

**STOKE MANDEVILLE HOSPITAL
NATIONAL SPINAL INJURIES CENTRE**

PATIENTS' FORUM

**Notes of meeting held on Thursday 15th April 2004
at 6.30pm in NSIC Seminar Room 2**

Present: Debbie Green (Head Nurse [Matron])
Mr David Griffiths (General Manager)
Dr Tom Meagher (Clinical Director)

ACTION

1.0 London Underground Counter Height Trial

Mr Peter Stroud presented the results of a trial carried out at Stoke Mandeville on testing differing heights of the ticket counter as part of work for London Underground. He explained how the work came to a particularly useful conclusion with agreed counter heights at 950mm rather than 1100mm and that this would now be adopted as a standard height for new counters in the underground. He thanked the NSIC for the opportunity to conduct this work and for all those who contributed

2.0 Dining Room Update

David Griffiths presented a summary to date explaining that the WRVS having initially felt they could not provide an extended working day could probably extend their hours from 10.00am to 9.00pm with help in staff funding from the NSIC. They had also proposed their shop fitting group to draw up plans based on Emily Leyden's drawings. DGi presented the plans but also explained that the initial provisional costing for the scheme was over £200,000 excluding VAT. This was significantly more than had been anticipated. It was explained that options for funding included a bid to NHS Capital Funding, though this was competitive against other hospital bids and there would be a very significant chance this would not be successful. Another possibility would be to bid to the NSIC Charitable Funds though the scale of this bid might mitigate against success. A third option might be a combination of some charitable funds and fund raising. The current plan was to submit a bid to the Charitable Trust.

DG/TM

3.0 NSIC Alcohol Policy

The approved alcohol policy was explained. The principle was that alcohol within moderation was reasonable but that individuals needed to be responsible for their behaviour. It was noted that visitors or relatives attending the Unit should not consume alcohol. The policy would be

posted in the Patient Forum notice board. There was discussion around sanctions on those using alcohol in the Unit. TM explained that patients may be asked to return to their referring hospital or possibly another spinal unit. There was a suggestion that in previous years a 'black book' was held by the Matron with two transgressions resulting in exclusion from the Unit i.e. a yellow card system rather than being excluded from the Unit on the first occasion. There was a suggestion that it may be more effective for the consultant in charge to deal with this issue, but TM explained that this point had been debated at some length and it was felt important to maintain the patient/consultant link as one of care rather than discipline.

DGi

4.0 Smoking in the NSIC

This issue was to be discussed at the next policy meeting. Amongst the proposals were to ban smoking upstairs and in Joseph's. This was also linked to the refurbishment of the day rooms which were in a dilapidated state and generally only used by smokers. There was widespread support from most all patients attending the meeting that though difficult it might be reasonable to ban smoking in the Unit, possibly altogether. It was pointed out that many firms managed to succeed in doing this in the business world. It was asked whether there may be support from the hospital in providing Nicorette patches to help people give up smoking. DGi explained that current rules around this were that patients would have to fund their own patches but discussions were ongoing with Pharmacy.

TM/DGI

5.0 Dogs for the Disabled

DGi had been in contact with Infection Control and a final decision had not been made. It was agreed that it was highly likely that dogs for the disabled would have the same access as dogs for the blind and could likely come into the Unit. This would need formal confirmation.

DGi

6.0 Patient Information Leaflet

JB explained that this was close to being finalised and hopefully would address many queries that patients or relatives had without having to ask e.g. nursing staff. Some sections were still outstanding – TM suggested that as it had been relatively delayed that it may be more useful to make available the information that was already together and await any further sections for an update in some months time. There was a meeting of the Information Leaflet Group in the next week and this would be suggested.

JB

7.0 NSIC Patient Committee

TM explained that a representative patient committee would strengthen NSIC contact with patients but that it was essential that this committee should be representative e.g. a patient with a long standing injury, relatively recent injury, someone to represent female patients, paediatric patients, etc. A detailed proposal had been received from Paul Smith, SIA. One proposal had been to undertake a survey of patients. TM explained that he felt at this stage this was possibly an unnecessary capital spend and that the regular forum was already a useful way of airing

views and bringing up issues and had open access. A meeting to take terms of reference forward had been postponed from last week but hopefully could occur in the coming weeks and this group could be formalised and agreed.

TM

8.0 Newspapers in the Centre

DGi explained that the Trust was in the process of changing its newspaper suppliers which had derailed the previous plans to provide newspapers on the wards in the Unit. An alternative supplier had been known to him this week and he would explore this. There were several suggestions for expediting this including weekly ordering of individual patients newspapers, approaching schools to find volunteers for paper rounds.

DGi

9.0 Ward Cleaning

It was highlighted that some of the cleaning of ward areas on St David's was suboptimal. DG said that this would be looked into with the cleaners (it was also highlighted that cleaning on St Joseph's was currently excellent).

DGe

10.0 Staff Hand Cleaning

It was noted that small alcohol dispensers had been put beside each bed in recent weeks but several patients noted that staff were very intermittent in their routine use of this. This would be brought to the attention of clinical leads to the SDC.

TM

11.0 MRSA Patient Records

It was brought to attention that computer recording of MRSA could lag several months behind what was recorded in clinical notes. This could significantly alter patient attendance and movement through the Unit. TM acknowledged that electronic entry of records was currently likely at best several weeks behind written entry but this would be looked into with particular reference to MRSA.

TM

12.0 Thefts on Unit

These had increased significantly of late and patients were asked to ensure valuables were kept safely – preferably locked in lockers.

13.0 Activity Table for Children

Jackie Bailey suggested the purchase of an Activity Table to be situated in the Dining Area. DGi and TM agreed to look into this further.

DG/TM

14.0 Date of Next Meeting

To be advised.