CASE STUDY

DINING COMpanions

Introduction

Malnutrition is common in the UK, affecting more than 3 million people at any one time. Around 1 in 3 patients admitted to acute care will be malnourished or at risk of becoming so, and 35% of individuals admitted to care homes will also be affected. Dehydration is also common although the overall numbers affected are less clear.

Both malnutrition and dehydration have substantial adverse effects on health, disease and wellbeing in community, residential care and hospital settings. Yet despite good evidence that specific efforts to correct the problems improve health outcomes, they often go unrecognized and untreated. Adverse effects arise swiftly with reduced nutrients and/or fluid intakes and may even precede significant weight loss.

Risks of infection are three times greater in malnourished hospital patients (Schneider et al, 2004) and such patients also suffer more post-operative complications (e.g. pneumonia, renal failure, impaired wound healing). The elderly are particularly prone to malnutrition with consequent muscle weakness, pressure ulcers, apathy and depression (NICE, 2006; Elia et al 2009).

Irrespective of co-morbidities, malnourished individuals visit their General Practitioner (GP) twice as often as their well-nourished equivalents and are three times more likely to be admitted to hospital. Once in hospital, an average length of stay is three days longer (Stratton et al, 2003; Elia et al, 2009), mortality rates are high and failed discharges are frequent.

NICE have shown that better nutritional care reduces complications and length of stay and NICE cost saving calculations show that better nutritional care is achievable with substantial savings in net NHS costs.

A report published in November 2015 by the National Institute for Health Research Southampton Biomedical Research Centre (NIHR Southampton BRC) and the British Association for Parenteral and Enteral Nutrition (BAPEN), confirms that the estimated cost of malnutrition in both adults and children in England in 2011-12 was £19.6 billion and is only set to increase with an aging population and the rising cost of health and social care.

It is therefore essential that malnutrition and dehydration problems are better recognized and treated.

All NHS Trusts should develop policies and safe nutritional care services to:

- Prevent malnutrition and dehydration from occurring whenever possible by delivering good food and drink services
- Identify when malnutrition has occurred through the use of active nutritional screening e.g. using the ‘MUST’ tool.
Specifically treat those at risk from malnutrition or dehydration using documented, appropriate, NICE compliant care pathways utilizing food, drinks, oral nutritional supplements and safely administered tube or intravenous feeds/fluids as necessary with ongoing specific care spanning organizational boundaries where needed.

Educate all staff, voluntary helpers, patients and carers on the importance of good nutrition and hydration in maintaining better health and well being and improving recovery from illness or injury.

Despite a plethora of standards and initiatives aiming to improve nutritional care, there continues to be widespread failure to do so. BAPEN has therefore made a commitment to share examples of best practice. In this case study we report an innovative solution, demonstrating what can be achieved by an inspirational lady, an ex-nurse, determined to make a positive difference in her local NHS Trust.

BEST PRACTICE CASE STUDY

Volunteer Programme: Dining Companions – Kingston Hospital NHS Foundation Trust

Elizabeth Meatyard

As an ex Nurse, Elizabeth Meatyard, in her words, says she is on the outside looking in on the NHS although has a sister who is an ITU nurse, working in the NHS. When they get together they talk, "much to the irritation of the rest of the family", about the NHS about what they would do, if only…

Just over two years ago, 'if only' became a reality, in that Elizabeth grasped an opportunity to do something about a 'little' bit of the NHS which she was very unhappy about.

Her story, in her own words
A very dear family friend aged just 55 years had spent nearly 8 weeks in hospital, with a final week in ITU before he lost his battle with life. He was a very popular guy, a funny man. Nearly 300 people came to his memorial service to pay their respects. He had been a central pin in many friendship groups; I could go on and on…

It was a very painful time and so his memorial, a wonderful two hours on an October afternoon was so uplifting, as we ventured beyond the image of the person we had just lost to the ravages of alcoholism and a long fought battle with mental health issues, and found the person he had been.

The background
Mental health problems are challenging for the individual, but also for all who know and love that person. Add to that the label of 'alcoholic' and life becomes very lonely, no matter how many of your friends and family are trying their very best to help support and protect you.
Our friend was no different; we supported him through private rehabilitation clinics and tried to continue to do this as he, time after time, tried to pick up the pieces and start afresh. With his family life in tatters, his job also hanging by a thread we had drawn on every bit of expertise we had within our friendship circle to find a way to help.

It didn’t work and the final 8 weeks of his life were spent in hospital where in spite of the very best efforts, his cause was lost. During this long hospital stay we set up a visiting Rota so that someone would spend time each day just being with our friend coaxing, cajoling, trying to find a glimmer of hope.

**The problem**
During the many visits I noticed too often that his meals were left untouched, cling film in situ. Salad that he usually ordered but then didn’t manage to eat, untouched. Fluids; same thing. The ability to do anything for himself had gone; he was dependent.

This became a focus for me. I could see that mealtimes were problematic on the ward, as there were always quite a few patients requiring help with their meals, and many more who just needed a little encouragement, or simply packets opening (those tomato ketchup sachets are a nightmare). Added to this, staff of course needed to begin their own lunch-time breaks.

Should I complain? NO. My sister was emphatic. Don't complain, do something about it. What would I achieve by complaining, and what could I achieve if I came up with a solution?

**Dining Companions**
The Kingston Hospital Dining Companion programme had been set up by a Senior Speech and Language Therapist and Dietitian in 2008. They trained groups of volunteers drawn both from the hospital’s non-clinical staff and from the local community. These volunteers were given specialist training to enable them to assist some of the most vulnerable patients to eat and drink.

My plan: My idea was to recruit larger numbers of volunteers to give more general help to patients at mealtimes, so the idea of Level 1 and Level 2 training was created. The Level 1 volunteers gave general assistance and companionship to patients at mealtimes. Those Dining Companions who wanted to take their training further could then go onto the specialist Level 2 Dining Companion training which was led by the clinical team.

I wanted to be able to attract volunteers from all age groups, from all settings and different workplaces (schools, local law firms, the local Council) and felt that 1 session every 3 weeks was very ‘manageable’. Although this is a little unorthodox, in that most hospitals run volunteer programmes which ask you to give a few hours per week, it works and we have many people who are still following their own careers giving generously of their time as a volunteer on the *Dining Companion Programme*.

The benefits to the patients I hope are obvious, but the additional benefits I would like to just spell out. Much of the rhetoric around the way forward within the NHS is about the need for a more collaborative approach across the board. Better decisions will be made if there is connection from the Executive Leadership through to the front line, and it is embedded. This would allow bottom-up decision making to meet with top-down helping to remove barriers in a much more harmonious and productive way.

‘Dining Companions’ at my local Hospital, Kingston Hospital NHS Foundation Trust has been welcomed, supported and embraced by the Executive Leadership Team. The Chief Executive
at the time Dining Companions began, Kate Grimes and the current interim Chief Executive Ann Radmore have very supportive and have been regular volunteers on the wards, as has the Chairman Sian Bates, the Head of Communications Lisa Ward, many of the Non Executive Directors, a few Governors, staff within the finance department…. shall I go on?! 

If you know or happen to meet Sian, ask her what the benefits are. I hope she would say that ‘Dining Companions’ affords an opportunity to help as part of the ward team and to deliver a better mealtme service to patients. This gives a completely new perspective because now Executive Leaders are doing it, seeing it, and, understanding it; really learning firsthand about the challenges. This experience leads to senior leaders having a deeper understanding, a new and different perspective leading to solutions that wouldn’t have been discovered if simply discussed in a meeting room. 

Recruiting volunteers from the community is also hugely beneficial as they have an important role as a patient advocate. Dining Companions are encouraged to ‘notice’ things that perhaps could be done better. They have an opportunity to voice their thoughts at regular review meetings and of course contact the hospital at any time if there is a pressing need.

**Community Volunteer story**

**Why I do dining companions – by Hannah Sanderson**

I started dining companions, because I needed to volunteer for my Duke of Edinburgh award and wanted to do something that would have meaningful positive impact on other people. I was attracted to dining companions, because it involved regular interaction with other people, particularly the elderly, which I thought would help me improve my social skills and understand better the challenges that elderly people face.

Starting the scheme was a bit daunting, as I had to learn to work in a new environment, which had its own rules and jargon. However, the staff were really friendly and after a few weeks I became more confident and better able to deal with situations on my own.

I really enjoy dining companions, because it is a space in a busy week, when I can focus on helping others and it is very satisfying to know you have helped make someone's time in hospital that little bit better. I always leave volunteering with a buzz, whether from a someone’s smile when I made them a cup of tea or from chatting to someone about their life outside the hospital and taking the time to talk to them. Dining companions has definitely helped my social skills, as I can now talk to strangers with ease- whether to ask them what they want for breakfast or talking to nurses about a patient. I now know many of the nurses on my ward and they always thank me and make me feel part of the team, working to improve people’s stay in hospital.

Many malnourished patients in hospital have such an impaired appetite, oral nutritional supplements (ONS) will form a key part of their nutritional care plan. Click here for further information about ONS [http://www.bapen.org.uk/nutrition-support/treating-malnutrition](http://www.bapen.org.uk/nutrition-support/treating-malnutrition)

Elizabeth commented about ONS on the ward. “Part of the role of the Dining Companion is also to encourage fluid intake, including the prescribed oral nutritional supplement drinks. In addition, both fluid and food intake will be recorded by the Dining Companion where indicated.
As a Dining Companion I was concerned to sometimes see two or three cartons of the supplement drinks on a patient’s locker, often either unopened or with only one or two sips taken. Timing of the supplements was also a concern as some patients were being given the supplements at the drug round just prior to the meal service. However, the Dietetics team explained the clinical rationale for encouraging patients to take ONS immediately after their meals because this method helps prevent sarcopenia (loss of muscle mass and muscle strength) and nursing staff are currently being trained on this important part of nutritional care”

Dr Mike Stroud, Chair of the NICE Guideline Group for Nutritional Support in Adults agrees that Elizabeth raises a very important point here. One of his longstanding concerns relates to how Hospitals are ensuring that all patients receive safe nutritional care. Clearly, hospital food plays a vital role for most patients who can/will eat and excellent initiatives like ‘Dining Companions’ help significantly with mealtimes. We know from the London School of Economics report published last year [http://sticerd.lse.ac.uk/dps/case/cr/casereport91.pdf](http://sticerd.lse.ac.uk/dps/case/cr/casereport91.pdf) and the Inpatient Surveys that there is widespread failure to provide sufficient support for patients who need help to eat and drink. Organisations must address this shortfall in care as a priority.

We must also remember that many (and probably most), of the hospital patients who are ill or injured enough to be at major risk from malnutrition will not be able to eat adequate amounts of food whatever help is offered and should therefore be prescribed and encouraged to take oral nutritional supplements (ONS) if possible, or where necessary be fed by nasogastric tubes or even intravenous feeding if normal routes fail or are unsafe.

There are three areas that Dr Stroud urges NHS Trusts to focus their attention on:

1. ensure they provide safe nutritional services
2. the provision of sufficient support to enable patients to eat and drink
3. to focus on the implementation of good nutritional care, including supplements, enteral and parenteral feeding where appropriate, which will deliver an improved patient experience whilst avoiding significant costs.

Elizabeth Meatyard’s Dining Companions experience

**My own group of Dining Companions**

My own group of Dining Companions is a group of friends many of whom still work, but could offer 1 hour every 3 weeks to help. We have called ourselves the ‘Hardy Perennials’, as this is the ward we have adopted. It is the ward our friend was on, and so it seemed the right thing to do.

We manage our own google calendar so that flexibility around our availability is assured. The calendar is accessed online and fed through to the Hospital so that they can view and monitor the level of support that will be provided by Dining Companions.

It is important to make the point that all volunteers undergo specifically tailored training and of course all the required security checks before being allowed to take part in the scheme. For further information please contact volunteering@kingstonhospital.nhs.uk.
So what has the Dining Companions programme achieved?
The project continues as Kingston Hospital's flagship volunteer programme and the most in-demand volunteering role and resource. As the Project Working Group, we've achieved many things. We're cited by Kingston Council Public Health team, NESTA and NHS England as the sector's leading model for involving the public and non-clinical staff in helping patients at mealtimes. We've aligned what volunteers do with the Quality Improvement Priorities 2014/15 for Food & Nutrition and Trust Safety Priorities 2015/16 - Falls and Pressure Ulcers.

To name just some of our achievements, the Project Working Group:

- Increased the number of active Dining Companions from 122 in January 2014 to 361 in March 2016
- Achieved the highest Dining Companions coverage yet of weekday lunchtimes and evening meals, 94% and 77% respectively.
- Designed and launched a collaborative tool led by Matrons to keep nutrition and hydration high on everyone's agenda at ward level.
- Empowered more Dining Companions to inform the quality improvement of food and nutrition across the hospital through Forums and Come Dine with Me.
- Ensured Dining Companions’ observations of patients can be reported into the Care Records System at Kingston Hospital.

Laura Shalev Greene, Head of Volunteering comments that "Kingston Hospital NHS Foundation Trust has good data to suggest that the Dining Companion programme has a positive impact on patient experiences of mealtimes. It is challenging to prove a direct causal link between volunteering and improved nutrition and hydration. However, through our Friends & Family Test, Dining Companions shows that communities really do hold the power of people’s health in their own hands. Whether using hand-under-hand techniques to encourage independent eating or simply offering companionship to a lonely older patient, volunteering is quietly harnessing ‘people power’ to drive up the health outcomes for their local community.

Elizabeth and her *Hardy Perennials* have started a movement at Kingston Hospital that is drawing in volunteers of all ages and backgrounds. It works because people give a little time in their busy lives, and as a Hospital, we translate that time into a big impact. We also know that volunteers are the ‘eyes and ears’ of the hospital, observing the wards at mealtimes. Events such as the Dining Companions Forum are essential ways to listen to volunteers’ experiences and include them in a cycle of improvement for food and nutrition. The model works and we’re as keen as Elizabeth is to get the word out across the NHS to replicate the programme and its benefits for patients and communities."

What are benefits of Collaborative Leadership in combating malnutrition?
Elizabeth has spoken at the Kings Fund about Collaborative Leadership and is convinced that this is the only way forward. She believes you cannot achieve integrated services unless a collaborative approach is first in place. Hands-on collective Collaborative Leadership will ultimately bring about the changes that are needed in a Modern 21st Century NHS. She goes on to say that we must welcome the objections, and embrace those that can help to find a way to resolve the challenges. Accept that we must take small steps and embed the resultant changes with close monitoring. Never simply ‘tick a box’ to demonstrate compliance in an audit of nutritional screening, because there is always much more to do if we are going to deliver the improvements in nutritional care across the whole of the NHS that patients deserve.
“This flagship programme is an excellent initiative that warrants emulation everywhere” Dr Mike Stroud

“I hope that the many benefits that the Dining Companion Scheme has shown will be of interest to all Hospital Trusts and beyond.” Elizabeth Meatyard

**Finally, Elizabeth gives us her top tips for setting up a Dining Companions Scheme**

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<td>Keep it simple.</td>
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<td>Adhere to the safe recruitment and mandatory policies of the Organisation is a must.</td>
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<td>Training is key. A 2hr session on the do's and don'ts will give your volunteers confidence. I am sure that Kingston Hospital will be happy to pass on their training model.</td>
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<td>Ensure you properly induct Dining Companions to the Ward. Better still introduce them to an experienced Dining Companion who can guide and support them.</td>
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<td>Be flexible. You want to attract from the young to the old, students, those in work and the retired. However, a regular commitment over a minimum time period of 6-months is necessary to make the scheme viable.</td>
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<td>Encourage non-clinical employees from the organization to take an interest and become Dining Companions as it will help them in their own roles. Encourage them to 'notice', to be constructive, to foster a good relationship perhaps with an 'adopted ward'.</td>
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<td>Encourage Dining Companions to speak up and understand their role as an advocate. If they have concerns, they need to be raised. Ask your organisation to hold 'feedback sessions' and encourage action based on the feedback.</td>
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<td>Enjoy your Dining Companion Sessions. Bring some happiness with you to the ward. Many of my friends' comment on how they have brought a smile to the face of a patient they spent time with, helping, encouraging, even singing. You may sometimes leave the ward feeling rather depressed thinking this 'is not for me' We all do, but remember your hour has made a positive difference to someone or even many people.</td>
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