



Dignity Champions Action Pack

Nutrition and Assistance with Eating

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For Recipient's Use	

DIGNITY CHAMPIONS ACTION PACK NUTRITIONAL CARE AND ASSISTANCE WITH EATING

21 ways you could help make a difference

Having enough to eat and drink is important to us all at anytime, but when people are frail, ill or in need of care and support it is essential that their condition is not made worse, or their recovery compromised by hunger, thirst or malnutrition.

Dignity Champions and members of the public often raise concerns about assistance with eating in care settings and worries around levels of malnutrition in hospitals, care homes and the community.

Government, care services and charities are working together at a national level to try to address these issues but you also have the power to make a difference.

This pack gives you a lot of ideas for actions you can take. The first few actions are aimed at people who work in the NHS and social care as managers, commissioners or frontline staff. The last twelve actions could be taken forward by anyone who, although not directly involved in providing care, is in some other way involved or affected. These people might include MPs, councillors, volunteers, advocates, patients, service users, carers, students or concerned members of the public.

Please, have a read and see which actions you can take forward to play your part in making a difference.

The Dignity in Care Campaign

The Dignity in Care Campaigns aims to stimulate and inspire local people and staff to take action to put dignity at the heart of care.

Over 22,000 people have now joined the campaign as Dignity Champions. Dignity Champions come from all walks of life but have one thing in common, they all want to play their part in helping ensure that people using care services are treated with the dignity, respect and kindness they are entitled to expect.

You can find out more about the campaign and becoming a Dignity Champion at www.dignityincare.org.uk

ACTION 1: (MANAGERS AND COMMISSIONERS)

Use National Institute for Health and Clinical Excellence (NICE) Guideline GC32 to see how you can save money and improve outcomes

NICE has identified 19 sets of recommendations that, if fully implemented, could help the NHS to save millions of pounds, whilst maintaining or improving the quality of care. NICE has identified implementation of NICE Guideline GC32 "Nutrition support in adults: oral nutrition support, enteral tube feeding and parenteral nutrition" as being one of the top three recommendations for achieving savings and improving outcomes. Some of the aspects of the GC32 guidelines can be implemented in social care.

NICE Guideline GC32, covers the care of patients with malnutrition or at risk of malnutrition, whether they are in hospital or at home. Costs arising from this guideline include improving systematic screening, assessment and treatment of malnourished patients. If the guideline was fully implemented it would result in better nourished patients then this would lead to reduced complications such as secondary chest infections, pressure ulcers, wound abscesses and cardiac failure. Conservative estimates of reduced admissions and reduced length of stay for admitted patients, reduced demand for GP and outpatient appointments indicate significant savings are possible.

- Find out more about NICE Guideline and undertake the costing exercise to identify possible savings in your area <http://www.nice.org.uk/guidance/CG32>
- Bring this to the attention to your Trust Board/PCT/Council if this is not already being implemented
- If you have successfully implemented this guideline and achieved savings, can you share what you have done through the QIPP Library to help others <http://www.library.nhs.uk/qipp/>
- Read more about saving money through implementing NICE Guidelines <http://www.nice.org.uk/usingguidance/benefitsofimplementation/costsavingsguidance.jsp>
- Read how Peterborough NHS has saved money by introducing the BAPEN MUST Screening Tool into local care homes <http://www.nice.org.uk/usingguidance/sharedlearningimplementingniceguidance/examplesofimplementation/eximpresults.jsp?o=190>

ACTION 2: (FRONTLINE STAFF, MANAGERS, GPs, DOCTORS, PRACTICE MANAGERS)

Make one small change to the way you work

We would like to see every Dignity Champion who is either a manager, frontline member of staff, or a volunteer in a care setting, using the Social Care Institute for Excellence (SCIE) online guide to eating and nutritional care to make one little change to how they, their colleagues or their organisation work.

SCIE's recently revised section on eating and nutritional care includes a lot of useful practice points around nutrition and hydration. It provides links to practical resources and useful websites to help you implement your changes, as well as some inspiring good practice examples. It also gives you the low down on how nutritional care is regulated and assessed and for those who want more detailed information there is a summary of relevant research and policy.

By all means, change more than one thing if you wish! The link to the eating and nutritional care guide is below.

<http://www.scie.org.uk/publications/guides/guide15/factors/nutrition/index.asp>

Doctors, GPs and Practice Managers may also wish to look at the British Medical Association (BMA) information on nutrition for older adults.

http://www.bma.org.uk/health_promotion_ethics/health_ageing/nutrioldpeops.jsp?page=1

The [NPSA 10 Key Characteristics of Good Nutrition Care and the free supporting factsheets](#), need not only be used in Health care settings and are an invaluable tool to help ensure good nutritional care.

ACTION 3: (FRONTLINE STAFF AND MANAGERS)

Take on the High Impact Action “Keeping nourished – getting better”

Nurses around the country have identified eight high impact examples of quality and cost effective care that, if adopted widely across the NHS, would make a transformational difference.

One of those eight high impact actions is “keeping nourished – getting better”. The NHS Institute for Improvement and Innovation have created a package of support “The Essential Collection” to help all NHS Trusts take these actions forward in their areas.

You can find a range of resources to help you do this at the weblink below. Those resources include:

Some excellent practice examples that tell you “how they did it”, not just what they did. The examples include improvement tips, tips on measuring success. They also include their return on investment calculation and a link to an opportunity estimator, which allows you to calculate the potential cost savings associated with making improvements in the High Impact Actions. Doing this might help you to convince your organisations to take these ideas on board. You can also see video clips and register for web seminars.

Although aimed primarily at the NHS some of the information here could also be used in social care settings.

http://www.institute.nhs.uk/building_capability/hia_supporting_info/keeping_nourished_getting_better.html

ACTION 4: (FRONTLINE STAFF AND MANAGERS)

Give others the benefit of your experience

Have you implemented a change that has helped tackle malnutrition in hospitals, care homes or the community? If you have, please share your learning with others to help them on their journey to ensuring people needing care get enough to eat and drink.

There are a number of ways you can do this, these include:

1. Inviting your colleagues or peers in other work areas/organisations to talk to you and learn from your project
2. Giving presentations or written case studies at local events or conferences
3. Submitting your good practice on the SCIE Good Practice Framework at <http://www.scie.org.uk/news/mediareleases/2010/090710.asp>
4. Submit your evidence of good practice to the NHS Evidence Library which supports the Quality, Innovation, Productivity and Prevention (QIPP) agenda at <http://www.library.nhs.uk/qipp/>
5. Enter your work or that of a colleague for a local or national care award
6. Share good practice with professional associations such as [National Association for Colitis and Crohn's Disease \(NACC\)](#) and [UK Home Care Association \(UKHCA\)](#)
7. Send in details to the editor of a trade magazine eg. Community Care; Nursing Standard, Nursing Times, Cost Sector Catering etc

ACTION 5: (FRONTLINE STAFF, MANAGERS AND COMMISSIONERS)

Measure where you are now where you want to be and publish your progress

NHS Providers committed to tackling issues around malnutrition and dehydration could consider selecting nutritional care as a priority area to focus on in their annually produced Quality Accounts, which are published on NHS Choices.

The key to ensuring continued buy in and investment to schemes aiming to improve care is being able to demonstrate and quantify success. A range of benchmarking and local audit tools exist to help people assess where they are now in terms of good nutritional care and to measure their progress towards where they want to be.

You might want to use the Essence of Care nutrition benchmark which provides a practical framework for nurses, midwives and other healthcare team members in partnership with patients and their carers, to score against evidence-based 'best practice' that focus on six key factors identified as essential to the delivery of high quality nutritional care."

For the future, the Department of Health is working with the Healthcare Quality Improvement Partnership (HQIP) to develop a framework for a national comparative audit of nutrition in hospitals and care homes.

If you have created your own local audit tool for nutritional care in a hospital, care home or community setting, please send it to us at dignityincare@dh.gsi.gov.uk and we will add it to our growing list of examples of local audit tools that others can download, use and adapt to fit their organisations. Audit tools already sent in by Dignity Champions are at <http://www.dignityincare.org.uk/Topics/championresources/audittool/>

ACTION 6: (NHS COMMISSIONERS)

Consider rewarding ambitious improvements through provider payment

Commissioners can use the Commissioning for Quality and Innovation (CQUIN) payment framework to pay a quality increment to providers for achieving ambitious quality improvements and innovations. You might therefore want to include improvements in nutritional care within a provider's CQUIN scheme.

In 2009/10, a number of Acute and Community CQUIN schemes included quality improvement goals around nutritional care – mainly around improved screening for malnutrition in older or adult inpatients.

Find out more about the CQUIN Framework and see examples of agreed CQUIN schemes at

http://www.institute.nhs.uk/world_class_commissioning/pct_portal/cquin.html

ACTION 7: (NHS AND SOCIAL CARE COMMISSIONERS AND PROVIDERS)

Use the BAPEN Malnutrition Matters Toolkit

The British Institute for Parenteral and Enteral Nutrition (BAPEN) recently published the “Malnutrition Matters” Toolkit, which they developed in, collaboration with many groups, to assist commissioners and providers to deliver high quality nutritional care across all care settings and meet national nutritional quality standards including those set by the Care Quality Commission.

The BAPEN Toolkit contains guidance for commissioners and providers on defining the relevant, measurable outcomes related to nutritional care within services in order to gain value for money, a summary of national nutritional care standards and recommendations and the following tools:

- Tool 1: Assessment of population at risk of malnutrition – Guidance on quantifying the numbers in the local population likely to be malnourished or at risk of malnutrition and hence the scale of need for nutritional care.

- Tool 2: Assessment of current screening and provision of nutritional care – Guidance on the assessment of current levels of local nutritional care provision.
- Tool 3: Development of nutritional screening, assessment and care pathways – Guidance on how to ensure that nutritional care pathways meet agreed standards and recommendations, based on available evidence for effective and efficient identification of malnutrition in patients and subsequent management.
- Tool 4: Education and training: Knowledge, skills and competencies of staff involved in nutritional screening, assessment and care planning – Guidance to ensure that staff are appropriately trained to deliver high standards of nutritional care that are appropriate to the needs of individuals in health and social care settings.
- Tool 5: Service specifications and management structures for nutritional care – A checklist to assist teams in developing specifications for nutritional care within services for adults and children across all local settings.
- Tool 6: Quality frameworks for nutritional care – A framework to check that organisations involved in providing care to the local population put nutrition at the heart of that care.
- Tool 7: Quality indicators, monitoring and review – Guidance on measurable markers of quality in nutritional care and information to assist in the development of data collection systems embedded in routine care wherever possible (rather than systems requiring specific ad hoc audits). The markers will also permit confirmation of quality and will enable commissioners to set appropriate KPIs, ensuring value for money.

Follow this link to the BAPEN Malnutrition Matters Toolkit
<http://www.bapen.org.uk/pdfs/toolkit-for-commissioners.pdf>

ACTION 8: (SOCIAL CARE FRONT LINE STAFF)

Use these useful leaflets/training tools to help improve mealtimes

Staff working in care homes may find these leaflets from the Relatives and Residents Association useful to help them think through how can they can ensure their residents enjoy mealtimes and have enough to eat and drink.

http://www.relres.org/pdf/living-in-a-care-home/Food_and_mealtimes.pdf
http://www.relres.org/pdf/thinking-about-improving-practice/Mealtimes_Briefing.pdf

You might also want to get some ideas from care homes on how they have made changes to improve mealtimes. There are several ideas on the Social Care Institute for Excellence Website (SCIE).

<http://www.scie.org.uk/publications/guides/guide15/factors/nutrition/ideas.asp>

NACC produces and maintains a wide range of [Information Sheets](#) including one on dehydration.

The residential and home care sector have collaborated to produce '[With Respect](#)', which is training material that has been produced for both home care & residential care and includes a useful section on eating and nutrition.

Care home managers and catering staff might like to watch this [free film](#) from locally renowned Nottingham chef who recently become owner of a care home owner to get inspiration and tips on creating tasty, attractive meals and pleasurable mealtimes in care homes.

The [Hydration Best Practice Toolkit for Care Homes](#) has been created as part of a resource to assist care managers, care caterers and other service providers to bring the benefits of improved water consumption to older people in care and to develop best practice. You will also find supporting information, medical evidence and advice on policy development and good practice.

ACTION 9: (ALL)

If you are concerned about poor nutritional care or lack of assistance with eating, tell someone

If you witness that anyone in a care setting, hospital, care home, day care centre, even community meal (luncheon club) has been given a meal but then not given the help they need to eat it resulting in the meal being taken away untouched, the most effective course of action would be to raise your concern there and then.

However, that may not always be as easy as it sounds. Some staff may have concerns about acting as a “whistleblower” and families, patients and service users sometimes tell us that they fear about the consequences of “making a fuss” or complaining.

If you do witness such incidents or have concerns about nutritional care in a care setting but do not feel that you are able to bring it directly to the attention of the staff on duty at the time, there are a whole range of other ways you can register your concern.

- You can make a formal complaint. Follow this weblink for detailed information about how to make a complaint about NHS Services <http://www.dh.gov.uk/en/ContactUs/ComplaintProcedures/index.htm>
- SCIE's guide to complaints explains how to complain about social care services. It also provides advice for staff on whistleblowing <http://www.scie.org.uk/publications/guides/guide15/standupfordignity/index.asp>
- If your concern is about care in a hospital you can speak to the Patient Liaison Advisory Service (PALs) team at the hospital, they will listen to your concerns and support you or act as appropriate
- If you have serious concerns or feel you have raised concerns but no action is being taken you may wish to bring this to the attention of your local MP or councillor. <http://www.writetothem.com/>
- You might have concerns but do not wish to complain or take it further in case it was a one off instance. In this case perhaps you might consider just flagging your concern with your Local Involvement Network¹ (LINKs), explaining that you are just bringing it to their attention in case they already have similar complaints about

¹ Note: LINKs will be begin to be transformed into local HealthWatch from April 2011

that service. LINKs are led by local people, if they start to hear concerns about a particular service they have the power to refer to local scrutiny services and/or take forward their own reviews. But, they do rely on people like you to help them build up a picture of what is happening in local care services. You can get contact details for your local LINK here.

<http://www.nhs.uk/nhsengland/links/pages/findingyourlink.aspx>

- If you have been a patient or a hospital visitor and have been unhappy with the nutritional care you have received or seen, you might want mention that in a review of your care on the NHS Choices or Patient Opinion website. Many hospitals take these online reviews very seriously and use the website to respond back with the actions they have taken in response to the comments made.

<http://www.nhs.uk/patientfeedback>

<http://www.patientopinion.org.uk/>

ACTION 10: (ALL)

Encourage your local LINK to take action

Sometimes the people who use services don't feel they have a strong enough voice to change aspects of their health or social care. Local Involvement Networks (LINKs) are part of a wider process to help the community have a stronger local voice. A LINKs role is to:

- ask what local people think about local healthcare services and provide a chance to suggest ideas to help improve services
- investigate specific issues of concern to the community
- use its powers to hold services to account and get results
- ask for information and get an answer in a specified amount of time
- be able to carry out spot-checks to see if services are working well (carried out under safeguards)
- make reports and recommendations and receive a response
- refer issues to the local 'Overview and Scrutiny Committee'

If you have concerns about nutritional care or assistance with eating in any care settings, or perhaps more generally you feel that malnutrition in the community is an issue locally you could raise this with your local LINK and ask them to focus on this issue.

Those concerns may be through personal experience or they might be related to other published information about how your local hospital fares in relation to good nutritional care.

If you follow the link below to the Care Quality Commission website and type in your postcode you will find listed all your local hospitals. If you click on the hospital you

wish to look at you will find information on how your local hospital meets the registrations requirements around nutrition set by CQC.

By following the “What Inpatients said about this trust” link you will be taken to a summary page of the In-patient’s Survey, which is carried out every year. Specific questions about food, nutrition and assistance with eating are under questions about the “hospital and ward”. By clicking on that link you can then easily see how your local hospital fares and whether it is improving, staying the same or getting worse on its performance in this area.

<http://healthdirectory.cqc.org.uk/findcareservices/informationabouthealthcareservices/summaryinformation.cfm>

You can find information online about inspections of your local care homes, nursing homes, domiciliary care services and adult placement schemes at <http://www.cqc.org.uk/registerservicesdirectory/rsquicksearch.asp>. If you open the PDF version of the inspection report for the care provider you are interested in and put “food” or “Nutrition” or “eating” into the search, you will find the relevant sections of that inspection report.

ACTION 11 – (ALL)

Become an active LINK member yourself

Or perhaps, you feel so strongly that you are prepared to go a step further and become a LINK member yourself.

You can find out more about LINKs and get details of your local LINK here. <http://www.nhs.uk/NHSEngland/links/Pages/links-make-it-happen.aspx>

Some local LINKs are already active in this area and are using local people to review how care services are provided. The “Nothing about us, without us” project led by Kensington and Chelsea LINK for example has trained local people as nutritional care assessors. They are going into care settings and observing practice at mealtimes and providing those services with feedback on areas for improvement. You can find more about this project and watch its progress at <http://big.dh.gov.uk/node/259>

ACTION 12: (ALL)

Become a volunteer.

You might, for example help out at a luncheon club at a local day care centre or arrange with a local care home to visit them at lunchtimes and assist people with eating.

Many local hospitals run schemes where they encourage local people to support volunteer to support staff at mealtimes. These include:

Walsall Hospitals has volunteer eating assistants. They represent a wide section of the community, including several Asian male sixth formers who wish to go on to study medicine. Volunteers undergo a rigorous one-day training course, which includes background knowledge and practising helping each other eat. The schools are supportive of this initiative and allow students time to take part in the training as they see it as an important part of the young person's career development.

Bradford Teaching Hospital (BTH) have created Nutritional Support Assistants (NSAs) and Ward Host/Hostess roles. Staff at BTH always monitor nutritional intake closely and do all they can to make sure that healthy and appetising meals are made available. NSAs are ready with a helping hand. They can provide a friendly and sociable experience at meal times, which encourages people to eat and drink, when they might otherwise have found it too much of an effort. Volunteers can also prepare and clear away bedside tables, offer hand wash wipes, serve hot and cold food and drink, open containers and wrappers, chat to patients and generally offer support.

A dedicated group of volunteers has recently celebrated one year of making a difference to stroke patients at Dorset County Hospital. Lunchtime volunteers attend the lunchtime sessions to sit and chat with the patients and help cut up their food, while another volunteer holds cookery sessions with patients.

To undertake a volunteering activity we advise that you contact a volunteering organisation to help you organise it and, if required, help you get the necessary checks you need to take on some volunteering roles.

Do-It Volunteering can help you find opportunities in your area. <http://www.do-it.org.uk/>

Volunteering England – does not directly place volunteers but you can search for your local volunteer centre on their website. <http://www.volunteering.org.uk/>

Or you could contact your local hospital or local council and ask how you can volunteer your help.

If you have good examples of volunteering in health and social care, particularly where that volunteering has led to evidence based improved outcomes and/or cost savings you might want to add these to the NHS Evidence Library at <http://www.library.nhs.uk/qipp/> or submit as good practice on the SCIE Good Practice Framework at <http://www.scie.org.uk/news/mediareleases/2010/090710.asp>

ACTION 13: (ALL)

Learn how you can spot the signs of malnutrition

This leaflet, originally published by Age Concern, is a useful guide to help you spot signs of malnutrition in people you know.

http://www.dignityincare.org.uk/library/Resources/Dignity/CSIPComment/signs_of_malnutrition_leaflet.pdf

Familiarise yourself now with the signs of malnutrition so you are able to spot them and act should the need arise.

Of course, even if you have been able to spot that someone you know, perhaps an older or vulnerable neighbour is becoming malnourished or at risk of being malnourished, it is not always easy to act on that information. You can't simply turn up on the doorstep one day with a pot of food. Being a good neighbour and getting to know people over time makes it far easier to be able to step in and offer help when it is needed.

The Alzheimer's Society has also issued a leaflet called "Food for Thought" it provides tips and information for carers of people with dementia to help ensure they have enough to eat and drink.

http://www.alzheimers.org.uk/site/scripts/documents_info.php?categoryID=200208&documentID=365

ACTION 14: (ALL)

Support Age UK's "Hungry to be Heard" Campaign

Through their Hungry to be Heard Campaign, Age UK are working to ensure that all older people in hospital wards have enough to eat and drink. You can find out more about the campaign and how you can get involved at <http://www.ageuk.org.uk/get-involved/campaign/malnutrition-in-hospital-hungry-to-be-heard/>

As part of the campaign, they are encouraging hospital wards to implement their [seven steps to end malnutrition in hospital](#). They are also encouraging patients, families and carers to [share your experience](#), good or bad, of mealtimes in your hospital and/or email your NHS trust to support the campaign to end the scandal of malnutrition in hospital.

Also look out for the 'No one should go hungry' campaign, which is due to be launched by [NACC](#) in October. This will specifically support older people in understanding the importance of food and risks of malnutrition with ageing.

ACTION 15: (ALL)

Link nutritional care to Human Rights

To be given enough to eat and drink when in hospital or in a care home is not a nice to have, it is a basic Human Right.

The Human Rights Act (1998) is the legislative framework through which some instances of lack of support to eat and drink can be challenged. At its most extreme where that lack of support for eating is likely to directly lead to the death of an individual then Article 2, The Right to Life, under the Human Rights Act 1998, may be engaged. The example below provided by Age Concern: On the Right Track? 2008 is an example of an instance where Article 3: The Right not to be treated in an inhuman or degrading way, may be engaged.

Mrs S, aged 102, felt isolated, disrespected and neglected while she was in hospital. Despite being blind, her meals and drinks were left on a trolley – in most cases without her being alerted. For the most part, staff also did not offer any assistance with eating and drinking. As a result many of the meals were removed untouched.

By helping people understand the links between poor nutritional care and the Human Rights Act, we can give them the confidence to challenge care. Leaving people without enough to eat and drink is an example of abuse and neglect that is backed up by legislation.

Find out more about the [Human Rights Act and dignity in care](#) here

ACTION 16: (Dignity Champions)

Link up with local or likeminded champions to see how you can work together to tackle nutritional care

Over 23,000 people have now signed up to the Dignity in Care Campaign as Dignity Champions. Almost 3,000 of those have tagged “Nutrition” as a specialist interest.

If you are a Dignity Champion wanting to take forward action around nutrition locally, you can use the Dignity Champion’s search facility on the Dignity Champions Website www.dignityincare.org.uk to identify and contact likeminded Dignity Champions near you.

You might for example set up your own local network of Dignity Champions committed to tackling nutrition issues locally. Or you may simply want to network online or have online/offline conversations with others to share your ideas and good practice.

ACTION 17: (ALL)

Get the media to highlight this issue

Writing to the editor is one of the best ways to get newspapers to publish your stories. The letters editor may have hundreds of choices in each day's mailbag. So, whether your story is about a really good or really bad example of nutritional care, here are a few tips to make sure your letter is compelling enough to be printed:

- Put your full first and last name, address, phone and/or fax numbers (day and evening) and your e-mail address at the top of the letter. Most publications will want to call the writer to confirm authenticity.
- If you are referring to a previously published letter, a news story or column, identify it by its headline and the date it was published.
- Cut to the chase. You don't need a long, rambling introduction to your subject. Just focus on one or two key points that you want to make.

- Write short, punchy sentences, grouped in two or three paragraphs.
- Be witty. Let your sense of humour and irony shine through. You can even be a little wicked, as long as you don't cross the line of good taste.
- Avoid worn-out cliches and weak puns.
- If you are responding to a columnist's views (or any other opinion piece), don't launch a personal attack on the columnist. Offer a countervailing opinion. Try to advance the debate so that other readers might join in the discussion in subsequent letters.
- If you have read a news story or feature article that relates to something you've experienced, respond by putting your own personal twist on the subject.
- Don't send copies of your letter to a whole host of publications. Make it an original to the publication you really want to publish it. If you don't get a confirmation call within a week to 10 days, then try submitting it elsewhere.
- Don't be greedy. If your letter is published, wait at least a month before submitting another one. Letters editors want to give as many people as possible a chance to comment on the issues.

ACTION 18: (SOCIAL NETWORKING ACTIVISTS)

Raise awareness and encourage action through social networking sites

Do you actively use social networking sites such as Facebook, Myspace, Twitter etc. Do you have a lot of friends/followers through those sites that could help you spread the word? Might you be able to start a successful Twitter #Tag campaign in this area?

If so, please help by using your online networks to raise awareness and encourage action to tackle poor nutritional care.

Perhaps you could also help us share the "Hungry to be Heard" viral videos <http://www.youtube.com/watch?v=gJt9VuC84gU>

If you have ideas for specific actions people might take to make best use of social networking in this context please do email us at dignityincare@dh.gsi.gov.uk and we will incorporate those into an update of this pack later in the year.

ACTION 19: (ALL)

Take part in the BIG Lunch and other similar events

The Big Lunch is a one-day get together with your neighbours. This year it was held on Sunday 18th July 2010. It can be anything from a simple lunch to a full-blown

street party with DJs and a home cooked feast. You can find out more about the BIG Lunch and get ideas for what you might do next year at <http://www.thebiglunch.com/>

Although it only takes place once a year the Big Lunch inspires many people to take action throughout the year to bring communities and families together at mealtimes.

You don't have to wait until next year. You can have your own Big Lunch anytime!

ACTION 20: (ALL)

Pass this pack on to at least 2 other people

22,000 Dignity Champions is a lot of people, but we know you must all know at least 2 other people who are passionate about or may have been affected by issues around nutritional care, either personally or through the experience of relatives and friends.

Help us stimulate mass local action by passing this pack on and encouraging people you know to do their little thing to make a big difference!

ACTION 21: (ALL)

Give us feedback

Please do email us and tell us what you have done as a result of getting this action pack. We will post your feedback on the Dignity Champions website (anonymously if you would prefer) to help inspire others. Just email us at dignityincare@dh.gsi.gov.uk

This pack is all our thoughts on how you might be able to take positive action but we are bound to have missed some things. If you think we have and would like to see something else added please do email us at the email address above.

GOOD LUCK AND THANK YOU FOR PLAYING YOUR PART IN MAKING A DIFFERENCE