



BAPEN

*Putting patients at the centre
of good nutritional care*

Annual Report 2013

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President's Report

Dr Tim Bowling, President of BAPEN

Executive Summary

- BAPEN celebrated its 21st birthday.
- A Strategy Document and Implementation Plan 2013-2016 has been agreed and published.
- A plan to review regional/local BAPEN activities and representation has been put in place and will complete in 2014.
- A major membership drive is being undertaken.
- A Corporate Brochure has been published.
- The final Nutrition Screening Week reports have been launched.
- DDF 2015 is being planned.
- BAPEN is involved with the development of a National Nutrition Board.
- BAPEN Executive have instituted meetings with member representatives from the devolved nations.
- Through the Malnutrition Task Force, BAPEN has produced Hospital and Community Quality Guides and updated the Commissioning Toolkit.
- BAPEN is collaborating on work to identify measurable nutrition outcomes and has submitted a bid to ESPEN to take this forward.
- BANS has secured a contract with the Department of Health for data collection for Intestinal Failure services.
- The Education and Training Committee are continuing to develop their Decision Tree Programme.

1. Executive/Council

The smaller Council has worked effectively and with more efficiency and better communication. There has also been much more dialogue with the Core Groups and collaboration has been very positive in 2013.

One challenge that became very apparent this year is the increasing difficulty that everyone (in NHS employment) has in getting time to contribute to BAPEN activities. This is particularly the case for the Executive, who have to give a great deal. Although we now have a Secretary to replace Ailsa Brotherton, it took a long time to find someone appropriate. This raised a discussion in Council as to whether there should be some financial remuneration for contribution, either directly or to employing Trusts. The views expressed were varied and the consensus was that it would be quite divisive to remunerate some, e.g. secretary, but not others who are also contributing a great deal. As we now have a full complement on Executive, this particular debate has been pushed away, but I have warned Council and Faculty that this is a challenge that will only get worse and that the Association will have to become more innovative with how it organises its work plan amongst its volunteers.

Along similar channels, there was concern expressed from the Chairs of Education and Training and BANS that finding a successor would be more difficult if duties included sitting on the Executive as well as the requirements of chairing a busy committee and its activities. For these reasons it has been decided that when the current incumbents demit from the Chair, they will not be replaced on the Executive.

The other change to the Executive relates to the Chairman. In line with most other clinical organisations, we are changing the title to President. We are also introducing the post of President-elect, in order to share the workload of the President and Secretary, and also to enable greater continuity of service and strategy. The President-elect will be in post for 2 years (subject to annual re-election by Council) and then automatically promoted to President for another 2 years.

Therefore, from conference 2013, the Executive is to be made up of the President, President-elect, Secretary, Treasurer and two Senior Officers. The role of the Secretary will be one purely of organisation and communications (the 'political' remit being passed to the President, President-elect and Chair of the Quality Group). The role of one of the Senior Officers will be membership and regions. The role of the second Senior Officer is still being discussed.

Finally, on Executive matters, Ailsa Brotherton stands down as Secretary. Over the last 3 years, Ailsa has worked incredibly hard for BAPEN, and the hours she has put in has reinvented the definition of work ethic. Her ability to work with anyone and everyone, her diplomacy to keep all on-side, her ability to articulate clearly and her decision-making has been hugely appreciated and will be greatly missed. I suspect her absence from Executive will not be for long! I would like to formally note my thanks to Ailsa for all she has contributed to BAPEN, both on behalf of the Association and also from a personal point of view.

2. Strategy 2013-2016

We have produced a strategy and implementation document looking at our goals up until 2016. We feel that trying to look further into the future is not terribly helpful, given the continual changes that face the NHS in all 4 countries. However, BAPEN's intentions over the next 3 years are much more realistic and reflect much of what is written about in this report. It is on the website for all to view.

3. Membership

It has taken a very long time, but the database is finally fully operational, although there are still issues that are not working as neatly as we would like, for example, membership renewals and reminder letters.

An important piece of work, started this autumn, is to map out the location of all of our members to identify where geographically we need to focus attention on more regional activity and membership promotion. There also remains the important matter of the benefits of membership, which need to be sufficient to incentivise individuals. Helen Lawn and Charlotte Messer are spearheading a drive to promote and improve membership and membership renewal. This will hopefully begin to bear fruit in 2014 and, of course, will be important for DDF in 2015.

Part of this membership drive will be to look very critically at the way the regional representatives can best function and be best supported. A meeting is being convened in early 2014 to debate and discuss this further.

4. Communications/media, etc

Helen Lawn and Charlotte Messer from Helen Lawn and Associates have fully settled into their roles of PR/media/communications, although given the complexity of the Association, it understandably took a while for them to become confident with understanding how BAPEN works and the complexity of the work and relationships with all the various stakeholders. Last year they brought out a membership brochure. This year we have a very professional corporate brochure that sets out what BAPEN is and aspires to achieve, and is aimed at external organisations and individuals that we meet in the course of our various activities.

With regard to PR activities, there has been a proactive approach with both professional and public media as well as the usual intermittent flurries of reactive activity as and when stories come out and require comment. They are going to take a lead in membership matters (above), and will be a visible presence at conference for this purpose. BAPEN is looking to develop a very active membership at a regional level as we believe that collaborative learning across regions will help us to promote nutritional care and raise the profile of nutrition amongst commissioners. With this in mind, the BAPEN Press Office is currently mapping membership at a regional level and we will be looking for members to join the regional activities that we will jointly plan. Please do watch out for more information at the BAPEN Conference.

5. DDF

DDF 2012 was a very successful meeting for BAPEN, both academically and financially. It was therefore an easy debate at the beginning of the year for Council to sign up for it again in 2015, when it will be held in London. For this meeting there will be the addition of the Association of Coloproctology as a partner which, for BAPEN, is very good as there is a lot of common ground between us and the colorectal surgeons.

Although very happy with DDF 2012, this is not to say that we won't be looking for some improvements, such as better auditoriums, more equality between the partner organisations and a better deal for 'our' Industry members. We have good representation on the Steering Group and Programmes Committee, and will hope that we can devise a meeting that will be even better for 2015.

In 2012, we held a November meeting in Stone, Staffordshire, given that the DDF meeting was in June. While the academic programme was very good, thanks to the immense efforts of the Programmes Committee, it was not felt to be a very successful meeting in terms of location and delegate numbers and ran at quite a heavy financial loss. It has been agreed that we will not hold such a meeting in 2015, but instead encourage regional meetings in the autumn.

6. 'Political' activities/initiatives

There have been huge changes to the NHS in 2013 in all 4 countries, for example, the formation of NHS England, which has changed the landscape dramatically. In addition, the publication of the Francis Inquiry and the Berwick response ('A promise to learn; a commitment to act') has had a profound influence in all areas of healthcare.

BAPEN is focusing on keeping up with all of these changes and maintaining dialogue in appropriate quarters, with mixed success mainly as these newly formed bodies are getting to grips with their immense remits. We are pleased to report that nutrition is maintaining a high profile with Government support. Ailsa Brotherton, Mike Stroud and I had a meeting with the Department of Health and NHS England in February, as a response to a letter we had sent the previous year to David Cameron about the state of nutritional care in the UK. It was made very clear to us that nutrition is a priority, but that the central bodies of the NHS will no longer dictate practice and there is a need for more effective work at a regional and local level as more decision making is devolved to this level. Hence our plans to strengthen regional activity really are pivotal to future success. This therefore should give us a great deal of opportunity to influence strategy.

- a) Lyn McIntyre, a newly co-opted member of Council, who has taken the role of Deputy Director, Patient Experience at NHS England, is working hard to promote good nutritional care. It is hoped that a new National Nutrition Board will be set up. This will have specific responsibility for ensuring that nutrition and nutritional care is adequately and appropriately commissioned in all healthcare settings. This proposal has been endorsed by NHS England and the Board is in the process of being developed. BAPEN will be represented and therefore have a major influence on its activities.
- b) If change in practice is to be implemented, outcomes need to be monitored to determine if improvement is being achieved. For nutrition good outcome measures have always been a challenge. BAPEN is now leading on an important piece of work, in collaboration with key stakeholders to look at measures. We have also submitted a proposal to ESPEN to further develop this work.
- c) BAPEN was very concerned at the recent CQC consultation document regarding the proposed changes to hospital inspections, where nutrition matters seemed to have been relegated to the occasional mention of food and drink. We responded robustly stating in clear terms that good nutritional care is very much more than just adequate hospital food. I have also written to the Chief Executive of the CQC offering BAPEN's input and help, and await a response.
- d) BAPEN has also been in contact with Public Health England, again offering discussions as to how nutrition could be considered in more public health terms. The obvious tool that we can offer is 'MUST' self-screening. Again, a response is awaited.
- e) Scotland's National Nutritional Care Board was formed in 2013 with significant BAPEN representation, including Alistair MacKinlay, Consultant Gastroenterologist from Aberdeen, who is co-Chair with Ros Moore, Chief Nurse, Scotland. The initial work plan includes revision of the 2003 Food, Fluid and Nutritional Care Standard and longer term a more detailed standard about complex nutritional care will be developed.
- f) Northern Ireland's strategic document 'Promoting Good Nutrition' launched in 2011 – which was heavily influenced by BAPEN led research and resources and personnel – continues to be rolled out in all care settings from care homes to hospitals, from 'food first' to a commissioned service for intestinal failure.
- g) BAPEN has made a significant contribution to the The Malnutrition Task Force, with representation from our Quality Group Chair, Mike Stroud who was the co-Chair of the Task Force and Ailsa Brotherton (BAPEN Secretary). On behalf of the Task Force, BAPEN led on the development of the guide for hospitals and co-ordinated the feedback from BAPEN members. The Task Force has been successful in securing funding for the next phase of work which will focus on testing implementation of good nutritional care across health economies. Although the Nutrition and Hydration Action Alliance had a slower than anticipated start (to avoid duplication with the Task Force) it has recently become more active in the development of a nutrition strategy.

7. BANS

BANS activities continue to be a huge asset for BAPEN. It has secured a substantial contract from the Department of Health to support data collection for the Adult Intestinal Failure (IF) Network. It is now

assisting with a similar programme for paediatric IF. Hopefully this initiative will also help colleagues in Scotland, Wales and Northern Ireland as they also struggle to get better resources for IF. As always there remains a great deal of activity for the enteral programme. More information of BANS activities and initiatives can be found later in this report.

8. Education and Training

The Education and Training Committee continue to work tirelessly on the Decision Trees. The first five, launched in November 2012, are now on the website. There are about 25 more currently in various stages of writing and approval, and we hope that more will find their way to publication within the next few months. Sheldon Cooper, who has led this initiative and has chaired the E&T Committee, stands down in November. On behalf of BAPEN, I would like to thank him for all of his hard work, and wish his successor all the best of luck.

More activities from the Committee can be found later in the Annual Report.

9. Malnutrition Action Group (MAG)

The Malnutrition Action Group, chaired by Professor Marinos Elia, has continued to work hard this year, improving 'MUST' and facilitating the various licensing requests that are now coming in from all around the world. There have also been significant developments in the range of supporting tools for 'MUST', including the translation of 'MUST' into five languages and the modified 'MUST' BMI charts and weight loss charts, to extend the weight and height ranges and to make them easier and quicker to use. There has also been a major focus on the feasibility of the 'MUST' self-screening.

This year sees the publication of the five overarching Nutrition Screening Week reports which pulls together each of the four individual season reports, with a report for each home country and a UK report. This has been, and continues to be, an immense piece of work for Professor Elia and Mrs Russell, for which the Association is immensely grateful.

A full report on these MAG activities can be found later in this Annual Report.

10. Industry Group

BAPEN is, as always, indebted to its industry partners. We have undertaken a consultation exercise with our industry partners to develop a new model of sponsorship, partly due to the economic climate and the need to have very transparent sponsorship and partly to ensure BAPEN's independence as an Association, especially in its decision making of strategic priorities. We have therefore worked with our industry partners to develop a support package that is entirely transparent and in line with ABPI requirements and we believe that we have come up with a plan that is sustainable and also suited both to 'normal' years and those when DDF meetings occur. My thanks to our industry partners for their input and their ongoing support for BAPEN activities.

11. Intestinal Failure (IF) Network

BAPEN continues to support the implementation of the IF network in England. Much of this work stream has now come under the auspices of the National Clinical Reference Group (CRG) for Specialised Colorectal Services, on which BAPEN is well represented. At the time of writing this report, all units who have submitted an expression of interest have been inspected. The next stage will be for the CRG to convene two clinical panels to review the submissions and inspection reports and to make recommendations to the Area Commissioning Teams, who will make the final decision on designation. The other work stream that is not as far advanced as any of us would like is the matter of tariff for type 2 and 3 IF. This is very much more complex and largely outside of our control as it involves two independent organisations – the PBR team and Monitor. I personally am trying very hard to keep up the momentum, but suspect that there will be no nationally agreed tariff before April 2015 at the earliest.

One area that BAPEN will be asked to play an active role will be the development of quality assurance, outcome measures, audit requirements, CQUINS, etc. for the on-going monitoring of the designated IF centres and their performance. While these activities will remain the responsibility of the CRG, I would envisage BIFA to play a leading role.

All these activities in England relating to IF are being watched with keen interest by Scotland, Wales and Northern Ireland, as we all are trying to get better service for IF, and hopefully the positives and negatives of activities in England can assist all the countries develop their services.

BAPEN celebrated its 21st birthday this year. It has come a very long way from its origins. It has positioned itself very strongly in the current healthcare marketplace to retain a strong and influential role. There are, of course, many and considerable challenges, the greatest of which, in my view, is to strengthen its membership and the loyalty of the Association to its members and of those members to the Association. This will require a much better local/regional presence and that is our priority for our strategy over the next 2 years.

I would like to convey my thanks to everyone who has put in so much time and effort into BAPEN, especially the Executive and Council, to the Core Groups, and to all who work extremely hard behind the scenes in the BAPEN Office, Helen Lawn and Charlotte Messer, Mike Fryer and Faye Eagle from Complete Media and Marketing Ltd and John and James who have been keeping the website updated and in control. Finally, my thanks of course go to all of the membership, without whom none of this would happen.



2013 Treasurer's Report

Dr Nicola Simmonds, Honorary Treasurer

BAPEN remains in a healthy financial position. Overall in 2013 there was a net loss of £11k compared with a net loss of £29k in 2012 and a net profit of £71K in 2011 (in 2010 there was a net profit of £14k, in 2009 there was a net loss of £20K). There has been a further reduction in direct support from industry which has not been offset completely by the increase in income generated from Conference. The overall balance at year end was £347k, which is well above the level required to meet our ongoing financial commitments for the coming year and which allows BAPEN to look at new projects for 2014.

Income

Total income for 2013 was £353k. This is more than in 2012 and this reflects the fact that BAPEN organised our own Conference this year and so had relatively more income (albeit to some extent balanced by the increased expenses associated with organising our own Conference). Income from direct corporate support decreased from £99k to £84k. This reflects the changes we have had to put in place to be able to separate out conference from the sponsorship packages, but also changes in the regulations relating to sponsorship and the challenges of the current financial climate which make it harder for companies to justify sponsorship. BAPEN continues to work to ensure that we derive income from other sources as well and it is encouraging that the income from individual members has continued to increase and that we continue to run our Annual Conference at a profit. BANS has also secured funding from the Department of Health to support the development and maintenance of a National Intestinal Failure Registry.

Figure 1: Total Income and Expenditure, with Income from Corporate Support

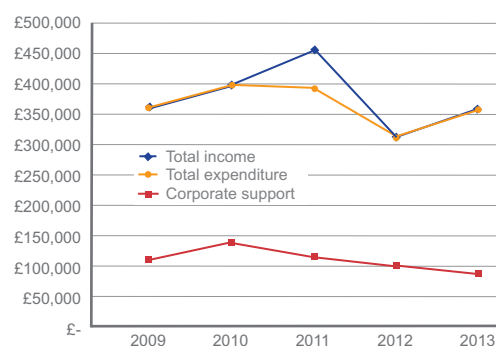
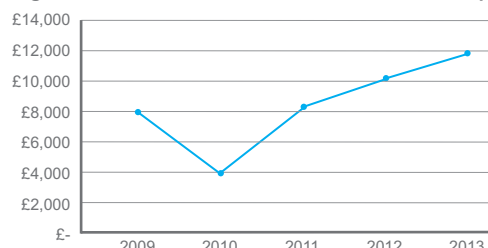


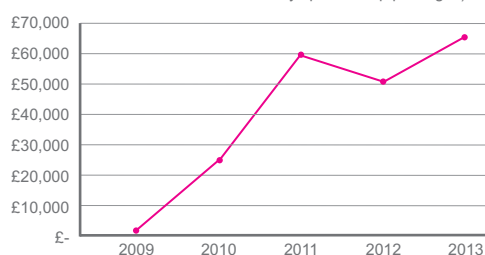
Figure 2: Income from Individual Affiliate Membership



Annual Conference, Harrogate, November 2013

The BAPEN Annual Conference celebrating our 21st birthday proved a great success and continued to build on our previous success in ensuring that it was on a sound financial footing. This is an essential basis for our activity, both from a financial point of view, but also in attracting and maintaining members and furthering our charitable objectives. This was the first year in which exhibiting and other activities at Conference were not included within the industry sponsorship packages and this is reflected in the increase in overall Conference income from the exhibition (£75175) compared with that in 2011 (£44858 from the exhibition with £17152 included from sponsorship packages). BAPEN has no direct involvement with the organisation of the exhibition and other sponsorship activities in DDF years and so 2012 should be excluded from any comparison.

Figure 3: Conference Profit (note that since 2012 conference costs have not been included in industry sponsorship packages)



Expenditure

Total expenditure amounted to £364K. This cannot be directly compared with the expenditure from 2012 (£343K) as this did not include the Annual Conference expenditure. The breakdown of costs is shown below – once again Conference is the most significant cost driver, but also a major source of revenue in recent years.

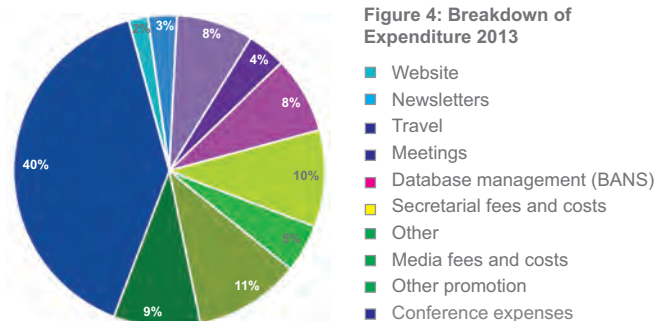


Figure 4: Breakdown of Expenditure 2013

Reserves

BAPEN has placed £280K of its reserves in high interest deposit accounts. The annual turnover of the Charity is around £350K pa and this is managed through a current account. The reserves policy is primarily to provide security to the Charity in the event that expenditure significantly outstrips income. The reserves policy was reviewed in 2013 and the target for the reserves set as the amount equivalent to the annual costs incurred by the agreed contracts in place, set against predictions for income and projected expenditure, including the costs of any new developments and a contingency to cover potential Conference losses. For 2013 this was set at £200k, with regular review at Executive meetings. It was also recognised that any investments of our reserves needed to be low risk and as such a review has taken place to ensure that all reserves held would be covered by the Financial Services Compensation Scheme.

It was recognised that we were holding a greater level of reserves than projected requirements and so discussions have taken place on what additional projects or activities BAPEN should support to ensure that we fulfil our charitable objectives and make best use of our assets whilst ensuring sustainability (see below).

Plan for 2014

- **Industry sponsorship.** There was extensive consultation with industry about sponsorship packages to ensure value for money from the industry perspective and transparency. As a result of this work, new packages were drawn up and introduced for 2014.
- **Strengthening regional activity.** BAPEN is keen to promote activity at a regional level. It is increasingly difficult for those working in the NHS particularly to be able to access study leave and funding for national meetings, and there is a need to ensure we support educational activities across the UK. In order to try and encourage regional activity, BAPEN will support the set-up of any regional meeting up to £2000 and have also included attendance at regional meetings as one of the benefits of the industry sponsorship packages, which may help those who do not already have well established links. This will be coordinated via the BAPEN office.
- **Providing resources for members.** BAPEN recognises that it is essential that we have an active membership to help pursue our aims. However, it is evident that members need to benefit from their membership. We are therefore investing in the production of e-learning modules based on Conference presentations. Whilst this has taken longer than originally envisaged, these should be available by

the time this report is published and we now have a model that should be possible to embed for future conferences allowing members who are unable to attend Conference to listen to presentations and gain CPD certificates.

- **'MUST' e-learning.** There will be further developments through an e-learning portal offering several packages, which include learning management systems, to organisations outside the NHS with varying levels of customisation. This should not only increase education about the use of 'MUST' in all care settings, but should also generate some revenue for BAPEN.
- **Development of self-screening.** We plan to develop a website for members of the public to be able to access self-screening and relevant advice.
- **Decision Trees.** As the number of Decision Trees increases, we will explore the development of a BAPEN App to include these and potentially other resources to support our educational aims.
- **BANS.** This will continue to grow and develop.
- **Nutritional Care Thermometer.** BAPEN is supporting the development of a nutritional care thermometer that will be freely available to members to enable them to demonstrate good nutritional care and with the hope that in the longer term this would be adopted nationally.
- **DDF 2015.** BAPEN is committed as a partner in DDF 2015 and will fully support this conference.
- BAPEN will continue to seek funding in the form of grants to support our activities and particular projects.
- BAPEN will ensure that we maintain a balance between ensuring adequate reserves, but also spend funds wisely to support our core objectives.

The information given in this report is consistent with the financial statements from the accounts prior to inspection. The 2013 accounts will be subject to an Independent Examination by Graham Harvey. Full copies of the accounts will be available on request from the BAPEN Office or directly on the Charity Commission website.

Public Benefit

The Trustees believe that they have complied with their duty to have due regard to guidance on public benefit published by the Charity Commission in exercising their powers and duties.



Faculty

Christine Russell, Chairman BAPEN Faculty

Faculty members: • Mrs Christine Russell (Chairman) • Professor David Silk • Mr Ken Cottam • Professor Marinos Elia • Dr Barry Jones • Dr Jon Shaffer

The key objectives of Faculty are to advise BAPEN Executive and Council, and during the course of 2013 members of Faculty responded to a number of consultation documents that were issued by the BAPEN Executive, in particular the draft strategic plan for 2014-16. There had been regular communication and consultation between the two groups which had led to a closer liaison than previously. At a meeting in October a number of issues were discussed and debated with the BAPEN Executive. Faculty were pleased to hear of the plans for a recruitment drive to increase membership and participation in BAPEN's activities, particularly at a regional level; proposals for succession planning, that BAPEN intended to liaise closely with NHS England, and that arrangements for support from industry were to be reviewed.

Faculty were delighted that Professor David Silk was to be invited to give a short after dinner speech at Conference in November reflecting on BAPEN's achievements in the 21 years since it was established.

It is the gift of Faculty to award the John Lennard-Jones Medal to a member of BAPEN for outstanding contribution to the Association over a long period of time. However, no formal nominations were received from Council this year for this prestigious award.



External Public Relations

Helen Lawn and Charlotte Messer Helen Lawn & Associates

2013 built upon the new communication foundations established in 2012 and saw the development and introduction of a number of pieces of valuable communications collateral designed to really support the membership and bring greater clarity and recognition of the important work and achievement to date by BAPEN:

- A BAPEN corporate brochure which was a first for the Charity and has been very well received as a useful tool for those going to meetings who want a printed document that outlines BAPEN's work and major achievements to date.
- An introduction to BAPEN PowerPoint presentation designed as the perfect meeting presentation to set the scene and provide an outline of what BAPEN is and what it does.
- New Style Guidelines for BAPEN, developed to provide direction on how to use the new BAPEN logo and other elements of BAPEN's visual identity to achieve consistent communications which look professional and represent BAPEN in the best way.
- Practical templates (PowerPoint, flyer, report, poster, letterhead, etc.) that are designed and ready for easy use by the BAPEN Committees and individual members as required.

In addition, a new BAPEN News Bulletin was launched on 6th November. This News Bulletin goes out to members by email to alert them to any new announcements or news items posted on the website. Research was conducted in 2013 which revealed that members weren't visiting the website very often. However, the BAPEN website is a vital communications tool for membership and with so many good and valuable resources and regularly updated information on it, it was critical that we found a way to flag up announcements and news to members. The BAPEN News bulletin is an HTML email reminder signposting the new initiatives and news that members should find helpful. Understanding how busy everyone's inboxes get the bulletin goes out on a Wednesday – but only when there is something new on the website. The email has embedded links which enable a direct click through to the relevant information. Feedback to this new introduction has been very positive and we are seeing visitor numbers to the website increase.

Of major significance in 2013 was the marking of BAPEN's 21st Birthday. At the Annual Conference held in Harrogate in November, as part of the 21st Birthday celebrations, a celebratory publication called '21 Ways to Make a Difference' was launched. The publication set out 21 shortlisted ideas and initiatives that had been introduced by BAPEN members over the past 21 years. It was designed to showcase the real differences BAPEN members have made through initiatives which have made positive changes to patients' lives. The production of publication involved the whole membership and has been really well received because it really does demonstrate 'at a glance' the fantastic work that has and continues to be done by BAPEN, its Core Groups and individual members. The challenge faced in the communications department was narrowing it down to just 21 examples. A copy can be viewed on the BAPEN website: www.bapen.org.uk/images/pdfs/bapen-21-ways-to-make-a-difference.pdf

A important initiative undertaken at the Annual Conference was the start of a regional mapping exercise to assess current levels of support in the regions and encourage as many BAPEN members as possible to sign up to work with the Charity regionally in 2014 and beyond to make a real difference. A map of the UK which outlined the current healthcare regions was developed and prominently displayed on the BAPEN stand. Throughout the Conference delegates were encouraged to sign up by filling in their details and pinning them on their own particular region on the map. 112 people signed up to get more involved which was a tremendous result and was a good starting point for further regional mapping activity planned in 2014.

2013 also saw the introduction of a new quarterly update bulletin for journalists which is proving very popular and summarises key news items and signposts journalists to our on-line resources.

Our relationship with the media is strengthening and we are seeing a growing interest from journalists from all sectors (national, broadcast, specialist healthcare) in the work of BAPEN, and over the past year have seen an increase in requests for comment and interview which is very positive.

In addition, there was a lot of proactive activity to support the launch of a wide range of resources and comment, including:

- NICE recommends the use of 'MUST' and that all the 'MUST' modules are SCORM compliant.
- The new virtual QI programme which aims to address the challenges faced by nutrition and hydration teams in hospitals and care settings.
- The 'What Good Nutritional Care Looks Like' poster, an initiative which was the result of collaborative working with NHS Midlands & East and responded to the Francis Inquiry.

Social Media activity has been up-weighted in order to drive more traffic to the new website and communicate BAPEN news via as many social platforms as possible. Different people like to receive information in different format. Twitter and Facebook appeal to many of our members. Throughout the year there were regular updates posted on the BAPEN Facebook page and information was tweeted from our Twitter account. Our followers have increased for both platforms and continues to grow with our Facebook followers currently number 857 and Twitter followers over 1,100.

Committee Groups



British Artificial Nutrition Survey (BANS)

Dr Trevor Smith, Chair BANS

Members: Dr Trevor Smith (BANS Chair) • Dr Janet Baxter (Hon Secretary and Scottish representative BAPEN and ESPEN–HANS group) • Dr Rebecca Stratton (Nutrition Society and Nutricia) • Carolyn Wheatley (HPN Patient & Chair of PINNT) • Carole Glencorse (Abbott) • Amanda Hirst (Paediatric Group BDA) • Sarah-Jane Hughes (Northern Ireland representative) • Karen Henderson (Scottish representative) • Sarah Zeraschi (BPNG) • Liz Pascoe (PENG and Wales representative) • Geoff Cooke (BANS Data analyst, Streets-Heaver Ltd) • Phil Scott-Townsend (Manager, Streets-Heaver Ltd) • Henry Gowan (British Intestinal Failure Register [Paediatric]) • Prof. Marinos Elia (Founder of BANS, ex officio)

Key objectives

- Process 2012 artificial nutrition support data reported to BANS.
- Continue the development of eBANS.
- Promote reporter engagement at regional and national meetings, including BAPEN Conference.
- Continue the development of an enhanced reporting tool and patient registry for Intestinal Failure (IF).
- Secure new funding from NHS England to support the BANS IF patient registry.
- Develop an HETF eBANS reporting tool with a particular focus on outcomes.

Key outputs

- BANS data were presented at BAPEN Conference. A separate meeting for reporters was again well received and facilitated further discussions about the future development of BANS.
- Reporting rates for HPN patients increased by 21% in 2013 compared to 2012; reporting rates for HETF remained stable during 2013 having increased by 27% compared to 2010.
- The Committee published an eBANS newsletter on BAPEN website.
- Committee members continued a programme of work to develop an enhanced database/registry for patients with IF, which also includes detailed clinical outcome data. This has been a major piece of work in collaboration with Streets Heaver.
- NHS England funded BAPEN £51,500 per annum to deliver the IF registry.



BAPEN Regional Representatives

Barbara Davidson, Chair Regional Representatives

Members: **Barbara Davidson** (Chair & North East) • **Emma Hughes** (Scotland) • **Sarah-Jane Hughes** (Northern Ireland) • **Winnie Magambo** (Wales) • **Simon Lal** (North West) • **Melanie Baker** (Trent) • **Marion O'Connor** (Thames Valley) • **Judith McGovern** (East Anglia) • **Andrew Rochford** (North Thames) • **Rick Wilson** (South Thames) • **Tariq Ahmed** (South West) • **Peter Austin** (South) • **Paul Kitchen** (South East) • **Carole Glencorse** (Abbott)

BAPEN regional reps have continued to work hard to promote BAPEN in the UK by organising successful study days, update sessions and nutrition team training days; and by dissemination of BAPEN information and initiatives throughout their regions.

It is becoming clearer that the structure and representation of BAPEN at grass roots level is particularly important as we come to terms with the new framework and operating processes of the NHS. Led by BAPEN Council, but with input from many members, discussions have been wide ranging, and are on-going, as to how best to move forward. There are several examples of multidisciplinary nutrition networks already in existence in the UK and these will be used as a resource as discussions continue.

I would like once again to thank the current representatives for their input to this process and for their continued excellent work to champion the cause of nutrition in their areas.



Education and Training Committee

Dr Sheldon C Cooper, Chair Education and Training Committee

Members: **Dr Sheldon Cooper** (Chair replaced by **Dr Andrew Rochford** in 2014) • **Arlene Barton** (Secretary & PENG, stepped down and replaced by **Imogen Watson** [previously Industry] in 2014) • **Winnie Magambo** (NNG) • **Peter Austin** (BPNG, replaced by **Becky White** in 2014) • **Dr Jo Sayer** (BAPEN Medical, replaced by **Dr Aqeel Jamil**) • **Mr Ciaran Walsh** (Surgeon) • **Penny Neild** (BAPEN Medical/BSG) • **Carolyn Wheatley** (PINNT – ex-officio) • New committee positions 2013/2014: **Dr Susan Hill** (BSPGHAN); **Judi Hibberd** (Royal College of Speech and Language Therapists)

I have extended the traditional Annual Report requested for the calendar year 2013 to include the first few months of 2014 as it includes some very important progress and changes to the structure of the E&T Committee. I am delighted to welcome representatives from BAPEN's latest Core Group, BSPGHAN, and also new representation co-opted onto the Committee from the Royal College of Speech and Language Therapists. Within Committee there have been a number of changes in the three years since I took over the position of Chair. Thank you to all those who are stepping down as they have all worked to the benefit of the organisation in their own free time: Peter Austin stands down as representative from BPNG and is replaced by Becky White; Arlene Barton steps down both as Secretary and PENG representative and is replaced in both roles by Imogen Watson who vacates the industry representation post. Dr Jo Sayer has been replaced by Dr Aqeel Jamil, representing BAPEN Medical.

Finally, I have now stepped down from both the Committee and position as Chairman having completed my three-year tenure. It has been a pleasure to lead the E&T Committee with the key creation and development of the BAPEN Principles of Good Nutritional Practice: Decision Trees as a key part of the three-year responsibilities. In preparing for hand-over, the terms of reference and endorsement process have been fully revised and are passing through Council this year. I hand over to Dr Andrew Rochford, Consultant Gastroenterologist and BAPEN Medical Committee member, appointed from outside the E&T Committee following the pre-planned internal succession process not being able to come to fruition. Andrew has been welcomed by the Committee to lead for the next three years.

Endorsement

Several meetings have been endorsed by BAPEN through E&T, including regional and local meetings, and several industry meetings that attract income (see Treasurer's report). We have also continued to endorse the Malnutrition in the Community project as more versions are developed. As detailed above, the endorsement process has been reviewed and further formalised. I know Andrew is keen to continue to formalise the process further during his tenure.

Decision Trees

Following the successful launch of the first Decision Trees: NG tube placement, peri-operative nutritional management, re-feeding syndrome, ethics of nutrition and hydration at the end of life, a combined Tree of diagnosis and management of buried bumper syndrome, nutrition and hydration with enterocutaneous fistulae, and nutrition and hydration with type 1 intestinal failure; the 'conveyor belt' of Decision Trees continues. Two Decision Trees have been published and are now available in the members section:

- Management of enteral feeding related diarrhoea.
- Managing abnormal liver function tests among those receiving Home Parenteral Nutrition.

Two further Decision Trees will be available by the time this report is published:

- Nutrition in haemodialysis.
- Nutrition in hyperkalaemia.

Three further Decision Trees will be available shortly, possibly by the time this report is published:

- Nutritional intervention with acute pancreatitis.
- Nutrition and renal stones.
- Post-pyloric feeding.

Decision Trees in progress

- Selecting patients for HPN.
- Managing CVC thrombosis.
- Monitoring HPN.
- Dysphagia decision process.
- e-BANS.
- Pancreatic enzyme supplementation.
- Choosing patients suitable for small bowel transplantation.
- Hyponatraemia.
- Hypoalbuminaemia.
- How to choose an HPN pump (based on Litre report).



Malnutrition Action Group (MAG)

Professor Marinos Elia, Chair MAG

Members: Marinos Elia [ME] (Chair) • Christine Russell [CAR] • Rebecca Stratton [RS] • Vera Todorovic [VT] • Liz Evans [LE] • Fiona Page [FP]

Key activities

During 2013, MAG continued to promote the aims of BAPEN by supporting and facilitating implementation of high quality nutritional care. Among the MAG activities were further developments to improve accessibility to the e-learning modules on nutritional screening, which were previously launched by MAG, new innovations to implement the 'Malnutrition Universal Screening Tool' ('MUST') framework of nutritional care, and writing draft reports containing results of surveys on the prevalence of malnutrition, audits on nutritional care (based on data previously generated by MAG; see report by Nutrition Screening Week Group below), and recommendations to facilitate implementation of high quality nutritional care.

'MUST' App

Some delays with the development of the android app were experienced due to the need to make the programme compatible with various android based electronic systems operating different languages. It was anticipated that the android app would be launched in 2014.

Self-screening

MAG coordinated a multicentre project on self-screening focusing on the practicalities and feasibility of such an activity in outpatient clinics. Since the work identified potential difficulties in implementing self-screening using paper versions of 'MUST' in busy clinics, it was concluded that there was a need to review the situation and consider alternative approaches. A simple procedure for the general public, accessible via the BAPEN website, was considered for possible future development.

'MUST' e-learning package

Work was undertaken on the 'MUST' e-learning modules to extend their availability (via an e-learning portal on the BAPEN website) to health and social care organisations that do not have e-learning management systems those individuals working outside of the NHS. The modules, with interactive components and certification on successful completion, were designed to link with the learning management systems operating in NHS Trusts. Standard versions of the modules were made freely available using the electronic staff record (ESR) and the Department of Health e-lfh platform. Customised versions were also made available via the BAPEN website (www.bapen.org.uk). Continued support for the modules was provided by NICE (<http://guidance.nice.org.uk/QS24>; www.bapen.org.uk/media-centre/press-releases/301-nice-recommends-use-of-must-e-learning-modules).

Reviewing and approving 'MUST' frameworks produced by trusts/ organisations in the UK and other countries, and granting licences

MAG continued to:

- Review and approve use of the 'MUST' for guideline documents (e.g. Guidelines – Summarising clinical guidelines from primary care).
- Review and approve the use of appropriate versions (interpretation) of the 'MUST' framework for trusts and social care organisations.
- Approve and grant of licence for the use of 'MUST' in materials designed for commercial purposes.

Addressing queries about malnutrition

Members of MAG continued to respond to queries from the UK and abroad about various aspects of malnutrition, especially nutritional screening using 'MUST'.

Nutrition Screening Week (NSW) Group

The work of this group, made possible by a close collaboration between CAR and ME, represented one of the major MAG activities during the year. Following publication of four separate Nutrition Screening Week reports between 2007 – 2011 the data was amalgamated to produce not only a draft report for the UK as a whole, but also for each of the four devolved nations (England, Scotland, Wales and Northern Ireland). The work undertaken during 2013 focused on establishing amalgamated databases, analysing the data and drafting the five reports for the hospital setting alone. UK and country specific trends over time in the practice of nutritional screening and provision of nutritional care in hospitals were established and subjected to statistical analysis including sensitivity analysis. Furthermore, by accessing information from national health surveys and population censuses carried out over the same period, comparisons made between certain characteristics of the hospital population on the one hand and those of the general population in the UK and its constituent nations on the other. Unfortunately, we were not able to obtain national health survey data for Northern Ireland.

BAPEN-Nutricia Award

Once again MAG assessed the applications for the BAPEN-Nutricia Award, which this year was a Good Practice Award that attracted 18 applications. Following a standardised marking procedure undertaken independently by MAG members and a member of Nutricia, an award of £10,000 was announced. The winning application came from Dr Laura Wyness (Senior Research Fellow), Dr Elaine Bannerman (Senior Lecturer in Nutrition and Dietetics) and Jacklyn Jones (Senior Lecturer in Nutrition and Dietetics), Queen Margaret University, Edinburgh, who proposed 'An exploratory study to determine the prevalence of different nutritional and functional states occurring in older adults living in a community setting and to explore screening measurements to complement 'MUST'.

Other

Work towards producing an economic report begun in 2013 and BAPEN Council agreed that it would continue as a collaboration with Southampton (National Institute of Health Research Biomedical Research Centre (Nutrition) [NIHR BRC]), with the view to completing it by 2014. The report would aim to not only update previous economic reports with respect to the cost of malnutrition in England and provide a more comprehensive breakdown of the distribution of the costs, but also examine the budget impact of interventions to combat malnutrition using the NICE costing model (Quality Standard 24) as a starting point.

Marinos Elia also worked closely with PINNT and Minerva to organise a meeting on behalf of BAPEN (held on 25 April 2013) which included collaborating partners from patient support groups and other organisations, to consider nutritional care from patient and carer perspectives. A report 'Nutritional Care and the Patient Voice' are we being listened to?' was being prepared in 2013 with a view to launching it in 2014.

Income for BAPEN

During 2013 BAPEN continued to receive income from the sale of 'MUST' materials, granting licences for commercial use of 'MUST', and customisation of the e-learning packages.



BAPEN Programmes Committee

Pete Turner, Chair Programmes Committee

Members: Pete Turner (Chair and PENG) • Jennie Mort (Sovereign)
• Sheldon Cooper (E&T) • Barbara Dovaston (NNNG) • Jo Sayer (BAPEN Medical)
• Tony Murphy (BPNG) • Susan Hill (BSPGHAN) • Elizabeth Harrison (BAPEN Medical Trainees) • Carolyn Wheatley (PINNT)

Key objectives

1. Developing Programme for BAPEN Annual Conference 2013 in Harrogate.
2. Developing a keynote lecture to replace the Cuthbertson Lecture at the Annual Conference.
3. Arranging for Conference abstracts to be published in E-spen.
4. Marketing of the 2013 Annual Conference.
5. Organisation of BAPEN representation on the Digestive Disorders Federation (DDF) programme committee.

Key outputs

The BAPEN Annual Conference took place in Harrogate in November 2013, attracting 581 delegates. All the symposia evaluated well and feedback from industry indicated that the majority of companies

fulfilled their objectives in attending the Conference. The inaugural keynote lecture delivered by Jan Wernerman proved a highly successful replacement for the Nutrition Society's Cuthbertson lecture. This was also the first time Conference abstracts were published in E-spen. Over 60 abstracts were published in E-spen which is an ideal forum for clinical nutrition communications and far more accessible for most BAPEN members than the Proceedings of the Nutrition Society.

Pete Turner and Dr Mike Stroud were identified as BAPEN representatives on the DDF programme committee for the 2015 conference.

Core Groups



BAPEN Medical

Dr Sheldon C Cooper, Chair BAPEN Medical



Members: Dr Ruth McKee (Chair handing over to Dr Sheldon Cooper in November '13) • Dr Clare Donnellan (Hon Treasurer) • Dr Jo Sayer (Hon Secretary) • Dr Jamil Aqeel • Dr Andrew Rochford • Dr Stephen Lewis • Dr Nicola Burch • Dr Irina Grecu • Mr Tim Wilson • Dr Penny Neild (Ex Officio) • Dr Elizabeth Harrison (Medical Trainee) • Dr Fiona Leitch (Surgical Trainee)

Key objectives

- Run a BAPEN Medical Teaching Day on Monday 25th November 2013 covering nutrition and renal disease, including an LLL module.
- Run two BAPEN Medical symposia during BAPEN meeting.
- Support the development of the BAPEN Medical trainees group.
- An educational module covering nutrition for specialty registrars in gastroenterology and surgery is to be developed – not progressed.
- The Powell-Tuck prize awarded at BAPEN meeting.

Key outputs

- BAPEN Medical Teaching Day on Monday 25th November 2013 – 'Nutritional Support in Renal Disease – filtering out the controversies'. This meeting continues to grow with an excellent attendance feedback.
- Two symposia were organised for BAPEN 2013 – 'A rocky road down the alimentary tract' covering difficult areas of GI disease, such as gastroparesis, chronic intestinal pseudo-obstruction and protein-losing enteropathy; 'A spoonful of sugar' covering glucose control in critical illness and the management of diabetes mellitus during nutritional support.
- The BAPEN Medical trainees group, led by Chris Mountford, and supported by Andrew Rochford, was increasingly active. A survey on training in nutrition was completed by nearly 400 trainees and provided useful information for future activities. The trainees ran a session at BAPEN Conference for the first time, leading a debate about which discipline should lead the Nutrition Support Team. Elizabeth Harrison has taken over as Chair of the Trainees' group.
- We did not achieve further online learning modules for registrars this year due to the time commitments of committee members.
- The Powell-Tuck prize was awarded to Lisa Sharkey, with Chris Mountford and Bobbie Drinkwater as runner's-up.

- We required replacement Trainee Committee members in late 2013 and advertised for volunteers, with Dr Liz Harrison and Dr Fiona Leitch stepping up.
- Dr Irina Grecu, Consultant Anaesthetist and Mr Tim Wilson, Consultant Surgeon have joined the Committee.

Plans for 2014

- We plan to run a BAPEN Medical Teaching Day on Monday 12th October 2014 covering nutrition in critical care. This will be a ESPEN Life-long-learning (LLL) module.
- BAPEN Medical will organise symposia during BAPEN 2014 – the first covering nutrition and the bariatric patient, and a second symposia in collaboration with BSPGHAN covering the MARSIPAN guidance with eating disorders.
- The Powell-Tuck prize will be awarded at BAPEN 2014.
- The Trainee group are planning a symposium entitled 'A Patient's Journey' covering aspects a patient faces with intestinal failure.



British Society of Paediatric Gastroenterology Hepatology and Nutrition (BSPGHAN)



Dr Susan Hill, Chair of the Nutrition and Intestinal Failure Working Group of BSPGHAN

Members: Alastair Baker (President) • Nadeem Afzal (Convenor) • Girish Gupte (Treasurer) • Mick Cullen (Chair Associate Member's Group) • Fiona Cameron (Chair Trainee's Group) • Rafeeq Muhammed (Chair Education Group) • Susan Hill (Chair Nutrition Working Group) • Sarah Sleet (PPP Representative) • Ieuan Davies (Chair Endoscopy Working Group) • Adrian Thomas (CSAC Chair) • Bruce Jaffray (BAPS Representative) • Julian Thomas (Chair Research Group) • Simon Murch (Chair Gastroenterology Working Group) • Suzanne Davison (Chair Hepatology Working Group) • Bim Bhaduri (Chair PeGHAN Group) • Paul Henderson (Website administrator)

Key objectives 2013

1. Paediatric electronic-British Artificial Nutrition Survey (Paed e-BANS)

Dr Andy Barclay continued to lead on developing Paed e-BANS along with representatives from the British Association of Paediatric Surgery (BAPS) and from the Neonatal Nutrition Network (NNN). He has been liaising with Dr Trevor Smith (please see e-BANS section in the annual report). Progress was reported on at the BAPEN meeting in November 2013.

2. PN at home transition questionnaire

A questionnaire on transition from paediatric to adult services for patients on Parenteral Nutrition (PN) treatment at home was completed by members of the NIFWG and adult gastroenterologists involved with BAPEN with an interest in intestinal failure (IF). There were 32 responses from 180 centres identified from HiFNET (Home intestinal Failure Network) using a survey monkey questionnaire. An abstract was presented as a poster at the November BAPEN meeting. The work was led by Sue Beath, Simon Gabe, Susan Hill and Mia Small.

3. Consensus-based Guidelines on IF Management

Consensus-based guidelines on management of IF in children are still in the development stages.

4. Closer links with Neonatal Nutrition Network (NNN or N3)

NIFWG members have continued to collaborate with the NNN. A NNN representative/committee member is a core member of BSPGHAN NIFWG. Full involvement of NNN with Paed-eBANS is expected, facilitated by a neonatal representative within that group. There is also a commitment to future collaborations and joint meetings.

5. BAPEN Annual Conference

The BSPGHAN symposium at the Annual Conference was on 'Feeding the Child with Neurological Disabilities'.

6. Taurolock

Funding was secured and the proposed multi-centre study was adopted by the MRCN. Discussions are continuing with the company – led by Jutta Koeglmeier.

Priorities for 2014

- To establish Paed-eBANS.
- To complete the consensus-based guidelines on IF.
- To ensure the links with BAPEN are strengthened.

Finally, we are delighted that we became one of the Core Groups of BAPEN.



National Nurses Nutrition Group (NNNG)



Liz Evans, Chair NNNG

Members: Liz Evans (Chair) • Winifred Magambo (Vice Chair) • Carolyn Best (Secretary) • Barbara Dovaston (Treasurer) • Angela Davidson-Moore (Communications Officer) • Linda Warriner (Committee) • Bridget Penney (Committee)

- The NNNG attended the British Association of Parenteral and Enteral Nutrition meeting in December, which saw the launch of collaborative guidelines associated with improving patient safety. The impact the NNNG had on these guidelines ensured the nurse's role was adequately represented.
- NNNG continues to work with the cross industry representatives on enteral plastics safety to offer expert nursing advice with a clear patient focus with the aim of introducing new products by 2015.
- The NNNG endorsed the NICE Topic Expert Group – Quality Standards for Nutrition and have been recognised as a contributor in disseminating these National Standards.
- NHS Commissioning Board – Special Health Authority – research regarding food journey across care settings. NNNG has been approached to contribute to this ongoing work.
- The NNNG continues to work with the patient safety department of the NHS Commissioning Board to ensure that artificial nutritional care delivered is constantly reviewed to improve safety.
- Representatives of the NNNG met with the Royal College of Nursing to discuss closer collaborative working in raising the profile of good nutritional care.
- The NNNG has contributed to the review and development of industry educational resources to ensure suitability across both healthcare and patient groups.

- The NNNG launched two further sets of good practice guidelines, utilising available evidence and consensus of opinion relating to the weighing of people and care of gastrostomy exit sites.
- NNNG continue to work with the Royal College of Physicians Nutrition Committee and are contributing to supporting the development of guidance in this area.
- The NNNG was asked to represent nursing on the Department of Health Hospital Food Standards Panel.

For more recent reports of our work and activity please visit our website at: www.nnng.org.uk



Parenteral and Enteral Nutrition Group (PENG) of the British Dietetic Association (BDA)



Anne Holdoway, Chair PENG

Members: Anne Holdoway (Chair) • Vera Todorovic (Vice Chair) • Sarah Ragoo (Treasurer) • Arlene Barton (Secretary) • Kate Hall (Communications Officer) • Emma Emmerson (Meetings Organiser) • Carole-Anne Fleming (Education and Training) • Ailsa Kennedy (Clinical Update Link) • Katie Foster (Home Enteral Feeding Clinical Lead/BANS Link) • Helen Robinson (Administrator – BDA Office)

Membership details

Membership figures remained buoyant at 320. The majority of PENG members were also BAPEN members reflecting the joint collaboration and engagement of dietitians with BAPEN and perceived value of both groups.

Membership renewal was handled by the BDA Office as the BDA cross-checks that members are registered members of the BDA.

Key objectives

- To provide a forum for dietitians working in oral, enteral and parenteral nutrition support to share and employ best/evidence-based practice.
- To deliver ongoing education and training in line with members needs including the Clinical Update course at Masters level, symposia at BAPEN and BDA continuing education courses in clinical nutrition.
- To act as a voice of professional expertise for and on behalf of dietitians on matters pertaining to nutrition support.
- To collaborate with core groups and committees of BAPEN, other specialist groups of the BDA and external bodies on both a national and international basis on specific projects or tasks to promote excellence in nutritional care.
- To provide up to date resources to support dietitians in practice.
- To develop guidance on the use of liquidised feeds for tube feeding in response to growing need amongst carers and patients.

Activities during 2013

PENG study days, continuing education and professional development

The PENG Committee met with industry in Feb 2013 to discuss concerns regarding dietitians limited engagement in audit and research. All parties agreed on working collaboratively to encourage such activities and drive this agenda forward and to work with others to overcome barriers for the profession.

Due to pressure on NHS training budgets and several competing events being run by the BDA and independent organisations, PENG chose not to run an independent study day in 2013 but agreed to focus on fully supporting the BAPEN Programmes Committee to integrate topics of relevance to the dietetic audience in a multi-professional setting and support the Fresenius-Kabi event on clinical outcomes in clinical nutrition.

Three educational bursaries to the value of £500 each were funded by Abbott Nutrition, Nutricia and Fresenius-Kabi to financially assist PENG members who had an abstract accepted for BAPEN, to fund attendance at the 21st BAPEN Conference in Harrogate 2013.

PENG Clinical Update Masters programme

The Annual PENG Clinical Update course ran successfully and continued to train up to 80 dietitians a year in developing advanced skills in nutrition support. Whilst the Masters level programme represents excellent value for money, the PENG committee were aware that the cost is prohibitive to some individuals and organisations. PENG therefore offered scholarships to fund five places on the 2013 programme.

Resources and communication

PENlines, the primary newsletter from PENG, had a makeover in 2013. The hard copy transitioned to a web-based, easy to navigate electronic format. The fresh, new look e-PENlines was developed with the help of Complete Media and Marketing Ltd. It continues to be funded by an educational grant from Nutricia. Whilst the electronic format has the advantage of removing the page restriction, our aim remained to provide highly relevant and concise features for PENG members three times a year. Thanks must be expressed to the many authors who contributed to the content including PENG members, the wider dietetic profession, BAPEN Core Group Chairs, our patients; particularly those within PINNT, and colleagues in the NHS. Thanks also go to Kate Hall for her drive and determination in seeing the project through and for working continuously on the content.

The **PENG website** continued to evolve. Content reflected current events in the world of nutrition support and alerted members to opportunities. A newsfeed and resource section was developed and will be further expanded in 2014. PENG teamed up with Fresenius-Kabi who gave kind permission to reference their Quarterly Abstract Bulletin on the PENG website helping members to keep up-to-date on the clinical aspects of nutritional support through abstract summaries.

PENG Pocket Guide to Clinical Nutrition

New sections on COPD, bariatrics and pancreatitis were launched and endorsed by professional associations. The Pocket Guide continued to be hugely successful Nationally and Internationally. Over the years (thanks to Vera Todorovic) it has generated significant funds for PENG, these reserves continue to be reinvested in PENG activities to support members.

Home enteral feeding

PENG collaborated with the dietetic 'virtual home enteral feeding group' to move the hosting of the group to the PENG website. Hosting is in the non-member section to enable a wide audience to access it. PENG hope this action will enable the HEF group to be financially supported and also foster links with the NNNG and BAPEN's BANs committee via our PENG HEF leads: Ailsa Kennedy and Sean White. We hope this move enables the professional forum to flourish and enhances the sharing of best practice, facilitates peer support and policy development and identifies gaps in the evidence base which could be addressed by PENG funds.

Liquidised feeds

Ailsa Kennedy worked in conjunction with the Paediatric Group of the BDA, the BDA Head Office, the NNNG, PINNT and representatives from BAPEN and colleagues in industry, in developing a position statement on the use of liquidised feeds for tube feeding. Ailsa was pivotal in keeping all interested parties informed. The topic was (hotly) debated at the BAPEN Conference. The presentations and debate were filmed and will be available as an e-learning module in autumn 2014.

Enteral Plastic Safety Group (EPSG)

The EPSG (Enteral Plastic Safety Group) was established to collectively represent the views of all leading UK enteral feeding devices suppliers, include clinical representation from the PENG of the BDA and the NNNG and obtain patient endorsement through PINNT, on matters pertaining to the safe use of enteral feeding devices from both a clinical and manufacturing perspective.

Ailsa Kennedy represented PENG on the EPSG. In 2013 the EPSG agreed a statement regarding the practice of administering liquidised food via enteral feeding tubes. The group reached a consensus to not endorse this method of enteral feeding practice as, in general, the manufacturer's guidance states that only enteral feeding products defined as Foods for Special Medical purposes and water are administered via enteral feeding tubes, giving/extension sets and feeding pumps in the UK. The statement advises that any patient/carer wishing to make an informed choice to administer liquidised food via their enteral feeding tube should have an individualised enteral feeding risk assessment carried out in line with their Trust or Clinical Commissioning Group risk assessment policy. The level of risk identified should form a written agreement by the relevant patient/carer/clinician in line with local guidance.

Other resources

The 'Managing Adult Malnutrition in the Community' (including the pathway for oral nutritional supplements), developed by a consensus group led by the Chair of PENG, continued to be a useful and accessible resource for HCPs, reflected in the number of hits which exceeded 10,000. New materials were developed and endorsed by key professional bodies to provide further easily accessible and downloadable information for HCPs, patients and carers.

Work with Medendum commenced to develop e-guidelines for GPs utilising the information contained within the Malnutrition Pathway.

Collaboration and engagement on projects in conjunction with other committees and members

PENG committee members played an active role in BAPEN through representation on several committees. Anne Holdaway, as Chair, served on the BAPEN Council, Vera Todorovic continued on the BAPEN Malnutrition Action Group (MAG) and Anne and Vera also contributed to the BAPEN Quality Group along with other PENG members including Christine Baldwin and Liz Weekes. Pete Turner Chaired the BAPEN Programmes Committee, supported by Carole-Anne Fleming, thus ensuring that the educational needs of the PENG membership and other dietitians were met. On-going representation of PENG members on BAPEN committees and BAPEN projects ensured that dietitians contributed to the outputs of BAPEN. With continued representation many dietitians help influence the activities, direction and achievements of BAPEN, the latter of which are captured elsewhere in this report.

PENG also responded to National documents from NICE, DoH and jointly authored publications with BAPEN.

Looking ahead – fit for the future

PENG undertook a review of the Committee structure for the purpose of ensuring the Committee has the skills necessary to support PENG members, BAPEN and the BDA in the current and future healthcare climate. The revised Committee structure along with the appointment of a range of Clinical Leads to cover distinct areas of nutritional support was approved at the PENG AGM in November 2013.

With increasing specialist groups evolving within the BDA, PENG are aware of the need to work collaboratively with other specialist dietetic groups and networks to ensure that outputs are maximised

and duplication is avoided. This remains a challenge. PENG will continue to work collaboratively with the BDA and other specialist groups to ensure the work of PENG and BAPEN are communicated effectively with the dietetic profession, PENG members and BDA Head Office.

The primary aim of PENG remains to facilitate dietitians working in oral, enteral and parenteral nutritional support to employ best/evidence-based practice and primarily prevent and/or treat disease-related malnutrition. The PENG Committee acknowledge that such an aim cannot be achieved by a Committee alone but relies on active participation of our membership and engagement with others including BAPEN. Building on the achievements and outputs of 2013, working collaboratively with patients and professionals, maintaining up to date information on the website, actively emailing, producing publications such as e-PENlines, contributing to BAPEN's In-Touch and e-Touch, facilitating enquiries and on-line forums, PENG aims to keep members of PENG and BAPEN connected and up to date. These aims dictate many key activities in 2014.

Acknowledgements

As Chair of the PENG I would like to acknowledge the immense amount of work that the Committee members undertake primarily, if not wholly, in their own personal time. Thanks are expressed to Arlene Barton, Ailsa Kennedy, Emma Emmerson, Carole-Anne Fleming, Katie Foster, Kate Hall, Sarah Ragoo, Vera Todorovic, Pete Turner and Jacklyn Jones for their dedication and on-going expertise that contributes to the on-going success and efficient functioning of PENG during 2013.



Patients on Intravenous and Naso-Gastric Nutrition Therapy (PINNT)

Steve Brown, General Secretary PINNT



2013 saw the first ever Home Artificial Nutrition (HANs) Week in August. Each day for a week we featured two patient stories along with a supporting statement from credible groups or individuals to build a united voice. We were delighted with the response and were most grateful to those people who shared stories to educate people on a wider scale. We had radio interviews, newspaper features and a lot of interest in our work and the people we support.

PINNT began collaborating with BAPEN on the Patient and Carer Initiative, which brought together a number of charity organisations and professional bodies to look at whether patients and their carers feel that they are actually being asked what they want/need and whether they are being listened to. This was done through the compilation of a survey followed by a focus group.

Due to the success of offering complimentary membership last year as part of the 25th Anniversary celebrations, PINNT continued this offer and as a result continue to maximise our reach to the number of people living with artificial nutrition and the healthcare professional working in the area of HPN and HEN.

Our primary focus is always to support people on artificial nutrition and we are encouraged to see new patient groups being formed up and down the country, working alongside our existing groups which are growing in popularity.

Furthermore, PINNT continue to work closely with industry and healthcare professionals to promote the experiences of people on artificial nutrition and work together to create a better experience for all. The growing requests to share the 'patient experience' is providing a better understanding on life on home artificial nutrition along with the daily challenges, and successes, people experience.

As we look forward, we are planning our second HANs week.



BAPEN

*Putting patients at the centre
of good nutritional care*

www.bapen.org.uk