

Regional Centre for Teaching, Trauma & Tertiary Care

*Notes of the 3rd meeting of the Patient and Public Design Panel
Held on the 25th March 2010
5.15pm-6.45pm in the Lecture Theatre Sussex House*

Present:

1. Don Ball
2. Enid Ball
3. Anna Barnes
4. Sylvia Bottomley
5. Stewart Boyling
6. Jannet Cook
7. Pete Flavell
8. Bryan Green
9. Nikola Fieldhouse
10. John Gooderham
11. Paul Hartley
Works with people with (and personal experience of)
visual impairment.
12. David Monck
Patient with experience of both hospitals recovering
from surgery
13. Rosemary Rimmer Clay
14. Alexandra Scott
15. Barry Smith
16. Trefor Watson
17. Norman Webster
18. John Wilkinson, 3T Clinical Planning Manager

Apologies:

1. Su Burns
2. Janice Kent
3. Val Killian
4. John Lightfoot
5. Tony Reynolds
6. Janice Kent

- 1. Welcome and introductions** The group introduced themselves (see above) and apologies were received.
- 2. Notes of the last meeting** These were accepted as accurate.
- 3. Revised Designs** There was a technical hitch which meant that Anna and John were unable to present the project the revised designs. However, options A and B had been circulated previously which meant that the group were able to discuss the advantages and disadvantages regardless. Hard copies had also been brought to the meeting which was extremely helpful. John (G) felt that the design considerations and the "look" of the building was less important than its function, so did not see why a redesign had been necessary. Rosemary disagreed, as did Norman who thought that the impact on the area was extremely important, especially for local people.

Rosemary and Alex preferred the revised designs and thought them “softer” and more in keeping with the area. Alex also thought that the gardens could be maintained either by volunteers or be sponsored (maybe by a local garden centre).

Stewart asked if St Mary’s school was being considered as part of the site and Anna explained that we were planning to lease this site as part of the decant project.

In general there was consensus that the revised designs were more acceptable with the vernacular architecture, although there was some concern that valuable space had been lost (Stewart (B) and Tony (R) by email). John (W) reassured the group that this was not the case. Option B seemed to have more support than option A.

The group then discussed the importance of infection control within the new design. Sylvia was worried about the reports of new superbugs which had appeared in the Telegraph. Barry said that maintenance of the building and gardens was fundamentally important. Several people thought that there was no point in having gardens if they weren’t maintained (Alex and Dave (M) as this was stressful for patients to see when they are on the wards, and worse than no garden at all. Jannet raised the importance of appropriate lighting within the building.

Anna offered to arrange a visit to the Royal Alexandra Children’s Hospital (RACH) so that everyone could understand the standard being aspired to first hand. NB: we are considering the 27th May meeting for this.

4. Single rooms

John (W) explained the methodology proposed for gaining patient views into the design of the “flagship rooms”, i.e. rooms that would be replicated throughout the building. These were listed as follows:

- Single rooms
- Toilets
- Reception and waiting areas
- Changing rooms
- Consult/examination rooms

He explained that he wanted to cover one room/area per meeting, and proposed a short presentation from the relevant design lead and the possibility of using building information management (BIM) computer modelling to review designs.

The group wanted clarification of the numbers of single rooms which is as follows (see attached table):

- 253 single rooms
- 104 patients in 4 bedded bays which equated to 26 four bedded bays.

Barry asked that the bays should be big enough for clinicians and visitors to circulate freely around the bed. John (W) gave a current example of a 70m² area which holds eight beds and described the planned four bedded bays as being 72m². John (W) talked about the partnership with the University of Salford within the design process. The group were very concerned that the new design should reduce the spread of infection, and there was a discussion about the merits /disadvantages of single rooms versus bays in terms of reducing isolation versus the advantages from an infection control perspective of single rooms.

5. Any other business

Anna asked what other areas we should look at, as people had varying interests within the group.

Trauma was mentioned as Barry had a particular interest. Anna asked John if he would present the feedback from his visit to Karolinska in Sweden, which was agreed. There was a brief discussion about the definitions of trauma, such as the definition of poly trauma being injury to two parts of the body e.g. head injury and chest injury. John (W) discussed the type of helicopter which the helipad would be able to support (Sikorsky-S92). He informed the group that the helipad is located on top of the building to minimise disruption from the weather. Don raised the question of the effect of noise and down draught on patients in adjacent wards during helicopter landing and takeoff and how this would be mitigated.

John said that as the group had expressed a lot of concern about infection control he could arrange a session to focus on this issue and that it may be useful to involve the infection control team.

Anna fed back the initial results of the Patient Experience Tracker Survey which showed that the Princess Royal Hospital (PRH) was much easier for patients to find their way round than the Royal Sussex County Hospital (RSCH). The group thought that staff had a vitally important role in assisting patients to navigate and the Circle hospital in Bath was mentioned as using mainly staff rather than signage.

Rosemary raised the importance of end-of-life care, based on her own situation with a relative. Pete said that she could contact Jane Stokes (end of life care specialist) in order to feedback some of these experiences.

Sylvia asked about some of the publicity BSUH had received about the relaxation of its smoking ban for patients on the site. Enid suggested that (whilst not encouraging smoking) suitable "decent" areas could be provided for visitors/patients under shelter who might be under a good deal of stress.

7. Date of the next meeting

Anna thanked everyone for coming, and especially John for providing the entertainment at such short notice. The next meeting will be on the 29th April from 5.15-6.45pm in the Lecture Theatre Sussex House.

Future agenda items:

- Flagship rooms
- Arts consultancy
- Visits to other hospitals (where possible)
- Infection control
- Exemplar (i.e. best designed) hospitals in other parts of the country
- Operational policies
- The development of trauma services