

Still Hungry to Be Heard

The scandal of people in later life
becoming malnourished in hospital



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Age UK is working locally and in
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Four years ago Age UK launched the 'Hungry to be heard' campaign because too many of us were malnourished in our hospitals.

We were either admitted to hospital malnourished and nothing was done about it, or we became malnourished in hospital because we didn't get the food we could eat or the help we needed to eat it.

In the past four years, as a result of our campaign, politicians have acknowledged the seriousness of this issue and many NHS trusts have taken steps to improve mealtimes for people in later life.

Yet not enough has been done. Today, too many people in later life are still malnourished in our hospitals. We are still hungry to be heard. We are still hungry for effective action.

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Malnutrition in hospitals

An overview

Today, an unacceptable number of us are becoming malnourished when we are in hospital. When we are malnourished, it is often not detected, or monitored, so we do not get the help we need to become nourished.

We become malnourished because we do not get food we can eat or the help we need to eat it.

There are many reasons why we don't get the food we can eat. Some of us who require puréed food have been offered only solid foods, such as sausages and boiled potatoes. Others with special dietary requirements, such as needing gluten-free or halal food, are not catered for. If we are not offered food we can eat, we go hungry and we become malnourished.

We also miss meals because we don't get the help we need to eat them. So, if we have arthritis or a broken wrist, for example, we may struggle on our own to unwrap our food or open a packet.

A stay in hospital can also be confusing and upsetting and all we may need is someone, a nurse or mealtime volunteer, to sit with us while we are eating and offer us some company and much-needed encouragement. Too often this help is simply not there for us.

Hospitals are supposed to screen us for malnutrition, on arrival and during our stay, and then act to make sure we get the nutrition we need. This doesn't always happen. Some of us are screened inaccurately; others are screened accurately but no action is taken, and some of us are just not screened at all.

Being malnourished increases our risk of infection and increases the length of time it will take us to recover.

When we go into hospital we should not have to worry about whether or not we will be able to eat our meals. We should be confident that every hospital ward will provide us with food we can eat and the help we may need at mealtimes.

MALNUTRITION COSTS THE NHS £7.3 BILLION EVERY YEAR



The issue

What we know

The situation is serious

- + More of us are becoming malnourished.
- + The number of people entering hospital malnourished is increasing – 148,946 entered hospital malnourished in 2007–8; this rose to 175,003 in 2008–9.¹
- + The number of people leaving hospital malnourished is increasing – 157,175 people left hospital malnourished in 2007–8; this rose to 185,446 in 2008–9.²
- + 239 patients were reported to have died because of malnutrition in English hospitals in 2007; however, because malnutrition is under-reported, the true figure may be much higher.³

Malnutrition affects people in later life more than anyone else

- + Malnutrition affects 23 per cent of people under 65. This increases to 32 per cent for those of us over the age of 65.⁴
- + Those of us who are admitted to hospital over the age of 80 are twice as likely to become malnourished than those under the age of 50.⁵

Becoming malnourished leads to serious consequences for us, including:

- + the need to stay in hospital for longer
- + the need to take more medications
- + an increased risk of suffering from infections
- + even death.

Malnutrition costs the NHS and the taxpayer money

- + In 2006, the estimated cost of malnutrition to the NHS was £7.3 billion a year.⁶ We do not have an accurate figure for how much it costs the NHS today, but we expect it will be higher as rates of malnutrition have risen.

This is not good for us, the hospital or the NHS. The Government, the NHS and hospital staff have known about this problem for years yet, despite some efforts to tackle it, more of us are entering hospital malnourished and more of us are becoming malnourished in hospital than ever before.

This scandal must end today.

¹ www.stephenobrien.org.uk/type2show.asp?ref=857&ID=80

² www.stephenobrien.org.uk/type2show.asp?ref=857&ID=80

³ Nutrition Action Plan Delivery Board End of Year Progress Report, 2009

⁴ C. A. Russell and M. Elia, *Nutrition Screening Survey in the UK in 2008*, British Association for Parental and Enteral Nutrition, 2009

Four years on

What Age UK has done

For the past four years, Age UK has campaigned to improve hospital mealmates. We have called on hospitals to provide nutritious food that people in later life enjoy and which is suitable for their dietary needs.

For those who enter hospital malnourished or become malnourished during their stay, we have called for effective systems to be put in place, such as regular screening, to ensure that people get the help and treatment they need.

We have:

- + pushed the Government and the NHS to prioritise the issue of malnutrition in hospitals
- + produced a resource pack for hospitals to help them tackle malnutrition
- + brought attention to the issue through articles in newspapers and TV interviews.

And over 50 local Age UKs and Age Concerns have been working with their hospital trusts to help them implement our seven recommended steps, detailed on pages 10–23.

Our successes

Our campaign has had an impact:

- + 82 per cent of NHS hospital trusts across England have engaged with the 'Hungry to be heard' campaign.
- + 55 per cent of these trusts have taken some direct action to improve their mealmates, to stop people in later life becoming malnourished in hospital.

+ 354 hospitals are using our range of campaign materials to ensure that staff and people in later life know how to tackle malnutrition.

+ The Government responded to our campaign by publishing a nutrition action plan on how to collectively address nutritional care within hospitals, care homes and the community.

The challenges ahead of us

Despite all this good work, malnutrition in hospital is still a big problem for people in later life, because:

- + There is a lack of consistency across hospitals: while some hospitals have taken great steps to improve their mealmates, others have not.
- + There is inconsistency within individual hospitals: often the quality of support you get at mealmates will depend on which ward you are on.
- + Four years after we first highlighted the problem, people in later life are still contacting us to share their frustrations about not getting the food or the help they need at mealmates.
- + The previous government did not do enough to tackle this issue. The incidence of malnutrition in hospitals actually increased while they were in power.

⁵ *Malnutrition within an Ageing Population: A Call for Action*, European Nutrition for Health Alliance, 2005

⁶ *Malnutrition among Older People in the Community: Policy Recommendations for Change*, European Nutrition for Health Alliance and British Association for Parental and Enteral Nutrition, 2006



What we want to see

We want to be able to go into hospital without worrying whether we will get the food we can eat and the help we need to eat it. To help make this a reality we are calling for the following to happen:

All wards must effectively implement Age UK's seven recommended steps

When we go onto a hospital ward we want to know that the ward is effectively implementing all seven steps. This is the only way we can be sure we will get the support we need. The steps are:

- ⊕ Hospital staff must listen to us, our relatives and our carers.
- ⊕ All ward staff must become food-aware.
- ⊕ Hospital staff must follow their own professional codes and guidance from other bodies.
- ⊕ We must be assessed for the signs or risk of malnourishment on admission and at regular intervals during our hospital stay.
- ⊕ Hospitals should introduce 'protected mealtimes'.
- ⊕ Hospitals should implement a 'red tray' system and ensure that it works in practice.
- ⊕ Hospitals should use trained volunteers where appropriate.

The Government must introduce compulsory recording of malnutrition rates

To date, there has been no accurate data to show how many of us are going into hospital malnourished and how many of us come out of hospital malnourished. The Government must introduce compulsory monitoring so that this issue can be effectively tackled.

The Care Quality Commission (CQC) must complete a comprehensive review of hospital mealtimes

The CQC can undertake thematic reviews. To get a truly accurate picture of hospital mealtimes, we need the CQC to undertake a comprehensive review. This way we will be able to see which hospitals take steps to effectively stop us becoming malnourished.



AGE UK'S SEVEN STEPS TO END THE SCANDAL OF MALNUTRITION IN HOSPITAL

STEP ONE

Hospital staff must listen to us, our relatives and carers

We know what food we like or dislike, what food we can't eat and whether we have small or large appetites. We need ward staff to ask us what our needs are at mealtimes and then act on what we say.

If we, or our relatives and carers, are not consulted about our dietary needs we often end up with food that we simply cannot eat.



This is Age UK's message to people in later life in hospital. We want them to talk about their mealtime needs, and ward staff to listen and act.



'The food was generally so poor and inadequate that my wife was forced to bring in food for me. Although I made several complaints, no action was taken.'



Cambridge University Hospitals NHS Foundation Trust, supported by Age UK Cambridgeshire, has developed pictorial menus to make it easier for people in later life to choose their meals. Hospital menu cards often use small print, making it difficult for people with communication or reading difficulties to choose their meal. By using a pictorial menu, people in later life can easily see what meals are on offer and communicate their choice.

STEP TWO

All ward staff must become food-aware

Missing a meal is just as important as a missed medication. Ward staff need to understand that every meal is important and it is not acceptable for us to miss even one meal. If we do it increases our chances of becoming malnourished.



'My father was in hospital for some weeks before he died. He was not fed. He became weaker and weaker, simply starved.'

'If he was asleep when meals were delivered no one woke him, no one assisted him and he was simply ignored. The food was taken away – if it was presented at all. If he was awake there was seldom any one who assisted him – and he needed assistance as he had become weak, that state being contributed to by lack of food.'

'While they appeared to have looked after him medically, they did not consider his basic human needs and dignity, from his hearing aid going "missing" to his food intake. No records were kept of his food intake or even fluid intake. No one had the time or will to be interested. It was no one's job.'



The Pennine Acute Hospitals NHS Trust is running a successful campaign to make their staff food-aware.

They have developed a specific nutrition training programme, 'Mission Nutrition', for all their staff. The training covers effective screening, how to record a person's food and fluid intake and about the importance of nutritional care.

The Trust has developed different ways for staff to participate in the training programme, including: running sessions on the ward for nurses; specific modules tailored for doctors; and interactive sessions for healthcare assistants and student nurses.

Evaluation of the training so far has been very positive, as staff have found the training very useful.

STEP THREE

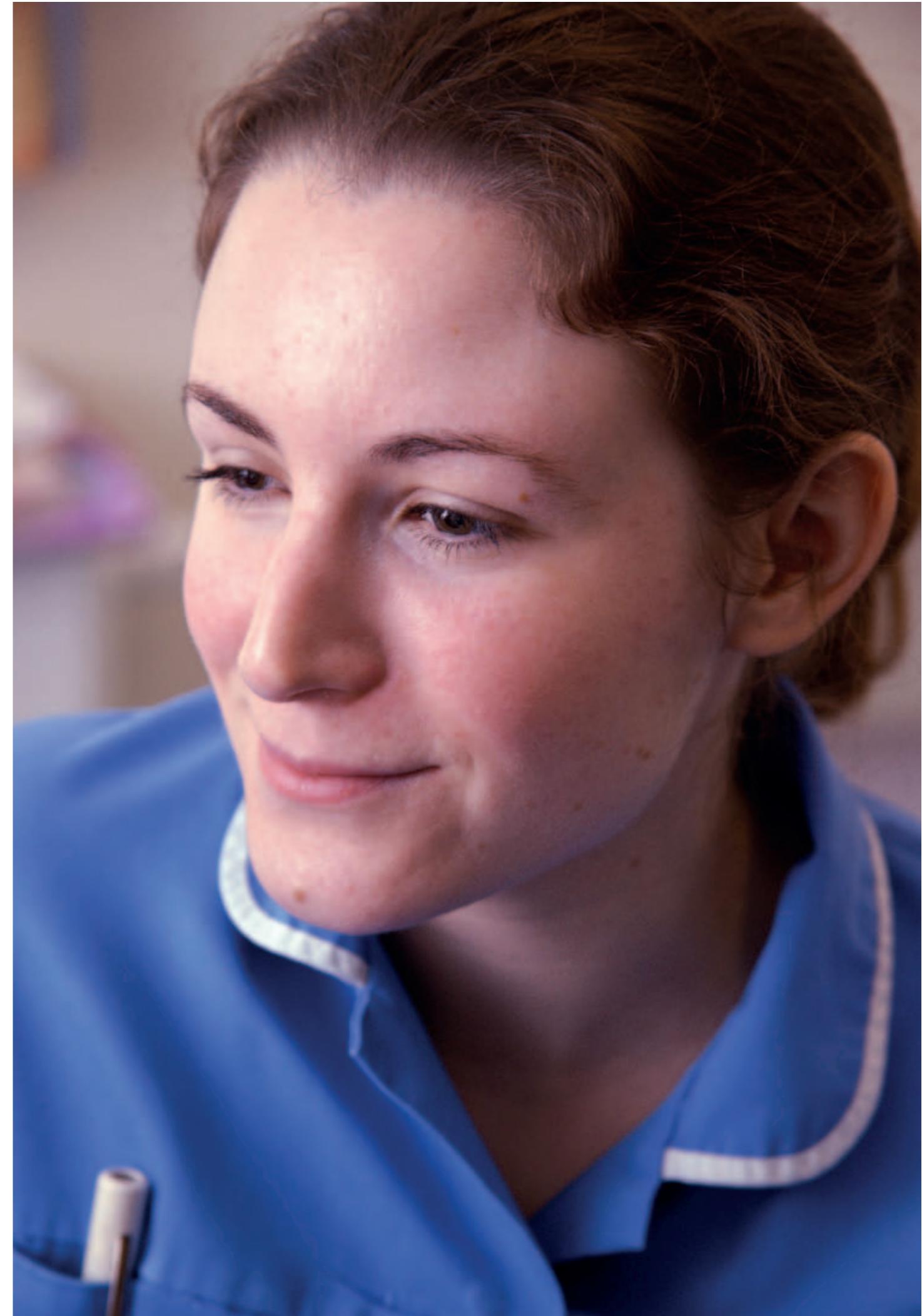
Hospital staff must follow their own professional codes and guidance from other bodies

The Department of Health's core standards on food and help with eating state that we should get food suitable to our diet, as well as any help we require to enable us to eat our meals. We want to know that all wards are fulfilling these core standards.

Food and help with eating are important elements in maintaining dignity. Two examples when dignity was not respected were:

- + being provided with bibs intended for babies, rather than a napkin, while being helped to eat
- + having to eat with their fingers, rather than being helped to eat with a knife and fork.

The Royal College of Nursing, through their Nutrition Now campaign, has worked to raise standards of nutrition and hydration in hospitals and the community. They see nutrition and hydration as essential to care; as vital as medication and other types of treatment.



STEP FOUR

We must be assessed for the signs or risk of malnourishment on admission and at regular intervals during our hospital stay

Thirty per cent of us enter hospital already malnourished.⁷ It is essential hospitals detect any existing malnutrition, if they do not we will not get the help we need to get better. To detect whether or not we are malnourished, hospitals need to screen us all, upon arrival, for the signs of malnutrition.

Screening on arrival is only the beginning. If hospitals do not regularly screen us they will not know if our malnutrition is getting better or worse. We therefore need to be screened regularly throughout our stay.

For screening to be effective, ward staff need to know why screening is so important and how to use a screening tool effectively.

If ward staff are not trained on how to screen it results in us either being screened inaccurately or we are not screened at all.



'My father had heart surgery [and] when he was moved to a different ward his weight dropped so much. When reading his notes, they had no concerns he was not eating.'



The Whittington Hospital, London, understands the importance of screening for malnutrition. Eighty per cent of all patients who enter hospital are screened within 48 hours.

An audit of nutrition screening on the older people's ward showed that while many people were being screened, the accuracy of screening needed to be improved.

To improve the accuracy rates of the screening tool the hospital developed a programme to make staff aware of the importance of screening and the need to use the screening tool accurately. Guidelines on how to use the tool were developed and training sessions were run. Wards also nominated nutrition champions to help support staff use the tool on the wards.

These changes led to a dramatic improvement in accuracy of screening. Our action plan had the desired impact as the accuracy rate jumped from 13 per cent to 85 per cent.

⁷ C. A. Russell and M. Elia, *Nutrition Screening Survey in the UK in 2008*, British Association for Parental and Enteral Nutrition, 2009

STEP FIVE

Hospitals should introduce 'protected mealtimes'

When we are eating our meals we do not want to be told that a doctor wants to talk to us or take a blood sample, or that we have to stop eating so we can go for a scan. We want the ward we are in to use protected mealtimes. This means that all non-urgent activity, such as ward rounds, tests etc., do not take place during mealtimes. This benefits us, as we get to eat our meals in peace, and the nurses benefit, as they have more time to help us at mealtimes.

We don't mind our families sitting with us during mealtimes, as we often eat more when we have their company and support.

Protected mealtimes only work if nurses make sure we get the help we need. Unfortunately, this does not always happen.



'My dad had to undergo surgery to remove half a lung. As we had no faith in the NHS in caring for Dad, my brother booked into a hotel nearby and stayed with Dad at the hospital. Although my brother was available to ensure that Dad got food and drinks every mealtime, he was ordered off the ward as they had 'protected mealtimes'. Every time my brother came back, Dad's tray of food was untouched – it was left out of my Dad's reach. My brother tried to get my Dad to eat, but by this time his food had gone cold. Dad was told by a nurse to drink a glass of water every hour. Given that my dad could not get out of bed and no water was given to him, I still wonder how they thought he was going to manage this.'



Salisbury NHS Foundation Trust has introduced protected mealtimes to ensure that patients are not interrupted during meals and that they receive the support they need.

The Trust was keen for protected mealtimes to be a success and they knew they could only do this by making sure that everyone was aware of protected mealtimes and why they are important.

To achieve this, the Trust developed and published a timetable showing each ward's mealtime, so that all staff knew they couldn't interrupt the wards during these times. They also held training events and developed a network of Protected Mealtime champions.

The Trust also developed an audit tool to ensure that people are respecting protecting mealtimes and that patients are routinely asked for their views. Since protected mealtimes have been in place, the feedback has shown that the mealtime experience has improved.

STEP SIX

Hospitals should implement a ‘red tray’ system and ensure that it works in practice

Those of us who need help with eating should receive our food on a red tray (or some other colour) that allows ward staff to easily recognise that we need extra help at mealtimes.

When our food is placed on a red tray it is important that we get the help we need, but this isn’t always the case.



‘My mum has been in hospital. I, or a member of my family, go to the hospital at every mealtime to ensure that my mum receives the support she needs to eat her food. There are seldom enough nurses on the ward to help all the patients who cannot manage to eat without assistance.

‘I was told that a red-tray system had been introduced to help identify those who needed to be monitored. I said then and I say now, the red-tray system has not been implemented. Sometimes everyone on the ward gets a red tray, other times everyone gets a blue or grey tray. It seems to depend what is clean and available.’



Last year, Guy’s and St Thomas’ NHS Foundation Trust conducted a research project across two wards, to see if the use of a red-tray system would improve mealtimes for people in later life.

Red trays were given to patients who needed help during mealtimes. The research project studied patients during mealtimes before red trays were introduced and again two months after red trays had been introduced.

The research showed that when patients were given a red tray they got more help at mealtimes. This help involved verbal encouragement and physical help, such as cutting up food. This help came from nurses, relatives and visitors.

This extra help means that patients are eating more food, which decreases the risk of them becoming malnourished or helps them to get better if they are malnourished.

STEP SEVEN

Hospitals should use trained volunteers where appropriate

For those of us who need a little bit of extra help and support at mealtimes, trained volunteers are essential.

Trained volunteers can provide us with the extra support we need at mealtimes, which could mean making sure our food is cut up and placed within our reach, or sitting with us so that we have company and encouragement while we eat.



'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. into smaller sizes to get into their mouths.'



An audit of mealtimes at the Norfolk and Norwich University Hospitals NHS Trust showed that people in later life needed extra support at mealtimes.

To ensure that people in later life get the help they need, the Trust has recruited volunteers. All volunteers go through a training programme which has been developed by nursing staff, volunteer managers and speech and language therapists.

The training programme is wide ranging: it introduces volunteers to the hospital; explains basic food hygiene; and also explains about swallowing and possible difficulties with swallowing. It includes practical sessions where volunteers have the chance to act out different hospital mealtimes scenarios such as being fed a yoghurt and a banana. Volunteers are then observed to check that they are competent to feed patients.

The volunteers have a variety of backgrounds – some have been carers of older parents, others are retired health workers. Even the Chief Executive of the hospital has been trained and helps out on the wards!

Summary

It is a national disgrace that we are still becoming malnourished, and that our malnutrition is not being detected and treated in hospital. This must end, and it must end now. We need all hospital wards to guarantee that we will get food we can eat and the help we need at mealtimes. And we need the Government to introduce compulsory monitoring of malnutrition.

We need you to help us end this scandal. You can:

- + tell your friends and family about this issue
- + let us know about your mealtime experience – did you get the correct food and any help you needed?
- + contact your local MP and tell them we need compulsory monitoring of malnutrition
- + find out more about the campaign.

If you would like to find out more about our campaign, or to share your mealtime experience:

Call us

0800 169 87 87

Visit

www.ageuk.org.uk/htbh

Email

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Write to us

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