MEMORANDUM OF UNDERSTANDING BETWEEN THE BRITISH DIETETIC ASSOCIATION AND THE HOSPITAL CATERING ASSOCIATION

Introduction

1. This Memorandum of Understanding is between the BDA and HCA. The Memorandum sets out an agreed framework for co-operation between the parties. It is not legally binding nor is it intended to cover every detailed aspect of their relationships. Rather, it is a statement of principles, which will guide relations between the parties and provide a set of workable ground rules.

2. The Memorandum cannot over-ride the statutory duties and powers of the individual parties.

Organisation Aims and Values

The British Dietetic Association

3. The BDA is the Professional Association and Trade Union for UK dietitians. Its vision is to;

“Improve the health of the UK population; by protecting and improving health and care services; developing health and social care nutrition policy; improving the impact of dietetics; and, promoting positive discussion on food, nutrition, wellbeing, and health.”

Its aims are to:

• advance the science and practice of dietetics and associated subjects;
• promote training and education in the science and practice of dietetics and associated subjects;
• regulate the relations between dietitians and their employer through the BDA Trade Union

The Hospital Caterers Association

4. The HCA is a professional association for Health Care Caterers. The aims and objectives of the Association shall be:

• The promotion and improvement of the standards of Catering in Hospitals and Health Care in Great Britain and Northern Ireland and elsewhere.
• The education and training of persons engaged in Hospitals and Health Care Catering Services.
• The provision and improvement of the professional interests and status of those engaged in the Hospital and Health Care Catering Services.

Working Relationship

5. This Memorandum of Understanding sets out to:

• build on the good working relationships that already exists between the BDA and HCA by setting out the principles of an effective relationship to which both parties should adhere.
• enhance co-operation and co-ordination between the BDA and HCA.
• prevent duplication of activity. This includes resources produced by the BDA and HCA which may overlap or contradict each other.
• inform the respective members and stakeholders of the BDA and HCA, of our relationship and how we interact.
6. The respective responsibilities of the BDA and HCA under this Memorandum of Understanding are as follows:

- whenever possible, to share common aims and standards in respect of public-facing and patient focussed diet and nutrition information.
- work together to promote the principle of providing a quality service to dietitians, other health professionals and hospital catering professionals with a remit for diet and nutrition.
- work together to maintain and improve standards in hospital catering and services related to patient nutrition and patient safety.
- engage fully in meetings that are jointly attended to preserve and cultivate the relationship
- wherever possible allow each other to comment on relevant, draft, public-facing information in advance of publication
- agree to work together to promote each others’ services. This maybe in the form of:
  - joint event attendance at marketing events
  - signposting each other to relevant home country policies
  - HCA editorials within Dietetic Today
  - BDA editorial within Hospital Caterers Journal
  - Web or social media activity
- inform each other of their respective annual workplans in order to avoid potential overlap or duplication of effort.
- signpost to their respective websites.

**Working Arrangements**

7. Quarterly meetings or conference calls to update each other on planning and direction for the future. The day to day relationship between the HCA and BDA will be between National Chair of the HCA and the Chair of the BDA Food Services Specialist Group. The BDA head office team shall be kept updated on a regular basis, and further support provided as necessary.

8. Through the course of the co-operation, the BDA and the HCA may, from time to time, be sharing commercially confidential information with each other to the extent that this is necessary for the preparation of specified joint projects. All transactions of information must adhere to each organisation’s data protection and information governance policies and be considered by each party’s executive. All information must be kept confidential and not be shared with any other third party. The parties agree to inform each other on relevant / related work to the co-operation.

9. Any proposed use of the HCA or BDA logo or references to the alliance in press releases or publications etc. by the other must be considered by the other’s head office team. Either party will receive a written response to their enquiry and will be required, if permission is granted, to adhere to the other’s corporate identity guidelines.

10. Neither party will be granted any rights over the content of the other’s resources or materials.

11. The BDA and the HCA may make such arrangements to financially support one another at events or with specific projects through separate agreements as appropriate. Any such agreements will be developed with the BDA’s Partnerships Manager.

**General Matters**

12. Both parties are committed, whenever possible, to solving any disagreements under this Memorandum through normal administrative channels.

13. Amendments to this Memorandum may be made at any time by agreement between both parties. In addition, this agreement will be reviewed six monthly then at intervals agreed between both parties and be updated, as necessary, in light of experience of its operation in practice.

14. An up-to-date version of this Memorandum will be published on the BDA and HCA websites.
Signed by

Andy Burman
Chief Executive of the BDA

Craig Smith
Honorary Chair, HCA