

For information about our services or if you require this information in a different language you can call the Patient Advice and Liaison Service on 01727 804629.

W razie potrzeby powyższy tekst można otrzymać w innej formie lub innym języku. Informacji w tej sprawie udziela: Patient Advice & Liaison Service Tel: 01727 804629 Fax: 01727 804967.(Polish)

Se avete bisogno di queste informazioni in una lingua o in un formato differente, vi preghiamo di contattare: Patient Advice & Liaison Service (Servizio relazioni e consigli per i pazienti) Tel: 01727 804629, Fax: 01727 804967.(Italian)

আপনি যদি এই লেখাটি অন্য কোনও ভাষায় বা অন্য কোনও প্রকারে পেতে চান তাহলে অনুগ্রহ করে নিচের নম্বরে যোগাযোগ করবেন :

পেশেন্ট অ্যাডভাইস অ্যান্ড লিয়েজন সার্ভিস  
(রোগীদের পরামর্শ দেওয়া ও তাদের সাথে যোগাযোগ রাখার পরিষেবা)  
টেলিফোন : 01727 804629  
ফ্যাক্স : 01727 804967  
(Bengali)

اگر آپ کو یہ کسی دوسری زبان میں یا کسی دوسرے طریقہ سے درکار ہو تو برے مہربانی ذیل سے رابطہ کریں

مشفتہ یڈوائس اینڈ لیا سون سروس (Patient Advice & Liaison Service)

01727 804629 ٹیلیفون  
01727 804967 فیکس  
(Urdu)



# Easy Read Having Your Say about your In-Patient Stay



This information is required by Hertfordshire Partnership NHS Foundation Trust to help improve the quality of care we provide to service users with learning disabilities and mental health problems.

Please go through these questions with the service users and their carers who are receiving services from you.

Please ensure that this completed and sealed form is sent to the Service User and Carer Experience Team whilst the service user is still receiving treatment.

## Introduction to the unit




- |  |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|
|  |                          |                          |                          |
|  | Yes                      | No                       | Don't know               |
| 1. Were you made welcome on the unit?                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  |                          |                          |                          |
|  | Yes                      | No                       | Don't know               |
| 2. Were you given a Welcome Pack?                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  |                          |                          |                          |
|  | Yes                      | No                       | Don't know               |
| 3. Did the nurse go through the Welcome Pack with you? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  |                          |                          |                          |
|  | Yes                      | No                       | Don't know               |
| 4. Do you know who your named nurse is?                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

FREEPOST ANG0115  
**Service User and Carer Experience Team**  
Hertfordshire Partnership NHS Foundation Trust  
99, Waverley Road  
St Albans  
Hertfordshire  
AL3 5BR




## Care and Treatment






5. Do you feel safe on the unit?

		
Yes	No	Don't know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>




6. If no - could you tell someone how you felt?

		
Yes	No	Don't know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>




7. Do staff give you clear information about your care plan?

		
Yes	No	Don't know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Do you understand what they said about your care plan?

		
Yes	No	Don't know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>




9. Did you have 1-1 time on your own with nursing staff?

		
Yes	No	Don't know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>




## Environment






10. Were you able to lock your door and keep your things safe?

		
Yes	No	Don't know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>




11. Was the unit clean and tidy?

		
Yes	No	Don't know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>




12. Were the toilets and bathrooms private?

		
Yes	No	Don't know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. Did you see your visitors and make telephone calls in private?

		
Yes	No	Don't know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. Were your religious needs met?

		
Yes	No	Don't know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15. Did you have any of the following:

Was it helpful?

Do you like the food

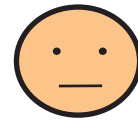
Talking Therapy (Psychology)



Yes



No



Don't know

Art Therapy



Yes



No



Don't know

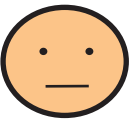
Music Therapy



Yes



No



Don't know

Drama Therapy



Yes



No



Don't know

Speech and Language Therapy



Yes



No

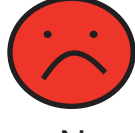


Don't know

Daily Activities



Yes



No



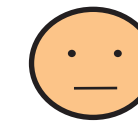
Don't know



Yes



No



Don't know

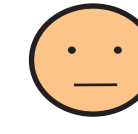
Do you have a choice of food at mealtimes?



Yes

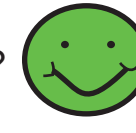


No



Don't know

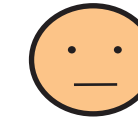
Could you have a drink and snack when you wanted?



Yes



No



Don't know



Please use this box if you would like to make any comments or tell us anything else.

**About you** (please tick box)

I am Male  Female

Age

**Ethnic group**

**White**

British

Irish

Other White background

**Mixed**

White and Black Caribbean

White and Black African

White and Asian

Other Mixed background

**Chinese**

**Black or Black British**

Caribbean

African

Other Black background

**Asian or Asian British**

Indian

Pakistani

Bangladeshi

Other Asian background

**Not Stated**

**What next**

If you would like to complete this form over the phone please contact the Patient Advice and Liaison Service on 01727 804629

(Monday to Friday: 9 am to 3.30 pm). You may also complete it on our website at [www.hertspartsft.nhs.uk/](http://www.hertspartsft.nhs.uk/)

If you would like information about helping to make our services better please tick here.

Please give us your name and address below, if you have ticked any of the boxes

This survey is designed to help us improve services. We produce reports on what we have done in response to what you and other service users and carers have said. If you would like a copy of the next report, please tick here.

If you want your comments to be treated as a formal complaint, please tick here.

Title:

Surname:

Forename:

House no or name:

Street:

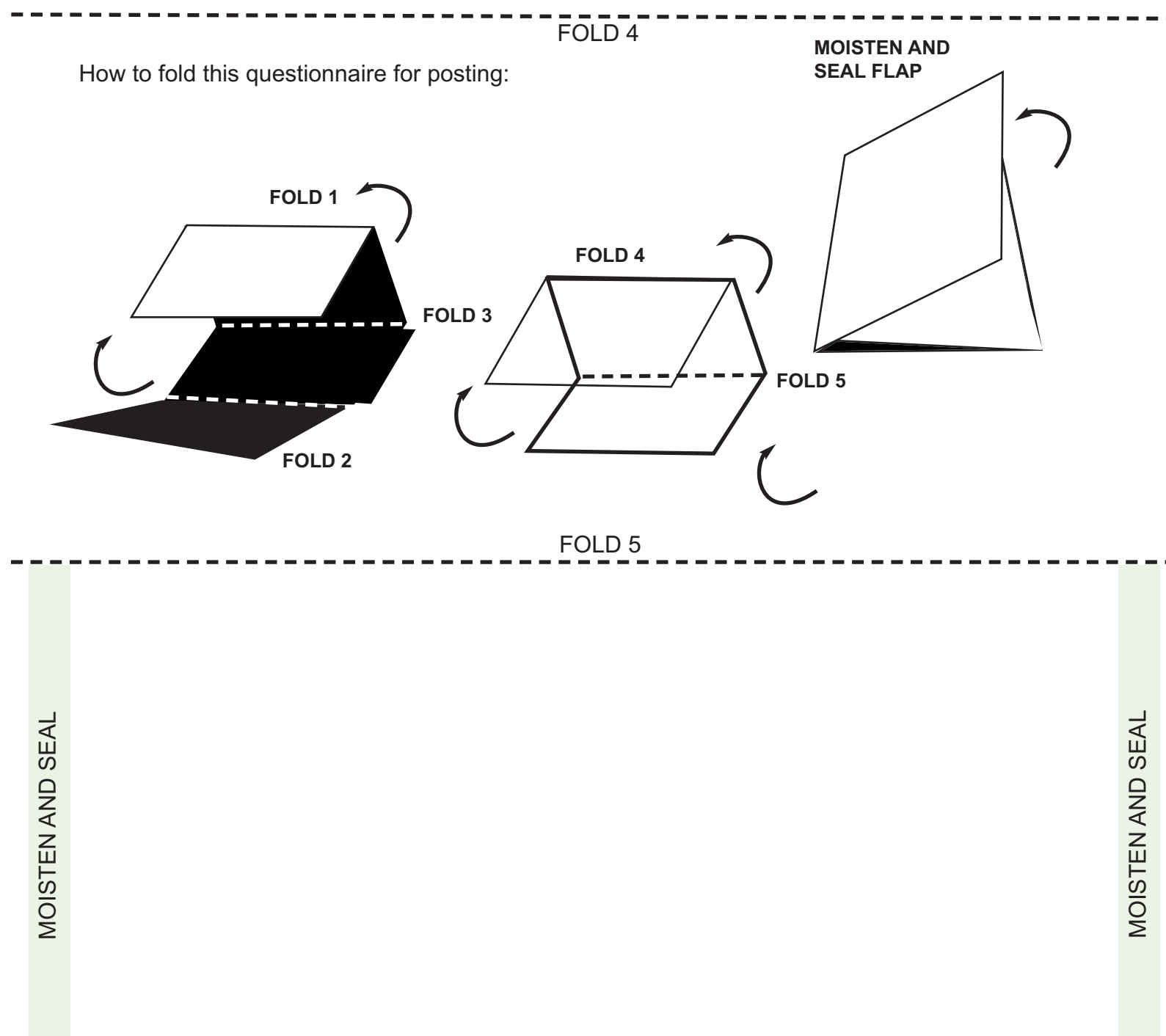
Town:

County:

Postcode:

If you would like to get more involved in improving services, you can contact:

**Patient and Public Involvement Lead**  
Hertfordshire Partnership  
NHS Foundation Trust  
99 Waverley Road, St Albans, Herts  
AL3 5TL  
Tel: 01727 804761



Trim away