

Cwm Taf Morgannwg Mental Health Discharge - Family / Carer Questionnaire

Your views matter **Healthcare Inspectorate Wales (HIW)**, as the independent inspectorate and regulator of healthcare in Wales, is responsible for checking that people in Wales receive good quality healthcare. As part of our annual reviews programme, we have committed to undertake a **local review of the quality of discharge arrangements for adult patients from inpatient mental health services** in Cwm Taf Morgannwg University Health Board (CTMUHB).

Please only complete this questionnaire if **someone you care for or a close family member** has been admitted to and subsequently discharged from a mental health inpatient unit within CTMUHB.

The questionnaire is anonymous so no-one will be able to identify you from your answers. The summary of results will be used alongside any evidence collected through our fieldwork as part of our overall findings.



Thank you for your help.

1. What is your relationship to the patient?	
I am a family member/carers	<input type="checkbox"/>
I am a friend	<input type="checkbox"/>
I am an advocate	<input type="checkbox"/>
Other (Please specify):	<input type="text"/>

2. Has the patient provided consent that you can be involved in their care?	
Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
Not applicable	<input type="checkbox"/>
Comments:	

3. Which hospital were they last discharged from?	
Royal Glamorgan	<input type="checkbox"/>
Princess of Wales	<input type="checkbox"/>
Other (please specify)	<input type="text"/>

4. Please let us know which ward(s) they stayed on? (If known)	
<input type="text"/>	

5. How long has the patient been at this hospital during this stay?	
Less than a week	<input type="checkbox"/>
A week to a month	<input type="checkbox"/>
1 - 6 months	<input type="checkbox"/>
6 months to a year	<input type="checkbox"/>
More than a year	<input type="checkbox"/>
Not sure	<input type="checkbox"/>

6. How long ago were they discharged from the hospital?	
Within the last 2 months	<input type="checkbox"/>
Between 2 months – a year ago	<input type="checkbox"/>
Over a year ago	<input type="checkbox"/>

7. How often are you able to visit?	
As much as you would like to	<input type="checkbox"/>
Less often than you would like to (please explain the reasons)	<input type="text"/>

8. Please rate the following:				
	Strongly Agree	Agree	Disagree	Strongly Disagree
I felt welcomed to visit the hospital				
Staff were polite to me				
Staff listened to my views				

9. Do you have the ability to make decisions about the patient's care on behalf of the patient? <i>(sometimes this is known as "Power of Attorney")</i>	
Yes	
No	

10. Have you been involved as much as you wanted to be in decisions about the patient's care?	
Very involved	
Quite involved	
Not very involved	
Not at all involved	
Not applicable	

11. Did you know how to raise concerns if you had any?	
Yes	
No	
Not applicable	

12. Were you offered an assessment of your own needs as a Carer?	
Yes	
No	
Not sure	
Not applicable	

13. I was invited to a discharge/ after care planning meeting with the multi-disciplinary team?	
Yes	
No	

14. I was encouraged to participate in the discussion and professionals spoke in a way that was easy to understand?	
Yes	
No	
Not applicable	

15. Please rate the following:				
	Strongly Agree	Agree	Disagree	Strongly Disagree
The patient felt ready to be discharged from hospital				
The patient felt safe being discharged from hospital				
The patient was involved in decisions about their discharge				
As a family/ friend/ carer I was involved in conversations about the discharge				

16. Please rate the following:				
	Strongly Agree	Agree	Disagree	Strongly Disagree
I was able to share views about the discharge with staff				
The language used by professionals was easy to understand				
I was provided with sufficient information prior to discharge				
The timing of the discharge was appropriate				

17. Did the patient experience any delays to discharge from hospital?	
Yes	
No	
Not sure	

18. Were the reason(s) for the delay in discharge explained to you?	
Yes	
No	
If known what were the reasons?	

19. Did hospital staff let you know the discharge date for the patient?	
Yes	
No	

20. Was the patient discharged on the agreed date/ time?	
Yes	
No	
Not sure	

21. Did you feel that the patient was discharged before necessary support was put in place?	
Yes	
No	
Not sure	
If yes, please explain:	

22. Which service was the patient discharged to following hospital?	

23. Were you provided with sufficient information for the patient's discharge when they left hospital? <i>(This could include leaflets/ contact details/ support groups)</i>	
Yes	
Yes – but not everything	
No	
If no, please explain:	

24. Were you provided with information about who to contact if you had concerns about the health and wellbeing of the patient after they were discharged from hospital?	
Yes	
No	
Not applicable	

25. Have you had to make contact with services following the patient's discharge to discuss their care?	
Yes	
No	

26. If yes, were your concerns addressed?	
Yes	
No	
If no please explain:	

27. Please rate the following:				
	Strongly Agree	Agree	Disagree	Strongly Disagree
The patient's physical health care needs were met by services				
The patient's accommodation care needs were met by services				
The patient's social needs were met by services				

28. Do you feel the patient had the appropriate level of support after discharge?	
Yes	
No	
If no, please explain:	

Overall Experience

29. Overall, how would you rate the patient's <i>discharge</i> from the mental health hospital?	
Very good	
Good	
Poor	
Very poor	

30. Overall, how would you rate the <i>support the patient received in the community</i> following discharge?	
Very good	
Good	
Poor	
Very poor	

31. How could this hospital improve the service it provides?	

32. Is there anything else that you would like to tell us about the care or service you or the patient received?	

We often use anonymised comments from our questionnaires in our reports to show what people are saying about the quality of the service provided.

33. Do you agree that HIW can use the comments that you may have provided in the free text boxes of this questionnaire within its inspection report?	
Yes	
No	

Tell us about you

34. Which is your preferred language?	
Welsh	
English	
Other (please specify):	

Only answer questions 35-37 if relevant, otherwise move onto question 38.

35. Were you actively offered the opportunity to speak Welsh?	
Yes	
Sometimes	
No	
If yes, did that make a difference to you?	

36. Did you feel comfortable using the Welsh language regardless of whether you were asked your language preference?	
Yes	
No	
Not applicable	

37. Is healthcare information available to you in Welsh?	
Yes	
No	
Not applicable	

38. Do you feel the patient can access the right healthcare at the right time?
Regardless of Age, Disability, Gender reassignment, Marriage and civil partnership, Pregnancy and maternity, Race, Religion or belief, Sex and Sexual orientation.

Yes	
No	
Prefer not to say	
Comments:	

39. Have you or the patient faced discrimination when accessing or using this health service on grounds of:

No	
Age	
Disability	
Gender reassignment	
Marriage and civil partnership	
Pregnancy and maternity	
Race	
Religion or belief	
Sex	
Sexual orientation	
Other	
Prefer not to say	
Comments:	

40. What is your age?

17 or younger	
18-29	
30-49	
50-69	
70 and above	
Prefer not to say	

41. Do you have any physical or mental health conditions or illnesses lasting or expected to last 12 months or more?
This is about health conditions, illnesses, or impairments you may have. Consider conditions that always affect you and those that flare up from time to time. These may include for example, sensory conditions, developmental conditions or learning impairments.

Yes	
No	
Prefer not to say	

42. What is your sex?
A question about gender will follow

Female	
Male	
Prefer not to say	

43. Is the gender you identify with the same as your sex registered at birth?

Yes	
No	
Prefer not to say	
Enter gender identity, if you wish	

44. Which of the following best describes your sexual orientation?

Prefer not to say	
Heterosexual or Straight	
Gay or Lesbian	
Bisexual	
Other sexual orientation:	

45. What is your religion?	
Prefer not to say	
No religion	
Christian <i>(including CoE, Catholic, Protestant, and other denominations)</i>	
Buddhist	
Hindu	
Jewish	
Muslim	
Sikh	
Any other religion:	

46. What is your ethnic group?	
Prefer not to say	
White	
Mixed/Multiple ethnic groups	
Asian/Asian British	
Black/African/Caribbean/Black British	
Other ethnic group	
Please describe:	

We will present our findings in an inspection report, which will be published on our website within three months of our visit: www.hiw.org.uk.

If you would like to speak to HIW to discuss any aspects of the care you have received here or any elements of this questionnaire, please ring **0300 062 8163** or send us an email at hiw@gov.wales.

Information on our legal duties in relation to the data collected in this survey can be found here: <https://hiw.org.uk/privacy-policy>

Thank you for completing this questionnaire.