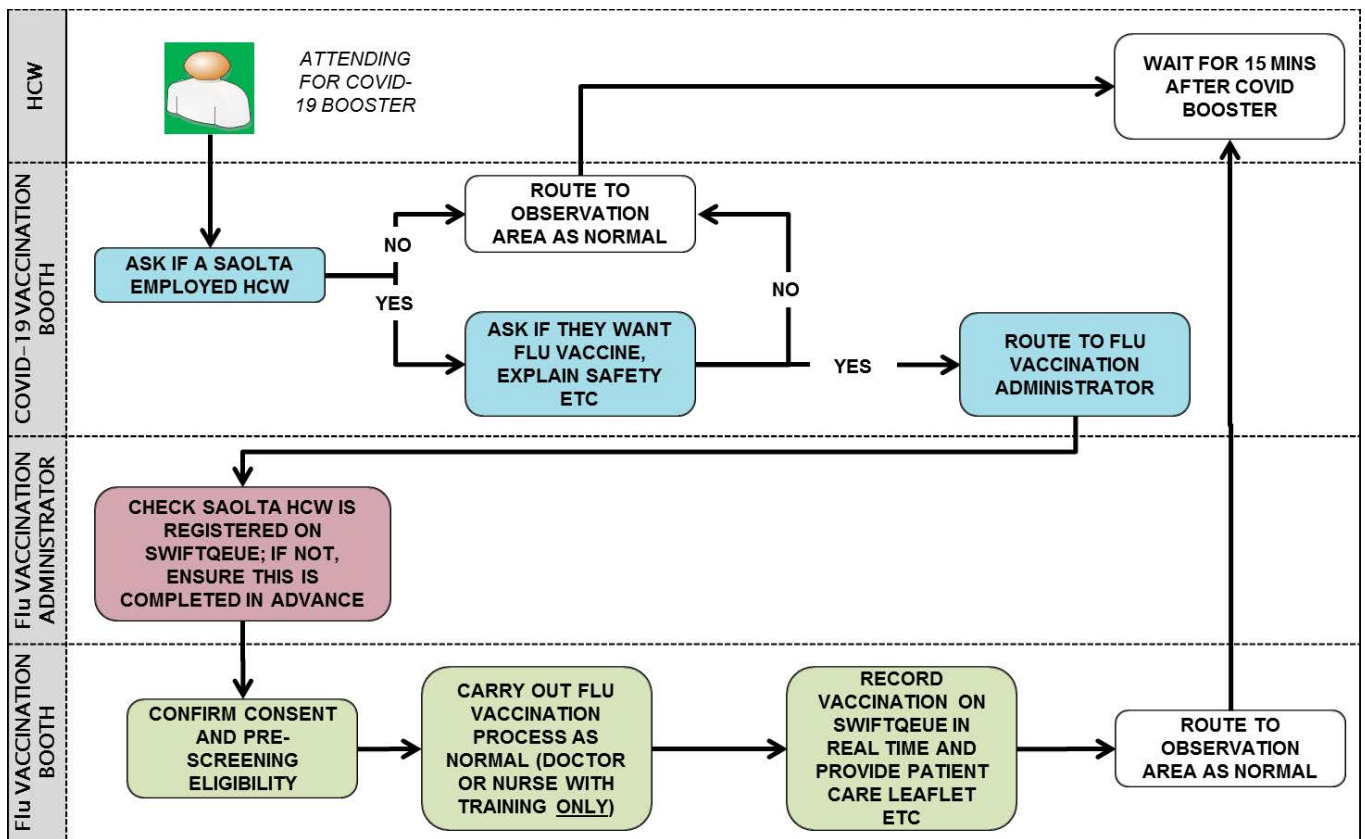
<sup>41</sup> <https://www.gov.ie/en/press-release/909a9-minister-for-health-announces-updates-to-irelands-covid-19-vaccination-programme-26-november-2021/>

The following governance and working arrangements were agreed on 12 September 2021:



	A - Fixed Hospital Team	B - Mobile Hospital Team
<b>UHG (GUH)</b>	4 x vaccinators; 1.5 x admin	2 x vaccinators; 0.5 x admin
<b>MPH (GUH)</b>	2 x vaccinators; 1.0 x admin	n/a
<b>MUH</b>	3 x vaccinators; 1.5 x admin	2 x vaccinators; 0.5 x admin
<b>SUH</b>	3 x vaccinators; 1.5 x admin	2 x vaccinators; 0.5 x admin
<b>LUH</b>	3 x vaccinators; 1.5 x admin	2 x vaccinators; 0.5 x admin
<b>PUH</b>	3 x vaccinators; 1.5 x admin	2 x vaccinators; 0.5 x admin
<b>RUH</b>	3 x vaccinators; 1.5 x admin	2 x vaccinators; 0.5 x admin

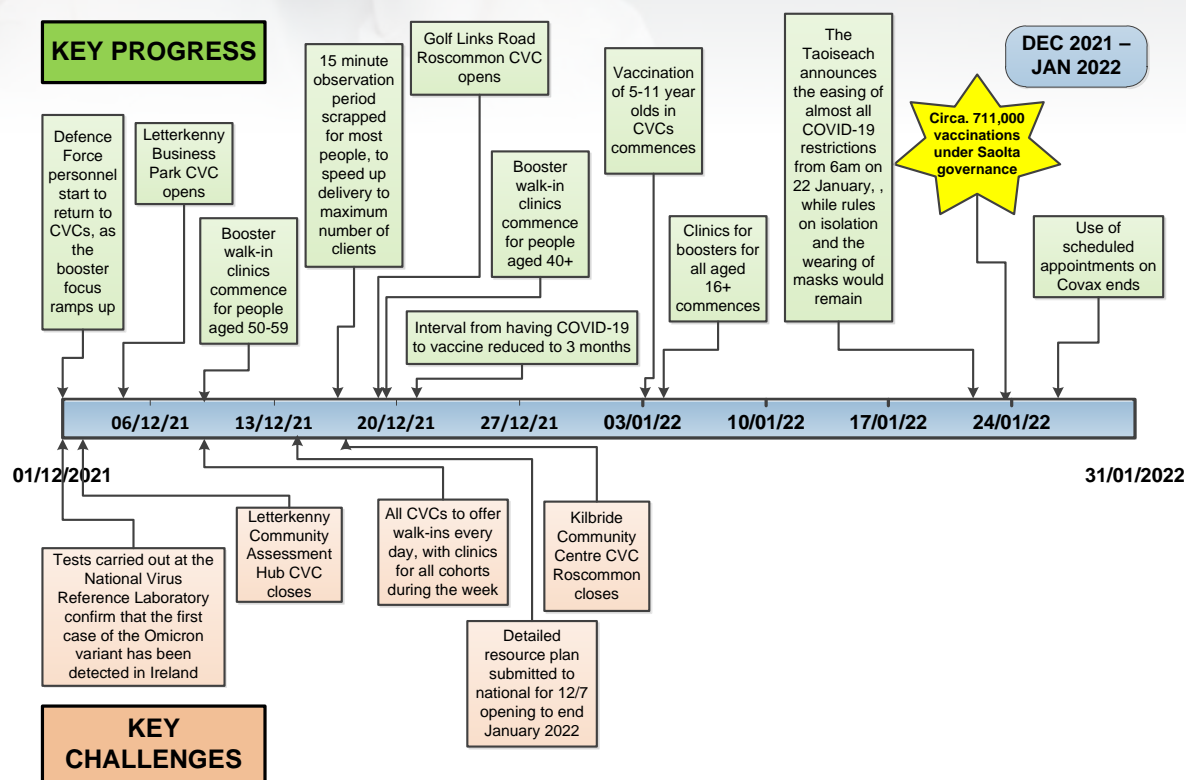
The *Flu Programme Working Group* had its inaugural meeting on 21 September 2021. Dedicated links between each CVC and hospital were established, to enable clear lines of communication and consistency of process. Some clear principles were agreed. Importantly, the (opportunistic) offer of a flu vaccine could ONLY be made to Saolta HCWs (including non-payroll staff such as support and cleaning staff). The CVCs were NOT permitted to offer or administer the flu vaccine to any other HCW, regardless of employer, for clinical governance reasons. It was agreed that the flu vaccine should be administered in separate dedicated flu vaccination booths – there should be no ‘double-jabbing’ in one booth. Every Saolta HCW receiving the flu vaccine had to be registered on SwiftQueue ahead of vaccine administration, which itself had to be recorded on SwiftQueue in real-time by the vaccinator ONLY. Each CVC was strongly encouraged to facilitate the process in agreement with their local hospital. The CVC process was:



Towards the turn of the month, there was a decision to extend clinics to some hospital sites, to provide greater choice for those HCWs that did not want to travel to a CVC.



# 9 THE OMICRON RESPONSE (DEC 2021 – JAN 2022)



On 1 December 2021, tests carried out at the National Virus Reference Laboratory confirmed that the first case of the Omicron variant had been detected in Ireland<sup>42</sup>. On the same day, the regional programme was informed that Defence Force personnel would start to return to CVCs, including all those across Saolta, as the booster programme ramped up to try and counter the Omicron threat. Outside of the vaccination programme, on 3 December, the Government reintroduced a series of measures that would commence from 7 December to 9 January 2022, amid concerns of the Omicron variant, with nightclubs to close, bars and restaurants to revert back to six adults per table and no multiple table bookings allowed, indoor cultural and sporting events to operate at 50% capacity, a maximum of four households allowed to meet indoors, the Pandemic Unemployment Payment to be reinstated and the requirement of vaccination certificates extended to gyms, leisure centres and hotel bars<sup>43</sup>.

It was clear another surge was coming and the constant changes over the coming 4-6 weeks would test the ability of the entire programme to respond quickly and effectively – but this was a challenge the entire regional team rose to.

<sup>42</sup> <https://www.gov.ie/en/press-release/984aa-statement-from-the-national-public-health-emergency-team-wednesday-1-december/>

<sup>43</sup> <https://www.gov.ie/en/speech/16319-address-to-the-nation-by-the-taoiseach-micheal-martin/>

## 9.1 BOOSTERS, WALK-INS AND QUEUES

There were a number of mandated clinics each CVC was required to run going into December. For example, the position at 1 December 2021 was as follows:

- **HCWs** – All CVCs to offer at least 2 walk in clinics to HCWs
- **60-69 year olds** – All CVCs to offer at least 2 walk in clinics to persons aged 60-69yo. We also expect to see a number of scheduled clinics for this group.
- **Cohort 4s** – All CVCs to offer at least 2 clinics with scheduled appointments for patients from Cohort 4.
- **Dose 1/Dose 2 Clinics** – All CVCs to offer at least 1 scheduled and 1 walk in clinic session to offer D1/D2 vaccines
- **Immunocompromised** – All CVCs to offer at least 1 scheduled clinic

The availability of walk-in booster clinics was pushed over social media channels, with CVCs asked to estimate walk-in clinic queuing times twice in both the morning and afternoon, for publication on HSE website and Twitter. On the 9 December 2021, as walk in clinics for 50-59 year old people commenced, the Saolta Central Programme Team were asked to attend an urgent national call about the need to increase booster take-up. People across the country were simply not turning in sufficient numbers for their boosters. All regional programmes across the country were asked to create a clear scheduled plan of clinics until Christmas. The minimum requirement was for all vaccination centres to offer at least one walk-in clinic every day, with at least one clinic covering each of cohorts 4, 7s, HCWs, 60-69yos, 50-59yos. Throughout all of this Data Quality Leads were hard at work across the CVCs. There were daily national ICT calls every day at 10:00, with the OoCIO team and PFH management, with schedulers and Data Quality Leads welcome to attend.

On 13 December 2021, the NIAC recommended that people would be able to receive a booster dose three months after their second dose<sup>44</sup>, and this was operationalised for eligible cohorts the next day.

At the same time, anticipating a huge pre-Christmas rush, the Saolta CEO was asked to confirm a detailed plan, within 24 hours, to demonstrate how the region would substantially increase the volume of booster vaccinations through the CVCs. CEOs were asked to divert resources from non-essential services to support CVCs in extending opening hours 7 days per week, 8am to 8pm from 16/12/21 to the end of January 2022. The team pulled together an assessment of possible restrictions based on the circumstances at each CVC as follows:

- Galway – other site attractions running daily from 18/12/21 – 24/12/21 and would affect number of hours possible to open for walk-ins; some days would not be 12 hours, but would be activity every day.
- Sligo – parking issues onsite may lead to queues of traffic locally.
- Roscommon – parking issues onsite may lead to queues of traffic locally. Launch day in new CVC location would be less than 12 hours due to staff fire training in morning.
- Mayo – testing centre would co-locate on same site from mid-Jan 2022, so may impact on ability to manage large queues onsite going forwards.
- Carrick – plan to run maximum of 3 days per week as satellite of Sligo.
- Letterkenny – no known restrictions.

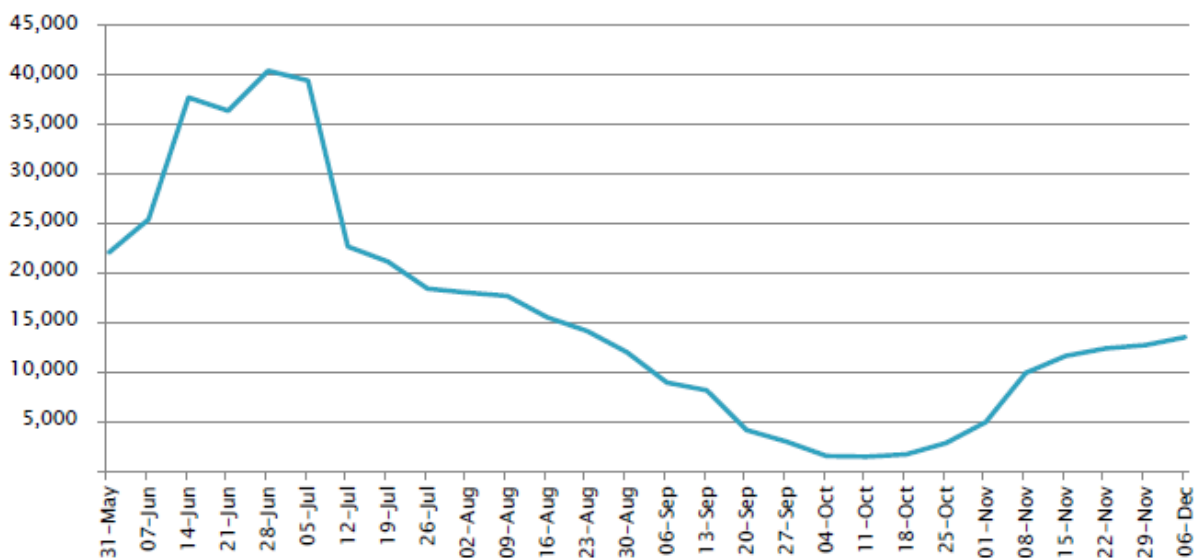
Changes were happening on a daily basis, sometimes several times a day. Within 48 hours of the plan being submitted, CVCs were instructed to publish walk-in clinic times daily and provide daily 2-hourly updates to HSELive on Twitter with 'live' queue times, early warnings in the event of significant queues or other issues with access that the public needed to be aware of. A web form was launched by HSE Digital nationally to enable notification of planned walk-in clinics and social updates (current queuing times and capacity) directly, without emailing the national teams. This flurry of changes was completed with the announcement that the requirement to wait for 15 minutes observation post-vaccination would be temporarily waived, following a NIAC recommendation.

<sup>44</sup> <https://www.gov.ie/en/press-release/fc24c-minister-for-health-announces-updates-to-irelands-covid-19-vaccination-programme/>



This latter development was to be a game-changer. It had been recommended due to the rapid spread of the Omicron variant and the need to give people boosters as soon as possible, enforced by the effectiveness that was being seen of mRNA boosters against the Omicron variant. The waiver was not applied to those people receiving a primary COVID-19 vaccine course, or anyone with a history of anaphylaxis (from any cause) due to receive a booster dose in which case 30 minutes observation was recommended. It also did not apply to anyone being given their COVID-19 booster and flu vaccine at the same time (this was relevant only to Saolta HCWs in the region's CVCs). The impact was immediate and significant; queues and congestion were reduced, additional space could be allocated to more booths and less observational seating and minimal staff allocations were needed to cover the remaining observation areas meaning they could be diverted back to the vaccination booths.

The weekly numbers of vaccines had started to increase again after the autumn slow down, although the nationally expected figure of 30,000 a week across the region was not close to being seen, a situation mirrored in CVCs across the country.



In the week before Christmas 2021, a number of national announcements were made which accelerated all the plans the team had put in place, adding to the pressure on the CVC management and staff trying to manage the service. To curb the spread of COVID-19 over the Christmas period, the Government announced an 8pm closing time for bars, restaurants, live events, cinemas and theatres that would commence from 20 December to 30 January<sup>45</sup>. On the 19 December, the Chief Medical Officer announced that the Omicron variant was now the dominant variant in Ireland after it was confirmed that 52% of cases were due to Omicron<sup>46</sup>. On the same day, walk-in clinics for boosters for all eligible people aged 40+ commenced. This was brought forward from a previously planned date of week commencing 27 December.

Two days later, the national self-booking portal launched, with four pilot CVCs using it. The Saolta regional programme had previously been vocal about implementing such a system during national calls. Saolta did not participate in the initial pilot, but Breefy House CVC joined the second one. The system was in use across all CVCs days later and immediately alleviated some pressure on the scheduling work, as appointments did not have to be sent out for all cohorts. On the day before Christmas Eve, the Minister for Health announced that booster vaccines would be offered to everyone aged 30 and over from 29 December 2021 and to all remaining age groups from 10 January 2022<sup>47</sup> (*clinics for boosters for all eligible people aged 16+ years subsequently commenced on 4 January 2022; a further last minute change to the plan*).

<sup>45</sup> <https://www.gov.ie/en/publication/4174f-new-public-health-measures-announced-friday-17-december/>

<sup>46</sup> <https://www.gov.ie/en/press-release/03d57-statement-from-the-national-public-health-emergency-team-sunday-19-december/>

<sup>47</sup> <https://www.gov.ie/en/press-release/0393d-minister-for-health-announces-acceleration-of-irelands-covid-19-vaccination-programme/>

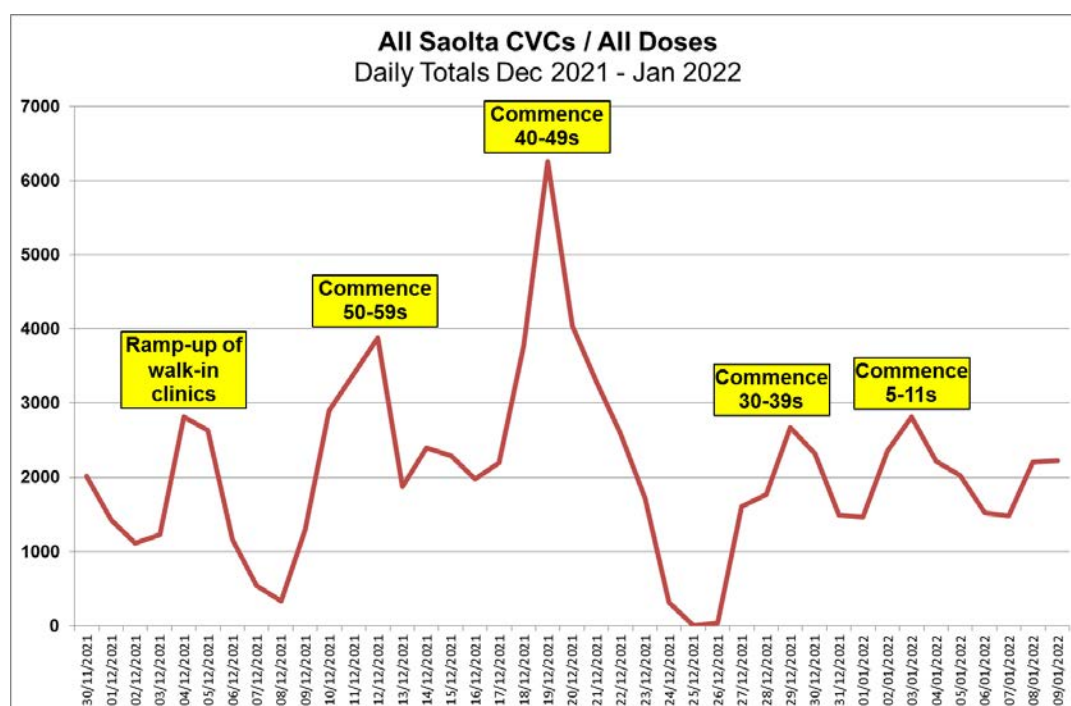
An example of the regional CVC planning profile from the time is given below:

w/c	Healthcare workers	Cohorts 4/7	Over 50s	Pregnancy	Over 40s	5-11yo
13 Dec	Walk ins (primary) Scheduled clinics	Scheduled clinics, Accommodated at walk ins	Walk ins (primary) Scheduled clinics (mainly over 60s)	To be accommodated as walk ins	Not eligible unless HCW or Cohort 4/7	Not started
20 Dec	Substantially complete Accommodated at walk in clinics	Scheduled clinics, accommodated at walk ins	Walk ins (primary) Scheduled clinics (mainly over 60s)	To be accommodated as walk ins	Not eligible unless HCW or Cohort 4/7	Not started in CVCs Limited numbers vaccinated through Acute Hospitals
27 Dec	Substantially complete Accommodated at walk in clinics	Substantially complete Final scheduled clinics, walk ins accommodated	Walk ins (primary) Scheduled clinics as mop up for over 50s	To be accommodated as walk ins	Walk ins (primary)	Not started in CVCs Limited numbers vaccinated through Acute Hospitals
3 Jan 2022	Substantially complete Accommodated at walk in clinics	Substantially complete Accommodated at walk in clinics	Substantially complete Accommodate at walk in clinics Scheduled clinics as mop up	To be accommodated as walk ins	Walk ins (primary) Scheduled clinics	First clinics in CVCs

It was also announced that the national registration portal for 5-11 year olds would open at 20:00 on 27 December 2021, with the first clinics in CVCs from 3 January 2022.

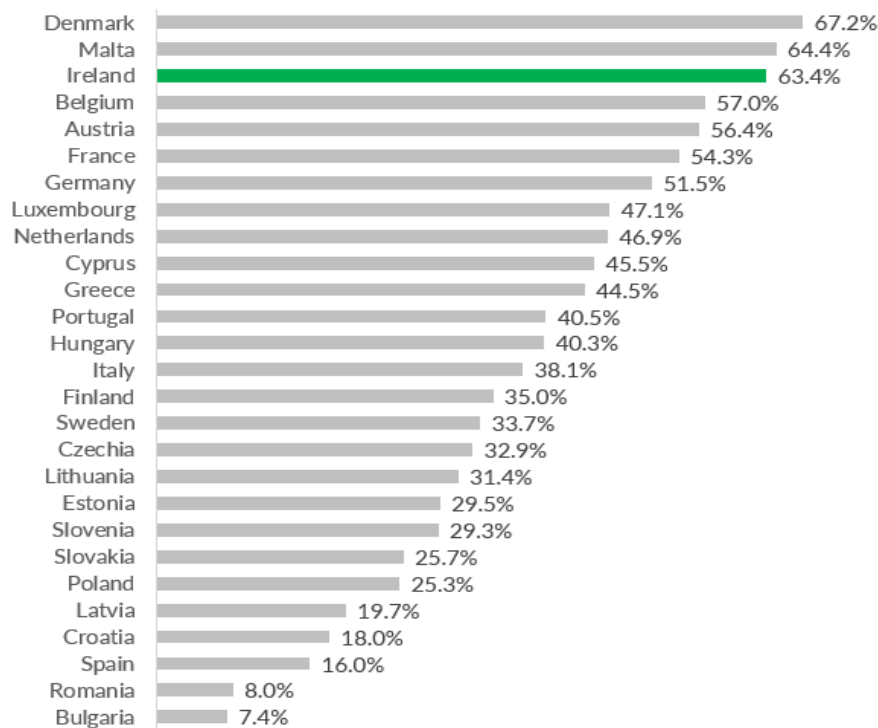
The effect of Omicron on the CVC staff was starting to hit, with numbers of positive cases and/or contacts increasing over the Christmas period. Some staff were absent for up to two weeks in many cases and each CVC management team worked incredibly hard to manage the absences and continue to offer a full service.

However, the CVCs were very quiet in comparison to what had been expected after the busy weekend pre-Christmas, the busiest weekend in three months. Additional staff had been brought in and former CVC deputies that had returned to substantive posts in the hospitals came back to the CVCs under agreement with the Hospital Managers. At the point of the first Steering Group of 2022, on 10 January, it was reported that 16+ boosters, Immunocompromised third dose and 5-11 dose 1 and dose 2 were all being offered slots in clinics at the region's CVCs. The self-booking system was the preferred route for boosters and all CVCs were expected to still open 7 days a week. Some staff in the centres were becoming frustrated by the continuing need to open for long hours, as high numbers were not coming in for vaccination. It may have been the case that many people contracted COVID-19 over the Christmas period or were close contacts, but the drop-off in numbers of vaccines administered was stark, despite the Government's drive to open up boosters to all eligible ages ahead of the original planning timescales. The diagram below shows the volume of vaccines administered each day for the whole region, mapped against the opening date of each age group:



Due to the low activity at the CVCs, the Executive Lead wrote to all CVC OSMs to ask for their support to help ensure that all staff at each CVC took their annual leave earned in 2021/22 by the end of the leave-year on 31 March 2022.

The slowdown was not to be considered unsuccessful – the ECDC provided a comparison of EU Member States showing the cumulative uptake (%) of an additional dose among adults (18+) data as at 13 January 2022; this clearly showed that the Irish booster campaign was a significant success and the 12-hours a day 7-days a week working pattern over the festive period had led to results the country could be proud of:



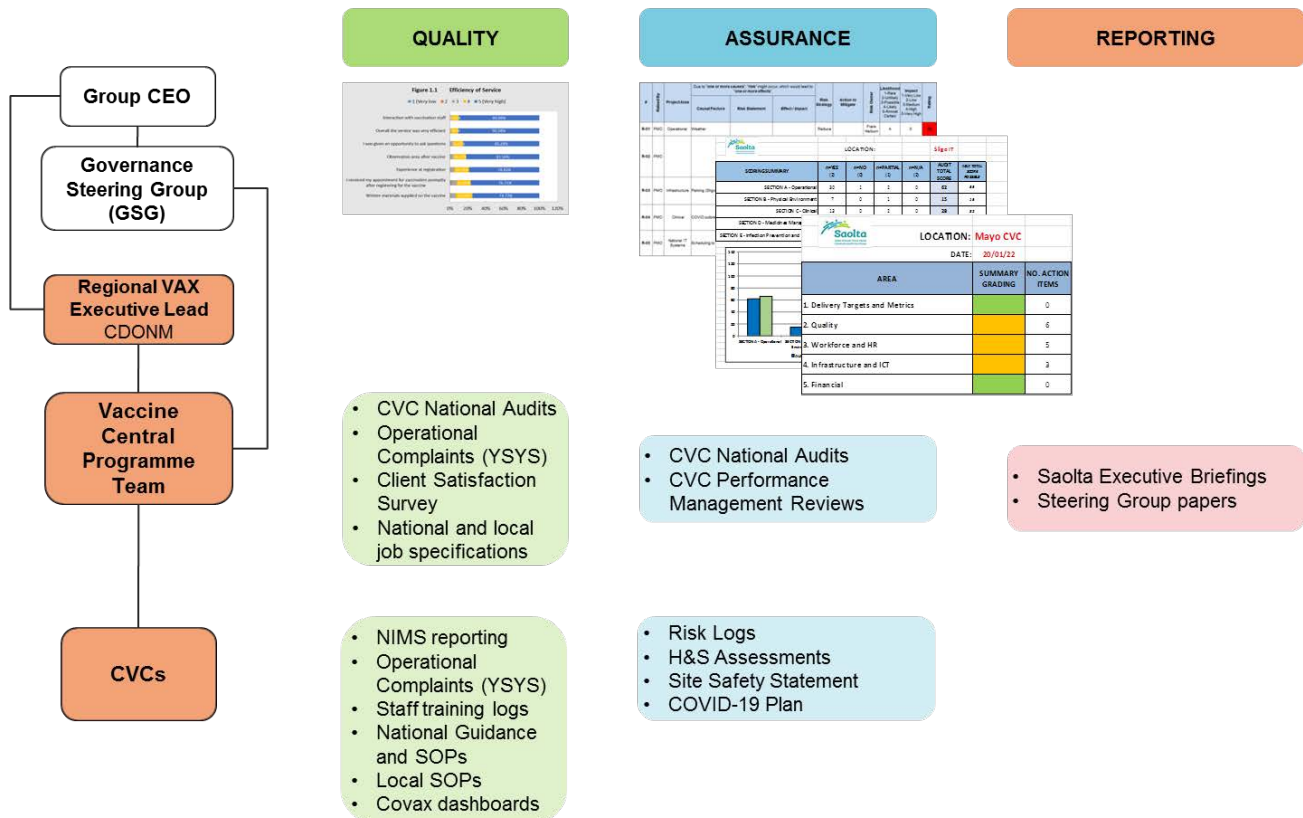
A draft national programme plan was received, informing CVC Leads to expect a reduction in CVC activity through to the end of February, with a high number of people being ineligible due to infection that would become eligible over the subsequent 3 months. To help public health experts better understand this potential profile of people, on 15 January 2022 positive antigen tests had started to be reported, after the HSE launched a new website to log them<sup>48</sup>.

The quieter time across the CVCs was utilised by the Central Programme Team to reflect and plan, based on what was known at the time. It was clear that the reactive approach taken during most of 2021 was not sustainable longer term, with a need to transition to a business as usual (BAU) model. The Central Programme Team decided to implement a more structured performance management approach to ongoing delivery in all CVCs, which necessitated OSMs and their management teams looking at various aspects of the operation of the CVCs and providing assurance to the Central Programme Team in a number of areas.

The approach was for CVC management teams to review the framework areas and provide periodic feedback to the Saolta Central Programme Team during site visits, to give them the opportunity to highlight any areas of operational concern or issues and risks arising. This process was highly effective and helped the CVC management to focus on addressing any outstanding issues.

<sup>48</sup> <https://www.thejournal.ie/covid-19-coronavirus-latest-figures-ireland-5-5655516-Jan2022/>

# Key Assurance and Quality Components



Since the start of December 2021, the General Manager had taken on direct responsibility for the coordination and response to all formal complaints about the CVCs submitted via HSE's *Your Service Your Say* (YSYS) process. Up to the end of November 2021, such complaints had typically been dealt with by the relevant CVC OSM in conjunction with the local Quality & Patient Safety (QPS) officer at the nearest acute hospital. The change of process was deemed appropriate as the number of complaints rose sharply when walk-in clinics gained popularity, as this sometimes led to longer queues.

Whilst the New Year brought immediate changes as a result of the Omicron variant, such as the provision of HSE antigen tests for staff and the requirement to wear FFP2 masks in all CVCs, it also brought the challenge of administering vaccines to the youngest people yet – the 5-11 year olds.

## 9.2 VACCINATING THE 5-11 YEAR OLDS

The standard process for this age group was that parents registered and self-referred their child as a priority if they believed they were within one of the three groups as described by the NIO – has underlying conditions; living with a younger child with complex medical needs; or living with a person who is immunocompromised. This group were the first to receive vaccinations for 5-11 year olds.

The Central Programme Team offered to run small clinics in the CVCs on 31 December 2021 for any very high risk children that were identified and referred by consultant paediatricians. An email was sent to consultant paediatricians across the hospital group to ask them to consider if they had any high risk children who should be vaccinated. Where identified, the consultants were asked to liaise with families and ensure the registration process was carried out by the parent/guardian using the portal. It was also communicated that immunocompromised referrals for this cohort to receive a third dose of the primary vaccine course would be the same as the 12-15 age group process.

The national programme had identified that the vaccination process would be the same for this cohort; however, some of the vaccinators in the centres were nervous as they had not previously administered paediatric vaccinations and the deltoid muscle area would be much smaller than in people aged 12 and above. To help alleviate some of these concerns and to provide an open forum for vaccinators and other CVC staff to flag their worries, the Director of Paediatric Nursing for the Women & Children's MCAN in Saolta, ran two Q&A sessions with vaccinators across the region with over 60 staff attending. She also offered further support to staff if they needed it as the cohort progressed.

This cohort would highlight an important consent issue, where one parent or legal guardian was able to register their objection to their child receiving a vaccination. This process meant that a minimum period of 72 hours was needed to schedule appointments, to enable objection to consent to be lodged. Where this happened, a flag would be placed on the Covax system. Whilst far from fool-proof, as a child could receive a vaccine at participating pharmacies or GPs where Covax was not linked in real-time, the process did offer parents and guardians some options.

The 5-11 years olds quickly became the key focus of the CVCs for the early part of January 2022 and there was significant pressure to ensure that the centres progressed quickly through the cohort. A KPI was set to see no child waiting any more than 1 week from registration to receipt of vaccination, with between 30 and 60% of clinic time devoted to this group

As the month came to an end, the national team announced they would move to a single vaccine type (Pfizer) in February 2022, once all the Moderna stock had been used or had expired; and would simplify CVC operational opening times to match the lower levels of demand. Then on 21 January 2022, the Taoiseach announced the easing of almost all COVID-19 restrictions from 06:00 on 22 January<sup>49</sup>, with the requirements of vaccine certificates and social distancing to end, restrictions on household visits and capacity limits for indoor and outdoor events to end, nightclubs to reopen and pubs and restaurants to resume normal trading times, while rules on isolation and the wearing of masks would remain. This led to the view that the country was '*over the worst of it*' and would continue to be reflected in the numbers coming to the CVCs.

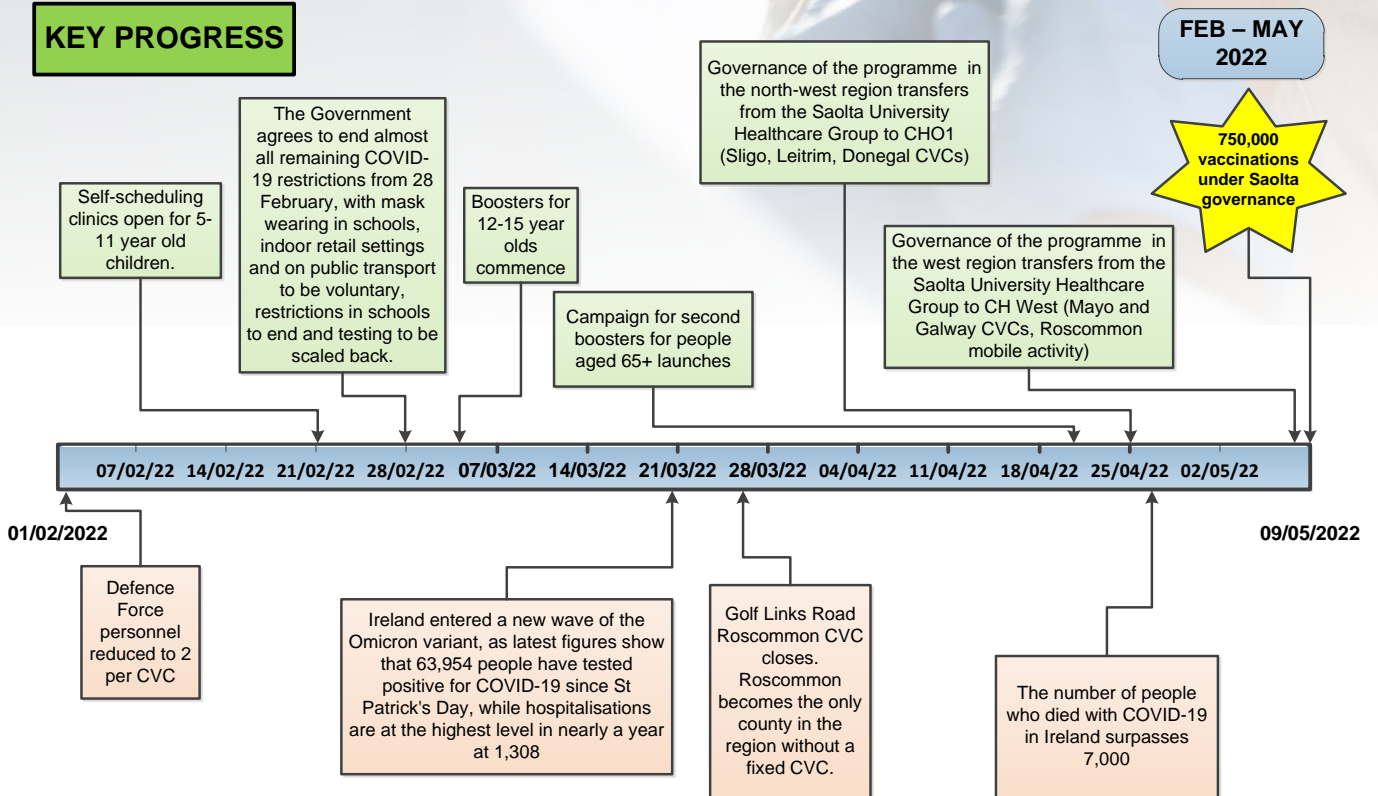
The use of scheduled appointments via Covax ended on 27 January 2022, with the exception of children aged 5-11 years old and those requiring additional dose appointments for persons who are immunocompromised. All appointments were now self-booked by people directly, to ease the cost of huge volumes of SMS messages and DNA rates that had been seen through the scheduled appointment module on Covax in recent times. The month ended with the Novavax vaccine approved for use as Ireland's fifth COVID-19 vaccine and the recognition that circa 68% of vaccines were being delivered through GP or pharmacy channels as opposed to the CVCs (primarily through pharmacies). It was also announced by the national team that an SMS message would go out to all people registered in previous 3 months for Dose 1, with a link to book own appointment online, plus the same for those whose Dose 2 was outstanding.

On 24 January 2022, the Steering Group heard that the number of vaccines administered under Saolta governance had exceed 700,000, with grand total of circa 710,913 of which circa 664,180 had been undertaken in the CVCs (all doses). Later that week, the national team announced that from 30 January, hse.ie would be updated to reflect that all advertised walk in clinics for booster doses now applied to anyone aged 16 years or over.

<sup>49</sup> <https://www.gov.ie/en/press-release/60083-covid-19-reframing-the-challenge-continuing-our-recovery-reconnecting/?referrer=http://www.gov.ie/en/press-release/Ofc0d-government-announces-that-most-of-the-public-health-measures-currently-in-place-can-be-removed/>

# 10 IRELAND OPENS AND TRANSFER TO CHOS (Feb – May 2022)

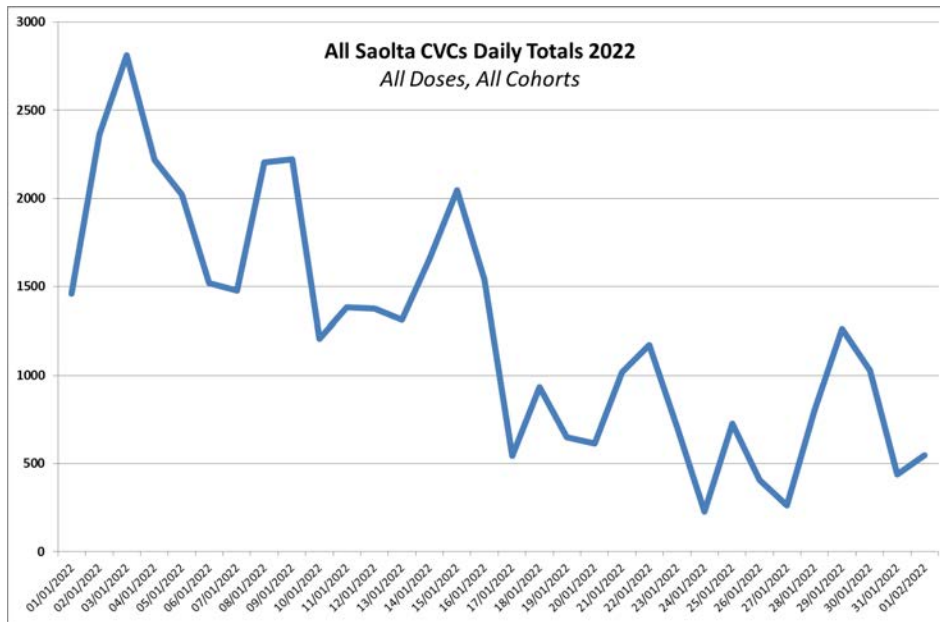
## KEY PROGRESS



## KEY CHALLENGES

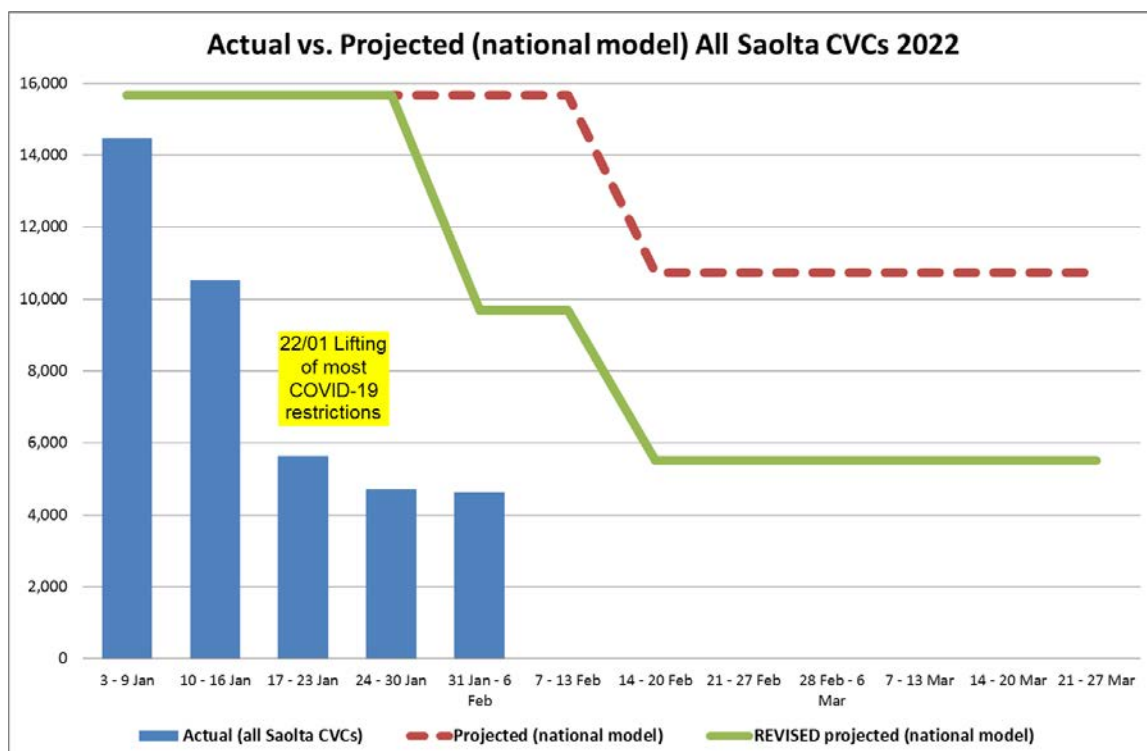
### 10.1 THE CVCS BECOME QUIET

As the programme progressed into February 2022, the numbers vaccinated continued to drop, with daily totals halving since the turn of the year:



On 4 February 2022, the number of Defence Force personnel in each CVC was reduced to 2 in every location. The national programme also confirmed that CVCs were permitted to reduce opening days but had to continue to offer a mix of clinics to cover all open cohorts - this was a minimum of 2 evenings per week and open on both Saturday and Sunday. The Steering Group was informed on 7 February 2022 that the region’s CVCs would operate for a maximum of 4 days per week, reducing to 3 days from late February.

The national modelling team had provided information throughout the programme, to try and support regional programmes in terms of balancing workforce requirements against the expected demand. In recent weeks, however, the modelling had not taken into account the dramatic reduction in demand and the Saolta programme had not operated close to this ‘expected demand’ for some weeks:



This was not just because of the number of people that had contracted COVID-19 in the preceding 2-3 months, which was still very high, but also because the lifting of most restrictions on 22 January 2022 had given the country the sense that Ireland was 'open for business' and that the pandemic was largely over. This was of course hugely positive for Ireland and another chance to celebrate the success of the vaccination programme.

The programme DON had taken the opportunity to further reduce the Saolta governed CVCs' workforce commensurately, to try and ensure that resources were not being wasted and the change between January and February 2022 alone was stark:

<b>CVC WORKFORCE January 2022</b>					<b>Vaccinators</b>	<b>Clerical</b>
	<b>Recruits</b>	<b>Ex Hours</b>	<b>CPL</b>	<b>NOC</b>	<b>Total</b>	<b>Total</b>
Galway	13.5		22.5	6.4	<b>42.4</b>	8.3
Mayo	12.2	0.6	8.4	2.6	<b>23.8</b>	5.2
Sligo/Leitrim	14.9		7.2	4.3	<b>26.3</b>	6.8
Roscommon	5.4	0.5	4.5	0.9	<b>11.2</b>	2.6
Letterkenny	13.4		9.3	0.0	<b>22.6</b>	7.5
<b>Total</b>	<b>59.4</b>	<b>1.1</b>	<b>51.9</b>	<b>14.1</b>	<b>126.5</b>	<b>30.5</b>

<b>CVC WORKFORCE February 2022</b>					<b>Vaccinators</b>	<b>Clerical</b>
	<b>Recruits</b>	<b>Ex Hours</b>	<b>CPL</b>	<b>NOC</b>	<b>Total</b>	<b>Total</b>
Galway	12.9		15.8	0.0	<b>28.7</b>	8.3
Mayo	7.2	0.0	5.9		<b>13.1</b>	5.2
Sligo/Leitrim	11.3		4.9		<b>16.3</b>	3.8
Roscommon	4.3	0.0	2.1		<b>6.4</b>	2.6
Letterkenny	13.4		8.7	0.0	<b>22.0</b>	7.5
<b>Total</b>	<b>49.0</b>	<b>0.0</b>	<b>37.5</b>	<b>0.0</b>	<b>86.6</b>	<b>27.5</b>

The Central Programme Team met to discuss planning. This covered key concerns around keeping the trained workforce engaged, with the inability to provide assurances to many staff about when contracts might be renewed. There was also the constant lingering fear that the emergence of a new variant of concern may necessitate a surge-level response; how would each CVC be positioned to respond at short notice? With many staff working just 3 days a week, including all weekend, the concerns about retention were real and ever present. The Central Programme Team had to ask itself difficult questions – such as which CVCs they might recommend to close based on the activity levels and cost of those centres. Importantly, the team was keen to ensure they had a strong voice in the national discussion about the future of the programme, to offer practical experience and to ensure the region was at the forefront of decision making.

Such was the level of activity in the centres that the national team confirmed that the mid-term break would be used as an opportunity to offer self-booking and walk-in clinics to the 5-11 year old cohort. Just over 25% of 5-11 year olds had been registered nationally. The rationale was that the portal had been open for so long that parents have been given opportunity to object and withdraw their consent, but safeguards were put in place which required CVC teams to react immediately, in line with the national policy, if any parental consent issues did arise. One such safeguard was that each child had to be accompanied by a parent or legal guardian for their appointment; an alternative adult was not suitable, as they would not be able to give consent. In addition, it was stipulated that Covax must be used in real time, so any previous non-consent information could be seen ahead of vaccine administration.

On 16 February 2022, the national programme stated their intention to recommend the closure of Roscommon CVC when the lease expired on 31 March 2022, if this was supported by the Saolta team. The General Manager reviewed the position – the CVC was only averaging 70 vaccinations per day across the previous month and there were some nearby alternative CVCs in Carrick-on-Shannon (41km), Moate (49km), Galway Racecourse (75km) and Mayo (81km). It was deemed feasible to deliver the service through other nearby CVCs due to the low numbers of 5-11 year olds that had come in to date. There



was also the option for people aged 12+ to receive a vaccine in a participating local pharmacy. As there was no Steering Group meeting until 7 March 2022, the General Manager sought CEO approval to support the proposed closure of Roscommon CVC. This was agreed by the whole group at the next meeting and plans put in place with the CVC OSM to close the centre.

This was the first county-level CVC to formally close in the region; some of the staff had worked there since it opened and some had even been with the clinics when they were led by the DON in Roscommon University Hospital, so it was a bittersweet moment for the team. On the one hand, there was a level of sadness that it had come to an end; on the other, there was great pride in knowing that the efforts of the staff and the willingness of the public to take up vaccines had led to this point.



On 5 March 2022, boosters for 12-15 year olds commenced.

The Steering Group met on 7 March 2022 for the first time in a month; this was to be a critical meeting for the future delivery of the regional programme. Following discussions between the Saolta CEO and the Chief Officers for both CHOs, it was agreed to begin a process of transition of the governance of the vaccination programme for COVID-19 from Saolta Group to CHO1 and CHW. It was agreed that this would be a managed transfer, with a focus on ensuring that there was no interruption to the delivery of the programme during the process or as a result of the transfer, working towards a date in quarter 2 of 2022 in both cases.

As anticipated, when this was announced to the CVC OSMs and their management teams two days later, there was a flurry of questions that the General Manager could not fully answer. Most staff wanted to know what was happening with their contracts after June 2022 (the majority of them ran up to this point), what their role in the handover would be and what changes that would mean for their teams. However, the General Manager committed to ensuring the CVC management were kept informed about the process throughout the transition period, were active in providing information required for due diligence by the CHOs and were given the opportunity to voice any concerns as they arose. Managing the handover process would now consume the vast majority of the Central Programme Team's time until the programme governance was transferred.

On 17 March 2022, celebrations took place across the country to mark St Patrick's Day, following a two-year absence due to COVID-19. Three days later, events were held across the country to mark a national day of remembrance and reflection in honour of the more than 6,600 people who died from COVID-19 in Ireland<sup>51</sup>. This took place just as the country entered a new wave of the Omicron variant, with figures showing that 63,954 people had tested positive for COVID-19 since St Patrick's Day, while hospitalisations were at the highest level in nearly a year at 1,308<sup>52</sup>.

March 2022 ended with the invasion of Ukraine by Russian forces having led to thousands of displaced Ukrainian refugees entering Ireland. The regional vaccination programme worked with community health, social care and local authority colleagues to provide COVID-19 vaccine information and administration services where required.

## 10.2 THE SECOND SURVEY

Building on the success of the previous Saolta CVCs People Satisfaction Survey in September 2021, a second survey was run in early 2022. Study participants had the option to complete a paper version of the survey, or to complete the survey online by using a QR code. The survey opened on 26 January 2022 and closed on 20 March 2022. A total of 2001 responses were received. The number of vaccinations carried out throughout the Saolta Hospital Group during that period was 20,383. The overall response was 9.7%.

<sup>51</sup> <https://www.gov.ie/en/press-release/211ea-statement-from-taoiseach-micheal-martin-td-on-national-day-of-remembrance-and-recognition/>

<sup>52</sup> <https://www.gov.ie/en/press-release/70d0e-statement-from-the-department-of-health-monday-21-march/>

Breaffy House CVC elicited the most responses 57.04%, followed by Sligo CVC 18.74%. When the number of people who were vaccinated at each centre during the study period was compared with the number of surveys submitted, Breaffy House CVC had a response rate of 43.2%, and Sligo CVC had a response rate of 12.3%. The Galway Racecourse CVC and Roscommon CVC had the lowest response rates at 1.4% and 1.8% respectively.

At the time of the survey, the programme was primarily vaccinating children from 5-11 years of age. The age profile of the participants of this second study reflected this age cohort; 86.81% of the study participants were parents or guardians of children aged 5-11 years

Parents/guardians were asked to rate the service on behalf of their children. All aspects of the service were rated very positively by over 99% of the parents/guardians. Over 99% of the respondents agreed that the process of getting the vaccine was explained to their child in an age appropriate language, their child was reassured and given enough time with the vaccinator, their child's questions or queries were answered and their child was treated with respect and dignity. A total of 485 participants made additional comments. The vast majority of the comments were positive and complimented the vaccinators on their kindness, and skill at putting the children at ease.

*'The experience was very positive for the child. Cartoon posters, lollipops on arrival, and cartoons in waiting area, flavoured drinks for children. The staff make a great effort to make the experience a good one for the child. Much appreciated by parents.'*

*'Our 7 year old has Down syndrome, so meant so much to us that our lovely vaccinator took the time to chat to him.'*

*'All of the staff were very kind and welcoming. My son is a bit shy and reluctant to talk to strangers but each person we dealt with still made the effort to speak to him directly. The nurse specifically asked him if he knew why he was getting the vaccine and of he was happy to get it, even though he is only five. She did her best to distract him and was very kind.'*

*'All staff including nurses, receptionists and Defence Forces personnel were extremely friendly and helpful, children were spoken to with kindness and age appropriate language.'*

#### Example responses to people satisfaction survey, Jan-Mar 2022

A minority of participants were dissatisfied with the facilities. The queues in the cold weather along with potholes in the car park were identified by some study participants as areas which required attention.

*'The queues where very long; thought the whole idea of booking an appointment was to avoid queues.'*

*'Road surface for vaccination centre –pot holes.'*

*'At one of our visits we had to queue out in a tent for about 20 minutes (in December), it was very cold.'*

#### Example responses to people satisfaction survey, Jan-Mar 2022

The participants were asked to rate the vaccination centre facilities. Overall, the vast majority of the participants (over 97%) rated the services as very good. Over 99% of the participants stated that the staff were wearing face masks and sanitised their hands. The study participants were generally very satisfied with the level of information received about the vaccine and the opportunity to ask questions. A minority of the participants commented on the waiting times for the vaccine, and the queues in the vaccination centre. It was also noted that it was sometimes difficult to hear at the registration desks. Almost all of the study participants (99.4%) reported that they were treated with respect and dignity during their time at the vaccination centre.

Some areas for improvement were identified by participants, including:

- *'HSE website was unclear. The swift queue booking system could be improved.'*
- *'The option to book a vaccine and have children from same family vaccinated together.'*
- *'Difficult to hear staff behind screens and masks.'*
- *'It is hard for children waiting in the queue to hear other children crying.'*
- *'I think the centre should advertise how fun the overall approach is, you do a great job but not many people I spoke to know about it.'*
- *'Ensure people know to bring PPS number for child with them.'*

### 10.3 THE CHO HANDOVER PROCESS

Saolta had agreed to take on the governance of the programme at the outset for very practical reasons; not least the access to an immediate emergency response in the acute settings, but also when transitioning to a CVC-based model there was expertise in the Central Programme Team and experienced staff already in dedicated posts. However, community vaccination is not a typical acute service and so consideration was given by the Saolta team at a number of points during the programme, to look at the future governance options. This happened as early as March 2021; although, a more suitable 'natural' transfer opportunity was highlighted at the end of September 2021 when the programme was experiencing the first 'slow down'. In early February 2022, the governance of the various regional programmes across the country was still the same as it had been for some time:

CVC Area	Hospital Group Governance	CHO Governance
Cavan / Monaghan	-	All
Limerick, Clare and North Tipperary	All	-
Cork, Kerry	Cork City	West Cork and Kerry
Waterford, South Tipperary	All	-
Carlow, Kilkenny and Wexford	Kilanerin (North Wexford / South Wicklow)	All others
Dublin South and Wicklow	RDS	Wicklow
Dublin West, Kildare/West Wicklow	City West and Richmond Barracks	Punchestown
Laois, Offaly, Longford, Westmeath, Louth and Meath	-	All
Dublin North City and County	-	All
Donegal, Sligo, Leitrim, Mayo, Roscommon, Galway	All	-

The Saolta CEO held discussions with the two CHO Chief Officers and agreed the timing was right to transfer the governance. The regional programme had administered vaccines to all eligible people from age 5 upwards and many lessons had been learnt and applied to the overall process. The programme was to be handed over to the CHOs at what was considered the lowest point of risk to all organisations and to the public. From a financial management point of view, transferring at the start of the calendar year would have been more beneficial, as it would have been easier to manage forecasts, but this was not the primary driver.

At the Steering Group meeting on 7 March 2022, it was agreed to begin a process of transition of the governance of the vaccination programme from the Saolta Hospital Group to CHO1 and CHW. Five key guiding principles were agreed:

- *It is expected that the Saolta Hospital Group programme team would lead the approach and activities needed to achieve a safe, high quality and timely transition of responsibility for the Regional Vaccination Programme, from the Saolta Hospital Group (the 'sending organisation') to CHO1 and CHW (the 'receiving organisations').*

- *The transfer of assets would be documented within two 'Transfer Schemes' for each of the Central Vaccination Clinics (CVCs) – a Staff Transfer Scheme and an Assets Transfer Scheme.*
- *It was expected that all staff listed in the Staff Transfer Scheme would be transferred to the payroll of the receiving organisations.*
- *It was expected that discussions will be undertaken on the transfer of operational service contracts at each CVC and future payment for operational services will transfer to the receiving organisations.*
- *There would be a short period of support provided by the Saolta Hospital Group programme team once the handover has been made to each CHO, to address any queries arising (two weeks).*

Two weeks later, it was confirmed that both CHOs would transfer on 25 April 2022, as this provided a manageable cut-off date for the HSE payroll process for all parties. The transfer date for CHW was subsequently changed to 9 May 2022 at the request of CHW, two weeks later than planned, for resource reasons.

The 'transfer scheme' approach changed into a wider due diligence document at the request of CHW. The information to be handed over at the point of transfer included:

- Completed and reviewed due diligence pro-forma (electronic)
- Staff lists (personnel data, electronic) – NB - previously referred to as the Staff Transfer Scheme
- Staff info (hard-copy files, couriered)
- Non-Staff information, NB - previously referred to as the Non-Staff Transfer Scheme (electronic), to include:
  - Copies of recent invoices, showing full vendor details
  - Copies of recent invoices, showing full vendor details
  - Recent vendor costs (as an indication of service costs)
  - Non-national assets being transferred (e.g. items procured outside the national programme)
  - Lists of any hard-copy records held on each site (type and approx. boxed volumes)
  - Access to national shared drives; one used per CVC and one from the Saolta Hospital Group Central Programme Team

In order to manage the transfer, separate management team meetings were held between Saolta with CHO1 and Saolta with CHW. With just a few weeks to handover, a weekly drumbeat of meetings and ways of working were agreed as follows:

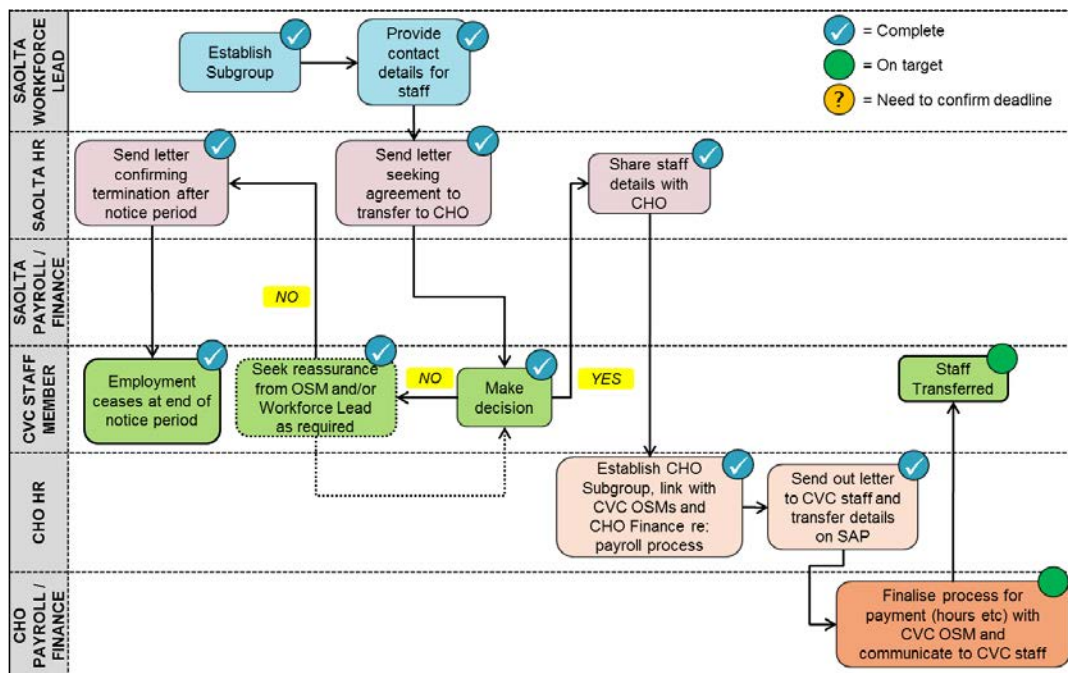
- Handover Management Team (HMT) meetings were held weekly, where progress by workstream was agreed, actions assigned and risks identified and reviewed.
- Information required from CVCs must be requested via the Saolta Central Programme Team, specific to each handover workstream (Governance, Reporting and Communication; Workforce; Infrastructure and Assets (non-Estates); and Records and Data.
- A separate joint Working Group was established for Workforce, consisting of Saolta and CHOs HR and Finance functions.
- A risk log for each HMT was maintained by the Saolta PMO.
- Each HMT reported progress to the Steering Group on a fortnightly basis, via the General Manager.

An example of the reporting pro-forma used to discuss progress of each workstream at the HMT weekly meetings is shown below:

Records					
Ref	Action / Milestone	Who	Due Date	Notes	Status
REC-01	Develop records management map	JL	25/03	Includes liaison with DDPO and National Team re: sharing, storage, archive	Complete
REC-02	Assurance that all CVC electronic records stored on national Shared Drive	JL	25/03		Complete
REC-03	Assurance that CVC paper records stored securely	FH	25/03	CVC responses received, to be reviewed early w/c 21 March	Complete
REC-04	Transfer Immunocompromised <i>healthmail</i> inbox and data	w/c JL	06/05	Changed date to week before handover	On target
REC-05	Transfer CVC shared drives to CHOs	JL	06/05	Access to CVC shared drives (National Shared Drive) will be arranged for date of transfer. Changed date to week before handover.	On target
REC-06	Create and store Saolta archive share drive	JL	06/05	Internal to Saolta only	On target
REC-07	Information on transferred information assets added to <i>Non-Staff Transfer Scheme</i>	JL	08/04	Included as addendum to Due Diligence document.	Complete
REC-08	<i>Non-Staff Transfer Scheme</i> approved and accepted by CHOs	FH	06/05	Acceptance process sign-off – letter from CHO2 CO to Saolta CEO.	On target

- Complete
- On target
- Minor delay/issue, recoverable
- Major issue, intervention required

Just six full weeks had been proposed, as a very ambitious target, to achieve the handover and a significant amount of work was required to provide assurance to CHO colleagues who were taking on the service. The Central Programme Team carried out the bulk of the preparations, with input from CVC OSMs at specific points. There was also a significant contribution from Saolta Group HR and Group Finance functions, leading on staff data, pay and non-pay transfers. At the Steering Group on 4 April 2022, it was confirmed that 100% of CVC staff had agreed, in writing, to transfer to the respective CHOs. Details of individuals, local management structures and grades were sent to CHOs, with the Saolta Group HR team preparing hard-copy personnel files for handover. The process for transferring staff was as follows:



The handover process was grounded in transparency and any issues that were raised were addressed by all parties working closely together, primarily through the weekly HMT meetings.

Three days before the formal handover to CHO1, on 22 April 2022, the national programme launched the campaign for second boosters for people aged 65+.

On the evening of 22 April 2022, the Chief Officer for CHO1 wrote to the CEO of Saolta to confirm satisfaction with the thorough due diligence process and to accept the transfer. The governance of the vaccination programme for COVID-19 in the north-west region formally transferred from the Saolta Hospital Group to CHO1 on 25 April 2022 (Sligo, Leitrim, and Donegal CVCs). A Steering Group was held on the same day and the General Manager acknowledged the hard work and commitment from all stakeholders in achieving the handover by the target date.

The day after, the Government announced that the number of people who had died with COVID-19 in Ireland had surpassed 7,000<sup>53</sup>, while hospitalisations had reached their lowest level since December 2021. At the end of that week, on 29 April 2022, the Department of Health announced that updates on the number of new COVID-19 cases in Ireland would no longer be published on a daily basis<sup>54</sup>.

On the evening of 5 May 2022, the Chief Officer for CHW wrote to CEO of Saolta to acknowledge the robust due diligence process and to accept the transfer. The governance of the vaccination programme for COVID-19 in the west region formally transferred from the Saolta Hospital Group to CHW on 9 May 2022 (Mayo and Galway CVCs, plus Roscommon mobile activity).

The final Steering Group was held that day, with a summary of the latest national plans for the remainder of 2022 and into 2023:

- May – continue to push 65+ second booster campaign and support mobile activity (RCFs, housebound, people who were inpatients, Ukrainian programme). CVCs to open circa. 4-5 days per week.
- June – continue with booster and mobile mop-ups, CVCs open circa. 2-3 days per week.
- July to September – Galway, Sligo and Donegal CVCs confirmed to remain, plus continue with Carrick if in HSE location. Mayo CVC status to be confirmed after further CHW / national team discussions. All other counties to retain small mobile presence.
- October to Jan 2023 - second booster likely to be offered for more groups. Longer term operating model will support the delivery of combined flu and COVID-19 vaccination programmes.

Following a period of two weeks, where further support was available to CHW if needed, the Saolta Central Programme Team disbanded.

<sup>53</sup> <https://www.rte.ie/news/coronavirus/2022/0426/1294349-coronavirus-ireland/>

<sup>54</sup> <https://www.gov.ie/en/press-release/b9178-statement-from-the-department-of-health-friday-29-april/>



# 11 CONCLUSION

Following the final Steering Group meeting on 9 May 2022, Saolta CEO wrote to the National Director for the Vaccination Programme to confirm that the governance of the programme had now fully transferred. The Saolta CEO thanked colleagues at the national level for their support over the previous 18 months with the programme, acknowledging the very productive partnership approach which was adopted by CHO colleagues for the delivery of the work.

*“On a personal level I want to thank each of the Saolta team for what you have achieved since this process commenced. Your contribution has gone well beyond your own centres as the Saolta team have always innovated and shared your learning right across the country. Your contributions to the Vaccination Lead group have added significantly to its value.”*

National Director COVID-19 Vaccination Programme  
9 May 2022

There is no doubt that the programme was hugely successful. The Saolta-governed programme was seen as innovative, determined and diligent. Every effort was made by every individual involved to meet the aims set by the Saolta CEO at the start of the journey, as best they could - to ensure that no vaccine was wasted; and, to ensure that the pace at which the programme delivered the vaccine would only be limited by the availability of the vaccine itself.

The vast majority of staff had incredibly positive experiences on the programme. However, in the early days of the programme, with clinics still based in the hospitals, some leads reported that a small number of colleagues were very assertive with them, as they were eager to get access to very scarce vaccines; as some felt they should be getting them sooner than others. One DON commented that *“Our first morning of vaccinating went from people thanking you, to eating the head off you. People passed around our phone numbers and I had calls from people in Kerry, London and New York looking to get a vaccine back home”*. Other people felt a level of burn-out from the work they had been involved with, as a result of the seemingly constant change they were asked to manage.

At its peak, a headcount of over 650 staff were working concurrently on the Saolta governed vaccination programme, working in close partnership in an integrated way, with partner health organisations, voluntary and other agencies. Dozens of articles had been written in papers and online and many interviews given to local, regional and national media.

Above all, at the point of handover, the Saolta governed vaccination programme had administered 750,000 vaccinations, of which 703,000 had been given in CVCs. The public came from far and wide to receive their vaccines and the staff worked around the clock to provide a safe and quality service that everybody involved should be immensely proud of.

As the HSE moves forward with the implementation of the Regional Health Authorities (RHAs), lessons learned from the programme are transferable. Many staff involved in the regional vaccination programme have gained improved or new skills that can be brought to bear on innovative initiatives and fresh approaches to service delivery. The HSE has shown it can respond at pace and scale when appropriate resources are made available and implemented in a coordinated and integrated way.

The programme will leave a lasting effect on those who worked on it. The true impact of what was achieved will likely only be realised once time has passed; once people have had time to reflect and recognise their own achievements and those of their colleagues around them.

*“It made me incredibly proud to be General Manager for the programme; especially when I went out to visit teams at the CVCs and saw them all in action. And when I went out to the CVCs, I always found it grounding to remind myself what the programme is all about, as this can often get lost when in the weeds of the daily work that needs to get done – for me, it was about seeing excited members of the public leaving the CVCs having received their vaccinations; of the teams providing protection to them and the people around them in our ongoing battle against the COVID-19 virus. The Saolta governed vaccination programme was very much on the frontline of this global effort and this should not be forgotten.”*

General Manager





# Appendix 1 – Timeline of Key Events

The following table provides a timeline of key events during the regional vaccination programme whilst under Saolta governance. Whilst *not* considered exhaustive, it does include information on the status of lockdown restrictions and other key national events in Ireland during the period of the report. The final column states whether the event of point of interest was driven by the Government, the national programme or the Saolta-governed programme.

Event or Point of Interest	Approx. Date	Driver
The Minister for Health announced the Government's National COVID-19 Vaccination Strategy.	15/12/20	Government
The Government agreed to move the country to Level 5 lockdown restrictions from Christmas Eve until 12 January 2021 at the earliest.	24/12/20	Government
Memo from the COVID-19 National Director with suite of information and documents preparing hospital group CEOs for administering the first vaccines the week after Christmas 2020.	24/12/20	National PgM
The Minister for Health announces Statutory Instrument S.I 698 Listing Doctors, Nurses & Midwives, Pharmacists, Physiotherapists, Paramedics, Advanced Paramedics and Emergency Medical Technicians.	24/12/20	National PgM
The first shipment of 10,000 Pfizer BioNTech vaccines arrived in Ireland.	26/12/20	National PgM
Version 1.0 of the Clinical Guidance for COVID-19 Vaccination issued by the national team.	28/12/20	National PgM
First vaccination in Saolta Group (in Galway University Hospital)	29/12/20	Saolta PgM
A 79-year-old woman became the first person in Ireland to receive the Pfizer/BioNTech COVID-19 vaccine at St. James's Hospital, Dublin.	29/12/20	National PgM
The Government confirmed the need to move the country to Level 5 lockdown restrictions from midnight until 31 January 2021 at the earliest.	30/12/20	Government
A 95 year old woman became the first RCF resident in Ireland to receive the vaccine.	05/01/21	National PgM
First vaccines administered in other hospitals in the Saolta region, in RUH, LUH, MUH, PUH and SUH.	06/01/21	Saolta PgM
The rollout of the Pfizer-BioNTech COVID-19 vaccine in RCFs commenced.	07/01/21	National PgM
First COVID-19 Vaccination Programme Bulletin issued by the National Immunisation Office (NIO).	07/01/21	National PgM
Saolta Central Programme Team established.	07/01/21	Saolta PgM
Daily calls with national ICT team for Covax commences.	08/01/21	National PgM
Office of the Nursing and Midwifery Services Director, Immunisation Working Group (education subgroup) announces that COVID-19 Vaccination Education programme for registered nurses and registered midwives is live and available on HSELand.	08/01/21	National PgM
First full version of regional Programme Scope developed.	08/01/21	Saolta PgM

Event or Point of Interest	Approx. Date	Driver
Saolta Vaccinator posts advertised with a closing date 18th January 2021.	08/01/21	Saolta PgM
Launch of the National Portal for HCWs to register for their vaccine on Covax.	09/01/21	National PgM
First regional Steering Group meeting held.	11/01/21	Saolta PgM
The first shipment of the Moderna vaccine arrived in Ireland	12/01/21	National PgM
Guidance on Sequencing of COVID-19 Vaccination of Frontline Healthcare Workers issued v1.0.	12/01/21	National PgM
Memo received from Chief Operations Officer requesting additional vaccination teams from the hospital system to provide on-site vaccination clinics in a proportion of RCFs nationally, supporting the work of CHO colleagues, starting on 16/01/21.	13/01/21	National PgM
First interview held for new Saolta vaccinators.	14/01/21	Saolta PgM
Pop-up clinic at Merlin Park for GPs and GP staff, under national programme governance.	16/01/21	National PgM
First RCFs visited, in line with schedule received on 13/01/21. Saolta teams allocated circa. 35% of RCFs across the region.	16/01/21	Saolta PgM
Reports from the Norwegian Medicines Agency and the Norwegian National Institute of Public Health of 23 deaths connected temporally with a COVID-19 vaccine (Comirnaty BioNTech/Pfizer) of which 13 have been assessed, suggest that common adverse reactions to mRNA vaccines, such as fever and nausea, may have contributed to a fatal outcome in some very frail elderly individuals. NIAC advice received sets out that the vaccination rollout should continue as planned and, as in all situations, a careful, individual assessment of the risk/benefit ratio for those receiving a COVID-19 vaccine should be carried out.	17/01/21	National PgM
Comirnaty (Pfizer BioNTech) vaccine interval between the two doses increases from 21 days to 28 days, following NIAC advice.	18/01/21	National PgM
Programme Team brainstorm session to take stock of progress, next steps and key challenges. Also needed to look at what local autonomy there was to manage workload versus national direction.	18/01/21	Saolta PgM
Rolling advert for Saolta vaccinators issued.	18/01/21	Saolta PgM
Revised Guidance on Sequencing of COVID-19 Vaccination of Frontline Healthcare Workers issued - v1.1. Main change is <i>'If higher sequencing frontline healthcare workers are not available and vaccine vials are at risk of being wasted, where practical the vaccine should be administered to a person in allocation group 3 or 4, in that order.'</i>	19/01/21	National PgM
Developed first regional forward look plan for vaccination numbers, including dose 2 planning / forecasting.	19/01/21	Saolta PgM
Daily report launched for each hospital to complete to record dose administration, including no, location and dose 1 or 2.	19/01/21	Saolta PgM
Regional dose ordering for dose 2 vaccines commences, with manual confirmation needed for dose 1s administered so exact number of dose 2 vaccines are received.	21/01/21	National PgM

Event or Point of Interest	Approx. Date	Driver
First master collated data spreadsheet created for the region, using data from the daily reports, showing no. doses and locations for both hospitals (HCWs) and RCFs (residents and HCWs).	21/01/21	Saolta PgM
Call with national team to validate vaccination numbers completed to date.	21/01/21	Saolta PgM
>10,000 vaccinations to date under Saolta Programme - as reported to CEO ahead of GSG on 25/01/21.	22/01/21	Saolta PgM
The Government announced the extension of Level 5 lockdown restrictions until 5 March 2021.	26/01/21	Government
Version 4.0 of the Clinical Guidance for COVID-19 Vaccination issued by the national team.	27/01/21	National PgM
Workforce recruitment ramps up significantly. 55 vaccinators interviewed cleared and training planned. 40 more were interviewed the following week.	27/01/21	Saolta PgM
Memo from NIO setting out requirement to prioritise 2nd doses before administering new 1st doses.	01/02/21	National PgM
Announcement of planned (up to) 9 national mass vaccination centres (MVCs) including Galway and Sligo, along with a number of smaller local vaccination centres (LVCs) to include Donegal, Mayo and Roscommon.	01/02/21	Saolta PgM
Regional Clerical Posts advertised.	01/02/21	Saolta PgM
First site visit to potential MVC - Sligo Institute of Technology (SIT).	04/02/21	Saolta PgM
Further revisions are made to the Guidance on Sequencing of COVID-19 Vaccination of Frontline Healthcare Workers.	05/02/21	National PgM
Site visit to potential MVC - Galway Racecourse, Ballybrit.	05/02/21	Saolta PgM
The first shipment of 21,600 AstraZeneca vaccines arrived in Ireland	06/02/21	National PgM
Site visit to potential MVC - Breaffy House Resort, Mayo.	08/02/21	Saolta PgM
Site visit to potential MVC - Abbey Hotel, Roscommon.	08/02/21	Saolta PgM
Proposed layout for Galway CVC prepared for Steering Group approval.	11/02/21	Saolta PgM
MVCs LVCs Operational Delivery Group first meeting.	11/02/21	Saolta PgM
Administration of vaccines for people aged 70+ in the community commences.	15/02/21	National PgM
First meeting of the Saolta VAX Programme Regional Infrastructure Sub-Group.	17/02/21	Saolta PgM
Chief Clinical Officer broadcasts video to staff reassuring them that Astra Zeneca was safe for use for HCWs.	19/02/21	National PgM
Nearly 1,000 patients over the age of 85 received their first dose of a COVID-19 vaccine at the country's first mass vaccination centre at The Helix in DCU.	20/02/21	National PgM

Event or Point of Interest	Approx. Date	Driver
First Saolta MVC opens - Sligo Institute of Technology (SIT).	22/02/21	Saolta PgM
The Taoiseach announced the extension of Level 5 lockdown restrictions for another six weeks until 5 April (Easter Monday) at the earliest.	23/02/21	Government
Version 1.0 of the National Medicines Management Guidance for Use in Centralised HSE Vaccination Clinics issued.	23/02/21	National PgM
Statutory Instrument S.I. 81 listing Dentist, Opticists & Radiographers to the vaccinator list.	23/02/21	National PgM
Second Saolta MVC opens - Galway Racecourse, Ballybrit.	25/02/21	Saolta PgM
Site visit to MVC - Letterkenny Institute of Technology (LIT)	26/02/21	Saolta PgM
Chief Clinical Officer memo requests that vaccination teams work with hospitals to identify, collate and schedule vaccinations for patients in group 4a and 4b at very high risk of severe COVID-19 disease.	03/03/21	National PgM
Galway CVC records first day where the number of vaccines administered passed the 1,000 mark – the highest single day total anywhere in the region to date.	05/03/21	Saolta PgM
Management Posts advertised by Saolta - Operational Site Manager (OSM), Deputy Operational Site Manager (DOSM) and Clinical Leads (CL).	05/03/21	Saolta PgM
257 Saolta vaccinator candidates interviewed, of which 62 in post.	05/03/21	Saolta PgM
The Taoiseach announced that Ireland had reached the milestone of half a million COVID-19 vaccines administered.	06/03/21	Government
Draft national Vaccination Clinic Operating Model received. Saolta Programme Team submits governance structures and various other amendments to be included in final version.	06/03/21	Saolta PgM
Vaccination of inpatients over 70 years of age commences in acute settings.	08/03/21	National PgM
Letterkenny CVC opens.	11/03/21	Saolta PgM
Version 1.0 of the HSE Vaccination Clinics Operating Model is issued.	13/03/21	National PgM
The administration of the AstraZeneca COVID-19 vaccine is suspended in Ireland by the National Immunisation Advisory Committee (NIAC) as a precautionary measure following concerns over serious blood clots in Norway.	14/03/21	Government
Version 2.0 of the HSE Vaccination Clinics Operating Model is issued.	16/03/21	National PgM
The 'VaxMobile' received by Saolta for use on the programme – nationally-organised loan of Skoda MPV.	16/03/21	Saolta PgM
The Health and Safety Authority (HSA) visit Sligo CVC for an inspection.	16/03/21	Saolta PgM
The HSE resumed administration of AstraZeneca vaccine after a precautionary pause	19/03/21	Government
Breifny House Resort, Mayo, CVC opens.	21/03/21	Saolta PgM

Event or Point of Interest	Approx. Date	Driver
Abbey Hotel, Roscommon, CVC opens.	21/03/21	Saolta PgM
Vaccinator Training Plan issued by national programme team.	23/03/21	National PgM
Original HCW registration portal closes.	26/03/21	National PgM
Saolta has five vaccination centres operating, more than any other region in the country, and also has the highest expected delivery capacity. No other region has more than two vaccination centres operating at this point in time.	26/03/21	Saolta PgM
Site visit to proposed vaccination centre site at the new primary care centre in Carrick-on-Shannon, Leitrim.	29/03/21	Saolta PgM
The Minister for Health announced an update to the COVID-19 Vaccine Allocation Strategy with priority groups being changed to an age-based system after vulnerable people with underlying conditions are vaccinated.	30/03/21	Government
The Government announced a phased easing of Level 5 restrictions from Monday 12 April, with people allowed to travel within their county, two households allowed to meet socially outdoors, people who are fully vaccinated against COVID-19 allowed to meet other fully vaccinated people indoors, and the resumption of all residential construction projects from that date.	30/03/21	Government
Full OSM workshop held in Sligo CVC.	31/03/21	Saolta PgM
Request from Clinical Lead (consultant) to Chief Clinical Director requesting consultants across Saolta start to identify individuals for Group 7 - which includes those people aged 16-64 with an underlying health condition which puts them at high-risk of severe disease and death.	01/04/21	Saolta PgM
Version 1.0 of the Operational Guidance document to support the ongoing vaccination of <b>people who are</b> inpatients aged 70 years and older in acute hospital settings issued.	07/04/21	National PgM
The CEO of the HSE announced that Ireland had reached the milestone of one million COVID-19 vaccines administered.	08/04/21	Government
Centralised Vaccination Clinic (CVC) launch document discussed with CVC Leads national call.	08/04/21	National PgM
NIAC recommend that only people over 60 years of age should get the AstraZeneca COVID-19 vaccine and that a second dose of the vaccine should not be given to anyone who developed unusual blood clots with low platelets after the first dose.	12/04/21	Government
The phased easing of Level 5 restrictions began with the 5 km travel limit lifted, the resumption of all residential construction work, two households could meet up outdoors and the full reopening of all schools.	12/04/21	Government
Version 2.0 of the National Medicines Management Guidance for Use in Centralised HSE Vaccination Clinics issued.	14/04/21	National PgM
Over 26,000 people registered for a COVID-19 vaccination after the national online portal for 65-69-year-olds went live.	15/04/21	National PgM
New HCW registration process established, with specific email address for requests to be sent to (with minimum dataset to enable details to be logged into Covax by admin teams).	20/04/21	Saolta PgM

Event or Point of Interest	Approx. Date	Driver
The Taoiseach announced that Ireland had reached the milestone of one million <i>first</i> doses of COVID-19 vaccines administered.	25/04/21	Government
The further easing of Level 5 restrictions came into effect with all sports pitches, golf courses, tennis courts, zoos, pet farms and heritage sites reopening.	26/04/21	Government
New recommendations by NIAC were approved by the Government with the Johnson & Johnson and AstraZeneca COVID-19 vaccines recommended for people aged 50 and older, pregnant women offered an mRNA vaccine between 14 and 36 weeks gestation, and people aged under 50 years who had a COVID-19 infection receiving just one vaccine dose and be considered fully-vaccinated	27/04/21	Government
First weekly OSM meeting (CVC Leads) was held with the Central Programme Team.	27/04/21	Saolta PgM
7-day opening commences across all CVCs, improving opportunities to access for all eligible people.	01/05/21	National PgM
The COVID-19 vaccine registration portal opened to people aged between 50 and 59 on a phased basis, starting with people aged 59.	04/05/21	National PgM
Version 3.0 of the HSE Vaccination Clinics Operating Model is issued.	04/05/21	National PgM
The further easing of Level 5 restrictions came into effect with all hairdressers, barbers, beauticians, galleries, museums, libraries and other cultural attractions reopening, the resumption of non-essential retail on a phased basis, inter-county travel and in-person religious services, and the allowance of three households (or six people) from individual households to meet outdoors.	10/05/21	Government
Carrick-on-Shannon Primary Care Centre CVC opens in Leitrim.	12/05/21	Saolta PgM
Statutory Instrument S.I. 245 Interns & Students.	13/05/21	National PgM
The HSE's systems are hit by a major cyber-attack. The Covax system is unaffected but HSE email and access to other systems is immediately closed down.	14/05/21	Government
The further easing of Level 5 restrictions came into effect with the reopening of all non-essential retail for the first time in over four months.	17/05/21	Government
The National Immunisation Advisory Committee (NIAC) confirmed that people in their 40's would be given a choice to accept the Johnson & Johnson or AstraZeneca COVID-19 vaccine or opt to wait for another vaccine.	17/05/21	National PgM
The COVID-19 vaccine registration portal opened to people aged between 45 and 49 on a phased basis, starting with people aged 49.	19/05/21	National PgM
Saolta Regional Vaccination Programme General Manager (GM) and Director of Nursing (DON) appointed to temporary posts.	24/05/21	Saolta PgM
The COVID-19 vaccine registration portal opened to people aged between 40 and 44 on a phased basis, starting with people aged 44.	02/06/21	National PgM
NIAC advised that the gap between two doses of the AstraZeneca vaccine could be reduced from 12 weeks to 8 weeks.	03/06/21	National PgM

Event or Point of Interest	Approx. Date	Driver
The gradual easing of COVID-19 restrictions continued with the reopening of all bars, restaurants and cafés for outdoor service, gyms, swimming pools, leisure centres, cinemas and theatres, the partial resumption of driver theory test services, and the allowance of an unvaccinated household to visit another unvaccinated household indoors.	07/06/21	Government
The Government agreed to increase the self-isolation period for travellers arriving in Ireland from Britain from 5 to 10 days for those who are not fully vaccinated amid increasing Delta variant concerns.	15/06/21	Government
The COVID-19 vaccine registration portal opened to people aged between 35 and 39 on a phased basis, starting with people aged 39.	20/06/21	National PgM
Guidelines for the safe management of children at CVCs issued by the national programme team.	25/06/21	National PgM
Due to the rapidly increasing incidence of the Delta variant, the Government announced that the planned reopening of indoor dining and drinking in restaurants and pubs on 5 July would be delayed until at least 19 July when a system to verify vaccination or immunity would be implemented, while 50 guests would be permitted to attend wedding celebrations as an exception from July.	29/06/21	Government
The European Commissioner for Justice indicated that Ireland was the only European Union member state that would not be ready to comply with the EU Digital COVID-19 Certificate for travel when it would come into effect from 1 July 2021 due to the cyber-attack on the HSE.	30/06/21	Government
Carndonagh Satellite CVC, Donegal, opens.	30/06/21	Saolta PgM
Chief Medical Officer announced that a fourth wave of COVID-19 was beginning in Ireland, following an increase in confirmed cases of the Delta variant.	01/07/21	Government
The Minister for Health announced an expansion of the vaccination rollout programme to younger people with 750 pharmacies to begin administering the Janssen vaccine to people in the 18-34 age group.	02/07/21	National PgM
Pharmacies around the country began administering the Janssen COVID-19 vaccine to people aged 18 to 34 who opted-in to receive it.	05/07/21	National PgM
Clifden Satellite CVC, Galway, opens.	06/07/21	Saolta PgM
The COVID-19 vaccine registration portal opened to people aged between 30 and 34 on a phased basis, starting with people aged 34.	07/07/21	National PgM
Vaccination centres began administering the AstraZeneca vaccine to the 18-34 age group from 12 July.	12/07/21	National PgM
Fully vaccinated people began receiving their EU Digital COVID-19 Certificates via email or post.	12/07/21	Government
The COVID-19 vaccine registration portal opened to people aged between 25 and 29 on a phased basis, starting with people aged 29.	16/07/21	National PgM
The COVID-19 vaccine registration portal opened to people aged between 18 and 24 for the AstraZeneca vaccine on a phased basis, starting with people aged 24.	19/07/21	National PgM
Version 4.0 of the HSE Vaccination Clinics Operating Model is issued	23/07/21	National PgM

Event or Point of Interest	Approx. Date	Driver
Restaurants, cafés and bars reopened for indoor dining and drinking for the first time since December 2020, operating under strict new public health regulations.	26/07/21	Government
The COVID-19 vaccine registration portal opened to people aged 16-17 for Pfizer or Moderna vaccines. The Government agreed to extend the vaccination programme to those aged 12 to 15 following recommendations from NIAC. S.I 411 issued 30th July 2021.	27/07/21	National PgM
The Delta variant accounted for 90% of cases in Ireland.	28/07/21	
First walk-in clinics across the country for people aged 16+, launched to coincide with the August Bank Holiday weekend.	31/07/21	National PgM
Version 1.0 of the 12-15 year old pathway guide for CVCs is issued.	09/08/21	National PgM
The COVID-19 vaccine registration portal opened to people aged 12 to 15 for the Pfizer or Moderna vaccines.	11/08/21	National PgM
Clifden Satellite CVC, Galway, closes.	16/08/21	Saolta PgM
Kilbride Community Centre CVC opens in Roscommon	20/08/21	Saolta PgM
Carndonagh Satellite CVC, Donegal, closes.	23/08/21	Saolta PgM
Memo received from Chief Operations Officer requesting that vaccination programmes start contingency planning for potential COVID-19 booster vaccination programme.	24/08/21	National PgM
In a letter to the Government, the NPHET recommended that there should be no widespread further easing of COVID-19 restrictions until 90% of over 16-year-olds were fully vaccinated.	26/08/21	Government
12-15 year olds now eligible for walk-in clinics for dose 1 and dose 2 - big push on last weekend of August for this group.	27/08/21	National PgM
Belmullet Satellite CVC, Mayo, opens.	31/08/21	Saolta PgM
Public transport began operating at 100% capacity across the country, as the Government's plan for easing most COVID-19 restrictions by 22 October began.	01/09/21	Government
Decision to cease administration of dose 1 Moderna, utilising Pfizer BioNTech as the mRNA vaccine of choice in the programme.	01/09/21	National PgM
Under changes to the COVID-19 vaccination programme the NIAC recommended that pregnant women could be offered an mRNA COVID-19 vaccine at any stage of pregnancy and that immunocompromised individuals aged 12 and older could receive a third additional vaccine dose.	01/09/21	National PgM
Version 1.0 of the Guidance for moving, scaling down, or closing a CVC issued.	03/09/21	National PgM
Version 4.1 of the HSE Vaccination Clinics Operating Model is issued - this is the final version to be issued while the regional programme was under Saolta's governance.	08/09/21	National PgM
Residents aged 65 and older living in long term residential care facilities and people 80 years and older living in the Community became eligible to receive the booster dose.	08/09/21	National PgM
Burtonport Satellite CVC, Donegal, opens.	09/09/21	Saolta PgM



Event or Point of Interest	Approx. Date	Driver
Latest figures showed that 90% of adults in Ireland were fully vaccinated against COVID-19, and the seven-millionth dose was administered.	10/09/21	Government
Version 1.0 of the Temporary COVID-19 Vaccination Clinic Approach issued.	14/09/21	National PgM
Thousands of workers across the country began returning to their offices and places of work, as COVID-19 restrictions further eased with rules around organised indoor group activities being relaxed and limits on outdoor group activities for participants being removed.	20/09/21	Government
Saolta HCW Flu Programme – Working Group inaugural meeting held.	21/09/21	Saolta PgM
Defence Force personnel withdraw from all vaccination centres.	24/09/21	Saolta PgM
Walk-in COVID-19 vaccination campaign for 3rd level educational settings launched.	27/09/21	National PgM
Process open for referrals from consultants for people those eligible under guidance for the Extended Primary Vaccination Course for Immunocompromised Persons.	27/09/21	Saolta PgM
Teams and processes established to provide vaccinations to <a href="#">people who were inpatients in Saolta acute settings</a> at least once a week.	28/09/21	Saolta PgM
Operational Guidance for Extended Primary Vaccination Course for Immunocompromised Persons v1.0 issued.	28/09/21	National PgM
The HSE announced that immunocompromised people would be notified of an appointment for a third dose of COVID-19 vaccine from 29/09/21, as Ireland's COVID-19 booster vaccination campaign would commence.	29/09/21	National PgM
Saolta / CHOs Governance Group meets for first time.	30/09/21	Saolta PgM
Statutory Instrument S.I 511 allowed Nursing Staff to administer the Flu Vaccine within the CVCs.	07/10/21	National PgM
Letterkenny Community Assessment Hub (temporary) CVC opens.	09/10/21	Saolta PgM
Vaccination Operational Delivery Group (ODG) disbanded, with any vaccination issues relevant to hospitals being picked up as AOB in Flu Programme meetings / Steering Group.	12/10/21	Saolta PgM
Burtonport Satellite CVC, Donegal, closes.	14/10/21	Saolta PgM
Belmullet Satellite CVC, Mayo, closes.	15/10/21	Saolta PgM
The Government published a revised plan for the easing of restrictions on 22 October, with nightclubs allowed to reopen, the return of normal trading hours in pubs and restaurants, no attendance limits on weddings and religious ceremonies and 100% capacity allowed at sporting venues, while the continued use of masks, vaccine certificates and social distancing measures would remain in place until at least February 2022.	19/10/21	Government
Just over 9,500 people had been referred as immunocompromised to Saolta region vaccination centres.	19/10/21	Saolta PgM

Event or Point of Interest	Approx. Date	Driver
Nightclubs and late venues reopened after almost 600 days of closure.	22/10/21	Government
The HSE announced that pop-up vaccination clinics at maternity hospitals would be developed, after it was revealed that 20 pregnant or postpartum women needed intensive care treatment for COVID-19 since the end of June 2021.	25/10/21	National PgM
Booster doses for housebound people commences.	25/10/21	National PgM
Vaccination of immunocompromised persons for an extended primary vaccination course enters phase 2, to include referrals for 12-15 year olds.	02/11/21	National PgM
The HSE began rolling out COVID-19 booster vaccines for those aged 60 and over.	05/11/21	National PgM
Following new advice from NIAC, the Minister for Health authorised the use of booster vaccines for HCWs.	05/11/21	National PgM
Rollout of booster vaccines for HCWs commences.	07/11/21	National PgM
Pathway for people unable to get their Booster dose at a GP (where they received dose 1 and dose 2 there previously) is initiated. This was necessary where a GP practice had decided not to continue offering vaccinations.	11/11/21	National PgM
The Government announced a series of measures in a bid to curb the spread of COVID-19, with a closing time for bars, restaurants and nightclubs to be midnight, household contacts of a person with COVID-19 to restrict movements for five days and take three antigen tests, people required to work from home where possible and vaccination certificates required for cinemas and theatres.	16/11/21	Government
NIAC approved a change to the interval for the administration of a booster vaccine to 5 months (152 days) from the operational interval of 5.5 months (168 days). This change was applicable for all 4 vaccines types (Comirnaty {Pfizer BioNTech}, Spikevax {Moderna}, Vaxzevria {Astra Zeneca}, Janssen {Jonson and Jonson}).	19/11/21	National PgM
The Minister for Health announced that COVID-19 booster vaccines would be offered to everyone aged 16 and over, starting with pregnant women aged over 16, those aged 40 to 49 and those aged 16 to 39, following new recommendations from NIAC.	26/11/21	Government
Booster update 5 month interval between last dose of vaccine and booster and 6 months after contracting COVID-19.	29/11/21	National PgM
The booster vaccination minimum dose interval in Covax was changed from 152 days to 150 days, as requested by the NIO. This supported the recommended interval of 5 calendar months. Janssen remains at 3 months (90 days). People who have a lower interval than this should expect to be turned away.	30/11/21	National PgM
Concerns raised with national programme re: high DNA rates seen in the region, particularly in 60+ group. Request made to reinforce communication with emphasis that people should come forward when they are invited to attend.	30/11/21	Saolta PgM
Tests carried out at the National Virus Reference Laboratory confirmed that the first case of the Omicron variant had been detected in Ireland.	01/12/21	Government
Defence Force personnel start to return to vaccination centres, including all those across Saolta, as the booster programme ramps up.	01/12/21	National PgM
People not able to receive an mRNA vaccine were permitted to receive a dose of Janssen vaccine; vaccination centres were now able to order Janssen vaccine in single vial units.	02/12/21	National PgM

Event or Point of Interest	Approx. Date	Driver
The Government reintroduced a series of measures that would commence from 7 December to 9 January amid concerns of the Omicron variant, with nightclubs to close, bars and restaurants to revert back to six adults per table and no multiple table bookings allowed, indoor cultural and sporting events to operate at 50% capacity, a maximum of four households allowed to meet indoors, the Pandemic Unemployment Payment to be reinstated and the requirement of vaccination certificates extended to gyms, leisure centres and hotel bars.	03/12/21	Government
Version 4.0 of the National Medicines Management Guidance for Use in Centralised HSE Vaccination Clinics issued.	03/12/21	National PgM
Availability of walk-in booster clinics pushed over social media channels, with vaccination centres asked to estimate walk-in clinic queuing times twice in both the morning and afternoon, for publication on HSE and Twitter.	03/12/21	National PgM
Letterkenny Business Park CVC opens.	04/12/21	Saolta PgM
Moderna (Spikevax) confirmed as primary vaccine supplied for booster programme to vaccination centres. Pfizer vaccine would still be primary vaccine for Dose 1 and Dose 2s, booster doses for persons under 30yo, and for Immunocompromised clinics. This meant separate schedules needed to be run for HCWs and people in Cohort 4 that were are >30 years old. Walk in clinics needed to allow for these age restrictions to be accommodated.	06/12/21	National PgM
Vaccination centres advised that all scheduled clinics remaining should be over-booked by 100% to try and address high DNA rates.	06/12/21	National PgM
The HSE confirmed that vaccination centres should be open for the morning of Christmas Eve and then closed for Christmas Day and St Stephen's Day. All centres should then be open for the remainder the Christmas period, including New Year's Eve and New Year's Day.	06/12/21	National PgM
The NIAC recommended that COVID-19 vaccination should be offered to children ages 5 to 11 years with vaccine registration to begin on the 03/01/22 and vaccinations commencing on 08/01/22.	08/12/21	National PgM
Walk in clinics for 50-59 year old people commence.	09/12/21	National PgM
Saolta Programme Team attends urgent national call re: need to increase booster take-up. All regions across the country asked to create a clear scheduled plan of clinics until Christmas. Minimum requirement is for all vaccination centres to offer at least one walk-in clinic every day, with at least one clinic covering each of cohorts 4, 7s, HCWs, 60-69yos, 50-59yos.	09/12/21	National PgM
Vaccination centres continue to be asked to estimate walk-in clinic queuing times twice in both the morning and afternoon, for publication on HSE and Twitter, for weekend clinics.	10/12/21	National PgM
NIAC recommended that most people would be able to receive a booster dose three months after their second dose.	13/12/21	Government
Hospital Group CEOs and Chief Officers for each vaccination area asked to confirm a detailed plan by 14/12/21 to substantially increase the volume of booster vaccinations through the CVCs. CEOs were asked to divert resources from non-essential services to support CVCs in extending opening hours 7 days per week, 8am to 8pm from 16/12/21 to the end of January 2022.	13/12/21	National PgM

Event or Point of Interest	Approx. Date	Driver
Vaccination centres notified that an additional 50% of Moderna would be supplied on top of expected vaccine allocation, to support expected / required increased activity.	13/12/21	National PgM
NIAC advice operationalised to enable any person from eligible groups for booster doses to receive their booster dose if an interval of 3 months (at least 90 days) has passed since they completed their vaccine course.	14/12/21	National PgM
Vaccination centres instructed to publish walk-in clinic times ASAP and provide daily 2-hourly updates to HSE Live on queue times, with early warnings given in the event of significant queues or other issues with access.	14/12/21	National PgM
National web-form launched by HSE Digital to enable notification of planned walk-in clinics and social updates (current queuing times and capacity) directly, without need to email the national media teams each time there was a change.	15/12/21	National PgM
The requirement to wait for 15 minutes observation post-vaccination is temporarily waived following a NIAC recommendation, due to: the rapid spread of the Omicron variant, the need to give people boosters as soon as possible, and, the effectiveness mRNA boosters against Omicron. The waiver was not applied to those people receiving a primary COVID-19 vaccine course, or anyone with a history of anaphylaxis (from any cause) due to receive a booster dose in which case 30 minutes observation was recommended. It also did not apply to anyone being given their COVID-19 booster and flu vaccine at the same time (this was relevant only to Saolta HCWs in the region's vaccination centres).	16/12/21	National PgM
To help to curb the spread of COVID-19 over the Christmas period, the Government announced an 8pm closing time for bars, restaurants, live events, cinemas and theatres that would commence from 20 December to 30 January 2022.	17/12/21	Government
Roscommon Golf Links Road CVC opens.	17/12/21	Saolta PgM
The Chief Medical Officer announced that the Omicron variant was now the dominant variant in Ireland after it was confirmed that 52% of cases were now due to Omicron	19/12/21	Government
Walk-in clinics for boosters for all eligible people aged 40+ commence. This is brought forward from a planned date of week commencing 27/12/21.	19/12/21	National PgM
National self-booking portal launched, with four pilot vaccination centres using it nationally.	21/12/21	National PgM
NIAC guidance operationalised, reducing the interval to three months from when a person has had COVID when they can receive their booster vaccination. This is another measure designed to increase take-up.	22/12/21	National PgM
Version 1.0 of the 5-11 year old COVID-19 Vaccination Pathway Guide for CVCs is issued.	22/12/21	National PgM
The Minister for Health announced that booster vaccines would be offered to everyone aged 30 and over from 29 December and to all remaining age groups from 10 January 2022.	23/12/21	Government
Version 4.1 of the National Medicines Management Guidance for Use in Centralised HSE Vaccination Clinics issued - this is the final version to be issued while the regional programme was under Saolta's governance.	24/12/21	National PgM
HSE-AMRIC guidance on the use of PPE in health facilities was updated - the key change is that respirator masks (FFP2) were to be worn by healthcare workers in all settings where they are caring for people, including vaccination centres.	24/12/21	National PgM

Event or Point of Interest	Approx. Date	Driver
Walk-in clinics for boosters for all eligible people aged 30+ commence. This is bought forward from a planned timescale of early January 2022.	29/12/21	National PgM
Email sent to Hospital CEOs and CHO Chief Officers, requesting that any surplus CVC staff support COVID-19 testing operations, to help maintain testing capacity, where possible	29/12/21	National PgM
The Minister for Health announced that booster vaccines would be offered to everyone aged 16 and over from 02/01/22, eight days earlier than planned.	31/12/21	Government
It is clarified that for the booster programme, all persons 30 years and older should receive the Moderna vaccine while persons under 30 years must get the Pfizer vaccine. This meant that the programme needed to advertise and run separate clinics for people 30+ and those under 30 years.	31/12/21	National PgM
Guidance issued on the vaccination of immunocompromised persons for an extended primary vaccination course, with referrals for 5-11 year olds commencing from 17/01/22.	31/12/21	National PgM
Vaccination of children 5-11 year olds commences in CVCs.	03/01/22	National PgM
Clinics for boosters for all eligible people aged 16+ commence. This is bought forward from a planned timescale of later in January 2022.	04/01/22	National PgM
People who received a third or booster vaccine dose began receiving an updated EU Digital COVID Certificate.	06/01/22	Government
Whilst it is still a requirement for CVCs to be open 7-days a week, reduced opening hours were now permitted.	10/01/22	National PgM
Self-scheduling portal extended for people to provide a 5-day schedule of opportunities.	12/01/22	National PgM
Positive antigen tests started to be reported, after the HSE launched a new website to log positive antigen tests.	15/01/22	Government
The Taoiseach announced the easing of almost all COVID-19 restrictions from 6am on 22/01/22, with the requirements of vaccine certificates and social distancing to end, restrictions on household visits and capacity limits for indoor and outdoor events to end, nightclubs to reopen and pubs and restaurants to resume normal trading times, while rules on isolation and the wearing of masks would remain.	21/01/22	Government
The use of scheduled appointments via Covax ceases, with the exception of children aged 5-11 years old and those requiring additional dose appointments for persons who are immunocompromised.	27/01/22	National PgM
The Novavax vaccine was approved for use as Ireland's fifth COVID-19 vaccine.	29/01/22	National PgM
Switch to Pfizer BioNTech as the primary mRNA vaccine at all CVCs - all advertised walk in clinics for booster doses now apply to all people 16 years and over.	30/01/22	National PgM
Version 4.0 of the Temporary COVID-19 vaccination clinic approach issued.	31/01/22	National PgM
Defence Force personnel reduce to two people per CVC.	04/02/22	Saolta PgM

Event or Point of Interest	Approx. Date	Driver
National programme acknowledges the period of significantly reduced demand for vaccinations. Guidance is given to reduce opening hours; CVCs expected to continue to offer a mix of clinics to cover all open cohorts - this includes a minimum of 2 evenings per week and open on both Saturday and Sunday.	04/02/22	National PgM
Self-scheduling clinics open for 5-11 year old children.	20/02/22	National PgM
The Government agreed to end most remaining COVID-19 restrictions from 28/02/22, with mask wearing in schools, indoor retail settings and on public transport to be voluntary, restrictions in schools to end and testing to be scaled back.	22/02/22	Government
Boosters for 12-15 year olds commences.	05/03/22	National PgM
Celebrations took place across the country to mark St Patrick's Day, following a two-year absence due to COVID-19.	17/03/22	Government
Events were held across the country to mark a national day of remembrance and reflection in honour of the more than 6,600 people who died from COVID-19.	20/03/22	Government
Ireland entered a new wave of the Omicron variant, as latest figures showed that 63,954 people had tested positive for COVID-19 since St Patrick's Day, while hospitalisations were at its highest level in nearly a year at 1,308.	21/03/22	Government
Roscommon Golf Links Road CVC closes, the first CVC in the region to permanently close.	27/03/22	Saolta PgM
NIAC recommended a fourth COVID-19 vaccine dose for everyone aged 65 and older, and for those aged 12 and older who are immunocompromised.	06/04/22	Government
Version 5.0 of the Temporary COVID-19 vaccination clinic approach issued.	21/04/22	National PgM
SOP issued for second booster in LTRCFs for those aged 65 and over or immunocompromised.	21/04/22	National PgM
Campaign for second boosters for people aged 65+ launches, with a minimum interval of 4 months (122 days) set from time of first booster dose to receipt of second booster dose and from diagnosis of COVID-19 to receipt of second booster dose.	22/04/22	National PgM
The governance of the vaccination programme for COVID-19 in the west & north-west region transferred from the Saolta University Healthcare Group to CHO1 (Sligo, Leitrim, Donegal CVCs).	25/04/22	Saolta PgM
The number of people who died with COVID-19 in Ireland surpassed 7,000, while hospitalisations reached their lowest level since December 2021.	26/04/22	Government
The Department of Health announced that updates on the number of new COVID-19 cases in Ireland would no longer be published daily	29/04/22	Government
Vaccination Centre footprint and anticipated activity for June to September 2022 issued to all vaccination centres.	04/05/22	National PgM
The governance of the vaccination programme for COVID-19 in the west & north-west region transferred from the Saolta University Healthcare Group to Community Healthcare West (CHW) on 9 May 2022 (Mayo and Galway CVCs, Roscommon mobile activity).	09/05/22	Saolta PgM
Final regional Steering Group meeting held.	09/05/22	Saolta PgM

## Appendix 2 – Priority Groupings

The final groupings of people in Ireland to receive vaccinations in order of priority were:

No.	Cohorts	
1.	People aged 65 years and older who are residents of a long-term care facility (likely to include all staff and residents on site)	
2.	Frontline Healthcare Workers	
3.	People aged 70 and Older	
4.	People aged 16-69 with a medical condition that puts them at very high risk of severe disease and death	
5.	People aged 65-69 whose underlying condition puts them at a high risk of severe disease and death	
6.	Other people aged 65-69 – key workers essential to the vaccine programme	
7.	People aged 16-64 who have an underlying condition that puts them at risk of severe disease and death	
8.	Residents of long-term care facilities 16-64	
9.	People aged 64 years and younger in the following order: <ol style="list-style-type: none"> <li>i. 64-55 years</li> <li>ii. 54-45 years</li> <li>iii. 44-35 years</li> <li>iv. 34-25 years</li> <li>v. 24-16 years</li> </ol>	People aged 16-64 living or working in a crowded setting

# Acknowledgements

The following individuals contributed to this report:

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