

Welcome to Basildon University Hospital

We hope you and your visitors find the information in this folder useful during your stay in hospital. If you have any questions that it does not answer, please do not hesitate to ask.

“On behalf of all staff, I would like to welcome you and pledge our commitment to offer excellent, safe and compassionate care to all our patients.

“I am delighted to begin my new role at the Trust. I want to assure you that you are entitled to expect high standards of care and treatment, and to be treated with dignity and respect. If we do not meet these expectations, please tell us, so that we can improve our services.

“We understand that staying in hospital can be an unsettling experience, and we want all our patients and their loved ones to feel confident that they will have the best possible experience here.

“Please help us to achieve this by letting us know what we are doing right, and where we could do better.

“I wish you a speedy recovery.”



Clare Panniker
Chief Executive



Staff you may see during your stay in hospital

Nurses

A registered nurse will be in charge of your care at all times. He or she will be able to answer questions and help with any problems. The nurses work in teams to ensure continuity of care. Should you have any concerns about your care or treatment, please speak to a member of your nursing team.

All wards are managed by a senior sister/senior charge nurse. In their absence, there will be a designated nurse in charge. In addition to the senior sister/senior charge nurse, each ward has an allocated lead nurse. Some of your care will be provided by our trained healthcare assistants, who support nursing staff to carry out essential care for our patients.

Doctors

You will be under the overall care of a consultant who, together with their team of doctors, will be responsible for your treatment plan. You will be seen by a member of this medical team regularly. If you or your relatives wish to speak to your doctor or the consultant, please ask a member of the ward team to arrange an appointment.

Other healthcare professionals

Other healthcare professionals may be involved in your care, including specialist nurses, radiologists, radiographers, physiotherapists, occupational therapists, pharmacists and pharmacy technicians, nutritional specialists and dietitians.

Medical and nursing students

As a University Hospital, we are involved in training a range of healthcare professionals. This means that you may be asked if you would consent to medical nursing, or other students being involved in your care. This will not affect the quality of your care in any way and a registered member of staff will always supervise students. If you do not want students to be present, please tell the doctor, senior sister/senior charge nurse or nurse in charge. Your treatment will not be affected in any way and your wishes will always be respected.

There are also many other staff involved in the day-to-day running of the hospital, such as domestic, administrative, portering and phlebotomy staff.

Chaplaincy team

The hospital has a team of chaplains, who are available to spend time with both patients and their relatives. Please speak to a member of the ward team if you wish to talk to the chaplain.

If you would like time to pray or simply have a few quiet moments, you are welcome to use our multi-faith prayer room 'The Sanctuary', which is located on level C near the restaurant.

Your care and treatment

Consent for treatment

Before any doctor, nurse or therapist examines or treats you, they must have your consent or permission to do so. This can often simply be implied by you following their suggestions, such as opening your mouth when a doctor asks to examine your throat, thus showing your consent.

Depending on the type of examination or proposed treatment or whether it carries risks as well as benefits, staff will ask you to sign a form. The treatment, risks and benefits will be explained to you so that you can make an informed decision. Leaflets on consent to treatment are available from the doctor. Please feel able to ask them any questions or discuss any concerns you have. It is important that you understand the treatment being proposed before you consent to it.

Patient information

Information leaflets on many aspects of care and treatment are available. Please ask a member of the ward team if you would like any additional information, or information in alternative formats or languages.

Medicines information

Most dispensed medicines boxes contain an information leaflet. You will be given the leaflet when you go home. However, you may wish to read these during your stay in hospital. If so, ask the nurse or pharmacy staff for a copy.

Pharmacy staff visit the wards to review the medicines prescribed for you and check your medicines are stored in the bedside medication locker. They will be happy to discuss any questions or concerns you may have about your medication. Alternatively you may contact our pharmacy medicines helpline, Monday to Friday (9.00am – 5.00pm) on 01268 593788.

If you have special requirements

We will respect your privacy, dignity, religious and cultural needs at all times. Please let a member of staff know about any special requirements, such as special dietary needs, food allergies, washing or praying facilities. A member of the catering team or the chaplaincy service would also be pleased to talk to you and the ward team can arrange for them to see you if you wish.

Equality and diversity

We aim to ensure that services are accessible to everyone, regardless of age, ethnic origin, religion, gender, sexual orientation, income or area of residence.

Please let the ward team know if you have specific requirements, for example, to meet your faith or dietary needs.

Safeguarding

If you have any concerns about yourself or a friend or relative who may be at risk of abuse or harm, you should report your concerns to a member of the ward staff or you may wish to call 'Ask Sal' on 08452 666663.

You can call 'Ask Sal' for anything from straightforward information and advice about the abuse and the safety of the more vulnerable adults in Essex, to the disclosure of a specific concern about your own safety of somebody that you know. Should you wish to report maltreatment of an adult in Essex, 'Ask Sal' will take your concern seriously and ensure that it is investigated appropriately.

The 'Ask Sal' helpline is a partnership project between the Southend, Essex and Thurrock Safeguarding Adults Boards and Essex County Council.

Interpretation and signing

As part of our commitment to equal access for all our patients, we can provide a qualified interpreter in almost any language. Please ask one of the ward staff for help. A hospital communication book is available on the ward for your use, please just ask. We can also arrange for a registered sign language interpreter to communicate on your behalf if required.

Many of our wards and reception areas have portable hearing loops to assist people wearing hearing aids, if this facility would be helpful to you please ask a member of staff.

Disabled facilities

We have a range of facilities available for patients and visitors with disabilities, all fully compliant with the Disability Discrimination Act.

Ensuring the safety of your personal belongings

Please do not bring any valuables such as personal electrical items, including ipads and laptops, jewellery (other than wedding rings or items of religious importance) or large sums of money and credit cards into hospital. If you have been admitted as an emergency, staff can identify temporary safe storage until you are able to send valuables home. You will be provided with a receipt.

Please note that any large amounts of money will be banked on your behalf for safekeeping and will be returned to you once you have left hospital. If you hand in £100 or more for safekeeping, it can only be returned to you in the form of a cheque.

The Trust cannot accept responsibility for loss or damage to anything you bring with you unless it has been handed to staff for safekeeping, documented and signed for.

If you wear a hearing aid, spectacles or have false teeth, staff will do their best to prevent you losing them, but we cannot accept any responsibility for their loss or damage unless you have not been well enough to look after them yourself.

‘Living Wills’ or Advance Directives/Advance Decisions, appointing an Attorney in personal welfare

Unfortunately, most people do not consider while they are well enough to do so, what decisions they would like their loved ones to make on their behalf should they become mentally incapacitated (that is when you no longer have mental capacity to make your own decisions). It is always best to make your wishes known and have these recorded in line with the Mental Capacity Act, as it will be more complex for your family and/or advocate to act on your behalf if you are assessed as no longer having mental capacity.

Mental capacity is defined as being able to:

- Understand what is being explained to you.
- Use or weigh that information and make a decision based on what you have been told.
- Communicate that decision.

The Mental Capacity Act 2005 came into force in April 2007 and forms the legal basis for living wills, advance decisions and the appointment of an Attorney for personal welfare.

To summarise:

To be valid, a living will/advance decision needs to:

- Be made by a person who is 18 or over and has the mental capacity to make it.
- Specify the exact treatment to be refused (this can be in lay terms).
- Specify the circumstances in which this refusal would apply.
- Not have been made under the influence or harrassment from anyone else.
- Not have been modified verbally or in writing since it was made.

Living will/advance decision refusing life-sustaining treatment needs to:

- Be in writing (it can be written by a family member, recorded in medical notes by a doctor or on an electronic record).
- Be signed and witnessed and dated (it can be signed by someone else at the person’s direction) - the witness is to confirm the signature, not the content of the advance directive.
- Include an express statement that the decision stands even if life is at risk.

A doctor might not act on a living will/advance decision if:

- The person has done anything clearly inconsistent with the advance decision that affects its validity (for example, a change in religious faith).
- The current circumstances could not have been anticipated by the person and may have affected their decision (for example, a recent development in treatment that radically changes the outlook for their particular condition).
- It is not clear about what should happen.
- The person has been treated under the Mental Health Act.

If you want to know more about how you can make your wishes known about how you would like to be cared for, should you lose mental capacity, you should ask a family member or friend to contact a solicitor on your behalf.

Please note that our staff are advised not to sign or act as a witness for any legal documents.

Next of kin/preferred contact – why it is important to nominate someone

We will ask all competent adult patients to nominate their preferred contact. This is not simply a contact person but has greater potential significance. It is this person that we may need to turn to for advice, guidance or help about your care if you become unable to respond yourself. The person you nominate may be asked what they believe would have been your wishes in the event of your incapacity or death.

The daily ward routine

Comfort rounds

Staff on the wards will visit you at regular intervals to ask if you need assistance with anything such as going to the toilet, to help you change your position, offer you a drink or see if you are in any pain.

Also near your bed is a nurse call bell. This is for you to alert staff should you need help.

Meal times

Each ward aims to protect mealtimes so that there is a calm, relaxing and pleasant atmosphere while patients are eating. Clinical activity is restricted as much as possible during this time so that more staff are available to support patients who need help with eating their meal. Visitors are asked not to visit during mealtimes unless coming to help patients eat. Protected meal times do not affect urgent or emergency treatment, which will still be carried out.

Each morning you will be given a menu from which to choose your main meals for the day.

Meal times are:

Breakfast: 8am (approx)

Lunch: 12.30pm to 1.30pm

Dinner: 5.30pm onwards

Smoking

We have declared the hospital smoke free and you and your visitors should not smoke anywhere in the buildings or grounds. If you are finding it difficult not to smoke during your hospital stay, please speak to a member of the ward team. They will be able to provide you with advice and support. Depending on your individual needs, support can include Nicotine Replacement Therapy, which can be prescribed by your hospital doctor for the time that you are in hospital.

Alcohol and recreational substances, non-prescription drugs

These are not permitted as they may interfere with your medical treatment. Please discuss this with your doctor if you have any concerns.

Mobile telephones

Use of mobile phones is not permitted in certain clinical areas. However mobile phones can be used in specific, identified areas. Please ask a member of staff for guidance.

Please note that to protect the privacy of other patients and visitors, the use of cameras and the camera facility on a mobile telephone is not allowed.

Privacy and dignity

We will respect your privacy and dignity at all times and ask that in turn you respect that of the other patients on the ward. Please ensure that you and your visitors are mindful of the needs and sensitivities of other patients.

Wards are either occupied entirely by only male and female patients or have single sex bays with separate washing and toilet facilities available for male or female patients.

Information about your healthcare

Any information we have about you is strictly confidential and only the healthcare professionals directly involved in your care will have access to this information. All staff who have contact with your medical records will keep them confidential at all times. We will tell your relatives about your progress only if you wish. You will be asked to confirm who we may pass information to. No information will be passed to anyone without your permission. We suggest you nominate one relative to make enquiries and receive this information. You should be aware that most wards keep some records at the end of the bed, which may be in a file or on clip boards.

If it is difficult for your next of kin or preferred contact to visit you, the ward team can, with your consent, set up a password for them to use to confirm their identity if they telephone for information about your progress. This will be recorded in your healthcare records to ensure that all staff are aware of this arrangement.

Viewing your medical records

It is your right to:

- Ask to see your most recent episode of healthcare records, subject to the consent of the treating consultant, at a time that is mutually convenient. Every effort will be made for the member of staff who is present at the viewing to be someone who can help you to understand the healthcare records. Please be aware that this may not always be possible during your hospital stay.
- Request a copy of your healthcare records. This is subject to the payment of a fee and completion of an Access to Records Application Form. At the present time this charge cannot exceed £50. Forms are available on request from the Medical Records Manager and staff on the ward can advise you how to do so. However, it is essential that your healthcare records remain on the ward for the duration of your stay and any copies will be arranged in most situations after you have been discharged home.

It is not your right to:

- View your healthcare records on demand while attending the hospital for any reason.
- Look at your medical records without a member of staff.
- Take your medical records home.
- Take copies or images of your healthcare records.
- Make any deletions or additions to the medical records; if you are unhappy in any way with the contents, you should use the Trust's formal complaints procedure.
- See any element that relates to, or is provided by a third party, unless that third party has consented to the disclosure, or is a healthcare professional who has provided the information in a professional capacity.
- See any contents that may be deemed by the clinician to endanger your mental well being.

Can friends or relatives visit me?

The Trust encourages visiting and the involvement of carers to make your stay in hospital as pleasant as possible. Only two visitors per patient at any one time are allowed. Visiting times vary – please check the times with a member of the ward team. Visiting times should also be displayed at the entrance to the ward.

Flowers

Please note that some wards do not permit flowers to be brought onto the ward. Please check with a member of ward staff and advise your visitors accordingly.

Infection control

Hospital cleanliness and infection control is a top priority. All staff, patients and visitors must clean their hands every time they enter and leave a ward.

All members of staff are committed to reducing the risk of you getting an infection during your stay in hospital. Before and after attending to your care, they should clean their hands using soap and water or by applying the sanitiser hand rub (foaming hand sanitiser) situated within each bed area. It is your right to challenge staff if you have not seen this happen.

It is important for us to combat infection together.

Visitors can also help by:

- Not visiting you in hospital for at least 48 hours after they have had diarrhoea or vomiting.
- Not sitting on your bed.

Preventing blood clots

What are hospital-acquired blood clots?

A hospital acquired blood clot can occur in patients while in hospital or up to ninety days after. There are two kinds:

1. Deep vein thrombosis (DVT): a DVT is a blood clot (also known as a thrombosis) that forms in a deep vein, most commonly in your leg or pelvis. It may cause no symptoms at all or cause swelling, redness and pain.
2. Pulmonary embolism (PE): a PE is when a clot becomes dislodged, passes through your blood vessels and enters your lungs. Symptoms include coughing (with blood stained phlegm), chest pain and breathlessness. Health professionals use the term venous thromboembolism (VTE) to cover both DVT and PE.

If you develop any of these symptoms either in hospital or after you go home, please get medical advice immediately.

Are blood clots common?

Blood clots occur in the general population in about one in 1,000 people every year. You may have heard about DVT in people who have been on an aeroplane, but you are much more likely to get a blood clot as a result of being in hospital. In fact, about two thirds of all blood clots occur during or after a stay in hospital. Hospital doctors, nurses and pharmacists assess each patient's risk. If you are at risk, your doctor or nurse will discuss with you what can be done to protect you.

Who is at risk?

Any unwell adult admitted to hospital is at risk; additional factors that put patients at greater risk include:

- A previous clot.
- A recent diagnosis of cancer.
- Certain 'sticky blood' conditions such as antiphospholipid syndrome or Factor V Leiden.
- Being overweight.
- Being immobile.
- Oestrogen-containing contraceptives and hormone replacement.
- Having an operation.
- Significant injury or trauma.
- During and after pregnancy.

What can be done to reduce my risk?

Stockings: In hospital, you might be measured and fitted with anti-embolism stockings for your legs. You should be shown how to wear them and told to report any new pain or discomfort in your feet or legs to a healthcare professional. Your stockings will be removed for a short time every day so that you can have a wash and check for any skin problems.

Inflatable sleeves: The clinical team may ask you to wear calf or foot pumps - special inflatable sleeves around your legs or feet - while you are in bed or sitting still in a chair. These will inflate automatically and provide pressure at regular intervals, increasing blood flow around your legs.

Blood thinners: Most patients at risk will be prescribed a small dose of an anticoagulant (blood thinner). These reduce the chance of having a blood clot by thinning your blood slightly. If you need to take these medicines when you leave hospital, you will be told how long to take them for. The blood thinner most often used is a type of heparin, which is given by injection. Blood thinning tablets are increasingly being used after orthopaedic surgery.

To be effective, these methods of prevention must be used correctly. If you have any questions or concerns, please ask your doctor or nurse.

What can I do to help myself?

If possible, before coming into hospital:

- Talk to your doctor about contraceptive or hormone replacement therapy. Your doctor may consider stopping them in the weeks before an operation and will provide advice on temporary use of other methods if your usual contraceptive is stopped.
- Keep a healthy weight.
- Do regular exercise.

When in hospital:

- Keep moving or walking and get out of bed as soon as you can after an operation – ask your nurse or physiotherapist for more information.
- Ask your doctor or nurse: “What is being done to reduce my risk of clots?”
- Drink plenty of fluid to keep hydrated.

What happens when I go home?

Until you return to your usual level of activity, you may need to wear anti-embolism stockings after you go home. Your nurse will tell you how to put them on and what you should check your skin for.

If you need to continue anticoagulation injections at home, your nursing team will teach you how to do this. If you have any concerns make sure you speak to a nurse before you leave.

If you develop any sign or symptoms of a clot at home, then seek medical advice immediately, either from your GP or your nearest hospital’s A&E department.

Safety in hospital

Treating each other with mutual respect

As an employer, the hospital is committed to taking reasonable and practicable action to prevent our staff becoming a victim of any type of abuse, threat, intimidation or assault.

Any such behaviour directed towards staff is unacceptable and management actively supports and works in partnership with staff and health and safety representatives to safeguard our staff. We take any abusive, threatening or violent conduct towards staff extremely seriously and reserve the right to take further action against anyone behaving in this way.

Safe moving and handling

You may experience some difficulty in moving yourself about because of your surgery or illness. We will regularly assess your ability to move and make a plan with you to help you move safely.

Your own immobility can lead to other problems such as chest infection and pressure sores. These may in turn increase the length of time you are in hospital. We will therefore encourage you to improve and maintain your independence by helping you to do as much as possible yourself.

If you need help to move, we will use special equipment that makes moving safer, easier and more comfortable for you and our staff. We will explain how the equipment works and any actions you need to carry out.

Preventing falls

Patients fall for a variety of reasons while in hospital but for many it is just because they are in a strange and different environment – things do not look the same and this can lead to disorientation.

The following may help to prevent you from having a fall while you are in hospital:

- Please call for help if you feel dizzy or unwell.
- Ensure you know where the bedside call buzzer is and that you can reach it.
- Be aware of obstacles on the ward, wet floors and other people around you.
- Be careful when you get in and out of bed or a chair.
- If you have glasses, please wear them. If you have forgotten them, please ask someone to bring them in.
- Ensure you have well-fitting slippers with non-slip soles to wear while walking around the ward.
- If you normally use a walking aid such as a frame or stick, please bring it into hospital with you. If you have forgotten it, please let us know so we can lend you one.
- If the toilet seat is too low, tell a member of the ward team – raised seats are available.
- Beds can have their height adjusted to suit each individual. If you feel your bed is too low or too high, let the nursing staff know.
- If you or your relatives have any concerns about falls, please speak to one of the nurses.

Electrical equipment

We ask that you keep electrical appliances to a minimum. All electrical items brought into the hospital must be tested by a staff electrician before being used. The testing of medical equipment needs to take priority, so please be aware that there may be some delay before your equipment is checked. Hair dryers are available on some wards, so please check with the ward team.

Amenities within the hospital include a restaurant, shop, cash-point and multi-faith prayer room.

Leaving hospital

Shortly after admission, you will be given an estimated date of discharge. All staff will work with you towards achieving this. If it appears likely your stay may be longer, the reasons will be discussed with you, as will any ward move that may be necessary.

On the day you are going home, we ask you to vacate your bed before 11am so that it can be used by another patient coming into hospital. If you need to wait for someone to pick you up, you will be escorted to the hospital discharge lounge. Please arrange for someone to bring in clothes for you to travel home in and remember to take all of your belongings home with you. A letter will be sent to your GP telling them you have been discharged.

Car parking

If you are collected by car, your relatives or friends may park in the hospital car park, which is free for the first 30 minutes. The charges for parking longer than this are clearly displayed, so please have some change available. There are disabled parking bays outside the multi-storey car park, Main Reception, Maternity and the Outpatients Department. All disabled badge holders may park free of charge in these bays. To assist patients, relatives and carers who need to visit the hospital regularly and frequently, concessionary parking is available in certain circumstances. Speak to the senior sister for more information, or see our website www.basildonandthurrock.nhs.uk.

Compliments, complaints and comments on our service

We hope you are pleased with the service you receive when you stay with us. Any comments about your stay in hospital or your treatment are welcomed. These help us to identify where we are getting it right and where things can be improved. Please be assured your care will not be affected if you complain. Please let us know of your concerns as soon as possible so that we can take action to put things right. Speaking to a member of the ward team is usually the quickest way to resolve any problems. If they cannot help, ask to speak to the Lead Nurse. You can also contact our Patient Advice and Liaison Service (PALS), which helps support patients, relatives and carers when they have concerns or queries. You can talk to them in confidence. Their contact details are at the end of this section, or you can ask a member of staff to contact them on your behalf.

We also want to know what you think of our services generally, what your suggestions are for the future and when you are pleased by the efforts of our staff.

When you feel you have received good care and treatment, staff really appreciate your positive comments. You can recommend us to others, by posting a comment on NHS choices, at www.nhs.uk.

Comment cards regarding your hospital stay are available on the ward. We are continually looking at new ways to obtain your feedback on the quality of care you have received. and you may be asked to complete a questionnaire. You are not obliged to do so, but your views are very important to us, can help improve the care of future patients and will be treated in complete confidence.

What if I have a problem?

If there is something that we can do straight away to try to put things right for you, please tell us. It is important that you let us know as soon as you can if there is something that is upsetting you, or if you are unsure about the services that you are receiving. Please speak to a member of staff where you are receiving treatment, as they may be able to help you immediately. Or, you can discuss your concern with our PALS (Patient Advice and Liaison Service). Their details are at the end of this section.

Did we get it wrong?

If we got things wrong and did not provide your care and treatment in the best possible way, we understand that you will want to tell us about it and ask questions. Anyone who is receiving, or who has received, NHS treatment can complain. You can complain for yourself or on behalf of a friend or a relative. However to make a complaint on behalf of somebody else you must have their written consent to do so.

How can I make a complaint?

You may wish to write a letter, email or speak to somebody personally. You can contact our Patient Experience Team. Their details are at the end of this section. It is important that you give us as much information as possible about what happened, including where and when.

How long have I got to make a complaint?

It is always better to make your complaint as soon as possible after the problem occurred, or when you first became aware something was not right. Your complaint should be made within 12 months of the incident. This time limit can be discussed, but it is there to ensure that long periods of time have not elapsed, as this could prevent a full investigation taking place.

What will we do?

We will contact you within three working days, either by telephone or, if we do not have a contact number for you, we will write to you. This is so we can understand exactly what the problem is and agree what we can do to resolve it. It is also important that we know what you would like to see happen as a consequence of the concerns you have raised and what actions we can take to help reassure you. When we contact you, we will also discuss the timescale for responding to your concern.

What will happen next?

We will write to you to confirm how we have listened to and investigated your concerns. This may mean providing an apology, explaining what changes and improvements we will make, or detailing any further action that needs to take place. We will ensure that our reply relates to the issues you originally highlighted.

What happens if I am not happy with the outcome?

If you are not satisfied with our response to your complaint, we will be happy to meet with you to explain or clarify any issues, or to discuss other possible ways to resolve your concerns. If you still feel that your concerns have not been addressed, you have the right to ask the Parliamentary and Health Service Ombudsman (see the end of this section) to review your case.

Feedback

Feedback from our patients and visitors is very important, as it helps us to make improvements. You can give us your feedback in several ways.

Comment card

You will find comment cards in dispensers throughout our hospitals. Let us know what you think by filling one in, and handing it to a member of staff.

Write to us

You can write to the ward or department where you received your care and treatment, or you can send in your feedback to our PALS (Patient Advice and Liaison Service) - see the end of this section for contact details. Or you can email your comments to pals@btuh.nhs.uk.

Who can help me if I am unsure about what to do?

You are very welcome to contact our PALS (Patient Advice and Liaison Service).

You can call them on 01268 394 440, 9am-5pm, weekdays. Or you can email pals@btuh.nhs.uk.

Alternatively you may contact the Patient Experience Team on 01268 524900 ext 3222, 9am-5pm weekdays; email pet@btuh.nhs.uk or you can write to them at:

Basildon University Hospital
Nethermayne
Basildon
Essex
SS16 5NL

Independent Advice

You can ask for independent advice from the Independent Complaints Advocacy Service, at

Essex ICAS
POhWER
PO Box 14043
Birmingham
B6 9BL
Tel: 0300 456 2370
Minicom 0300 456 2364
Fax: 0300 456 2365

Parliamentary and Health Service Ombudsman

Millbank Tower, Millbank, London, SW1P 4QP.

Tel: 0345 015 4033

You don't have to pay to have your say!

To help us improve our services, it is important for us to hear about your views and experiences during your stay with us. You may be asked to take part in surveys, using your bedside TV terminal, about some aspects of the care you have received; for example, the quality of patient meals.

Some services on your bedside TV terminal have to be paid for, but there is no charge for taking part in surveys and your answers are kept completely anonymous.

We welcome your feedback, so please tell us what think.

How to take part in our patient surveys:

Patient surveys can be accessed on your bedside TV terminals. The terminals are all touch screen and you do not need to be registered on the terminal to access the survey. You don't have to pay to have your say.

Please follow the instructions below to complete the survey:

1. Turn on your bedside terminal.
2. Go to **Main Menu**.
3. Select the **Hospital Information** or **Hospital Surveys** button.
4. Choose a **Survey** button.
5. Select an answer option to each question followed by **Submit**.
6. If you are asked to add any further comments, use the keypad on the screen followed by **Submit**.



Thank you for taking the time to complete this survey.



If you have any queries or concerns relating to this survey, please speak to a senior nurse or contact our Patient Advice and Liaison Service (PALS) on 01268 394 440 9am-5pm, Monday-Friday. Or email pals@btuh.nhs.uk

