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WALES

Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board



Freedom of Information Request: Our Reference CTMUHB_414_25

You asked:

Section 1: Hospital Admission and Discharge

a) How do you identify an unpaid carer who is admitted to hospital, and what support exists for the person(s) they care for throughout their admission to hospital?

On admission, carers are identified through the mandatory nursing Social Assessment, which records caring responsibilities. Based on this assessment, nursing staff take appropriate action, including working with the Local Authority and third sector organisations to ensure that support is in place. In some cases, where the admitted patient is themselves an elderly carer and the person they care for also attends hospital, staff undertake a risk assessment. If no safe alternative can be identified in partnership with the family and the Local Authority, the cared-for person may remain in hospital with their carer until safe discharge arrangements can be made. CTMUHB was recently commended for care delivered in such a situation, where a patient admitted to a Ward within CTM UHB, was supported to remain with his wife, for whom he was the primary carer, until safe discharge was achieved.

b) How do you make carers in hospital settings aware of what information exists to support them with their caring role?

Carers are made aware of available information and support through the admission process, patient information leaflets, and signposting to Local Authority and voluntary sector services. This will be further strengthened by the introduction of the Carers Passport and updated patient information leaflets, such as those covering falls, pressure ulcers, and deconditioning, which now include clear guidance for carers. The Carer Icon, currently in development for digital ward whiteboards, will also act as a visible prompt for staff to consistently recognise and involve carers.

c) When a carer is discharged from hospital, what processes are in place to ensure that the carer is asked whether they are willing and able to provide care?

As part of discharge planning, nursing staff are expected to ask carers whether they are willing and able to continue in their caring role. While this process is in place, the level of consistency across all sites and services varies, and CTMUHB acknowledges this as an area for ongoing improvement.

d) When a person who has an unpaid carer is ready to be discharged from hospital, what processes are there to ensure there is meaningful consultation with their carer(s)?

Discharge planning routinely involves carers in discussions about timeframes, additional needs, and the support required for a safe discharge. This will be reinforced by the application of John's Campaign principles and the developing Carers Passport, which are designed to standardise good practice. Work is ongoing to embed consistent carer consultation across all wards.

e) If someone is being discharged with significant and/or permanent negative changes to their health, what processes are there to discuss this with carers?

Where a cared-for person is being discharged with significant or permanent changes in health, the discharge planning process includes discussions with carers, families, and the Local Authority. This ensures that support packages are in place before discharge takes place.

f) If unpaid carers are identified and involved within discharge planning, how is this communicated to community healthcare and social care providers?

Information about carers is communicated to community healthcare and social care providers through the Welsh Nursing Care Record (WNCR), discharge letters, and electronic referrals. Where caring responsibilities are identified, nursing teams liaise directly with Local Authority services and, where relevant, third sector partners.

g) If any of these processes are not uniform across the health board, please give us the differences and explanations for why there may be differences in approach.

Processes for identifying carers and involving them in discharge planning are in place across all CTMUHB sites, but there are variations in consistency. One reason for this is that Bridgend services have only joined CTMUHB in recent years, and some services may still be operating in line with historic arrangements. Efforts are actively underway to standardise these processes across the whole Health Board area, supported by the introduction of the Carers Passport, the Carer Icon, and additional staff training.

Section 2: Provision for Carers

a) What specific measures are put in place within your primary, secondary and tertiary settings to support unpaid carers directly?

In secondary care, unpaid carers are identified at admission via the mandatory Social Assessment and are included in discharge planning where appropriate. Carers Cafés have been introduced in mental health inpatient wards, offering opportunities for carers to meet staff, receive updates, and ask questions in a supportive environment. The Carers Questionnaire has also been distributed across accident and emergency departments and hospital wards, with analysis of the feedback currently ongoing to inform future improvements.

In primary care, the Quality Improvement Framework (QIF) no longer requires GPs to record carers as part of contractual obligations. However, some GP surgeries continue to maintain Carers Champions, offer protected appointment slots, and provide referrals to voluntary sector organisations for advice and

support. In some areas, County Voluntary Councils (CVCs) provide Wellbeing Officers who attend GP surgeries to support carers, though this is not consistent across the CTM footprint.

CTMUHB also provides direct support for staff who are carers through the Staff Carers Café, which offers a safe environment to share experiences, access advice, and learn about their rights. Regionally, CTMUHB promotes and refers carers to Short Breaks Scheme projects, which are delivered by third sector partners across CTM and provide vital respite opportunities.

b) How have you worked with local authorities in your area to provide support for unpaid carers?

CTMUHB works in partnership with Local Authorities in RCT, Bridgend, and Merthyr Tydfil through the Regional Partnership Board to ensure statutory duties are met. This includes referrals from hospital teams to Local Authority carers services, joint promotion of Short Breaks Fund projects, shared communications campaigns such as Carers Week, and collaboration on initiatives including the Carers Questionnaire and hospital discharge improvements.

Section 3: Future Track the Act Questions

a) If you could ask questions to Health Boards relating to unpaid carers in future iterations of Track the Act, what would they be?

Future iterations of Track the Act could include questions on how consistently carers are identified at the point of admission, how carers are included in discharge planning, and how these processes are monitored. Additional questions might explore what training is provided to staff on recognising and supporting unpaid carers, and what measures are in place to support staff who themselves have caring responsibilities. It would also be valuable to ask Health Boards what systems exist to evaluate the outcomes of carers' involvement in care and discharge planning.