**Sandwell & West Birmingham - Activity Support and Mobility Volunteer Role**

**VIP Staff Survey**

**Patient & Carer Survey - Service evaluation questionnaire**

**Please tell us about your stay in hospital … 2 minute survey**

Thank you for taking part in this survey. This information sheet explains why this research is being carried out and what it will involve. We would be grateful if you could read the following information.

**What is the purpose of this survey?**

This survey is aimed at better understanding your experience in hospital - for those had support from a hospital volunteer and those who did not.

**Who is organising this research?**

This survey is organised by Helpforce, a not-for-profit organisation that aims to raise the profile of volunteering in health and care across the UK, in close collaboration with this hospital.

**Do I have to take part?**

Participation in this study is entirely voluntary. If you take part, your consent is implicit. This means that you give your consent by filling in this survey and submitting it. However, you are free to withdraw at any time and without giving a reason by contacting us.

The survey consists of questions about how you are feeling and your experience at this hospital. All data from surveys will be treated as entirely confidential and no personal or identifiable data is requested.

Your survey responses will not affect your healthcare in any way. All data from surveys will only be available to the internal hospital team and the Helpforce research team and its research partners for analysis purposes only. It will be securely stored and will be treated as confidential at all times.

**What will happen to the results of the study?**

The data will be analysed and written up as a report. This report will be made available to the hospital. It may also be made available to the public through Helpforce or any of its partners such as NHS England. Participants will not be identified at any point. The data collected is for research only, it will not be used for any other purpose. If you have any questions or wish to provide any feedback about this survey, please contact: Dr Allison Smith at as@helpforce.community

**Thank you again for taking part in this study!**

**Name of ward……………………………**

1) Were you supported by a volunteer during your hospital stay? (Please circle your answer). ***If ‘no’, please skip ahead to question 6.***

Yes / No / Don’t Know

2) On average - approximately how long did the volunteer spend per visit *(please circle one answer)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Less than 5 mins | 5 – 10 mins | 10 – 20 mins | 20 – 30 mins | 30 – 45 mins | 1 hour or more |

3) How often did you spend time with a volunteer on-ward?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Every day  | Every other day  | 2-3 times a week  | Once a week  | Once or twice a month  |

4) **Volunteer activities:** What did the volunteer do? (Please **tick all** that apply).

* Did activities with me (e.g. crosswords, read paper, played games)
* Helped me with getting out of bed
* Helped me to get dressed
* Accompanied me on a short walk or with gentle exercise
* Provided me with information about my care and treatment
* Helped me with my food and drink at meal times
* Gave me someone to talk to / was company for me/patient
* Other (please tell us what the volunteer did):………………………………………………

5) We are interested in what difference having volunteer support has made to you. Please tell us how far you agree or disagree with the following statements.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **My overall experience of the volunteer support I received:** | **Strongly Disagree** | **Disagree** | **Neither agree or disagree** | **Agree** | **Strongly Agree** | **Not Applicable** |
| The volunteer cheered me up / improved my mood |  ⬜ |  ⬜ |  ⬜ |  ⬜ |  ⬜ |  ⬜ |
| The volunteer helped me feel less anxious |  ⬜ |  ⬜ |  ⬜ |  ⬜ |  ⬜ |  ⬜ |

6) How likely are you to recommend this service (e.g. **this hospital)** to your friends and family if they needed similar care or treatment? (please tick one box) (NHS Friends and Family Test)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Extremely unlikely | Unlikely | Neutral | Likely | Extremely likely |
| ⬜ | ⬜ | ⬜ | ⬜ | ⬜ |

7) Please rate the following statements about your current hospital stay or healthcare support (please tick the relevant box). **Please note this is confidential. (Care Transitions Survey)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **How good was the healthcare provider at...** | **Poor** | **Fair** | **Good** | **Very good** | **Excellent** | **Does not apply** |
| **Showing care and compassion** (seeming genuinely concerned, connecting with you on a human level; not being indifferent or "detached") | ⬜ | ⬜ | ⬜ | ⬜ | ⬜ | ⬜ |
| **Being interested in you as a whole person** (asking/knowing relevant details about your life, your situation; not treating you as "just a number") | ⬜ | ⬜ | ⬜ | ⬜ | ⬜ | ⬜ |
| **Really listening** (paying close attention to what you were saying; not looking at the notes or computer as you were talking) | ⬜ | ⬜ | ⬜ | ⬜ | ⬜ | ⬜ |
| **Making you feel at ease** (introducing him/herself, explaining his/her position, being friendly and warm towards you, treating you with respect; not cold or abrupt) | ⬜ | ⬜ | ⬜ | ⬜ | ⬜ | ⬜ |

8) **Your age and sex** - please circle

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Age  | 18-20 | 21-30 | 31-40 | 41-50 |
|  | 51-65 | 66-74 | 75-84 | 85 and over  |
| Sex | Male  | Female  | Other  | Prefer not to say  |

9) (optional) “Is there anything else you would like to say about the volunteer support you have received?”