2018

Effectiveness of the Hospital Liaison Officer service on acquired brain injury patients, their families and healthcare professionals: A thematic analysis

Knight, E.


http://hdl.handle.net/10026.1/14178

All content in PEARL is protected by copyright law. Author manuscripts are made available in accordance with publisher policies. Please cite only the published version using the details provided on the item record or document. In the absence of an open licence (e.g. Creative Commons), permissions for further reuse of content should be sought from the publisher or author.
Appendices

Appendix A
Letter of consent from Headway Somerset allowing access to the Hospital Liaison Officer (HLO) service data.

Dr. Alyson Norman  
Plymouth university

Headway Somerset  
3 Viney Court  
Viney Street  
Taunton  
Somerset  
TA1 3FB

21st September 2016

Dear Alyson

Headway Somerset - Ellie Knight

This letter is to confirm that Headway Somerset has granted the above mentioned student with necessary authority to use the data collected from the Hospital Liaison evaluation records, for research purposes.

Yours Sincerely

Hilary Dicks
Chief Executive
email: hilary@headwaysomerset.org.uk
Tel: 01823 444829
Mobile: 07920 852228

Headway Somerset Ltd is a Registered Charity No 1097407 and a company limited by guarantee registered in England No. 4699611. Registered address: 6 The Linen Yard, South Street, Cinderford, Somerset TA18 8AB. Headway Somerset Ltd is a Registered Charity No 1097407 and a company limited by guarantee registered in England No. 4699611. Registered address: 6 The Linen Yard, South Street, Cinderford, Somerset TA18 8AB
Appendix B
The client Headway Somerset Hospital Liaison Feedback form given to ABI patients and their families to complete.

Headway Somerset Hospital Liaison

Feedback Form

Your views are very important to us and will enable us to continually improve the service and support we offer. We would be really grateful if you could spare a moment to tell us what you thought about your experience of the Hospital Liaison Service provided by Headway Somerset.

Date: ...........................................
Name: ...........................................................................................
E-mail/contact number ........................................................................

1: What did you feel you needed most from the Hospital Liaison Service?
2: What was actually provided to you by the Hospital Liaison Service?
3: How well has the Hospital Service met your needs in hospital, and is this need ongoing?
4: Which other services/bodies would you have turned to if you had not dealt with the Hospital Liaison Service?
5: Have you been supplied with signposting and support information by other organisations?
6: How do you feel the Hospital Liaison Service could be improved?

Comments - We would very much like to know if you have any further comments, experiences or recommendations:

Thank you for taking the time to complete this form – it is very much appreciated.
Appendix C
The Clinical Headway Somerset Hospital Liaison Feedback form given to healthcare professionals to complete.

Headway Somerset Hospital Liaison
Feedback Form

Your views are very important to us and will enable us to continually improve the service and support we offer. We would be really grateful if you could spare a moment to tell us what you thought about your experience of the Hospital Liaison Service provided by Headway Somerset.

Date: ..................................
Name: ..................................................................................................
Position/Job title .....................................................................................
E-mail/contact number ...........................................................................

1: Did you find the support and advice of our Hospital Liaison Service helpful for your patients?
2: How do you feel the service helped your patients’?
3: Did the service help with the patients’ transition between hospital and home, and if so how?
4: Did the information and support given by the Headway Somerset Hospital Liaison Service help improve patients’ wellbeing?
5. In your opinion what are the benefits to you and other clinical staff members of having Headway Hospital Liaisons’ involved in the support of patients with acquired brain injuries?
6: Would you recommend Headway Somerset services to other patients, families and clinical staff?
7: If the Hospital Liaison service ceased at the end of 2016 due to lack of funding, what impact do you feel this would have on your patients and their families?

Comments - We would very much like to know if you have any further comments, experiences or recommendations:

Thank you for taking the time to complete this form – it is very much appreciated.
Appendix D
A thematic map of the client themes and subthemes.

Key: Single directional solid arrows demonstrate hierarchical relationships between themes and subthemes.
Appendix E
A thematic map of the clinical themes and subthemes.

Key: Single directional solid arrows demonstrate hierarchical relationships between themes and subthemes.
Appendix F
A thematic map of the client and clinical, themes and subthemes.

Key: Single directional solid arrows demonstrates hierarchical relationships between themes and subthemes; a dotted line indicates a corresponding relationship between two subthemes of different themes.