

Patients in Partnership (PiP)
Wednesday 8th September 2010.
Questions and Answers – all presentations / panel members

Marie Batey (MB), Director of Patient Experience and Nursing provided an update on the incident relating to the decontamination of surgical instruments which was reported in the media in August 2010. MB advised that theatre staff had identified that some surgical instruments were contaminated and this resulted in theatre operating lists being cancelled until the Trust had informed the decontamination facility and had checked all surgical instruments.

The Trust commenced immediate discussions with the decontamination company and with hospitals that used the same provider for decontamination of surgical instruments. A full investigation is currently taking place and a report will be produced and presented to the Trust Board in November. In January 2011, the Trust will be happy to report back on the outcome of the investigation to Patients in Partnership.

No	Questions	Response
1.	Why, all of a sudden, is everything contracted out. What happened to sterilising equipment in a machine rather than pre-packed?	It is safer for our staff to manage pre-packed instruments that have been sterilised in an appropriate facility rather than working with steamy water and chemicals. The Trust involved the expertise of microbiologists, infection control staff, doctors and nursing staff, all of whom were involved in outsourcing the service to the current provider.
2.	A member advised that she had sent an email to the Trust prior to this evening's meeting about a number of concerns and she was unhappy having to wait until January. She was aware of the lack of space available for an in-house sterile service but felt that quality control was inadequate. She would like to see a cost/benefit analysis in the enquiry with specific figures made public.	NHS London has agreed a 60 day investigation with the Trust. Jacqueline Walker, Deputy Director of Infection Control and Nursing, is the lead investigator. The comprehensive report will be presented to the Trust Board (private session) in October and a further report will be presented to the public Trust Board in November. The Trust will want to give assurance to the public and therefore distilled findings will be made available to the public. The terms of reference for the investigation do not include a cost/benefit analysis. At this point it is important to address patient safety issues.
3.	How will you give assurance to patients who may be planning to have an operation?	If any patient is planning to have an operation, the Trust would welcome them to contact the hospital. We are very happy to offer assurance.
4.	What quality control have you implemented?	Trust staff have conducted site visits, appointed specialists who lead on decontamination, spoken to staff about being vigilant and reviewed record keeping. Our consultant microbiologist has been to the decontamination facility and given assurance that the facility is safe and that appropriate processes are in place with improved quality control procedures since the incident.

No	Questions	Response
5.	What was the debris on the surgical instruments?	Blood and debris from bone possibly human tissue.
6.	Publicity of the incident must have given the Trust a nightmare.	The Trust invited media involvement and was open and honest in its communication.
7.	A member felt that credit should be awarded to the nurse who detected the contamination and duly reacted.	This has been done. Staff responded immediately and escalated their concern appropriately. Staff have been very vigilant.
8.	<p>A question relating to cleaning schedules and levels of risk - if there is a cleaning problem in a very high risk or high risk area, how long does it take to be rectified?</p> <p>Do the same procedures apply to Outpatients?</p>	<p>If there is a cleaning problem in a very high risk area or high risk area, the problem is rectified immediately and checked after 48 hours.</p> <p>The Trust prepares monthly league tables on the quality of cleaning. Ward staff are very competitive and want to achieve high scores. Ward staff are encouraged to share good practice.</p> <p>Yes - all outpatient clinics are high risk areas.</p>
9.	Are there spot checks conducted on the cleaning audits?	Yes, matrons visit wards every day unannounced. As part of the audit process, patients are asked about the cleaning process.
10.	If staff are competitive and motivated in their work, how does the Trust recognise this positive performance?	<p>The Trust is always keen to reward staff and has an annual performance rewards ceremony.</p> <p>Good practice is acknowledged.</p> <p>In nursing where exemplary practice is demonstrated, the Director of Nursing sends the nurse a hall mark certificate which can be useful evidence during a staff appraisal.</p> <p>Sodexo run a 100% club for cleaning audits and award their staff with chocolates and a certificate.</p>