



An Introduction to Catering Dietetics



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It's an exciting time to be a catering dietitian. The BDA Food Services Specialist Group committee received the BDA Roll of Honour for their contribution to the pandemic response. The *2020 Independent Review of Hospital Food*¹ recommended that every NHS Trust should have a food service dietitian. Dietitians have been key contributors to the new Hospital Food Standards, due to launch later in 2021.

It's fantastic to receive recognition for our specialism. A catering dietitian can legitimately claim to have every inpatient in the hospital on their caseload. It's our responsibility to 'promote improvement through food and beverage services that are cost-effective, good quality, safe, nutritionally adequate and appropriately patient-focused'.² Our work contributes directly to patient safety (e.g., allergies, dysphagia), patient outcomes (e.g., length of stay, readmissions) and patient experience. In a recent Patients Association survey, 65% of respondents claimed that food directly impacted their hospital experience.³ Test it yourself by asking a friend or relative how their recent hospital stay was... I'm willing to bet they'll mention food in their reply!

The catering department is the engine room of any hospital, fuelling patients, staff and visitors and providing routine and enjoyment to hospital life. It's a great place for dietitians who want to make a difference.

Malnutrition – a case for the vital importance of hospital catering

This is dietetics 101. You probably know that up to 34% of hospital admissions are at risk of malnutrition, and you might recall that 70% of inpatients lose weight during their stay. You might even be able to make a hasty sketch of the 'malnutrition carousel', the vicious circle in which malnutrition leads to 30% longer hospital stays, more complications, greater need for community support on discharge, and ultimately more hospital admissions.⁴

High on the priority list of any Trust chief executive are outcome measures such as rate of infection, rate of falls, incidence of pressure ulcers and level of independence. We dietitians know that malnutrition worsens all these and more.

The catering dietitian helps to ensure that all inpatients are provided with adequate nutrition and hydration, that they receive appropriate assistance with eating and drinking in a pleasant environment, and that food is appealing and suited to their individual tastes. After all, 'the nutritional value of food left uneaten is nil'.⁵

Importance of hospital catering in public health

Catering dietitians also have an important public health role. Over half the food served in NHS hospitals is to staff and visitors,⁶ and their restaurants have a responsibility to be shining examples of healthy eating best practice.

Anyone reading this is likely to already be aware that 29% of UK adults are obese and that as a population we consume above recommended levels of free sugars, fat and saturated fat,⁷ and well below recommended levels of fibre.⁸ These factors affect NHS staff as much as anyone, with as many as 1 in 4 nursing staff obese.⁹ This impacts upon not only an individual's chronic disease risk, but also the cost of NHS staff sickness absence.

Furthermore, the contribution of NHS workers during COVID-19 has highlighted the importance of their wellbeing. Good nutrition has a positive impact on the mental and physical health of healthcare staff including shift workers working nights, and in turn on the quality of care they provide.¹⁰

The role of the catering dietitian

The fundamental purpose of the catering dietitian is to provide the interface between catering and clinical departments. The diagram (Figure 1) shows just a few of the stakeholder relationships that catering dietitians must create and nurture.

The catering dietitian's key tasks include:¹¹

- **Staff training** – making sure all staff involved in the provision of food to patients understand the basics of healthy eating, and malnutrition, and higher energy and protein choices. Other training topics include hydration, food allergies, therapeutic and cultural dietary requirements.
- **Menu planning** – ensuring that menus meet national evidence-based guidelines, are appropriate to the needs and preferences of the local demographic, as well as being practically feasible and cost-efficient.
- **Menu presentation** – making menus patient-centred, providing patients with the information they need to make informed choices from the menu in a format they can understand.

As well as catering dietitians employed by NHS Trusts like me, there are also many dietitians employed by the commercial food suppliers and catering contractors who play a vital part in the provision of hospital nutrition.

Some questions a catering dietitian asks when planning a menu

- **Patients:** How old are they? What foods do they tend to enjoy? How long do they usually stay? What clinical dietary needs do they have? What are their cultural backgrounds and how does that affect their diet?
- **Food service system:** Do we cook on-site from scratch, or do we buy in from a supplier, or some combination of both?
- **Menu type:** Do we have one single menu that doesn't change? Or a cyclical menu that changes every day for a period of a week or longer?
- **Waste:** How do we minimise waste – in production, on the trolley and on the plate?

What does a good inpatient menu look like?

It is essential that hospital menus can deliver on the nutrient standards set out in the *BDA Nutrition & Hydration Digest*. (Table 1).

For a nutritionally well patient (a patient not at risk of malnutrition according to the Trust's nutritional screening tool), this might be made up from the following (Table 2).

Nutritionally vulnerable patients additionally require whole milk, nourishing fluids such as soups and milky drinks, and high energy and protein meals and snacks – think Food First basics!

Notice that targets include snacks and drinks. The significance of the humble tea trolley cannot be underestimated. In the example below, these account for nearly 20% of the patient's daily energy intake!

Refer to the *BDA Nutrition & Hydration Digest* for full details: www.bda.uk.com/specialist-groups-and-branches/food-services-specialist-group/nutrition-and-hydration-digest.html.

Menu coding

Standard menus should be coded to help patients make the best choices, and codes can be used by clinical dietitians in their recommendations.

Healthier eating (H or ♥)

This is based on maximum criteria for fat, saturated fat, sugars and salt, in line with public health advice for the general population. It may be especially useful for patients with type 2 diabetes, cardiovascular risk factors and/or overweight and obesity.

Higher energy (E or ↑)

Dishes must meet minimum criteria for energy. This code supports patients with small appetites and/or increased requirements, secondary to malnutrition or another clinical condition, e.g., major trauma.

Easy to chew (EC or ★)

Does what it says on the tin! This code directs patients towards dishes that are easy to chew for those with fatigue or poor dentition etc., according to IDDSI criteria (see Figure 2).

NB. Not suitable for patients unsafe to eat without supervision, with difficulty swallowing or at risk of choking.

Vegetarian (V)

Suitable for lacto-ovo vegetarians.

Figure 1: The catering dietitian's key relationships

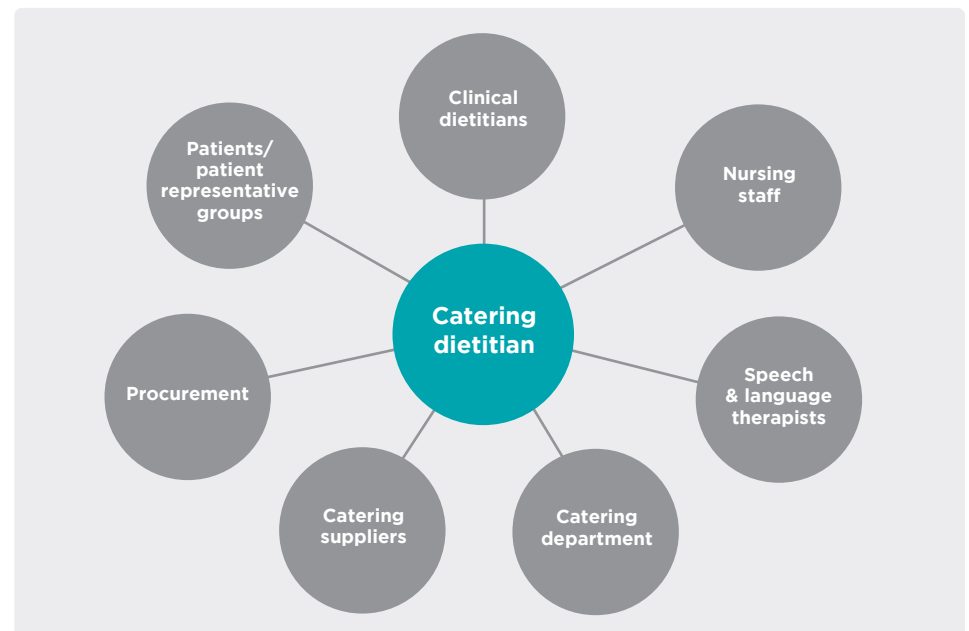


Table 1: Nutrient standards for adults, per day (reproduced with permission of the BDA)¹¹

	Nutritionally well	Nutritionally vulnerable
Energy (kcal)	1840-2772	
Protein (g)	56	66-83

Table 2: Hospital food intake for a nutritionally well patient, per day

Breakfast (fruit juice, cereal with milk, bread, spread & preserve)	400 kcal	10 g protein
Snacks (minimum two per day)	150 kcal	2 g protein
Semi-skimmed milk in hot drinks throughout the day	184 kcal	14 g protein
Lunch (starter, main course, sides & dessert)	553 kcal	15 g protein
Evening meal (as above)	553 kcal	15 g protein
TOTAL	1840 kcal	56 g protein

Catering for religious and cultural dietary requirements

The Care Quality Commission (CQC) specifies that NHS Trusts must meet 'any reasonable requirements of a service user for food and hydration arising from the service user's preferences or their religious or cultural background'.¹² Such requirements will depend on the local demographic and may include Halal- or Kosher-suitable foods, vegan foods and South Asian or Caribbean-origin foods, to name but a few.

Catering dietitians need to engage with patient representatives and local religious/cultural leaders to ensure menus are acceptable to the local demographic, and that dishes are prepared and served in an acceptable manner.

Modified texture diets

Modified texture dishes reduce the risk of choking and aspiration in patients with oro-pharyngeal dysphagia. This can occur following a stroke, because of dementia, neurodegenerative diseases (e.g., Parkinson's disease, motor neurone disease) or radiotherapy for head and neck cancers.

The International Dysphagia Diet Standardisation Initiative (IDDSI) specifies standardised definitions for modified texture foods and drinks.¹³ Catering dietitians need to ensure that meals for patients requiring these modifications can be provided. This requires close collaboration with the local speech and language therapy team and can provide an excellent example of multidisciplinary working.

Other therapeutic diets

Provision required will depend on the service. For example, a renal unit requires a dedicated menu serving the needs of patients with high protein requirements, potassium and sodium restrictions. Liver disease patients may require a carbohydrate-based evening snack. An oncology ward may cater for neutropenic patients requiring a diet with minimal infection risk.

Food allergies

Hospital caterers are subject to the same food laws as other food business operators, that must:

- Provide allergen information to the consumer for both prepacked and non-prepacked food and drink.
- Handle and manage food allergens effectively in food preparation.¹⁴

Supporting catering departments to ensure the safety of patients with food allergies is an important part of a catering dietitian's role. Systems must be in place to ensure that allergies and intolerances are made known and can be catered for.

Hot topics for the future

Mental health

There is an increasing recognition that inpatient catering standards frequently do not suit the needs of mental health inpatient services. It would be useful to see the development of detailed guidelines specific to the needs of mental health service users.

Sustainability

Catering dietitians are well-placed to influence catering departments to procure and plan menus in more sustainable ways. The BDA's *One Blue Dot* toolkit is a useful resource demonstrating the shared ground between nutritional and environmental science.¹⁵

Students

If the specialism of catering dietetics is to grow, we need to engage dietetic students. Can you find ways to get your placement students involved in catering activities e.g., ward mealtime audits?

Want to find out more?

The *BDA Nutrition & Hydration Digest* is the catering dietitian's bible. In it, you will

find everything you need to ensure your catering provision is in line with best practice. I am part of a working group of incredible volunteer dietitians that is currently revising this amazingly comprehensive document. Look out for an update in 2022.

The *BDA Food Services Specialist Group* is a small, collaborative specialist group with a growing membership of catering dietitians, interested clinical dietitians, and dietitians employed in the food industry. We share best practice in our members' discussion forum, raise the profile of catering dietetics, and hold regular study events. We welcome student members. Join us on the BDA website and follow us on Twitter: @BDA_FoodServ

The *Independent Review of NHS Hospital Food* benefited from the input of several catering dietitians. It highlights the key priorities for improving hospital catering. Off the back of this an expert panel, including two dietitians, will be convened, and new standards for hospital food are due to be released later in 2021.

Figure 2: IDDSI Framework



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