

**STOKE MANDEVILLE HOSPITAL
NATIONAL SPINAL INJURIES CENTRE**

PATIENTS' FORUM

**Notes of meeting held on Thursday 12th August 2004
at 6.30pm in NSIC Seminar Room 2**

Present: Mrs Jackie Bailey – Patient Representative
Sr Debbie Green – Head Nurse [Matron]
Dr Tom Meagher – Clinical Director
21 patients

In attendance: Sir Jimmy Savile

Apologies: Mr David Griffiths – General Manager

ACTION

1.0 Minutes of the Previous Meeting

These were accepted without amendments.

2.0 Day Room Refurbishment

Debbie Green informed the group that a meeting had been held to consider the best uses of the three day rooms and discuss furnishings and flooring. It was suggested that part of the day room in St George's/St David's should be used as a dining area similar to St Joseph. The day room of St Patrick's would be better used as a quiet room. It was asked whether the pool table might be brought down to the day room – its current location was inaccessible. Other suggestions for the pool table were in the foyer or possibly dining room. It was agreed that this should be relocated downstairs if possible. Jimmy Savile had offered to fund blinds, and possibly flooring, for the day rooms. This was welcomed. The follow up meeting for the day rooms would be on 2nd September. Donations have been offered from ex patients amounting to approximately £8,500.

3.0 Update from Patient's Committee

Paul Smith explained that the Patient's Committee had their inaugural meeting on 12th August. The group wanted to ensure that there was reasonable representation of patients from the Centre from all sub-groups if possible. It would be the role of the Patient's Committee to ensure that issues raised by patients were not dropped. The Patient's Committee would also have close liaison with the NSIC Executive and would represent patients on a number of committees. He also explained that the Committee would draft a regular newsletter.

4.0 No Smoking Policy in the NSIC

There was a complaint from the floor that there was no satisfactory location for smoking in a sheltered area. TM acknowledged this but explained that a smoking shelter had been ordered and would be located outside the dining room in the courtyard on the St Joseph side. This would take approximately a month to have in place. There were strong views expressed on both the positive aspects of no smoking in the building e.g. day rooms and the negative effects e.g. the limitations for smokers.

5.0 MRSA

Dr Gillett, Consultant Microbiologist, had given a lecture on MRSA to an NSIC patient group and taken questions. There was still a significant lack of confidence in the patient group around MRSA, much of this relating to the cleanliness of the Unit. It was asked whether figures were available on incidents of MRSA – TM acknowledged that this was recently collected and agreed to the request that these be made available to patients. A number of patients commented that some staff – in particular senior medical staff – were not noted to routinely wash their hands. TM would return this message to the Medical Staff meeting but underlined that all staff of every level had a duty to hand wash. It was asked whether there was a routine audit of the prevalence of MRSA in staff. TM was unaware of this and would ask microbiology for the value of this study. It was commented that this was by far the most important issue in the Spinal Unit – TM did not concur with this view – it was one of many serious issues within the Centre which should not be dealt with to the exclusion of all other problems.

Action: David Griffiths to make available monthly MRSA figures in the Centre on the patient noticeboard. DGi

TM to discuss staff prevalence with Dr Gillett and raise hand washing with medical staff. TM

6.0 Cleaning the Centre

There was deep frustration expressed by many patients on the level of cleanliness in the Centre and it was noted that this issue had recurred from the start of the Patient Forum. DGe acknowledged this and informed the meeting that she had regular and recurring meetings with Mediclean asking them for improvement to the level of cleanliness and was frequently told that there was problems with recruitment of staff. It was noted that St Joseph ward alone managed to maintain a high level of cleanliness due to the efforts of Louise. This was commended. It was also commented that the Trust was putting great effort to maintaining the main corridors very clean at the expense of having the less public areas e.g. within the NSIC relatively untouched. It was noted that St David's ward had just failed its cleaning inspection.

Action: DGi and DGe to meet with Mediclean Supervisor. DGi/DGe

7.0 Washing Machine on St George's Ward

This was not working for at least four months and needed urgent replacement. It was commented that this machine was having to accommodate all the patients of St George's and St Andrew's wards and consideration should be given to having two washing machines instead of one.

Action: DGi to expedite order.

DGi

8.0 Patient Education

Debbie Green informed that meeting that this post had been filled and the new post holder would start early in September. It was requested that amongst the talks MRSA may be encompassed and also that as Jean Crisp had previously done the new post holder might introduce themselves to new patients early in their first admission. It was also requested that the venue was changed – the current patient education room was noisy and cramped.

Action: June Richards to evaluate whether it may be possible to use Seminar Room 2 as a patient education venue.

JR

9.0 Quality of Food

Further general concern was expressed on the poor standard of food and lack of variability of meals from day to day. Paul Smith commented that in many spinal units the standard of food was very significantly better than at Stoke Mandeville. It was also noted that recent documentaries highlighted the poor quality of food from some hospitals including probable suppliers of this Trust. TM noted that this topic had been repeatedly brought to the attention of both Trust Executive and Catering but without success. He suggested that the Patient Committee might also attempt to exert some pressure to make changes.

10.0 Patient Discharge

Concern was expressed on the method of handling the serving of discharge notices on a number of patients by letter. It was asked whether it was necessary that this might be communicated verbally in addition to in writing. It had caused a significant level of distress. TM explained that when the Lead Clinician had confirmed that an episode of medical care was completed it was very important that the Centre made every attempt to ensure that a patient would move on so that those on the waiting list for treatment could be accommodated. He acknowledged this was difficult for everyone but that both staff in the Centre and patients themselves had a duty to see that the Centre was appropriately used.

There was discussion on the potential of a halfway house – it was noted that Kent House on the Stoke site had been purpose built as a halfway house and its use was discontinued in 1988 for financial reasons. Other spinal centres had the use of halfway houses and this was felt strongly to be of great benefit. It was noted that a number of patients had involvement with charities which might contribute to the development of a halfway house.

11.0 TM thanked those for attending the meeting and drew the meeting to a close.

12.0 **Date of Next Meeting** - Thursday 14th October 2004 at 6.30pm.

