



HEALTH AND COMMUNITIES OVERVIEW AND SCRUTINY
COMMITTEE: 3 JUNE 2026

REPORT OF HEALTHWATCH LEICESTER AND LEICESTERSHIRE

IMPROVING HOSPITAL DISCHARGE - WHAT PATIENTS AND
CARERS TOLD US

Purpose of report

1. The purpose of this report is to present Healthwatch Leicester and Leicestershire's findings from two pieces of work on hospital discharge:
 - Improving hospital discharge: what patients and carers told us report, capturing patient and carer experiences of recent discharge;
 - An Enter & View report following visits to community hospital discharge wards.
2. The report provides independent insight into what is working well and where further improvement is needed and sets out recommendations to support ongoing discharge and flow improvement across the system.
3. Hospital discharge remains a key system issue affecting patient experience, flow and health inequalities. The Health Overview and Scrutiny Committee is asked to maintain oversight of this work, noting the findings and supporting system partners to use the learning to inform ongoing improvement activity.

Recommendation

4. The Health Overview and Scrutiny Committee is asked to:
 - Note the findings and recommendations from Healthwatch Leicester and Leicestershire's hospital discharge work;
 - Support system partners to consider how the learning can inform ongoing discharge improvement, patient experience and inequality-reduction work;
 - Note that Healthwatch Leicester and Leicestershire will continue to gather patient and carer feedback to help assess progress over time.

Policy Framework and Previous Decision

5. The Health and Social Care Act 2012 introduced statutory duties on local authorities to deliver effective local Healthwatch services.
6. The main statutory functions of HWLL are set out below:

- a. Gather and share the views of members of the public who use health and social care services.
 - b. Influence the planning, commissioning, delivery, re-design and scrutiny of health and social care services.
 - c. Assess the standard of local health and care provision and make recommendations for improvement based on the views of service users.
 - d. Help people access and make choices about health and care services.
 - e. Is representative of local people, representing the diversity of the community it serves and different users of services in the way in which it exercises its functions.
 - f. Has powers to request information from commissioners and providers of health and social care and to enter health and social care premises, known as “Enter & View” visits.
 - g. Has a seat on Leicester City and Leicestershire County Health & Wellbeing Boards (HWBB).
 - h. Signposts people to information about local health and care services and how to access them.
 - i. Is able to alert Healthwatch England (HWE), or the Care Quality Commission (CQC) where appropriate, to specific care providers, health or social care matters.
 - j. Has a duty to produce an annual report on their activities and finance and send a copy of their annual reports to NHS England, relevant Integrated Care Systems (ICS) and HWE, among others specified in previous legislation.
7. These statutory functions underpin Healthwatch Leicester and Leicestershire’s role in gathering patient and carer insight on hospital discharge and presenting independent findings to system partners.

Background

8. HWLL undertook a research project on hospital discharge in October 2020 to follow up on visits to the discharge lounges at local hospitals in July 2019. There were interviews with 23 people between 29 October and 9 November 2020 to understand how the discharge process worked.
9. In 2025, Leicestershire County Council approached HWLL to look at gathering independent insights from patients and carers. The project was designed with the following objectives in mind:
 - Evaluate progress since 2020: Assess whether the key issues identified in the previous report have improved.
 - Collect qualitative and quantitative data from patients and carers about their recent hospital discharge experiences.
 - Include the voices of patients, carers and family members to ensure comprehensive insights.

- Present the patient's views of the discharge process and highlight areas for improvement.
- Provide actionable, evidence-based recommendations to health and social care providers.

Consultation/Patient and Public Involvement

Improving Hospital Discharge what patients and carers told us

10. This work involved consultation with patients and carers who had recent experience of hospital discharge. Engagement took place between March and August 2025 through surveys and direct discussions, ensuring patient and carer voices were central to the work.
11. In addition, Enter & View visits were conducted in four community hospital discharge wards in October – December 2025, involving conversations with patients and observations of ward environments and discharge processes.
12. The feedback gathered has directly informed the findings and recommendations in the published Healthwatch reports.

Key findings

13. The key findings are as follows:
 - 58% of respondents felt involved in discussions about their discharge.
 - 38% said they did not receive clear information about follow-up care, medication or support after leaving hospital.
 - 71% received a copy of their discharge summary, though some reported inaccuracies.
 - 60% were discharged within the timeframe they expected; medication delays were the most common cause of frustration.
 - Only 16% of carers were informed of their right to a Carers' Assessment.
 - Three-quarters (76%) of respondents felt ready to go home, though some described feeling unsupported once home.

What are the outcomes?

14. The consultation identified a range of positive experiences, particularly within community hospital discharge wards, including calm environments, strong multidisciplinary working and good patient satisfaction.
15. It also highlighted ongoing challenges, including communication gaps, medication delays, limited carer involvement and uncertainty about aftercare once home.

Next Steps

16. The findings and recommendations have been shared with Leicester Hospitals, Leicestershire Partnership NHS Trust, Local Authorities and relevant system partners to support ongoing discharge and flow improvement work.
17. Healthwatch Leicester and Leicestershire will continue to gather independent patient and carer feedback on hospital discharge, using future engagement activity and Enter & View visits where appropriate to assess whether improvements are being felt in practice and to identify any emerging issues.

Appendices

[Improving hospital discharge | Healthwatch Leicester and Leicestershire Discharge Wards Enter and View | Healthwatch Leicester and Leicestershire](#)

Officer to contact

Hardip Kaur Chohan

Director of Operations and Services

0116 257 5050

Hardip.c@valonline.org.uk

Relevant Impact Assessments

Equality Implications

18. VAL is committed to promoting equality and welcomes diversity in all aspects of its service delivery. We operate in a diverse community and our aim is to harness the talent within the community to help improve our service provision further. We understand that our services have to be delivered in a different way to meet the legitimate needs of different communities.
19. We are committed to preventing and eliminating discrimination, harassment and victimisation of any form, fostering good relations between all our people, advancing equality of opportunity for all and welcoming diversity.
20. We operate an Equality and Diversity Policy in service delivery and employment. VAL aims to provide appropriate service delivery to very diverse communities. VAL aims to recruit a staff and volunteer(s) team that reflects and is understanding of that diversity. This means that services have to be delivered in a different way to meet the legitimate needs of different communities. VAL

will ensure it will recruit to each project/post staff with the appropriate understanding and specific skills needed.

21. In pursuit of this diversity VAL will ensure that no job applicant, volunteer, employee, user of services or member is discriminated against directly, indirectly, by association or perception because of disability, gender (including gender reassignment), race, colour, nationality, ethnic or national origin, marital status or civil partnerships, responsibility for dependents, sexuality, pregnancy or maternity, age, trade union activity, political or religious, agnostic or atheist beliefs and (unrelated to the post) criminal convictions.
22. We will not tolerate any form of harassment or victimisation.

Human Rights Implications

23. There are no human rights implications arising from the recommendations in this report.

This page is intentionally left blank