

STOKE MANDEVILLE HOSPITAL  
NATIONAL SPINAL INJURIES CENTRE

**PATIENTS' FORUM**

Notes of meeting held on Thursday 9<sup>th</sup> December 2004  
at 4.00pm in NSIC Seminar Room 2

Present: Mrs Jackie Bailey – Patients Committee  
Mr David Griffiths – General Manager  
Dr Tom Meagher (Chair) – Clinical Director  
12 patients  
1 carer

Apologies: Sr Debbie Green – Head Nurse [Matron]

**ACTION**

**1.0 Minutes of the Meeting of 14<sup>th</sup> October 2004**

These were approved as a true record.

**2.0 Alcohol in the Centre**

TM explained that after much deliberation the Spinal Directorate Committee had decided it would be in the best interests of the Centre to effect a complete alcohol ban from 1<sup>st</sup> January 2005. Unfortunately as the pattern continued that a small number of people continued to abuse alcohol and this caused significant disturbance both to other patients on wards and much grievance to staff – in particular nursing staff. The NSIC remained up until now unusual in allowing alcohol with the prior view that this was part of rehabilitation. It was raised from the floor that this disadvantaged the majority for the problem of a minority. TM concurred with this but felt that the Centre had tried to cope particularly in the last two years and had not been successful and without getting a grip on the situation the Centre was faced with staff (in particular nursing staff) leaving. It was also noted that in certain situations the medical staff could prescribe alcohol.

**3.0 Curfew**

In the December Spinal Directorate Committee one of the items to be decided on would be the time that wards should close and patients should return to the wards. Currently some patients went out of the Centre and on occasion there were significant problems when it was unclear what time they were expected back and there was also the potential problem of an incident in the Centre in being uncertain where all the patients were at any one time. The likelihood is that there would need to be a signing out from each ward and a return at e.g. 11.00pm. It was

commented that disturbances from patients returning very late and on occasion putting on TVs cause adjacent patients to lose sleep and this significantly interfered with their rest towards rehabilitation. Patients returning to the Centre significantly beyond their agreed time are demonstrating an excessive alcohol intake would incur a yellow card offence under the current regulations. There was reasonable agreement within the meeting that these procedures were reasonable.

#### 4.0 **Patient Committee**

JB informed the meeting that the Committee had spent some time on trying to agree the terms of reference i.e. the rules and regulations and membership of the Patient Committee (NSIC Service Users Committee). There were some strong views amongst some patients who felt that the management of the Centre was too prescriptive in defining the rules. TM acknowledged the difficulties but also highlighted that the current Centre management was responsible for ensuring there was a transparency and fairness in the structure of the Patients Committee. It was suggested that the current interim committee convened a ballot/election some time in the new year (e.g. by end of February) to convene the new committee.

**Action: JB**

**JB**

#### 5.0 **Updates**

5.1 *Day Rooms* – The target date had been 22<sup>nd</sup> December but purpose built accessible kitchens for St Joseph's and St George's would not be delivered and installed until February. St Andrew's day room would be completed with a standard kitchen fitted by the end of December. It was asked whether plans for the day rooms might be put up in an adjacent area so that patients could view these.

**Action: DGi to arrange.**

**DGi**

5.2 *Dining Room* – Work would start in February 2005 and would take four weeks to complete. DGi informed the meeting that a new set of visual prints would arrive shortly and he would make these available for viewing. He also underlined that a new WRVS service would be available at weekends and into the evenings making for better catering options.

5.3 *Bathrooms* – The Centre was currently out to tender on bathrooms for two wards and it was hoped that these could be done in the next year. This was welcomed – it was commented that the current bathrooms in some areas were not satisfactory, particularly for patients with incomplete lesions.

5.4 *Smoking Shelter* – Alterations were still awaited to some of the flowerbeds near the entrance to the smoking shelter as these posed a risk to wheelchairs. It was hoped this would be completed in the near future. DGi underlined that in line with many other public buildings. When it was completed, smoking would stop under the awning of the front door and would move here. Signage was due to arrive imminently.

5.5 *Exercise Equipment* – It was commented that the RECK exercise bike was in great demand between patients and there was quite intense competition to get on this

machine first. It was enquired whether more of these machines could be purchased. It was also commented that the weights room was very poorly equipped and was out of date.

**Action: DGi to discuss with Julia Mee.**

DGi

- 5.6 *Landscaping of the Courtyard on the Old Bungalow Site on the St Joseph Side of the Dining Room* – It was noted with regret the loss of the silver birch tree with the construction of the corridor. TM did note that the drawing showed re-landscaping when this was complete. It would be raised whether it was possible to replace a similar tree.

**Action: DGi to liaise with John Summers.**

## 6.0 **Patient Education**

Patients commented on the poor facilities in the Patient Education Room and asked whether seminar rooms could be used. It was noted that a recent patient education slot had in excess of 20 patients attending and this was moved to the reception area of the NSIC which was felt inappropriate.

DGi reported that a new Patient Education Project officer would be starting on 2<sup>nd</sup> January 2005. The project would focus on facilities and resources required to deliver the programme.

Specific comments were received from patients regarding the impact of particular lectures and DGi agreed to pass these one. It was evident that comment sheets were no longer provided for patients to fill in. Again this would be addressed.

**Action: DGi**

DGi

Patients suggested that their weekly schedules should include lectures and other key appointments.

It was also felt that staff as well as patients could benefit from this programme in particular. If former in-patients were involved in providing content to newly injured patients in dealing with the practical issues of day to day living.

## 7.0 **Therapy**

Patients commented on the fact that if they were thought to have 'complete' lesion they were effectively written off from intensive physiotherapy below the level of injury.

**Action: DGi to raise with DT.**

## 8.0 **Food**

The nutritional value of provided was considered very poor and this had been confirmed in recent television programmes. Patients requested for the dietician to get involved as they felt that fresh vegetables were an essential part of their diet.

DGi explained that from May 2005 all soft facilities management including catering, portering and cleaning would come under new management SODHEXOS. The Trust services currently contracted in were therefore in transition. Patients commented on the 'track record' of Sodhexo in respect of cleaning. DGi explained that the standards would have been specified in the contract and delivery against these would be monitored by the Trust and performance addressed as necessary.

**Action: DGi to raise with Julia Mee re dietetics and Stewart Moysey re fresh vegetables.**

One patient commented on the lack of hygiene when handling food for patients giving an example where a jacket potato was picked up and put on his plate by hand.

**Action: DGi to raise with Stewart Moysey.**

## **9.0 Patient Recreation**

JB asked patients for ideas in respect of planned recreational activities over the next year.

**Action: Patients to provide ideas.**

## **10.0 Any Other Business**

- 10.1 *St Patrick's – Readmissions* – Patients expressed concern over the lack of consideration by others for patients returning from theatre following operation, suggesting that patients in adjacent beds be asked to use headphones or turn down their TVs until patients had come round from their operation.

**Action: DGi to raise with St Patrick's.**

## **11.0 Date of Next Meeting**

Thursday 10<sup>th</sup> February 2005, 4.00pm to 5.30pm in Seminar Room 2.