healthwatch Shropshire

Midlands Centre for Spinal Injuries

The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust

Enter & View Visit Report

Date of visit 25th November 2025
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healthwatch Shropshire

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About us

Healthwatch Shropshire is the independent health and social care champion for local people. There are local Healthwatch across the country as well as a national body, Healthwatch England.

We work to ensure your voice counts when it comes to shaping and improving services. We address inequalities in health and social care, to help make sure everyone gets the services they need.

What is Enter & View?

Healthwatch Shropshire gathers information on people's experiences of health and social care services and there are times when it is appropriate for Healthwatch Shropshire to see and hear for ourselves how services are being provided.

These visits are called **'Enter and View',** and can be 'announced', 'unannounced' or 'semi-announced'. For 'semi-announced' visits the service provider is told we will visit but not the date or time of the visit.

The responsibility to carry out Enter and View visits was given to Healthwatch in the **Health and Social Care Act 2012**.

Enter and View visits are carried out by a team of specially trained and DBS checked volunteers called Authorised Representatives. They are not experts in health and social care. During a visit they collect people's views and opinions anonymously (service users, family members, carers and staff delivering the service) make observations, and produce a report.

Enter & View visits are not inspections and always have a 'purpose', e.g. to look at a particular aspect of the patient experience such as dignity and choice, care and discharge planning, food and hydration.

Context of the visit

In 2017 Healthwatch Shropshire completed an Enter & View visit to the Gladstone Ward which was the name of the inpatient ward for the Midlands Centre for Spinal Injuries at The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust (RJAH).

During this visit we observed that:

1. The ward appeared to be well-staffed and well-run.
2. The relationships between staff and patients appeared warm, friendly and respectful.
3. Routine care was delivered with quiet efficiency in a relaxed and friendly atmosphere.
4. Patients appeared comfortable and free of anxiety in their interactions with staff.
5. There were many instances of good attention and thoughtfulness on the part of staff.
6. The ward was clean and tidy, and staff routinely practised good hand hygiene.

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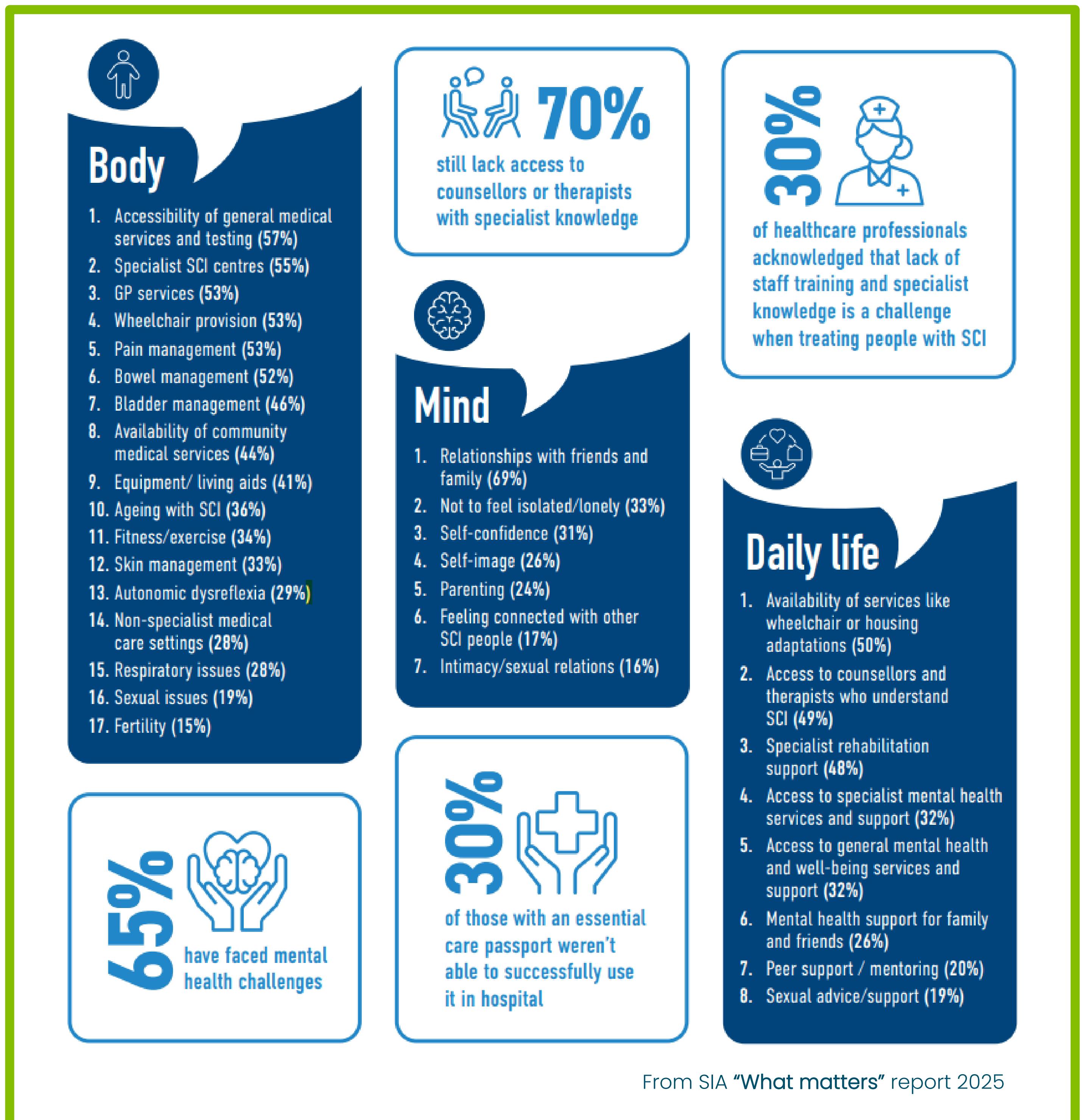
During this visit there were also some concerns raised by the patients we spoke to leading to us making a number of recommendations. In response the Trust shared an action plan with us detailing how they were going to address these.

Throughout this report we will include details from the 2017 report to make a comparison and identify where any issues have been resolved or where challenges remain.

At the time of writing this report we have been made aware of the Spinal Injuries Association Strategy 2030 and their latest report based on their annual survey completed by 934 people from across the UK, including 761 people with a spinal cord injury (SCI) - What Matters survey 2025. This report focuses on three areas which we also heard about during our conversations with patients, their families and staff when we visited the inpatient wards: **body, mind and daily life.**



From SIA **"What matters"** report 2025

Details of the visit

The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust (RJAH) provides one of only 11 specialist spinal injuries centres in the UK - Midlands Centre for Spinal Injuries (MCSI). The Centre serves a huge catchment area of about 150 square miles, including all of the West Midlands, most of North Wales and some other areas as well. Because it is situated in the county of Shropshire, Healthwatch Shropshire (HWS) has a responsibility to visit and report our findings to the public and all the organisations whose residents are admitted for treatment and rehabilitation.

Three Healthwatch Authorised Representatives visited the Centre (MCSI) at RJAH on the morning of **Tuesday 25th November 2025**. The visit was semi-announced, meaning that the wards knew that we would visit within a two-week period.

The purpose of our visit was to listen to people's experiences of inpatient care and rehabilitation in the MCSI, and how safe and supported they feel in their recovery and care planning.

Disclaimer

Please note that this report relates to findings observed on the day of the visit. Our report is not a representative portrayal of the experience of all service users and staff, only an account of what was observed and contributed at the time.

What we did

It was apparent when we arrived that the ward was very busy with the morning routine. Several patients had gone in their wheelchairs to participate in a group physiotherapy session off the ward. There were curtains around at least one bed in most bays where personal care and treatment was being undertaken. We were also told a consultant's ward round was underway.

We spoke to a few staff who were available and took the opportunity to visit the outside space, Horatio's Garden (see page 13), before returning to the ward to speak to a few patients. It was a real privilege to be able to speak to the patients, visitors and staff in the Centre. They were generous with their time and open in their conversations with us.

At the time of the visit staff and visitors were wearing masks in clinical areas[1]. In this context, we asked whether there were any areas, or patients we should avoid, but were assured that we would be welcome to go anywhere where personal care or treatment was not taking place.

We were told that there are five Consultants for the Unit, and multi-disciplinary teams (MDT) comprising doctors, nurses and therapists (Allied Health Professionals) including a Clinical Psychologist.

What patients told us

Body - Day to day experiences

We spoke to one patient in a wheelchair who told us they are paralysed from the waist down. They had been in the MCSI for six weeks, after a long initial spell in their local acute hospital. They said they have a daily programme for what to do in respect of rehab each day,

> "but there's not much to do at weekends".

Another patient we spoke to said "there is nothing at weekends – it's down to you".

This echoed what we heard in 2017 which prompted us to make the recommendation:
To review social opportunities and social activities in the evenings and weekends.

[1] The Trust have shared with us that 'At the time of the visit, the Trust was operating in line with its respiratory infection prevention and control policy and was in amber status. This required staff to wear masks when within one metre of a patient. These measures were not Covid-specific restrictions but standard infection prevention precautions.'

A patient told us they had suffered an injury to their spine almost a year ago and waited some time to be transferred to the MCSI for rehabilitation. They said that they appreciated the opportunity to be in a specialised unit and were making the most of the therapy available. They reported feeling able to do much more for themselves now, but they need specialised equipment for most of it. They told us they have a personalised physiotherapy rehab programme as well as sessions with the Occupational Therapist (OT) each week.

Another patient told us they had spent 'months' in their local acute hospital, waiting for a place at RJAH, and has been here since March (about 9 months). They went on to say that in the last couple of months there have been a lot of new staff, and the experienced ones all seem to have left. They find that they are constantly repeating themselves to explain to 'yet another new face' how best to help them.

In 2017 'The Sister in charge told us that most of the nursing staff and therapy staff have worked on the ward for many years.' Adding 'there are new, additional staff starting soon, because the nursing care required has increased as the number of older patients has increased.'

The visit team were pleased to be told by one patient that there is currently a hoist by the hydrotherapy pool. This had been a recommendation in our 2017 visit report. However, this patient also said there are often not enough staff available to help them get in/out of the pool so they can't use it.

One of the patients told us that they have been on the ward for 20 weeks and

"...some things haven't gone well. Three times my airflow bed hasn't been working, (it turns me), but no-one noticed. One time it wasn't working for five days and so now I have a problem with my skin and so I'm bedbound".

In their formal response to this report the Trust said: 'The patient was nursed on an OSKA Series 6 mattress, which is designed by the manufacturer to operate in both

powered and non-powered modes. When the mattress is unplugged, it continues to provide immersion and pressure redistribution and remains suitable for pressure care.

The pump enhances the mattress's function by providing active therapy and higher-level pressure relief but is not required for the mattress to function as a support surface. The clinical team recognises the importance of ensuring equipment is returned to its intended use following transfers, both for consistency of care and patient reassurance. While the absence of the pump does not render the mattress ineffective, any deviation from expected care processes can understandably cause concern. Skin integrity is influenced by multiple factors, including health conditions, moisture and pressure exposure.

Mind: Access to responsive support

One patient commented on the difficulties they experienced when they were first admitted to RJAH to manage the disappointments of their slow recovery and rehabilitation in the light of initial high hopes and expectations.

Another said

We heard from one patient that people from the charities, the Spinal Injuries Association and Back-Up, come in 2 to 3 times a week. "They are wheelchair users themselves and talk about their own experiences of having a spinal injury, so we know what life is like when you get out of here. Some of them have had their injury for 30 years". The patient said they found this really helpful.

One patient who was confined to bed, told us it was difficult to speak to senior staff about their care:

Patients reported different experiences of support from the staff team:

- "The girls (HCAs/nurses) are brilliant, but I have absolutely no faith in my doctors and consultant to be honest."
- Another was appreciative that the kitchens would try to accommodate any special requests if sometimes the meals were not to their taste.
- We asked one patient whether they slept well at night and were told that was no problem. However, there is only 'skeleton staff' on at night, and so the patient had suggested they get them up at 5am (they have been used to getting up at 6am all their life) in order to use the bathroom etc when it wasn't needed by everyone else. The patient said this has been working well for five months.

Daily life: Care plans and discharge

- One patient in a wheelchair, said it is too early to know the next steps, although they reported feeling they are progressing "little by little".
- We asked another patient about plans for their discharge. The patient told us that they have been "'fit for discharge' in the medical jargon" for about six months. Their home has had all the necessary adjustments made but the Local Authority in their area has been delaying for months because of a piece of expensive equipment. Although the RJAH Consultant recommends it as a measure to prevent pressure sores developing, the local Adult Social Services team aren't familiar with its use for that purpose. The patients said the Resettlement Team at RJAH are pushing really hard, but the patient has asked them to stop coming to give updates until they have definitive news and a discharge date. In the patients view, this piece of equipment would mean they would manage at home with fewer visits from care staff, and that not sanctioning its purchase is a false economy for the Local Authority.

After speaking to the patients, we met with the units Resettlement Team and learned that delayed discharge is a common problem. Staff told us that working with patients preparing for and after discharge who have such specialised needs is very satisfying, but also frustrating, particularly when it comes to discharge.

We heard that the Spinal Injuries Centre works hard with patients to help them to be as independent as possible so they can cope when they are no longer an inpatient. Staff told us that some of the systems and processes that Local Authorities and the NHS have put in place for patients being discharged from

acute (general) hospitals, when applied to patients to be discharged from the MCSI can actually result in reducing the effectiveness of the rehabilitation programmes that have built up the spinal patient's skills over many months.

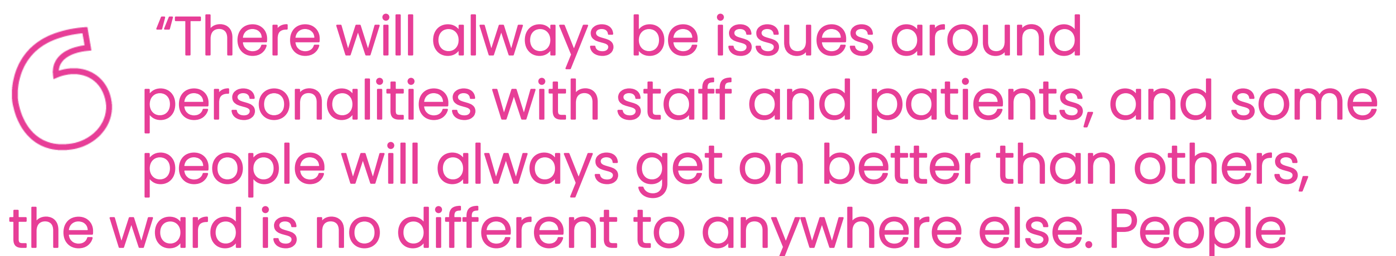
What staff told us

Ward staff

The Ward Clerk explained the layout of the MCSI when we arrived. She said the ward has 46 beds and they are full at the moment. There are also three children with spinal injuries on the children's ward. There are often two, but at the moment there are three. She told us that when a patient is discharged from the ward they will have an outpatient appointment within 6-8 weeks and are

In their response to this report the Trust have said 'For clarity, the Trust is commissioned for 50 beds in total. This includes 46 beds on the MCSI ward, two spinal cord injury beds on Sheldon Ward, and two beds on the Children's Ward.'

A Healthcare Assistant (HCA) told us they have only worked at RJAH as a HCA, and loves working on the ward, it is "like one big family". Everyone is kind, supportive of one another and really want the best for the patients. Some patients have staff members they prefer to provide their care and staff try to respond to this. If any patients do not get on well together staff can make the decision to separate them and move them to different bays.



spend a lot of time on the ward and so relationships can make a big difference to how people feel".

One HCA said they often get to know the patients better than other staff because they spend so much time with them during personal care and at mealtimes, often having to help the patient to eat and drink. "It is hard not to get chatting". They told us that if they notice any change in the patient they feel able to go to their line manager to share any information or concerns and feel heard – "there is an open-door policy, so you don't have to wait for a 1:1 or supervision to discuss the patients". They said they felt their input was taken into account in planning meetings with the wider multi-disciplinary team.

The Resettlement Team

We spoke to four members of the Resettlement Team, as a group. They explained that they meet every new patient within a week of admission, to explain their role and leave a simple Government-produced leaflet about what to expect when the time is right to leave hospital. If the patient has not yet had a 'goal-setting' meeting with the Multi-Disciplinary Team, the information they can give is rather limited.

We were also told that, because the MCSI has such a large 'catchment area', the resettlement team deals with numerous Local Authorities and NHS organisations responsible for funding a person's Continuing Health Care[2]. A problem arises when local staff are generally unfamiliar with the complex care needs once a spinal injury patient goes home. This may mean they don't readily accept the hospital Consultant's recommendations or the advice of the Resettlement Team. As we learned from speaking to a patient ourselves, this may lead to an extended hospital stay of several weeks, or indeed months, for people whose rehabilitation has already been optimised.

The Team mentioned, as an example, the Discharge to Assess process, introduced a year or so ago as part of a number of measures to increase movement through acute hospitals and onto the next stage of their care and treatment. Unfortunately, this approach does not acknowledge all the work already done at the Centre to ensure the spinal injury patient has not only already been fully assessed in preparation for discharge but has been supported to be as fully involved in managing their own care needs as possible. In some cases, instead of transferring the patient direct to the approved accommodation such as their home with the right adaptations in place, this

[2] NHS England » NHS Continuing Healthcare

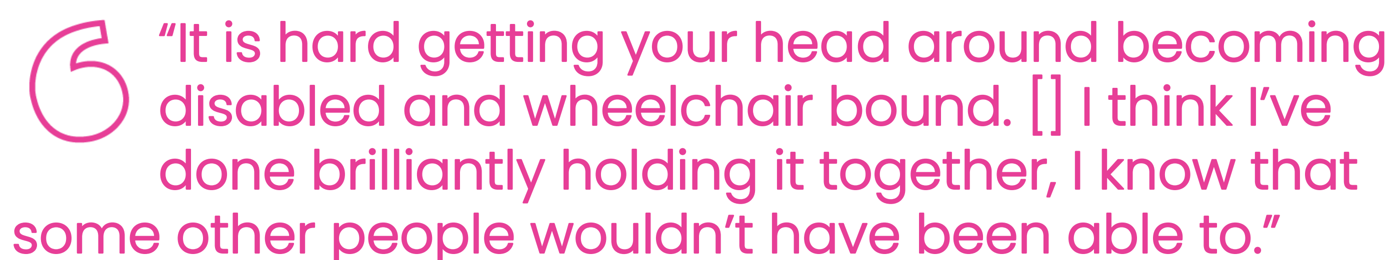
process is placing them in a different and unfamiliar facility (often a care home) where the staff are not experienced in the complex needs of patients with a spinal injury. This results in a deterioration in the independence of the person, and often a degree of de-conditioning as well so they lose the skills and confidence they have developed at RJAH.

The Ward Manager

The unit

The Centre was previously run as two wards: one for acute spinal injury patients recently admitted, and the other more focused on rehabilitation; together with the neighbouring, dedicated, Outpatients Department. All have recently been brought together as an integrated unit. The Ward Manager told us that this was due to a need to mix the more and less experienced staff as well as increased demand for single rooms for infection control purposes. Earlier in the visit we had learned from patients that it is rare for a bed to be available during the acute stage following the injury with some patients waiting weeks or months to move to the specialist unit.

The Ward Manager told us how a patient's stay is organised and about the care planning process. Usually within the first week of admission, a 'goal planning' meeting is arranged for the patient, (and any family members wishing to attend) with the consultant and the whole multi-disciplinary team (MDT). This is followed by further sessions, including the Resettlement Team, at various times during their stay. We were told many patients arrive at the hospital with very high expectations about their recovery process (often fostered by staff in the earlier hospital). The inevitable disappointment in progress and/or speed of recovery often leaves people angry and frustrated in the first couple of weeks. One of the patients we spoke to had also expressed this, and the emotional difficulties in developing more realistic expectations.



We commented on the difficulties for patients who stay for long periods in finding safe storage for their belongings, and all the equipment they need. The manager

acknowledged there is a problem in reconciling the reasonable needs of patients with concerns for infection control. Cluttered bed spaces become hard to clean. She also told us that small wardrobes are no longer available from NHS Supplies. A small locker suitable for short stay patients in an acute ward are the only items available.

Staffing

One patient, who had been in the MCSI for several months, had told us that there had been considerable staff turnover in the last month or so, with the loss of more experienced staff. The patient said they found it difficult to keep explaining to a new face how they should help them in the various aspects of personal care. We raised what this patient had said with the ward manager. She acknowledged that the ward had lost a number of experienced Health Care Assistants (HCAs) in October when they had commenced their nurse training[3].

In their response to this report the Trust have shared: 'No clinical posts have been stopped. Recruitment to clinical roles continues, although additional steps have been introduced to support safe and effective recruitment. Bank staff are used as part of standard workforce management to ensure continuity of care.'

The nurse manager told us the MCSI had organised some training and support for new staff to cope better with the verbal aggression often demonstrated by patients coming to terms with the impact of their injuries. She said some of their patients have serious drugs and alcohol abuse problems, which also affects their attitudes to staff. These episodes usually occur at weekends or evenings, when there are no formal activities to engage patients. The manager reported that staff were now more confident and able to deal better with incidents of verbal abuse and they were successfully de-escalated more often. However, she felt that some dual-trained mental health nurses in the team would benefit both patients and staff.

In answer to our question, we were told that, although there are several apprentice schemes within the Trust, there isn't one for nurses. The senior nurse commented that NHS staff who haven't worked on the Unit before, find the differences from general

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acute nursing quite challenging e.g. that patients who come in paralysed are likely still to be paralysed on discharge (i.e. the nurse's role is often to help them come to terms with their disabilities, rather the traditional sense of helping patients 'get better').

The role of spinal injury charities

We had a final conversation about charities that specifically support people who have had spinal injuries. We were told that:

- 'Aspire'[4] is a national charity which manages properties for people with spinal injuries. We noticed a poster promoting an information session with 'Aspire' in the Garden Room (in Horatio's Garden).
- 'Back Up' [5] is another charity which runs wheelchair skills sessions at RJAH as well.
- The MCSI is very well supported by the hospital's League of Friends and their own volunteers.
- Members of the team from the 'Spinal Injuries Association'[6] visit the unit weekly and offer 1:1 conversations and group information sessions to help people prepare for life after their injury.

The Ward Manager told us that the national 'Spinal Injuries Association' is lobbying for better care and support for people living with disabling spinal injuries. Their cause has been championed by Andy McDonald MP who said, on leading a delegation to present the Spinal Injuries Association petition to Downing Street on 24 November 2025:

[4] Aspire supports people with Spinal Cord Injury
[5] Back Up Spinal Cord Injury Charity
[6] SIA delivers historic petition to 10 Downing Street

What we saw

The unit was generally bright, well-lit and appeared clean. Notice boards were neat and well laid out with good information.

We visited Horatio's Garden which is an outdoor space designed and created by the Horatio Garden charity[7]. It is currently one of eight gardens across the country:

> "Our mission is to open gardens in all 11 NHS centres to ensure that no-one has to go through a life-changing spinal injury and spend months in hospital without being able to use a Horatio's Garden."

The garden is designed to suit a wide variety of needs. There is a gated area for families with children including child-sized apparatus for playing; raised flower beds where people in wheelchairs can assist in gardening tasks; a greenhouse; and a large activity room (the Garden Room). The space is not just for patients and their families to enjoy, a member of the hospital staff told us that when she worked nights, she would come into the garden at the end of her shift, especially in summer when the scent of the flowers was "wonderful".

The Garden Room was both well-equipped and designed with wheelchair users in mind and people who have to remain in their bed, including kitchen facilities accessible by wheelchair users. There was a blackboard near the entrance with a calendar of activities during the month, both mornings and afternoons each weekday, supported by Horatio volunteers. We were pleased to see an 'education' programme included, with topics for both patients and family members, if they live close enough to attend, many of these were delivered by the charities that regularly go onto the unit. There was also a 'What Matters? Chat' each week, which seeks to pick up and alleviate some of the anxieties patients are experiencing.

[7] What we do - Horatio's Garden

Key findings

- The whole unit is light and airy, with sufficient space for people manoeuvring wheelchairs. Internal communal areas are however rather bare and uninviting and there appear to be problems in safe storage of possessions and equipment for these long-stay patients, who are frequently far from home with few regular visitors.

In response to this report the Trust have told us: 'All patients are offered a locker within the MCSI corridor to store and secure their personal belongings safely.'

- Patients and the unit have benefited hugely from Horatio's Garden.
- A significant proportion of staff working on the MCSI have been there a long time and find the work very satisfying. However, there is a recent increase in bank staff to replace those experienced HCAs who have left to start their own nurse training. Bank staff have often had little previous experience of specific aspects of a spinal patient's care, which are different from the other areas of the hospital. Some of the patients we spoke to told us they did not always have confidence in the care provided by these staff.
- We found that the senior ward staff were sensitive to the challenges (particularly to staff new to the specialist nature of the work) presented by new spinal injury patients, some of them angry or struggling to cope with such a massive disruption to their lives. A programme of training and support appears to have increased staff confidence in handling aggressive behaviour.
- We noted that all beds in the MCSI are occupied, but that many patients who have reached their optimal rehabilitation have to remain in the ward for excessive periods ('bed blockers') because of delays caused by inflexible systems and processes in some Local Authority areas.
- As a consequence, these patients waiting for discharge arrangements to be put in place occupy beds needed for new admissions. Every patient we spoke to had experienced long periods (several weeks or more) immediately after their injury in their local acute hospital before a bed became available in the MCSI. Two patients in particular had developed severe complications before they came to RJAH because of the lack of experience and knowledge of the specialised care needed by spinal injury patients in these general hospitals, including bed sores and skin deterioration.

Next steps

Following this Enter & View visit we wrote formally to the Trust to ask some questions that arose from what we heard on the day, and the experiences shared with us by previous patients.

In response to this report the Trust have said: 'Please also note a comprehensive response was sent on 23 December 2025 regarding patient feedback on MCSI. The letter included a robust action plan to address the concerns raised.'

As we did not speak to the majority of patients during this visit Healthwatch Shropshire put out a call for people to share their recent experiences of using Spinal Injuries Services in Shropshire and their experiences of all health and social care services as someone with a spinal injury. We also asked families, carers and professionals working with people with spinal injuries and the charities that support them to share their views and experiences: Healthwatch Shropshire Launches Campaign to Hear People's Experiences of Spinal Injury Services | Healthwatch Shropshire. As part of this piece of public engagement we have attended two meetings run by the Spinal Injuries Association to speak to people with lived experiences of spinal injuries and hear their views and experiences. A report will be published on our website in 2026.

Recommendations

1. We would urge the Shropshire, Telford and Wrekin Integrated Care Board (STW ICB) to consider whether the processes set in place to promote prompt discharge from acute hospitals are the most appropriate for patients from the specialist Spinal Injuries Centre, who have already received a comprehensive rehabilitation programme.
2. We believe ICBs have a responsibility to address some of the problems around delayed discharges from MCSI. HWS will be copying this report to all ICBs within West Midlands and to Directors of Social Services.

3. The MCSI should consider the issues raised by the Resettlement Team at Goal Setting meetings with patients and their families, as these make a huge difference to discharge dates. The families and patients may then be able to focus their concerns with local organisations, to complement the work being done by the Resettlement Team.
4. Verbal abuse and substance misuse are becoming issues across all health care settings and the MCSI is no different. Patients' mental health in a long stay rehabilitation service after such a life changing event is going to be seriously affected. We recommend the RJAH management consider ways to support staff across the hospital facing drugs and alcohol problems among their patients, but particularly how to support staff on the MCSI to feel confident in managing these and the mental health issues that commonly arise out of office hours.

We recommend this Enter and View report is presented to RJAH board meeting.

Provider response

The report

Healthwatch Shropshire received the following response to this report from the Trust:

The Trust would like to thank Healthwatch Shropshire for undertaking the Enter & View visit and for the time taken to speak with patients, carers and staff. We welcome the opportunity to receive independent feedback and recognise the value of this engagement in helping us to understand patient experience and identify opportunities for improvement.

We are pleased that the report reflects many positive aspects of care, including the professionalism, kindness and commitment of staff, and the overall experience reported by patients. We would like to acknowledge these comments and will ensure they are shared with teams as recognition of their efforts.

The Trust has reviewed the findings and recommendations carefully. We are committed to using the feedback provided to further strengthen the quality, safety and experience of care we deliver. Where areas for improvement have been identified, these have been considered alongside existing improvement work and will be incorporated into our ongoing quality improvement and governance processes.

We note that a comprehensive provider response was submitted to Healthwatch Shropshire within the agreed timeframe prior to publication of this draft report. We would ask that this response is included within the final version of the report to ensure completeness and appropriate context.

The Trust remains committed to working collaboratively with Healthwatch Shropshire and other partners to continuously improve services for patients and carers. We welcome continued dialogue and engagement as part of this process.

The recommendations

The Trust have also provided an Action Plan, detailing the steps to be taken in response to the relevant recommendations:

Recommendation 3:

The MCSI should consider the issues raised by the Resettlement Team at Goal Setting meetings with patients and their families, as these make a huge difference to discharge dates. The families and patients may then be able to focus their concerns with local organisations, to complement the work being done by the Resettlement Team.

By 1st June 2026 the MCSI Matron will oversee the implementation of a quality improvement project to improve goal setting, including:

a) Review of goal planning Standard operating procedure
b) Scheduling
c) NAC completion (needs assessment)
d) Welcome booklet
e) Welcome video
f) Review of key worker role
g) Bed boards introduced as communication aid

Recommendation 4:

Verbal abuse and substance misuse are becoming issues across all health care settings and the MCSI is no different. Patients' mental health in a long stay rehabilitation service after such a life changing event is going to be seriously affected. We recommend the RJAH management consider ways to support staff across the hospital facing drugs and alcohol problems among their patients, but particularly how to support staff on the MCSI to feel confident in managing these and the mental health issues that commonly arise out of office hours.

The MCSI Leadership Team have completed a quality improvement project to address violence and aggression, including:

a) Devising standard operating procedure for MCSI to align with trusts violence and aggression policy
b) Providing bespoke conflict resolution and de-escalation training to all MCSI staff
c) Working with local provider via SLA to provide support to patients with Ill Mental Health and access relevant support services

Recommendation 5

We recommend this Enter and View report is presented to RJAH board meeting

Final report to be shared with Trust's Quality and Safety Committee by the Assistant Chief Nurse (Operational) once approved - Deadline 1st June 2026.

Update on 2017 Enter & View report

Healthwatch Shropshire also asked the Trust for an update on progress against the action plan from our 2017 report.

From review of this action plan and the published updates additional feedback recorded below

- Action 3- Trust are currently exploring building a new MCSI gym, however this is in the very early planning stages
- Action 4- Hoist now in place
- Action 5- reintroduction of evening and weekend activities such as barbeque, film night etc commenced

The Head of Specialist Services said that only Action 3 remains outstanding and it is hoped that this will be completed by 1st December 2026.

NHS Shropshire, Telford & Wrekin response

Healthwatch Shropshire received the following response to this report and recommendations 1 and 2 from the Head of Quality, Safety and Improvement for Priority Populations at NHS Shropshire, Telford and Wrekin:

We provide system leadership and bring partners together rather than manage individual discharges, however we recognise the specialist nature of spinal injury rehabilitation and the concerns raised about how more generic discharge and flow processes can affect patients who have already completed a comprehensive rehabilitation programme.

The learning from this Enter & View report will support wider system oversight of discharge arrangements, working with system partners through the discharge group to consider whether current approaches are being applied in the most appropriate and person-centred way for specialist services such as Midlands Centre for Spinal Injuries.

Acknowledgements

Healthwatch Shropshire would like to thank the staff of the Midlands Centre for Spinal Injuries at Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust, patients and visitors we spoke to for their contribution to this Enter & View.

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