



Rose Volunteer Feedback Form

(PRIVATE AND CONFIDENTIAL)

GENERAL VISIT INFORMATION:

Volunteer Name:		Ward/Unit visited:		Date:
Patient Name:				
Visit Information:	PATIENT ALONE <input type="checkbox"/>	FAMILY/FRIENDS PRESENT <input type="checkbox"/>	FAMILY/FRIENDS ARRIVED <input type="checkbox"/>	
	PATIENT DECEASED <input type="checkbox"/>	PATIENT DISCHARGED <input type="checkbox"/>		
Time spent with patient:		Time spent with family/friends:		
Patient Observations:	PATIENT CONSCIOUS <input type="checkbox"/>	PATIENT SEMI-CONSCIOUS <input type="checkbox"/>	PATIENT UNCONSCIOUS <input type="checkbox"/>	

SUPPORT PROVIDED:

HELD CONVERSATION <input type="checkbox"/>	HELD HAND <input type="checkbox"/>	MASSAGED HAND <input type="checkbox"/>	ADJUSTED PILLOWS/ BLANKETS/ BED <input type="checkbox"/>
COMFORTED VERBALLY <input type="checkbox"/>	READ TO <input type="checkbox"/>	BRUSHED HAIR <input type="checkbox"/>	SOURCED EXTRA BLANKETS/ PILLOWS <input type="checkbox"/>
SAT IN SILENCE <input type="checkbox"/>	LISTENED TO <input type="checkbox"/>	SANG/HUMMED TO <input type="checkbox"/>	ASKED WARD STAFF TO REPOSITION PATIENT <input type="checkbox"/>
SPOKE TO FAMILY <input type="checkbox"/>	FOOD GIVEN <input type="checkbox"/>	DRINK GIVEN <input type="checkbox"/>	Respite for Relatives <input type="checkbox"/>
WENT ON ERRAND <input type="checkbox"/>	MOUTHCARE <input type="checkbox"/>	WASHED FACE <input type="checkbox"/>	
OTHER <input type="checkbox"/>			

Were there any concerns that you had to raise with ward staff on your visit?	YES:	NO:	If yes, detail the nature of the issue below
	Nature of the issue raised:		

Patient Follow-up Request:

Do you feel the patient or family would benefit from further support?		YES:	NO:
If yes, please indicate the type(s) of support required by ticking any boxes below that apply:	Please briefly indicate here any relevant details regarding support required and any information regarding steps you have already taken to refer to appropriate staff.		
Clinical nursing support (ideally this should be raised at the time of your visit with the nursing staff) <input type="checkbox"/>			
Further Rose volunteer support <input type="checkbox"/>			
Pastoral Care Support (Chaplaincy) <input type="checkbox"/>			
Other <input type="checkbox"/>			



Volunteer Follow-up

WHAT TO DO IF YOU HAVE URGENT CONCERNS:

1. Speak to the Nurse in Charge
2. Contact the on call Chaplain:
 - Mon – Fri 9-5 07776 598704
 - Out of hours, call switchboard 01923 244 366 and ask to be connected to the on call Chaplain.

Volunteer Follow-up Request:

Would you like a follow up call from a supervisor?

YES:

NO:

If yes, please indicate the urgency of your need for a follow up call:

within 1 working day

within 1 working week

If you are severely personally affected by anything that has happened during your shift today, please do not leave without speaking to one of the following supervisors:

Voluntary Services Manager - 07407121428

Chaplaincy Manager – 07876526935

End of Life Care Volunteers Project Manager – 07958492506

Visiting procedure

1. Upon arrival at the hospital, please visit the Volunteer Hub office to collect a list of patients who may benefit from a visit or support. You must do this before going to the wards.
2. Please ensure correct identification worn (ID badge, volunteer lanyard, Rose badge and yellow name badge).
3. When you arrive on the ward please wash your hands and use the hand gel.
4. Please ensure you make yourself known to the Nurse in Charge and that they are aware that you are on the ward and explain why you are there.
5. Introduce yourself to patient and or family as a Rose volunteer using your first name “Hello my name is...”
6. Support the patient and or family/carer(s) as you have been trained to do.
7. Ensure you use the hand gel before and after each patient.
8. Inform the Nurse in Charge when you are leaving and mention any concerns.
9. Sign out of using the volunteer signing in/out folder in the volunteer hub.
10. Complete and return this form to chaplaincy and place in the EOLC folder

Thank you