Oxford University Hospitals
NHS Foundation Trust

Cover Sheet

Trust Board Meeting in Public: Wednesday 10 July 2024

TB2024.67

Title:	**Trust Management Executive Report**

Status:	**For Information**
History:	**Regular Reporting**

Board Lead:	**Chief Executive Officer**
Author:	**Laura Lauer, Deputy Head of Corporate Governance**

Confidential:	**No**
Key Purpose:	**Assurance**

Trust Management Executive Report

1. Purpose

1.1. The Trust Management Executive [TME] has been constituted by the Trust Board and is the executive decision-making committee of the Trust. As such, it provides a regular report to the Board on some of the main issues raised and discussed at its meetings.

1.2. Under its terms of reference, TME is responsible for providing the Board with assurance concerning all aspects of setting and delivering the strategic direction for the Trust, including associated clinical strategies; and to assure the Board that, where there are risks and issues that may jeopardise the Trust's ability to deliver its objectives, these are being managed in a controlled way through the Trust Management Executive Committee. This regular report provided aims to contribute to the fulfilment of that purpose.

2. Background

2.1. Since the preparation of its last report to the Trust Board, the Trust Management Executive has met on the following dates:

- 9 May 2024
- 30 May 2024
- 13 June 2024
- 27 June 2024

3. Key Decisions and Updates

Financial Controls

3.1. TME continued to monitor the impact of pay and non-pay controls.

3.2. On bank and agency staffing, since 10 December 2024, a reduction of 357 WTE had been achieved. This equated to savings of £602k.

3.3. TME receives a report of Pay Panel decisions at each meeting and has considered the risks and mitigations of the vacancy control process. The potential cumulative effects of the process prompted TME to request revisions to the Quality Impact Assessment process to better capture these risks and mitigations.

3.4. TME members approved a set of principles on budget-setting to support more robust budget management.

Brainomix

3.5. Brainomix AI software has been in use across the Integrated Stroke Delivery Network (of which the Trust is a member) and assists stroke consultants in the treatment of patients who may require a mechanical thrombectomy.

3.6. TME members approved the proposal to extend the use of Brainomix software for a further three years from December 2024.

Conversion of Nuffield Orthopaedic Centre (NOC) Anaesthetic Locum Posts

3.1. TME approved a proposal to make three locum posts substantive in order to attract and retain high quality candidates in a job market where demand outstrips availability of consultant anaesthetists.

3.2. The positive impact these posts had made on theatre lists at the NOC was noted, allowing the Trust to provide treatment to more patients more quickly.

Individual Patient Dosimetry for Peptide Receptor Radionuclide Therapy (PRRT)

3.3. TME approved a proposal to introduce an individual patient dosimetry service for radioisotope therapies to align with best practice and regulatory requirements.

3.4. Benefits to patients, both in terms of commencing treatment earlier and stopping treatment when risks began to outweigh benefits, were noted.

Patient-Led Assessment of Care Environment

3.5. TME reviewed the findings of the Patient-Led Assessment of the Care Environment (PLACE) 2023 assessment and approved an action plan to drive improvement.

Immunisation and Screening Policy

3.6. TME considered amendments to the policy which had been reviewed to ensure it reflected current legislation, guidance and best practice.

3.7. Changes made in this iteration of the policy included:

- Sections on: Hepatitis A; BCG; Varicella & Pertussis – clarification of definition of at-risk occupational groups added; and
- Covid 19 – section added to clarify requirement for a Trust-delivered annual vaccination offering for front line health care workers.

3.8. The Immunisation and Screening Policy (Appendix) was recommended to the Trust Board for approval.

4. Other Activity Undertaken by TME

Draft Annual Report & Annual Accounts 2023/24

4.1. These were presented to TME for review and discussion as part of the Trust's year-end process.

Draft Quality Account 2023/24

4.2. A draft of the Quality Account was presented to TME for review and comment.

IQI Programme Update

4.3. Members were briefed on the achievements of the Trust's four improvement programmes which have been run over the past 12 months: QI education and community building; urgent and emergency care; cancer; and harm reduction.

Review of Caesarean Sections and Maternity Quality Indicators

4.4. TME reviewed benchmarking data and Trust metrics on key indicators.

Oxford Centre for Diabetes, Endocrinology and Metabolism Clinical Research Unit (OCDEM CRU)

4.5. Members considered a proposal to add the OCDEM CRU to the National Institutes of Health Research Oxford Clinical Research Facility (NIHR Oxford CRF). The NIHR Oxford CRF exists to enable the Trust (OUH) and the University of Oxford to deliver clinical translational research for the benefit of patients and is governed by a collaboration agreement.

4.6. TME approved the addition of the OCDEM CRU to the collaboration agreement.

5. Reporting from sub-Committees

5.1. As part of its review of the People and Communications Committee reports, TME noted policies and procedures approved by the Committee under delegated authority. This included the Flexible Working Procedure, Special Leave Procedure, and SAS (Specialist, Associate Specialist and Speciality) Medical Autonomy Practice Privileges Procedure.

5.2. TME reviewed the Clinical Governance Committee Report, which included summary quality reporting.

6. Regular Reporting

6.1. In addition, TME reviewed the following regular reports:

- Integrated Performance Report (this is received by TME prior to presentation to the Trust Board and Integrated Assurance Committee);
- Capital Schemes: TME continues to receive updates on a range of capital schemes across the Trust;
- Internal Audit Reports;
- Industrial Action Update Report;
- Finance Report: TME continues to monitor financial performance;
- People Performance Report: TME receives and discusses monthly updates of the key KPIs regarding HR metrics;
- Divisional Performance Reviews;
- Corporate Performance Reviews;
- Business Planning Pipeline Report;
- Procurement Pipeline Report; and
- Summary Impact of TME Business (which allows TME members to more easily track the combined financial impact of decisions taken.)

6.2. The following annual reports were reviewed by TME before their presentation to the Trust Board:

- Health and Safety Annual Report;
- Emergency Preparedness, Resilience and Response (EPRR) Annual Report; and
- R&D Governance and Performance Annual Report.

7. Key Risks

7.1. **Risks associated with the financial performance:** TME continued to recognise the risks and opportunities to deliver at pace the changes required to recover the financial position.

7.2. **Risks associated with workforce:** TME maintained continued oversight on ensuring provision of staff to ensure that services were provided safely and efficiently across the Trust and to maintain staff wellbeing in the light of substantial operational pressures.

7.3. **Risks to operational performance:** TME continued to monitor the risks to operational performance and the delivery of key performance indicators and the mitigations that were being put in place.

8. Recommendations

8.1. The Trust Board is asked to:

- **note** the regular report to the Board from TME's meetings held on 9 May 2024, 30 May 2024, 13 June 2024, and 27 June 2024;
- **approve** the Immunisation and Screening Policy (Appendix).

Oxford University Hospitals
NHS Foundation Trust

Immunisation and Screening Policy

Category:	Policy
Summary:	This policy provides information and guidance on immunisation of healthcare workers within the Trust.
Equality Impact Assessment undertaken:	August 2021. Reviewed November 2023.
Valid From:	
Date of Next Review:	3 years Until such time as the review is completed and the successor document approved by the relevant committee this policy will remain valid.
Approval Via/Date:	
Distribution:	Trust-wide
Related Documents:	Trust Health and Safety Policy (May 2020) Risk Management Strategy and Toolkit
Author(s):	Consultant Occupational Health Physician Occupational Health Manager Director of Infection Prevention and Control
Further Information:	Control of Substances Hazardous to Health Regulations (2002) The Health and Social Care Act 2008 Code of practice on the prevention and control of infections and related guidance Immunisation of healthcare and laboratory staff: the green book, chapter 12 - GOV.UK (www.gov.uk) Integrated guidance for management of BBV in HCW November 2023 (publishing.service.gov.uk) NICE Tuberculosis: who should be screened for tuberculosis? July 2023 Occupational pertussis vaccination of healthcare workers (publishing.service.gov.uk) PHE Guidance for public health management of meningococcal disease in the UK Updated August 2019

	The Code for Nurses and Midwives – Nursing andMidwifery Council General Medical Council: Fitness to Practice
This Document replaces:	Immunisation of Trust Employees Against Preventable Infectious Diseases Policy (v5.0 July 2016)

Lead Director: Chief Nursing Officer

Issue Date:

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Introduction

1. Oxford University Hospitals NHS Foundation Trust ("the Trust") acknowledges its responsibilities as an employer and provider of healthcare services to do all that is reasonably practicable to reduce the risk of avoidable transmission of infection to employees and patients.
2. The Health and Safety at Work etc. Act 1974 (the Act) requires employers to ensure, so far as is reasonably practicable, the health, safety, and welfare at work of all its employees.
3. The Act also requires employers and employees to protect, so far as is reasonably practicable, those at work and others who may be affected by their work activity such as patients, colleagues, and visitors.
4. The Control of Substances Hazardous to Health (COSHH) Regulations 2002 requires employers to assess the risks of exposure to hazardous substances, including biological hazards, and implement necessary control measures by reducing the risks of infectious disease transmission to employees and others.
5. This policy provides information and guidance on immunisations, chemoprophylaxis and blood borne viruses (BBV).

Policy Statement

6. It is the policy of the Trust, which attaches great importance to the health of its employees, to provide and maintain, so far as is reasonably practicable, a safe and healthy workplace for the delivery of its services for:
   - 6.1. all employees, and
   - 6.2. those affected by or involved in the Trust's activities.
7. In accordance with its duty of care the Trust will provide comprehensive immunisation programmes that are relevant to occupational exposures.

Scope

8. This policy is applicable to all eligible existing (substantive or fixed term) and prospective employees of the Trust, including Retention of Employment (RoE) staff and any individual who has a Contract for Services (including locums, honorary contract holders, researchers and temporary staff) (see more details under Definitions).
9. The Trust expects employees to co-operate with this policy in line with their obligations under Health and Safety legislation and to have all recommended immunisations (as set out in this policy and following advice from the Centre for Occupational Health and Wellbeing) unless there is a valid reason why the immunisation is not suitable. The Centre for Occupational Health and Wellbeing (COHWB) will advise in these cases.
10. Employees who refuse immunisation should be aware that their employment / deployment within the Trust may be restricted by their refusal to cooperate with this policy.

Aim

11. The purpose of immunisation of healthcare workers is to:
    - 11.1. protect employees and their families from occupationally acquired infection;
    - 11.2. prevent patients and service users from acquiring infections from staff; and
    - 11.3. promote efficient and effective service delivery by minimising disruption due to work restrictions following exposure of staff to infectious diseases.
12. Immunisation is only one of the possible control measures available to protect employees from the occupational risk of contracting a communicable disease. It should not be considered as a substitute for compliance with good infection control practices and the

appropriate use of standard precautions as per Trust Infection Prevention and Control Policy.

13. Additional immunisations may need to be administered in some outbreak situations where it has been shown that immunisation can prevent transmission of an infectious disease to staff and patients e.g. meningitis, pertussis and measles.

14. Additionally, National Guidance (see References section for further information regarding National Guidance) lays down certain screening requirements for patient safety. Certain blood borne virus screening is mandatory for staff that perform Exposure Prone Procedures (EPPs). If infected with a blood borne virus confidential advice must be sought from an Occupational Health Physician. In certain cases, work practices will be restricted if the employee is judged to be potentially infectious to patients.

15. This policy should be read by all staff across the Trust with particular reference to all managers at induction and yearly thereafter in conjunction with their annual risk assessments.

Definitions

16. The abbreviations in use in this document are defined as follows:

16.1. BBV Blood Borne Virus

16.2. COHWB Centre for Occupational Health and Wellbeing

16.3. COSHH Control of Substances Hazardous to Health

16.4. EPP Exposure Prone Procedures

16.5. IVS Identified validated sample

16.6. HCW Healthcare Worker

16.7. OH Occupational Health

17. For the purpose of this policy a healthcare worker can be defined by using the following categories:

17.1. **Category 1** - staff involved in direct patient care: those staff who have regular direct clinical contact with patients, including doctors, nurses, midwives, clinical support workers, dentists, paramedics, physiotherapists, radiographers, occupational therapists, porters, volunteers working with patients and students of any of these disciplines.

17.2. **Category 2** - laboratory and pathology staff: those staff who regularly handle potentially infectious clinical specimens and/or waste who may be exposed to pathogens in a laboratory setting. This includes laboratory technical staff, laboratory receptionists, mortuary staff, maintenance engineers and domestic staff working in the laboratory area.

17.3. **Category 3** - non-clinical staff in healthcare settings: those staff that may have contact with patients, but not usually of a prolonged or close nature. This includes receptionists, housekeepers, Estates staff, ward clerks, administrative staff, volunteers, and pharmacists.

Responsibilities

18. The **Chief Executive Officer** has overall responsibility for Occupational Health and Safety and will ensure Trust wide implementation of the policy.

19. The **Chief Nursing Officer** has delegated authority for the general organisation and implementation of the Trust's Health and Safety Policy.

20. **Managers at every level** are responsible and accountable for ensuring that their staff

members comply with the Trust's Immunisation and Screening Policy.

21. **Managers** also have responsibility for:

21.1. Ensuring that Trust employment and recruitment processes are followed correctly, and that staff do not commence employment until they have received health clearance from the COHWB. Managers should not permit relevant staff members to undertake EPPs until specific Occupational Health clearance relating to EPP has been issued.

21.2. Carrying out risk assessments to identify any biological hazards associated with work undertaken within their departments. Information concerning the assessment of risk associated with those hazards should be provided to the COHWB to ensure that appropriate immunisations are made available to staff.

21.3. Ensuring that all newly appointed staff attend the COHWB for an immunisation review as close to their first day in post as possible, and in any event within the first 4 weeks of commencing in post, for assessment of immunisation requirements and provision of any necessary immunisations.

21.4. Where advised that a member of their team has not attended the COHWB for their immunisation review/appointment, ensuring the member of staff is released from work to attend their rebooked appointment with the COHWB and attends at the earliest opportunity.

21.5. Ensuring that, where a member of staff undertaking exposure prone procedures (EPP) does so under conditions imposed by the Trust on advice from the COHWB, that the employee maintains health clearance for EPP work. Staff moving from a non EPP role to undertaking EPP work within a role should be referred to COHWB for clearance prior to any transfer.

21.6. When an EPP clearance is given for a defined period only, managers should ensure the staff member attends the COHWB for appropriate follow-up screening and that the individual does not undertake EPP beyond expiry of the relevant period until continued fitness for the work has been confirmed. It is important that any details of conditions imposed remain confidential to direct line managers only in order to maintain confidentiality at all times.

21.7. Maintaining records of staff members who are not immune and who may thereby be restricted from working in high-risk clinical areas. Individual risk assessments must be performed in these cases with advice from the COHWB.

21.8. Ensuring that members of staff are given time to attend appointments with the COHWB.

22. The role of the **Centre for Occupational Health and Wellbeing (COHWB)** is to support the Trust in fulfilling its legal obligations under Health and Safety legislation through managing the immunisation programme for Trust employees by the following means:

22.1. Ensuring compliance with National Guidance (see the References section for further information on National Guidance) on infection screening for healthcare workers and guidelines for Occupational Health (OH) and Safety Services in the NHS.

22.2. Promoting and collaborating with proactive and (particularly in outbreak situations) reactive risk management alongside the Infection Prevention and Control team.

22.3. Provision of a comprehensive occupational immunisation programme in compliance with national guidance contained within the Green Book: Chapter 12 Immunisation of healthcare and laboratory staff, including immunisation against:

- Hepatitis B.
- Tuberculosis.
- Measles, Mumps and Rubella.

- Varicella.
- Pertussis
- Tetanus.
- Diphtheria.
- Poliomyelitis.
- Hepatitis A.
- Typhoid
- Meningococcal; and
- Other conditions where occupationally relevant or recommended by the agencies responsible for ensuring public health.

22.4. Providing health clearance for EPP roles only when appropriate screening results have been obtained and providing clear advice to managers if EPP clearance is conditional or for a limited period.

22.5. Providing appropriate and evidence-based advice to both employees and employers concerning immunisation and updating knowledge as amended guidance is published.

22.6. Maintaining records of immunisation as per Department of Health and statutory requirements (especially Control of Substances Hazardous to Health 2002).

22.7. Advising staff members and their managers of any necessary adaptations/restrictions or other action required when the staff member has inadequate immunity to infectious diseases preventable by immunisation.

22.8. Recalling individual Healthcare Workers for further vaccination / screening when required and informing the relevant managers of non-attendance where necessary. Where the manager is not known, informing the relevant Operational Services Manager of the non-attendance.

22.9. Provision of confidential advice and support to staff that have, develop, or are exposed to infectious diseases.

22.10. Liaison with the infection prevention and control team and managers if a disease outbreak occurs in a specific work area, including delivery of chemoprophylaxis or immunisation when indicated.

22.11. Support with the delivery of the annual flu and COVID-19 vaccination programme.

22.12. Coordination with microbiology and health protection team in cases of disease outbreaks.

22.13. Reporting to the UK Advisory Panel for Healthcare Workers infected with Bloodborne Viruses for EPP workers living with BBV's where required.

23. **Agencies supplying clinical staff:**

23.1. Workers not directly employed by the OUH who have direct patient contact or contact with clinical materials must be screened and immunised to the same standard as Trust staff. The organisation responsible for the individual must ensure that workers are appropriately screened and vaccinated in line with this policy. If the individual is to perform EPPs, full EPP screening to the accepted national standards (see references) is required before the agency worker can start work.

23.2. Immunisation will only be provided to staff of organisations who have an agreement with the Oxford University Hospitals NHS Foundation Trust COHWB for provision of

such services or in circumstances relating to a possible BBV exposure.

24. **Individual staff members** are responsible for:

24.1. Ensuring that they do not represent a risk for transmission of infections to patients and that their health does not compromise patient safety.

24.2. Prompt provision of an accurate immunisation and screening history to COHWB when requested, for example providing copies of previous blood tests and history of immunisations prior to screening appointments.

24.3. Attending COHWB screening and monitoring appointments when requested by COHWB, their manager, or Infection Prevention and Control. Responding to COHWB appointment requests in a timely manner by attending, re-arranging or cancelling appointments as required.

24.4. Permitting their immunisation data to be held in confidence by the COHWB in the employee's individual occupational health record and in line with the relevant data protection legislation.

24.5. Advising their managers if they are deemed to have inadequate immunity and, thereby being at increased risk of acquiring infection or transmitting infectious diseases to vulnerable patients as a result of their work activity.

24.6. Providing consent to allow transfer of information between Trusts,if required.

24.7. Keeping personal records of vaccinations and immunisation status for future reference.

24.8. Informing the COHWB promptly ***in confidence*** if they know themselves to be infected with any blood borne virus or other infection that may be transmitted to colleagues or patients. Healthcare workers who perform EPPs have a legal duty to inform the COHWB if they suspect or know that they are carriers of HIV, Hepatitis B or Hepatitis C.

24.9. Those with known suppressed HIV or Hepatitis B and who are cleared to undertake EPP must follow COHWB guidance and review processes to ensure their health clearance is maintained and patient safety is not compromised.

24.10. Attending the COHWB in good time for repeat EPP monitoring if required, since delay in renewal of EPP clearance may result in the employee being suspended from performing EPP.

24.11. Attending review appointments with an Occupational Health practitioner for advice and guidance, particularly if they decline any recommended vaccination.

24.12. Attending COHWB specialist appointments with specialist clinics e.g. TB or Hepatology for advice regarding potential infectivity.

24.13. Following COHWB guidance and advice to ensure employee and patient safety is not compromised if their immunity cannot be established. Managers will be informed if the employee is considered to have inadequate immunity and employee work practices may be restricted.

Organisational Arrangements

Health Clearance for Exposure Prone Procedures

25. Those procedures where an opportunity for HCW-to-patient transmission of BBV does exist are described as EPPs, where injury to the HCW could result in the worker's blood contaminating the patient's open tissues. EPPs include procedures where the worker's gloved hands may be in contact with sharp instruments, needle tips or sharp tissues inside a patient's open body cavity, wound or confined anatomical space where the hands or fingertips may not be completely visible at all times.

26. New starters will not be offered immunisation by the COHWB prior to them commencing employment; however, testing for EPP clearance must be performed in advance of an agreed start date, providing sufficient time for pertinent investigations. Failure on the part of a new starter to comply with this requirement will result in the individual not being cleared to commence work involving EPP.

27. All staff must complete a Work Health Assessment Questionnaire and / or attend a telephone or face-to-face interview where required to do so. This will include inquiry about immunisation history and a tuberculosis symptom check.

28. Health clearance to commence EPP work will be withheld until blood test results for Hepatitis B, Hepatitis C and HIV status are known. The results need to be from an accredited source as an Identified Validated Sample (IVS). [1]

29. If, following screening, any of the above tests are found to be positive the healthcare worker will not initially be cleared to undertake EPPs. Further investigations and an appointment to see the Consultant Occupational Physician for advice will be arranged for the individual before fitness to undertake EPPs will be established as per current guidance from UK Advisory Panel for Healthcare Workers Infected with Blood Borne Viruses.

30. For the individuals with Hepatitis B core antibody (HBcAb) positive, the Guidance for health clearance of healthcare workers (HCWs) and management of those infected with bloodborne viruses (BBVs) Hepatitis B, Hepatitis C and HIV will apply as follows:

    30.1. HCWs who carry out EPP activities and who are diagnosed with an illness that may lead to immunosuppression or have been advised to start immunosuppressive treatment are required, in line with the national guidance, to inform the COHWB, as there is a risk of reactivation of Hepatitis B when a person becomes immunosuppressed and this poses a risk to patients.

Tuberculosis screening

31. Health screening checks for employees new to the NHS who will have contact with patients or clinical materials should include:

    - Assessment of personal or family history of TB
    - Asking about symptoms and signs
    - Evidence of a BCG vaccination (for example a scar or reliable documentation or history)

    31.1. Offer an IGRA interferon gamma release assay (IGRA) if:

        31.1.1. New entrants (less than 5 years in UK) from a high TB incidence country with rates above 40 per 100000), with no previous screening/treatment history within the specified timeframe

        31.1.2. History suggestive of possible active pulmonary TB contact.

    31.2. If IGRA is positive they should have a further TB symptom check, chest X-ray and referral to the TB clinic for assessment, advice, and possible treatment.

    31.3. Staff at risk of occupational exposure to TB including those working with known TB patients or specimens will be screened to exclude HIV and offered BCG.

32. If a prospective or current healthcare worker who is IGRA / Mantoux tuberculin skin test

[1] For the purpose of this policy **This must be an identified validated sample (IVS).** An identified validated sample is one taken in a UK NHS Occupational Health Department from the healthcare worker whose identity is confirmed at the time by photographic evidence (passport, driving licence etc).

negative and declines BCG vaccination, the risks should be explained and the oral explanation supplemented by written advice. He or she should not work where there is a substantial additional risk of exposure to TB. The employer will need to consider each case individually, taking account of employment and health and safety obligations.

Immunisation Assessment

33. All staff members who have patient contact will be seen by an Occupational Health practitioner to assess and discuss their immunisation history and requirements on the first day, or at most within 4 weeks, of commencing employment within the Trust if they have not provided evidence of all required immunisations. Managers will be informed if new members of staff fail to attend relevant appointments.

34. The COHWB will provide information about infection risks and the benefits of immunisation to staff members.

35. Having assessed the risks and benefits and offered advice, the Occupational Health practitioner will implement an agreed programme of immunisation and / or testing and inform the manager of any concerns in accordance with the duty of care under COSHH.

Vaccination Requirements

36. Individual vaccination requirements and indications as dictated by Department of Health and Public Health Policy are set out in Appendix 2.

37. **Post-exposure management** - specific additional measures may sometimes be required following an incident where exposure of an HCW to an infected individual, pathogen or contaminated instrument occurs. Advice should be sought from the COHWB or from the on-call microbiologist or other appropriate consultant (particularly if the incident occurs outside standard office hours). Administration of Hepatitis B boosters or immunoglobulin (for unimmunised staff exposed to Hepatitis B infection) will be arranged by the COHWB during opening hours and the on-call microbiologist outside of office hours.

38. **Management of disease outbreaks** – the COHWB will, in conjunction with infection prevention and control, microbiology and/or infectious disease consultant and health protection team organise and arrange for appropriate treatment in the case of disease outbreak such as pertussis, TB and meningitis.

Training

39. Training required to fulfil this policy will be provided in accordance with the Trust's Training Needs Analysis. Management and monitoring of training will be in accordance with the Trust's Core Skills Policy. This information can be accessed via the Culture and Leadership Service pages on the Trust intranet.

40. Individuals' training needs will be identified through annual appraisal and supervision.

Monitoring Compliance

41. Compliance with the document will be monitored in the following ways:

Aspect of compliance or effectiveness being monitored	Monitoring method	Responsibility for monitoring (job title)	Frequency of monitoring	Group or Committee that will review the findings and monitor completion of any resulting action plan
Relevance of specific immunisation procedure	Review of national and other relevant guidance	COHWB Manager	As required	Hospital Infection Prevention and Control Committee, H&S committee
Adherence to procedure by COHWB staff, HR recruitment and appointing managers	Periodic audit of a random sample of employees' Occupational Health records	COHWB Manager	At least annual	OH performance meetings

42. In addition to the monitoring arrangements described above, the Trust may undertake additional monitoring of this procedure as a response to the identification of any gaps or as a result of the identification of risks arising from the procedure prompted by incident review, external reviews, or other sources of information and advice. This monitoring could include:

    42.1. Commissioned audits and reviews

    42.2. Detailed data analysis

    42.3. Other focused studies

    42.4. Results of this monitoring will be reported to the nominated Committee.

Review

43. This policy will be reviewed in three years, as set out in the Developing and Managing Policies and Procedural Documents Policy.

44. Until such time as the review is completed and the successor document approved by the relevant committee this policy will remain valid.

References

45. UKHSA: Immunisation against infectious disease (the Green Book) 2020

46. UK government: The Health and Safety at Work Act 1974

47. UK Government: The Management of Health and Safety at Work Regulations 1999

48. UK Government: Control of Substances Hazardous to Health Regulations 2002

49. DHSC: New healthcare workers: clearance for hepatitis B and C, TB, HIV. 2007

50. Tuberculosis services: staff vaccination and screening NICE 2021

51. NMC: The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates 2015.

52. GMC: Good Medical Practice 2023

53. UKHSA Green Book 2013 Immunisation of healthcare and laboratory staff , Chapter 12

54. UKHSA: Integrated guidance on health clearance and the management of HCWs living with BBVs (hepatitis B, hepatitis C and HIV). November 2023

55. NICE Clinical Guideline NG33: Tuberculosis. 2019.

56. PHE: Guidance for public health management of meningococcal disease in the UK 2019.

57. HSE: Infections at work

58. NHS Employers: Work health assessments standard 2023

Equality Analysis

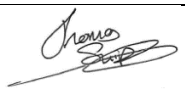
59. As part of its development, this procedure and its impact on equality has been reviewed. The purpose of the assessment is to minimise and if possible, remove any disproportionate impact on the grounds of race, gender, disability, age, sexual orientation, religion or belief, gender reassignment, marriage and civil partnership and pregnancy and maternity. The completed Equality Impact Assessment can be found in Appendix 1.

Document History

Date of revision	Version number	Reason for review or update
09/06/2021	5.0	Expiry of existing policy. Requirement to amend Trust document format
03/09/2021	5.1	Review of changes and updates made.
20/12/2023	5.6	Draft circulated for consultation

Appendix 1: Equality Analysis Impact Assessment

Information about the policy, service or function

What is being assessed	Existing Policy
Job title of staff member completing assessment	Occupational Health Manager
Name of policy / service / function:	Immunisation and Screening Policy
Details about the policy / service / function	This document is applicable to all existing and prospective employees of the Trust and any individual who has a contract for services (including locums, honorary contracts, students, and temporary staff), whose work involves direct contact with patients. Health and Safety considerations are of paramount importance, and it may not be possible to make reasonable adjustments in all cases. Each case needs to be assessed on a case-by-case basis. All employees of the Trust will be protected against foreseeable risk of acquisition ofpreventable infectious diseases through activities of employment. Patients, particularly surgical patients, the immunocompromised and certain vulnerable groups including children and expectant mothers will be protected against acquisition of preventable infectious diseases from HCWs involved in their care. The community will benefit through minimisation of disruption to service provision in outbreak situations
Is this document compliant with the Web Content Accessibility Guidelines?	Yes
Review Date	3 years
Date assessment completed	August 2021. Reviewed November 2023
Signature of staff member completing assessment	Christina Evriviades
Signature of staff member approving assessment	

1. Screening Stage

Who benefits from this policy, service or function? Who is the target audience?

- Staff

Does the policy, service or function involve direct engagement with the target audience?

Yes - *continue with full equality impact assessment*

Research Stage

Notes:

- If there is a neutral impact for a particular group or characteristic, mention this in the 'Reasoning' column and refer to evidence where applicable.
- Where there may be more than one impact for a characteristic (e.g. both positive and negative impact), identify this in the relevant columns and explain why in the 'Reasoning' column.
- The Characteristics include a wide range of groupings and the breakdown within characteristics is not exhaustive but is used to give an indication of groups that should be considered. Where applicable please detail in the 'Reasoning' column where specific groups within categories are affected, for example, under Race the impact may only be upon certain ethnic groups.

Impact Assessment

Characteristic	Positive Impact	Negative Impact	Neutral Impact	Not enough information	Reasoning
Sex			X		This policy is applied consistently to all healthcare workers, regardless of sex and gender re-assignment. Some immunisations however are unsafe to administer during pregnancy and therefore specific advice is required on a case-by case basis taking into account previous medical history
Gender Re-assignment			X		This policy is applied consistently to all healthcare workers, regardless of sex and gender re-assignment.
Race - Asian or Asian British; Black or Black British; Mixed Race; White British; White Other; and Other	X				All employees will be expected to demonstrate immunity to a standard equivalent to that applicable to UK vaccination criteria. All individuals without evidence of this, will be offered screening and vaccination on a case-by-case basis irrespective of whether routine in countries previously resident in.

Characteristic	Positive Impact	Negative Impact	Neutral Impact	Not enough information	Reasoning
Disability - disabled people and carers	X				Individuals with impaired immunity or chronic transmissible infections (BBV's) will be supported to identify an appropriate environment/system of work that enable them to perform a role without additional risk to their own health or that of vulnerable contacts. Those with sensory or learning disabilities can be provided additional support regarding consent and understanding as delivered on a case-by case basis.
Age				X	Some older healthcare workers may mount a less satisfactory response to certain immunisations, and this will be dealt with on a case-by case basis
Sexual Orientation			X		This policy is applied consistently to all healthcare workers, regardless of sexual orientation
Religion or Belief				X	While there is a theoretical possibility that the source or nature of a vaccine could be contrary to a specific religious principle, in practice this is uncommon and should be addressed on a case-by-case basis
Pregnancy and Maternity		X			Certain immunisations may be unsafe to administered during pregnancy and specific advice to protect the individual, unborn child and any contacts will be provided
Marriage or Civil Partnership			X		This policy is applied consistently to all healthcare workers, regardless of marital or civil partnership status
Other Groups / Characteristics - for example, homeless people, sex workers, rural isolation.			X		This policy is applied consistently to all healthcare workers, regardless of other characteristics

Sources of information

Healthcare workers are a key risk group with regard to biological hazards because of the nature of their work. Immunisation against infection disease (Green Book) from the UK Health Security Agency and COSHH are the principle basis for information in relation to this policy.

The Trust has a responsibility as an employer and provider of healthcare services to do all that is reasonably practicable to reduce the risk of avoidable transmission of infection to employees and patients. The legal framework for this comes from the Health and Safety at Work Act 1974 which also requires employers and employees to protect, so far as is reasonably practicable, those at work and others who may be affected by their work activity such as patients, colleagues and visitors. The control of occupational exposure to biological agents in the healthcare setting is covered by the Control of Substances Hazardous to Health Regulations 2002 (COSHH). There is detailed guidance available from the Advisory Committee on Dangerous Pathogens (ACDP) or the Department of Health on the control of various micro-organisms such as blood borne viruses (e.g. HIV and hepatitis B), vCJD, viral haemorrhagic fevers and TB. Healthcare-associated infection (nosocomial infection) is an important cause of morbidity and mortality amongst hospital patients, especially with the increasing resistance of many human pathogens to antibiotics (e.g. Carbapenemase producing Enterobacteriaceae). The protection of all in relation to preventable infections is therefore imperative.

Employers may have further legal requirements, to make reasonable adjustments under equalities legislation. Information about employing people with a disability can be found on GOV.UK or from the Equality and Human Rights Commission in England

Consultation with protected groups

List any protected groups you will target during the consultation process, and give a summary of those consultations

Group	Summary of consultation

Consultation with others

Clinical and non-clinical managers randomly selected

Divisional Heads of Workforce

HR Consultants

Staff representation RCN Unison

Equality, Diversity and Inclusion Manager

Oxford University Hospitals NHS Foundation Trust

Summary stage

Outcome Measures

Immunity is the ability of the human body to protect itself from infectious disease. Acquired immunity is one of the mechanisms of this and can be active or passive. Vaccination (active acquired) generally provides immunity similar to that of natural infection but without the risk from disease or it's complications. The Trust acknowledges its responsibilities as an employer and provider of healthcare services to do all that is reasonably practicable to reduce the risk of

avoidable transmission of infection to employees and patients. It recognises that by doing so it can lead to the following:

- Protection of the individual employee and their family from occupationally acquired infection.
- Protection of patients and service-users, including vulnerable patients who may not respond well to their own immunisations.
- Protection of other healthcare staff.
- Lower levels of clinical and other adverse incidents.

In summary the intended outcomes of delivering this policy would be achieved by all people regardless of any protected characteristic.

Positive Impact

As an employer, we can help reduce the risks of vaccine-avoidable diseases, prevent patients and service users from acquiring infections from staff and have a role in making adjustments and helping someone manage specific health conditions at work.

Central to health and safety legislation is the need for employers to:

- demonstrate good practice through a step-by-step risk assessment approach to identify which pathogens staff are exposed to;
- ensure appropriate screening for communicable diseases and onward referral to support staff identified as actively infectious;
- allow assessment of the current situation using pre-existing data, surveys, and other techniques; and
- promote active discussion and working in partnership with employees and their representatives, to help decide on practical improvements that can be made.

Unjustifiable Adverse Effects

List any identified unjustifiable adverse effects on protected groups along with actions that will be taken to rectify or mitigate them.

N/A

Justifiable Adverse Effects

List any identified unjustifiable adverse effects on protected groups along with justifications and any actions that will be taken to mitigate them.

All immunisation and screening requirements will be made in relation to identified risks to staff member and/or others and adjustments and advice will be made on a case-by-case basis.

Appendix 2: Individual Immunisation Requirements and Indications

Typhoid

- Typhoid fever is rare in the UK as standards of sanitation are high. Usually cases of typhoid or paratyphoid are imported associated with foreign travel or contact with someone who has travelled to an area where typhoid is endemic. Typhoid vaccination is most often provided as a travel vaccination.
- The work area identified as having increased occupational risk of contracting typhoid are all laboratory personnel who may handle *Typhi* in the course of their work (principally in Microbiology) or staff travelling to countries on Trust business where Typhoid is endemic.
- Staff potentially at risk in these work areas should be vaccinated and receive booster vaccinations every three years.

Hepatitis A

- Hepatitis A is not included in the national vaccination programme.
- Most HCW are not at increased risk of occupationally acquired Hepatitis A and routine vaccination is not indicated for all healthcare staff.
- Hepatitis A immunisation is recommended for healthcare workers who may be exposed to hepatitis A in the course of their work and those exposed to sewage, e.g. estate maintenance staff.

Hepatitis B

- Hepatitis B vaccination is recommended for healthcare workers who may have direct contact with patients' blood, blood-stained body fluids, tissues or clinical waste. This includes any staff who are at risk of injury from blood-contaminated sharp instruments, or of being deliberately injured or bitten by patients. This specifically includes those staff who handle clinical waste, including cleaners and porters.
- All laboratory staff who handle material that may contain the virus in the course of their work should be vaccinated against Hepatitis B.

Tetanus/Diphtheria/Polio (DTP)

- Tetanus/Diphtheria/Polio vaccine is part of the UK National Vaccination Campaign. Usually five doses of vaccine are administered at appropriate intervals and considered to give satisfactory long term protection. If the national vaccination schedule is strictly followed the course (minimum 5 doses) in usually complete by the age of 15.
- Staff working in high risk areas where they may have contact with infected patients or clinical specimens e.g. all staff in cellular pathology, microbiology and all staff working on John Warin Ward, will require further 10 year boosters**.**
- **NB:** The responsibility for routine DTP vaccination schedules lies with primary care providers and not Occupational Health. Any healthcare workers who have an uncertain or incomplete DTP immunisation status should be advised to contact their GP surgery**.**

Influenza

- All frontline healthcare workers, including both clinical and non-clinical staff who have contact patients, should be offered a flu vaccine as part of the Trust's policy for the prevention of the transmission of flu to help protect both staff and those that they care for.

COVID-19

- Frontline health care workers, including both clinical and non-clinical staff who have contact with patients, may be advised within JCVI recommendations to be included in vaccination booster campaigns. This may also include a targeted offer during the campaign of a primary course to protect those frontline health care workers not previously vaccinated.
- COVID-19 is a highly infectious disease and spreads rapidly.
- Annual vaccination is required to ensure optimum protection and is targeted at staff groups with direct clinical contact with patients.

BCG

- BCG vaccine is recommended for unvaccinated, tuberculin negative HCW's where risk assessment has identified that as part of their role, they will have direct contact with TB positive patients or for laboratory staff working with potentially infectious clinical materials or derived isolates.
- The Staff at risk of occupational exposure to TB including those working with known TB patients or specimens will be screened to exclude HIV and offered BCG.
- BCG is recommended for all staff exposed to clinical samples in Microbiology and Cellular Pathology, all staff involved in autopsy and any others considered to be at high risk. Other high-risk groups include those undertaking bronchoscopies and those caring for patients with acute unscreened respiratory conditions including Emergency Care and Care of the Elderly.
- BCG vaccine is also recommended for healthcare workers who may have close contact with infectious patients or infectious material. Although the BCG does not give full protection, it is believed to be up to 70% effective against some forms of the disease. It is understood that protection will reduce over time and is anticipated to last between 15 and 60 years.
- BCG efficacy data in adults over the age of 35 years is scarce. Nevertheless, because these groups have a high exposure risk, and given the absence of safety concerns, it is likely that benefits outweigh risks for vaccinating individuals over the age of 35 years with BCG who fall within the above exposure groups.
- Prior to having a BCG vaccination an individual risk assessment and, where relevant, testing for HIV must be carried out.

MMR

- All Healthcare workers should have protection as there is a risk that they may transmit Rubella/Measles/Mumps to vulnerable groups. They may need MMR vaccine for their own protection but should also be immune to measles and rubella for the protection of their patients and colleagues. Satisfactory evidence of immunity will be required in the form of: -
    - Documented evidence of 2 doses of MMR vaccine, or
    - Positive antibody tests for measles and rubella.

Varicella (Chickenpox*)*

- All staff are screened for personal recall of a history of past infection.

- Staff who have direct patient contact and non-clinical staff who have regular patient contact should be tested for Varicella antibodies if they have not had past infection or are unsure.
- Those with a definite history of chickenpox or herpes zoster from temperate climates can be considered protected. Due to a lower positive predictive value in HCWs born or raised in tropical or subtropical climates this group should have serological testing regardless of declaring a positive history of VZV infection.
- Any HCW with a negative or uncertain history of chickenpox or herpes zoster should be serologically tested and vaccine only offered to those without the varicella zoster antibody.

Pertussis (Whooping Cough)

- Pertussis (whooping cough) is an acute bacterial respiratory infection. Initial symptoms resemble a common cold which can progress to include spasmodic coughing, choking spells, and vomiting after coughing. The risk of severe complications is highest in very young babies; nearly 90% of the deaths from pertussis in the last 10 years have been in infants aged 3 months or less who cannot be fully protected by immunisation. The bacteria are present in the back of the throat and can be spread by coughing and sneezing. An infected person can pass the infection to other people for 21 days from the onset of their symptoms if not treated with appropriate antibiotics.
- Healthcare workers (HCWs) can be an important source of infection to vulnerable infants.
- JCVI has advised that health professionals who have not received a pertussis containing vaccine in the last 5 years and have regular contact with pregnant women and/or young infants are prioritised for occupational vaccination. Given the variability in intensity and frequency of contact with pregnant women and /or infants and the current limited availability of vaccine, these HCWs are categorised into three groups who will be offered vaccine in order of priority.
- Currently UKHSA advises that only Priority Group 1 is offered vaccination. The other groups will be added as and when advised by UKHSA.
- *Priority group 1* – HCWs with regular and close clinical contact with severely ill young infants and women in the last month of pregnancy This includes clinical staff working with women in the last month of pregnancy (e.g. in midwifery, obstetrics and maternity settings) and neonatal and paediatric intensive care staff who are likely to have close and/or prolonged clinical contact with severely ill young infants.
- Eligible HCWs should be given a single booster dose of the recommended vaccines: the acellular pertussis containing vaccines Repevax and Boostrix-IPV. These are combination vaccines that, in addition to pertussis antigens, contain diphtheria toxoid, tetanus toxoid, and inactivated poliovirus. There are currently no recommendations for additional booster doses.

Meningococcal vaccine (MenACYW plus Meningitis B)

- Exposure to ACDP Cat 2 pathogen *N. meningitidis* in samples and cultures can lead to human disease and is a potential hazard to employees.
- Exposure can occur from the manipulation of samples and cultures which can produce aerosols. Cultures are a particular hazard as dense solutions of the organisms have to be made and manipulated in the process of identification and susceptibility testing.
- Biomedical Scientists and medical staff in microbiology, including trainees may be exposed to this organism during the course of their routine work or training.

- Vaccination of staff against *N. meningitidis* will ensure that they are protected if they inadvertently process *N. meningitidis* cultures outside of the Class 1 safety cabinet.
- For public health management of contacts of cases and outbreaks, advice must be sought from the local health protection team.
- For confirmed or probable MenC, A, W or Y infection, a MenACWY conjugate vaccine should be offered to all close contacts (of all ages) who were previously not immunised, partially immunised or vaccinated more than one year previously with MenC/ MenACWY conjugate vaccine.

Travel vaccines

- Travel vaccines are offered to staff travelling abroad on Trust business only.

Laboratory staff only (Microbiology and pathology)

- Staff handling specific organisms:
    - For some infections, the probability that clinical specimens and environmental samples of UK origin contain the implicated organism, and therefore present any risk to staff, is extremely low. For these infections, routine immunisation of laboratory workers is not indicated.
- Staff handling or conducting research on specific organisms and those workingin higher risk settings, such as reference laboratories or infectious disease hospitals, may have a level of exposure sufficient to justify vaccination. The following vaccines are recommended for those where a risk has been identified that the work undertaken could result in exposure:
    - Hepatitis A
    - Japanese encephalitis
    - Cholera
    - Meningococcal ACW135Y
    - Smallpox
    - Tick-borne encephalitis
    - Typhoid
    - Yellow fever
    - Influenza
    - Varicella