Healtwatch Portsmouth and Healthwatch Hampshire Visit to Queen Alexandra Hospital Discharge Lounge

12th March 2026

healthwatch Hampshire

Contents

Executive Summary

A team from Healthwatch Portsmouth and Healthwatch Hampshire visited Queen Alexandra Hospital, Portsmouth to visit the Discharge Lounge on 12 March 2026. This visit followed on from the joint Healthwatch Emergency Department Walk-Through on 14th March 2025 (Emergency Department Walk Through). During the visit to the Discharge Lounge, the team met Becky Hartrick, Discharge Matron, and Sam Patterson, Discharge Nurse, and observed the environment, discussed how the service operates, and explored key aspects of the patient discharge experience.

Overall, the lounge appeared to be managed by an experienced team and there was clear evidence of strong coordination to support patient flow and discharge arrangements. At the same time, the visit identified a number of opportunities to improve the environment, patient information, accessibility, and the overall waiting experience.

Staff advised that the Discharge Lounge supports a **high volume of patients, with around 50 patients a day** passing through the service, and with wider discharge activity sometimes exceeding this when simpler discharges are included. The team described the service as variable and unpredictable from day to day, although the visit itself took place on what was described as a "fairly normal" day. Staff turnover was reported to be low, and the team appeared knowledgeable, professional, and compassionate.

Key points from the visit

Environment and layout

The Discharge Lounge is located away from the main hospital building in the Rehabilitation Centre and was not especially easy to find. The main seated area was spacious, clean and calm during the visit, with numbered chairs and a large patient status whiteboard used by staff to track progress towards discharge. There was also a smaller bedded room which could be used when patients needed to lie down or where greater privacy was required. **While the lounge was functional and well organised, the main room felt clinical, bare and at times potentially cold because of its size and high ceiling. There appeared to be a lack of materials such as magazines or books to help occupy patients while they were waiting to leave.**

Operations and discharge process

There was clear evidence that successful discharge relies on extensive coordination, and this appeared to be managed well by the team. Staff described planned discharge processes, escalation routes when issues arise, and close working with other teams. The lounge aims to discharge patients within a relatively short timeframe, and staff reported that **the average length of stay has reduced significantly over the past year, from around six hours to around three hours, through a series of smaller operational improvements**. The whiteboard system in the seated area appeared to be an important practical tool for tracking each patient's progress, including transport arrangements and whether tasks such as cannula removal had been completed.

Delays and practical risks: Although the overall process appeared well managed, staff identified **several recurring operational pressures**. These included delays in take-home medication and medication sometimes being sent to the ward rather than the Discharge Lounge. Healthwatch have been informed by the Portsmouth and SE Hants Hospital Admissions and Discharge Group that if a patient does arrive at the Discharge Lounge with a cannula in place it is straightforward for one of the clinical team to remove it so that this does not in itself lead to delays in discharge. It was noted that there is a risk of transport arriving before medication is ready, which can create additional costs, pressure, and affect efficiency and patient experience.

Patient experience while waiting

Healthwatch staff noted that the Discharge Lounge primarily functions as a holding area while final arrangements are completed, helping to free inpatient beds. However, **there appeared to be little provision to reduce boredom, uncertainty, or anxiety for patients while they wait.** The television was not in use, there were no magazines or books visible, and there was no clear information in the lounge explaining what patients should expect, what the Discharge Lounge is for, or how long they might be waiting. One patient spoken to during the visit reported feeling hungry and only received biscuits after some delay, **raising questions about whether food and drink was organised regularly during the day to support patients' wellbeing.**

Information and communication

Staff referred to the hospital information resource *Leaving Hospital – What You Need to Know*, which is available on the website. The visit raised several points about this information resource. **Healthwatch think it would be helpful for patients to receive it in printed form, ideally early in the discharge process, and in accessible formats including different languages where needed.** The wording could more clearly explain what

happens in the Discharge Lounge, where it is located, how long patients may wait, arrangements for discharge medication, and who patients can contact after leaving hospital.

Notes made by Healthwatch staff and volunteers on the visit also suggested that some parts of the current wording may need correction or clarification. Specific recommendations for these leaflets are shared below.

Accessibility and individual needs

The team asked specifically about support for people with sensory needs, mental health needs, and communication barriers. Staff advised that there is no dedicated quiet or low-stimulation area, although where capacity allows a bed space with curtains drawn can be used, or a chair can be placed in that area for greater privacy. **Healthwatch feel that the facilities in the Discharge Lounge may not fully meet the needs of patients who are distressed by noise or busy environments, including some autistic patients.** Staff confirmed that interpreter services, including BSL support, are available. There were also questions about whether printed information could be made available in different languages and formats.

Support at home and discharge planning

Staff explained that discharge planning seeks to align with care packages and home support wherever possible**.** Where immediate support is not available, efforts are made to ensure basic needs are met on arrival home, including meals, food packages, and support to settle in for the evening. Healthwatch noted from our conversations with the Discharge Lounge team that there was close working with discharge, transfer of care teams, and wider voluntary and community sector arrangements, which was seen as beneficial.

During system leader discussions we have been told that funding for additional and/or ongoing 'safe at home' type services provided through VCSE service contracts are difficult to achieve. A 'proof of concept' which is required before leaders will agree to divert enough funding from elsewhere in the system for a full service roll-out is, we are told, a big challenge. **Healthwatch would urge system leaders to fund pilot additional 'safe at home services' as it often represents a fraction of the full cost to the system and may show a sufficient 'proof of concept' that is scalable**. For example, Healthwatch would support the wider trialling of a pilot we've heard about on 2 wards in QA to provide a longer lead-in time for discharge planning (e.g. a '48 Hour Advance Referral Notice' being issued from ward to the Transfer of Care Hub which could help reduce

delays in the patient leaving the ward and freeing up bed space). We were told that risk assessments are completed before patients come to the Discharge Lounge, although staff can override a transfer if they feel there is a risk.

Food, drink, and dietary needs

Staff said that dietary requirements can be met when they are known in advance, and gluten-free biscuits were available. However, no cow's milk alternative was available on the day of the visit, which could impact patients awaiting discharge who are vegan and or lactose intolerant. **Combined with the patient feedback about hunger, this suggests that food and refreshment arrangements may benefit from review** to ensure patients waiting to go home are comfortable and their needs are met promptly.

Suggested improvements

The main opportunities for improvement Healthwatch feel are practical and achievable are centred on making the lounge easier to find, creating a more welcoming and less clinical environment, giving patients clearer information about what to expect, and improving comfort while they wait. There were also several points about strengthening accessibility and refining the written discharge information provided to patients.

- Improve signage and directions to the Discharge Lounge, including clearer wording in patient and visitor information about where it is located.
- Provide a printed patient leaflet given early in the discharge process in accessible formats and other languages.
- Explain more clearly for patients on arrival in the Discharge Lounge what happens in the Discharge Lounge, including likely waiting times, medication arrangements and post-discharge contact routes. Create a large poster of the content of p 11 in 'Leaving Hospital What You Need to Know' (Your discharge – What we will do).
- Create a more welcoming environment through pictures, warmer colours, plants, magazines, books and make better use of the television for patient information.
- Consider additional privacy measures, such as portable bay dividers, and review whether a more suitable low-stimulation space can be offered for people with sensory or mental health needs.
- Review food and drink provision, including offering regular access to refreshments and availability of cow's milk alternatives.
- Address recurring process issues such as delays in medication routing.

- Show visual information about staff roles so patients can identify who is who.
- Organise for hospital volunteers to support patients to be helped to food/drink.
- Fund pilot 'safe at home' VCSE contracts to provide a scalable 'proof of concept'.

Leaving Hospital – What You Need to Know

Our suggested improvements to the patient information are set out below:

- Make the information available as a printed leaflet, not just on the website.
- Provide the leaflet to inpatients on wards before discharge.
- Make the information available in other languages and accessible formats.
- P9, add Healthwatch Hampshire and Healthwatch Portsmouth contact details.
- P11, the section on discharge should explain where the Discharge Lounge is located and what patients should expect when they are moved there.
- P11 make a poster of the content and display in Discharge Lounge.
- The statement that patients will be provided with up to seven days of medication should be reviewed, as in some cases patients may receive 28 days' supply.
- The contact information on the back page should clarify up to how long after their discharge patients can contact the ward with concerns, for example during the first or second week after leaving hospital.

Healthwatch Portsmouth and Healthwatch Hampshire would like to thank the Queen Alexandra Hospital Discharge Lounge Team for their time when we visited to discuss the operational elements of the discharge service and their close working with the Transfer of Care Hub team.

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