healthwatch Portsmouth

Enter & View Visit to Summerlee Unit

Date of visit: 30 September 2025

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1 - Introduction

Details of visit

Service address	Summerlee Unit, 1st Floor, Harry Sotnick House, Cranleigh Avenue, Portsmouth. PO1 5LU
Service Provider	The In-patient Rehabilitation Service, and Assessment Service, Hampshire and IoW Healthcare NHS Foundation Trust ('The Trust')
Date & time	30 September 2025 (10:00 – 12:00)
Authorised Representatives	Jonathan Crutchfield Roger Batterbury Jan Dixon

Acknowledgements

Healthwatch Portsmouth would like to thank Hampshire and Isle of Wight Healthcare NHS Foundation Trust In-patient Rehabilitation Service (The Service) for their contributions to support this Enter & View visit and for their comments and corrections in the drafting of this report. In particular:

- Sarah Haynes: Head of Clinical Services Physical Health Inpatients
- Kerry Smith: Operations Manager for Inpatient Clinical Services
- Carlie Barber: Clinical Matron
- Jane Salter: Ward Manager (Nelson Ward – part of Summerlee Unit)
- and those patients with whom we were privileged to learn from.

Disclaimer

Please note that this report relates to findings observed on the specific date set out above. Our report is not a representative portrayal of the experiences of all patients and staff, only an account of what was observed and contributed at the time.

2 - What is Enter and View?

Part of the local Healthwatch programme is to carry out Enter and View visits by trained members of a local Healthwatch team who are Authorised Representatives (AR) of their local Healthwatch (e.g. Healthwatch Portsmouth – 'HWP'). Enter and View is a Statutory power under The Health and Social Care Act 2012 and enables AR to:

- observe care services in practice
- talk to patients, their families, and carers

- learn about services from the perspective of people who experience the service first-hand.

Enter and View visits normally take place within the Local Authority area of the particular Local Healthwatch but **must be** operated or funded by NHS or Social Care. Examples of premises locations include hospitals, residential homes, GP practices, dental surgeries, optometrists, and pharmacies etc.

The core purposes of Enter and View are:

- providing independent feedback to service providers
- informing people about standards in local health and social care, and what is being done to raise the quality of care.

2.1 Purposes of our visit

1. To understand how the Summerlee Unit plans and delivers successful rehabilitation outcomes for patients assessed as needing in-patient, step-down (from hospital) or step-up care (from home)
2. To hear from patients, carers and family members about their experiences of Summerlee, during patients' rehabilitation journeys
3. We wished to learn about the Trust's plans for public and patient engagement on its planned service changes affecting Summerlee; and gather patient and family feedback about these.

2.2 Strategic drivers

HWP has a core, statutory role in providing feedback to service providers, and to highlight issues, gaps and other concerns about quality and standards in NHS care in the city. Our decision to select the Summerlee Unit In-patient Rehabilitation Service reflects:

A - Fit for the Future: 10 Year Health Plan for England[1]

At its core, the 10 Year Plan requires '3 big shifts' in how the NHS works:

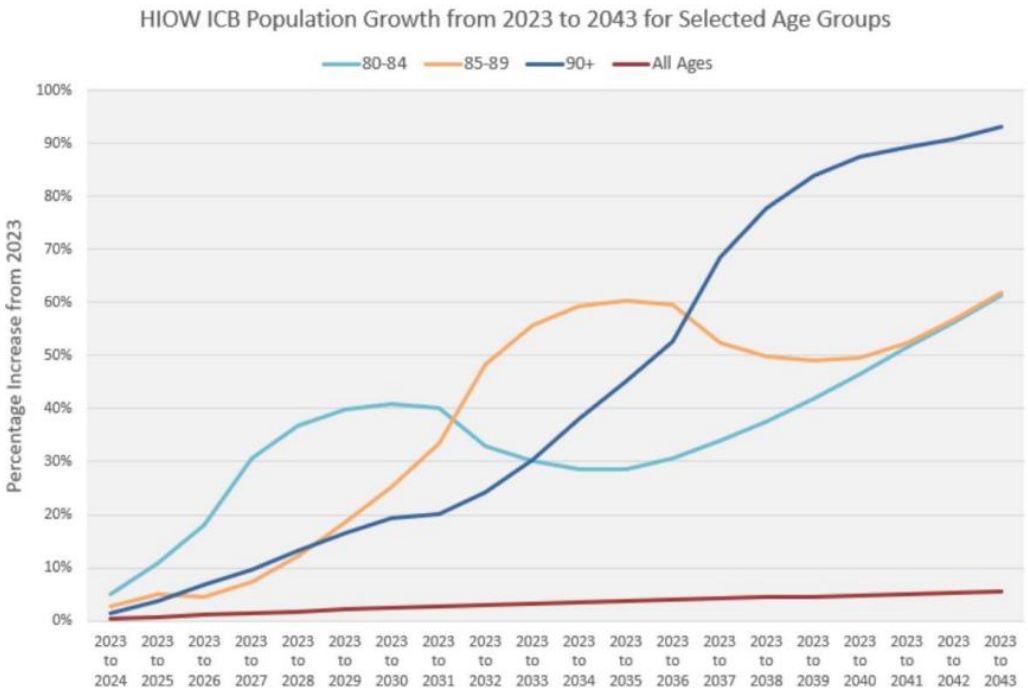
1. **from hospital to community**: more care will be available on people's doorsteps and in their homes
2. **from analogue to digital**: new technology will liberate staff from admin and allow people to manage their care as easily as they bank or shop online
3. **from sickness to prevention**: we'll reach patients earlier and make the healthy choice the easy choice

Shifting rehabilitation care from Summerlee ward and providing support to patients at home following discharge from acute care appears to fit squarely with the future NHS direction of travel. Successful outcomes which reduce risk of re-admission should address wider, community-based prevention as part of patients' rehabilitation journeys.

[1] 10 Year Health Plan for England: fit for the future - GOV.UK

B – A Commissioning Focus on Frailty

Based on population health data and aging trends, NHS Hampshire & IoW - Integrated Care Board – (ICB) has identified and committed to a system wide, shared focus on frailty, with aging populations projected to grow significantly within the 80 – 90+ age range up to 2043 and beyond.



The ICB's plans involve enhancing recovery outcomes following a crisis or hospital admission through expanded workforce (therapy) capacity. Timely interventions together with proportionate onward care will be supported through community-based rehab and recovery and system wide training to scale up existing services.

It has developed proposals in partnership with The Trust to increase capacity to support more people with physical rehabilitation needs in their own home, thereby preventing the need for further, unnecessary hospital stays, and in line with evidence and best practice.

These proposals will be achieved by shifting some resources from hospital inpatient wards to strengthen 'hospital at home services' in the community (provided by the Community Rehab Service - CRS). Hospital-based rehabilitation will continue to be available for those people requiring in-patient care. To meet future demand, the Trust considers the right 'in-bed' capacity in Portsmouth requires retaining 20 in-patient beds at the Summerlee Unit. The service previously operated with 40 beds (including 10 surge capacity beds) although surge funding ceased in March 25. Current capacity is 30 beds.

Together, the ICB and the Trust these proposed changes will help deliver the NHS 10 Year Plan.

C - HIOW Healthcare NHS Foundation Trust Strategy 2025 – 2030

Elements of the Trust's Strategy that relate directly to, and are supportive of best practice in rehabilitative care:

Aim 2: Delivering Outstanding care

- **A shift from hospital to community care through the delivery of neighbourhood models and closer integration of physical and mental health interventions.**

Providing 'right care, right place, right time, right professional' to improve flow through healthcare services through 'person-centred care – "we will deliver compassionate, empathetic, personalised care".

The Strategy document cites a patient's feedback: "I want to be involved in decisions about my care."[2]

- Less avoidable ambulance conveyances and inappropriate admissions to inpatient beds with patients cared for in the most appropriate setting.

The Trust's Strategic Framework states that "Partnership is fundamental to success" and "Achieving what truly matters most to people will only be possible by working together".

2.3 Methodology

This visit was a pre-announced visit following informal (email) and subsequent formal notification of HWP's intention to undertake this Enter and View visit. It was planned and facilitated in collaboration between HWP (Jonathan Crutchfield) and members of the Trust's operational team.

- Current Enter and View Healthwatch England Guidance (2023) informed our visit plan and documentation using an Enter and View visit plan template.
- Initial contact (via email) explained our visit plan and a request to meet and discuss was made in late July. This took place in mid-August.
- A formal letter to confirm details was sent to the Trust on 26 August by email.
- We planned a two hour visit on 12th September, but the date was postponed until 30 September.
- Due to concerns about the future of Summerlee (see Section 2.4) it was appropriate to hear from more patients and family members than would be possible from a two-hour visit. A short (paper only) survey was prepared.
- The Summerlee team were responsive and helpful in facilitating our visit.
- Agreement by Trust and Service managers to support our survey was obtained.
- Large, laminated posters, information about Healthwatch Portsmouth and our visit, as well as survey forms were delivered to the ward on Friday 19th September (completed forms to be collected on Friday 3rd October) using a lockable post-box which was provided to hold completed returns.

[2] Our strategy: strategic aims 2025-2030 :: Hampshire and Isle of Wight NHS Foundation Trust

- We sought 'dashboard' level data about the service. We received a range of performance information which provided an advance understanding of the service in terms of referrals/demand, scale, throughput/discharges.
- We sought examples of paper and online information provided by the Trust that helps patients (and family members) to know what the service at Summerlee involves, what happens along a rehab journey, and ideally, how patients (and family) play an active part in planning and achieving positive homeward outcomes.
- The HWP visit team consisted of three Authorised Representatives including two volunteers (Roger Batterbury and Jan Dixon) and Jonathan Crutchfield, HWP Senior Engagement Officer. A fourth AR withdrew due to personal health reasons.
- A pre-visit planning discussion led to the visiting team sharing a good understanding of our objectives and individual team member roles.
- A post visit de-brief took place immediately following the visit. Each team member prepared notes of observations and events during the visit and used to prepare this report.

2.4 Portsmouth context

Public Scrutiny and Concern

Prior to our decision to visit Summerlee, Portsmouth (City Council) Health Overview and Scrutiny Panel received a report from NHS Hampshire and IoW (with an update from the Trust) dated 30 May 2025 at its June 2025 meeting. This described ICB proposals (confirmed by the Trust) to test the re-provision of 10 rehabilitation in-patient beds at Summerlee Unit during June. After a "full evaluation of the impact", and if successful, further re-provision will be considered. An update to be provided to the HOSP in November.

During August HWP was made aware of public opposition to changes in Summerlee provision through a public "Petition · Stop closure of ward at Summerlee Unit in Portsmouth - United Kingdom · Change.org". At that time, it had attracted 1262 verified signatures.

2.5 Environment

External areas

Summerlee is located on the first floor within Harry Sotnick House. There is a drive in entrance located at the front by the corner junction of Cranleigh Avenue and Fourth Street.

Harry Sotnick House is operated by Portsmouth City Council to provide residential care. Summerlee is separately operated by the Trust.

Summerlee has a clear sign in NHS branding on the front of the building close to the main entrance to Harry Sotnick House.

Car parking

Although there is a designated car park, spaces are limited (17 spaces; 2 disabled bays plus dedicated ambulance parking). The car park was already full at the time of our arrival. Free, part-day on-street parking is available close. This is restricted to those with resident parking permits during a period of the afternoon which coincides with Summerlee visiting hours.

2.6 Internal etting - Harry Sotnick House Reception

A staffed reception desk is located in the entrance to the building. Summerlee is accessed via a lift to the first floor.

2.7 Entrance and Summerlee Reception

Entrance to Summerlee is through a glazed, double door which locked to ensure safety. Visitor access involves an entrance buzzer and internal door release which leads into the reception area.
2.7 Summerlee Reception

The reception area is located centrally and connects the two wards. A centrally located, glazed octagonal light tunnel, reflects daylight upwards from the ground floor.

We were pleased to see Healthwatch A3 size laminated posters about our visit had been posted in a visible location on the side of the glass 'light tunnel'.

Light tunnel in centre of reception area

The reception area is air conditioned, providing a staffed reception desk (staffed until 20:00 each day), a seated waiting area (two visitor chairs), and has access points leading off to **Fort Nelson Ward**, **Fort Cumberland Ward**, a management office accommodating doctors and pharmacists, a Multi-Disciplinary-Team base and a utility room/space.

A central reception connects all parts of the unit

A variety of notice boards provide information for staff and visitors, and white boards display the names of staff on-shift for each ward.

HWP's survey post-box was visibly located on the reception desk.

Arrival

Upon arrival we were promptly met and welcomed by Jane Salter (Ward Manager – Nelson Ward) and Carlie Barber (Clinical Matron). We were asked to sign the 'signing in / out book' before being taken onto Nelson Ward and into a staff area to the Multi Faith Room, a patient bedroom, now used for meetings.

2.8 Introductory discussion

Jane and Carlie's time with us throughout our two-hour visit ensured a good, unrushed opportunity to hear about the service, ask questions, and engage in frank discussion. Carlie's responsibilities include Summerlee and Spinnaker Ward at St Marys (Community) Hospital plus a 'community care at home' team). Jane is Ward Manager for Nelson Ward.

After introductions we explained the background to Enter and View visiting and thanked staff for facilitating both our visit and patient / family survey on the unit.

With significant changes affecting inpatient care in Summerlee planned, it was important to acknowledge personal stress impacts and uncertainties among staff

that major organisational changes carry. Transferring these concerns can easily be communicated intentionally and inadvertently between staff and patients.

2.9 What is Summerlee?

Summerlee is an in-patient unit providing rehabilitation and reablement care and Assessment service. Although it is a Hampshire & Isle of Wight Trust service within the south-eastern division, it predominantly serves people in Portsmouth.

Referrals and patient numbers

The majority of patients are referred by Portsmouth Hospitals University Trust (PHUT) having been assessed prior to discharge as suitable for either short-term, in-patient rehabilitation care (step-down) or a period of further functional assessment known as 'Discharge to Assess' (D2A). At the time of our visit, 24 out of 30 patients were receiving 'step-down' care.

A minority of patients (no fixed number) receive 'step-up' care having been referred either through the Trust's Community Nursing Team or by the patient's GP as requiring preventative care to support 'hospital avoidance'.

Patient Care Planning

We asked about ways that patients are involved in their personal care planning. We learned that "upon arrival patients are made comfortable in their room when their observations are taken. Patients can contribute to their care plan". No information was given as to how patients contribute to their care plan during their stay. **[See Provider's Comment 1 in Section 3]**

Care plans are held electronically by the Trust and changes in a patient's observations are updated on their personal health record. Staff have secure access to each patient's care record. Due to the Trust's Data Protection Policy, patients are unable to access their care plan. Patient access can only be given via a Subject Access Request which is a data governance procedure under the Data Protection Act.

Discharge planning meetings are arranged with handwritten notes. Patients may be offered a copy.

A key purpose for our visit which was explained in our initial letter was to understand how the Summerlee Unit plans and delivers successful rehabilitation outcomes.

We were disappointed not to be shown examples of anonymized patient care plans. From this visit, we are unclear what Summerlee Care plans consist of; how personal objectives and goals are set out; how patients can meaningfully contribute to these; how, and by whom patients are to be supported to achieve priority goals under personalized care planning methodology. **[See Provider's Comment 2 in Section 3]**

We were concerned that this may not adhere to the six core principles in personalised care planning[3], and in this context, the first principles:

(1) care and support is person-centred: personalised, coordinated, and empowering and
(2) services are created in partnership with citizens and communities

Without evidence-based justification otherwise, any best practice limitations in personalized care planning methods, together with patients' inability to view or contribute to their care plan, points to power imbalances in 'patient/professional' relationships. This does not appear consistent with "person-centred, compassionate, empathetic, personalised care".

Recommendation 1:

We believe that care planning methods and practices in Summerlee could align to the six principles of Person-Centred Care Planning as part of Trust workforce training plans.

Communications with family members

We heard that a weekly 'relative's clinic' consisting of an initial phone call to provide details of visiting times (could have been included in written information) and contact arrangements (either weekly or monthly) with staff confirmed. Family members do not take part in MDT meetings.

HWP is aware of legal and safeguarding complexities that the Trust would need to address regarding its communications with members of a patient's family. Nonetheless we would urge the Trust to consider how it might communicate with relatives of patients (subject to patient consent) because we believe that including named / key family members would have benefits for patients. **[See Provider's Comment 3 in Section 3]**

Additionally, with collaborative discharge planning we believe this could improve post-discharge outcomes.

Recommendation 2:

We would urge the Trust to consider how it might communicate with relatives of patients (subject to patient consent).

In-patient surge capacity

Prior to May 2025, Summerlee provided a total capacity of 40 beds, of which 10 were funded by NHS Hampshire and Isle of Wight (ICB) to provide 'surge capacity' which was used extensively during the Covid pandemic. Surge funding was withdrawn by the ICB in May. Overall capacity on Summerlee was reduced as a result to 30 beds. No reductions in core staffing were made although each ward reduced bed numbers from 20 to 15.

[3] The six principles of Person-Centred Care Planning: produced by the People and Communities Board working with the New Models of Care Vanguard Sites (Person-centred care | NHS England | Workforce, training and education).

2.10 Service and workforce changes

In addition to the loss of surge capacity beds during 2025-6, The Trust plans to reduce substantive in-patient capacity on Summerlee by 10 beds. Overall capacity will therefore reduce to 20 beds to be managed on Fort Nelson ward because a larger number of essential facilities are located there rather than in Fort Cumberland.

The change in service design and capacity will see new posts created in the Trust's Community Rehab Service ('CRS'). Funding resources will transfer from in-patient care to 'rehabilitation at home', supporting 20 patients in the community.

Despite plans to reduce in-patient capacity, all staff posts at the time of our visit were full. No vacancies were expected at this time. It was reassuring to hear Carlie and Jane talking proudly, despite reductions in the future team at Summerlee, about the 'strong passion' among all staff who share an ethos of believing in professional excellence and in-patient care. While many staff express a wish to remain at Summerlee, others view change as an opportunity for personal and professional development.

2.11 Public Communication about plans affecting Portsmouth Community Rehab services including Summerlee

Several months prior to our Enter & View visit, announcements affecting Summerlee's future in-patient rehabilitation service had triggered public scrutiny and opposition.

1. At the June 2025 meeting of the Portsmouth Health Overview Scrutiny Panel (HOSP) a paper was presented about proposed reductions in capacity at Summerlee which would be matched by using the resource to increase home based rehab through the Community Rehab Service (CRS). HOSP wishes to receive an update on Summerlee changes at its November Panel.

2. Public opposition to changes at Summerlee had received over 1,200 signatures through www.change.org at the time of our visit but it appeared public perceptions were partially based on a belief that Summerlee would be closed altogether.

We arranged to discuss and consult on our approach with the Trust's Communications and Engagement Team prior to our visit. We had previously learned from operational managers that they were unaware of any public information or engagement about changes affecting Summerlee. As a result of our meeting the Trust published its Portsmouth plans, giving reasons and assurance through its website and engagement events.

In the absence of any public or patient engagement to date, HWP felt it important to hear from both patients and family members about the intended changes affecting Summerlee.

Unusually, our Enter & View visit was extended to include an opportunity to hear from patients and family members about their experiences of the service and their reflections had in-patient rehabilitation at Summerlee not been available to them. Accordingly, we prepared a questionnaire with results discussed in **section 2.16** of this report.

2.12 Information provided for patients

Prior to our visit we had asked for examples of written information about Summerlee but were disappointed to learn that none was available.

Carlie explained that producing information (written and online) has been designated as a Quality Improvement (QI) project within the Trust. (**Emailed details from Carlie Barber – see Appendix 2**)

The action follows a priority recommendation made by HWP in its Enter and View visit report on the Spinnaker Ward service (provided in partnership between the Trust and Portsmouth City Council) in June 2023. Production of this has been delayed. Patient information remains unavailable.

The Trust's strategy says "Achieving what truly matters most to people will only be possible by working together"[4]. HWP wholeheartedly agrees with this view because the importance of up-to-date, clear, and accessible service information co-designed with prospective patients, patients, and family members in mind is a fundamental building block of person-centred care.

We reiterate our 2023 recommendation[5] made at that time to Solent NHS Trust but with renewed urgency to the Trust. This is central in fulfilling its strategic aim of "Delivering Outstanding Care', ensuring continuous improvements in person-centred, integrated care".

Recommendation 3:

As a minimum we recommend that written and accessible patient information in hard copy and online channels which provides details for patients and their families in different and accessible formats covering:

- **Summerlee's aims - how it works to achieve these**
- **'Who's who' – pictorial information explaining different staff roles, uniforms and what they do**
- **Examples of patient journeys**
- **How person-centred care works in practice on the ward with inclusion of patients in their care and discharge planning**
- **Practical steps when preparing patients' discharge**
- **Information on post discharge support**
- **How to get further information; express worries and concerns**

[4] Our strategy: strategic aims 2025-2030 :: Hampshire and Isle of Wight NHS Foundation Trust

[5] Spinnaker Rehab Ward St Mary's Enter and View Report 28 June 2023 (5).pdf

2.13 Ward Walk through

We were escorted around each ward by Carlie and Jane, providing opportunities to observe, listen and question.

Nursing rotas are managed and organised separately on each ward. Each patient bedroom had a laminated sign advising the named Staff Nurse (or Senior Staff nurse) responsible for that room.

Both wards were clean with a fresh smell throughout.

Patient's rooms

All patient rooms are single occupancy with ensuite shower and toilets. Each room is bright, spacious and airy with large windows. Equipment includes emergency communication pull chords, standard adjustable 'hospital' beds, chair (plus one visitor chair), re-sus supply/wall points, TV, storage for personal belongings, and patient information notice boards for staff reference.

Nurses Station

Each Ward has a nurses' station, located strategically in corridor areas to ensure easy visual monitoring. In addition, a falls monitoring system and alert system connects each room to the nurses' station as well as the mobile phones of Health Care Support Workers. There is a range of noticeboards with effective placement of information in corridors.

Rehab and training facilities

Several large rooms (mainly on Fort Cumberland) provide specialist training and reablement equipment including

- Physiotherapy (with a range of reablement equipment)
- Communal dining and sitting room space
- Activities with equipment including large TV screen; a wide selection of DVDs, books etc.
- A training kitchen (Occupational Therapy). Kitchen work tops were at a fixed height.
- Clocks on the walls of rooms were not dementia friendly

Staff side-office facilities

Smaller, side rooms on Nelson provide staff offices with facilities for

- clinical staff to update patient records
- social work
- MDT meeting space

Ward Rounds

These take the form of Multi-Disciplinary Team (MDT) meetings. The Nelson MDT occurs on a Tuesday morning (during the time of our visit) and Cumberland's on a Wednesday afternoon.

Patient Activities

Day rooms serve multiple uses with furniture arranged to suit organised and informal patient activities. The day room on Nelson Ward had a number of chairs arranged (for an exercise group) placed around the outside of the room but if it were to be a social space, the arrangement of chairs had an institutional and unwelcoming feel. DVDs, books and a collection of puzzles were partially hidden and located behind large and heavy chairs. **[See Provider's Comment 4 in Section 3]**

Meals may be eaten communally in the day room but due to the timing of our visit we could not know if this is a preferred option to eating inpatients' own rooms.

In both Day Rooms, we saw items of furniture and furnishings which had a clear purpose, but others seemed either out of place or superfluous and unused (e.g. each had a faux fireplace).

One room hosts a regular film club but the poster advertising the next film was blank. A singing group called "Tea for Two" occurs on both wards although we saw nothing to advertise this.

Summerlee does not have an activities budget. This could support a range of regular, varied, and useful activities as part of rehabilitation and crucially, pay for a skilled Activities Co-Ordinator. Well planned activities that enrich and stimulate motivation, social and mental reablement. No explanations for this were given to us. We suggest this is important gap for anyone spending four to six weeks as an inpatient following discharge from acute hospital care.

Recommendation 4:

Within the service reorganisation we recommend that funding is identified to provide organised and coordinated activities as part of the in-patient rehab experience and journey.

2.14 Meeting patients

During our visit, we were told that one patient on each ward had specifically asked to talk privately with us.

Patient 1.

'J' had been a patient for approximately 2 weeks and was expecting to go home very soon. He had not been provided with any information about Summerlee before arriving there. He'd had "very good care", "good food and a supply of coffee/water". At night he is disturbed by noise from other patients but doesn't complain as he accepts it's his choice whether or not to shut his door. At 9 o'clock(ish) he has his last meds and then uses his tablet to watch i-player. He feels confident about returning home because of his stay on Summerlee saying, "the physios were wonderful". He lives with his wife who he thinks would not have coped with him going home direct from QAH, even if rehab at home were provided but he would have "felt nervous about going home straight after (knee) surgery".

Through 'word of mouth' (not directly from a member of staff) J knew about the planned closure of one of Summerlee's wards. He disagrees with any reduction in

service and believes in the need to maintain inpatient rehabilitation at Summerlee at the current level.

Patient 2

'S' is 91 years old and lives with her husband aged 92. She thought she'd been a patient for a few weeks (unsure exactly) and didn't know when she's going home. She was not given any written information about Summerlee when in acute hospital. She said she was very happy at Summerlee and that the staff were wonderful. She has used the gym to help regain walking ability. Had she been discharged home from QAH she would not have been confident that home-based rehab staff would have been there when she needed them. "It wouldn't have suited me". My home is "too small for people to visit give me physiotherapy".

While in S's room we noticed that a Risk Assessment Form on the wall was not filled in. When asked about this, Carlie said these were new forms that were only put up on the previous Friday.

2.15 Performance Data

Data tables showing Summerlee's activity levels during the year August 2024 – September 25 was helpfully shared prior to our visit, giving an opportunity to understand the success (value) provided through in-patient rehabilitation.

A summary table is included in Appendix 1.

Summerlee had a total of 310 admissions and 317 discharges across all bed types over the year.

A majority (49.8%) of patients discharged returned to their usual place of residence either with a Package of Care (47) and/or needed further rehabilitation in the community through the CRS (58).

Unfortunately, we did not see evidence of post-discharge outcomes. We had hoped to learn more about longer term patient outcomes for those returning to live in the community.

We note that about a quarter (26%) of patients were escalated to acute hospital care when discharged from Summerlee.

2.16 HWP patient and family survey

Our survey questionnaire (**Appendix 3A**) was simple in design, asking patients (or family members) just seven questions to cover their experiences and reflections about rehab at home. We provided space for free text where respondents wished to expand their feedback (**Free text responses: Appendix 3B).** To promote our survey on the Unit, an information leaflet to staff was provided in which we asked for their cooperation in circulating it and making the 'return' process easy to collect completed questionnaires (**Appendix 3C**).

The questionnaire was completed by 13 respondents, of which 10 were patients and three, family members. The average length of stay at the time of our visit was 28 days. All patients live in postcodes PO1 – PO6.

Three people have been in-patients on Summerlee before. 12 patients were receiving 'step down' rehab after acute care (QAH); 1 patient was admitted from home (step-up).

Main findings

69% of responses were positive about their experience of Summerlee; 77% were feeling listened to about concerns before discharge; 62% stated they had not received written information on matters affecting them (care plans; daily life on the Ward). Of those who felt they had been given 'enough' information it is unclear what information was given and if this was in writing.

Three people mentioned specific changes that could have been handled better by staff with two stating that nothing could have been handled better.

With regards planned changes to the in-bed rehab service, the survey suggests that patients and family members who responded strongly support the value of in-patient rehab. 62% (n=9) expressed concerns about the suitability of 'rehab at home'. Some patients gave practical reasons why, in their view, this would have been inappropriate.

One comment highlighted several problems encountered in (a) being referred to and accepted by Summerlee and since admission, (b) a "total" lack of communications by Summerlee staff with the NOK about progress and discharge plans.

Recommendation 5:

From patient feedback in our survey, and to help reduce risk to patients' health (including re-admission to hospital), we suggest rehabilitation in the community should include home assessments when considering suitability for successful home-based rehab.

3 - Summary

The timing of our visit follows the introduction of significant national and local strategic changes in NHS services. These have a direct link to Commissioner and Trust's plans affecting the future direction of rehabilitation services, reducing in-patient care in units such as Summerlee while increasing delivery in the community.

Summerlee is part of a major local system resource, supporting hospital discharges from acute wards at Portsmouth Hospitals University Trust's Queen Alexandra Hospital and additionally, intervening to prevent patients in the community being admitted or readmitted to acute care should their health deteriorate.

The timing of our visit took place during a sensitive period of change for staff who have been made aware that reductions in bed capacity will lead to reductions in staffing on Summerlee as well as new opportunities to join the Community Rehab Service.

Unusually, this was an extended Enter & View visit because we took the opportunity to invite feedback from a larger selection of patients than would be possible during a two hour visit on site.

In addition, we wanted to understand if the Trus could provide insights into post-discharge outcomes. We asked to view 'dashboard' level data about Summerlee's performance.

Our visit included four distinct purposes.

1. To learn from staff how in their view, Summerlee plans and delivers successful rehabilitation outcomes for patients
2. In the service, to view, observe, listen, and hear from patients about their experiences of care and treatment as well as any concerns they have about the service.
3. To learn about the Trust's public communication and engagement plans for service changes, hearing patients' and family members' views on receiving rehab care at home.

We learned from senior staff about many very positive aspects of the service with evidence of a well organised service and examples of excellent practice. We spoke privately with two patients who spoke highly about the service.

Our survey confirms a high level of positive feedback from patients (and family members) about the quality of the service on Summerlee but, 62% of respondents expressed concerns about the suitability and likely success had they been discharged home to be rehabilitated and achieve sustainable functional independence.

We identified four recommends for review and action by The Trust:

1. Care Planning
2. Patient information about the service
3. Organised and coordinated patient activities
4. Home based assessments

4 - Recommendations

Recommendation 1:

We believe that care planning methods and practices in Summerlee could align to the six principles of Person-Centred Care Planning as part of Trust workforce training plans. **See Provider's Comment 5 in Section 3**

Recommendation 2:

We would urge the Trust to consider how it might communicate with relatives of patients (subject to patient consent).

Recommendation 3:

As a minimum we recommend that written and accessible patient information in hard copy and online channels which provides details for patients and their families in different and accessible formats covering:

- Summerlee's aims - how it works to achieve these
- 'Who's who' – pictorial information explaining different staff roles, uniforms and what they do
- Examples of patient journeys
- How person-centred care works in practice on the ward with inclusion of patients in their care and discharge planning
- Practical steps when preparing patients' discharge
- Information on post discharge support
- How to get further information; express worries and concerns

Recommendation 4

Within the service reorganisation we recommend that funding is identified to provide organised and coordinated activities as part of the in-patient rehab experience and journey.

Recommendation 5

From patient feedback in our survey, and to help reduce risk to patients' health (including re-admission to hospital), we suggest rehabilitation in the community should include home assessments when considering suitability for successful home-based rehab.

5 - Appendices

Appendix 1

Summerlee Summary Operational Report Aug 2024 – Sept 2025

Summerlee Summary Operational Report (Aug 2024 - Sept 2025)	Total	Monthly Range	
Escalations, Delays & Bed Days Lost			
Number of Escalations to QA	111	5	18
Admissions			
Number of Admissions	310	19	35
Number NOT Accepted	133	0	21
Discharges			
Discharges (all Beds)	317	20	35
Discharges from D2A bed	122	2	17
Discharges from Rehab bed	108	1	15
Discharges from Flex bed	9	0	3
Discharges Destination			
Home / Usual place of residence	158	5	21
Care/Residential Home	40	2	5
Nursing Home	21	0	5
Other	1	0	1
QA	82	2	14
Discharged With			
POC	47	1	8
CRS	58	2	7
NH	18	0	3

Source: Hampshire and Isle of Wight Healthcare NHS Foundation Trust

Appendix 2

Email from Carlie Barber, Clinical Matron: Summerlee patient leaflet (18.09.2025)

I have had your email passed on regarding the information around the ward leaflet and lack of progress with this. I wanted to offer some more context to how this has been moving along. When I came into post in March 2024, I was made aware of the recommendation, and we moved forward with registering as a formal quality improvement project. Monthly meetings have been held with the direct MDT, health watch have been invited, communications team and patient advocacy.

These meetings initially were well attended, and we managed to draw up drafts, and we had a lot of ideas. We also began surveying to see what patients would like to see in the leaflet. This was then put on hold with the delay of fusion and coming out the other end of that and understanding how we standardise across HIOW. We then picked up the group again. And now find us in a predicament since May when initial bed closures happened, and now we have consultation ongoing with staff.

Although I don't want to give a list of excuses, I think it's important to clarify we have been trying to do this properly rather than having to change anything we develop. I understand there could be concerns around the lack of traction however it does remain on our radar we just need to know the service we are developing this for as a result of consultation now. And we will endeavour to pick this back up ASAP hopefully with only a few minor tweaks and we will see this developed quickly.

Appendix 3A – Patient / Family

Questionnaire

1. About you	**Please tick…**
I am a patient on the Summerlee Ward. OR I am next of kin, or a family member, or friend of a patient on Summerlee Ward.	Yes / No Next of kin Family member Friend
How long has your stay been on Summerlee Ward?	Since __ / __ / _____
Home many times have you stayed on Summerlee Ward?	One Two Three (or more)
Were you in hospital immediately before coming to Summerlee Ward?	Yes / No
2. Staying on Summerlee Ward	
Did you agree that transferring to Summerlee Ward would be the best way to regain your independence and confidence?	No I felt unsure Yes
How confident would you have been about going straight home instead of staying on Summerlee Ward?	Not at all A little A lot
Do you consider you've been involved in your rehab care plan at Summerlee?	Not at all A little Enough involvement
Have you been given **written information** on things that affect you such as your care plan or daily life on the Ward?	None A little Enough
Do you feel staff have listened to your concerns about going back home?	I am worried OK I am happy
What could have been handled better by staff?	

Would you agree your rehab could have been just as successful with a trained team visiting and supporting you at home?	If not, why?
Free Text Space	

Appendix 3B Patients and Family Survey - Results

Q1 "Did you agree that transferring to Summerlee Ward would be the best way to regain your independence and confidence?"	13 patients agree	100%	
Q2 How confident would you have been about going straight home instead of staying on Summerlee Ward **See Provider's Comment 6 in Section 3**	12 said "not at all"	92%	
Q3 Have you been involved in your rehab care plan at Summerlee?	62% said it had been "enough"	15% said "a little"	15% said "not at all"
Q4 Have you been given written information on things that affect you such as your care plan or daily life on the Ward?	62% said "None"	31% said "enough"	
Q5 Do you feel staff have listened to your concerns about going back home?	77% are happy to go home	23% are "worried"	
Q6 What could have been handled better by staff for your discharge?	5 people commented (see below)		
Q7 Would you agree your rehab could have been just as successful if a trained team visited and supported you at home? Comments below:	62% said "no"	23% said "yes"	1 person (8%) was "unclear"

Patients' Comments:

"What could have been handled better by staff for your discharge":

"More regular physiotherapy"

"My walking"

"Date for discharge"

"Nothing – 2"

Would you agree your rehab could have been just as successful if a trained team visited and supported you at home?

"Because a regular set programme with same team gave me so much confidence and encouragement with back up staff available"

"Not possible in a studio flat"

"Here, my questions can be answered immediately. This would be impossible with a team visiting infrequently"

"No, they might not do the same things as here."

"In Rehab (ward) help is available 24/7. This would not be possible at home"

"No. Without the daily physio and help I don't think I would have progressed as well as I have"

"Yes" (3)

"Not enough time allowed. Care outside can't cope"

"I wouldn't feel confident left on my own"

"Needed immediate intense rehab, and home environment very unsuitable"

Other comments:

"I have had friends who benefitted from the excellent care given them. I knew it would be hard work completing the course, but I went and need to get well to be able to walk again, to be independent, to know that the care and love given by the staff here would help me achieve that goal. I have the highest praise from all grades and departments and my gift to them would be to walk out and get home and prove that this unit deserves to stay open and continue their excellent work."

"Very comfortable; fantastic stay; friendly and professional from domestic to physios"

"As on previous occasions I feel that my stay in Summerlee has helped my recovery"

"My stay here has been very good. All staff very attentive and caring. Food was good. Physio very good. Helped big time. Overall, a good experience."

"I've enjoyed my time on the ward. The staff has all been friendly"

"They have all looked after X very well. I've no complaints and I would recommend it to everyone who needed help."

"My mum broke her hip and received a hip replacement two days later. She was discharged after two weeks. I requested rehab straight away but was told she wasn't bad enough and would receive rehab at home. However, home rehab did not start for a further week, by which time she'd had two more falls and two more visits to A&E. After this it was recommended by the Physio she should go to rehab. However, she was initially declined a place on the grounds she was not using her equipment properly. She had not been trained to use it properly. After I appealed, she was given a place at Summerlee, which was a great relief to the family.

Since she's been there, I have only been kept up to date of mum's progress by mum herself, I have received no calls at all from Summerlee, and after a week and a half, I'm still waiting to hear from a social worker with plans for the future. The family, and mum herself, are very concerned about her being discharged home. She still wants her independence, but in a secure, supported environment."

Appendix 3C - Information to Summerlee staff

As part of our planned visit to Summerlee (taking place on 30 September) we'd like to offer opportunities to patients and, where possible, next-of-kin and family members to tell us about their experiences of the Portsmouth in-patient rehab service.

While we would like to speak with people on the day of our visit, we realize that others may not be free to talk to us on the day but may wish to comment so we've devised a questionnaire.

We hope that it will be possible to promote our survey with copies displayed in prominent locations on the Ward. It may be completed at any time from now until 3rd October.

To reassure patients about their right to privacy, we have provided a lockable postbox for completed forms. We also ask for this to located in a prominent and visible location and will arrange to collect it by 3rd October.

Analysis of responses will be reported as part of our Enter and View Report.

Section 3: Service Provider's Response to this report

Service Provider responses were received within 30 days from receipt of this report.

Major Provider Comments:

Page 10: Provider's Comment 1 "We did discuss how we support patients to be apart of care planning throughout admission. We will always discuss any changes and ask for patient contribution".

Page 10: Provider's Comment 2 "Apologies unaware this was requested we are able to share blank care plans upon request".

Page 11: Provider's Comment 3 **"**All information is shared with NOK for those who wish and can consent. We also make these decisions in best interests where appropriate. We would not invite to MDT as disclosing information regarding all patients is shared during this time breaching confidentiality. We have family meeting, discharge planning meeting and best interest meeting and all other meeting concerning loved ones dependent on consent or appropriate best interest assessment".

Page 14: Provider's Comment 4 **"**Jane and Carlie had explained this was a movable room and chairs were regularly placed to support which activities had taken place. However did recognise when not being used for groups should be returned to a less formal position."

Page 18: Provider's Comment 5 **"**Happy to share ammonised care plan if requested"

Page 21: Provider's Comment 6 **"**confusing as the question reads as 92% would have been confident at returning home"

Minor corrections requested by the Service Provider

have been incorporated into the main body of this report.