



BAPEN

*Putting patients at the centre
of good nutritional care*

1992 - 2013

BAPEN

21 Ways to Make a Difference



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What is BAPEN?

BAPEN (British Association for Parenteral and Enteral Nutrition) is a Charitable Association that raises awareness of malnutrition and works to advance the nutritional care of patients and those at risk from malnutrition in the wider community.

BAPEN is made up of six Core Groups, representing patients and the various professional disciplines involved in nutritional care, with most of the members being practising healthcare professionals. BAPEN brings together the strengths of its Core Groups to raise awareness and understanding of malnutrition in all settings and provides education, advice and resources to optimise care.

The six Core Groups are:

- **BAPEN Medical**
- **BPNG**
(British Pharmaceutical Nutrition Group)
- **BSPGHAN**
(The British Society of Paediatric Gastroenterology, Hepatology and Nutrition)
- **NNNG**
(National Nurses Nutrition Group)
- **The PEN Group**
(Parenteral & Enteral Nutrition Group of the British Dietetic Association)
- **PINNT**
(Patients on Intravenous and Nasogastric Nutrition Therapy)



BAPEN also has a number of partners with whom it works closely to support the delivery of nutritional care in the UK, including associate societies such as the British Society of Gastroenterology, other charitable organisations and the nutrition industry.

“BAPEN brings together the strengths of its Core Groups to raise awareness and understanding of malnutrition”

Introduction



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2013 marks the 21st anniversary of BAPEN, which was founded in 1992 to bring together dietitians, doctors, nurses, pharmacists, patients and carers into an integrated and effective organisation dedicated to improving nutritional care.

Over the past 21 years BAPEN is proud to have been the catalyst for major changes in the way in which nutrition is now regarded within our healthcare system. This has been the result of: tireless government lobbying; research and monitoring; the development of a wide range of hugely important tools and resources for use in hospital and community care settings and the hard work of countless individuals who are making significant changes in their hospitals and care settings to implement changes that make a real difference to patient outcomes.

This booklet is a celebration of our 21 years, and highlights **just some** of the work that has gone on behind the scenes, collectively by BAPEN (and its Core Groups) or by individual BAPEN members, to identify and raise awareness of the magnitude of the problem of malnutrition and work to improve nutritional care for patients in the UK. Over the 21 years so much has happened that it would be impossible to list it all in this document but we hope it gives you a flavour of the breadth, depth and variety of the work undertaken. Please visit our website www.bapen.org.uk to find out more.



21 years on there is still a lot to be done, which is why becoming a member of BAPEN should be high on the agenda of every healthcare professional in the UK. Your support through membership is key to transforming nutritional care and together *we can continue to make a real difference.*

A handwritten signature in blue ink, appearing to read 'Tim Bowling'.

Dr Tim Bowling
BAPEN Chair

“Over the past 21 years BAPEN is proud to have been the catalyst for major changes”



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21 Years of Achievement Timeline

- 1992** • **A Positive Approach to Nutrition as Treatment, Kings Fund report published**
 - **LITRE (Looking into the Requirements for Equipment) established**
- 1993** • The PEN Group (PENG) contributed to the Dietetic Standards of Care for the Older Adult in Hospital (British Dietetic Association)
- 1994** • **Incidence and Recognition of Malnutrition in Hospital. BMJ, 1994 – one of the first seminal papers that identified the prevalence of malnutrition on admission to hospital**
- 1995** • Home Parenteral Nutrition – Quality Criteria for Clinical Services and the Supply of Nutrient Fluids published
 - PENG develops standards in nutritional support
- 1996** • **British Artificial Nutrition Survey (BANS) established, bringing together home enteral feeding (HETF) and home parenteral nutrition (HPN) registers**
 - Standards and Guidelines for Nutritional Support of Patients in Hospital report published
 - Current Perspective on Parenteral Nutrition in Adults report published
- 1997** • The Academy of Medical Royal Colleges set up the ICGN in recognition of the importance of nutrition in medical practice for patient care and public health and established the *Intercollegiate Course on Human Nutrition*
- 1998** • **St Mark's Intestinal Failure and Home Parenteral Nutrition Course launched**
 - Ethical and Legal Aspects of Clinical Hydration and Nutritional Support report published
- 1999** • Malnutrition and dehydration are both a cause and consequence of illness costing the NHS £billions annually. Clinical Nutrition. 1999
 - Current Perspectives on Enteral Nutrition in Adults report published
 - **Hospital Food as Treatment report published**
- 2000** • **The Scottish Home Parenteral Nutrition (HPN) Managed Clinical Network was launched – with the aim of ensuring equity of access for patients in Scotland who require this specialised treatment for intestinal failure**
 - Meeting at 10 Downing Street with Prime Minister Tony Blair
 - Current Perspectives on Paediatric Parenteral Nutrition report published
 - Guidelines for the Detection and Management of Malnutrition report published



2001 • First British Artificial Nutrition Survey (BANS) report published (Trends in Artificial Nutrition Support in the UK during 1996-2000)

2002 • BANS report (Current Aspects of Artificial Support in the UK)
• BAPEN hosts the ESPEN meeting in Glasgow

2003 • **Malnutrition Universal Screening Tool ('MUST') launched**

- The 'MUST' Report – Nutritional Screening of Adults: a multidisciplinary responsibility. Development and use of the 'Malnutrition Universal Screening Tool'
- Guidance on drug administration via enteral feeding tubes published in liaison with BPNG
- Home Parenteral Nutrition. Position paper published
- NHS Quality Improvement Scotland Clinical Standards: Food, Fluid and Nutritional Care in Hospitals published

2004 • BAPEN Medical founded by Professor Jeremy Powell-Tuck
• Nutritional Support for Adults and Children. A Handbook for Hospital Practice

2005 • The cost of disease-related malnutrition in the UK health economic report published – £7.3 billion cost per annum

- BPNG launch patient information leaflet on Parenteral Nutrition (endorsed by BAPEN)

2006 • NICE guideline 'Nutrition Support in Adults' issued – chaired by Dr Mike Stroud

- Malnutrition among Older People in the Community: Policy Recommendations for Change report published

2007 • **Nutrition Screening Week (NSW) launched**

- BAPEN's Organisation of Food and Nutritional Support in Hospitals (OFNoSH) a web based information resource launched
- Improving Nutritional Care: A joint Action Plan from the DH and Nutrition Summit Stakeholders published

2008 • NSW07 Report (autumn) published

- BAPEN wins the first ever Medical Nutrition International Industry Award of €30,000 for the most effective national campaign 'Malnutrition Matters' to raise awareness of and to fight malnutrition
- BPNG Competency Framework for Specialist Nutrition Pharmacists (endorsed by BAPEN) published



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21 Years of Achievement Timeline continued

- 2009**
- NSW08 Report (summer) published
 - Screening for Malnutrition in Sheltered Housing report published
 - Combating Malnutrition – £13 billion cost per annum: Recommendations for Action report published
 - Improving Nutritional Care & Treatment. Perspectives and Recommendations from Population Groups, Patients and Carers report published

- 2010**
- **Malnutrition Matters – Meeting Quality Standards in Nutritional Care Toolkit introduced**
 - **National Clinical Audit of Essence of Care – Food & Nutrition development project**
 - 'MUST' App launched
 - BAPEN e-learning modules launched for junior doctors

- 2011**
- PEN Group Pocket Guide (4th Edition) launched – selling thousands of copies annually
 - e-BANS freely available for all NHS Staff
 - e-learning on Nutritional Screening using 'MUST' launched
 - NSW10 Report (winter) published
 - Formation of the Nutrition and Hydration Action Alliance
 - British Consensus Guidelines on Intravenous Fluid Therapy for Adult Surgical Patients (GIFTASUP) published

- 2012**
- NSW11 Report (spring) published
 - **Mealtimes Matter initiative launched by Nottingham University Hospitals**
 - **Leeds Teaching Hospitals NHS Trust (LTHT) makes nutrition a priority**
 - **Hull & East Yorkshire NHS Trust Nutritional Screening Package implemented**
 - NICE IV fluid guidelines expert group convened – chaired by Dr Mike Stroud
 - **NICE Quality Standard QS24 'Nutrition Support in Adults' issued – Chaired by Professor Marinos Elia**
 - BAPEN launches new website
 - 'MUST' available in five European languages
 - Malnutrition Matters – a Toolkit for Clinical Commissioning Groups and Providers in England (2nd Edition) published
 - BSPGHAN becomes a BAPEN Core Group – just before coming of age children were formally incorporated into BAPEN with the integration of BSPGHAN as a Core Group
 - PINNT celebrates 25 years of supporting people at home on artificial tube feeding
 - **Good Practice Decision Trees launched**
 - **BAPEN represented on the Malnutrition Task Force**



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- 2013**
- East Kent Hospitals University NHS Foundation Trust (EKHUFT) – Food initiative for patients with dementia
 - The NHS Tayside Food Fluid & Nutritional Care Policy published
 - NICE recommends use of ‘MUST’ e-learning modules and the commissioning toolkit
 - Virtual Quality Improvement (QI) Programme launched
 - Commissioning Nutritional Care in the new NHS and Social Care System: A Commitment to Act guide developed
 - NSW 2007-2011 Amalgamated Reports published



*For more information on the work of
BAPEN visit www.bapen.org.uk*



21 Highlights

1

A Positive Approach to Nutrition as Treatment, Kings Fund report

In the sophistication of late twentieth-century healthcare we sometimes miss the obvious. The importance of patients being well-nourished was highlighted as an example and a Working Party was formed to produce a report. This set out in straightforward terms why nutrition is an issue in the NHS, the benefits to patients and to the NHS as a whole of ensuring patients are well nourished and the systems and procedures needed to ensure artificial nutrition is done well. Barbara Stocking, Director at the King's Fund Centre at the time of the work said,

"I hope that the report will bring artificial nutrition to the attention of health professionals as well as providing clear guidance on what needs to be done.

I am grateful to John Lennard-Jones, David Silk and Marinos Elia who suggested the need for a Working Party in the first place, and to all the Working Party for putting so much effort into making it a success."

In the section headed The way Forward, it acknowledged that,

"There was at present no British organisation which draws together the common interests and expertise of academic nutritionists, dietitians, nurses, pharmacists, doctors and the pharmaceutical industry. Such an organisation could set standards for nutritional care, promote professional training, provide an expert forum for management, government and industry and co-ordinate research."

BAPEN was then formed to bring together patients and healthcare professionals working in the field of clinical nutrition.

TheKingsFund

the original BAPEN Standing Committees and is now managed by PINNT. LITRE is the only multi-disciplinary group dedicated to improving the quality of life for patients on nutritional support at home by:

- Investing and responding to the needs and concerns raised by patients, carers and healthcare professionals with regard to equipment and services
- Forging links between patients and industry
- Acting as a forum for users to help in product and service development and market research

The sole aim of LITRE is to improve patients' quality of life by dealing with manufacturers with regards to the improvement of products and implementing strategies to solve problems facing patients. Since its inception LITRE has completed many vital functions from assessing ambulatory pumps in the latest LITRE report (<http://pinnt.com/getattachment/3e0e07aa-ec9f-4413-945a-66d80d32dc67/LITRE-FINAL-2011.pdf.aspx>), looking at how TPN is affected by x-ray machines through to enteral syringes.

In the recent HPN framework all new ambulatory pumps had to go before the LITRE panel for assessment which is a clear illustration of the high level of respect within industry and the NHS procurement that LITRE holds. LITRE hope to complete a total re-assessment of all ambulatory and static pumps in the next 3 years.

2

LITRE (Looking into the Requirements for Equipment)

LITRE is an independent and impartial panel which is unique and has achieved global recognition. LITRE was established in 1990 and was one of

3

Incidence and Recognition of Malnutrition in Hospital. BMJ, 1994

Co-authored by Professor Christopher Pennington (BAPEN Chair 2000-2002) and Dr Janet McWhirter (now Baxter) and published in 1994 *Incidence and Recognition of Malnutrition in Hospital* was one of the first seminal papers that identified the scale of malnutrition in the UK. It acted as a catalyst for making real changes in healthcare services to improve nutrition and provided the robust data needed to take the issue of malnutrition to the DH for policy discussion.



4

British Artificial Nutrition Survey (BANS) established bringing together home enteral feeding (HETF) and home parenteral nutrition (HPN) registers

BANS has been operating as a national audit since 1996. It was established to audit nutrition support modalities across the United Kingdom and to publish national and regional findings on an annual basis and provide ad hoc reports as required by interested parties. **It is the largest and most comprehensive dataset relating to nutritional support in the world.** Its objectives are:

- To monitor at national and regional level the growth of artificial nutrition support in hospitals and the community
- To track treatment outcomes
- To establish the structure of artificial nutrition support services (ANS) in the UK
- To identify problems associated with the use/lack of ANS
- To assess standards of care
- To publish an annual report and articles for the medical literature that brings these findings into the public domain
- To review practice against accepted guidelines

Over the years there has been huge growth in patients requiring parenteral nutrition and the data from the BANS surveys has been instrumental in enabling discussions between hospitals and commissioning PCTs (as were). Robust data which highlight the national picture has been vital in supporting local needs not just in terms of numbers, but also specific client groups and growth areas. This has helped build a case regionally for increased staffing which ultimately improves patient care.

5

St Mark's Intestinal Failure and Home Parenteral Nutrition Course launched

The course began in 1998 as a one-day study day which focused on the management of intestinal failure for all healthcare professionals. A further workshop-based study day was developed

regarding the management of home parenteral nutrition (HPN) and ran from 2005 and in 2008. Under the guidance of a multi-disciplinary team involving BAPEN and Core Group members these two study days were then combined into a two-day course including lectures and workshops which importantly is very patient focussed. The course aims to raise awareness regarding the identification and treatment of patients with intestinal failure to facilitate best practice and prompt referral when necessary.

As BAPEN members, the nutrition team at St Mark's are passionate about ensuring that good intestinal failure and home parenteral nutrition care is delivered in all settings. The course aims to recognise the importance of the tenets of good nutritional care, identification, treatment, education and multidisciplinary management, as promoted by BAPEN. The course promotes all of the above regarding intestinal failure and home parenteral nutrition by sharing knowledge and expertise with others to help improve patient care and has achieved BAPEN accreditation.

Over the years the course has been modified to include key note speakers to reflect the changes that have happened in the speciality, such as better hospital food, small bowel transplant, the NCEPOD PN report and the national HPN framework/HIFNET.

Over 1500 delegates, both national and international, have attended the course helping to establish good working relations with other hospitals.

6

Hospital Food as Treatment report. Chairman and Editor: Dr SP Allison

A report which looked at the important role food plays in patient treatment:

The Problem: 40% of adult hospital patients and 15% of children were malnourished on admission, half of these severely so. The majority who depend on hospital food for all their nutrition, continue to lose weight while in hospital, reflecting the inadequacy of current feeding policies. Between 30 and 50% of hospital food is wasted and

21 Highlights

average food intakes are less than 75% of that recommended, particularly among the elderly. This impairs clinical outcome and wastes resources.

Cost of Waste: The monetary value of hospital food wasted annually in England alone can be calculated at £45 million. If labour and overheads are included, this cost rises to £144 million. There is also a hidden cost of the extra morbidity associated with malnutrition.

The report also reviewed studies to conclude that there was strong evidence to show that measures such as improved staff training, nutritional screening and assessment, and monitoring, combined with better catering practices, can result in most patients' nutritional requirements being met. Fortified meals, between meal snacks and adequate ward staffing had all been shown to contribute to achieving this goal, which leads to better clinical outcome, less waste, shorter hospital stay and a more cost-effective service.

7

The Scottish Home Parenteral Nutrition (HPN) Managed Clinical Network was launched – with the aim of ensuring equity of access for patients in Scotland who require this specialised treatment for intestinal failure.

In 2000 (following a review of acute services in 1998 by the National Health Service in Scotland) a Managed Clinical Network was established in Scotland. The rationale for this was that Scotland's geography and its dispersed population meant it was not feasible for the whole population to have easy access to all high-quality services within easy travelling distance.

To avoid centralising the management of patients requiring HPN, and allow treatment to be delivered as near to the patient's own home as possible, it was decided to set up an HPN network in Scotland. The network would support the local teams looking after these patients and allow them to be managed in their local hospital with access to the larger hospital for patient training, advice and guidance.

The Network was established by a multi-professional group (led by BAPEN Core Groups NNGG & PENG) to ensure equity of access across

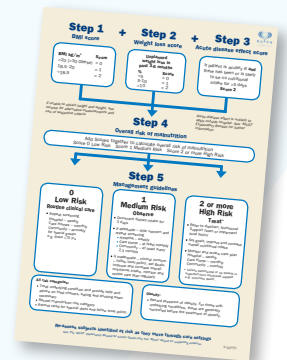
the region and that patients were managed according to nationally-agreed, evidence-based procedures and protocols. The Clinical Standards Board for Scotland provided support in preparing a quality-assurance framework to which the Network adhered.

A primary objective of the Network was to establish appropriate guidelines, protocols and procedures. When the Managed Clinical Network was decommissioned by National Services in 2012 the Home Parenteral Nutrition Good Practice Guidance for NHS Boards was developed to help the NHS Boards in Scotland understand their responsibilities in relation to patients requiring HPN.

8

'Malnutrition Universal Screening Tool' ('MUST') launched

The 'Malnutrition Universal Screening Tool' ('MUST') was developed by the Malnutrition Advisory Group, a Standing Committee of BAPEN and it has been reviewed regularly since its launch in 2003. It is supported by the British Dietetic Association (BDA), the Royal College of Nursing (RCN) and the Registered Nursing Home Association (RNHA) and is the most commonly used screening tool in the UK.



'MUST' is a simple 5-step screening tool designed to identify adults who are underweight and at risk of malnutrition, as well as those who are obese. Prior to launch the tool underwent rigorous evaluation in hospital and community settings and was found to be quick and easy to use and reliable. 'MUST' is reviewed annually and a range of new charts to calculate body mass index and recent weight loss were produced in 2011. The materials have also been translated into 5 European languages and a 'MUST' App was introduced in 2012.

'MUST' is supported by RCN, BDA, RNHA and RCP and has been recommended as a suitable tool in NHSQIS standards on Food, Fluid and Nutritional Care. NICE has also recommended the use of 'MUST' for staff working



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in hospitals, primary care and care homes to aid implementation of the NICE Quality Standards for Nutritional Support of Adults.

Since its launch by BAPEN in 2003 'MUST' has become the most commonly used nutritional screening tool in all care settings across the UK and is also being used more and more in other countries throughout Europe and the rest of the world.

9

Nutrition Screening Weeks

Between 2007 and 2011 four Nutrition Screening Week (NSW) surveys of individuals admitted to UK hospitals, care homes and mental health units were undertaken by BAPEN, each in a different season of the year. The surveys aimed to establish the prevalence of 'malnutrition' on admission or recent admission to the different care settings, to document current screening practice and problems that needed addressing and to provide feedback to local centres so their results could be benchmarked against those of the UK as a whole.

The four NSW surveys involved a total of 661 hospital centres (130-185 per survey) and 34,699 patients (6068-9567 per survey). The majority of data was provided from England and a progressively smaller extent from Scotland, Wales and Northern Ireland.

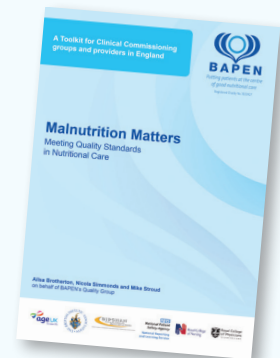
The four NSW surveys undertaken have provided data for benchmarking local results against those of the UK as a whole. Analysis and communication of local results to the participating centres have contributed to the audit process. The surveys have also helped establish the burden of 'malnutrition' in the various care settings which has been linked to care planning and an assessment of the cost of malnutrition. They have also increased awareness about 'malnutrition' which continues to be under-detected and under-treated.

In December 2013 a series of five reports based on the amalgamated data for hospitals in the UK and all four nations of the UK were published which means it is now possible to address trends over time and the effect of seasonality on the prevalence of 'malnutrition' not only from a UK perspective but also for the individual nations of the UK.

10

Malnutrition Matters – Meeting Quality Standards in Nutritional Care Toolkit

In 2010 the Malnutrition Matters Toolkit was produced by the BAPEN Quality Group to help health and care organisations to develop and implement a variety of approaches to nutritional care. The Toolkit was based on world-class commissioning competencies and was developed to enable commissioners and providers in local authorities, primary care organisations, hospital trusts and foundation hospitals to include best nutritional care when commissioning and redesigning all care services in all health and care settings.



It was designed to help service providers include nutritional care in the development of new business cases and support them in collecting the data needed to prove they meet nutritional quality standards and recommendations. It also assists commissioners to set appropriate and achievable key performance indicators (KPIs) and to effectively contract and monitor services against an appropriate quality specification.

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

Tool 1: Assessment of population at risk of malnutrition

Tool 2: Assessment of current screening and provision of nutritional care

Tool 3: Development of nutritional screening, assessment and care pathways

Tool 4: Education and training

Tool 5: Service specifications and management structures for nutritional care

Tool 6: Quality frameworks for nutritional care

Tool 7: Quality indicators, monitoring and review



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11

National Clinical Audit of Essence of Care – Food & Nutrition development project

The Healthcare Quality Improvement Partnership (HQIP) commissioned a team at King's College London (comprising BAPEN members) to undertake a development project to support a national clinical audit of the quality of nutritional care provided to healthcare inpatients and social care residents, based upon the Essence of Care Benchmarks for Food and Nutrition. The project took place between November 2010 and March 2012.

Objectives:

- to define types of organisations that should be included in a national clinical audit
- to identify the criteria to be audited
- to define the size of samples to be audited in each participating setting or service
- to identify data collection methods that could be used in a national clinical audit
- to consider how the results can be presented back to submitting units

Since the project was completed, the project team has provided the DH with an extensive report, including suggested actions for taking the audit forward on a national level. The audit tools developed during the project are freely available on the HQIP website for hospitals and care homes to download. There has been a lot of interest from hospitals around the country that have been interested in using the audit tools/ adapting them for their local setting. The tools are also now being used in another malnutrition project in South London.

12

Mealtimes Matter initiative launched by Nottingham University Hospitals

A multi-professional team (including BAPEN members) at Nottingham University Hospitals (NUH) launched Mealtimes Matter at the end of January 2012 through the Productive Ward Meals Module, which also coincided with the Patient

Safety First – Nutrition and Hydration Week.

Engagement from the multi-professional team was crucial, with dietitians, catering teams and speech and language therapists all supporting the initiative and contributing to the development of resources and study days. The initiative:

- Raises the importance of food and drink
- Promotes nutrition and hydration as everyone's responsibility
- Ensures that patients have their mealtimes protected
- Encourages nurses at mealtimes to focus their activity on mealtime care ie helping those who need help and monitor intakes etc
- Stops all non-urgent activity during mealtimes
- Encourages those staff who are not involved with helping at mealtimes to leave the ward
- Encourages and enables relatives/carers to participate in mealtime care where appropriate

The initiative has seen the development of a standard operating procedure (SOP) for all wards which outline the activities that need to occur before, during and after mealtimes. Some wards have introduced a 'meal monitor' role. This is a nurse who is allocated each mealtime to coordinate the nutritional care of all patients, ensuring that all patients receive the right meal, the right assistance and have their intakes monitored as required.

The Trust Essence of Care Food and Drink Benchmark was scored throughout July/August 2012, as part of a rolling programme. Many of the indicators of best practice within this benchmark reflect the principles of Mealtimes Matter. Wards are assigned an overall Red/Amber/Green/Gold score which reflects the number of indicators of best practice achieved by the ward. Results from scoring in July/August demonstrate an improvement. Over 75% of areas are now scoring Gold/Green, compared to 50% in January/February 2012 and 33% of areas in January/February 2011.

13

Leeds Teaching Hospitals NHS Trust (LTHT) makes nutrition a priority

As one of the largest NHS Trusts in the UK, Leeds Teaching Hospitals NHS Trust (LTHT) has the responsibility of feeding around 2000 patients a day at five different sites across the city. The broad ethnic mix, vast range of clinical services and variety of special dietary needs inevitably meant that LTHT is faced with a unique set of challenges where the provision of patient meals is concerned. A complete reassessment has been made of how LTHT provides patient meals with a view to making nutrition, quality and patient satisfaction the driving force behind all decision-making.

During 2012 LTHT was involved in a tendering process for the supply of frozen meals. The outcome was to appoint, not one, but *three* suppliers to meet a newly formulated set of catering criteria. This includes minimum nutritional targets and all products are assessed against these by the facilities dietitian (a BAPEN member) prior to going forward for taste testing by panels which include patient representatives. It was felt that by taking the unusual measure of having more than one supplier this could result in significant quality improvements (including nutrition quality), supplier competition and greatly increased choice for patients. This has enabled us to choose the best dishes from each supplier.

In order to meet the needs of patients at LTHT, a range of menus are now available to give appropriate choice to meet likes / dislikes, cultural and religious needs, personal preferences as well as the full range of clinical specialities and the provision of therapeutic diets. The needs of both 'nutritionally well' patients and those who are 'nutritionally vulnerable' have been accommodated by the range of choices on the menu. The majority of patient's needs are met through these menus

Work is still progressing to meet the needs of specific patient groups, such as children and older people or for patients with specific clinical needs, for example dysphagia, renal, dementia, head and neck cancers, chyle leaks, ketogenics.

14

Hull & East Yorkshire NHS Trust Nutritional Screening Package implemented

After implementing the Trust's new Nutritional Screening Package in October 2012, a pilot audit was carried out in July 2013 across the Stroke Unit to see how well the new 'Moderate Risk' pathway had been put into practice. Results highlighted that ward staff required further training on the use of food record charts and more awareness of what extra snacks are available for 'moderate risk patients'.

Following the audit a 'Nutrition and Hydration' information board was developed by a Dietitian, Matron and Catering lead (including BAPEN members) and replicated across the Stroke Unit. It included information on the 'special diets' and the new Patients Food and Fluid Preferences Form to help with patient meal selection for dysphasic patients and a step-by step flow chart of how to order extra snacks for 'moderate risk' patients.

Information about 'Protected Mealtimes' and the Unit's Dining Club is also included as well as the Dietitian's new 'Eating Better to Feel Better' patient leaflet designed to help patients and carers ensure they have an adequate nutritional intake when assessed at 'moderate risk' of malnutrition.

In the kitchens there are Nutrition White Boards that include patient bed numbers, nutritional risk and special diet etc and the board is updated daily. The Trust is also piloting the use of a 'traffic light' tray system to correspond with nutritional risk – red for high risk, blue for moderate risk and green for low risk.

Further audits are scheduled to assess the improvements these measures have made.

15

NICE Quality Standard QS24 'Nutrition Support in Adults' issued – Chaired by Professor Marinos Elia

This quality standard covers adults in hospital and the community who are at risk of malnutrition or who have become malnourished, and adults who are receiving oral nutrition support, enteral or parenteral nutrition.



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This quality standard describes interlinked markers of high-quality, cost-effective care that, when delivered, will improve the effectiveness, safety and experience of care for people who need nutrition support in the following ways:

- Preventing people from dying prematurely
- Enhancing quality of life for people with long-term conditions
- Helping people to recover from episodes of ill health or following injury
- Ensuring that people have a positive experience of care
- Treating and caring for people in a safe environment and protecting them from avoidable harm

- Percutaneous Endoscopic Gastrostomy: Management of Buried Bumper Syndrome
 - Ethics and clinically assisted nutrition or hydration approaching the end of life
 - Naso Gastric (NG) Tube Insertion
 - Perioperative Nutrition
 - Refeeding Syndrome: Identification of those at risk
- Others will follow.

16

Good Practice Decision Trees launched

Malnutrition remains all too common in a wide range of care settings including hospitals and the community, and as such has become the responsibility of a wide range of healthcare professionals in primary and secondary care. While many guidelines exist, the sources are varied, and often too thorough and in-depth for immediate easy use in the care setting.

The BAPEN Good Practice Decision Trees are designed by experts in their field and peer-reviewed by members of BAPEN Council and offer a pragmatic and effective tool to assist in the care of those at risk of malnutrition and its consequences. They draw together existing guidelines and evidence base, together with best practice where no research is possible, to help guide all levels of healthcare professionals through the pathway of care of those with malnutrition.

The first Good Practice Decision Trees to be introduced are:

- Percutaneous Endoscopic Gastrostomy: Diagnosis of Buried Bumper Syndrome



17

East Kent Hospitals University NHS Foundation Trust (EKHUFT) – Food initiative for patients with dementia

Supporting patients with dementia at mealtimes is crucial. A team at East Kent Hospitals University NHS Foundation Trust (EKHUFT), co-ordinated by Wendy-Ling Relph, Matron for Nutrition and member of BAPEN's Executive team, together with their food and catering service provider Serco, developed and introduced a number of simple initiatives specifically developed for those patients suffering from dementia, to ensure good nutrition:

- **Finger Food Menu** – easier to eat when co-ordination becomes difficult and less frustrating so encourages patients to eat more – often in a calmer manner
- **Blue Plates** – patients with advanced dementia find colour differentiation difficult. Blue plates help patients see their food more clearly and are more likely to eat
- **Picture Menus** – to help patients with communication difficulties make menu choices themselves

18

The NHS Tayside Food Fluid & Nutritional Care (FFNC) policy published

The NHS Tayside FFNC policy was developed by NHS Tayside Nutrition Managed Clinical Network (TNMCN) in partnership with clinicians (some BAPEN members), non-clinical staff and patients.

It was introduced to promote understanding amongst NHS Tayside staff about the importance of addressing each patient's food, fluid and nutritional requirements to enhance nutritional wellbeing and hydration, and to facilitate its delivery through the provision of explicit Standard Operating Procedures (SOPs) and protocols. It applies to all NHS Tayside personnel with responsibilities linked to the achievement of the highest standards of FFNC, within NHS Tayside hospitals, care settings or the community.

Within the policy, there are explicit descriptions of the roles and responsibilities of staff groups in the provision of good nutritional care. The policy is accessed via the NHST Tayside Intranet and TNMCN website <http://www.knowledge.scot.nhs.uk/taysidenutrition/nutrition-in-care.aspx>

Each section comprises of checklists for evidence based, standardised procedures and descriptions of competencies required of staff to undertake the procedures. The inclusion of SOPs ensures that the content is policy rather than guidance, which makes this work different from that of many other NHS Boards and Authorities.

Further on-going work will be completed such as targeted sessions, inclusion in undergraduate and post graduate medical school teaching, e-learning modules and regular updates communicated via Intranet.

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Virtual Quality Improvement (QI) Programme launched

In March 2013 BAPEN promoted its very first virtual Quality Improvement Programme designed to help address the challenges facing nutrition and hydration teams in hospitals and care settings. The programme has generated much interest amongst members and will be launched at the Conference in November 2013, providing a forum to bring together members of nutrition and hydration

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Quality Group: Commissioning Nutritional care in the new NHS and Social Care System: A Commitment to Act guide

In this guide (launched for consultation), we make three recommendations for each organisation at three levels of the system; national, regional and local. We have based our recommendations for commissioning and delivering good nutritional care on the guidance from Don Berwick in his report, 'A Promise to Learn, A Commitment to Act', with a specific focus on action;

- Place the quality of patient care, especially patient safety, above all other aims
- Engage, empower, and hear patients and carers at all times
- Foster whole-heartedly the growth and development of all staff, including their ability and support to improve the processes in which they work
- Embrace transparency unequivocally and everywhere, in the service of accountability, trust, and the growth of knowledge

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Call to Action to improve nutritional care

Commit to take a specific action to make a specific change to improve nutritional care for **your** patients within a specific timescale

- Use the most relevant tools to help you
- Measure the change
- Celebrate success
- Tell your story to others

Get involved – together we can make a huge difference



BAPEN

*Putting patients at the centre
of good nutritional care*

REGISTERED CHARITY NO. 1023927

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BAPEN

21 Ways to Make a Difference

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