



AGE
Concern

Hungry to be Heard

The scandal of malnourished older people in hospital

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It is a national scandal that six out of 10 older people are at risk of becoming malnourished, or their situation getting worse, in hospital. Malnourished patients stay in hospital for longer, are three times as likely to develop complications during surgery, and have a higher mortality rate than well-fed patients. Ending the scandal of malnourished older people in hospitals will save lives.

Four out of 10 older people admitted to hospital have malnutrition on arrival.¹ Patients over the age of 80 admitted to hospital have a five times higher prevalence of malnutrition than those under the age of 50.²

Whether their condition goes unnoticed, or untreated, and worsens during their hospital stay is a lottery. Older people and their relatives are left worried and not knowing whether they will be given appropriate food or help with eating it.

The result is that six out of 10 older people are at risk of becoming malnourished, or their situation getting worse, in hospital.³ This is extremely serious because patients who receive good nutrition may have shorter hospital stays, fewer post-operative complications and less need for drugs and other interventions.

Despite everyone recognising that there is a problem, it persists. The problem does not need more legislation and more guidance, it needs to be tackled by changes in culture and practice within the NHS.

Although there has been some emphasis on improving NHS hospital food, this has tended to focus on achieving the same standards of cuisine as found in private sector hospitals. This ignores the needs of the high proportion of patients in NHS hospitals who are admitted as an emergency - mainly older people.

The Department of Health published core standards in 2004 that address the issue of food and help with eating.⁴ All NHS trusts should be achieving these core standards but it is clear that they are not. There are examples of good practice around the country but they are not implemented in every hospital.

As a result, one of the most frequent issues raised with Age Concern by the relatives of older people who have been in hospital is the lack of appropriate food and the absence of help with eating and drinking for people who are unable to manage this for themselves.

Until malnutrition in hospitals is ended, the lack of respect for the dignity of older people will continue to be a national scandal.

Age Concern's calls to action

NHS

- NHS staff - from the Board to the Ward - must ensure that they are effectively implementing the core standards on food and help with eating.
- NHS Trusts should implement Age Concern's "seven steps to ending malnutrition in hospitals".
- The NHS should appoint Older People's Champions to play an effective role in ensuring that older people receive appropriate food and help with eating.

Healthcare Commission

- The Commission should base its assessment of performance on the views and experiences of people who have recently been in the care of the trust in question – rather than solely on self assessment. It should carry out a detailed investigation into older people's experiences of food in hospitals and help with eating it.
- The self-assessment form should be amended to ask specific questions about measures being taken to achieve core standard 15.
- The number of self-assessments verified by the Healthcare Commission should be increased.

Department of Health

- The Department of Health must treat food, and help with eating it, as a key issue in the NHS delivery of essential standards of care.

Seven steps to end malnutrition in hospitals

1. Hospital staff must listen to older people, their relatives and carers and act on what they say.
2. All ward staff must become 'food aware'.
3. Hospital staff must follow their own professional codes and guidance from other bodies.
4. Older people must be assessed for the signs or danger of malnourishment on admission and at regular intervals during their stay.
5. Introduce 'protected mealtimes'.
6. Implement a 'red tray' system and ensure that it works in practice.
7. Use volunteers where appropriate.

Malnutrition in hospitals: an overview

Up to 14% of older people aged over 65 years in the UK are malnourished.⁵

Four out of 10 older people admitted to hospital are malnourished on arrival.

Patients over the age of 80 admitted to hospital have a five times higher prevalence of malnutrition than those under the age of 50.

Up to 50% of older people in general hospitals have mental health needs.⁶

Six out of ten older people are at risk of becoming malnourished, or their situation getting worse, in hospital.

Patients who are malnourished stay in hospital for a longer time, require more medications, and are more likely to suffer from infections.⁷

The toll of malnutrition on health and health care costs is estimated to exceed £7.3 billion per year (much more than obesity). Over half of this cost is expended on people aged 65 years and above.⁸

Patient-centred care

In tackling malnutrition in hospitals, Age Concern believes that insufficient attention has so far been given to the needs of older people. Consequently, problems in a number of areas contribute to the prevalence of malnutrition in hospital:

- Appropriateness of the food on offer
- Help with eating the food
- Monitoring of the patient for signs of malnutrition
- Involvement of patients, relatives and carers
- Knowing how and who to raise concerns with

All have at their core the relationships on an individual ward between staff and patients and also between different categories of staff (nursing, catering, etc).

The last five years have seen numerous attempts to address these problem areas, including:

Better food

In 2001, the focus was on the quality of food provided to patients. Leading chefs, headed by Loyd Grossman, were engaged to advise on menus, and much attention was given to the nutritional value of the food. The menus that resulted in the Better Hospital Food Programme are varied and would grace any restaurant.⁹

However, the menu may be challenging for many older patients who encounter 'Navarin of lamb with couscous and grilled vegetables' for the first time in their life when in hospital following an emergency; sick, frail, in a strange environment, and looking for something with which they are familiar.

Core standards of care

In 2004, the Department of Health issued core standards that apply to all of the NHS. Core standards 15a and 15b have a direct link to the issue of malnutrition:

Where food is provided, health care organisations have systems in place to ensure that

- a) patients are provided with a choice and that it is prepared safely and provides a balanced diet;
- b) patients' individual nutritional, personal and clinical dietary requirements are met, including any necessary help with feeding and access to food 24 hours a day.

Guidance in the face of a continuing problem

In February 2006, the National Institute for Health and Clinical Excellence (NICE) issued a clinical guideline to help the NHS identify patients who are malnourished or at risk of malnutrition.¹⁰

On issuing the guideline, Dr Mike Stroud of the Institute of Human Nutrition, University of Southampton and Chair of the Guideline Development Group said:

"Ensuring patients receive adequate nutrition is an essential part of basic patient care, yet we know malnutrition is still a big problem for the NHS. The guideline contains one obvious and simple message - *Do not let your patients starve and when you offer them nutrition support, do so by the safest, simplest most effective route.* By recommending a widespread programme of screening and nutrition support, this guidance is likely to make a real difference and save lives."¹¹

The scandal continues...

However, despite the core standards, and the guidance, and a raft of other regulations, malnutrition in hospitals continues to be all too prevalent. Older people's health and dignity are undermined in hospitals across the country because policy is not being put into practice.

Age Concern believes that the malnutrition of older people has no place in a modern society. On the following pages, the organisation sets out its calls to action to the NHS, the Healthcare Commission and the Department of Health to end this scandal.

When it comes to food and help with eating it, for older patients there is clearly a gap between how trusts think they are performing and the experiences of older people in hospitals.

As older people exercise their right to choose where they receive treatment, basic standards of care - such as food and help with eating it - will inform that choice.

NHS executives and non-executives

The Government has stated that there should be a shift to patient-led care in the NHS.¹² Age Concern believes that food and help with eating it should be a central focus of patient-led care.

As older people are the main users of the NHS, this should be reflected in the services provided by trusts. Much greater priority should be given to the issue of patients not eating well enough.

Age Concern proposes that trusts implement seven steps to end malnutrition in hospitals.

However, having systems in place to tackle malnutrition is not enough in itself - steps must be taken to ensure that those systems are working effectively. Protected mealtimes will only work if everyone - ward staff, doctors, etc. - respect the system. Red tray systems only work if catering and ward staff understand what they are supposed to do if they see food on a red tray.

NHS managers must, therefore, make sure that any measures put in place are having a real effect at ward level.

Older People's Champions

The Department of Health has described Older People's Champions as "people with a desire to improve older people's services and are willing to work together and use their influence to stand up for the interests of older people."¹³

All NHS Trusts must make sure they have Older People's Champions, at Board and Senior Clinician level, who play an effective role in ensuring that there is respect for the dignity of older people.

The Champions must promote the issue of appropriate food and help with eating it as an important factor in maintaining the dignity of older patients.

NHS ward staff

It is on the ward itself that the problem of malnourished older people can be most effectively tackled. And, on a day to day basis, the buck stops with the ward manager.

Age Concern challenges all NHS ward staff to consider whether their approach to food and help with eating it is actually in accordance with their own professional standards and achieving the core standards.

If the answer is 'no' then we ask ward staff to think about what needs to change for them to be able to work to the required standard.

Age Concern believes that much can be done to end the scandal of malnutrition in older people in hospitals by implementing our "seven steps" - and ensuring that they work effectively.

Systems such as protected mealtimes and red tray systems are not expensive. We know that they can be implemented successfully because they are already in place in wards around the country.

However, it's not about changing practice alone: in many cases, their needs to be changes in the culture on the ward as well.

Food, and help with eating it, should be recognised by ward staff as important in showing respect for the dignity of older people.

The use of language is important: help with eating should be described as such and not as 'feeding the patient'. Simple, thoughtless actions such as tying a baby bib around the neck of an older patient, in place of a napkin, have repercussions.

Many older people are admitted to hospital in an emergency. They may be frightened and confused, they may have mental health needs, they may already be malnourished. All deserve to receive appropriate care and to be treated with respect for their dignity.

Age Concern recommends that:

- NHS staff must comply with their own professional codes and prioritise the implementation of the core standards related to food.
- NHS Trusts implement our campaign's "seven steps" to end malnutrition.
- NHS Trusts must appoint Older People's Champions to play an effective role in ensuring that older people receive appropriate food and help with eating.

Healthcare Commission: listen to older patients

The core standards published by the Department of Health in 2004 will form the basis of the Healthcare Commission's assessment of NHS Trusts' performance in 2006. The experiences of older patients must be a key source of information.

The Commission required all 570 trusts to issue a public declaration in May 2006 on how they have performed against the core standards during the year to 31 March 2006.

Trusts stated that they met the standards by simply writing 'COMPLIANT' in the relevant boxes. **No details needed to be included about specific measures to comply with the standards, nor any statement about how the Trust came to its view of its own compliance.**

Out of the 570 Trusts, only 11 stated in their self-assessment that they had not met core standard 15b, help with eating.¹⁴ Pages 14-18 of this report describe the treatment some older people received from trusts that *did* declare themselves to be compliant.

The Healthcare Commission also invited comments from local organisations representing patients and the public, such as Patient and Public Involvement forums, and the Local Authority Overview and Scrutiny Committees.

In some cases, these extra accounts - conflicting with the view of the trusts - have also highlighted the problem of self-assessment.

The Healthcare Commission has stated that it will cross-check the trusts' declarations using other sources of information such as clinical audits, data from other organisations, patient complaints and patient surveys.

The direct experiences of patients should be a crucial part of the Healthcare Commission's assessment. When patients are asked about their treatment, there is a clear mismatch with the trusts' self-assessments (see box opposite).

In the recently released 2005 inpatient survey, undertaken for the Healthcare Commission:

On the subject of food and help with eating it, of those patients who said they needed help to eat their meals, 18% said they did not get enough help and 21% said that they only got enough help 'sometimes'.¹⁵

The Healthcare Commission must ensure that the experiences of older patients in particular, as the main users of the NHS, form a key part of the assessment of a trust's performance. The Commission must ensure that the methods used to collect patients' views do not exclude older patients.

The Commission will also inspect at least 20% of NHS trusts to check they have performed at the level declared, and to reach a decision about the trust's performance. **This leaves around 80% of the trusts' self-assessments unverified by inspection – and anomalies such as the one described below may lie hidden.**

The Healthcare Commission should use the other sources of information, including the views of older patients, to identify those trusts where the self-assessment does not match patients' experiences and increase the number of inspections accordingly.

Case study: one trust, differing opinions...

The trust's self-assessment on the core standards concerning food: COMPLIANT.

Patient and Public Involvement Forum's view: "The Forum receives anecdotal comments indicating patient and carer concerns over the quality of food and the perceived lack of help with feeding. We are aware that many patients from the minority communities are having food brought in by relatives and carers."

Patients themselves:

The inpatients survey placed the trust in the worst performing 20% of trusts for help with eating.

Age Concern recommends that the Healthcare Commission:

- amends the self-assessment form to ask specific questions about measures being taken to achieve core standard 15.
- bases its assessment of performance on the views and experiences of people who have recently been in the care of the trust in question – rather than on self-assessment. It should carry out a detailed investigation into older people's experiences of food in hospitals and help with eating it.
- increases the number of self-assessments that it verifies by inspection.



Older people's assessment of whether the Government's investment in the NHS has been worthwhile or not may depend much more on whether they are treated with dignity and respect than it will, for example, on giving people a choice of hospital for treatment.

Age Concern believes that there is no shortage of guidance and regulation to address the issue of appropriate hospital food and help with eating.

For the incidence of malnutrition to decrease, changes in both culture and practice are needed within the NHS. **This is not just a matter for the Healthcare Commission and the NHS Trust boards, it requires a clear signal from the Government that this is a priority.**

However, while the Government is prioritising the increase in the number of hospitals that patients get to choose from for their treatment, patients themselves look to more basic standards of care to make their own assessments.

For example, in a BMA survey in June 2005, respondents rated "better hospital food" as more important than "choice of where to have an operation".¹⁶

This may be especially true for older people who make up the majority of hospital inpatients and will, in the main, have had no choice about the hospital they go to - being emergency admissions. For them the issue is not choice but the respect for their dignity which they are given while in hospital.

As can be seen on the following pages, appropriate food and help with eating it - or the lack of either - are extremely important in maintaining the dignity of older patients. The Government must, therefore, champion the dignity of older patients by holding the NHS to account for these most basic standards of care.

Age Concern urges the Department of Health to:

- recognise that food and help with eating is a key issue in maintaining the dignity of older people in hospital.
- hold the NHS to account for delivering on basic standards of care – and food and help with eating it in particular.

Hungry to be Heard:

The voices of older people and their families



The voices of older people and their families

Age Concern has received many complaints from older people and their relatives about their food in hospital and the help, or lack of it, that they were given to eat it. On this, and following pages, are a very small selection of those experiences.

Some of those contacting Age Concern have asked to remain anonymous and we have, therefore, hidden their identities. Others have allowed us to use their real names in the hope that their experiences will help prevent others being similarly treated in the future.

We have also not identified the hospitals involved. However, in each case, the hospital has self-assessed that they are compliant with Core Standards 15a and 15b.

Meals arrive with the cover on, taken away again with the cover still on

A. was admitted to hospital before Christmas 2005 and had surgery, but he didn't pick up afterwards.

His meals were being delivered to his bed with a cover on, and then taken away again with the cover on. No-one was checking that he was eating.

He was depressed about his illness and so had stopped eating. When A.'s daughter raised this with the hospital they offered to put her father on a course of antidepressants. She refused and insisted that they give him confidence training and ensured that he was eating his food. He then improved dramatically.

C15a	Where food is provided, healthcare organisations have systems in place to ensure that patients are provided with a choice and that it is prepared safely and provides a balanced diet.	Compliant
C15b	Where food is provided, healthcare organisations have systems in place to ensure that patients' individual nutritional, personal and clinical dietary requirements are met, including any necessary help with feeding and access to food 24 hours a	Compliant
C16	Healthcare organisations should ensure that	Compliant

No help with eating despite suffering from Parkinson's disease

79 year-old R. was admitted to hospital in October 2005 following a fall.

He suffered a loss of appetite partly due to being away from home but also because he found the meals unappealing.

He received no encouragement nor help to eat from staff despite suffering from Parkinson's disease.

Eventually meals were pureed which appeared to R.'s family to be for the convenience of the staff as there was nothing wrong with R.'s ability to chew.

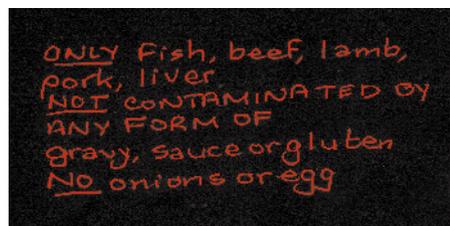
Fortified drinks were always left out of his reach and he became dehydrated.

By the time he left hospital in December, he had lost a considerable amount of weight.

Despite labels attached to each menu, given inappropriate food

P. was admitted to hospital in December 2005 for an urgent heart operation. He suffered from Coeliac Disease and was unable to digest gluten. The hospital menus provided meals for various special diets but not for Coeliac Disease. He was also allergic to eggs and onions which would cause him intense pain if ingested.

Despite his wife attaching labels to each menu describing what he couldn't eat, he was often given inappropriate food, such as minced beef and onions, by the catering staff.



In the final few months of his life, he was re-admitted and diagnosed with ischaemic bowel disease, which meant that nothing was to go into his bowel, and he was put on a drip. However, menus continued to be placed on his tray.

In desperation, his wife placed a sign above his bed stating that they would blame the staff personally if they gave him food. Only then did the staff take notice.

The voices of older people and their families

Relatives of the patients forced to start a rota to ensure everyone was fed

88 year-old E. spent three weeks in hospital. Her family felt that if they were not around during meal times, patients would not necessarily eat.

Staff often placed meals out of reach of patients and this was very worrying for E. as she had been told that she need to eat well and maintain a high level of fluid intake in order to fight her severe infection.

E. eats pureed kosher food, yet on one occasion was given pork and told she had to eat it.

On many occasions, pureed food was not available which meant that she choked throughout her meal. The situation was only resolved when the E.'s daughter threatened to go to the hospital's management.

At one point relatives of the patients started a rota to ensure everyone was fed after realising that one patient hadn't eaten for a whole day.

During 16 days in hospital, 12 meals of pureed mince

G. was in hospital during November and December 2004. He needed help to eat his meals but the tray would be left on the bedside table. The meals would often go cold, sometimes having been left for 40-50 minutes. G. would then be expected to eat the food or, if he wouldn't, would be told off and the meal thrown away.

G.'s family made sure that they were always there at mealtimes to help their father and other patients.

Although G. was unable to chew, he could manage some soft foods and eat pureed meals. However, during the 16 days he was in hospital, he was given the same meal of pureed mince on 12 occasions.

Only when G.'s family were able to time their visits as the daily meal tickets were being completed did he receive something different - and even then it was not always what they had asked for.

Dropped two dress sizes

78 year-old S. was in hospital for six weeks from April 2006 and found the food “dreadful”.

The food was brought in from a distance and re-heated in a microwave, and S. found it to be “completely denatured and tasteless”.

During her stay in hospital, she lost about 20lbs and dropped two dress sizes. She believes that some of the weakness she continued to experience at home was due to not eating properly in hospital.



Weight loss recorded, no action taken

83 year-old Joan Woolley was admitted to hospital in April 2006 following an accident at home. Prior to admission, she had lost 6lbs in a week and her family were concerned about the weight loss.

During her third week in hospital, Joan lost 10lbs in weight. Her son, Bernard, was concerned about the help with eating that his mother was receiving - a concern shared by fellow visitors.

The hospital had a sign saying “If you feel that your relatives need assistance during mealtimes, you are welcome to come in and assist us”. However, Bernard couldn’t always be there at mealtimes as he was busy trying to find a care home for his mother.

Bernard could not understand why his mother’s weight loss was being recorded but nothing done to help her eat. As he told Age Concern: “While staff weren’t as helpful as I would have liked, the main problem seemed to be that there simply weren’t enough staff”.

When Joan left hospital, and moved into a care home where she ate in a small group and could be monitored, her eating improved.

The voices of older people and their families

Family brought in their own food

92 year-old V., who suffered from dementia, was admitted to hospital in January 2005. Her daughter told Age Concern that V. was not given the help she needed to eat.

Many times, V's food was left untouched on her bedside table and taken away by the catering staff at the end of mealtimes.

It was established at the start of V.'s stay on the ward that her food had to be pureed, as this was the only way she could ingest her food. However, she was often offered meals that were not pureed and, if she was present at the mealtime, V.'s daughter would have to ask for an appropriate meal.

On one occasion, V. was given mashed potato and lumpy bits of meat despite the fact that some people with dementia cannot swallow lumpy bits of food. On another occasion, an auxiliary tried to feed her macaroni cheese. V.'s family resorted to bringing in food she could eat, like yoghurt and soup.

The catering staff were often impatient with serving food to the patients and their behaviour was not challenged by the nursing staff.

Family told to feed mother themselves

In December 2004, 94 year-old Y. was admitted to hospital for a simple procedure.

Y.'s medication left her confused and barely conscious, and her food was often left uneaten on the tray. Her family tried to visit her during mealtimes and feed her.

When they complained to the Ward Sister about their mother's weakening condition, they were told that "as she was not on a geriatric ward, there were no staff with the time to help her eat or drink".

Instead it was suggested to the family that they take turns visiting their mother at mealtimes to feed her. So, for the duration of her stay, Y.'s family spoon-fed her and gave her sips of water.

She was eventually discharged: much weakened and having lost a lot of weight.



**Seven steps to
end the scandal
of malnutrition
in hospitals**



Step 1

Hospital staff must listen to older people, their relatives and carers

Older people must be consulted about hospital menus, their meal requirements and preferences, and hospitals must respond to what they are told.

When some older people decline food, this is recorded by nurses as the patient's choice. However, some older people, including those with mental health needs (50% of older people in hospital), need encouragement to eat - especially in the strange environment of a hospital ward. Lack of communication with relatives and carers can mean that this information is not gathered or acted upon.



Information sent to patients prior to admission should have advice about the benefits of eating well in hospital and how to order food and obtain help if needed.

Heatherwood & Wexham Park Hospitals Trust operates a "Food Group", that includes patient representatives, who taste and agree changes to the hospital menu. The group meets quarterly.¹⁷

The Queen Elizabeth Hospital Trust invited members of Greenwich Pensioners' Forum to discuss the quality of hospital food and tour one of the wards for older patients.

Ron White, of the Forum:

"People are often complaining about the indifferent quality of hospital food and we welcomed the opportunity to try it for ourselves. We were also impressed by the hospital's open attitude and the way we were welcomed by managers. Many older people are frightened by the thought of going into hospital and days like this go some way to easing those concerns."¹⁸

Step 2

All ward staff must become 'food aware'

Ward staff need to take responsibility for the food needs of older people in hospital.

As the majority of the older people who are in-patients in NHS hospitals will have been admitted as an emergency, hospital staff need to find out what they have/have not been eating before admission, what they normally eat, any help they need, etc – and they need to share this information with all members of the staff team and make sure it is acted on.



At Homerton Hospital, London, the nutritional status of older people was of concern to staff, but there never seemed to be the time to tackle it as a priority issue. Mealtime food charts had been created, and were in place, but they were not always completed. Meal trays were not always left in a convenient place for patients and staff felt frustrated because they were not always able to help patients with their meals. No one person on the ward took responsibility for monitoring patients' weight and food intake.

In response to these concerns, healthcare assistants were nominated to take the lead role in monitoring patients' nutritional status, and provided with appropriate training.

As a result, the food charts are now completed in a timely way. The healthcare assistants ensure that patients requiring help with eating are allocated a nurse at meal times and that prescribed dietary supplements are given in flavours liked by patients. Any variations in the patients' nutritional status are reported to qualified clinical staff.¹⁹

Step 3

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

Priority should be given to implementing the core standards on food and help with eating as set out by the Department of Health in 2004. There must be a commitment from the top down to achieve this; with managers enabling their staff to meet these standards.

Beverly Malone, General Secretary of the Royal College of Nursing, commenting on the key contribution of nurses in the care of older people stated:

“Nurses know how important it is for patients to feel they are being treated with respect. Older people especially need to experience care which supports their dignity and reassures them that their opinions and wishes are being responded to.”

Age Concern believes, and older people tell us, that food and help with eating are important elements in maintaining dignity.

Indeed, two examples given by older people to the Department of Health to illustrate when their dignity was not respected were:

- being provided with bibs intended for babies rather than a napkin whilst being helped to eat.
- having to eat with their fingers rather than being helped to eat with a knife and fork.²⁰

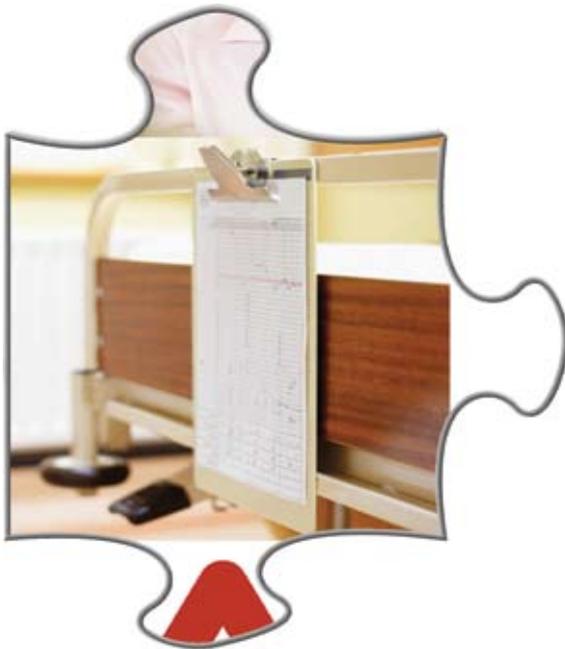


Step 4

Older people should be assessed for the signs or danger of malnourishment on admission and at regular intervals during their stay

As 40% of older people are malnourished on admission to hospital, all patients should be weighed and their height measured on admission.

Their weight should then be checked regularly during their stay in hospital and action taken where needed.



The National Institute for Health and Clinical Excellence (NICE) guidelines, issued in February 2006, recommend that:

- All hospital inpatients on admission and all outpatients at their first clinic appointment should be screened (weighed, measured and have Body Mass Index (BMI) calculated).
- Screening should be repeated weekly.
- A clear process should be established for documenting the outcomes of screening and the subsequent actions taken if the patient is recognised as malnourished or at risk of malnutrition.²¹

Hospitals in Coventry use a nutritional assessment screening tool to score a patient's risk of undernutrition. Patients who are found to be at high risk are given written action plans for staff to follow to improve their nutritional status, and screening is repeated at regular intervals.²²

Step 5

Introduce 'protected mealtimes'

Older patients must be given appropriate assistance to eat meals when needed and sufficient time to eat their meals.

The health service should be organised around the needs of patients rather than the needs of professionals. Therefore, all non-urgent activity – such as ward and drug rounds, tests, etc. – should not be allowed to happen during mealtimes.



This allows patients to eat their meals without being interrupted by other activity and gives ward staff the time needed to help those who need help eating.

Fairfield General Hospital, run by Pennine Acute Trust, piloted 'protected mealtimes' in 2005. Hospital staff received a very positive response from patients who felt that the ward had become "a pleasant and relaxed area for eating" since the pilot began. The majority of patients also said they would prefer mealtimes not to coincide with visiting times.

Healthcare support worker Judith Torley: "Patients definitely benefit from protected mealtimes nutritionally because it encourages them to eat more and to interact better with the other patients whilst visitors aren't there."

Pam Stansfield, head of catering for Pennine Acute Trust: "A good diet – and time to enjoy the food – is very important in helping patients recover. Protected mealtimes give patients the chance to make more of their meals, which in turn also helps cut waste – so it's win-win for patients and the hospitals alike."²³

Step 6

Implement a 'red tray' system and ensure that it works in practice

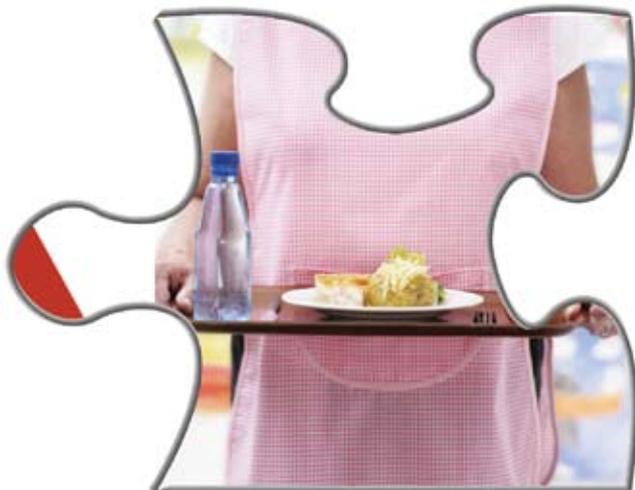
Older people who need help with eating should be identified on admission and a system put in place to signal the need for help.

For example, serving their food on red – or any different colour – trays allows all staff to easily recognise who needs help at mealtimes, and doesn't compromise the dignity of the patient.

In April 2006, Tameside and Glossop Acute Services NHS Trust began to implement its 'red tray initiative' on all wards across the trust.

Patients needing help with eating are identified by having a red dot sticker placed on their menu sheets. The red dot indicates to the catering department that the meal should be served on a red tray.

When the meal trolley arrives on the ward, staff are able to identify the individual patients requiring assistance as the patients' individual meal orders are served from the meal trolley on a red tray.²⁴



Step 7

Use volunteers where appropriate

Where appropriate, hospitals should use trained volunteers to provide additional help and support at mealtimes.

Volunteers can be especially useful in helping patients who have visual impairments or those who may have difficulty in cutting food and lifting food to their mouths. They can also offer encouragement to those who do not feel like eating.



In 2005, Weston Area Health NHS Trust recruited 19 volunteers to help hospital patients at meal times.

Sue Tarpey, Voluntary Services Manager at the Trust:
“These ladies and gentlemen offer a wonderful service to our patients and find it very fulfilling to go home knowing that they have really made a huge difference to a patient’s stay in hospital and to their recuperation.”

Volunteer Sheila Lockhart:
“Being able to spend time helping to encourage patients with their meals is one of the most important parts of the day and seeing a patient beginning to eat makes it very worthwhile work for a volunteer.”²⁵

Endnotes

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- ²² Food for Thought, Studentbmj, Volume 14, January 2006
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Malnutrition is a condition that results when a person does not get enough nutritious food (with vitamins and minerals). This can have many causes, such as insufficient calorie intake, an unbalanced diet, or illness.

Age Concern believes that the malnutrition of older people has no place in a modern society.

Yet around 40% of hospital inpatients are malnourished on admission and sadly the likelihood is that malnourishment will get worse for these (mainly older) people during their hospital stay.

In this report, Age Concern sets out its calls to action to the NHS, the Healthcare Commission and the Department of Health to end this national scandal.



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