

Still Hungry to Be Heard – in London



Executive summary

Since 2006, Age Concern, (now Age UK) has been campaigning to end the scandal of malnutrition for older people in hospital. Considerable success has been achieved in gaining Government and NHS recognition of the need for action and many hospitals have taken positive steps.

However the numbers of people entering hospital malnourished, and leaving hospital malnourished, are still increasing. The February 2011 report from the NHS Ombudsman on care for older people in the NHS 'Care and Compassion' included many cases of people not receiving adequate food or water while in hospital.

Research for Age UK in 2010 showed 180,000 patients still leaving hospital malnourished each year.

'I used to turn up specifically near to lunchtimes to ensure that my father would eat his food. Besides helping him, I would end up checking several other patients who had no visitors – which was most of them – to help them get something to eat. There were no NHS staff to assist the older people. Plates were put in the serving area and left there often untouched. Usually the patient could not pick up both a knife and a fork because they did not have the strength to use two utensils. More importantly they could not cut up the meat etc. in to smaller sizes to get into their mouths.'

'Still Hungry to Be Heard', Age UK 2010

Age UK London and Greater London Forum for Older People are calling on the NHS in London to take further and stronger action to end malnutrition for older people in hospital.

Age UK London has carried out a piece of regional research to establish how far NHS Hospital Trusts in London have met Age UK's seven recommended steps. As well as providing a detailed account of how London NHS Hospital Trusts are delivering the seven recommended steps, the research aims to contribute to the national debate on how malnutrition amongst older people in hospitals is being tackled and help develop a London wide strategy to spread good practice in preventing malnutrition.

Age UK London contacted Chief Executives of 29 London NHS Hospital Trusts, asking them to complete an online survey relating to how far they had implemented the 7 recommended steps outlined in the 'Hungry to Be Heard' campaign.

Responses were obtained from 25 London NHS Hospital Trusts, this equates to a response rate of 86 per cent. The findings are presented under each of the recommended steps.

This report shows the steps which the NHS in London has taken so far to try to improve the situation. The findings are encouraging in many respects, but suggest that the action taken has been uneven and results are likely to vary.

Recommended steps

- + Hospital staff must listen to people in later life, their relatives and their carers:
All Trusts ask for patient feedback on mealtime experiences but the majority could do much more to make it easy for older people to communicate their wishes, e.g. by using pictorial menus.
- + All ward staff must become food aware:
Nutrition is part of staff training but there seem to be gaps in awareness of older people's specific needs.
- + People in later life must be assessed for the signs or risk of malnourishment on admission and at regular intervals during their hospital stay:
All Trusts use a nutritional screening tool but the majority do not systematically ensure all older patients are screened on arrival and discharge.
- + Hospitals should introduce 'protected mealtimes', so that staff cannot carry out routine tests or rounds when patients are eating their meals:
All Trusts have introduced protected mealtimes but practice varies widely and some Trusts report difficulty in ensuring protected mealtimes are effective. Many protect lunchtime only.
- + Hospitals should implement a 'red tray' system, where people who need help with eating are given food on a red tray so that nurses and health assistants can easily identify them:
Nearly all Trusts have a red tray system and there is very good practice in some hospitals. However having a red tray does not always seem to lead to effective support for at-risk patients to eat.
- + Hospitals should use trained volunteers where appropriate:
40 per cent of Trusts in London still do not use volunteers to help at mealtimes. There are real success stories in some Trusts that do.

Age UK London and Greater London Forum for Older People would very much appreciate hearing about people's experiences in order to assess whether or not older people in all parts of London are really getting a better deal at mealtimes in hospital.

Recommendations

- + All hospitals to adopt the use of pictorial menus.
- + Nutritional training must cover the specific needs of older people and how older people should be monitored for the signs of malnutrition to ensure the specific needs of older people are met
- + Regular audits to check accuracy of screening
- + Data to be available relating to older people specifically
- + All older patients to be screened on discharge
- + Trusts to put in place strategies to increase effectiveness of protected mealtimes and to cover all mealtimes.
- + All Trusts to conduct an audit to measure the effectiveness of the red tray system.
- + All NHS Trusts should actively consider using volunteers to help at mealtimes if they are not already doing so.

180,000

patients are still leaving hospital malnourished each year.

Introduction

In 2006 Age Concern London supported Age Concern's (now Age UK) 'Hungry to be Heard' campaign responding to evidence that many older people were malnourished in hospital. The campaign called for all hospitals to implement the following seven recommended steps:

01

Hospital staff must listen to people in later life, their relatives and their carers.

02

All ward staff must become food aware.

03

Hospital staff must follow their own professional codes and guidance from other bodies.

04

People in later life must be assessed for the signs or risk of malnourishment on admission and at regular intervals during their hospital stay.

05

Hospitals should introduce 'protected mealtimes', so that staff cannot carry out routine tests or rounds when patients are eating their meals.

06

Hospitals should implement a 'red tray' system, where people who need help with eating are given food on a red tray so that nurses and health assistants can easily identify them.

07

Hospitals should use trained volunteers where appropriate.

Since launching ‘Hungry to Be Heard’ Age UK has campaigned to improve hospital mealtimes, asking for the provision of nutritious food, support at mealtimes and regular screening for people who enter hospital malnourished or become malnourished during their stay to ensure that people get the help and treatment they need.

The campaign had a number of successes across England, these included: wards implementing the 7 steps, campaign materials being used to ensure that staff and older people know how to tackle malnutrition; and the Government responded to the campaign by publishing a nutrition action plan on how to collectively improve nutrition and hydration across care settings.

However, malnutrition in hospital is still a big problem, there seems to be a lack of consistency across hospitals and government initiatives have not fully resolved the issue. The February 2011 report from the NHS Ombudsman on care for older people in the NHS ‘Care and Compassion’ included many cases of people not receiving adequate food or water while in hospital.

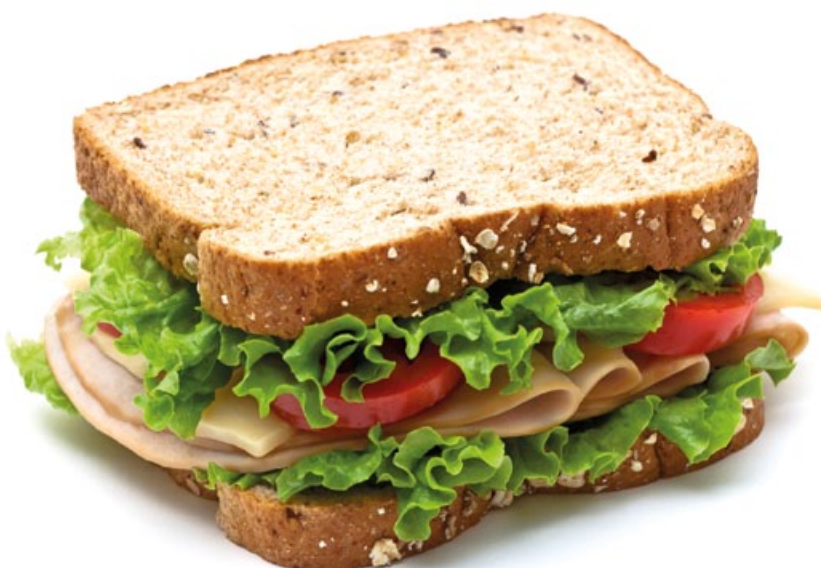
With the still shockingly high numbers of older people who come out of hospital malnourished, Age UK has re-launched its ‘Hungry to be Heard Campaign’. Age UK London and Greater London Forum for Older People strongly believe that the malnutrition of older people has no place in a modern society, and that all NHS Hospital Trusts across London need to tackle the issue of appropriate food, and help with eating for those who need it, as essential factors in maintaining the dignity of older patients.

Age UK London has carried out a piece of regional research to establish how far NHS Hospital Trusts in London have met Age UK’s seven recommended steps. As well as providing a detailed account of how London NHS Hospital Trusts are delivering the seven recommended steps, the research aims to contribute to the national debate on how malnutrition amongst older people in hospitals is being tackled and help develop a London wide strategy to spread good practice in preventing malnutrition.

Age UK London contacted Chief Executives of 29 London NHS Hospital Trusts, asking them to complete an online survey relating to how far they had implemented the 7 recommended steps outlined in the ‘Hungry to Be Heard’ campaign.

7

recommended steps to ensure that staff and people know how to tackle malnutrition.





The findings are based on the responses provided by 25 London NHS Hospital Trusts, this equates to a response rate of 86 per cent. The findings are presented under each of the 7 recommended steps.



Step one

Hospital staff must listen to people in later life, their relatives and their carers.

It is essential for ward staff to find out each patient's likes and dislikes, any food allergies and whether they have large or small appetites and to then act on the information.



There are some people in later life, those with communication difficulties, learning difficulties, English as a second language or dementia, who may find it difficult to express their food preferences. Age UK advocates the use of pictorial menus as these enable older people to communicate their meal preferences.

Only 16 per cent of Trusts responded by saying that they use pictorial menus to support people in later life. This finding is of concern since pictorial menus play an important role in enabling older patients to communicate and open up a dialogue about their meal preferences, without them for example older patients who have language difficulties are not able to communicate their nutritional needs.

It is also important to ask people for feedback after they have eaten their meals. 100 per cent of NHS Hospital Trusts stated that they ask patients for feedback on their mealtime experience. One Hospital Trust recently conducted an exercise to gain feedback about meals using a food diary.

‘We take all complaints seriously, all complaints are investigated by the ward manager and action plans initiated to ensure we learn from them.’

In dealing with complaints about mealtimes, most hospitals stated that the ward manager in conjunction with the catering manager dealt with the complaint by putting in place an action plan at the time of the complaint. If further action is required complaints are generally escalated using the hospitals formal complaints procedure.

100%

of NHS Hospital Trusts stated that they ask patients for feedback on their mealtime experience.

One Trust referred to use of a Nutrition Link Nurse and Nutrition Co-ordinator who took the lead in mealtime complaints and whose role was to feedback to the wider ward team at weekly clinical indicator and catering meetings. Some NHS Hospital Trusts stated that themes surrounding mealtime complaints were discussed and actioned in their Nutritional Steering Group.

It must be remembered that some older people may not complain about hospital meals if asked by staff, for various reasons including fear of being labelled as ‘difficult’.

Recommendations

- + All hospitals to adopt the use of pictorial menus.



Step two

All ward staff must become food aware.

Missing a meal is just as important as a missed medication. Ward staff need to become ‘food aware’ by understanding that every meal is important and it is not acceptable for people in later life to miss even one meal, as it increases the chances of that individual becoming malnourished.

Positively, all Trusts reported undertaking initiatives to ensure staff were aware of older patients’ nutritional needs and the importance of nutrition in aiding a person’s recovery.

The findings show that training sessions on the importance of nutrition often form part of staff induction training. Other examples of training included: using a Nutritional Nurse Specialist to roll out training to Link Nurses on each ward who in turn raise awareness of patients nutritional needs; providing training to catering / hostess staff on delivering food to patients; and nutritional awareness study days run by dieticians.

Other initiatives included

- + Ward training by dieticians.
- + Yearly campaign called ‘GNAW’ Good Nutrition Awareness Week.
- + Annual nutrition awareness month.
- + Posters on all wards to raise awareness.
- + Utilising Age UK’s leaflets which raise awareness of the importance of nutrition amongst older people during their stay in hospital.
- + Making information readily available on the intranet.
- + Sharing feedback on nutrition at nursing forums.
- + Ensuring policies and systems are in place such as Nutrition and Hydration Policy.

One Trust also talked about how its newly appointed Trust Lead for Older People will be responsible for rolling out some teaching initiatives in 2011. Nutritional Steering Groups also played an important role in leading awareness work across the Trusts.

Some Trusts talked about the importance of having a strong presence of specialist staff such as dieticians on the wards, with one Trust employing a Nutrition Assistant whose focus is to ensure older patients are supported across the 4 wards which form the Acute Elderly Unit.

A practical example from one of the Trusts on how staff are made food aware:

‘Providing effective nutrition and hydration is essential to life and a key priority for all nursing staff. It is also one of the Chief Nursing Officer’s key impact interventions for nursing. We are working hard to ensure that nutrition and hydration are a priority for all staff. We have a nutrition link nurse group which meets monthly. Each ward area has to identify a nursing champion for leading safe quality nutritional care. Through the link nurse group we are addressing some of the key issues that impact on peoples experience of food including: protected meal times, patient choice, red trays, red jugs. We monitor the effectiveness of this work through a monthly quality nursing audit and through quarterly essence of care benchmarking audits for nutrition. Following these each ward area is expected to develop an action plan through the link nurse group.’

However in most cases the detail of the courses was not specified and we were concerned to find that there was very little mention of older people’s specific nutritional needs. We have separately been told of cases where older patients’ intake of food or drink was monitored, but in inadequate and potentially misleading ways.

One Trust stated that all frontline nursing staff are required to attend 1 day nutritional awareness training as part of their induction, whilst another stated that it has been made mandatory for all new staff to attend the bi-annual nutrition study day which have competencies attached to them. We would like to see greater attention being focused on the specific needs of older people in the nutritional training days.

Recommendations

- + Nutritional training must cover the specific needs of older people and how older people should be monitored for the signs of malnutrition to ensure the specific needs of older people are met.



Step three

Hospital staff must follow their own professional codes and guidance from other bodies.

The Department of Health's core standards on food and help with eating state that patients should get food suitable for their diet, as well as any help required at mealtimes.

This research did not audit how Trusts comply with their own professional codes and guidance from other bodies. The Care Quality Commission monitors how Trusts comply with core standards.





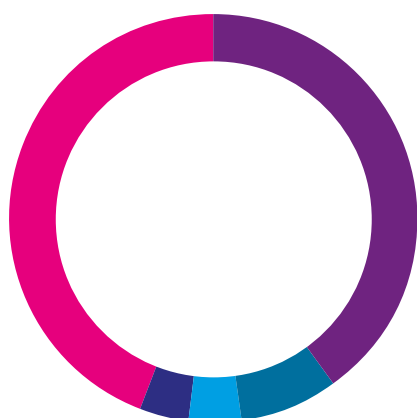
Step four

People in later life must be assessed for the signs or risk of malnourishment on admission and at regular intervals during their hospital stay.

Thirty per cent of people in later life enter hospital already malnourished. It is essential hospitals detect any existing malnutrition by screening older people on arrival to hospital.

Screening on arrival is only the beginning. Hospitals need to screen regularly to know whether patients are improving or getting worse.

Percentages of older people screened on admission



- 90%–100% screened on arrival (40%)
- 70%–80% screened on arrival (8%)
- 60%–70% screened on arrival (4%)
- 40%–50% screened on arrival (4%)
- No exact data provided (44%)



All 25 London NHS Hospital Trusts said that they use a nutritional screening tool to assess older patients for the signs of malnutrition, with the majority of them stating they use the Malnutrition Universal Screening Tool (MUST).

Screening on Arrival

The chart left illustrates that the percentage of older people screened on arrival in hospitals varies a great deal across the Trusts. It was encouraging to hear from one Trust which said that responding to the survey had prompted it to review its screening tool and add as part of the audit process a section for the date and time to be included. One Trust reported that whilst only 63 per cent of patients have had a MUST assessment completed, this figure had increased from 24 per cent in the last 12 months. However, what concerns us about this finding is that potentially up to 60 per cent of Trusts are not meeting the target of 90-100 per cent nutritional screening of older people on arrival to hospital.

Screening during their stay in hospital

The regularity of screening following screening on arrival did vary however 84 per cent of Trusts said that they screen weekly at a minimum, with a number of them stating that this would vary according to the risk status of the patient and the advice of the Nutrition and Dietetic department. Screening was used to identify the levels of risk attached to each of the patients, and an action plan attached to each risk group. An example of an action plan included those who were assessed as Medium Risk receiving assistance to eat and drink, whilst those who were assessed as High Risk were assessed by a dietician and put onto a nutritional pathway for relevant and appropriate intervention.

However, when asked how they ensured older patients were screened accurately, only a third of Trusts stated that they conduct audits. These audits varied in regularity from weekly to annually. Age UK London would like to see all Trusts conducting regular audits to ensure that all screening of older people's nutritional needs is accurate. Other quality measures included conducting spot checks.

The following quote is an example of good practice from a Trust:

'We do weekly nutrition ward rounds to audit the completion and feedback to the ward and nutrition steering group. We have a traffic light system to visually highlight how wards are performing.'

When we asked whether Trusts screened older patients on discharge, only 28 per cent said they did. We are concerned by this finding as this information is essential on discharge to ensure the care plan is up to date and the continuation of appropriate support.

Recommendations

- + Regular audits to check accuracy of screening.
- + Data to be available relating to older people specifically.
- + At-risk older patients to be screened on discharge.

30%

of people in later life enter hospital already malnourished.

Step five

Hospitals should introduce ‘protected mealtimes’, so that staff cannot carry out routine tests or rounds when patients are eating their meals.

Protected mealtimes, when all non urgent activity on the ward stops, allow patients more time to eat their food and ward staff more time to help patients at mealtimes.



When asked whether Trusts have protected mealtimes, 100 per cent responded ‘yes’ they do. The number of wards this operated across varied, but the majority of Trusts stated that protected mealtimes operated across all of their in patient wards.

Encouragingly, 32 per cent of Trusts protected all meals but many of these find this difficult and despite the policy stating that all meals are protected, the focus tends to be placed on protecting lunchtimes.

‘The policy states all meals but the main focus is currently on lunchtime as this is when patients are most likely to be disturbed in comparison with other meals.’

36 per cent of Trusts only protect lunchtimes.

Trusts reported a number of strategies used to protect mealtimes. These included:

- + Putting up a large screen notice outside the ward during protected mealtimes.
- + Displaying a message on staff’s screen saver to remind staff not to visit wards at mealtimes.
- + Closing the ward to clinical staff except in an emergency.
- + Holding two staggered lunch and evening mealtimes to stop interruptions for routine scans/tests.
- + Displaying posters.
- + Sending a letter reinforcing the Trusts commitment to protected mealtimes countersigned by Chief Executive, Director of Patient Experience and Nursing and the Clinical Director.
- + Training staff about the principles of protected mealtimes at their induction.
- + Discussing at Nutrition Steering Group attended by a range of staff from different disciplines.

Trusts reported a number of auditing methods to ensure the effectiveness of protected mealtimes. These included: using an independent auditor; the Head of Nursing; having external visits by LINK and Age Concern who challenged staff if they were not meeting standards; and auditing through Essence of Care Nutrition Benchmarking and Patient Environment Action Team (PEAT) visits.

The regularity of audits ranged from daily observation to more detailed weekly and monthly audits. Others were conducted less frequently and included in their overall nutritional audit twice a year. Less frequent auditing carries the risk of missing short-stay patients.

One Trust said that it used ward performance score cards to capture the results from a combination of: annual Essence of Care Nutrition Benchmarking; annual inpatient survey which included asking patients about whether they received assistance with meals; and monthly senior nurse rounds to check protected mealtimes are in place and staff are aware of their importance.

The majority of Trusts said that they allow family members on wards during protected mealtimes, but generally stipulated that this is only permitted where a patient would benefit from the support of their family members at meal times.

Recommendations

- + Trusts to put in place strategies to increase effectiveness of protected mealtimes and to cover all mealtimes.

36%

of Trusts only protect lunchtimes.

Step six

Hospitals should implement a ‘red tray’ system, where people who need help with eating are given food on a red tray so that nurses and health assistants can easily identify them.

When asked whether Trusts use a red (or different colour) tray system, 92 per cent of Trusts said they did, with 72 per cent stating that they operated the red tray system across all wards.

Trusts stated that patients who were assessed as being at risk of malnutrition were given a red tray. The majority of Trusts used a nutritional screening tool such as MUST. Very few Trusts provided detail around the level of assessed risk needed to trigger the implementation of a red tray. Two Trusts stated that patients had to have a Must score of 1 or greater; two Trusts stated that patients needed to fall into high risk; and one Trust stated that those assessed as moderate-high risk would be given a red tray.



Other criteria used in deciding whether a red tray was necessary included whether the patient had any physical difficulties that made eating difficult including being unable to reach the tray, ill fitting dentures and swallowing problems. One Trust also spoke about how the scheme had been extended to include a green glass system:

‘The nutrition screen score would indicate if a patient is to have a red tray. All high risk patients trigger for a red tray at mealtimes (part of the action plan on the back of the screening tool). Newly introduced is the green glass system for patients with dementia, this is a visual reminder to staff to encourage patients with dementia to drink regularly.’

Trusts referred to a number of strategies used to ensure patients with red trays received the help they needed. These included:

- + Using nutritional coordinator and link nurses to raise awareness.
- + Having a separate meal time for patients needing assistance e.g. handing out red trays before the main meal time.
- + Using ward hostesses and volunteers to assist patients.
- + Ward sister observes mealtime.
- + Notice board with names of patients that need assistance and red dots displayed by the patients bed.

‘We have an agreed pathway, meals are not to be handed out until someone has been identified to feed. We also use feeding volunteers to help. Protected meal times have facilitated implementing the red tray system.’

‘Ward sisters are responsible for managing this process. We have some meal time volunteers trained to assist on wards where the majority of patients require help. We know this is still an area of challenge but is much improved on several years ago.’

The majority of Trusts stated that the ward staff namely the nurses and health care assistants were responsible for handing out and collecting the trays. Others referred to using: catering staff; meal time supervisors; hostesses; and ward housekeepers.

Whilst 92 per cent of Trusts stated that they have a red tray system in place only 64 per cent of Trusts said that they audited the system to check for its effectiveness. This finding concerns us as we have been contacted by several older people living in London who have stated that whilst a red tray system had been in place when they visited hospital, they had not received support during mealtimes.

Recommendations

- + All Trusts to conduct regular audits to measure the effectiveness of the red tray system.

72%

of Trusts stated that they operated a red tray system across all wards.

Step seven

Hospitals should use trained volunteers where appropriate.

Age UK London encourages the use of trained volunteers during mealtimes to ensure that older people receive the necessary assistance. It is disappointing to find that only 60 per cent of Trusts across London are using volunteers. We believe that the use of volunteers significantly improves the effectiveness of other mechanisms such as protected mealtimes and the red tray system, whilst relieving some of the pressure on ward staff.

The numbers of volunteers used within a Trust varied from 11–225. One Trust stated that 20 volunteers have been trained this year by dietitians. Volunteers were reported as helping mostly at lunchtime with some volunteers also helping with evening meals. Some Trusts were at the piloting stage and only had volunteers present on one ward, others stated that the volunteers were mainly concentrated on their older people's wards and one Trust reported having volunteers on every ward.



40%

of Trusts across London do not use volunteers at meal times.

‘The number of volunteers varies depending on the needs of the ward, our stroke ward have the most and again this varies. We have 30 in total but most only do one mealtime, it averages about 1–2 per ward.’

‘We are currently working with our local sixth form college to train a further 25 young volunteers from our local community. We believe this is a really exciting opportunity which will benefit the young people, our hospital and most importantly our patients.’

Volunteers were reported as helping with:

- + Assisting with menu choices.
- + Ensuring patients have washed their hands, bedside table is cleared and within reach and appropriate posture is taken.
- + Feeding including opening packaging, checking the temperature of food, cutting up food and checking it is the right consistency.
- + Company and encouragement, including verbal prompts to eat.
- + Feedback to staff on how much patients have eaten.

The length of training ranged from 1 hour to a one day training programme, with some Trusts reporting dieticians leading on the training and others reporting speech and language therapists leading.

‘A joint programme was devised and delivered by speech and language therapy and the dignity champion to train volunteers. Volunteers were also competency assessed and their practice is supervised by ward staff.’

The training covers:

- + Preparing the environment
- + Preparing the patient
- + Appropriate positioning
- + Normal Swallowing
- + Normal Ageing
- + Assisting with feeding
- + Possible problems
- + How to get help
- + Clearing away

‘We value working with Age Concern Sutton who have been to observe and also assist with feeding when they have been trained.’

Recommendations

- + All NHS Trusts should actively consider using volunteers to help at mealtimes if they are not already doing so.

Additional findings

We were encouraged to hear the following from two different Trusts:

‘We have made mealtimes a priority and this has been led from the top of the organisation by our director of nursing with the director of nutrition / dietetics. We observed the recommendations of the original Hungry to be Heard campaign and continue to set ourselves the highest standards. We recognise that there is always some room for improvement so we will be continuing to monitor and develop practice. Menus have recently been reviewed with advice from Dietetics, promoting more patient choice and better presentation of meals and menus. Thank you for continuing to raise the profile of these vital issues relating to nutritional care in hospital.’

‘We recently invited our Overview and Scrutiny Committee and representatives from our local Age UK to visit a selection of our wards to observe practice at mealtimes.’

In direct response to the research we have conducted for the ‘Still Hungry to Be Heard’ campaign we have been contacted by a number of Trusts who have expressed an interest in working with Age UK London to further develop their response to the 7 recommended steps. This is very encouraging and Age UK London is very happy to work with Trusts to implement the 7 recommended steps.

Age UK has produced a number of useful resources which are designed to help hospital staff, volunteers, older people and their families ensure older people do not become malnourished in hospital. These resources can be accessed on <http://www.ageuk.org.uk/get-involved/campaign/malnutrition-in-hospital-hungry-to-be-heard/resources/>

Conclusion

Our research shows that all of the NHS Trusts we contacted in London are aware of the continued problem of malnutrition facing older people in hospital. All have tried to implement some at least of the seven steps recommended by the Hungry to be Heard campaign to ensure older people are able to eat and drink in hospital. Some have developed their own initiatives which are strong examples of good practice. So there are real grounds for encouragement.

However the findings also show that by NHS Trusts' own account, the action taken has been patchy in some areas and the effectiveness of changes is likely to be uneven. We are particularly concerned by apparent weaknesses in ensuring sufficient screening of older patients for signs of malnutrition at different stages in their care and discharge. It is also disappointing that many hospitals are still not using volunteers to help patients at mealtimes and, for example, that some are finding it difficult to ensure that 'protected mealtimes' really are protected.

We urge NHS Trusts in London to look at the Recommendations which we have drawn from the research findings and to implement them if they are not already doing so. We and our partner organisations across London are ready to work with Trusts to help ensure effective change for older people.

We would also very much like to hear from older people who read this report about how what the Trusts have told us compares with what you or your family or friends have experienced.

***Age UK London and Greater London Forum
for Older People, March 2011.***



Age UK London is funded by London's local councils.



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