



**BAPEN**

*Putting patients at the centre  
of good nutritional care*

# Annual Report 2014

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# President's Report

Dr Tim Bowling, President of BAPEN

## Executive Summary

- A Strategy Document 2014-2016 has been agreed and published.
- A plan to review regional/local BAPEN activities and representation is progressing and will complete in 2015.
- 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 Nutritional Care Board in NHS England. BAPEN members are also closely involved in strategy developments in Scotland, Wales and Northern Ireland.
- Through the Malnutrition Task Force, BAPEN has produced Hospital and Community Quality Guides and updated the Commissioning Toolkit.
- The Quality and Safety Committee has published '*Malnutrition Matters: A Commitment to Act*'.
- 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 and is launching adult and paediatric databases.
- The Education and Training Committee are developing resources for educational activities and continuing with the Decision Tree programme.

## 1. Executive/Council

The Executive has welcomed Ruth McKee as Secretary, and Dr Mike Stroud as President-elect.

After Conference, as well as standing down myself, Andrea Cartwright also leaves the Executive. She has completed six years as one of the Senior Officers, and her remit has been focused on membership matters. She has worked extremely hard and has been a wonderful colleague to work with. I thank her on behalf of the Executive and BAPEN.

We have been fortunate this year to secure interest and enthusiasm from members to take up positions on the Executive and Council, and further discussions about inducements/incentives, in terms of remuneration, has not had to be re-visited. At Conference the positions of Dr Simon Gabe as President-elect, Dr Nicola Burch as Shadow Treasurer and Dr Ailsa Brotherton as Senior Officer were ratified.

## 2. Membership

One of the main focuses in 2014 was to look at the challenges of our membership. A focus group of 42 members and Executive met in February to brainstorm how we can better attract and retain members. There was a general consensus that the aims and aspirations of BAPEN are not adequately communicated to the outside world and members feel that the leadership and its activities are too distant from the average sharp-end clinicians. There was, though, complete agreement that if there were more local/regional activities this would allow for a much better means of communicating to members and potential members what BAPEN is all about and the benefits of membership. This was then taken to the Council Think Tank in July, where more detailed discussion was had about what good might look like in terms of regional BAPEN structure.

A working group, led by Wendy-Ling Relf, one of the Executive Senior Officers, is now engaged in implementing change. The first priority is to re-engage regional/country reps and for BAPEN then to give them much better support and resource. It is intended that every region/country will not just have

a lead but also their own multidisciplinary committee to organise active programmes that will be more than just an annual educational event, including facilitating guidelines, research/audit projects and any other activities of relevance. As of late 2014, the detailed plans of how to progress this initiative were being finalised.

The database is up and running, but still with some glitches, for example, renewal communications. This has not helped our efforts to improve membership numbers. I hope this has now been properly fixed.

I would like to think that the efforts being made in 2014 and into 2015 will bear fruit before the end of 2015.

### 3. Education and Training

Dr Andrew Rochford has stepped into the breach, taking over from Dr Sheldon Cooper as Chair of the Education & Training (E&T) Committee. He will report later. Work in progress is the continuation of the Decision Tree programme. We are looking at more 'modern' ways of delivering these, e.g. Apps, as well as the more standard pdfs. There is a great deal more that falls into the E&T remit. Notably, it has become increasingly clear that there is a need for more and better education and practice resources which cater for the clinically inexperienced as well as the experienced. Andrew and his Committee are therefore considering what is required and in what format. It has been agreed that the Decision Trees will be part of this, but not exclusively so. Also, they are developing a resource pack for regional reps to assist them when planning regional meetings.

Another challenge is how to best sign-post resources and information. The website is our mainstay of communications but, as was clear in the February meeting, many members and almost no non-members actually login. Therefore, the website – which does need to be reviewed – cannot be the only source of information. These matters are also being considered.

### 4. Nutrition & Hydration Week

This took place in March. It is an international event to raise awareness of nutrition and hydration. BAPEN clearly took advantage of this. At a national level we launched three documents:

- Patient and Carer Report.
- Over-arching Nutrition Screening Week Reports for UK and the separate countries.
- Commitment to Act document, drawn up by the Quality and Safety Committee.

### 5. Quality and Safety Committee

- Working with Nutrition and Hydration Action Alliance to develop an integrated nutrition pathway and a web portal to pool all resources required for commissioning and delivering nutrition care.
- Developing an outcomes tool and testing this with Malnutrition Task Force.
- Published '*Malnutrition Matters: A Commitment to Act*'.

### 6. Science and Research

It has been a concern in many quarters about the lack of research within BAPEN and the poor quality abstracts at Conference. The European Society for Clinical Nutrition and Metabolism (ESPEN) and British Society of Gastroenterology (BSG) attract a lot of good quality submissions, but they do not end up being submitted to BAPEN, even though often the senior authors are BAPEN members. We recognise that the BAPEN Conference and subsequent e-SPEN publication do not carry the same authority as more prestigious meetings, but we need to more actively explore means to better attract such work. This was another topic of debate at the July Council Think Tank, led by George Grimble.

George very ably identified that there is a lot of research being done in the form of audit, which BAPEN members are very good at. However, many such audit projects are done in individual units and repeated around the country. One obvious way forward is that BAPEN could help facilitate larger-scale projects by being a repository for proposed projects and help put different units in touch with each other where appropriate.

Another way of increasing scientific presentations is to invite authors of top scoring abstracts from other meetings, e.g. BSG, ESPEN, Association of Surgeons of Great Britain and Ireland (ASGBI), etc. to present their work. Also to introduce a journal club to Conference and symposia to 'teach' delegates how to undertake qualitative research. These ideas have been passed to the Programmes Committee to consider further.

## 7. Communications/Media, etc.

- Membership mapping – analysed database to plot current membership against current healthcare landscape to give greater understanding of membership spread and identify current ‘black holes’.
- Regional activation – development of map and activity at Conference to encourage members to sign-up to get involved with BAPEN in the regions. Ongoing input throughout 2014 into regional planning.
- BAPEN Bulletin – launched new e-news bulletin which goes out to all members to alert them to the latest news on the BAPEN website – designed to encourage greater use of the website.
- Nutrition & Hydration Week. Promotion of BAPEN initiatives – in 2014 these were ‘Nutrition Screening Week (NSW) report’, ‘Patient Voice’ and ‘Malnutrition Matters – a Commitment to Act’.
- Development of Clinical Commission Group (CCG), Chief Nurse, professional groups and Parliamentary mailing list for a ‘pledge’ letter which was distributed. Pledges are being collated and this work will be continued at the BAPEN Conference.
- Development and launch to members of new ‘Image Library’.
- Supported the Core Groups as necessary with launches and initiatives, particularly PINNT for its National Awareness Week.

## 8. Digestive Disorders Federation (DDF)

DDF 2015 is now well on its way in terms of planning, and the programme now finalised. This time the Association of Coloproctology of Great Britain and Ireland (ACPGBI) are also involved, in addition to the BSG, Association of Upper Gastrointestinal Surgeons (AUGIS) and British Association for the Study of the Liver (BASL). This will very much be to BAPEN’s advantage, given the common ground with colorectal surgeons. We have been protective of our Industry colleagues, as big pharma does tend to consume a lot of priorities and push prices for exhibition space and satellite symposia too high. We are hoping that this aspect will be more of a success than it was in 2012.

Unlike in 2012, we will not be holding an Autumn meeting, but leaving this time of year to focus on regional meetings.

## 9. BANS

- HIFNET database – launch end 2014.
- Paediatric e-BANS – launch end 2014.
- Working with PENG to develop the home enteral tube feeding (HETF) activity and reporting – work in progress with the ambition to deliver an updated HETF eBANS in 2015.

## 10. Malnutrition Action Group (MAG)

- The 5 Nutrition Screening Week (NSW) reports based on the amalgamated data for hospitals from the 4 NSW surveys – UK and country-specific.
- Work on analysis of NSW Care Homes and Mental Health Trusts in progress.
- Development of the e-Learning portal on website.
- Development of self-screening microsite.
- Work on the updated health economic analysis – aim to be completed end 2014.

The on-going work on NSW continues to be a vast piece of work for Professor Elia and Mrs Russell, for which the Association is immensely grateful.

## 11. Industry Group

BAPEN is, as always, indebted to its industry partners. This year has seen the introduction of a new sponsorship package that is more transparent and in line with ABPI requirements. It separates off Conference from other activities, including regional meetings, advertising in In Touch, allowance to send flyers to the membership, and access to BAPEN speakers for their meetings. This package has been developed in consultation with Industry. However, there is some concern that some companies will back away from ‘year-round’ sponsorship and just pay for Conference costs. Given all the various BAPEN activities that require financing, this may put greater pressure on income generation from other means. As always, my thanks to our industry partners for their input and their ongoing support for BAPEN activities

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, goes to all of the membership, without whom none of this would happen.

This is my last report as President. It has been an honour and a privilege to steer BAPEN for these last three years. It has achieved a lot but, in the ever-changing climate of our NHS, it can never stand still. I wish BAPEN and its new President the very best of luck.



## Treasurer's Report

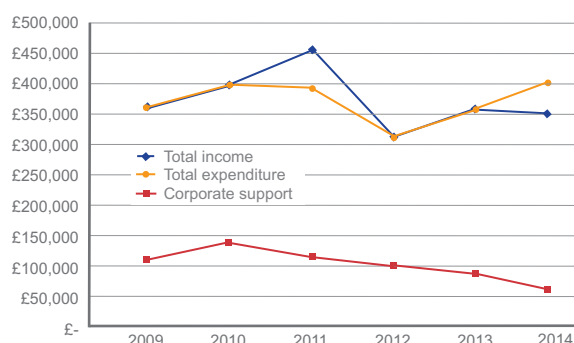
Dr Nicola Simmonds, Treasurer

BAPEN remains in a good financial position and the overall loss reported this year of £52k represents a deliberate decision to draw down on our reserves to fund exciting new projects in 2014 in conjunction with the decreasing levels of direct support from industry. The overall balance at year end was £292k, which is well above the level required to meet our ongoing financial commitments for the coming year and which allows BAPEN to continue work on the projects started in 2014.

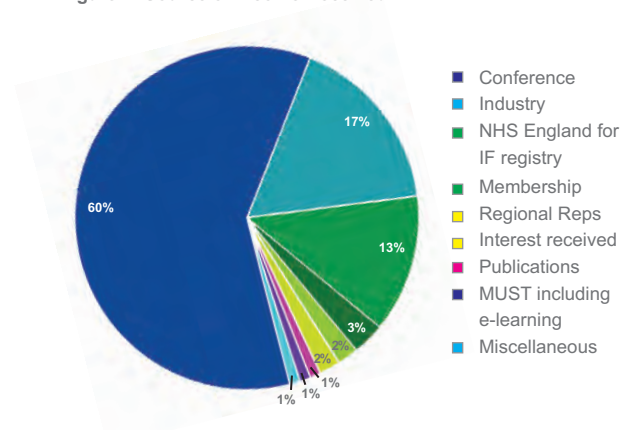
### Income

Total income for 2014 was £349k. This is in line with our income of £353k in 2013 and, as in 2013, includes the income from running our own Annual Conference. Direct corporate support continues to decrease (from £84k in 2013 to £61k in 2014), again reflecting the stricter regulatory environment and more stringent financial climate. This has, however, been mitigated by the agreement with NHS England to develop and run the Intestinal Failure Registry to collect and report on the information required for the commissioning and monitoring of specialist Intestinal Failure services (£43,722 per annum). Our income from individual membership has been maintained at a similar level to 2013. However, 2014 has seen the start of the drive to develop BAPEN regional teams and activity, which it is hoped will encourage more professionals with an interest in nutrition to join BAPEN. We have also successfully developed and launched e-learning modules developed from our 2013 and 2014 Conferences which are available free to BAPEN members and which should also provide an incentive to join BAPEN. See **Figures 1 & 2** below.

**Figure 1: Total Income and Expenditure**  
(also showing income from corporate support)



**Figure 2: Source of Income Received**



## Annual Conference, Harrogate, October 2014

The BAPEN Annual Conference took place slightly earlier in the year than usual as BAPEN is participating in DDF 2015, which takes place in June 2015. The numbers attending were akin to 2013 (574 vs 581). Income from exhibition and sponsorship was similar and overall the profit from Conference was comparable to that in recent years – see **Figure 3**. As in 2012 and 2013, exhibition space at our Annual Conference is no longer included within the industry sponsorship packages. Our focus at present is to encourage as many BAPEN members as possible to attend DDF 2015, which promises to be an excellent meeting with a strong nutrition programme.

## Expenditure

Total expenditure amounted to £401k. The breakdown of our major cost categories is shown in **Figure 4**.

As usual, our Annual Conference is the most significant cost – but also a significant source of income.

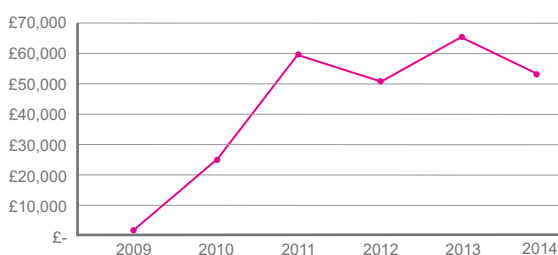
## Reserves

BAPEN currently has £162k of its reserves in high interest deposit accounts, with a further £40k in an instant access savings account. The annual turnover of the charity is £350-400k and this is managed through a current account. This is in line with our reserves policy which set a level of £200k for 2014. The reduction in the level of our reserves is the consequence of an increase in spending on projects to strengthen regional activity and provide resources for members in order to attract and maintain our membership and to continue to develop resources to promote excellent nutritional care (including the development of a self-screening website and the BAPEN Nutritional Care Tool due to be launched in June 2015). The target for our reserves has been increased for 2015 to £233k. However, this includes a loan of £45,000 which BAPEN has made to DDF 2015 in advance of the conference, which we anticipate being repaid soon after the conference in June 2015. BAPEN finances and reserves are reviewed regularly at BAPEN Executive meetings and planned expenditure adjusted according to income. In particular, our reserves and expenditure will be reviewed once the financial outcome of DDF 2015 is clear.

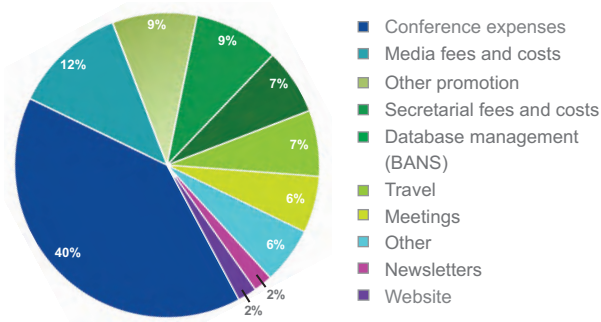
## Plan for 2015

- **Industry sponsorship:** We continue to engage with industry to maximise support both at a national and regional level. We are aware that in DDF years, we are unable to give discounts on exhibition at Conference and so have tried to balance this by increasing representation at regional meetings.
- **Regional activity:** This will continue to be an important workstream for BAPEN. We will continue to support regional meetings by making available up to £2000 to enable organisers to run meetings. We will also provide support from the BAPEN Office for the organisation of meetings and providing links with potential sponsors. Whilst we hope that regional meetings will continue to be a source of income for both the regional teams and for BAPEN, BAPEN has acknowledged that on rare occasions there will be a risk of financial loss for BAPEN overall. However, promoting regional engagement and education is core to our charitable objectives.
- **Providing resources for members:** BAPEN has now produced e-learning modules from our Annual Conferences in 2013 and 2014 that were launched in Nutrition and Hydration week in March 2015. There are plans to produce further modules from the nutrition sessions at DDF. These modules are available free of charge to BAPEN members and at a charge to non-members. We are exploring how to make the best use of these resources to encourage new members to join. The modules for junior doctors are being updated and reformatted and then made available via the e-learning portal.

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



**Figure 4: Breakdown of Expenditure 2014**





- **'MUST' e-learning:** The e-learning portal is now live with 'MUST' modules available for hospitals, primary care and the community. Modules are SCORM compliant and can be used with the learning management systems already in place. For those organisations that do not have a learning management system, BAPEN also provides a managed learning environment, with learner management and monthly usage reports, at different levels depending on requirements for customisation of the modules. The managed learning environment has the potential to generate revenue for BAPEN, but will require some investment to market this effectively.
- **Self-screening website:** This is due for launch mid-2015.
- **Decision Trees:** It has been decided that BAPEN will focus on re-developing the website to make it responsive so that webpages can be viewed on any mobile device. This is work in progress, but it was agreed that this was likely to be more cost effective and require less maintenance in the long run than developing an App.
- **BANS:** Work with NHS England continues to develop the reports required for the IF registry and to support commissioning. There is also work to develop outcome measures for patients on enteral tube feeding.
- **BAPEN Nutritional Care Tool:** This is in the final stages of development and due for launch at DDF 2015. Once this is available, BAPEN will be looking at how to best use it to collect data and to promote excellent nutritional care.
- **NHAA:** BAPEN will continue to support the work of the Nutrition and Hydration Action Alliance (NHAA).
- **RCN student nurse 'MUST' card:** BAPEN will continue to support the production of the 'MUST' card for student nurses.
- **DDF 2015:** BAPEN is a full partner in DDF 2015 and is looking forward to delivering an excellent nutritional programme and attracting many to their sessions who would not normally come to a BAPEN conference.
- **Further sources of funding:** BAPEN will continue to seek new sources of funding from both contracts to provide services and grants for 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 2014 accounts will be subject to an independent inspection by Graham Harvey. Full copies of the accounts will be available on request from the BAPEN Office or directly on the Charity Commission website.



## 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

Faculty provides an advisory role within the Association overseeing BAPEN's general activities and financial status. During the course of 2014 Faculty responded to a number of consultation documents that were issued by the BAPEN Executive and participated in the Think Tank meeting in July. At the AGM in October the chair of Faculty was re-elected to serve for a further year.

It is the gift of Faculty to award the John Lennard-Jones medal to members 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.

In December, members of Faculty met with the BAPEN Executive when a number of issues were discussed and debated. Faculty suggested that an update of the Strategic Plan for 2014 -16 be issued so members of BAPEN could appreciate what had been achieved so far and what had yet to be completed. It was agreed that Faculty should review and publish its terms of reference on the website so BAPEN members would have a better understanding of its role.

Concerns regarding some apparent changes in the interpretation of the legal definition of clinical nutrition products by the Department of Health (DH) and the likely impact on their availability and subsequent patient care were raised by Faculty. It was agreed that BAPEN should write to the DH asking for clarification and an opportunity to meet to discuss the matter.

Faculty was pleased to hear of regional plans for BAPEN activities which could help increase membership and participation in BAPEN's activities and looks forward to hearing of further developments in the coming year.



## External Public Relations

Helen Lawn and Charlotte Messer Helen Lawn & Associates

2014 was a significant year in terms of the development of the BAPEN regionalisation strategy, which is now a major priority for the charity. Also a key focus in quarter was Nutrition & Hydration Week 2014 (17-23 March 2014) which saw nationwide activity to raise awareness and improve understanding of the vital importance of good nutrition and hydration in health and social care. As a keen supporter, BAPEN launched three key initiatives to tie in with the many activities that were taking place during that week.

### Regionalisation

At the end of 2013, during the Annual Conference, a regional mapping exercise was undertaken 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 their own particular region on the map. One hundred and twelve people signed up to get more involved and were invited to a meeting which was held in February. During the February workshop key issues regarding the role of BAPEN in regions was discussed and a blueprint for a strategy mapped out.

A Think Tank meeting was then held in July and additional discussion took place regarding the BAPEN regionalisation activity. The strategy for how this might be delivered was then developed and shared at the Annual Conference in October where again members and non-members were encouraged to sign up to get involved. A working party was formed and two pilot projects were planned for early 2015.

### Nutrition Screening Week (NSW) Reports

BAPEN published five NSW Reports covering the UK as a whole and its four nations: England, Northern Ireland, Scotland and Wales. The Reports contained the amalgamated data of its four NSWs which took place between 2007 and 2011. The NSW surveys involved a total of 661 hospital centres and data on 34,699 patients admitted to hospitals across the UK and is the biggest survey into the prevalence of 'malnutrition' ever conducted.

### Nutritional Care and the Patient Voice: Are we being listened to?

BAPEN and PINNT collaborated with nine patient organisations and two NHS Trusts to compile the Report '**Nutritional Care and the Patient Voice: Are we being listened to?**', which looked to address three key issues:

- Whether adequate priority has been given to nutrition and hydration services and whether they have improved in the last few years.
- Whether or not the patient experience associated with nutritional support has improved.
- Whether or not inequities in nutritional care have been adequately addressed.

The Report made it clear that despite the publication of many new reports, policies and reviews and the ongoing reorganisation of the health service to improve patient care, there remains uncertainty from many patient groups as to how much real progress has been made.

The findings of the **Nutritional Care and the Patient Voice Report** further confirmed the need for action and acted as a trigger for the development of BAPEN's new 'Malnutrition Matters: a commitment to act' guide, the third initiative launched by BAPEN in March.

## Malnutrition Matters: a commitment to act

This new guide was designed to bring much needed clarity to where responsibility for commissioning and delivering good nutritional care lies in England and sets out clear and simple priorities for each level of the health and social care system and targets national, regional and local influencers, providers, carers and patients to ensure appropriate commissioning and delivery of good nutritional care.

The three reports were launched during Nutrition & Hydration Week as part of a major press and digital campaign. In addition, in June all three reports were sent out to all the Quality Leads of the CCGs, Chief Nurses, Government, Professional organisations (e.g. Royal College of Nursing [RCN], British Dietetic Association [BDA], etc.). The reports were accompanied by a letter urging proactive engagement and commitment. Each recipient was requested to complete a 'pledge' as a promise to make changes and make a difference.

A major development for the BAPEN website was the introduction of a new 'Spotlight On' video series. The aim of the series of videos is to showcase, and bring to life, the work of each of the BAPEN Committees. In the short videos the committee lead outlines the current work and future vision. These videos are rotated on the home page and then available on the Committee web pages.

To meet demand a new photographic library of generic images to help illustrate 'nutrition and hydration' was also developed and is available for all members on the website. This resource will be particularly useful for anyone preparing reports and presentations, as well as for journalists who are always keen to have images which help illustrate the features.

Journalist enquiries continue to grow and BAPEN is being regularly requested to provide comment and insight on a variety of issues relating to nutrition and hydration.

We have continued to use social media as a platform to communicate with our members and with the wider healthcare community. Social media is an area which can help organisations and individuals engage swiftly. More than 27 million pieces of content are shared via social media every day in the UK alone and is growing all the time. Therefore, using social media to share information about key issues and initiatives important to BAPEN is an excellent way of us engaging with more people, ensuring they are kept up to speed about issues that matter to us as an organisation and also to publicise key work our members are involved in.

We understand that different people like to receive information in different formats and therefore use social media as part of our communications mix alongside printed materials, email to members, alerts, etc. Our followers have increased for both platforms and continues to grow with our Facebook followers currently numbering over 1300 and our Twitter followers numbering in excess of 1,500.

# 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) • Melanie Baker (Trent) • Marion O'Connor (Thames Valley) • Crawford Jamieson (East Anglia) • Andrew Rochford (North Thames) • Tariq Ahmed (South West) • Peter Austin (South) • Paul Kitchen (South East) • Carole Glencorse (Abbott)

This has been an interesting and exciting year for regional representation of BAPEN. Following a period of discussion and consultation there is emerging a new way forward for the grassroots support to expand and represent BAPEN via networks across Great Britain and Northern Ireland. The existing regional reps are very much an integral part of this and I hope will be the hub of the new networks around the countries. There is much good work going on and many challenges to face and I hope that the next year or so will increase the profile of our work within our regions.

Over the last year there have continued to be successful meetings planned and delivered by our regional teams. In particular, the South, Pan London and Scotland held very interesting and well attended days. A new three-day clinical nutrition course was held in Newcastle and proved very successful. There are more meetings in the planning stages for the coming year. BAPEN office now offers many services to help with the administration of study days and meetings which are very welcome and save an enormous amount of time and angst!

Regional reps are now represented on the E&T Committee and I am delighted to be part of this group and working with Dr Andrew Rochford. Education and training are at the heart of our work and this can only be a positive step in raising our profile and ensuring our work is underpinned by the best evidence base.



## Education and Training Committee

**Dr Andrew Rochford**, Chair Education and Training Committee

**Members:** **Imogen Watson** (Secretary & PENG [previously Industry representative])  
• **Ciaran Walsh** (ACPGBI [Surgical representative]) • **Jennie Mort** (BAPEN Office)  
• **Aqeel Jamil** (BAPEN Medical) • **Rob Fearn** (BAPEN Medical Trainees Committee)  
• **Becky White** (BPNG) • **Penny Nield** (BSG/BAPEN Medical) • **Protima Amon** (BSPGHAN [for Susan Hill]) • **Anthony Wiskin** (BSPGHAN [for Susan Hill])  
• **Barbara Davidson** (Chair of Regional Reps) • **Winnie Magambo** (NNNG)  
• **Carolyn Wheatley** (PINNT) • **Judi Hibberd** (Royal College of Speech & Language Therapists [Standing down 2015]) • **George Grimble** (Science & Academic Officer)

2014 has marked a period of transition following Dr Sheldon Cooper's successful time as Chair of the Committee. We have tried to continue with 'business as usual' whilst simultaneously redefining the structure of the Committee and aligning our work with the strategic changes within BAPEN. Following the 'Think Tank' meeting last summer, the Chair has been invited to sit on the Executive Committee (in addition to their current position on Council). We believe that this is an extremely positive move for the Committee and acknowledges the importance of education and training within BAPEN.

Imogen Watson has taken over as Secretary of the Committee and, although she works in industry, on the Committee Imogen formally represents PENG. The Committee has elected to remove industry representation as we did not want to present members with potential conflicts of interest. The Committee has strong representation from BSPGHAN and to align ourselves with other Core Groups and BAPEN's wider strategy we have invited Barbara Davidson (Chair of Regional Reps), George Grimble (Science and Academic Officer), Fiona Leitch and Rob Fearn (BAPEN Medical/Trainees) to join the Committee. The Committee will also now be represented on BAPEN's Quality Committee as well as being represented on the Programmes Committee.

At last year's regional meeting in February, it was evident that education and training was highly valued, and often sought from BAPEN by our members. At Conference, we organised a very successful symposium on 'Enhanced Recovery After Surgery'. We also held two workshops on educational resources – 'Decision Trees', and the new concept of 'Resource Packs'. The workshops were well attended and the feedback invaluable.

Work has slowed on the Decision Trees but they have not been forgotten and there will be more published shortly. However, we are finding it increasingly difficult to produce and maintain the Decision Trees. Furthermore, we need to find a reliable method for members to access them in real time. We hope that our new 'Resource Packs' will be of great value to our members. The packs are designed to be a quick and easy signpost for members providing an overview of an area of clinical practice with a summary and links for further reading or resources. We also want to make the Resource Packs interactive so that members can add content or comment to them.

We have spent some time exploring the option of an App for our resources and have recently taken the decision to suspend this. There are a number of reasons behind this but we are looking at other ways of making our resources readily available for members and will provide an update very shortly.

We continue to endorse nutrition meetings, courses and publications. We have worked with the regions and head office and members are now able to register online for BAPEN events. We will shortly be announcing some changes to the endorsement process and hope that we will be able to expand our membership and generate more income.

2015 promises to be an exciting, if busy, year for the Education & Training Committee.



## 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]

### 'MUST' App

The programmer for the android App experienced difficulties and, in the end, was unable to deliver the product. Therefore, an alternative programmer was approached with the view of completing the work in 2015 (subject to approval of costs by the Treasurer).

### Self-screening

A plan was made to create a self-screening website that could be accessed by members of the public. The BAPEN website could act as a portal to this website. Work began in 2014, based on ideas that had been developing during the previous few years and with input from members of PENG. The website was expected to go live in 2015.

### 'MUST' e-learning package

Standard versions of the 'MUST' e-learning modules continued to be freely available via the electronic staff record (ESR) and the Department of Health e-lfh platform. Customised versions also continued to be available and, in 2014, the modules were available via an e-Learning portal on the BAPEN website ([www.bapen.org.uk](http://www.bapen.org.uk)). Access to the modules was widened to enable not only NHS Trusts/Health Boards to view and purchase customised versions but also individuals who wished to undertake the learning and other organisations in the wider community. Continued support for the modules continues to be 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](http://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/Health Boards/organisations in the UK and other countries, and granting licences

In 2014 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/Health Boards and social care organisations.
- Approve and grant licence for the use of 'MUST' in materials designed for commercial purposes.

## Addressing queries about malnutrition

As in previous years, 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, was responsible for one of the major outputs of MAG during 2014. The hospital data from the four Nutrition Screening Week Surveys were amalgamated and analysed separately for the UK and its constituent nations. In this way, the data were more specific and more relevant to individuals working in these countries. These reports included trends over time in the quality of nutritional care provided, and more robust information than in the past about the prevalence of malnutrition according to medical specialty, age, type of hospital and type of admission. The five reports listed below and can be accessed via the BAPEN website:

1. Russell CA, Elia M. Nutrition Screening Surveys in UK Hospitals, 2007-2011: A report based on the amalgamated data from the four Nutrition Screening Week surveys undertaken by BAPEN in 2007, 2008, 2010 and 2011: BAPEN; 2014.
2. Russell CA, Elia M. Nutrition Screening Surveys in Hospitals in England, 2007-2011: A report based on the amalgamated data from the four Nutrition Screening Week surveys undertaken by BAPEN in 2007, 2008, 2010 and 2011: BAPEN; 2014.
3. Russell CA, Elia M. Nutrition Screening Surveys in Hospitals in Scotland, 2007-2011: A report based on the amalgamated data from the four Nutrition Screening Week surveys undertaken by BAPEN in 2007, 2008, 2010 and 2011: BAPEN; 2014.
4. Russell CA, Elia M. Nutrition Screening Surveys in Hospitals in Wales, 2007-2011: A report based on the amalgamated data from the four Nutrition Screening Week surveys undertaken by BAPEN in 2007, 2008, 2010 and 2011: BAPEN; 2014.
5. Russell CA, Elia M. Nutrition Screening Surveys in Hospitals in Northern Ireland, 2007-2011: A report based on the amalgamated data from the four Nutrition Screening Week surveys undertaken by BAPEN in 2007, 2008, 2010 and 2011: BAPEN; 2014.

In 2014 work had begun on amalgamating data from the NSW care home surveys, with the view to publication in 2015.

## BAPEN-Nutricia Award

This year MAG assessed applications for the adult BAPEN-Nutricia Award and BSPGHAN the paediatric BAPEN-Nutricia Award. This was the first year that there was separate adult and paediatric Awards. The winners and the title of their projects are indicated below.

Winners	Trust	Title
<u>Adult award:</u> Christine Federico & Emma Kaye	Salford Royal NHS Foundation Trust	To implement and evaluate a nutrition support pathway for fractured neck of femur patients aged over 70 year's.
<u>Paediatric award:</u> Dr Luise Marino, Dr Mark Beattie, Mark Cullen and Nicky Heather	University Hospital Southampton NHS Foundation Trust	To explore the feasibility of using My Health Vault, a digital health platform as a monitoring tool in children with IBD

## Other

Despite unexpected and unavoidable delays, a draft economic report on malnutrition was produced as a result of a collaborative work between the National Institute of Health Research Biomedical Research Centre (Nutrition) [NIHR BRC] in Southampton and MAG. The draft report was circulated for comment to BAPEN Council members for comment towards the end of 2014, with the view to publication in 2015.

## Income for BAPEN

During 2014 BAPEN continued to receive income from the sale of 'MUST' materials, for granting licences for the commercial use of 'MUST', and for customising and managing e-learning packages.



## BAPEN Programmes Committee

**Pete Turner**, Chair Programmes Committee

**Members:** **Pete Turner** (Chair, DDF Programmes and PENG) • **Jennie Mort** (Sovereign) • **Winnie Magambo** (E&T) • **Barbara Dovaston** (NNG) • **Jo Sayer** (BAPEN Medical) • **Tony Murphy** (BPNG) • **Susan Hill** (BSPGHAN) • **Elizabeth Harrison** (BAPEN Medical Trainees) • **Carolyn Wheatley** (PINNT) • **Mike Stroud** (BAPEN Chair and DDF Programmes)

## Key objectives

1. Developing Programme for BAPEN Annual Conference 2014 in Harrogate.
2. Marketing of the 2014 Annual Conference.
3. Developing the programme for the Digestive Disorders Federation (DDF) Conference 2015.
4. Attending DDF programmes and steering committee meetings.

## Key outputs

- The BAPEN Annual Conference took place in Harrogate in October 2014, attracting 574 attendees. All the symposia evaluated well and feedback from industry indicated that the majority of companies fulfilled their objectives in attending the Conference. The keynote lecture delivered Dr Rodney Burnham proved another successful replacement for the Nutrition Society's Cuthbertson lecture.
- 64 abstracts were selected for publication on E-spen.
- Pete Turner and Dr Mike Stroud attended DDF programmes and steering committee meetings. 2014 was a very challenging year for the Committee as we had to develop programmes for both the BAPEN Conference and the DDF conference, with a tight deadline for the DDF symposia shortly after the BAPEN meeting.





## Quality and Safety Committee

Dr Mike Stroud, Chair Quality and Safety Committee

**Members:** Dr Mike Stroud (Chair) • Dr Ailsa Brotherton (Secretary)  
• Anne Holdoway, Vera Todorovic, Dr Christine Baldwin and Dr Elizabeth Weekes (PENG representatives), • Liz Evans (NNNG), • Andrea Cartwright, Lyn McIntyre and Wendy-Ling Relph (BAPEN Exec), Carolyn Wheatley (PINNT), Rachael Masters (Bapen Member).

### Key objectives in 2014

- To evaluate new Government and DH Policy as it relates to the provision of nutritional care (including hydration).
- To identify and produce Quality Improvement Guides, Toolkits and resources to support Trusts and Commissioners in delivering excellence in nutritional care.
- To work with Strategic Health Authorities, home countries and BAPEN reps to ensure the spread of excellent practice across the UK.
- To identify opportunities for publishing in the field of QI in nutritional care, e.g. journal articles.
- To respond to DH consultations and make recommendations re: advancing nutritional care as appropriate (e.g. QOF, HQIP).

### Key outputs

- The Quality and Safety Committee launched an easy to use guide '*Malnutrition Matters: A Commitment to Act*', in March 2014. This was designed to bring much needed clarity to where responsibility for commissioning and delivering good nutritional care lies in England. The Guide set out clear and simple priorities for each level of the health and social care system and targets national, regional and local influencers, providers, carers and patients.
- The Committee led on the preliminary development of a web-based, integrated nutritional care pathway in collaboration with Nutrition and Hydration Action Alliance partners. The aim is to launch this in 2015 after ensuring that it aligns with NHS England recommendations for the commissioning of nutritional care that are also being developed for 2015 launch (see below).
- The Committee has led on the development and testing of a new web-based, nutritional care measurement tool which will be launched at DDF, June 2015.
- Development of a national nutrition strategy: Committee members represent BAPEN on the NHS England National Nutrition Commissioning Strategy Board and contributed to the scope and content of the draft strategy.
- The Committee promoted a 'pledge' campaign amongst the BAPEN membership to support PINNT's Home Artificial Nutrition Awareness week.
- The Committee worked collaboratively with key partners on the development of a consensus statement for malnutrition. The purpose of this document is to provide a consistent message re: nutritional care and a shared language across catering and clinical organisations/teams, particularly in relation to the appropriate balance between oral nutrition supplements/food first approaches in the care of malnourished individuals.
- Response to consultations and proposals: the Committee contributed to the development of the BAPEN submission to NCEPOD in relation to assessing standards of enteral tube feeding and raising awareness of the 'Sign up to Safety campaign'.

# Core Groups



## BAPEN Medical

Dr Sheldon C Cooper, Chair BAPEN Medical



**Members:** Dr Sheldon Cooper (Chair) • Dr Clare Donnellan handed over to Dr Stephen Lewis (Hon Treasurer) • Dr Jo Sayer handed over to Ms Fiona Leitch (Hon Secretary) • Dr Irina Grecu (Programmes Committee Representative) • Dr Andrew Rochford (Communications liaison with BAPEN Medical Trainees) • Dr Jamil Aqeel • Dr Nicola Burch (Training day lead) • Mr Tim Wilson • Phil Stevens • Dr Penny Neild (ex officio) • Dr Elizabeth Harrison (Chair of BAPEN Medical Trainees) • Dr Susan Hill (BSPGHAN: represented by colleagues/trainees)

### Key objectives for the year

- Contribute symposia to BAPEN Annual Conference 2014 and held a LLL module teaching day.
- Run a t-LLL module, enabling approved training for BAPEN Medical members to become ESPEN LLL approved teachers for future LLL modules.
- Joint symposium with the British Society of Gastroenterology Small Bowel and Nutrition section at the BSG meeting 2014.
- Run new LLL modules in 2015.
- PINNT pledge rolled out to all BAPEN Medical members and wider clinician groups.
- Continued development and support of the BAPEN Medical Trainees group.
- Develop programme for DDF meeting 2015.
- The Powell-Tuck prize was awarded at the BAPEN Annual Conference.

### Key outputs for the year

#### • BAPEN medical pledge – 'No decision about me without me'

We pledge to work with BAPEN medical members in the clinical networks to meet with our patients and ask them which outcomes are most important to them, and to make small but important changes to open the conversation to improve the nutritional care we provide for patients. We commit to listening to our patients to address 'what matters most' from their perspective, to actively engage patients in making decisions about their care.

**Outcomes examples:** A few examples of successful action include: holding patient support group meetings; creating information leaflets; enhanced transition process for an HPN service moving between hospitals; personalised folder development for patients discharging on HPN; and including patients in network meetings. Many of the meetings and processes have been completed with close liaison with PINNT.

- BAPEN Medical Teaching Day, which took place in the autumn, covered nutrition in ITU and once again was an ESPEN LLL module with speakers from around the UK and Europe.
- Two symposia had BAPEN Medical leadership at the Autumn BAPEN Conference: Feeding the obese and MARSPIAN and eating disorders, in conjunction with BSPGHAN.
- The BAPEN Medical Trainees group, led by Dr Liz Harrison, and supported by Dr Andrew Rochford, was increasingly active. The survey on training in nutrition was presented as an abstract at BAPEN Conference. The Trainees ran a session at BAPEN Conference: 'A patient's journey'.

- The t-LLL course was successfully completed by five BAPEN Medical members, increasing the number of officially registered UK teachers for these modules to 10-12. Since then, Dr Jo Sayer has held an LLL teaching module locally.
- For the first time BAPEN Medical held a joint symposium at the BSG Annual Meeting with the BSG Small Bowel and Nutrition Section. We followed a sick patient's progress through ITU, including intestinal failure issues. This was well received with a packed auditorium.
- The Powell-Tuck Prize was awarded to Ross McLean for the abstract to BAPEN entitled '*Which formulation of Loperamide most effectively reduces effluent from high-output stoma: a pilot study*', with Dr Elinor Shuttleworth.
- Results of the 2014 BAPEN Medical Trainee Group Survey.
- Ms Fiona Leitch has stepped up from BAPEN Medical Trainees into the main Committee.

## Plans for 2015

- BAPEN Medical is looking forward to the Digestive Disorders Federation meeting, in London, June 2015. We are hosting a day's symposium on the postgraduate day with the theme of nutrition and cancer. We have been given one of the larger auditoria and are looking forward to presenting to a multi-disciplinary audience. We start the day with nutrition in the aetiology of cancers, with a specific focus on omega-3 fatty acids. Subsequently, the symposia will cover the scale of malnutrition among patients with cancer and the nutritional consequences of chemo and radiotherapy. The role of pre- and peri-operative nutrition is discussed and the subject of tube feeding in patients with head and neck cancer undergoing therapy is then debated. Before the symposia finishes with nutrition and cancer related MDT surrounding a case, the dilemmas of feeding at the end of life are presented.
- The Annual General Meeting to be held at DDF.
- With changes to the Committee we will be looking for two new members to join BAPEN Medical.
- The Powell-Tuck prize will again be awarded at DDF 2015.
- Continued work towards PEG project/survey of practices.
- To engage with the BSG Small Bowel and Nutrition Section for another possible joint symposium in 2016.
- Consider the feasibility of a stand alone BAPEN Medical training day in the later part of 2015.

## Notes

We are grateful to both Jo Sayer and Clare Donnellan for the years of input not just on the Committee but also in the various roles, including Secretary, Treasurer and Programmes Committee representative.



# British Pharmaceutical Nutrition Group (BPNG)



**Ruth Newton**, Chair BPNG

**Members:** **Ruth Newton** (Chair), NHS UHNM, Stoke-on-Trent • **Tony Murphy** (Vice Chair) NHS London UCL • **Lucy Thompson** (temp Secretary), NHS King's London • **Richard Smith** (Treasurer Industry), Sheffield • **Rebecca White** (Education Officer), Industry • **Allan Cosslett/Rebecca Price** (Communications Officer Academia), Cardiff University/NHS London King's • **Jackie Eastwood** (Prof. Dev. – Adults) St Mark's London • **Venetia Horn** (Prof. Dev. – Paeds), NHS London GOSH • **Gil Hardy/Mike Allwood** (Research & Science Officer), Industry • **Tim Sizer** (Co-opted Member), NHS QA South • NHS Co-ordinating Officer TBC

BPNG have been very active and have representation on the majority of BAPEN Committees. The BPNG has also had representation in the following committees or organisations:

- Working Party for partnership working with the Royal Pharmaceutical Society.
- UK Clinical Pharmacy Association Gastroenterology and Hepatology specialist group.
- NHS Pharmaceutical Aseptic Services Group.
- NHS Pharmaceutical Quality Assurance Committee.
- NHS Technical Specialists Education and Training Group.
- Royal Colleges Working Party on Nutrition.
- HIFNET Development group.
- HPN Framework for England and BIFA.

## Key objectives for the year

- To continue to provide education and support for professionals working within parenteral nutrition.
- To represent pharmacy in all nutrition initiatives nationwide.
- To hold the Fundamentals in Parenteral Nutrition and Advanced Nutrition courses.
- To be represented in the meetings between specialist pharmacist groups and the new professional body.

## Key outputs for the year

- Fundamentals in Parenteral Nutrition and Advanced Course both held at Chesworth Grange in January. These are annual events for all professionals new to parenteral nutrition.
- Technical study planned for Autumn.
- Two position statements in the process of publishing on outsourcing PN and stability of PN.
- Joint projects with PINNT.



# British Society of Paediatric Gastroenterology Hepatology and Nutrition (BSPGHAN)



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

**Members:** **Dr Susan Hill** (Chair) • **Dr Alistair Baker** (President) • **Dr Nadeem Afzal** (Convener) • **Dr Giresh Gupte** (Chair Associate Member's Group) • **Kay Crewe** (Chair Associate Member's Group) • **Fiona Cameron** (Chair Trainee's Group) • **Rafeeq Muhammed** (Chair Education Group) • **Sarah Sleet** (PPP Representative) • **Michael Stanton** (BAPS Representative) • **Julian Thomas** (Chair Research Group) • **Susan Hill** (Chair of Nutrition & Intestinal Failure Working Group)

## The objectives of the Nutrition and Intestinal Failure working group (NIFWG) were:

- To establish paediatric e-BANS.
- To identify the number of children in the UK on treatment with parenteral/intravenous nutrition (PN) at home.
- To work on a project on transition of home PN fed patients in collaboration with adult gastroenterologists.
- To work with the Education & Training Committee to produce one or two paediatric Decision Trees.
- To continue to promote paediatrics within BAPEN.

## Key outputs for the year

- Paediatric e-BANS was established and patients can be registered on the system. Andy Barclay has continued to lead on developing Paed e-BANS liaising closely with Trevor Smith, Gastroenterologist, Southampton, who leads on adult e-BANS.
- An article was published in Clinical Nutrition online, '*The continued rise of paediatric home parenteral nutrition use: Implications for service and the improvement of longitudinal data collection*' Andrew R. Barclay, Paul Henderson, Henry Gowen, John Puntis, BIFS collaborators <http://www.clinicalnutritionjournal.com/inpress>
- NIFWG-BSPGHAN symposium – The NIFWG organised and chaired a symposium on '*Vitamins and Micronutrients through the Ages*' as part of the paediatric orientated day of the BAPEN Annual Meeting.
- A Nutricia paediatric nutrition award was made in addition to the adult award at the BAPEN Conference. There was a high standard of applicants. The winning project went to the Southampton team (Dr Luise Marino, Dr Mark Beattie, Mark Cullen and Nicky Heather) to explore the feasibility and practicalities of using 'My Health Vault' as a monitoring tool to identify variance in nutrition status and dietary intake in children with IBD.

## Priorities for 2015 include:

- To register intestinal failure patients >28 days with Paed e-BANS.
- Complete consensus-based guidelines on intestinal failure.
- Support development of Decision Trees.



## National Nurses Nutrition Group (NNNG)



Liz Evans, Chair NNNG

**Members:** Liz Evans (Chair) • Winnie Gasana-Magambo (Vice Chair)  
• Carolyn Best, (Secretary) • Barbara Dovaston (Treasurer)  
• Angie Davidson-Moore (Communications Officer) • Nina Cron (Committee Member) • Claire Campbell (Committee Member)

- The NNNG has worked with the **RCP Nutrition Committee** to develop their top 10 tips for Nutritional Care, NHS England in developing the Dysphagia Game, the BDA and other groups on producing nutrition care plans for healthcare professionals working in the community.
- Liz Evans was asked to represent the NNNG on the Department of Health's **Hospital Food Standards Panel**. The purpose of this panel was to look how and what we give our patients to eat and what improvements can be made. It was a diverse multi-disciplinary panel consisting of representatives from the Soil Association, the Royal Colleges, the BDA, patient groups, dietitians, NHS England and, of course, nursing. The final report was published in August 2014.
- **Ward End Service meetings:** The NNNG was asked to represent nutrition nursing at this meeting. This meeting is a group of representatives from organisations interested in improving the actual physical act of getting food into patients. The NNNG attended along with representatives from the HCA, NHS England, BDA, RCN and the Royal College of Speech Therapists. Aims of the group include: looking at improving food packaging making it easier to open, training in nutritional care for all members of the MDT and looking at Protected Mealtimes – are they working, if not, why not?
- **Food Counts Group/Hospital Caterers Association:** The NNNG was asked to work with the Food Counts Group and the Hospital Caterers Association to produce a multidisciplinary study day early in 2015 looking at how nurses, dietitians and caterers can work together to improve the nutritional care we give patients.
- **Nutrition & Hydration Week:** Nutrition and Hydration Week 2014 was a huge success. Liz Evans was asked to be an ambassador for the Week and represented the NNNG at a tea party held in London as part of the world tea party to celebrate the Week. Tea parties were held in India and Australia.
- **BAPEN:** The NNNG is represented on the BAPEN Quality and Safety Committee. They launched the 'Malnutrition Matters: A commitment to act' in March 2014. This is a guide to provide clarity about where responsibility for commissioning and delivering nutritional care lies. The intention is to develop some sort of measuring tool for nutritional care in hospital patients as well as developing a nutritional care pathway.
- The Committee has recently accredited our first course – run by the Nightingale Trust. This two-day course covers the care of patients who are receiving artificial nutrition support. It is open to any qualified nurses. Further information is available through the Nightingale Trust Website: [www.nightingaletrust.co.uk](http://www.nightingaletrust.co.uk)
- The Committee continue to work closely with PINNT. The NNNG supported their Home Artificial Nutrition Week (HANS) 4 -10 August 2014 and have developed a care sheet with PINNT, which a patient can take into hospital to alert healthcare professionals of their intravenous feeding line and the care that should be taken.
- The NNNG continue to represent nutrition nurses on the Enteral Plastic Safety Group to develop a new global enteral feeding device connector that will make it difficult, if not impossible for unrelated delivery devices to be connected to enteral feeding tubes. The first phase of this is due to start in September 2015.

- The British Journal of Nursing Awards were held in London on Friday 20th March 2014. The ceremony was held at Shakespeare's Globe. The 14 categories included 'Nutrition Nurse of the Year', which was judged and supported by the National Nurses Nutrition Group and presented by Dr Phil Hammond. Among the winners were the Birmingham Nutrition Nurse Team and Mia Small from St Mark's Hospital, Harrow.
- The NNG Annual Conference of 2014 was well attended and evaluated as normal. The 2015 Conference will be held at Ettington Chase Hotel, Stratford Upon Avon, 6 and 7th July.
- For further information regarding NNG activity and conference, please visit our website: [www.nnng.org.uk](http://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/Resource Officer) • Emma Emmerson (Treasurer) • Ann Ashworth (Secretary) • Kate Hall (Communications Officer) • Jacklyn Jones (Research Officer) • Carole-Anne Fleming (Education and Training) • Alison Culkin (Clinical Update and PN Lead) • Ailsa Kennedy, Sean White (Home Enteral Feeding Clinical Lead/BANS link) • Imogen Watson (BAPEN Education & Training Rep) • Jo Wheeler, Eileen O'Neill (Members without portfolio) • Helen Robinson (Administrator [BDA Office])

### Membership details

Membership figures reached an all time high of 467 in 2014. PENG remained the largest specialist group of the BDA. In 2013 the majority of PENG members were BAPEN members. In the past year, membership of PENG has been handled by the BDA Head Office using a new electronic database. This has streamlined joining of PENG and renewal and has helped retain and grow membership numbers for PENG. Unfortunately, despite a BAPEN membership prompt on the BDA website membership renewal page, the number of PENG members joining BAPEN has declined. BAPEN dietetic membership promotion will therefore be an objective going forward.

### Objectives 2014

- To provide a forum for dietitians working in oral, enteral and parenteral nutrition support to share and employ best/evidence-based practice.
- To deliver on-going 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 provide up-to-date resources to support dietitians in practice.
- To act as a voice of professional expertise for, and on behalf of, dietitians on matters pertaining to nutrition support.
- To ensure that a dietetic representative is present on BAPEN committees and 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 develop guidance for the membership as identified.
- To undertake a survey to evaluate the involvement of dietitians in research and audit and act upon the results.
- To support PENG members to undertake clinical audit through the annual PENG Award, enabling members to present their poster at BAPEN Annual Conference.

## Key outputs and activities during 2014

### Continuing education and professional development:

- 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 2014 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.
- The PENG Education Officer, Carole-Anne Fleming, continues to champion developments in continuous professional development and education initiatives both within BAPEN and the BDA.
- Four educational bursaries to the value of £500 each were funded by PENG, Abbott Nutrition, Nutricia and Fresenius-Kabi to financially assist PENG members, who had an abstract accepted for BAPEN, to attend the BAPEN Conference in Harrogate 2014.
- The Annual PENG Clinical Update course ran successfully with 75 delegates. 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 2014 programme.
- PENG continue to support the BDA Head Office Centre for Education in updating post-graduate courses for dietitians on nutrition support.

### Resources and communication

- PENlines the primary newsletter from PENG was produced quarterly throughout 2014 in an electronic format. Content now includes hot topics, clinical updates, educational events, BAPEN updates. 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 working continuously on the content.
- **The PENG Pocket Guide to Clinical Nutrition** (editor Vera Todorovic) continued to be hugely successful Nationally and Internationally. It continues to generate funds for PENG. The reserves continue to be reinvested in PENG activities to support members and initiatives, one of which includes the development of a range of healthcare professional/patient/carer resources that are free to end users.
- In conjunction with PINNT and the NNNG, Jo Wheeler, Eileen O'Neill took the lead in conjunction with Alison Culkin and Sean White, to develop **a new range of patient/carer leaflets** on the topics of tube feeding and parenteral nutrition. The new resources will be available free of charge in 2015.
- The guide to 'Managing Adult Malnutrition in the Community' (including the pathway for oral nutritional supplements) continues to be a useful and accessible resource for healthcare professionals, reflected in the number of hits, which exceeded 20,000, by year-end 2014. New materials, including care plans, were developed in conjunction with the NNNG and endorsed by key professional bodies. In addition, Medendum approached PENG to utilise the malnutrition pathway and guide to develop e-guidelines for GPs and community healthcare professionals. This went live in Autumn 2014 and has the capacity of reaching 52,000 healthcare professionals in the community, including GPs.

### Networking and professional support

- **Home Enteral Feeding Virtual network:** Led by Sean White, PENG collaborated with the dietetic 'virtual home enteral feeding (HEF) group' to move the hosting of the virtual group to PENG. The network



is open to all healthcare professionals, including non-members, to enable a wide audience to access it. PENG hopes this action will enable the HEF group to be financially supported and also foster links with the NNG 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 and new resources.

- **Liquidised Feeds:** Dietitians Interested in Special Children (DISC) are currently evaluating the evidence and are in the final stages of producing a professional guide for practitioners on the use of liquidised food for tube feeding. The guide will be available mid 2015 and aims to encompass the views of all stakeholders. Ailsa Kennedy has also linked in with Professor Coad's team at Coventry who are proposing to undertake research on the use of liquidised food by parents for tube feeding children in end stage palliative care.
- **Enteral Plastic Safety Group (EPSG):** Ailsa Kennedy represented PENG and the dietetic profession on the EPSG (Enteral Plastic Safety Group), a group established to collectively represent the views of all leading UK enteral feeding devices suppliers, including the NNG and PINNT, on matters pertaining to the safe use of enteral feeding devices from both a clinical and manufacturing perspective. The group has worked on two standards; one relating to the administration of liquidised food via enteral feeding devices and or tube feeding and a second work-stream relating to the transition to ENfit enteral feed devices.
- **Prescribing Project:** Alison Culkin has been working in conjunction with the BDA and NHS England regarding supplementary prescribing for registered dietitians. This included the development of a case of need, practice guidance in the safe use of medicines and an outline curriculum framework for education programmes. If favourable, the Medicines and Healthcare Products Regulatory Agency will make the required amendments to medicines legislation.
- **Research and Audit:** Jacklyn Jones led on a PENG membership survey on Research and Audit to evaluate PENG members' involvement in research and audit including attitudes, barriers and facilitators towards participating in research and audit. The results were presented at the BDA conference and were published in ePENlines. The survey has informed the Committee and Clinical Leads on the future needs of the membership and underpins a study day planned for dietitians in 2015, to encourage more dietitians to engage in research and audit with the ultimate aim of expanding the evidence base for nutrition support and developing clinical practice.
- **Links with other organisations:** A meeting was held with the Chief Executive of the Faculty of Public Health, St Andrews Square, London, to understand how BAPEN and dietitians could influence Public Health campaigns and awareness of nutrition including malnutrition, health and wellbeing and the prevention of malnutrition in the community and nutritional issues amongst those with long-term conditions and the elderly.

The Committee and Clinical Leads participated in numerous engagements, lectures, Chairing of events and programmes, for example, BDA Vision, BDA Live, BSNA Annual Lecture, Primary Care and Public Health 2014, to promote the delivery of timely and appropriate nutritional care.

## Looking Ahead – Fit for the Future

PENG Committee and Clinical Leads undertook a thorough business review of activities in 2014 and developed a three-year plan under three main strands of activity:

1. Resource.
2. Education and training.
3. Research and audit.

Ideas and tasks were generated by the active involvement of the entire PENG Committee and Clinical Leads who helped to shape key objectives and action plans. These are being executed in a timely manner and shape the work of PENG moving forward.

### **Objectives for 2015 include:**

- Development of a Home Parenteral Nutrition Virtual Group.
- Development of dietetic outcomes in nutrition support.
- Expansion of patient/carer and healthcare professional resources.
- Expansion of malnutrition pathway resources.
- Establishment of a mentoring system and grant scheme for research and audit.
- Updates to post graduate education.
- New sections for the PENG Pocket Guide for Clinical Nutrition to include Oncology, Fluid and CVA, along with updating of nutritional requirement sections.
- Involvement in Malnutrition Task Force developments in long-term conditions.
- Input in the BDA Prescribing Project.
- Active promotion of the importance of nutrition and the role of the dietitian in the management of disease-related malnutrition particularly in long-term conditions, including integration in the pathways for care.
- Development of a 'Practice Toolkit- Liquidised Food via Gastrostomy Tube' in conjunction with DISC and the BDA.

With increasing specialist groups evolving within the BDA, PENG are aware of the need to work collaboratively with other specialist BDA groups (Critical Care, Gastro, Food Counts, Paediatric and NAGE) to ensure that outputs are maximised and duplication is avoided. In 2015, PENG will continue to work within BAPEN, 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 PENG Committee acknowledge that the achievement of objectives set cannot be met by a Committee alone, but relies on active participation of our membership and engagement with others, including our valued colleagues within BAPEN.

## **Acknowledgements**

As Chair of 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 Ann Ashworth, Ailsa Kennedy, Emma Emmerson, Carole-Anne Fleming, Jo Wheeler, Eileen O'Neill, Kate Hall, Vera Todorovic, Imogen Watson, Pete Turner and Jacklyn Jones for their dedication and on-going expertise that contributed to the on-going success and efficient functioning of PENG during 2014 and into 2015.



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

**Steve Brown**, General Secretary PINNT



2014's highlight was the second Home Artificial Nutrition (HANs) Awareness Week in August. Expanding on last year's successful initiative, PINNT reached out to those professional organisations involved in home artificial nutrition (HAN) and requested that each provide a pledge to further support those on home parenteral nutrition (HPN) and home enteral nutrition (HEN) in the UK. In addition, we ensured the patient was at the forefront of the awareness drive, with patient stories being uploaded on to the website each day, showcasing what HPN and HEN means to them. The week was rounded off with a special video featuring those directly involved in PINNT to say a special 'Thank You'.

PINNT's collaboration with BAPEN on the Patient and Carer Initiative, which brought together charitable organisations and professional bodies, was to investigate whether patients and their carers were being asked what they wanted/needed and whether their voice was being heard. This report was published in May 2014 and is available to read through the BAPEN and PINNT website.

The complementary membership initiated in 2012 as part of PINNT's 25th anniversary continued for 2013 and 2014, aiding our ambition to maximise the number of people living with artificial nutrition and the healthcare professionals working in this area that we are able to reach.

As always, PINNT first and foremost are here for those on artificial nutrition, to provide general information and support throughout their journey, through a friendly network of people with a wealth of information and experience to offer support and guidance. It is therefore amazing to see the continued growth of regional groups across the UK, adding to the number of established groups we have.

PINNT acknowledges the important role the healthcare organisations and industry play in regards to HAN and we ensure the patient voice has the opportunity to be heard and that the patient perspective is put forward, throughout the planning and organising of services.

We move into 2015 with exciting plans, particularly for our third HANs Awareness week.



**BAPEN**

*Putting patients at the centre  
of good nutritional care*

[www.bapen.org.uk](http://www.bapen.org.uk)