The Pathway

Making Malnutrition Matter

malnutritionpathway.co.uk

New Tools, Guidance and Reports

Streamlining Dietetic Discharge

The NHS Guidance - Commissioning Excellent Nutrition and Hydration 2015-2018, focuses on the need to connect hospital and community services to deliver an integrated nutritional and hydration pathway of care. To ensure high quality and continuity of the nutritional care of patients from the hospital to community setting, the need for consistent and comprehensive communication in the discharge process is widely recognised.

Patients with altered nutritional needs will need nutritional planning and the provision of continued care once back at home. This discharge process requires co-ordination and the participation of all relevant healthcare staff. Dietitians have expert knowledge of nutrition, combined with advanced communication skills and are therefore in a prime position to effectively translate the nutritional evidence base into dietetic care plans for use by the wider multidisciplinary team (MDT).

Natasha Mir:
Highly Specialist Head & Neck Oncology Dietitian

In 2015 the Dietetic Team at Guy's and St Thomas' NHS Foundation Trust (GSTT) identified that standardising their discharge communication would ensure clear, concise dietetic care plans were communicated from the acute to the community setting, saving dietetic and community healthcare professional time, contributing to standardised care and practice and ultimately improving patient outcomes.

"We identified the standardisation of our dietetic discharge letter would be a simple yet effective solution to this problem," says *Natasha Mir, Senior Specialist Head and Neck Oncology Dietitian at GSTT.* "It was hoped that by having a clear, concise and recognisable letter in circulation we would achieve seamless dietetic discharge; supporting patient outcomes and minimising the time burden for all healthcare professionals involved. In addition, with the increasing demand for dietetic teams to demonstrate efficiency, outcomes and cost effectiveness across all aspects of their work, the establishment of a consistent dietetic discharge communication, outlining clear goals and review dates, enables us to measure the success of dietetic interventions and record outcomes."

The main objectives of developing a standard letter were:

- to provide a concise dietetic report/summary including all relevant and appropriate information for a prescription request
- to ensure patients meet ACBS criteria for an ONS prescription
- to avoid errors in prescribing through providing sufficient information for GPs to electronically prescribe nutritional products e.g. ONS volume, product, duration of prescription
- to provide clear information regarding actions required by clinicians, as well as dietetic outcomes of the intervention and comprehensive follow up guidance

The process began with review of all current discharge letters used within the dietetic department; there were numerous different letters being used by each specialist dietetic team within the department. These contained many recurrent themes and highlighted the majority of essential information that needed to be communicated. The new letter was to be made adaptable in order to communicate the

(continued on page two)

Note from the Editor

Malnutrition hit the national news in late November with the publication of Department of Health figures showing that the number of bed days accounted for by someone with a primary or secondary diagnosis of malnutrition rose 61% in 4 years from 128,361 in 2010-11 to 184,528 in 2015-16. This news may come as a shock to many but not to those of us who work with the malnourished on a daily basis.

Poor nutrition is associated with many of the UK's current healthcare issues and with only 7,000 registered dietitians working across the UK in clinical settings and negligible posts in primary care (despite the drive to take care closer to home), it is crucial that the government consider the need for dietitians in multi-professional practices. An investment in the dietetic profession is clearly now warranted to provide the strategic leadership necessary to tackle the problem, offer skills to deal with the complex nutritional issues faced by many in the community and work with others to collectively make a difference.

Moving on to this newsletter's content, highlights from BAPEN's conference just passed is included. I, personally, was honoured to be invited to present at one of the breakfast symposia during this years' conference alongside two dynamic dietitians Michelle and Natasha, from Guy's and St Thomas' Hospital NHS Trust who have been working to improve the discharge process to enhance the continuity in nutritional care that patients rightly deserve at the point of discharge. Given that the average length of stay in hospital is less than seven days, such work is crucial if we are to tackle malnutrition which often manifests itself for extended periods in the community and cannot be addressed in a short hospital stay.

Avoiding hospital admissions and readmissions is high on the agenda of Louise Nash, at Airedale NHS Foundation Trust. Louise's article on page 3 outlines some of the difficulties faced by dietitians in getting others to recognise the importance of nutrition in patient pathways and how tenacity and perseverance can pay off.

Other articles include a review of work to disseminate the "NHS England Commissioning Excellent Nutrition and Hydration" document including insights into the Patients Association project to develop a nutrition checklist. I hope this issue will give you some food for thought! Enjoy reading!

Anne Holdoway BSc RD FBDA
Registered Dietitian and Chair of the 'Managing Adult Malnutrition in the Community' panel'

Streamlining dietetic discharge

Continued from front page



bespoke care plans of all specialties whilst keeping the essential content and format consistent.

All dietetic teams at GSTT as well locals GP's, including a representative from the Royal College of General Practitioners, were then invited to review the letter, with the view to understand the needs of both professions. A representative from the Patients Association was also asked to review the letter from the patients' perspective.

Time was spent with individual stakeholders throughout the letter construction process to highlight to them how the letter could be adapted to the needs of their speciality, this feedback process was crucial in ensuring the letter had the visibility it needed to establish it as the 'standard' for all dietetic teams across the trust.

A 'Standard Operating Procedure' (SOP) has been created to support the letter and promote ease of use by dietitians. The SOP is designed for use by any dietitian who is new to using the letter, in order to maintain the format, content and standard of communication going forward. The SOP provides guidance on how to complete and adapt the letter; ensuring relevant 'boxes' are included or deleted as appropriate. To ensure that all the relevant information is present in the letter some fields were designed to be mandatory - for example if the letter makes a prescription request for supplements then a mandatory field would be to include the ACBS criteria box.

Michelle Duffy: *Senior Specialist Prescribing Support Dietitian*

"Since introducing this standard dietetic discharge into our trust there has been a notable reduction in queries from GPs on prescription thus minimising time burden" says *Michelle Duffy, Senior Specialist Prescribing Support Dietitian at GSTT*. "We feel that this letter has contributed towards achieving an enhanced communication pathway for the multi-disciplinary team and it is helping to provide the best care for our patients and also to raise the profile of dietetic interventions."

The team at GSTT are keen to share their work with other healthcare professionals; a copy of the letter and SOP is available in the discharge resources section of the website: www.malnutritionpathway.co.uk/health-resources

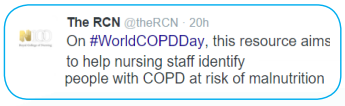
Malnutrition Pathway News: an update on managing malnutrition

Last year we announced the launch of the 'Managing Malnutrition in COPD' document. The document was officially launched in July 2016 and we have worked closely with the panel and the endorsing professional associations to disseminate the document out to their members via email alerts, newsletters and websites. Information has also been disseminated at key healthcare professional conferences through a number of targeted symposia.

Having received professional endorsement from ten key professional and patient organisations the document has now also received an endorsement statement from NICE:

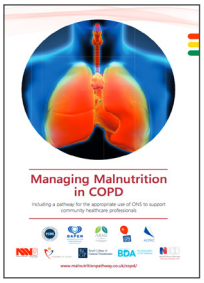
> This guide supports some of the recommendations on identification and management of malnutrition in the NICE guideline on nutrition support in adults and chronic obstructive pulmonary disease in over 16s. It also supports the statements about identifying and managing malnutrition in the NICE quality standard for nutrition support in adults.
>
> This resource is intended for use with adults and not children.
>
> National Institute for Health and Care Excellence: August 2016
>
> A link to the document can be found on the following NICE links:
>
> **https://www.nice.org.uk/guidance/cg32/resources**
>
> **https://www.nice.org.uk/guidance/qs24/resources**
>
> **https://www.nice.org.uk/guidance/cg101/resources**

In order to keep COPD and malnutrition front of mind we carried out a twitter campaign on World COPD Day (16 November) to raise further awareness of the document.



In the first five months the COPD pages on the malnutrition website have received over 2,600 unique page views from a mixture of healthcare professionals, patients and carers.

We would love to hear from you with information on your experience on implementing the guidance or if you have any case histories you are happy to share with us. Email hilary@franklincoms.co.uk



Copies of the 'Managing Malnutrition in COPD' document and supporting patient/carer materials can be downloaded for free at: www.malnutritionpathway.co.uk

Share Best Practice and Win an Award

The Managing Adult Malnutrition in the Community Awards Scheme has been expanded to include entries relating to malnutrition and COPD. Professionals have the opportunity to be awarded £500 towards attendance at an educational event or conference of their choice by sharing examples of best practice in the management of malnutrition in COPD. See **malnutritionpathway.co.uk/best-practice-enquiry** for more information.

Why conversation matters

The importance of initiating conversations, jumping through hoops and never giving up.

***Louise Nash**, Frail Elderly Pathway Dietitian at Airedale NHS Foundation Trust gives an insight into the issues she faced in getting nutrition onto the falls pathway in her Trust.*

January 2015: new to my role in a multi-professional team aiming to reduce hospital admissions, an audit of patient referrals had told me that over half of my frail elderly patients had been admitted to hospital following a fall.

This sparked a conversation with my therapy and nursing team colleagues, along the lines of, "what can I do about falls?" "Talk to Noel, Chair of the Falls Steering Group" they said.

So, I had a conversation with Noel – a daunting prospect as I'd never met him, I knew he was a busy man (he'd already had to postpone our meeting twice) and I was a little unsure of what to say. Opening the conversation was difficult, neither of us really knew why we were there but I ended up banging my drum about how nutrition should be part of falls pathways and Noel asked, "is there any evidence?" I found myself offering to present "the evidence" at a forthcoming meeting. I left his office, breathed a huge sigh of relief albeit this was quickly followed by panic: "…how am I going to do this?"

I had a conversation with my manager, who was totally supportive and helpfully suggested that the hospital's feed suppliers could help with a literature search. After a bit of blood, sweat and tears, we wrote a succinct paper for our Trust summarising current international evidence regarding the role of nutrition and hydration in falls prevention. We duly presented this to our Falls Steering Group (after another postponement) and sent it to as many interested parties as we could think of. We wrote it up as an article for Complete Nutrition which helped give it some gravitas and added impact.

The response from the Falls Steering Group was terrific. Actions were agreed and introductions made leading to lots of education sessions with acute and community medical, nursing and therapy teams. Critically the door was opened to our Director of Nursing – "great", we thought, "we can now get nutrition & hydration into our falls pathways..."

However we had a conversation with our Director of Nursing and of course the reality was not so simple. We ended up agreeing to do an audit of inpatient falls and nutritional status. Another hoop. We flew through it like we were playing Quidditch. The audit identified a high incidence of malnutrition, weight loss, vitamin D deficiency and inadequate fluid intake in our fallers. The next step was to share these findings with the right audience.

Consequently I had a conversation with the senior nurses in the hospital at one of their quarterly meetings. I presented the international evidence and the results of my falls audit – I was well practiced by now. Their response couldn't have been better. The upshot: all senior nurses within the hospital have now committed to a 10-point action plan (which I will monitor) including:

- A review of falls pathways to include identification and treatment of nutritional concerns
- The addition of nutrition questions within the Trust's annual falls audit
- A standard protocol for people presenting at the Emergency Department following a fall (including nutrition)
- Inclusion of nutrition & hydration in nurse-led intentional rounding on wards

At last! Nutrition is right up there on people's agendas. For this to happen I needed to be a little bit brave and very persistent: I could have easily ducked that initial conversation with Noel. We could have put off doing the audit, we were incredibly busy, we could have easily put all this on the back burner – it would still have been there now, an issue remaining unaddressed.

I found some time, had the difficult conversations, made sure each conversation ended with an action, jumped through hoops and, most importantly, didn't give up. Ultimately as a result patient care is set to improve.

Forthcoming Events

Nutrition and Hydration week

Nutrition and Hydration Week 13th to 19th March 2017

For more information see **https://nutritionandhydrationweek.co.uk**

BDA Vision, 30 March 2017, Birmingham

Dietetic leaders' event showcasing the best innovation and practice across the dietetic profession and incorporating case studies from other allied health professions **https://www.bda.uk.com/events/bdavision/bda_vision_2017**

National Dietetic Gastroenterology Study Day

Holiday Inn Royal Victoria, Sheffield. 12th May 2017. Free to attend

http://www.bsg.org.uk/images/stories/docs/event_docs/nationaldieteticsymposium12may2017.pdf

National Nurses Nutrition Group Conference

Bournemouth International Centre (BIC), 10-11th July 2017. **http://www.nnng.org.uk/**

New Nutrition Checklist to assist in recognising patients at risk of malnutrition

The Patients Association has launched a report[1] on research it has been carrying out with healthcare professionals and patients to ascertain the need for tools to help in the identification and self-identification of people who are malnourished or in need of nutritional advice.

Nutrition checklist

A guide for signs that you need nutritional help or extra nourishment and what to do next

This checklist is for you if you answer 'Yes' to any of the questions below:

- Underweight?
- Suddenly lost a lot of weight without meaning to?
- Had an operation/illness that means you cannot eat what you used to?

This short checklist is to help you consider whether you are in need of help with your nutrition and diet, because you are underweight or need extra nourishment. If you are in that situation, it gives you suggestions on what to do next.

Patients, relatives and health professionals are all welcome to fill it in.

If you are already having help with your diet or nutrition from your GP, hospital or a dietitian and feel confident about the advice you are being given and about managing your diet there is no need to fill in the checklist. Otherwise, if you have any worries about being underweight or difficulties with eating:

- Fill in the checklist
- Take it to your GP, nurse or dietitian
- Look on the back page for more information and advice
- Understand the next steps to take to help you with diet and eating

Your name _____

Please note here who is filling in the checklist:

☐ Patient ☐ Spouse, partner or relative

☐ Healthcare staff ☐ Other: write in role _____

Further to the launch of the NHS England guidance 'Commissioning Excellent Nutrition and Hydration 2015-2018[2]' the Patients Association carried out a review of policy, practice and patient views in relation to nutrition, malnutrition and the hospital discharge process and established a set of recommendations to help reduce the incidence of malnutrition[3]. This Patients Association's paper identified a gap between policy and practice and the need to raise awareness of the issues with both professionals, patients and relatives. One of the paper's key findings was that whilst nutrition is integral to health and well-being there is a need for a more integrated approach which is seamless, patient centred and well communicated.

As a result of this report the Patients Association has been working with a number of professionals and patients to look at potential tools to help the identification (or self-identification) of people who are under-nourished or in need of nutritional advice and to guide them to the appropriate sources of help. This work has identified that there is scope for a checklist which can be used in many settings to help encourage conversations about weight and nutrition and lead people towards established tools and guidance, such as the patient resources available from the malnutrition pathway website: **www.malnutritionpathway.co.uk/leaflets-patients-and-carers** and the self-screening tool developed by BAPEN **http://www.malnutritionselfscreening.org**

"In implementing this project to develop a nutrition checklist we hope to be able to encourage the joint working of healthcare professionals, social workers, patients and carers in identifying issues patients may have in maintaining their nutrition" says Katherine Murphy, Chief Executive at the Patients Association. "The next stage of this project is to further refine the checklist, consider how it can be used and actioned in practice and to develop tools to assist its use. We hope to run a number of pilot projects with CCGS on the checklist during 2017 prior to it being launched nationally."

A full copy of the Patients Association Nutrition Checklist Project Report can be found at **www.patients-association.org.uk/wp-content/uploads/2016/12/The-Patients-Association-Nutrition-Checklist-Report-2016.pdf**

Who would the Nutrition Checklist be useful for?

Relative of elderly man living alone

A relative of mine got quite difficult as he got older and he was very hard to help. We would find meals left in the microwave, untouched. When we asked what he wanted he just asked for milk and I think he basically existed on porridge. The checklist would have been helpful for one of us to fill in with him so we could talk about this more easily and so that advice and support could maybe be offered. I think this could have led to help from Social Services, if we were able to persuade him to accept this! It might also have led to him being prescribed nutritional supplements, which would have given him more nutrition than just porridge.

Student dietitian

I am a trainee dietitian and I think the nutrition checklist would be very useful. It would provide an easy way for me to start talking to people about their weight as it has a user friendly, clear structure. It is really helpful that it takes into account environmental and social factors associated with eating to give me a broader understanding of people's personal situation and that it quantifies how much people are eating. Overall it would help guide me and patients about next steps.

Elderly patient in community hospital

I have lost a lot of weight without meaning to recently, my weight is too low and I know my family worries about me. I don't feel at all confident about what to eat or how to put some weight back on. I found the nutrition checklist very useful because it helped me to feel more knowledgeable and also it highlighted where I need help. Now I will go and see my GP and I would really like some leaflets to give me guidance on gaining weight and tell me about nutritional supplements.

Partner of person not eating properly

My partner is not eating properly and I'm really concerned about it. He has lost a lot of weight and he has difficulty swallowing most food especially anything at all dry. He is often weak and always very tired. To be honest I am at my wits' end with worrying about him and whether I am doing the best I can to help him. Any help I could get to see how he's doing and help him and hopefully reassure us and give us some tips would be really good.

REFERENCES

1. Nutrition Checklist Project. Feedback Report. The Patients Association. 2016.
2. NHS England. Commissioning Excellent Nutrition and Hydration 2015-2018. www.england.nhs.uk/wp-content/uploads/2015/10/nut-hyd-guid.pdf
3. Patients Association 'Managing Adult Malnutrition in the Community' www.patients-association.org.uk/wp-content/uploads/2015/11/managing-adult-malnutrition-in-the-community-nov-2015.pdf

British Association for Parenteral and Enteral Nutrition (BAPEN) Conference 2016

BAPEN held its 2016 Annual Conference "Malnutrition Matters" in Brighton in November. The programme included a wide choice of multi-disciplinary symposia focusing on providing quality nutritional care in numerous specialist areas including enteral nutrition, blended diets, gut function, nutrition teams, prescribing and parenteral nutrition. The extensive conference agenda and key messages were reinforced by a broad range of poster presentations on enteral nutrition, parenteral nutrition, intestinal failure and nutrition screening, clinical audit and changes in clinical practice.

BAPEN President Dr Simon Gabe opened the conference with a review of the work done by the Malnutrition Action Group (MAG) over the past 20 years with particular thanks to the contribution of the work carried out by Professor Marinos Ella and Christine Russell, who are now retiring from MAG, including the development of the 'Malnutrition Universal Screening Tool' ('MUST').

The first session was facilitated by journalist Julie MacDonald who has been investigating how good the quality of nutritional care is across various NHS organisations. With over 40% of hospitals still not having a nutrition support team it was seen as paramount that more is done to influence Commissioners so that this is addressed. An overview of the work carried out over the past year on the BAPEN web-based 'Nutritional Care Tool' was given.

The tool was launched in June 2015 and aims to build on the work undertaken during the Nutrition Screening Weeks, which helped create a country-wide picture of the prevalence of malnutrition in the UK. It aims to enable organisations to monitor nutritional screening, the effectiveness of nutritional care they provide and patient experience. It includes process measures; screening and care planning, outcome measures – weight loss (trackable over time for the duration of admission) and patient experience measures of nutritional care received. It is free to all NHS and social care organisations, takes approximately 5 minutes to complete per individual, and the data is instantly available to frontline teams to monitor care and deliver improvements. A dedicated technical team is available to help set up of the tool.

In the first year of its use there were 4,777 patients surveyed through the tool, 49% of these were found to be at risk of malnutrition.

There follows a flavour of some of the other topics covered on the two day agenda:

Keynote lecture - Preserving Muscle in Cancer Patients

Professor Stéphane Schneider, Professor of Nutrition, Gastroenterology and Research at University Hospital and INSERM, Nice, France gave the conference keynote lecture. He explored the factors which influence cancer cachexia, which accounts for 20% of deaths in cancer patients. Myosteatosis, excess deposition of fat into muscle plays a part in muscle wasting and sarcopenia with obesity results in a fivefold increase in mortality. Sarcopenia can also increase toxicity from chemotherapy. Promotion of anabolism can be attempted through health education and oral nutritional supplements for anorexia, anti-inflammatory drugs and omega 3 fatty acids, physical activities and hormonal therapies. There is no one solution or treatment for cancer cachexia, the best chance is to use a combination of the above factors.

Barriers to Nutrition in Older Patients: Sensory, Appetite & Access

This session debated the importance of multisensorial stimulation by different foods and how this may influence appetite and food intakes in older people. Changes in sensory perception with age include decreased taste, decreased sensitivity to aroma, increased rejection of known and unknown foods and increased sensitivity to mouth drying effects of food. Flavour enhancements through real foods may be useful to increase the flavour to the level at which it is expected in those with reduced taste perception. There is also evidence to suggest that serving meals on red trays will increase consumption. There are a number of additional interventions to increase intake with varying levels of evidence, e.g. communal dining, use of music, cooked breakfast. Volunteers to assist with feeding may be valuable but practicalities of recruiting and retaining volunteers can be challenging.

Nutrition in Everyday Practice

Hosted by the BAPEN trainees committee this symposium included an eclectic mix of speakers from differing backgrounds and aimed to provide practical information about commonly encountered nutritional problems. It highlighted that whilst the importance of nutrition is recognised by the acute medical team the majority of medical students do not feel they receive sufficient nutrition training throughout their undergraduate programs. Most nutrition training is gained through placement/shadowing which results in levels of training being very dependent on the supervisor and their own knowledge level and priorities. Only 50% of clinicians reported to have confidence in dealing with nutrition related diseases and that it required one year on the job training to gain such confidence.

Feeding the Metabolically Stressed

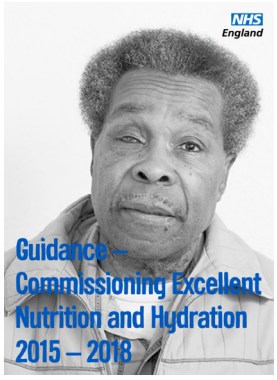
Key speakers from the area of critical care gave an overview of the current status of evidence and practices in feeding in the ICU. Speakers analysed current evidence whereby observational data favours nutrition support, while randomised controlled trials (RCTs) do not. They looked at the limitations in the RCTs and queried whether the correct questions have been asked to date and raised questions as to whether the focus should be on intermittent versus continuous feeding, rather than enteral nutrition versus parenteral nutrition and whether there is a need to reconsider energy versus protein and early versus late. Autophagy is an adaptive response to starvation but integral to cellular quality control. Early feeding may limit activation of autophagy and this may be why late feeding or hypocaloric feeding is shown to be beneficial. To date, there are limitations to each of the nutrition support theories in the ICU and, ultimately, nutrition support needs to be individualised.

Clinical Nutrition Room 101

The conference concluded with a 'Clinical Nutrition Room 101' where a panel of BAPEN experts gave their opinions on what we need to change to improve the nutritional management of patients and were able to nominate the nemesis they would like to put into room 101. Normal saline, inappropriate use of PEG for all enteral feeding devices, 7-day PN myth, albumin as a nutritional maker, Dietetic acronyms (ICBINB- I can't believe it's not butter), misuse of the 'Food First vs ONS' debate, Ryles tubes for nasogastric use and overfeeding the metabolically stressed all found their way in.

A year on – focus on the NHS England Commission Excellent Nutrition and Hydration 2015-18 guidance

In October 2015 NHS England launched a vision to ensure that "All people will receive safe and high quality nutrition and hydration support when required, through the commissioning of person-centred and clinically effective integrated services in the community and in health care commissioned settings."



The guidance outlines:

- Why commissioners should make nutrition and hydration a priority
- How to tackle the problem
- How to assess the impact of commissioned services
- How commissioners have begun to tackle the problem via commissioning
- Further resources to help commissioners address the issue:

www.england.nhs.uk/wp-content/uploads/2015/10/nut-hyd-guid.pdf

BAPEN shares best practice across the regions

In 2016 BAPEN was awarded a Health Foundation grant to disseminate and share best practice in nutritional care. A series of regional meetings were organised with the first event being held on 10th May in the north region. This was a very successful meeting, attended by over 80 commissioners and providers and chaired by Margaret Kitching, NHS England Chief Nurse for the north. Presenters included Steve Brown (General Secretary, PINNT), Dr Mike Stroud (Chair of the NICE Guideline Development Group for both nutrition and IV fluids) and local examples of best practice, including the armband developed by the Salford team and the work undertaken by the Lancashire Teaching Hospitals NHS Foundation Trust team to reduce admissions by providing a 7 day nutrition nurse specialist service. As a result of this meeting a senior lead within the NHS England nursing team has been identified to take this work forward and leads within each area team have been appointed. Nutrition is currently being written into the contracts (including nursing home contracts) and a CQUIN (Commissioning for Quality and Innovation) is in development.

The Midlands and East event was held on in July with 60 delegates and a similar workshop was held with providers and commissioners. Excellent best practice examples were shared (Think Drink (Nottingham University Hospitals NHS Trust) and Therapy Assisted mealtimes (University Hospitals Birmingham NHS Foundation Trust).

The South regional meeting was held on 27th September for 60 delegates and was attended by the Wessex Academic Health Science Network and Digital Solutions as well as providers and commissioners. This workshop incorporated a presentation on the Malnutrition Community pathway (as the first two workshops highlighted significant gaps in community pathways) and also details of how BAPEN is responding to a request made at the north workshop for a national framework for NG feeding.

The final regional workshop, held in London on 28th September, was attended by 50 delegates. Delegates in the London workshop committed to participating in joint working to establish some task and finish groups to lead on sharing best practice in nutritional support teams and taking forward the public health agenda to prevent malnutrition.

Resources to support local departments to improve their nutritional care

A series of short films have been produced as part of this programme of work which can be downloaded from the BAPEN website. These include:

(a) a film aimed at trust boards and commissioners to raise awareness of the importance of good nutritional care and to outline the benefits of measuring the quality of nutritional care delivered,

(b) a film to capture the work undertaken in the regional events;

(c) a film to outline the need for improvements in Nasogastric tube feeding policies and procedures (including staff training) and

(d) a film promoting innovative approaches to delivering improvements (the Dining Companions initiative at Kingston Hospital).

These films were formally launched at BAPEN conference and the press office will promote dissemination in partnership with key stakeholders throughout 2017.

Further films were produced at the BAPEN conference to capture key messages for 2017 and to show the debate held in the opening symposium.

A suite of materials have been developed to support the implementation of the "BAPEN Nutritional Care Tool" within hospitals and care homes and uploaded to the nutritional care tool site; these include e-learning style modules on how to sign up to use the tool, how to interpret the data and an example board paper for clinical teams to make a case for change for their trust boards to adopt the tool.

Further details are available on the BAPEN Nutritional Care Tool website **www.data.bapen.org.uk**

In addition to the work being carried out by BAPEN many organisations throughout the UK have been working to disseminate and implement the guidance including the Malnutrition Taskforce which has been working to support some local events to help raise awareness of the guidance and the importance of implementation and the Patients Association who are developing a nutrition checklist for patients and carers (see article on page 4).

However the number of articles appearing in the press in recent weeks regarding soaring rises in hospital stays linked to malnutrition and the fact that thousands of care home residents are not being properly fed or are left without food and drink, show that there is undoubtedly a lot more to be done to ensure that nutrition becomes an integral part of patient pathways. We would love to hear from you about what you are doing to implement the guidance. Email: **hilary@franklincoms.co.uk**

'11,000 care home residents at risk of starving and going thirsty'
Daily Telegraph – 6 December 2016

'Hospital stays for malnutrition soar'
The Times – 26 November 2016