

# Inpatient Experience Summary Quarterly Report

October 2022



# Accessible Formats

This report is also available in Welsh.

If you would like this publication in an alternative format and/or language, please contact us.

You can download an electronic copy from our website:

<https://swanseabaychc.nhs.wales/>

Or ask for a copy by contacting our office. Contact details can be found on page 36.

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# About Swansea Bay Community Health Council (CHC)

Swansea Bay CHC is the independent watchdog of the National Health Service (NHS) within Neath Port Talbot and Swansea. We encourage and support people to have a voice in the design and delivery of healthcare for their families and local communities.

Swansea Bay CHC works with the NHS, inspection, and regulatory bodies. We provide an important link between those who plan and deliver NHS services, those who inspect and regulate them and those who use them.

We hear from the public in many ways. Before the coronavirus pandemic, we regularly visited NHS services to hear from patients while they were receiving care and treatment. We spoke to their families and carers too. We also heard from people at local community events and by talking to community representatives and groups.

We adapted our ways of hearing from people, by using online surveys, social media and using videoconferencing apps such as Zoom, Teams and Skype. These apps made it possible for us to attend virtual engagement events too.

We continue to hear from people through enquiries and our complaints advocacy service. Swansea Bay CHC represents the “patient and public” voice in Neath Port Talbot and Swansea.

# Background and Introduction

We continued to collect feedback from people about their recent inpatient stay in a hospital within the Swansea Bay area.

People's overall experience appears to have improved from recent reports, however, a significant portion of the feedback related to one Ward at Singleton Hospital – Ward 2.

Feedback themes were generally consistent with our 2021/2022 quarterly inpatient reports.<sup>1</sup>

## What we did

We continued with our inpatient survey, seeking the views of people about a current or recent stay, in a hospital within the Swansea Bay area. Our survey looked at the experiences of people who stayed at least one night in hospital as an inpatient, covering six areas of inpatient experience: admission to ward; ward staff; care and treatment; ward facilities; mealtimes and inpatient experience when covid measures were in place in hospitals. These questions would help us understand more about the quality of a patient's inpatient experience and what may need to be improved.

In October 2022, SB CHC resumed hospital visits. CHC staff and members spoke directly to patients on 2 wards:

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<sup>1</sup> Previous reports are available on our website, <https://swanseabaychc.nhs.wales/> or by request

- Ward D, Neath Port Talbot hospital
- Ward 2, Singleton Hospital

Feedback was obtained in the form of an open discussion (rather than survey completion), details of which can be found on page 23.

### Inpatient Survey

We regularly shared our online survey on our social media platforms, including Instagram, Twitter, and Facebook, with various stakeholders and local groups, including:

- Council for Voluntary Service (Neath Port Talbot & Swansea)
- Local Area Coordinators
- Various local community groups, including Covid-19 support groups
- Seldom heard groups
- Swansea Bay University Health Board

Latest quarterly inpatient reports continued to be shared across various forums such as the Health Boards' Stakeholder Reference Group – which includes various community representatives – the Health Boards Quality & Safety Committee and the Access and Sustainability Forum.

Feedback continues to be received via our enquiries and complaints advocacy service, through local community networks, community representatives and groups, and monitoring of health board activities, including feedback and complaints.

This report covers the period July 2022 – October 2022.

# Who are we hearing from?

The purple boxes below and on page 8 provide a snapshot of the people who shared their views and experiences with us through our local survey.<sup>2</sup>

You can find out from our [Equality Plan](#) what we are doing to hear from different groups of people so that we can better represent the diversity of the communities we serve. You can find our Equality Plan on our website:

<https://swanseabaychc.nhs.wales/about-us/our-governance/governance-documents/equality-plan-2021-2022-pdf/>



Everyone shared their views and experiences in English although our survey was also available in Welsh and Easy Read.

Of those people that answered our 'monitoring equalities' questions in the survey:

82% described themselves as female, 12% as male, one as non-binary

Around 94% said their ethnic group was White (Welsh, English, Scottish, Northern Irish, British)

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<sup>2</sup> Equalities information was not obtained for patients providing feedback during ward visits

35% told us they were Christian, while another 35% told us they did not have a religion. 24% selected "other religion".

Age range categories:

59% were aged 45 – 60

24% were aged 60 – 75

12% were aged 26 – 44

6% were aged 18 and under

Around 88% identified as heterosexual, with one person identifying as "gay/lesbian" and another as "bisexual"

Many told us they had a long-standing condition, such as:

- A physical condition – 59%
- A mental health condition – 29%
- A long-standing illness – 35%
- Deaf or a severe hearing impairment – 6%
- A learning disability – 6%



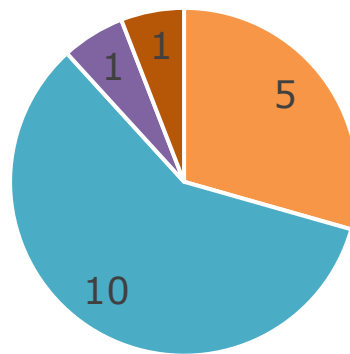


# What we heard

29 people shared their experience in total.

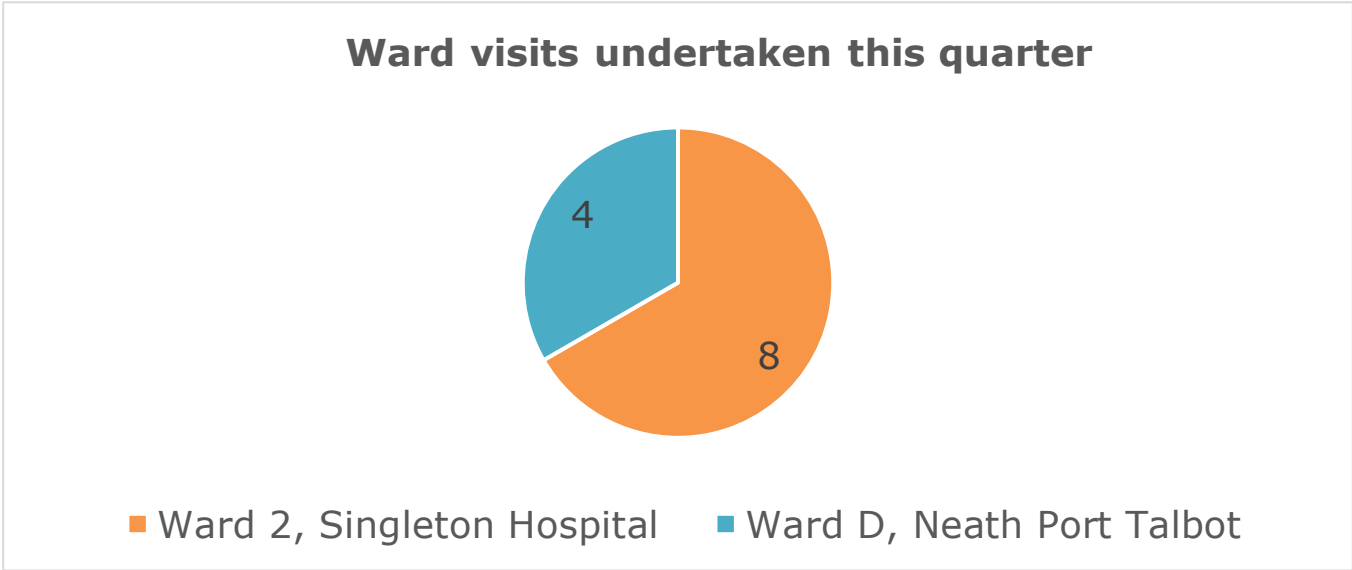
17 people shared their experience with us through the inpatient survey: 10 people provided feedback about a stay on a ward in Singleton Hospital, with 5 providing feedback about a ward in Morriston Hospital. 1 person told us about a stay at Neath Port Talbot Hospital and another did not state which hospital they stayed at.

Which Hospital were you staying at?



- Morriston Hospital
- Singleton Hospital
- Neath Port Talbot
- Unknown

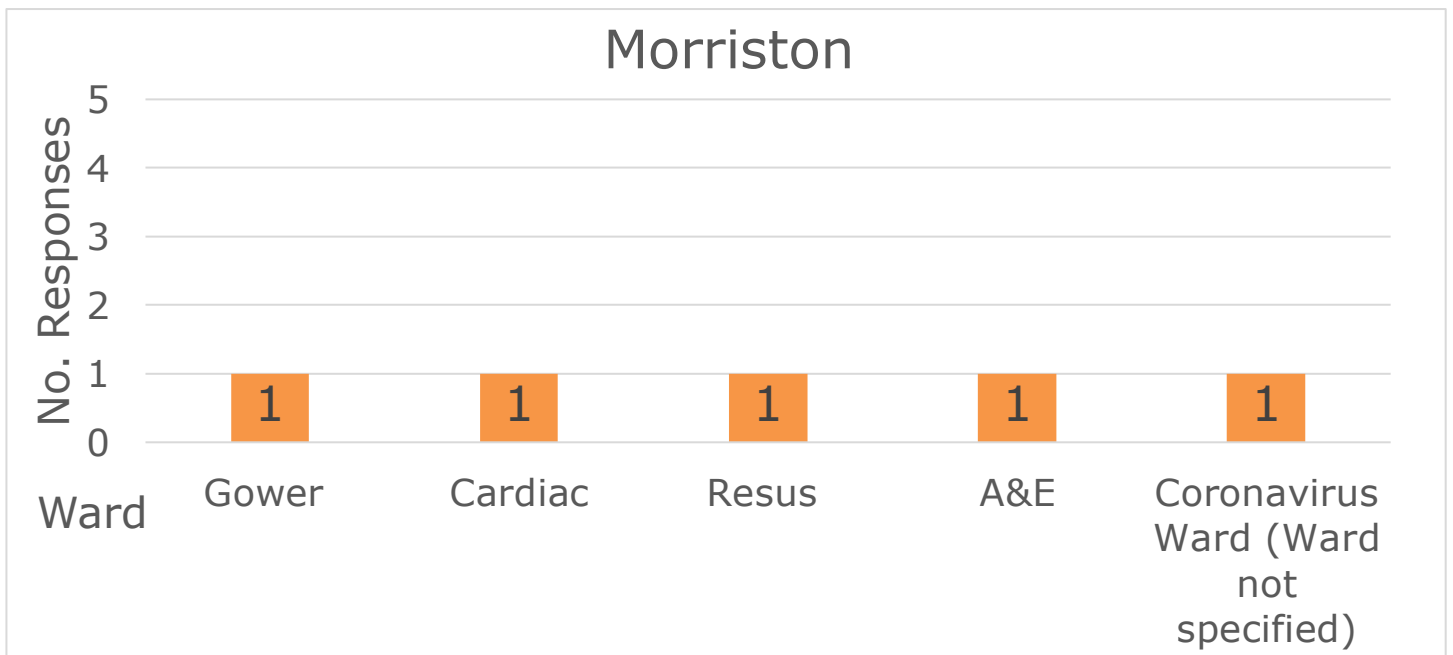
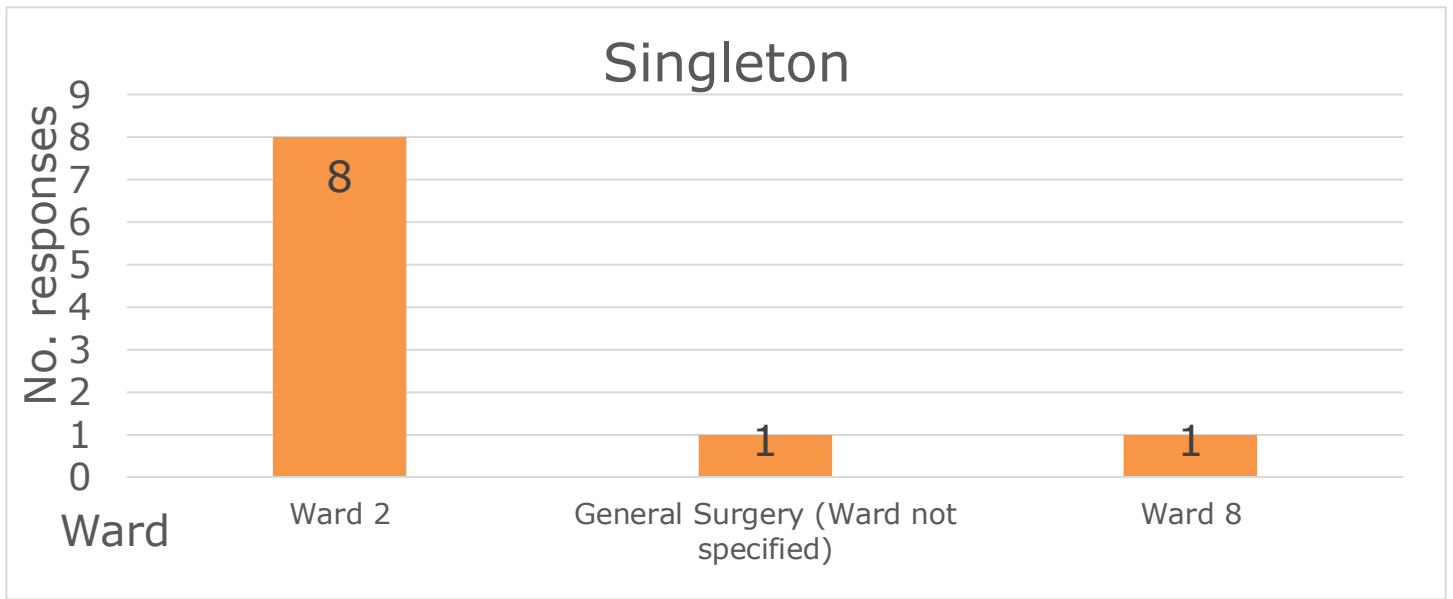
12 people shared their inpatient experience with staff and members during CHC ward visits. **Feedback obtained through ward visits can be found at page 23.**

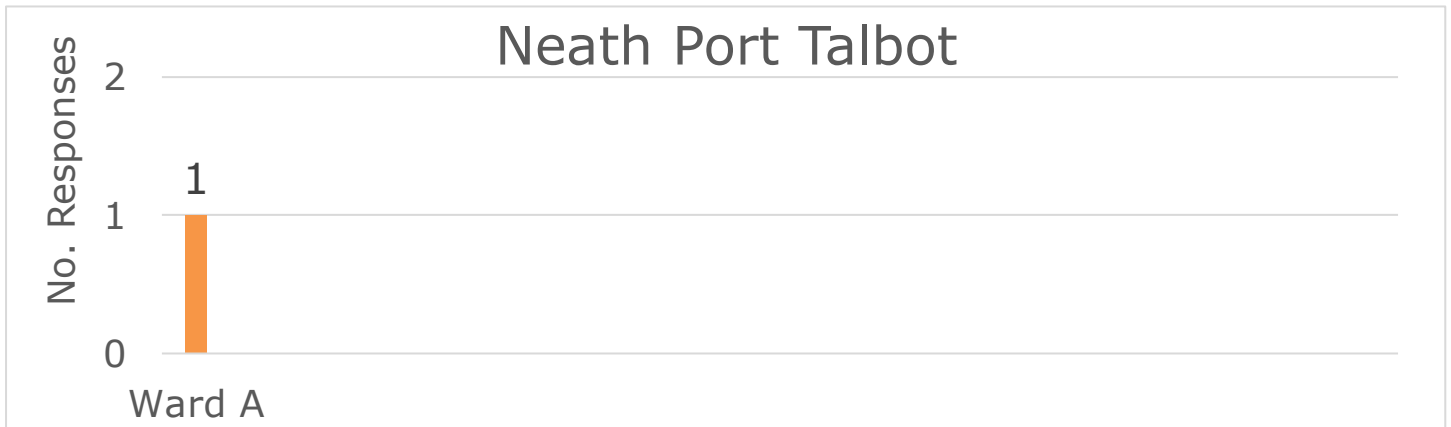


The bar graphs on pages 11 and 12 show the wards patients provided feedback about, through the survey. One person did not tell us the name of the hospital or ward they stayed on.

The Health Board is invited to request further details of the wards to which comments relate in our report, though some feedback may have already been shared with the Health Board where concerns are raised by the CHC.

A significant number of responses were received about Ward 2, the surgical ward at Singleton Hospital.





## Key Findings – Inpatient Survey

16 people told us about a recent hospital stay.<sup>3</sup> We have grouped their feedback into themes.

### Patient Information

7 people (around 41%) told us they were not given a patient information leaflet when admitted to the ward

1 person received information verbally while 2 others stated they received information prior to admission

3 people did not feel the leaflet explained anything they needed to know.

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<sup>3</sup> Recent meaning within the last 12 months

## **Communication**

2 people (12%) told us they experienced communication issues on the ward

3 people said they were unable to keep in touch with friends and family during their stay

All were able to communicate in their preferred language

71% said staff introduced themselves before providing any care

59% felt staff listened to them when making decisions about their care and treatment

6 people (35%) felt that the people who mattered most to them, were not involved in decisions about their care and treatment as much as they wanted

12 people (71%) felt they received enough emotional support from hospital staff during their stay

13 (76%) people felt staff were discreet when discussing care/treatment with them

## **Staff Attitude**

13 people (76%) felt that staff were friendly and helpful

## **Staffing levels**

14 people (82%) felt staff numbers were adequate to meet their needs during the day and night

### **On the Ward**

15 people (88%) told us they could reach their buzzer, 2 could not

Everyone told us their buzzers were working

2 people (12%) felt their buzzer was not answered in a timely manner when they used it

14 people (82%) told us they were encouraged to get up and move around safely during their stay, 3 said they were not

### **Comfort**

15 people (88%) told us they felt comfortable during their stay, 2 did not

15 people (88%) told us they had enough blankets, 2 said they did not

13 people (82%) told us they had enough pillows, 4 said they did not

### **Ward Facilities**

16 people commented that there were no activities on the ward

11 people advised us they had access to a day room or a communal area during their inpatient stay

13 people told us they did not have access to a private area in order to make calls and see visitors

Several people told us they did not have access to a TV, radio, or newspaper

### **Coronavirus Measures**

Everyone told us they were able to understand staff and communicate with them wearing face masks / shields.

## **Personal Hygiene**

4 people (24%) felt unable to shower/wash as often as they would have liked

5 people (29%) stated they were unable to wash their hair as often as they would have liked

16 people (94%) told us they were able to keep their teeth and mouth clean as often as required with or without assistance, 1 said they were not able to

94% were able to use the toilet as often as needed with or without assistance, 1 said they were not able to

## **Ward Admission**

7 people told us they did not receive an information leaflet on admission to the ward. As with our previous reports, people reported receiving information in different ways.

"Nurse from ward 2 rang me for pre-admission questions and explained very clearly how to find ward 2"

"I had several letters before admission, I was also contacted by ward staff the day prior to admission"

"I had all the information prior to admission"

## **Ward environment**

One person felt that the ward lighting levels one night during their stay, were on for too long,

“The main night lights in the room I thought could have been turned off earlier. One night they were on until 12.30 pm”

Another person felt that the covering up of windows, despite being a temporary measure, impacted on their inpatient experience.

“Windows blocked up (Temporary)”

## **Staff Attitude**

9 people spoke highly of the staff providing their care, with several positive comments relating to Ward 2, Singleton Hospital.

### **Ward 2, Singleton Hospital**

“All the staff on the ward were extremely helpful and kind”

“The staff on this ward 2 went beyond my expectations during my care with them, both day and night. A very big Thank you”

“Excellent care from everyone”



## **Ward 2, Singleton Hospital - continued**

"I can't thank the staff on ward 2 enough. They were extremely professional and extremely caring. It has been a wonderful experience despite the pain from the operation"

"Well done singleton I will be singing your praises 10/10 for absolutely everything"

2 people commented on staff going out of their way, to make their stay more comfortable.

"All the staff were lovely and caring during my stay. Special mention to [      ], my healthcare assistant. He was very friendly and personable and made me feel at ease and comforted. I was very nervous before coming in and his presence really made a difference to my experience during my visit"

"I had eating problems. As there was nothing I could eat, one kind nurse used to go to the shop for me"

One person told us about their poor experience early on in their care at Morriston Hospital's Accident and Emergency department. However, they praised their ongoing care following this incident.

"I had attempted suicide. The immediate team at 3am were poor. I managed to walk out barefoot to the Liberty Stadium. Care after that was excellent"

Another patient staying at Morriston Hospital, described one member of staff's negative behaviour towards them.

"One staff nurse patronising"

### **Feeling unsafe**

One person told us about a time when night staff left them feeling unsafe.

"The night shift staff were rude uncaring and left me at risk"

### **Coronavirus measures**

People continued to share both their positive and negative experiences of the Coronavirus measures which remained largely in place on wards across Swansea Bay.

15 people (88%) told us they were satisfied with the Covid-19 safety measures in place during their stay in hospital.

2 people (12%) stated they had concerns about catching coronavirus during their stay in hospital.

"Wanted to be discharged as soon as possible not to get covid"

One of these told us they contracted covid-19 when in hospital.

“Caught Coronavirus in hospital. I went in with pneumonia”

### **Cleanliness**

The majority of people (94%) were satisfied with the cleanliness of the hospital ward/room they were staying in.

“The ward was kept spotless at all times”

### **Maintaining contact with friends and family**

With visiting levels still not fully at pre-pandemic levels, we asked people whether they were offered any alternatives such as virtual visiting, to keep in touch with their loved ones. 8 people answered “no”.

3 people (18%) told us they were unable to keep in touch with family and friends, while others had taken their own personal digital devices in to hospital with them.

“The phone and iPad were allowed, which enabled me to keep in touch with my family and friends”

## Mealtimes – Summary of findings

More than half (10 people, 58%) told us they were not encouraged to use hand hygiene facilities before meals

Overall, people were generally satisfied with the quality and temperature of their food. People appeared less satisfied with presentation, portion sizes and choice of food on the menu

14 people (76%) of patients said they always received the meal that they had ordered

7 people (41%) said they did not have access to snacks during the day and night

82% were not given a choice of where to eat

88% were happy with the level of support they received to eat and drink

71% felt their water jug was changed often enough. 5 people did not.

Unfortunately, only 3 people provided additional feedback about their mealtime experience.

### **Keeping hydrated**

One person told us how staff monitored their fluid intake, to ensure they were hydrated.

“The water was constantly monitored and encouraged to drink more”

## **Dietary requirements**

We heard how two people's nutritional needs were not met during their stay.

"I couldn't eat the food because they had nothing I could eat. A nurse went to the shop for me"

"I had a restricted diet during my stay, so I could eat very little"

## **Diagnosis and follow-up**

1 person did not feel entirely satisfied with the discharge process.

"I didn't really get a full explanation of what was wrong with me from the doctor, he didn't explain anything to my husband too. No follow up was mentioned for after I was discharged"

## **Overall experience while in hospital**

15 people (88%) rated their overall experience as 'good, very good or excellent', compared to 2 people (6%) rating their experience as 'poor' or 'very poor'. Further comments by SB CHC can be found at page 32.



# Ward visits – A summary

The following sets out what we heard during our hospital ward visits in October 2022.

The primary aim of the ward visits was to understand, from a patient perspective, the quality of the service provided to patients.

The inpatient survey was used as a prompt for our conversations with patients, although discussions were kept open, allowing patients to raise other topics based on their individual experiences and views of service on wards.

The 2 adult inpatient wards visited were:

- Ward D, Neath Port Talbot Hospital
- Ward 2, Singleton Hospital

The CHC visits were arranged with the Health Board in advance and took place on the following dates:

- Ward D – 5 October 2022
- Ward 2 – 12 October 2022

Visits were led by a SB CHC staff member, with pairs of members visiting each ward.

The SB CHC team spoke to 12 patients during their visits to the 2 adult inpatient wards.

## **Staff Attitude and quality of care:**

Positive comments mirrored those obtained about Ward 2 staff at Singleton Hospital earlier in this report:

“The staff, from the consultants to the hospital services staff, were friendly and welcoming”

“No request was too much for any member of staff”

One patient on Ward 2 advised that staff had “rallied” around for a patient in a 4 bedded ward, as the patient had no family bringing essentials in. They had brought in clothes, slippers and food items. The patient told us, “the staff really do go the extra mile for all the patients on Ward 2”.

Ward D staff were also regarded as “friendly” and “welcoming”.

## **Negative comments by patients and relatives about ward staff attitudes and quality of care:**

Although most comments about staff were positive, the SB CHC team did hear of some negative experiences across the 2 wards, related to the attitudes of ward staff.

One patient on Ward D NPT, told us that, due to their condition, it was beneficial for them to ‘burp’. However, this resulted in them being “told off” by nursing staff. On a few occasions, the patient recalled being shouted and sworn at. The patient was keen to point out that this was not how all staff on the ward treated them.

Another on Ward D said they did not feel they were listened to about their care and treatment. When asked if they had spoken to a

member of staff about their feelings, the patient said they did not want to "offend staff".

### **Buzzer response times:**

Patients across both wards commented that there were often delays in nurses on the night shift answering buzzers. We heard how one patient on Ward D had been sat for a period of time in a "soiled pad", waiting to be changed, and this had happened on more than one occasion. The patients across both wards told us they believed there were not enough staff at night, to meet their needs.

One patient on Ward D told us they felt "isolated" in their single bay. The CHC observed that their buzzer was placed on the table out of reach. When asked by the CHC team whether they knew how to use the buzzer, the patient appeared unsure.

### **What patients shared about communication**

Positive comments:

All four patients we spoke to on Ward 2 were satisfied with the way staff explained their procedures to them. We were told how a team of doctors and an anaesthetist had spoken to each of them about their procedure and how an information sheet had also been provided to most of them. Patients were complimentary of doctors offering their time to answer any questions they had about their procedures. They told us these conversations were not rushed and the information provided to them was adequate.



## Negative comments:

One patient on Ward 2, Singleton, told us they were “not made aware” that they would be required to stay overnight, so they were unprepared; they did not have a “change of clothes or pyjamas” and had “to dress into clothes from the day before”. We learned how they were being discharged on the day of our visit and were waiting to return home to shower and clean their teeth.

### **Delays in hospital discharge:**

One patient’s negative experience centred around delays leaving hospital. They explained that delays in social services putting a care package in place, meant they were waiting for “weeks” to be discharged. We heard how this was greatly affecting their mental health and they also felt “guilty” for taking up a bed on the ward, which they said, “could be given to someone else”.

Another concern was the length of time a patient had to wait for her medication from pharmacy before leaving hospital. On feedback to the ward manager she was aware that this was a constant problem.

### **Ward environment (including hygiene/cleanliness)**

#### **Observations by the SB CHC visiting team:**

While engaging with a patient on Ward D, NPT, the SB CHC team observed that the patients’ teeth were unclean, and they also had dirty hands and fingernails. There were wipes on the table, however these were out of the patients’ reach. We also heard how staff were

not offering to assist the patient to clean their hands. The CHC team felt that this patient would require some encouragement to perform good hygiene routines.

Another patient on Ward D told us they had "not washed their hands prior to mealtimes, during the "7 months since admission". They described themselves as being "bedbound" and pointed out that staff had not indicated there were wipes on the bedside cabinet for them to use. We heard how staff would sometimes wash their hair with "Coal tar dry shampoo" due to the fact they could not be moved out of bed to be showered. This patient advised they were able to maintain their own oral hygiene but knew assistance was available as and when required.

The SB CHC team observed that hand wipes were located near the bedside of all 4 patients on Ward D, however patients told us they did not use them as they were unaware what they were for. All 4 advised they were not encouraged by staff to wipe their hands prior to eating.

### **Ward Environment – Activities**

Positive:

1 patient on Ward D commended on the mental health support available to them in hospital. We heard how they had access to "colouring, netball and circus skills". They told us they were a "grade 8" keyboard player and how a keyboard had been brought to the ward for them to be able to practise. We were told that this helped their mental health and wellbeing.

Negative:

One patient on Ward D told us that their room did not have a television. This made them feel “isolated” as they were without any entertainment to “pass the time”. They told us they “missed watching their favourite TV programmes”. We heard how a ward radio had been provided to the patient, but they preferred the TV. The SB CHC team observed that the radio was positioned on the windowsill, too far away for the patient to easily access.

On Ward 2 at the time of our visit, the ongoing ward improvements meant that the pre-operative area was being used as an overflow for patients. We heard how this resulted in a lack of access to basic entertainment, such as a TV or Radio. These patients expressed a desire to have these available to help them pass the time whilst on the ward.

Three patients on Ward 2 told us they would like a set of earphones, as some patients would “listen to their devices loudly”

### **Food and drink**

All patients spoken to during the ward visits, shared experiences of the food and drink available on the wards. Food and drink on the wards were described in positive ways:

“10 out of 10”

However, 4 patients on Ward 2 told us they preferred the sandwich option at mealtimes as the hot meals were either:

“Too heavy” or usually “covered in gravy”

One vegetarian patient on Ward 2, described the food choices as “limited”. They told us that fish was offered as a vegetarian option, however they regarded this as a “pescatarian diet”.

Mixed feedback was received about snacks between mealtimes across both wards. Many said they were “not offered” snacks between mealtimes while others would have liked some, referring to the time between meals.

“Long wait between teatime and breakfast”

“Would have liked a biscuit with 11am drink.... it is a long wait between meals”

Three patients on Ward 2 informed us that their, ‘admission to hospital letter’ advised the patient to “bring in money”, to purchase newspapers and items from the snack trolley. However, once on the ward they were notified that, due to covid-19, the trolley no longer attended any of the wards.

### **Ward cleanliness and Covid – 19 measures**

All patients we spoke to on Ward 2 said they were not asked to undertake a Lateral Flow Test (LFT) before admission. 2 patients told us they felt “nervous” being in hospital, with the rise of Covid cases in the community.

Three patients on Ward 2 expressed concerns about others on the ward who had not taken a Lateral Flow Test. They wanted to know

how staff were sure the ward was 'covid free' and how the hospital protects those patients with weakened immune systems or who are considered vulnerable?

Another patient on Ward 2 told us they felt "relatively safe" in hospital, informing us that they were part of a covid-19 research programme and were being "regularly tested" as part of it. One patient we spoke to felt it was a case of using a "common sense approach" to cleanliness; they were happy to see staff wearing masks and praised cleaning staff for the thorough cleanliness on Ward 2.

One patient on Ward 2 told us about a time they wanted to leave the hospital ward, to go outside for a cigarette; they had also offered to visit the shop on behalf of other patients within their bay. However, they had been informed by the staff on the ward that patients could not leave the ward due to them trying to minimise the risk of the spread of covid-19 on to the ward.

Patient experience on Ward 2 was also affected when staff had told one patient visiting was not allowed on the ward. They were also told that they could not have anyone wait with them prior to them going into theatre.

The 4 patients on Ward D reported not seeing any visitors since admission, in some cases, this ran in to several months.

### **Mask wearing:**

All 4 patients on Ward D told us they felt safe with the Covid-19 measures in place in hospital, however, they all said they found it

difficult to understand staff who communicated with them wearing masks.

One of these patients explained that accents coupled with mask wearing, was a “big challenge”.

### **Speed of Admission**

One patient on Ward 2 told us they were “flabbergasted” as to the speed of their admission to hospital for a colonoscopy, following results of an NHS Bowel Screening “home testing kit”.

Another patient on Ward 2, Singleton, compared their experience to a previous admission in a neighbouring Health Board’s Hospital, praising Swansea Bay UHB for their staff being “far more friendly and helpful”, and the hospital being “more spacious, far cleaner”.

# Learning from what we heard

People's overall experience has improved significantly when compared to CHC inpatient reports published March 2022 and July 2022<sup>4</sup>.

However, we are mindful that numbers providing feedback in this period have decreased and a significant portion of the positive feedback related to Ward 2 at Singleton Hospital.

SB CHC would like to acknowledge the positive feedback that was received in this report, especially about the care and attitudes of staff on Ward 2, Singleton Hospital.

Being in hospital can be a lonely experience for patients. As patients cannot see their loved ones or go about their everyday life as normal whilst admitted, it's easy for them to feel like they are cut off from the outside world. Some people reported having little or no access to entertainment or information outside the hospital. This left them feeling disconnected and "isolated". Patients did not have access to simple entertainment such as TV and Radio, unless they bought in their own, and expressed a desire to have these available to help them pass the time whilst on the ward.

Mealtime feedback continues to be mixed. Regarding food ordering, few patients reported seeing a menu, choosing food that was offered from the trolley once it was on the ward.

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<sup>4</sup> Please visit our website for copies of previous reports: <https://swanseabaychc.nhs.wales/what-we-have-to-say/report-library/>

One patient observed that there was only one vegetarian option on the menu. Whilst we appreciate that this food is available, we think there should be more variety for vegetarians.

Mid-meal snack availability continues to vary across wards and between patients. Very few patients were aware that they could request snacks between meals. We think this is very important, particularly if patients have an irregular appetite or they have missed a meal.

It is clear from the CHC's ward visits that the hand wipes distributed to patients were often not being used and patients were clearly missing the most important moment of patient hand hygiene before they ate their meal.

The CHC was concerned to hear about significant delays in leaving hospital, for those classed as medically fit for discharge. These delays are bad for patient flow through the system and for outcomes among patients.

## **Recommendations**

We reiterate all the recommendations in our previous quarterly, inpatient reports produced this year. Copies of these reports can be found on our website: <https://swanseabaychc.nhs.wales/> or by request. Please see our contact details at the end of this report.



Recommendations arising from the feedback in this report:

Regarding mealtimes:

1. Review the food ordering process to ensure that visual menus are made available, including different languages and Braille, on the ward to provide all patients with the available choice selection of meals.
2. Ensure there are sufficient options for a good choice of meals that suit patients with different cultural requirements or needs.
3. Mid-meal snacks create additional opportunities outside of mealtimes for increased nutritional intake. Ensure that all patients are aware that they can order food and drinks between meals.
4. Review the hand washing procedure to ensure patients are reminded and supported to do so before meals and after meals and ensure wet wipes are made available to less mobile patients.
5. To achieve the above recommendation, SB UHB may wish to:
  - a. Look at alternatives that would make it easier for patients to perform hand hygiene before they eat, or
  - b. Look for ways to encourage patients to use the handwipes provided
  - c. Would nutrition and food services staff who deliver patient meals, be willing to play a part in improving patient hand hygiene by proactively distributing the hand wipes or encouraging use of them?

6. Our report highlights instances where some patients were left without accessible entertainment, leaving them feeling “isolated”.
  - a. Ensure that basic entertainment, such as televisions and radios, are accessible for all patients, including those in private bays.
7. We heard instances of care packages not being available once patients were ‘clinically ready’ for discharge and how this was having a severe impact on a patient’s mental health and wellbeing. The CHC would like the HB to:
  - a. Share with the CHC how they are working with local authorities and other partners, including hospices and care homes, to release the maximum number of beds
  - b. Report to the CHC on what measures are being taken to improve the situation
8. Some patients in our report were fearful of catching the covid-19 virus in hospital and were unsure of how the Health Board were mitigating against these risks. The CHC considers that ward staff have the ability to put patients at ease by explaining new protocols and safety measures in place across hospitals, to reassure patients of their safety during Covid-19.
9. Patients on Ward D reported that they had not seen friends and family for many months. Where routine visiting is not permitted, for example, due to an infection outbreak, the Health Board must ensure that alternatives to visiting are well supported, enabling families to keep in touch with loved ones.

# What next?

Swansea Bay Community Health Council will continue to monitor and report back on inpatient experience at hospitals in Neath Port Talbot and Swansea. We will continue to run a programme of face-to-face visits, to speak directly to patients about their care and treatment. SB CHC will continue to share these reports with the Health Board.

# Thank you


We thank everyone who took the time to share their views and experiences with us about their recent hospital stay and Swansea University Health Board staff for supporting our visiting programme.

# Feedback

Swansea Bay CHC would love to hear what you think about this publication, and any suggestions about how we could have improved it, so we can use this to make our future work better.



# Contact details

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	@SwanseaBayCHC
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If you write to us in Welsh, we will answer in Welsh. This will not lead to a delay in responding to your correspondence.

We welcome telephone calls in Welsh.

**Swansea Bay  
Community Health Council**