



**Integrated
Care System**
Shropshire, Telford and Wrekin



**Shropshire, Telford
and Wrekin**

Sub-acute Wards Engagement Report

December 2023

Executive Summary



Executive Summary

- The NHS in Shropshire, Telford and Wrekin (STW) is developing two brand-new sub-acute wards, soon opening on the Shrewsbury and Telford Hospital NHS Trust footprint. NHS Shropshire, Telford and Wrekin's Communications and Engagement Team were tasked by the Sub-acute Steering Group to identify and engage people to understand what is important to them in relation to the care the wards will provide and what they should be called.
- Throughout November, over 200 groups and organisations were contacted by email and phone, specifically targeting certain groups as potential users of the service.
- 11 focus groups were organised and facilitated (9 face-to-face and 2 online), with 92 participants in total, and a survey was sent to 400 members of the STW People's Network.
- When focus group participants were asked what they thought of the sub-acute ward proposal, the majority were in favour. Participants cited communication, recruitment and retention of staff, links with community-based services and effective discharge planning as key to a successful service.
- A key finding from the engagement was the shared negative sentiment towards the suggested name 'Sub-acute and Rehabilitation Wards' and the term 'sub-acute'.
- A number of alternative names were identified from the focus group engagement and tested with the Shropshire, Telford and Wrekin People's Network. Of those, the names eliciting the most positive sentiment were 'Hospital to Home Unit' and Rehabilitation and Recovery Unit.

Background



Background

- “Making Care Appropriate for Patients” audit (MCAP), December 2022, highlighted a large cohort of patients within acute hospital beds requiring sub-acute care and a lack of provision to meet this need locally.
- These findings are supported by Joint Strategic Needs Assessment (JSNA) and Hospital Transformation Programme data.
- The Shrewsbury and Telford Hospital NHS Trust (SaTH), as the main provider of Emergency Care in Shropshire, Telford and Wrekin, continues to struggle to meet the national four-hour performance target.
- The inability to discharge patients who are medically fit for discharge and the continued issue of beds occupied by people who do not need to be in acute hospital beds also impact on elective (planned) hospital care and waiting lists.
- This has been further exacerbated by the impact of the COVID-19 pandemic with waiting lists increasing by 17% over the past 12 months with only 54% of patients receiving treatment within 18 weeks of referral, compared to a national target of 92%.
- SaTH has identified several improvement schemes that are designed to reduce admissions and facilitate earlier discharge. One such scheme is increasing capacity by developing two sub-acute wards across the two hospital sites.

Objectives for Engaging the Public



Why did we engage?

There were four key objectives for public engagement

1

To understand what things are important to people who may need to use this service or are caring for someone using the service.

2

To identify a suitable name for the service that people will understand and resonate with.

3

To test key messages and terminology.

4

To understand what additional support patients think they require for recovery post-hospital discharge.



Engagement Methodology



Communications and engagement activity

Have your say on local NHS services.

The local NHS are planning to open two new wards to care for people being discharged from acute hospital beds but who continue to

require specialist and wider support services to prepare them for returning home.

We're undertaking targeted engagement meetings with patients, carers, and the public to:

• Understand what's important to people who may need to use this service or are caring for someone using the service.

• Get your input on the naming of the wards.

• Understand what additional support patients may require for recovery post hospital discharge.

Join us on: Thursday 30 Nov, online via Microsoft Teams, to register, email: stw.getinvolved@nhs.net



Communications and engagement plan.

Communications assets to support engagement, including email copy, social media copy, posters and discussion scripts.

Emails and phone calls with over 200 groups and VCSE to arrange focus groups.

Engagement with carers and VCSE organisations who support those individuals in the community and have an existing trusting relationship with their service users.

Targeted outreach with communities and groups who are likely users of the service to arrange 11 focus groups (92 people), including frail, older people; people with conditions that affect their mobility; people who have suffered a stroke.

Initial analysis of the insight to identify terminology and names to test with the People's Network.

Survey with the STW People's Network (circa 380 members) to test terminology and names.

All insight consolidated into the final engagement report.

Have your say on local NHS services.

The local NHS are planning to open two new wards to care for people being discharged from acute hospital beds but who continue to require specialist and wider support services to prepare them for returning home.

We're undertaking targeted engagement meetings with patients, carers, and the public to:

- Understand what's important to people who may need to use this service or are caring for someone using the service.
- Get your input on the naming of the wards.
- Understand what additional support patients may require for recovery post hospital discharge.

Join us on: 28th Nov, Mayfair Centre, 11:30am - 12:30pm, or 1pm - 2pm



Approach to the focus groups

1. We developed a discussion guide to support the facilitation of the focus group conversations.
2. Each session started with a welcome, introductions an explanation of the purpose of the session, the value and importance of hearing people's views and feedback and how their insight would be used.
3. Participants were asked to share any spontaneous thoughts about the NHS.
4. Participants were provided with an overview of the current situation and impact of delayed discharges. Participants were then asked what should be in place to resolve the issues.
5. Participants were given an explanation of the sub-acute wards and then asked:
 - > to provide their feedback about the proposals
 - > what is important to them, their family and community when designing the wards
 - > what needs to be considered to support patients and carers prior to hospital discharge
 - > what would they call this type of ward
 - > how would they describe the service.
6. Participants were then asked their views about the name 'Sub-acute and Rehabilitation Ward' and then asked to suggest alternative names.
7. Finally, participants were asked to review seven key messages, thinking about whether they made sense, used the right terminology and make suggestions.

Focus Groups: About the groups

Telford Patients First,
online

Dementia Group,
Shrewsbury

Ladies Wellbeing
Group, Wellington

Mayfair Centre,
Church Stretton
(2 sessions)

Friendship Group,
Bridgenorth

Befriending Group,
Oswestry

Telford & Wrekin
Housing Trust,
Wellington

Telford & Wrekin
Housing Trust,
Shrewsbury

Local Coffee Morning,
Wrockwardine, Telford

VCSE Online Session

Focus Groups: About the participants

Number of people:

VCSE = 7

Public = 85

Total = 92

Long term health challenges including

- Frailty
- Mobility/disability
- Stroke
- Heart & Lung problems
- Parkinson's Disease
- Bereavement/isolation
- Dementia
- Carers
- Experience of inpatient and community services

Age range:

82 aged between
50-90,

3 aged between
20-30

Gender:

Female = 70

Male = 15

Location:

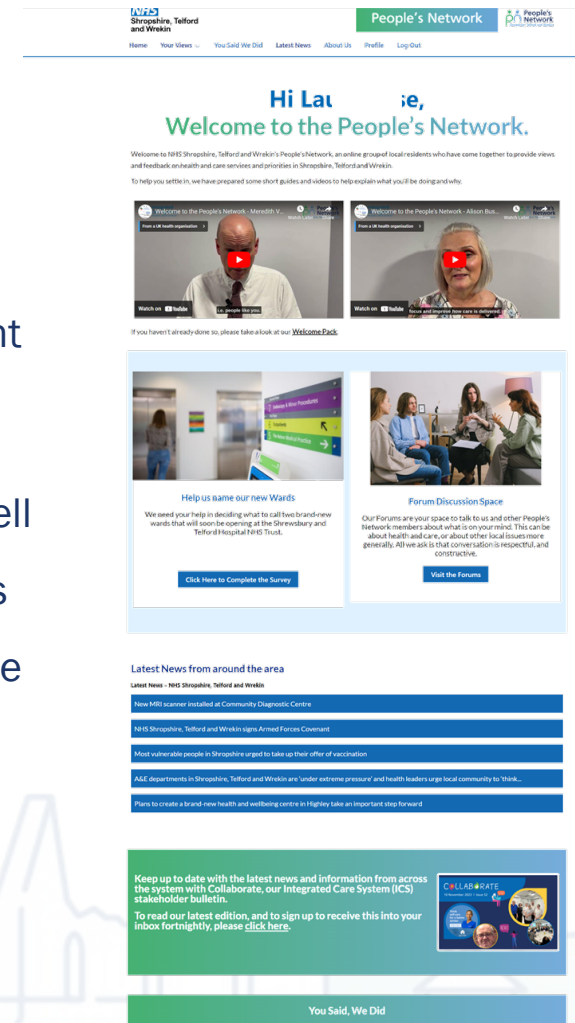
4 Telford & Wrekin
(1 online)

6 Shropshire
1 County wide



Validating the focus group insight through the People's Network

- Following the completion of the focus group activity, to validate the findings, the insight gathered was scripted into a survey and shared with the People's Network for further feedback.
- The People's Network is a panel of local residents who have opted in to provide feedback on local health and care issues and services. There are approximately 380 members of the panel, with a slight weighting towards older age groups.
- The had two main sections. Firstly, a set of key words and phrases were tested to understand how well respondents understood them, could relate to them in a hospital setting, and their sentiment towards them. Secondly, a set of six proposed names, which were developed via the engagement activity were presented and respondents were asked to rank them in order of preference from 1-6.
- The survey received 129 responses from members of the People's Network:
 - 68% Shropshire residents, 32% Telford and Wrekin
 - 67% Female, 31% Male
 - 91% White British, 4% Chinese, 2% Other White, and 1% Pakistani
 - 21% aged under 50, 37% 50-64, and 42% over 65



People's Network



Findings and Key Insight



What do you think should be in place to solve the issues?



- **Rehabilitation, respite and recovery beds** were mentioned in 5 out of 9 groups. Many of the people we spoke to had lived in the area for long periods of time and recalled the closure of cottage hospital beds like Monkmoor and William Farr House. They reflected this had been a mistake, they suggested more beds, such as those provided by cottage hospitals and respite care, should be made available.
- **Staff recruitment and retention**, including community staff, was mentioned in 6 out of 9 groups. Whilst some groups acknowledged the difficulty of recruiting hospital staff, most were concerned with the need for more social workers, carers and social care staff.
- **Discharge planning** was mentioned in 5 out of 9 groups. Many of the groups had experienced recent discharges from hospital. They reported confusion about their current rights to care following discharge, especially where some people had received two weeks of care organised by the hospital and others had received nothing.

What do you think about the proposals?

- **7 out of 9 groups felt positively about the proposals.** Words used in response included ‘good idea’, ‘brilliant idea’ or ‘OK suggestion’, with participants acknowledging this could free up acute hospital beds.
- **Positive first statements were followed by qualifying statements** which suggest some trepidation about the reality of implementing the proposal and the impact.
- **Main concerns were around support for people once they return home.** People cited lack of care agencies and lack of/delay of care packages. Many people were concerned that the ward didn’t solve the reasons why people get stuck in hospital.

“Can it work?”

“It makes sense for people to be on the hospital site in case they get worse”.

“Will they be able to recruit staff?”

“Not everyone will be able to organise their own care.”

“Good in theory.”

“It’s the practical follow up which has to be in place and is missing, how will this be sorted?”

“It would be nice if it did work.”

What things do you think are important when designing or delivering these new wards?

Communication - Fear and reluctance to being admitted to hospital was mentioned by people in several groups as a result of their previous experiences. People felt there was a need for patients and families to be reassured about the reason for being moved to the ward, the aim of the service and plans for returning home.

4 out of 9 groups talked specifically about **improved communication between the hospital and families and community services**. This was also referenced by all groups when talking about discharge planning.

Culture and environment – participants shared preferences for a friendly, positive and inclusive culture and environment. They asked for space for wheelchairs, male and female bays for privacy, cultural needs to be considered, non-restrictive visiting times, kitchen facilities, gym equipment and parking.

Multi-disciplinary teams – participants suggested having a presence of community and voluntary sector organisations on the ward to support with active self-care. Those mentioned included Age UK, exercise instructors, healthy lifestyle advisors, befrienders. A single point of contact in the ward was felt to be important.

Discharge planning – participants spoke of the need for timely discharge, clear discharge plans in place, parity of support to return home, advanced warning of discharge to ensure care packages, equipment, medication, money/food/phone are in place and families are prepared. One group asked if training/advice / support would be provided to families, to prepare them for their loved one returning home.

“As you get older it is harder to take in information”

“I’m really frightened about going into hospital”

“Not a traditional ward set up but designed to encourage activity”

“Encourage people, it is their body and their health and they should be prepared to do what they can to look after themselves”

“Seems like a lottery...several people have been discharged from Royal Shrewsbury with lots of help and others nothing”

“Good links with community services needed”

What things do you think are important when designing or delivering these new wards?

The Women's Wellbeing Group in Telford shared what is important to them and their communities. Many of their views echoed those of other groups, but also highlighted some specific needs of different cultures in relation to:

- Awareness
- Understanding
- Dignity
- Respect
- Communication
- Compassion

“Water for washing after using the toilet”

“Curtains to screen from male view and male Doctors chaperoned when examining a woman”

“During Ramadan breaking the fast in the evening is very necessary. Several ladies have had difficulty needing to buy food and drink in the evening when visiting someone and not being able to”

“Don't be forceful about who is next of kin, tell us there is 2 to a bed and leave us to sort it out. Muslim families are large, tell us where the waiting room is, and we will sort it”

“A clear explanation to families about the move to the ward and the support they will receive to get them home”

“Awareness of people's culture”

About the key messages

- All groups found the key messages overly complex, too long and the language too medicalised. It was suggested that the reading age was too high
- One group did not like the term '*clinical*' as they felt this made them think of *“a sterile area, with facemasks and hand spray, which can be frightening”*.
- One group said they did not like the term '*clinical*' as it made them think they were still really poorly rather than being hopeful of moving on to recovering and getting out of hospital.
- Any rewording suggested by people was always from the perspective of the person receiving the care on the ward.

“The reading age in Telford is 9-11 years. There is a video of what people thought ‘acute’ means taken by researchers stopping people on the streets and no one got it right”

“Statements all need to be written from the patient's viewpoint”

“Who are these statements for? Policy or patients or descriptions for staff when applying for jobs? Suitable for staff but not patients”

About the key messages

- The message that was most well received and people connected with was: *‘Should a patient’s health deteriorate during rehabilitation, they will be rapidly transferred back into acute wards and return for rehabilitation when appropriate.’* Though there was concern regarding availability of the beds and suggestions to simplify the language such as ‘If your health worsens or if you need urgent treatment again’.
- The message that evoked the most emotional reaction was the following message, in particular the term *‘corridor care’*: *‘The sub-acute and rehabilitation wards will alleviate the pressure experienced in the acute hospitals which leads to emergency department overcrowding, ambulance handover delays and a reliance on corridor care.’* Many of the people we spoke to had received or accompanied someone who had experienced this.
 - One person who had received corridor care and remained overnight on a trolley, reported how difficult it was - not being able to get to a toilet, feeling cold and uncomfortable, not getting food/drinks, and lack of sleep.
 - One woman who had received corridor care and remained overnight on a trolley, reported being left alone with no attention and only received food and care as her daughter was there. She felt that “nobody bothers with you.”
 - One gentleman with dementia reported sitting for 8 hours in A&E and their daughter had to get someone to come in and replace her so that she could have a break without fear of him wandering off.

About the Patient Information Leaflet

- **Language:** Groups generally found it difficult to articulate wording that they felt should be included in a patient information leaflet and, when participants did, they used non-clinical language and suggested wording from a patient's perspective.
- **Content:** Groups considered a leaflet important for individuals and their families to provide reassurance and confidence that the service was working to get people home. They suggested the leaflet should include:
 - Who the service aimed at
 - The purpose of the ward
 - What will happen on the ward to prepare them for going home/the level of care
 - What will happen if their condition worsens
 - About the discharge process
 - What support will be available when they return home.



Sentiment towards the name 'Sub-acute and Rehabilitation Wards'

- All groups had a negative sentiment towards the name 'Sub-acute and Rehabilitation Wards'
- They told us they **did not understand** what 'Sub Acute' meant and **the name was too wordy**. People felt it was important to understand the purpose of the ward.
- Sentiment towards the word 'rehabilitation' was mixed. Whilst some groups shared a negative sentiment, others were positive as it suggested they were preparing to leave hospital and would have the support from professionals, such as physiotherapists and occupational therapists.
- One group preferred 'Rehab' to 'Rehabilitation' as it would be easier for their community to read.
- People told us they preferred the word 'unit' over the word 'ward', as they felt it suggested patients would be more active rather than lying in a bed.

"Avoid this just being an extension of the hospital wards"

"Felt this sounded harsh and did not like the connotations – it suggested illness"

"[sub-acute] makes you feel alone, like you do when it's a long dark night"

"Rehabilitation to me always means a long time. It needs to give people aspiration,"

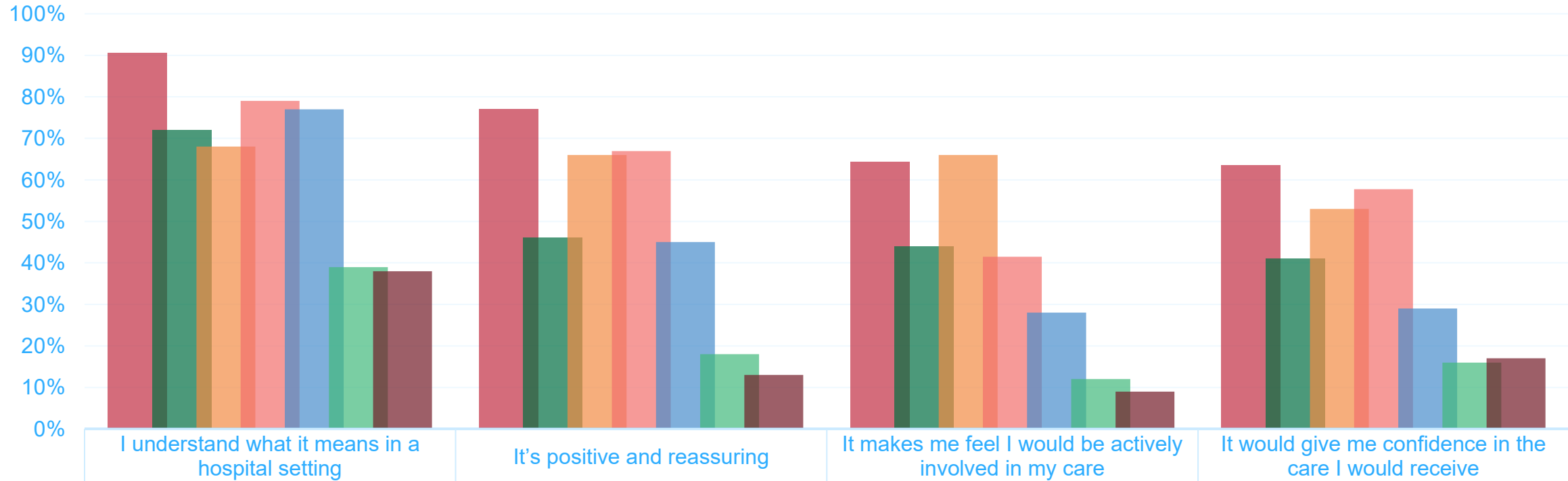
Suggested names for the wards

- Some people preferred a more **medical/health related** name, whilst others preferred a **non-medical/non-health related** name.
- All groups agreed the name should be **positive and reassuring**.
- Suggestions of medical names included **Rehabilitation and Recovery, Intermediate Care and Rehabilitation, Pre-Discharge**.
- Examples of non-medical names included **Hospital to Home and Active Recovery Unit, Further Recovery, Stepping Stones, The Bridge, Homeward Bound**.
- There were also suggestions of inspiring **place names and historical figures** connected with the area. Two groups felt that a name perhaps from history that instilled confidence may be more inspiring and cited - Agnes Hunt and Robert Jones and Paul Brown Day Centre as examples.
- Two groups felt that some ward names held a **stigma** such as cancer wards and this should be avoided.

People's Network Survey Findings

- We presented respondents with seven words and phrases which had emerged from our public engagement activity, to test their perceptions.
- **'Rehabilitation'** tested strongest, notably stronger than **'Rehab'**. People understand what it means in a hospital setting, and feel it provides reassurance and would give confidence in the quality of the care received.
- Respondents also had positive sentiment towards **'Active Recovery'** and **'Continuing Care'**, although notably for Continuing Care respondents felt that it would not lead to them being actively involved in their care.
- **'Step Down Care'** and **'Sub Acute'** tested poorly. Although around 40% of people understood what the phrases meant in a hospital setting, there was significant negative sentiment and they were not seen as being positive and reassuring, and do not imply an active role in recovery.

People's Network Survey Findings – Positive Sentiment



■ Rehabilitation	91%	77%	64%	63%
■ Rehab	72%	46%	44%	41%
■ Active Recovery	68%	66%	66%	53%
■ Continuing Care	79%	67%	41%	58%
■ Discharge Ward	77%	45%	28%	29%
■ Step-down care	39%	18%	12%	16%
■ Sub-acute	38%	13%	9%	17%

% who answered *'Strongly Agree' or 'Agree'*

People's Network Survey Findings – Naming Preferences

	Total Score	Number of First Choice Preferences	Overall Rank
1 Hospital to Home Unit	548	37	1
2 Rehabilitation and Recovery Unit	516	30	2
3 Active Recovery Unit	498	24	3
4 A local heritage name e.g. The Ironbridge Unit / The Attingham Unit	439	24	4
A historical person linked to the area			
5 e.g. The Darwin Unit / The Thomas Telford Unit	364	8	5
6 Pre-discharge Unit	344	5	6

Key Quotes

“Home to hospital is clear for everyone. The historical names are nice but not sure they are relevant to health care”

“Active Recovery suggests patient involvement, and that the person can learn strategies to best manage their health condition (with appropriate help as necessary). Hospital to Home is OK but sounds rather brusque. Rehabilitation and Recovery seems more appropriate to addiction issues”

“The name Hospital to Home unit gives the impression of reassurance, not so officious as some of the other titles. Patients themselves, family and friends would understand immediately why they were there & provides the intended outcome in the title”

“Active Recovery sounds more positive, giving the impression its ongoing. Pre-discharge sounds like a nasty condition!”

“I think the name is important because a lot of the elderly don't even understand what "acute " means. Names like discharge ward would make them think they're going home that day and step-down care sounds like there's nothing else can be done for them and its end of life”

“The name Rehabilitation and Recovery Unit actually names the specialty and clearly states what happens there”

Survey question: We'd now like to present six options for names, which have been suggested through our engagement activity. Rank these in order of preference. Please consider which you think best represents the wards and their purpose and let us know why in the comments box.

Conclusions and Recommendations



In summary

- In total, the NHS Shropshire, Telford and Wrekin's Communications and Engagement Team engaged over 220 members of the **public**, including 11 focus groups involving 92 people and 129 members of the Shropshire, Telford and Wrekin People's Network.
- When asked what was needed to address the issue of delayed discharges, **people cited rehabilitation, respite and recovery beds and discharge planning.**
- When asked what they thought of the sub-acute ward proposal, **the majority of people were in favour but had some trepidation** around the reality of delivering the service.
- People cited **communication, recruitment and retention of staff, links with community-based services** and effective discharge planning as key to a successful service.
- **All groups found the key messages overly complex**, too long and the language too medicalised. It was suggested that the reading age was too high for those that would be using the wards.
- A key finding from the engagement was the shared negative sentiment towards the suggested name 'Sub-acute and Rehabilitation Wards' and the term 'sub-acute'.
- A number of alternative names were identified from the focus group engagement and tested with the Shropshire, Telford and Wrekin People's Network. Of those, the names eliciting the most positive sentiment were '**Hospital to Home Unit**' and '**Rehabilitation and Recovery Unit.**

Recommendations

1. The steering group are asked to review the contents of this report to inform the development of the wards.
2. The steering group are asked to consider the outcome of the engagement activity and the preferred options in their decision for naming the wards.
3. The outcome of the naming decision and rationale are to be shared with the groups who participated to close the **'you said, we did'** engagement loop.
4. The key messages should be simplified, using less clinical language, and be in line with the average reading age of the area and accessibility standards.
5. Any patient information leaflet should be co-designed with service user and carer input to ensure that the communications are clear, relevant and easy to understand.
6. The needs of different and diverse communities should be considered in the development of the wards.



Appendix



Appendix 1: Focus Group Discussion Guide

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Sub-Acute Ward Public Discussion Guide

Duration: 65 minutes

Equipment Required: Flipcharts, flipchart pens, post-it notes, handouts and flash cards

Engagement Objectives:

- To understand what things are important to people who may need to use this service or are caring for someone using the service.
- To identify a suitable name for the service that people will understand and resonate with.
- To understand what additional support patients think they require for recovery post hospital discharge.

Discussion Guide Outline and Timing: 65 mins

Topic - Sub Acute Ward Services	
1. Introduction and Brief Icebreaker	5 minutes
2. Improvements needed - Brief Spontaneous Feedback	5 minutes
3. Overview of current situation and impacts of delayed discharge	1 minute
4. What should be in place to resolve this issue - Spontaneous Feedback	10 minutes
5. Overview of sub-acute wards & group discussion	15 minutes
6. Public description of service	13 minutes
7. Messaging - Feedback on proposed key messages	12 minutes
8. Summing up & Thank You	4 minutes

Activity	Time
Moderator Welcome Welcome all to the group, introduce yourself. Explain the following key points: <ul style="list-style-type: none"> Why we are undertaking this engagement and the purpose of the session. The importance of their contribution and how this feedback will be used. Responses will be a mixture of group discussion and writing feedback on flip charts Explain there will not be any identifiable information required and that all responses will be anonymised. Duration of discussion will take approximately 65 minutes (dependent on group availability extend to a 90minute session) 	2 minutes
Participants Introductions Go round in a circle and each group member to briefly introduce themselves: <ul style="list-style-type: none"> Name Which area they live 	3 minutes
Improvements Needed - Spontaneous Feedback Ask the group to give any spontaneous thoughts they have regarding NHS issues in their area and any improvements the NHS needs to make (very briefly)	5 minutes
Overview of current situation and impacts of delayed discharge Moderator: Read out the below (you can also provide a hand out)	

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Shropshire and Telford Hospital (SaTH) are the main provider of district general hospital and emergency care services for nearly half a million people in Shropshire, Telford & Wrekin, and mid-Wales.

SaTH, like many hospitals across the country, struggle to meet the demand for hospital admission to acute beds and this is particularly impactful during the winter months. The main reason patients have to wait longer is due to delays in acute beds (beds for really sick people) becoming available.

A key issue that prevents acute beds from becoming available is that there are people occupying acute hospital beds who do not need to remain in an acute hospital bed however they still need support to prepare them for returning home.

This results in patients remaining in acute hospital beds for longer periods than is necessary, it also impacts elective (planned) hospital care and waiting lists.

This particularly affects:

- Frail, older members of the community.
- People with musculoskeletal condition and complex disabilities.
- People who have suffered a stroke and who, following a short stay in a main acute hospital, require specialist bed-based rehabilitation.

What should be in place to resolve this issue - Spontaneous Feedback
 If you, or a family member were in this situation, what do you think should be in place to manage this issue?

Describing the sub-acute wards
 The local NHS are planning to open new wards to care for people who are being discharged from the acute hospital but continue to require specialist hospital in-patient rehabilitation (sub-acute beds) and wider support services to prepare them for returning home.

The wards will be inpatient facilities providing specialised rehabilitation services. Located on the SaTH footprint, 32 beds at the Royal Shrewsbury Hospital and 20 beds at Princess Royal Hospital.

The wards will have a skills complement of nursing, therapy, pharmacy and support staff with medical clinical oversight provided by consultants, junior doctors and physician associates, with rapid access to acute hospital facilities should a patient deteriorate.

The teams will assess the patients, identify treatment goals and agree on a provisional length of stay. Discharge planning will start on admission so that complex issues are addressed in a timely manner.

Patients and their families will be encouraged to take an active part in planning their care and will work together with the health and care professionals to achieve the best outcome possible. Where necessary, referrals will be made to other agencies or professionals to support patients when they are discharged.

Group discussion and feedback on the proposed wards
 Ask the groups to consider:

- In general what do you think of these proposals?
- What things do you think the NHS needs to consider, which are important to you, your family and your community when designing and delivering these new wards?
- What are important issues that need to be considered to support patients and carers prior to discharge from the ward?
- What would you call this type of ward/facility?

10 minutes

15 minutes

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How would you describe the wards in a couple of sentences that could be used in patient information leaflets?

Public description of service
 Read this out below:
 The NHS are thinking of calling the wards -Sub-acute and rehabilitation wards

- What do you think of this name?
- Do you think people will understand what the wards are and what services it is providing?
- Could you suggest an alternative name for the wards?

Messaging
 Split the group into two (or the appropriate number depending on size)

- The sub-acute and rehabilitation wards are inpatient facilities at the Shrewsbury and Telford Hospital sites that will provide specialised rehabilitation and recovery services.
- The new model of rehabilitation care will ensure the right level of care is provided by the right clinical teams in an appropriate clinical setting.
- Sub-acute wards will provide an appropriate clinical space to deliver a new model of care to support patient rehabilitation and recovery.
- The sub-acute wards will ensure a seamless referral process to deliver the next stage of a patient's care
- Should a patient's health deteriorate during rehabilitation, they will be rapidly transferred back into acute wards and return for rehabilitation when appropriate.
- The sub-acute and rehabilitation wards will alleviate the pressure experienced in the acute hospitals which leads to emergency department overcrowding, ambulance handover delays and a reliance on corridor care.
- This is a new model of rehabilitative care requires a more intensive, specialised team to deliver than that provided in community hospital settings.

Give one group 3 of the key messages and another group 4 of the key messages (use handouts / Flash cards)

Ask each group to consider for each message:

- Does this message make sense?
- Have we used the right terminology?
- How would you like us to describe and tell you about this message?

Ask each group to nominate a spokesperson and to feedback to the group on their thoughts. The other group to be encouraged to say whether they would agree with what is being said or if there is anything they would like to add.

Summary and anything else?
 Moderator to provide a short summary of what he/she sees as the key findings from today. Then provide the opportunity for participants to feedback anything else which they think is important to note which may not have been covered in the group.

Thanks
 Moderator to thank respondents for their time today and stress the value of the feedback given. Also, provide contact details for respondents so that if they have any further thoughts on any of the topics discussed today they can feed them back.

13 minutes

12 minutes

3 minutes

1 minute

Total 65 minutes

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Appendix 2: People's Network Online Survey

New Ward Naming Survey

We need your help in deciding what to call two brand-new wards that will soon be opening at the Shrewsbury and Telford Hospital NHS Trust.

We want your view on this, as the name and the words we use to describe a ward or a service are important in helping patients understand what kind of care they will be receiving, and how long they will be there for.

The Context

Like many across the county, our hospitals struggle to meet the demand for acute beds (beds for people who are very unwell) and this is an even bigger issue in the winter months.

Very often, there are people in our acute hospital beds who don't need to be there, but they still need support to prepare them for returning home. **This means people remain in acute hospital beds for longer than they need to.**

This particularly affects:

- Frail, older people
- People with conditions that affect their mobility.
- People who have suffered a stroke.

The two new wards are being built to care for people who no longer need an acute hospital bed but still need specialist in-patient hospital care and support services to rehabilitate them and prepare them for returning home.

- The new wards will be based at both acute hospitals, with 32 beds at the Royal Shrewsbury Hospital and 20 at the Princess Royal Hospital, Telford.
- They will have nursing, therapy, pharmacy and support staff with oversight from consultants and doctors. If someone deteriorates, they will be able to be transferred quickly back to an acute hospital bed.

Discharge planning will start on admission to the ward so that complex issues are addressed straight away. Patients and their families will be encouraged to take an active part in planning their care and will work together with the health and care professionals to achieve the best outcome and ensure they can be discharged as soon as possible.

We have been engaging with local communities and groups and to help us create a shortlist of potential names for the new wards.

- We tested out the name suggested by the team developing the wards which was 'Sub Acute Wards'. In response people told us that they did not understand what it meant and did not like it.
- People told us they preferred the word 'unit' over the word 'ward', as they felt it suggested patients would be more active rather than lying in a bed.
- Some people preferred a more medical/health related name, whilst others preferred a non-medical/health related name.

We'd like to hear what you think of the options and suggestions that we heard during our engagement activity, as well as understand how you feel about certain words or phrases we might consider using.

- 1) Keeping the proposed wards in mind, thinking about hospital care, please consider each of the words or phrases below and tell us what you think about them:

Rehabilitation

Rehab

Active Recovery

Continuing Care

Discharge Ward

Step-down care

Sub-acute

Columns:

Strongly Agree to Strongly Disagree

Rows:

I understand what it means in a hospital setting

It's positive and reassuring

It makes me feel I would be actively involved in my care

It would give me confidence in the care I would receive

- 2) We'd now like to present six options for names, which have been suggested through our engagement activity. All we'd like you to do is rank these in order of preference. Please consider which you think **best represents the wards and their purpose, and** let us know why in the comments box.

1- Rehabilitation and Recovery Unit

2- Active Recovery Unit

3- A local heritage name e.g. The Ironbridge Unit / The ~~Attingham~~ ~~Unit~~

4- Hospital to Home Unit

5- Pre-discharge Unit

6- A historical person linked to the area e.g. The Charles Darwin Unit / The Thomas Telford Unit

None of these resonate with me (Other (text box))

Comments Box (Sensible word limit)



Appendix 3: People's Network Survey Raw Results

Rehabilitation							
Answer Choice		Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Response Total
1	I understand what it means in a hospital setting	55	62	7	4	2	130
2	It's positive and reassuring	33	66	23	4	2	128
3	It makes me feel I would be actively involved in my care	22	61	32	10	3	128
4	It would give me confidence in the care I would receive	30	52	38	5	3	128
						<i>answered</i>	130
						<i>skipped</i>	1

Rehab							
Answer Choice		Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Response Total
1	I understand what it means in a hospital setting	40	52	15	19	3	129
2	It's positive and reassuring	19	42	34	30	5	130
3	It makes me feel I would be actively involved in my care	15	43	38	27	5	128
4	It would give me confidence in the care I would receive	13	41	42	29	4	129
						<i>answered</i>	130
						<i>skipped</i>	1



Appendix 3: People's Network Survey Raw Results

Active Recovery							
Answer Choice		Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Response Total
1	I understand what it means in a hospital setting	38	50	21	17	3	129
2	It's positive and reassuring	38	48	27	15	1	129
3	It makes me feel I would be actively involved in my care	38	48	25	17	1	129
4	It would give me confidence in the care I would receive	31	38	40	17	2	128
						<i>answered</i>	129
						<i>skipped</i>	2

Continuing Care							
Answer Choice		Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Response Total
1	I understand what it means in a hospital setting	41	60	16	12	0	129
2	It's positive and reassuring	24	62	23	17	3	129
3	It makes me feel I would be actively involved in my care	15	38	34	38	3	128
4	It would give me confidence in the care I would receive	19	54	38	15	2	128
						<i>answered</i>	129
						<i>skipped</i>	2



Appendix 3: People's Network Survey Raw Results

Discharge Ward							
Answer Choice		Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Response Total
1	I understand what it means in a hospital setting	45	53	16	9	5	128
2	It's positive and reassuring	20	40	34	28	8	130
3	It makes me feel I would be actively involved in my care	12	25	35	48	9	129
4	It would give me confidence in the care I would receive	11	27	41	38	11	128
						<i>answered</i>	130
						<i>skipped</i>	1
Step-down care							
Answer Choice		Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Response Total
1	I understand what it means in a hospital setting	20	31	17	48	13	129
2	It's positive and reassuring	6	17	37	58	11	129
3	It makes me feel I would be actively involved in my care	4	11	45	57	12	129
4	It would give me confidence in the care I would receive	7	13	41	51	16	128
						<i>answered</i>	130
						<i>skipped</i>	1



Appendix 3: People's Network Survey Raw Results

We'd now like to present six options for names, which have been suggested through our engagement activity. All we'd like you to do is rank these in order of preference. Please consider which you think best represents the wards and their purpose, and let us know why in the comments box.

Answer Choice		Total Score	Overall Rank
1	Hospital to Home Unit	558	1
2	Rehabilitation and Recovery Unit	525	2
3	Active Recovery Unit	509	3
4	A local heritage name e.g. The Ironbridge Unit / The Attingham Unit	443	4
5	A historical person linked to the area e.g. The Darwin Unit / The Thomas Telford Unit	368	5
6	Pre-discharge Unit	348	6
Comment:			74
		<i>answered</i>	131
		<i>skipped</i>	0





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Thank You