

Freedom of Information Team
Room 1.16
De La Court House
Queen Alexandra Hospital
Southwick Hill Road
Portsmouth
Hampshire
PO6 3LY

Tel: 023 9228 6000 Ext 3708

Name:

Date: 09/12/2019

Ref: 19-20 316

Dear

Freedom of Information request

Thank you for your request for information under the Freedom of Information Act 2000, which was received by our Freedom of Information team on 09/09/2019. You have requested the following:

1. What is the cost per tonne to dispose of clinical waste?

The domestic (municipal) and clinical waste contracts are provided by our FM Service Provider as part of the PFI contract, with the contracts held directly between the FM Provider and the waste contractors. We are therefore unable to provide figures relating to costs as this information is not held by the Trust.

2. What volume of clinical waste from Theatres goes directly to landfill and what is the associated cost? The Trust does not landfill any of our waste.

3. What volume of clinical waste from Theatres goes directly to incineration and what is the associated cost?

The Trust does not have volumes per department/ward as our waste is not weighed prior to collection by our contractor and therefore we do not have a breakdown of weights. The clinical waste contract is provided by our FM Service Provider as part of the PFI contract, with the contracts held directly between the FM Provider and the waste contractor. We are therefore unable to provide figures relating to costs as this information is not held by the Trust. The PFI contract runs until 2040.

4. What number of Health Care Workers reported an incidence of exposure to blood and body fluids (BBF) in theatre during a total hip or knee replacement, per year since 2015?

Please see question 5. Unable to breakdown figures by procedure being undertaken.

5. What number of Health Care Workers reported an incidence of exposure to BBF in theatre, per year since 2015?

Year	Incidents
2015	55
2016	76
2017	66
2018	34
2019*	31
Grand Total	262

6. What is the treatment for a Health Care worker with a reported incidence of exposure to BBF?

After a NSI / sharps injury or contamination incident: allow the puncture site to bleed; wash the wound / exposed area with soap and water; in the case of a splash to the eyes, irrigate eyes with sterile water (before and after contact lens removal); report the incident to the Occupational Health Department (OHD) on 02392 283689 or, if out-of-hours, to the Emergency Department (ED) Ext. 6366; inform manager and report via adverse incident reporting system.

All NSI / sharps injuries and contamination incidents reported to OHD or ED will be fully assessed and managed according to the Trust Needle stick (NSI) / “Sharps” Injury & Contamination Incidents: prevention and Management policy. This will include a risk assessment of the incident, blood sample for long term storage from the recipient and arrangement of BBV virus screen from the source patient. ED will inform OHD of out-of-hours incidents the next working day and affected HCW should also contact OHD the next working day to arrange follow up blood serology.

Follow up blood serology may include the following depending on the incident and risk

- Known HIV infected source patient: HIV test for recipient at 6, 12 and 24 weeks
- Known HCV infected source patient: HCV RNA test for recipient at 6 and 12 weeks. In addition, anti-HCV tests at 12 and 24 weeks.
- Known positive HBV source patient: test non-immune recipients from 6 weeks (HBsAg test).
- Unknown source patient: test recipient for HIV at 12 weeks and anti-HCV at 12 and 24 weeks
- Known negative high-risk source patient e.g. i.v drug user: consider possible ‘window period’ of seroconversion and test recipient for HIV at 12 weeks and anti-HCV at 24 weeks

If the source patient is known to be HIV positive or at high risk of HIV, the recipient must be assessed for the provision of HIV Post Exposure Prophylaxis (PEP). If the NSI / sharps injury is ‘high risk’ (deep injury; visible blood on the device causing injury) and the source is HIV positive or at high risk of HIV, PEP will be prescribed. This will be done by ED for out-of-hours incidents or the local Sexual Health clinic in ‘office- hours’ (after referral by OHD). PEP follow- up is by Sexual Health.

If HIV PEP is required, timing is crucial and ideally it should be started within 1 hour of the incident (but can be given up to 48-72 hours), and this should be considered as a ‘medical emergency’. Overall, however, the risk of acquiring HIV infection following occupational exposure to HIV-infected blood is low (approximately 1 in 300).

If the source patient is a carrier of hepatitis B, the recipient must receive a booster dose of hepatitis B vaccine or, if unvaccinated, must commence an accelerated course of hepatitis B

vaccine and be considered for hepatitis B immunoglobulin (after discussion with the on-call virologist Ext 6886 or via switchboard).

There is a requirement for OH to report cases with a BBV positive source patient to the Health and Safety Executive (HSE) via Reporting Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) and to Public Health England.

7. What is the average cost to treat a Health Care worker with a reported incidence of exposure to BBF?

The basic cost of managing a sharps incident is approximately £269. Any additional blood tests would cost £335 per test; this would be dependant on the case
 A high risk exposure to a known high risk HIV positive donor patient which required PEP Medication is £109.00 (Vat inclusive) this is for a 5 day treatment PEP Pack
 Hepatitis B immunoglobulin – no charge (provided by Public Health England)

8. What percent of the Health Boards whole annual budget 2017/2018 do theatres comprise?
 4.5%

9. In real terms how much was the Health Boards annual budget 2017/2018?
 £24.6m

10. What is the average net total cost per hour of theatre time?
 The Trust does not have the overhead costs readily split to provide a total number.

11. What is the average gross costs including overheads per hour of theatre time?
 £390.52 (theatre staff only, doesn't include operating consultant/anaesthetist costs)

12. What is the number of working days lost due to musculoskeletal disorders (MS) injuries by members of staff, by year since 2015?
 Please see question 13.

13. What is the cost of losing these work days, by year since 2015?

whole trust	Sum of Absence Estimated Cost	Sum of Total FTE Calendar Days
S12 Other musculoskeletal problems		
2015	452,612	6609
2016	969,134	12925
2017	784,072	12173
2018	743,535	10814
2019	725,674	11209

14. Please provide details of the number of working days lost due to MSD injuries by members of staff working in theatres, by year since 2015?
 Please see question 15.

15. What is the cost of losing these work days, by year since 2015?

Theatres	Sum of Absence Estimated Cost	Sum of Total FTE Calendar Days
S12 Other musculoskeletal problems		
2015	29,356	598
2016	76,156	999
2017	75,537	1150
2018	62,847	1082
2019	59,558	1099

16. What is your Health Boards current policy regarding smoke evacuation in theatres?

Please see policy attached below.



Theatres
Department Fire Evac

17. What is your Health Boards annual agency spends on theatre staff, by year since 2015?

2015/16: £780,810, 2016/17: £380,433, 2017/18: £311,487, 2018/19 £310,822

18. What are the top three reasons for using agency staff in theatres?

- To backfill vacancy gaps
- There is a National Shortage of Orthopaedic Scrub nurses
- To maintain safe staffing levels in Theatres

19. What is your Health Boards annual agency spends on staff, by year since 2015?

2015/16: £26,035,037, 2016/17: £17,483,020, 2017/18: £22,096,070, 2018/19 £21,109,257

20. What are the top three reasons for needing to use agency staff?

- Vacancy
- Additional beds
- Sickness.

Please accept this letter as completion of your request. Please note that copies of this request will be held on file for three years before being confidentially destroyed.

If you are dissatisfied with the outcome of your request, please contact our Head of Information Governance on Information.Governance@porthosp.nhs.uk or write to the above address and we will conduct an internal review. Upon review, if you are still dissatisfied, you may appeal our decision by contacting the Information Commissioner's Office; for more information please visit the [ICO's website](#).

Please be aware, if we do not receive an appeal within 30 days of you receiving this letter, we will assume that you are satisfied with our response. If you have any further queries, please do not hesitate to contact us.

Yours sincerely

Freedom of Information Team