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Dyddiad / Date: 28 October 2025

Dear Rob,

Thank you for the opportunity to respond to information in respect of 'Track the Act' 2025, annual monitoring assessment. Please see below our response to the questions posed, as requested.

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?

When a patient is admitted to hospital there is a section within Welsh Nursing Clinical Records (WNCR) System that prompts the nursing staff to ask the following questions about carer support:

- Do you receive care support?
- Do you have a carer representative?
- Does your admission directly affect the care of children/adults/pets/others?
- Do you have any concerns regarding continuity of care for dependants?

In addition to WNCR, upon patient admittance to a ward, a "What Matters" conversation takes place between the patient and a nurse. This conversation will identify if the patient has any caring responsibilities, or any other factors to be considered whilst they are an inpatient.

Where appropriate a referral to Single Point of Access for the Local Authority will be made so that caring arrangements can be put in place. In an emergency during out of hours, the Health Board would contact the Emergency Duty Team within Social Services to alert them.

When a carer/young carer is being admitted to hospital for elective surgery, arrangements can be made prior to the admission to support the cared for. In an emergency when the carer presents themselves at the Emergency Department, where appropriate, a social services referral may be required to ensure the safety of the cared for e.g. emergency placements.

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

- Posters and leaflets are on display in hospital areas and on Ward patient experience boards.
- Staff education and engagement sessions are delivered to raise awareness of the recognition of an un-paid carer.
- Staff signpost patients/un-paid carers to services.
- PALS staff signpost patients/un-paid carers.

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Mae Swyddfa'r Prif Weithredwr yn croesawu gohebiaeth yn Gymraeg a bydd yn sicrhau y darperir ymateb yn Gymraeg heb oedi.
The Chief Executive's Office welcomes correspondence through the medium of Welsh and will ensure that a response is provided in Welsh without incurring a delay

- Third Sector un-paid carer organisations (NEWCIS and Carers Outreach) have a base in the acute hospital settings.
- Across Community Hospitals 3rd Sector Carer organisations hold monthly support groups with weekly attendance across sites including information stands in reception areas.

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?

On admittance to a ward, a “What Matters” conversation takes place between the patient and a nurse. Early on this conversation will identify what support is in place for the patient (un-paid carer) and the person they care for, and what additional support is required to ensure safe discharge.

Following the “What Matters” conversation, if it is recognised that the un-paid carer is already known to Social Services or requires support, referrals will be made to the Local Authority, carer’s organisations and staff will signpost to third sector organisations.

D) When a person who has an unpaid carer is ready to be discharged from hospital, what processes are there to ensure there is a meaningful consultation with their carer(s) in discharge planning. This can include discussing timeframes, additional needs the person may now have, and support the person and/or carer may require on discharge?

As part of the “What Matters” conversation and discharge planning process, if it is identified that a patient is being supported by an un-paid carer, the carer will be offered a referral for support to a carer organisation (NEWCIS/Carers Outreach) who can guide them through the discharge process. The relevant carer organisation can support the carer by attending Discharge Planning Meetings, being involved in discussions with clinical services to ensure the level of care they require is provided and discuss any other concerns around discharge.

Prior to a patient being discharged a multi-disciplinary team meeting involving ward Manager/senior staff, Consultant, Physiotherapist/Occupational Therapist, un-paid carer (offer to be supported by NEWCIS or Carers Outreach) and a Discharge Facilitator is held. This provides support to unpaid carers/patients and families as it offers discussion and opportunities to explore any feedback around patient care and treatment whilst in hospital. This supports with setting goals and reasonable expectations to the patient/family and unpaid carers. Providing this service means that there are active trouble shooting actions to prevent any issue and allay or escalate any potential concerns that may have arisen.

In complex discharge cases a Discharge Liaison Nurse will work with the un-paid carer, the carer organisation and Local Authority to ensure the un-paid carer feels listened to, supported and involved in decisions in the care, whilst also preventing them from feeling overwhelmed. Regular meetings will take place to provide support and advice to the un-paid carer and family.

E) If someone is being discharged with significant and/or permanent negative changes to their health, what processes are there to discuss this with person(s) perceived to be in a position to support and ask if they are willing and able to provide care for the person moving forward.

As part of the discharge planning process support would be provided to the patient and the unpaid carer by the Complex Discharge Team, ensuring the carers needs and views are always taken into consideration.

An MDT professionals meeting would be held with the un-paid carer and the carer organisation representative to understand what support both the carer and person being cared for require. Where appropriate a best interests meeting may be organised to understand what additional requirements are needed to support a safe discharge.

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

The “What Matters” conversation will provide staff with an early indication of what support is required as part of discharge planning. If support is identified a referral will be made to the Local Authority; Social Services and/or third sector organisation or relevant community teams such as the District Nursing Service to ensure safe discharge to help formulate a discharge plan.

Unpaid carers are identified during the initial assessment process across District Nursing Services. Unpaid carers who are supporting a patient are offered a referral to NEWCIS, Carers Outreach, Community Resource Teams, GP referrals considered or signposted to Local Authority Single Point of Access (SPOA).

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.

Board rounds, MDT with family/un-paid carer involvement and “What Matters” conversations consistently take place across the Health Board.

Section 2: Provision for carers

A) What specific measures are put in place within your primary, secondary and tertiary settings to support un-paid carers directly? This can be for unpaid carers supporting people in receipt of treatment or for carers who are receiving treatment themselves.

NEWCIS and Carers Outreach, Hopsital Facilitator staff have bases across Ysbyty Gwynedd and Ysbyty Glan Clwyd within the Discharge/Patient Flow Teams. They provide a presence at Wrexham Maleor Hopsital and community hospitals across North Wales. This means they are actively identifying professionals to provide training and information around the needs of unpaid carers. This ensures carers are well supported whilst their cared for is in hospital and also has the benefit of providing ongoing support when the cared for is discharged back to their own home. This holistic support means they can support carers to care for their dependants safely in the community and reduces rates of re-admittance to hospital, whilst also It supporting the wellbeing of the carer.

Staff from NEWCIS and Carers Outreach are trained in low level advocacy. They have experience and knowledge of supporting carers in best interest meetings and discharge planning meetings. They meet prior to these meetings to discuss with the carer their own thoughts and feelings around discharge of the cared-for person. They then work 1:1 with the carers to ensure that any concerns are dealt with. They are a responsive service, particualry as discharge can be pressured under time scales etc. They closely liase with social workers and wider discharge teams to

facilitate community support and wrap around support from NEWCIS /Carers Outreach and external services where appropriate.

The rights of carers and the importance of support is regularly discussed and promoted at MDT/Ward Board Rounds/Staff Meetings and across the hospital settings. NEWCIS and Carers Outreach have developed a strong relationship with the PALS team. This enables our staff to support concerns before they escalate, to get a better result and outcome for their carers. This means issues are flagged quickly and preventative measures can be implemented to avoid escalation of further complaints.

Staff from NEWCIS and Carers Outreach work closely with Local Authority, social care teams to advocate on behalf of carers/families where support is needed in the community. They are also able to support carers to escalate concerns to local authorities where adequate community support is not available and delaying discharge.

Services from NEWCIS and Carers Outreach include:

- Financial support
- Signposting and support
- Respite scheme called bridging the gap
- Care and need assessments
- Peer support groups
- Education and training

The Health Board supports the following carer organisations:

- Carers Trust, North Wales, Crossroads Care Services who work across Anglesey, Conwy, Denbighshire, Flintshire, Gwynedd and Wrexham, by providing carers with respite from caring.
- ADFERIAD/Caniad providing community support to carers and patients across Denbigh, Wrexham, Flint, Conwy and Gwynedd.
- Credu, an organisation who supports young carers and young adult carers across Wrexham, Conwy and Denbighshire.

Staff can refer carers/patients to Red Cross who offer practical support pre- discharge from hospital and this can include support such as getting keys cut for a key safe, guidance paying bills, clearing the fridge of out-of-date food. Practical solutions offered post discharge include (post discharge):

- Access to wheel chairs
- Transport
- Shopping
- Collecting essential items
- Well-being and confidence - Linking the patient or carer to social activity networks within their area.

Voluntary organisation such as AVOW in Wrexham who offers community groups and supports the development and well-being of paid and unpaid carers living in the Wrexham area. The ward will signpost this service to the un-paid carer as they are required to self-refer.

Links have been made with Veterans and Royal British Legion to promote the use of their services to support safe discharges. Depending on circumstances, an un-paid carer can also be referred to a local hospice as they offer specific services for unpaid carers.

Dementia North Wales are also accessible by referral from the hospital ward; they provide support to anyone living in North Wales who is affected by dementia or is worried about their memory. This referral can also be offered to unpaid carers family and friends.

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

The Health Board has daily involvement with local authorities who work across North Wales to support discharge planning, including attending meetings such as long length of stay meetings and delayed pathways of care.

Where appropriate staff make referrals to Local Authority Care and Repair Teams, Warmer Homes initiatives and to third sector organisations for grants to support patients and carers to stay healthy at home.

Patients and un-paid carers are signposted to Local Authority Single Point of Access services for additional support.

Section 3:

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

This question is not applicable.

If anything is unclear or you have any outstanding questions about the Health Board's response please do not hesitate to contact Rachel Wright, Patient and Carer Experience Lead. Email: rachel.wright@wales.nhs.uk

Kind regards,



Dyfed Edwards
Chair/Cadeirydd



Carol Shillabeer
Prif Weithredwr/Chief Executive