

Volunteering Service Guide: Mealtime Support

Understand how this service works, the impact it will make and considerations for adopting and adapting it locally

A mealtime support volunteer service supports patients on wards in an acute setting. Through a variety of specific meal time tasks, the volunteers play a crucial role in the hospital in helping to support the wellbeing of patients and reduce the risk of malnutrition/dehydration, which is a vital part of a patient's recovery.

The volunteer service provides:

- Support to patients at mealtimes by ensuring the food and drink is suitably accessible, encouraging and assisting patients to eat/drink, feeding patients and providing companionship.
- Volunteers trained by the Trust dieticians in:
 - Assisted feeding of patients, including modified diets and fluids
 - How to communicate effectively with the most vulnerable patients e.g. those with cognitive issues.

The service is designed with and quality assured by the dietetic and speech and language therapists (SALT).

N.B. Salford Care Organisation have named their mealtime service Dining Companions which is referenced throughout this guide

76%
of patients

responded that they
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n=18

Adopting and adapting a mealtime support service

Adopting an existing model provides great value in terms of knowing that it is tried and tested. However, understanding how to make it fit into a new environment can be a challenge. Adapting an existing volunteer service is an essential step in making sure a service will work in a new location.

This **'Volunteer Service Guide'** uses learning from the Dining Companion Service being delivered in the Salford Care Organisation. The purpose of this package is to provide a potential service adopter (1) with the information needed to be able to:

- Decide if the service would be of benefit to their organisation
- Understand what considerations are needed to adapt the service to their environment

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"Any support we can get to encourage nutrition and hydration is vital to be getting patients discharged and back into their preferred and familiar environment. The dining companions and volunteers are not only providing nutrition and hydration, but also giving patients the assistance that they need to 'get ready' and enjoy their mealtimes."

*Nicole Vourliotis, Ageing and Complex Medicine (ACM) Dietitian
Salford Care Organisation, Part of the Northern Care Alliance NHS Group*

Salford Care Organisation Data (2):



88%
of patients

agreed/strongly agreed that volunteers cheered them up or improved their mood.



71%
of staff

felt that volunteers saved them time.



93%
of volunteers

agreed that volunteering gave them a sense of purpose.



71%
of staff

agreed/strongly agreed that when the wards were busy or short-handed, volunteer support helps them to feel less stressed.



76%
of patients

reported that they always received enough help from volunteers to eat their meals.

When asked what volunteers do,

81%
of patients

responses were that volunteers gave them someone to talk to and provided company for them.

1). Adopter: a person looking to take on (adopt and then adapt) an existing and tested volunteer service model, 2). Data collected as part of the Helpforce Volunteers Innovators Programme (VIP), Patients at Salford completed the VIP Salford Mealtime Patient survey (n=18), Staff at Salford completed the VIP Staff Survey (n=24) and volunteers at Salford completed the VIP Volunteer Survey (n=107).

The results

The Salford Care Organisations project Dining Companions started delivering across six wards with a group of 15 volunteers and scaled within an eight-month period to support eight wards, utilising 80 volunteers. The project supported 2,639 patients of which 79% were encouraged to eat and 21% received full feeding support. Across an average 1 month period the active volunteers deliver an average of 185 hours of support to 330 patients.

Insight and impact project questions:

Do Mealtime volunteers improve patient nutrition and hydration levels?

100% of patients surveyed reported that they had enough to drink during their hospital stay (n=15) and 76% of patients responded that they always received enough help from volunteers to eat their meals (n=17). (1)

Do Mealtime volunteers support independence at mealtimes?

Mealtime volunteers help to support independence at mealtimes by ensuring patients are 'prepared' for mealtimes. When patients were asked which activities volunteers took part in, 94% of responses noted that volunteers helped patients with their food and drink at mealtimes (n=16).

Do Mealtime volunteers improve staff wellbeing?

71% of staff agreed/strongly agreed that when the wards were busy or short-handed, volunteer support helps them to feel less stressed (n=24).

“”

“I wasn't only made to feel better by the healthcare I received from the staff but I also felt better as a person who was valued and looked after by the Dining Companions.”

PATIENT

“”

“Dining Companions have made a massive difference to patient's meal times. The team (of volunteers) provide a welcomed distraction for patients who enjoy chatting to a non-health care professional that ensures they have everything they need once a meal is served.”

LEAD NURSE

“”

“I have discovered it to be extremely rewarding personally in seeing improvements in patients general health because they are receiving this individual one to one assistance. I have found that we are all received well by all staff members at all levels who genuinely seem to appreciate our input in many aspects of the daily running of the ward.”

VOLUNTEER

Staff perception of volunteer contribution

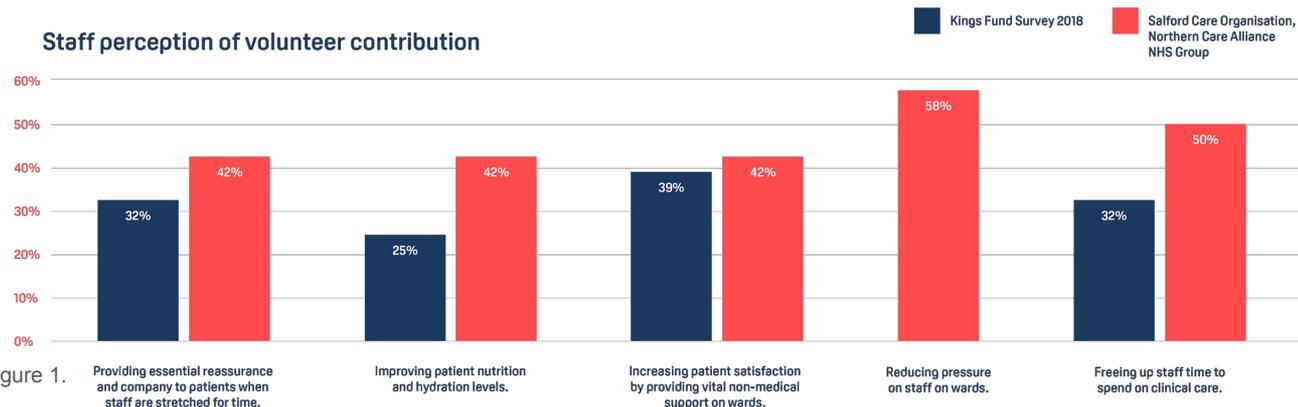


Figure 1.

1. NOTE: There were some promising findings related to patient experience and Length of Stay in relation to this role. Please refer to the [Evidence Report](#) for more detail.

Figure 1. Kings Fund Survey 2018 commissioned by Helpforce and the Royal Voluntary Service (RVS). The survey ascertains the perceptions of frontline NHS Staff working in acute care around operational pressures and their understanding of volunteer roles and value. n=24.

Service Principles

Salford's mealtime service principles depict the essence of this service and provided guidance to ensure that the service remained true to its original intent across both development and management activities and decisions.

Providing equal opportunities for volunteers

and having a volunteer team which reflects the demographic of the local and wider community.

Providing impactful volunteer roles which support the organisations strategic priorities.

Ensuring the volunteer service is visible and meaningful to the organisation, volunteers, staff and patients.

Embedding a flexible approach to

volunteering and continuing to break down barriers to volunteering for people who want to contribute around their busy schedules.

Delivering reflective practice, ensuring that it is part of the volunteer ongoing self-learning so they recognise and manage the personal rewards and difficulties, learn through shared experiences and build personal resilience.

Providing support to volunteers

Volunteers should have good support systems in place at ward/department level and accessible support from the volunteer services team.

Developing a culture of continuous improvement

Volunteers should be given opportunities to meet with their peers and managers to discuss ways to improve the services they provide, using the 'you said, we did' method. Involvement of the volunteers can enhance their experience, increase their feeling of being valued and increase the retention levels.

Designing the volunteer role

Each volunteer role should be co-designed alongside key stakeholders, with a [PDSA](#) (Plan Do Study Act) approach to improve volunteer and patient outcomes.

Embedding practices for capturing impact

Measuring impact is an essential tool to capture the impact the service is having. Measuring levels of satisfaction/confidence, for staff, volunteers and patients, provides valuable feedback for service development and quality improvement.

Case Study

Volunteers help to ensure that patients have enough to eat whilst in hospital:

76% of patients responded that they always received enough help from volunteers to eat their meals



I was due to come and help my husband with his meal at lunchtime, but I was running late and couldn't find a car parking space. I rang the ward panicking and the nurse informed me that he had a volunteer helping him with his meal. It was such a relief when I finally arrived to see my husband with a volunteer chatting and eating his dinner. I felt much more relaxed and the volunteer had a nice chat with me as well. They take more time than the nurses and it's more personalised as the nurses are so busy.

Patient pathway

Mealtime volunteers play a crucial role in the hospital as they can encourage and enable patients to eat and drink and therefore, helping to reduce the risk of malnutrition and dehydration. They support patients by feeding, and making mealtimes more sociable. They also provide a range of other support tasks such as companionship, encouragement, offering alternative food options, hand over hand assistance and creating an environment for independence by positioning trays and food/drink utensils so that the patient can access them.

Patient Pathway

Patient pathway (below, figure 2.) is at the heart of the service and has been designed to provide high quality support that adds value to not only the patients but to the clinical staff and volunteers delivering it.

- **Clinical staff and volunteers journey** (Page 6) shows the roles interact to ensure sensitive and timely support is provided across the patient pathway.
- **Support process** (Page 7) highlights the infrastructure that supports the staff and volunteers to consistently deliver and develop the service.

Core components

- 1 Patient is asked about their mealtime support needs and discussed them with the clinical staff. Their needs are then updated on the patient's bedside board and their 'Eating and Drinking Care Plan'. This makes it clear to the volunteers exactly what mealtime support a particular patient needs.
- 2 Volunteers have specialist mealtime training in order to provide a variety of mealtime tasks, meaning the volunteers can flex to the demand (different needs) of the service.
- 3 Companionship at mealtimes can reduce loneliness and boredom. Both factors that can impact on patients' nutritional intake and appetite.
- 4 Volunteers are recognisable to the patients through their different coloured uniform, and patients can feel more comfortable knowing that they aren't taking up the time of clinical staff, which helps them to relax.

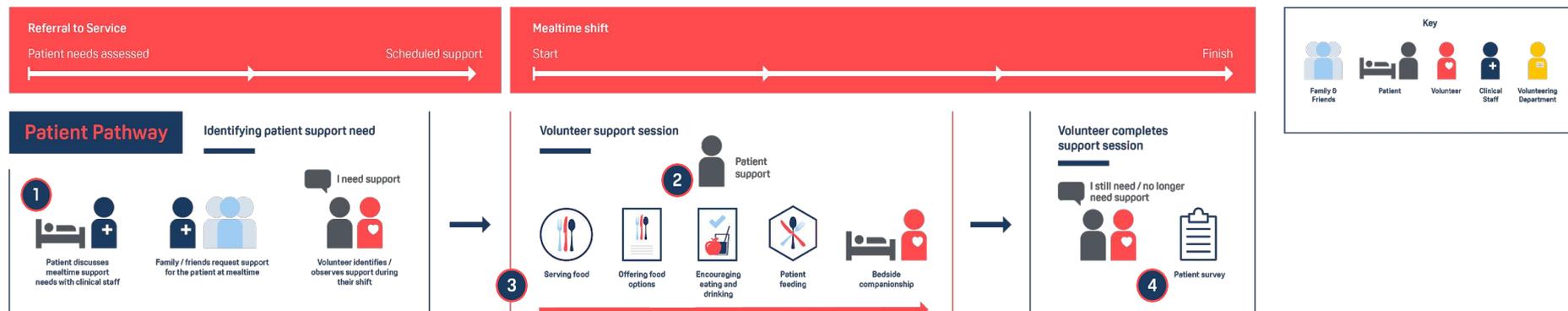


Figure 2.

Clinical staff caring for a patient will identify through their care plan what mealtime support would be beneficial to a patient. Where patients and family or friends see the volunteer service happening around them, they may ask staff for support. Or during a shift a volunteer may notice someone needing support and they will inform the staff.

A volunteer selects to work a mealtime shift and is trained to provide five main types of support:

1. Providing companionship to a patient
2. Serving meals
3. Offering the different food options
4. Encouraging eating
5. Full patient feeding

At the end of a shift, the volunteer will ask the patient and/or through their own observations, advise the staff that ongoing support is needed. Where appropriate, in order to gain feedback, the patient is left with a survey to complete about mealtime service.

Clinical staff and volunteers journey

The volunteer selects their shifts through an online booking system. When arriving onto a shift, volunteers sign in, find out who they will be supporting and introduce themselves to the allocated nurse/housekeeper. Ward staff support the service and are prepared to provide information needed for the volunteer at the beginning and during a shift.

Clinical staff and volunteer interaction

Figure 3, below demonstrates the importance of the relationship between the clinical staff and the volunteers.

Core components

- 5 Ward Manager relationship** with the Volunteer service manager (VSM) has meant the service has evolved through co-design, meaning that it is best meeting the needs of the ward.
- 6 Ward volunteer champion**, a nominated staff member responsible for supporting the volunteers on their ward and acting as a link between the volunteer management, ward manager and the volunteer. They could cascade any changes or new systems to the rest of their

team and as they were usually either a housekeeper, support worker or staff nurse, they were more accessible than the ward manager. **This also gives the ward more ownership of the volunteers.**

- 7 A volunteer arriving on shift** and being able to quickly (due to timing of meals and a busy ward) get on with providing the patient support needed as quickly as possible. This requires the staff to be engaged in the service so that they can provide the information needed verbally or through the bedside boards and equally the volunteer needs to follow the process and liaise appropriately with the member of staff.

- 8 A simple 'Dining Companion Checklist'** completed at the end of each shift, ensures the volunteer can capture activities completed with patients. For instance: a) Feeding, b) Companionship, c) Encouragement. The insight from the data captured helps identify which activities have the biggest impact on 'improved nutrition and hydration'.

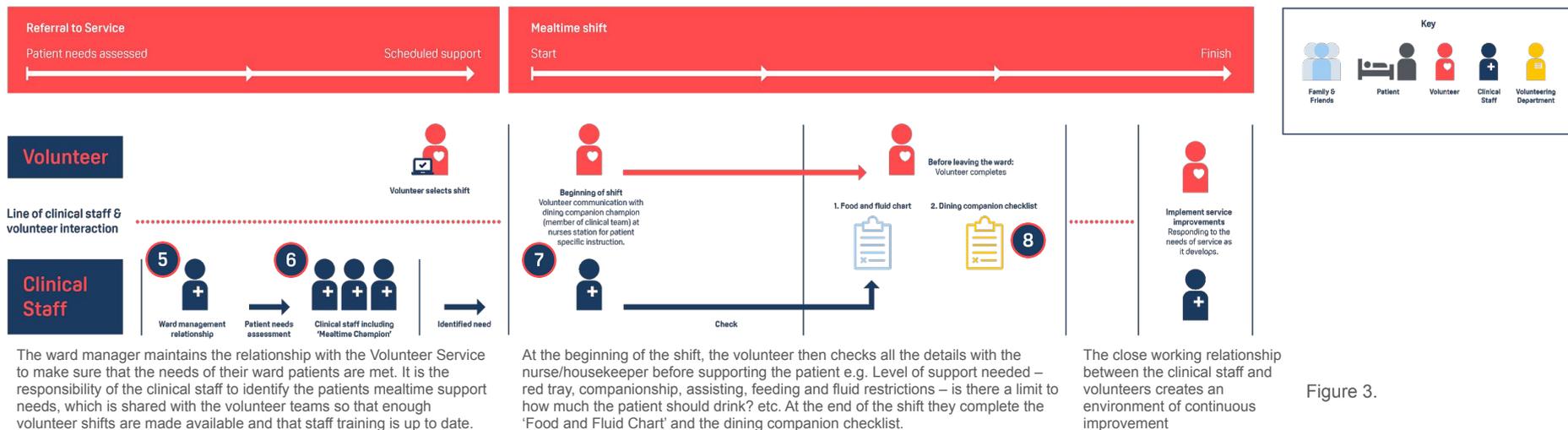


Figure 3.

Service blueprint

This service blueprint brings together the patient pathway (figure 2.), the clinical staff and volunteer journey (figure 3.) and the support processed (below figure 4) that enable the service to operate.

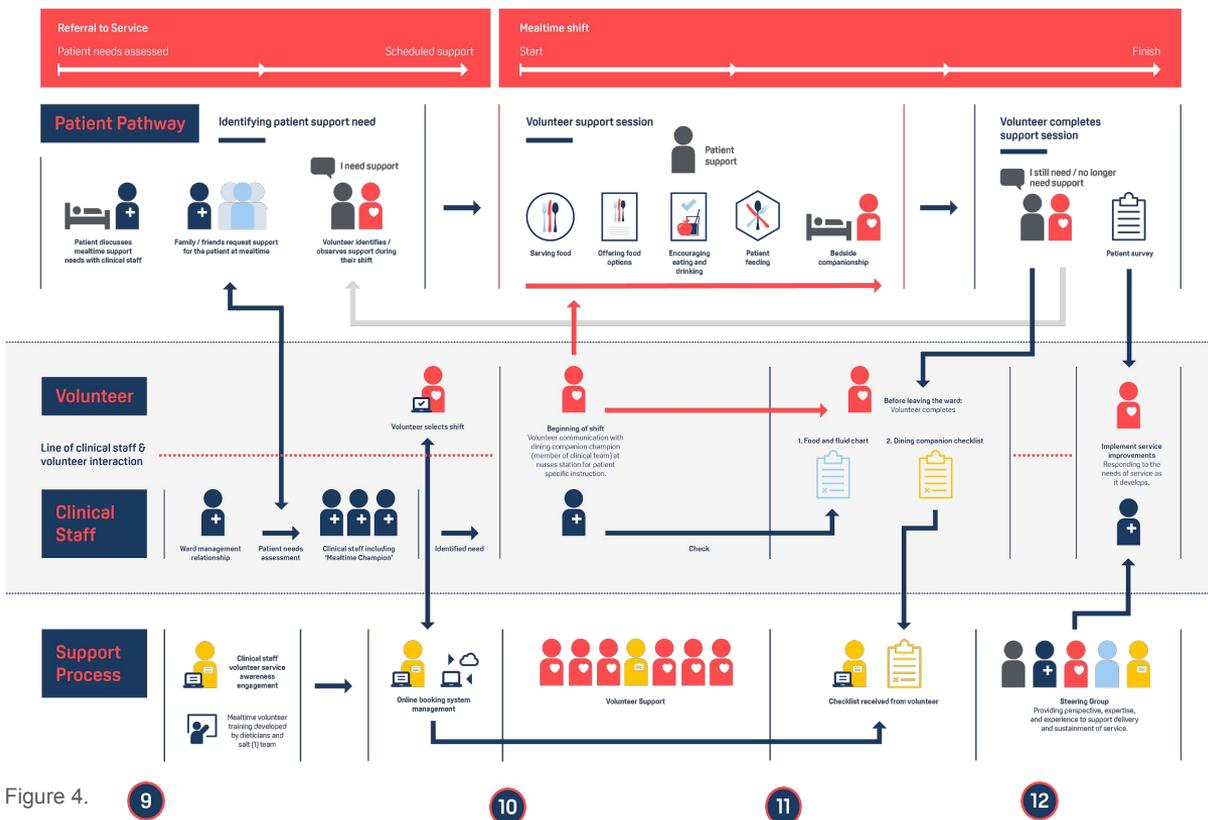


Figure 4.

Support process

Patient pathway (figure 2.) is at the heart of the service and has been designed to provide high quality support that adds value to the patients as well as the clinical staff and volunteers delivering it. The support process ensures the service is governed, and that it runs efficiently, effectively and consistently.

Core components

- All of the Dining Companion Volunteers receive assisted feeding training**, delivered by Trust dietitians who also explain the importance of patient's hydration and nutrition. Once the new volunteers are on the ward, they buddy up with a senior volunteer who they shadow on their first dining companions shift. When they feel they are capable to feed a patient independently, they are observed by a member of the clinical team who will complete a competence assessment and feedback to the volunteer and the volunteer manager.
- Online booking system** enables the volunteer service to reduce administrative time by efficiently communicating the shift to volunteers from across multiple wards.
- Volunteer support** is a large part of looking after the wellbeing of the volunteers and reducing turnover. Supporting patients at mealtimes can be daunting so it is important to provide a variety of support mechanisms and opportunity to build their peer support network. For example: on shift buddying up, volunteer forum, a Whatsapp group, annual volunteering events. These are all a great way of building on that support network.
- A steering group** and/or other effective engagement methods with the dietetic, speech and language teams, clinical staff, the volunteer team and volunteers themselves, becomes a platform for ensuring continuous improvement and governance.

Develop & implement

Developing and implementing a Mealtime Support volunteer service involves looking across all the considerations and bringing together the right people to help create and deliver a feasible plan e.g. cross organisational steering group.

Within **this**, Salford service model, there is a requirement to tailor the service needs to the very specific needs of the different types of wards e.g. Acute Neurology Unit, Acute Stroke Unit and Elderly Care. Having volunteers trained so that they can flex to the various different needs within each ward.

Core components

- 1. Senior buy in:** Engaging with the Mealtime Support Project Manager, Ward Managers from each test ward, Dietician, SALT(2), Nutritional Specialist Nurse and trade unions to ensure the volunteer service complements the clinical team and creates a supportive and welcoming environment for the volunteer.
N.B. To ensure the best quality and impactful service, it's essential to gain commitment from the dietetic, speech and language teams to support the design and delivery of the training and create the governance around the service quality.
- 2. Ward observations** (alongside 'pilot week') led by the VSM, are the most critical part of the service development, whether this is as part of setting up a new service or scaling an existing one. Ward observations provide frontline, real time insight into the operations of a ward during meal times. This insight is discussed with the Ward Manager and the format for the 'pilot week' is agreed.
- 3. Pilot Week** tests the outputs of the 'ward observations'. Over the course of a week, a selection of volunteers and the volunteer service team used the PDSA model (page 10) as the framework for trying to replicate a "perfect mealtime" for each shift. There is 15-30 minutes after each shift to reflect on what went well and what didn't and to plan how we can improve the process for our next shift. This format creates the initial service design for a particular ward and shapes the training as needed.

2).SALT - Speech and Language Team

- 4. Information for the unions:** feeding patients is an activity the volunteers do as a replacement to a family member who would sometimes do this. The Matron on each of the wards will risk assess each patient and **where they have swallowing difficulties or dysphagia volunteers do not provide feeding support.**

Consideration checklist

- Know your organisation's key strategic and operational priorities
- Agree how the service will meet strategic priorities
- Agree on the scale & scope of your new service
- Confirm the budget and resources needed
- Senior buy in, Identify key stakeholders/support team for implementation and wider on-going service development and support e.g. ward observations
- Involve key stakeholders in ward observations and pilot week
- Produce an implementation/project plan and risk register covering:
 - Systems and infrastructure
 - Operations (inc. engagement plan)
 - Volunteer management
 - Measuring impact
- Identify and develop any new policies you may need

Key Learning

- ★ Engaging with Unions early on in the process and sharing the [Helpforce and Unison Charter](#) with them to explain that the volunteers' role is to replace what a family member may do, not what a clinical staff member would do.
- ★ Getting the right people involved in the ward observations and pilot week, such as the Ward Manager, Dietitian etc., so they can provide insights and make decisions around the ward specific needs. All of these can be co-designed, leading to greater buy in.
The best insights and results are achieved in the ward observations when staff wear the volunteers uniform, as they then can gain an insight of what it's like to be seen as a volunteer on the ward.

Stakeholders you could consider:

Project Manager, Ward Managers from each test ward, Dietician, SALT, Nutritional specialist Nurse, Unions, Volunteer services manager, Volunteers, Senior leadership team representative, Data expert/member of business information team, Quality improvement representative, Voluntary sector representative

Resources

- [What are Service Principles](#)
- [What are Core Components](#)
- [Example Salford project plan](#)
- [Helpforce and Unison Charter](#)

Systems & infrastructure

Sustainment of this service has happened as a result of creating an infrastructure to support cross ward service that enables the key staff and volunteers to complete their roles efficiently e.g. online shift bookings removes a layer of administration for ward staff and makes it easy for the volunteers to select shifts that fit their schedule. These digital tools enable the volunteer department to grow as the service scales to more wards and supports more volunteers.

Core components

- 1. Creating a brand:** make volunteers more visible on the ward by using a consistent colour scheme for your volunteer service. Use this colour on volunteer uniforms and carry on this theme through all the advertising and promotion.
- 2. Online booking system:** the tool is used as a way to keep track of shifts booked and to make ward managers aware of who was coming on to the ward that day. It also gives the volunteers the freedom to book and cancel shifts in the comfort of their own home rather than ringing the ward or volunteers office.
- 3. Observe and act model:** this was the business tool used to complete ward observations. This fast-pace approach created timely feedback and questions to the ward manager, following a mealtime observation so the volunteer team could get a better picture of how the ward operates and how the service could be tailored to support ward's specific needs.
- 4. PDSA (plan, do, study, act) cycle:** this was the business model used to underpin the 'pilot week' (see page 9), Complete a series of PDSA cycles to try and replicate a "perfect mealtime" each lunchtime for a week. After each shift, reflect on what went well and what didn't, to plan how to improve the process for the next shift.

Consideration checklist

- Decide where your service will be based and how the space will be equipped
- Identify an effective volunteer management system to support your service
- Agree/ design a uniform for volunteers
- Specify the hardware/software that you will need - computer, laptop, mobile technology, scheduling tool etc.
- Agree on the data capture tools you will use
- Arrange training for staff and volunteers who will be using the systems and equipment

Key Learning

- ★ Volunteer uniforms: staff feedback was that having the volunteers in a different colour made them easy to recognise from all staff groups and also made the patients feel more comfortable that they weren't taking the time of a busy staff member, rather a friendly volunteer who has time to chat.
- ★ Online booking system provides a great service for the volunteers, but also created efficiencies for the volunteer service, reducing time it takes to populate the schedule.
- ★ Postcards: Develop 'Postcards' for volunteers to leave on the patient's bedside to inform family/carers that the patient has been supported by a volunteer at mealtimes.
- ★ A short video promoting the service has been very useful to promote the service internally and externally.

Resources

- [Observe and Act - Byod's Model](#)
- [Plan, Do, Study, Act \(PDSA\) cycles and the model for improvement](#)

Operations

Following the pilot results, the corporate lead nurse identified six wards that would benefit from the support of the Dining Companions/Mealtime Service. The next steps were to: establish a steering group, ensure safe working practices and robust training systems, all which had approval from the Trust's nutritional steering group. The project is reported at the Quality and Peoples sub-group committee.

Core components

- 1. Staff engagement** and buy-in from wards directly impacts the success of the service. Committing time to developing methods for engaging with staff to discuss the service such as sharing impact and improvements, listening to ideas/feedback ensures a more supportive environment for the volunteers and the staff see the benefits of the service, more patients receive the service.
- 2. Meal time/Dining Companion champion:** each ward manager to identify a member of their team each day to become a Dining Companion/Mealtime Champion. They would be responsible for supporting the volunteers on their ward and would act as a link between the volunteer management, ward manager and the volunteer. They could cascade any changes or new systems to the rest of their team and as they were usually either a housekeeper, support worker or staff nurse, they were more accessible than the ward manager. This also gave the ward more ownership of the volunteer.
- 3. Steering group:** Use a steering group to grow and develop your service, include all key individuals and stakeholders so everyone has a part to play. Including internal and external representation ensures a balanced view for future development and improvements to the service. Trade union engagement also ensures that this role is co-designed alongside stakeholders and volunteers.

Consideration checklist

- Define the reporting structure for your service
- Produce a comms & marketing plan to raise awareness of your service
- Produce a service delivery plan and update it regularly
- Manage an active Steering Group
- Engage clinical champions to promote your volunteer service
- Develop your approach to managing the service. You will need to consider:
 - Stakeholder engagement plan
 - Volunteer recruitment plan
 - Volunteer induction and training package delivery
 - Governance structure
 - Comms and marketing plan
 - Reporting structure and frequency
 - Scheduling of volunteer shifts
 - Documentation for department/ward staff

Key Learning

- ★ Volunteer uniforms enables them to be easily recognisable
- ★ Well trained volunteers help staff and patients feel secure in the knowledge they are in good hands.
- ★ It helped to focus on some key operational questions:
 - *How will you balance demand for the service with recruitment, training and scheduling of new volunteers?*
 - *How will you build demand for your service to ensure that it is sustainable?*
 - *Who are your main sponsors in the organisation and how can they help you?*
- ★ Remember the steering group is there to guide you and advise on any strategic or operational issues. Together the group can generate ideas, remove blockers and help you to build a business case for continued investment.

Resources

- [Salford Ward Roles including Mealtime Champion](#)
- [Example Salford Risk Register](#)
- [Example Salford Steering Group Minutes](#)

Volunteer management

Identified components around volunteer management are designed to promote high retention of volunteers, which in turn will benefit the service through a more experienced, skilled and confident volunteering team. Managing and supporting volunteers effectively is key to the success of this service. Think about every stage of a volunteers journey, from their decision to volunteer through to the training, induction, ongoing support and day-to-day engagement.

Core components

1. **Volunteer Support** is provided in many different ways such as a Whatsapp group to encourage peer chat and monthly forums. These are encouraged through two key support roles:
 - a. **Mealtime Champion:** creating a supportive environment. For the volunteers, a supportive environment is essential to ensuring the quality of the delivery of this service. Having a staff ward companion acts as a point of contact for the volunteers and builds a strong and open culture of feedback and continuous improvement.
 - b. **Buddy System:** supporting patients at mealtimes can be daunting and isn't for everyone. So it is important that all volunteers have a support system in place. The volunteer service team have had a number of volunteers who they have offered extra support to make sure they are comfortable fulfilling their role. This involves the team joining the new volunteer on shift or buddying up these volunteers with more experienced volunteers.
2. **Specialist Training:** volunteers complete a specialist training package which is designed and delivered by the dietetic and speech and language team. Volunteers receive a mix mandatory Trust volunteer training, communication skills training and in addition, they can receive mealtime assistance training and Dementia and Learning Disability awareness training. The involvement with the specialists early on will ensure the quality of the service and training best meets the needs of the wards.

Consideration checklist

- Agree on a set of volunteer tasks, responsibilities and boundaries
- Produce a volunteer role description
- Develop your volunteer recruitment plan
- Design your volunteer training package
- Develop your volunteer supervision, communication and engagement plan
- Offer flexible volunteer hours and volunteer shift patterns using an online booking system
- Involve clinical staff in training delivery
- Meet regularly with clinical staff to grow their support and working relationships with the volunteers
- Offer regular one to one support sessions for your volunteers
- Encourage reflective practice and sharing of ideas

Key Learning

- ★ Recruiting from your current base of volunteers is a good place to start because they are already familiar and committed to your Trust.
- ★ Check that sufficient volunteers are scheduled to provide support at mealtimes.
- ★ Ward staff, VSMS, Dieticians, and Speech and Language Therapists must work together to ensure that well trained volunteers are available at the right time for the right patients.

Resources

- [Salford volunteer role profile](#)
- [Salford mealtime \(Dining Companion\) training slides](#)

Measuring impact

Measuring impact is key to demonstrating the value of the service. Approaching the collation of data and feedback sensitively is important. Often asking patients or family/friends can be inappropriate. This means a greater reliance on both staff and volunteers to feedback their experience and beliefs around the service impact.

To understand what data needs to be captured, you also need to understand the key strategic and operational priorities. It's important to identify what measures will best demonstrate the impact and benefits of the service on these priorities.

The approach to collecting the data is important to ensure its validity. Systems and processes need to be tested for robustness and effective training provided to those involved in collating the data.

Core components

- 1. Developing a Theory of Change:** this is an essential tool to outline the volunteers intended impact and to support decision making around what intermediate outcomes and ultimate goals may be measured. Alongside with completing this activity, you will need to identify the service principles and the strategic and operational objectives that the service is looking to address.
- 2. Capturing volunteer activity** helps determine how many patients the volunteers engage with, what activities they engage in and what feedback they collect from staff/patients and a guide on how satisfied the volunteer was on each session.
- 3. Activity capture:**
 - Number of volunteers
 - Number of volunteer hours
 - Number of patients supported
 - Number of patients fed
 - Number of patients encouraged to eat/drink
 - Number of food/fluid charts completed
 - Frequency of volunteer visits

4. Key evaluation questions for the project:

- Do Dining Companions improve nutrition and hydration levels?
- Do Dining Companions support independence at mealtimes?
- Do Dining Companions improve staff wellbeing?

Consideration checklist

- Agree the service impact measures
- Establish a control group or baseline data to demonstrate the impact of your service
- Produce a Theory of Change/logic model - this will help you to plan effectively
- Define the measures that will support continued investment and growth of the service

Key Learning

- ★ [Easy read surveys](#) , many of their patients had additional support needs. They decided to create an easy-to-read version of the patient survey.
- ★ Postcards: They developed Postcards for the dining companions to leave on the patient's bedside table to let the family know their loved one had been supported by a volunteer that mealtime. This was a good way of putting family/carers minds at rest and it also had a link to the patient survey so they could support their family member in completing it.

Resources

- [Helpforce Impact & Insight Guidance inc. Theory of Change](#)
- [Salford Royal Theory of Change](#)
- [Salford Staff Survey](#)
- [Salford Volunteer Survey](#)
- [Salford Patient Survey](#)
- [Salford EASY READ Patient Survey](#)
- [HF Insight and Impact Report - Salford 300920](#)