

BDA The Association
of UK Dietitians



Food Services

Specialist Group

The Nutrition & Hydration Digest Compliance Checklist

A supporting tool for the Department of Health
(DH) Hospital Food Standards Panel's Report 2014

Introduction

This checklist has been developed to provide support to NHS hospitals to assess their compliance to the Nutrition & Hydration Digest, one of the five key standards in the Hospital Food Standards Panel's Report, 2014.

This checklist has been developed and critically read by members of the BDA Food Services Specialist Group, several of whom were authors of the original document. The information within the checklist is a brief summary of each relevant area and should be used in conjunction with the document itself for further information.

The checklist is intended to be used by patient catering teams, principally dietitians, to ensure that the relevant dietetic key performance indicators (KPIs) have been met. Evidence should be collected as part of this process which can be shown to Commissioners during the monitoring of the NHS Standard Contract.

For further information:

BDA Nutrition and Hydration Digest

<https://www.bda.uk.com/publications/professional/NutritionHydrationDigest.pdf>

BDA/HCA Allergen Toolkit

https://www.bda.uk.com/publications/professional/food_allergen_toolkit_food_counts

National Dysphagia Diet Food Texture Descriptors

<http://www.hospitalcaterers.org/publications/>

Hospital Food Standards Panel's Report

<https://www.gov.uk/government/publications/establishing-food-standards-for-nhs-hospitals>

NHS Standard Contract

<http://www.england.nhs.uk/wp-content/uploads/2015/03/15-nhs-contrct-gen-conditions.pdf>

BDA NUTRITION AND HYDRATION DIGEST KEY RECOMMENDATIONS

Standard	Chapter	Key Performance Indicator (KPI)	Details	Examples of evidence (not exhaustive list)
Sustainable Procurement	1	Sustainable commodities should provide good nutritional value for money	Government Buying Standards are applied where appropriate to patient food and beverage services. Dietician has an advisory role in food and beverage procurement. https://www.gov.uk/government/publications/sustainable-procurement-the-gbs-for-food-and-catering-services	Recipes, manufacturer or supplier specifications, Government Buying Standards compliance summary.
Food & Drink Strategy	1	The Trust has a Food & Drink Strategy.	The hospital has a strategy for food service and nutritional care which is patient centred and performance managed in line with home country governance frameworks. See Hospital Food Standards Panel's Report for further info. https://www.gov.uk/government/publications/establishing-food-standards-for-nhs-hospitals	Food & Drink Strategy
Hydration	2 & 8	A minimum of seven beverages to be offered over the day.	Choice and adequacy of beverages to be made available to allow patients to meet their fluid requirements. Best practice would be to offer hot and cold choices all throughout the day.	Trust Food & Drink Strategy, audit results.
Health and Wellbeing for	3	The Dietician is aware of and involved in the implementation of health and wellbeing initiatives for staff and visitor catering provision.	The dietician is involved in the process of understanding the latest guidance and provides support to the catering team to implement these where appropriate.	Meeting minutes, action plans, evidence of compliance to any national voluntary guidelines around health and wellbeing.
Dietetic Input	4	Dedicated hours for dietetic food and beverage services as an integral part of the patient catering team	Operational, strategic and professional input: e.g. establishing and ensuring compliance with Trust Food & Drink Strategy; involvement in staff training; menu planning; focus for catering, ward and clinical staff; develop and support awareness in dietetic colleagues and students. Agreed hours must be funded or working towards identified funding.	Job spec, meeting minutes, relevant business plans, training session notes, Trust Food & Drink Strategy, dietetic student training programmes.
Training	4	Staff are trained on topics pertaining to their role in ensuring patients meet their nutritional needs	Training for all staff involved in the nutritional care process, including patient catering staff and those at ward level (nurses, health care assistants, ward housekeepers and other facilities staff, dietitians, and SLTs). Training topics to include basic nutrition awareness, ordering procedures, special diets and rationale, food allergies, portion control, supporting patients with eating and drinking additional requirements & communication skills. Training is preplanned on a regular basis and regularly monitored and refreshed.	Training schedules, session notes, training packs, staff records, training audits.
Waste Policy	5	Trust should develop a waste policy (if not already in place) and monitor/action findings to meet agreed acceptable waste levels	To include unserved food waste, plate waste and oral nutritional supplement (ONS) waste. To agree acceptable waste levels. Should include frequency of audits and audit tool. Waste management processes include dietetic input, as uneaten food has no nutritional benefit.	Policy and audit results (link results to menu reviews).
Protected Mealtimes	5	The ward implements Protected Mealtimes and provides evidence of working using the 'power of 3' approach. Considers the 'last nine-yards' in their approach to food service.	As covered in the "10 Key Characteristics of good nutritional care in hospitals". http://www.bapen.org.uk/pdfs/coe_leaflet.pdf	Trust Food & Drink Strategy, Trust policy document/guidelines on Protected Mealtimes, signs and other promotional material on wards, regular audits at mealtimes (preferably undertaken by a team of three).
Nutritional Content	7	Nutrition and allergen content of all food and beverages must be known as per legislative requirements	To allow recipe analysis and menu capacity analysis to be undertaken.	Up to date food manufacturer or supplier specifications or information, and food labels.
Menu Planning	8	Main menu design and structure is relevant to population group.	Needs of service users considered when planning type of menu, e.g. cyclical or a la carte, long stay vs short stay, meal timings. Planning draws on dietetic expertise and input.	Draft menu designs; meeting notes; working group members. Evidence needs to show involvement of Registered Dietitian from the beginning of the menu planning process.
Menu Planning	8	A multi-disciplinary approach was adopted during menu planning.	See Figure 8.1 (p129) for details. https://www.bda-uk.com/publications/professional/NutritionHydrationDigest.pdf	Meeting minutes, patient satisfaction surveys.
Menu Planning	8	The process of menu planning was followed.	See Figure 8.2 (p130) for details. https://www.bda-uk.com/publications/professional/NutritionHydrationDigest.pdf	Meeting minutes.

Standard	Chapter	Key Performance Indicator (KPI)	Details	Examples of evidence (not exhaustive list)
Menu Content	8	Main menu meets Qualitative Menu Assessment Checklist (Appendix 2)	Following checklist will ensure menu meets the food based requirements as based on the eatwell guide. https://www.bda.uk.com/publications/professional/NutritionHydrationDigest.pdf	Completed checklist
Snack Provision	8	Minimum of two snacks a day provided.	A range of items appropriate to meet the needs of relevant age groups and both nutritionally well (min 150 kcal and 2g protein) and nutritionally vulnerable patients (min. 300 kcal and 4g protein) and texture modified, renal and gluten free. https://www.bda.uk.com/publications/professional/NutritionHydrationDigest.pdf	Evidence of snacks available for nutritionally well patients and also that a system is in place to offer two higher energy snacks per day to those patients identified as being nutritionally vulnerable.
Day Parts Approach	9	Main menu should meet the nutrient standards for nutritionally well and nutritionally vulnerable adults as defined in Table 8 (based on EARs and DRVs).	Other patient groups may fall outside of this and should be taken into account where necessary, e.g. children and adolescents, pregnant and lactating women. https://www.bda.uk.com/publications/professional/NutritionHydrationDigest.pdf	Menu capacity analysis report needed to demonstrate that this exercise has been undertaken by a Registered Dietitian.
Day Parts Approach	9	Day Parts Approach is adopted which highlights nutritionally well and nutritionally vulnerable targets.	This should be used to set appropriate nutritional targets for the hospital population and show a typical breakdown of how they can be met across the day's food and beverage provision. https://www.bda.uk.com/publications/professional/NutritionHydrationDigest.pdf	Menu capacity analysis
Menu Capacity	10	Menu capacity has been analysed and meets the minimum and maximum capacity requirements.	Suggested methodology followed. Analysis should be recalculated every time a substantial menu change is made.	Menu capacity analysis report.
Standard menu	11	Ensure menu capacity targets are met.	Covered by Qualitative Menu Assessment Checklist.	Menu capacity analysis; completed qualitative menu assessment checklist.
Cultural & religious diets	11	Specialist religious and cultural menus that meet needs of the population are available.	Available within main menu and/or as complementary choices, or stand alone menus(s).	Menu - main, stand alone or complementary e.g. a la carte.
Vegan	11	Vegan choices are available.	Available within main menu and/or as complementary choices.	Menu - main or complementary e.g. a la carte.
Therapeutic diets	11	Therapeutic menus available where required, e.g. renal, liver disease, low FODMAP, neutropenic	Available within main menu and/or as complementary choices.	Menu - main or complementary e.g. a la carte. Evidence of consultation with appropriate staff and patient groups to ensure that the needs of specific patient groups have been identified.
Modified texture	11	Modified texture C and E menus are available as a minimum.	As appropriate to the care setting. Available as complementary choices or stand alone menu(s). http://www.thenacc.co.uk/assets/downloads/170/Food%20Descriptors%20for%20Industry%20Final%20-%20USE.pdf	Menu - stand alone or complementary e.g. a la carte. Evidence of liaison / consultation with appropriate staff groups (i.e. SLTs / dietitians) to ensure that an appropriate range of texture modified menus are available to suit the needs of patients within the organisation. Completed checklist to show meals are compliant with the National Dysphagia Diet Food Texture Descriptors or IDDSI as appropriate.
Gluten free menus	11	A gluten free menu must be available.	Available within main menu and/or as complementary choices.	Menu - main or complementary e.g. a la carte.
Food Allergies	11 & 7	Trust should comply with the FIR food allergen regulations.	For further information please see the BDA Food Counts/HCA Allergen Toolkit for Healthcare Catering to meet EU FIC Legislation December 2014. https://www.bda.uk.com/publications/professional/NutritionHydrationDigest.pdf	Trust Policy. Critical control point (CCP) for allergens in HACCP. Allergen information on 14 required allergens is current and available to ward level staff and patients in a user friendly format. Reference should be made to this on menus. May also be available on Trust website.
Children's menu	11	Children's menu should be available with consideration of the nutritional targets contained within the document.	Available within main menu and/or as complementary choices, or stand alone menu.	Menu - main, stand alone or complementary e.g. a la carte. Evidence of consultation with children's services, patients, parents in development of the children's menu.
Other menus	11	Other menus should be considered separately where appropriate, e.g. mental health and oncology, dementia friendly.	Available within main menu and/or as complementary choices, or stand alone menu.	Menu - main, stand alone or complementary e.g. a la carte. Evidence of consultation, meetings to ensure that the specific needs within the patient population within an organisation are met.
Diet Coding	11	Criteria for inpatient menus followed. Ensure diet coding is kept to a minimum and adequate diet coded options are available at each mealtime.	As per recommendations in Chapter 11. https://www.bda.uk.com/publications/professional/NutritionHydrationDigest.pdf	Diet coding criteria.