Nutrition Steering Group

Terms of Reference

Purpose

Actively support the improvement of standards and patient experience of nutritional care at Croydon Health Service (CHS) by addressing issues relating to nutritional screening, hydration, food provision and enteral and parenteral nutritional management.

We will work in partnership with key stakeholders, sharing information and knowledge to influence local policies and provide the best practice.

Objectives

The group will provide leadership and co-ordinate all aspects of nutrition and hydration in the Trust, ensuring that the process leads to the delivery of good nutritional practice and a better patient experience.

Accountability and Reporting Arrangements

- The Nutrition Steering group is commissioned by the Improving Patient Experience Committee and reports quarterly through minutes of the meeting and when required quarterly summary reports. These quarterly reports are also shared and presented as required to the Health and Safety Committee, Privacy and Dignity Group and Nursing & Midwifery Board (as required).

- Nutrition & hydration performance information and related audits are reported to appropriate committee and actions cascaded electronically through the Group’s membership.

Core Membership

- Nutrition & Dietetic Services Manager/dietitian (Chair)
- Principal Adult Dietitian (Deputy Chair)
- Facilities representative
- Catering Services Manager /catering representative
- Senior Nurse Manager/ Matron from each Directorate including community nursing
- Senior Nurse manager/ Matron from paediatrics
- Patient representative
- Speech & Language Therapy Manager/ SALT representative

Co-opted Members (required to cascade communication and actions to respective clinical teams and facilitate probate and challenge)
- Physiotherapist representative
- Occupational Therapy
- Pharmacy representation
- Medical representative
- One sister/charge nurse/healthcare assistant
- Nutrition Champions and nutrition Link representative

**Quorum**
The group will be quorate when the following people are present:
- The Chair or Deputy Chair
- Nursing representative
- Catering representative
- SALT representative

The quorum should be present to make a decision / action

All core members are required to attend at least four of the six meetings per year, send a nominated deputy of equal standing who can make decisions on their behalf or send apologies.

- Attendance by Others will be co-opted onto the group as required.

**Frequency of meetings**
- The group will meet 6 times per year

**Authority**
- The group is authorised to develop and approve nutrition and hydration relation policies prior to ratification.
- The group is authorised to develop and implement service improvements in the area of nutrition and hydration.
- Core member of the group are authorised to undertake audits and to make recommendations following national guidance and implement changes as required.

**Monitoring Effectiveness**
- The Chair will provide quarterly updates on performance of malnutrition screening at Croydon hospital, protected mealtimes, uptake of red-tray (used as a visual stimulus to identify patients who need assistance or monitoring with food), compliance with a hydration tracker, patient satisfaction with meals and the assisted volunteer feeding program. Action plan is shared with Governance team and cascaded and owned by appropriate manager.
A short annual report of attendance, key achievements and other service improvements of the group is shared with Health, Safety and Environmental Governance Committee, Nursing Board & Midwifery Committee, Improving Patient Experience Committee and Privacy and Dignity Committee.

Key indicators

- PLACE
- NICE Clinical Guidance 32 – Nutritional Support
- NICE QS24 – Quality Standard for Nutritional Support
- Essence of Care Benchmark Standard Nutrition, Hydration & Food
- Care Quality Commission Regulation 14 Outcome 5 Meeting Nutritional Needs
- British Association of Enteral and Parenteral Nutrition
- NICE Clinical Guidance 116 – Allergy
- NICE Clinical Guidance 86 – Coeliac Disease
- NICE Clinical Guidance 43 – Obesity
- NICE Clinical Guidance 169 – Acute Kidney Injury

Key Tasks

- To respond to national issues and guidance related to the management and provision of nutrition and implement locally as appropriate
- To promote discussion and provide support on issues relating to food and nutrition raised through complaints and incidents.
- To provide support to staff to achieve high standards relating to nutritional screening, food provision and enteral and parenteral management at patient level.
- To be a resource for information related to good nutritional practice within the Trust
- Respond to and advise on a suitable course of action to address NPSA alerts relating to food and nutrition.
- To raise awareness of the link between nutrition and good health.
- To ensure that optimum nutrition is promoted to aid recovery and healing.
- To ensure the provision of education and training to frontline staff equips them with the skills and knowledge to deliver quality nutritional care.
- To update and monitor compliance of nutrition policy across the Trust

Review of Terms of Reference

Terms of Reference will be reviewed annually and ratified by the Improving Patient
Experience Committee

**Sub Committee & Co-dependencies’**

Nutrition Support Team – (Consultant Gastroenterologist, Consultant General Pathologist, Lead Nutrition Pharmacist, ITU specialist dietitian)

Privacy & Dignity Committee Group

PLACE Team

**Uploading to the Intranet**

The terms of reference and meeting papers will be saved on the Compliance and Regulation Team’s shared drive.

**Ratified Date: 18.7.13**

**By: Justine Sharpe, Chair of Nutrition Steering Group**

**Review Date:**