

Policy:

HR 022 Catering and Food Safety

Executive or Associate Director lead	Director of Human Resources
Policy author/lead	Hotel Services Manager
Feedback on implementation to	Hotel Services Manager

Document type	Policy
Document status	Version 2
Date of initial draft	February 2018
Date of consultation	13 March 2019 to 15 April 2019
Date of verification	Joint Policy Group 7 May 2019 PGG 20 May 2019 Joint Consultation Forum 5 June 2019
Date of ratification	6 June 2019
Ratified by	Executive Directors' Group
Date of issue	6 June 2019
Date for review	31/12/2022 (Extended from 30/09/2022)

Target audience	All SHSC staff and the Trust Board
Keywords	Catering, food, provisions, meals, menus, beverage, hygiene, safety, awareness, dietician

Catering and Food Safety Policy: Version 2

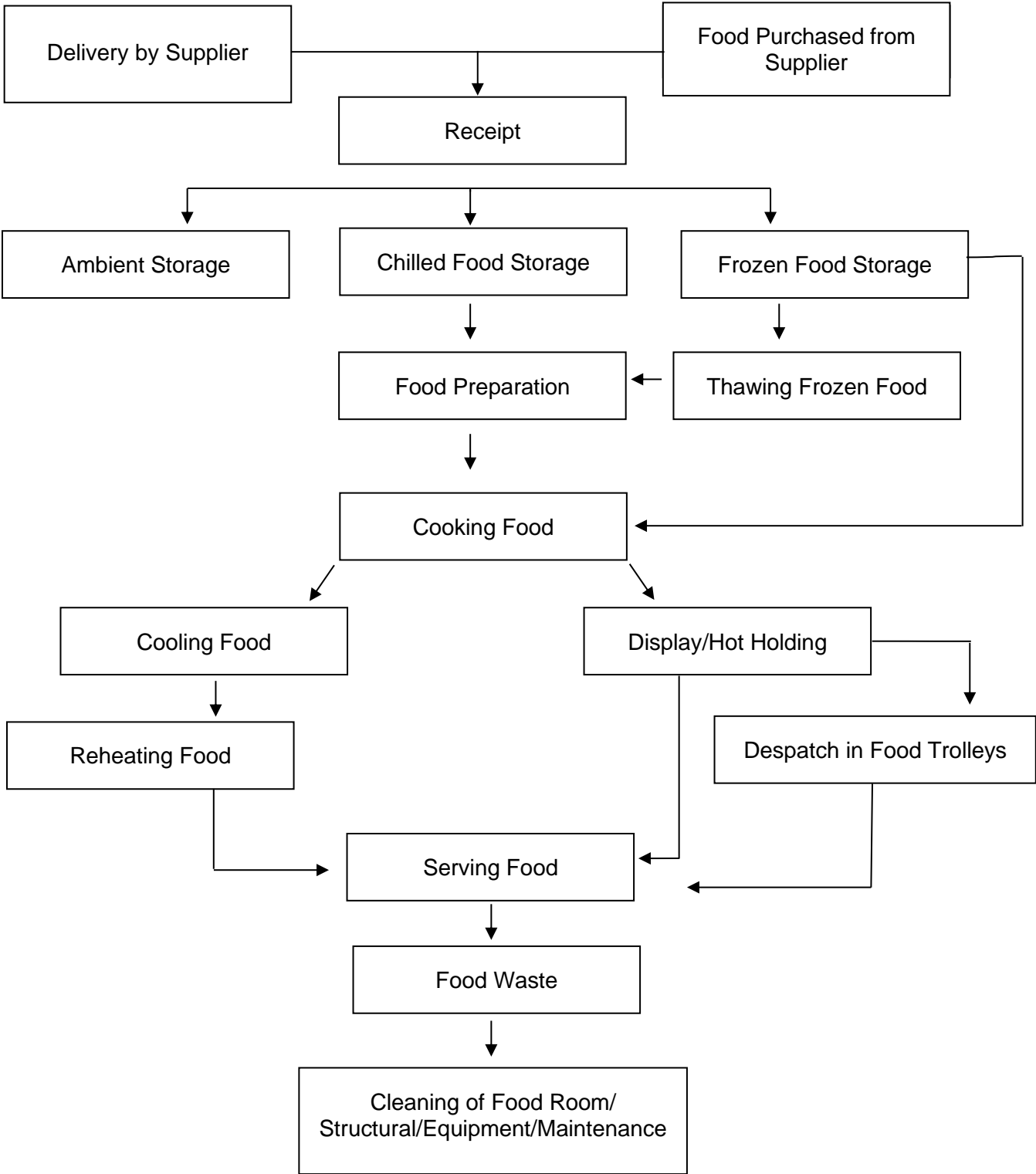
This policy is stored and available through the Sheffield Health and Social Health NHS Foundation Trust's, (SHSC), intranet and internet.

This version of the policy supersedes the previous version, (version 1).
All copies of the previous policy held separately should be destroyed and replaced with this version.

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Flowchart - Hazard Analysis and Critical Control Point, (HACCP)



1. Introduction

Sheffield Health and Social Care NHS Foundation Trust (SHSC, the Trust), provides catering services, which may consist of cook-fresh, cook-chill or cook-freeze meals, to service users at various sites across the Trust.

Catering services are an essential part of the care SHSC provides given that good quality and nutritious food plays a vital part of rehabilitation and recovery. Effective catering services are dependent on a range of processes, which involve menu-planning, procurement, food production and regeneration across the Trust.

An independent group has been established by the Department of Health to review standards of food and drink in NHS hospitals; the Trust is obliged and committed to ensuring compliance with these national requirements and is to actively work towards compliance with Hospital Food Standards for food and drinks in NHS hospitals (2014).

The Trust acknowledges its responsibility for food safety and the provision of safe, nutritious food to the service users in its care. It needs to maintain appropriate standards of food safety, and comply with legislation on food safety to provide, as far as reasonably practicable, a safe environment in all locations of the Trust where food is produced and served for service users.

The Trust has a moral and legal responsibility to take reasonable care in all food safety issues to ensure that food for service users is safe to eat. Everyone who deals with food as part of their role has a legal responsibility to maintain food safety standards. Attention to high standards of management of food services and good hygiene practices are essential if current legal obligations are to be met. The food safety management system adopted by the Trust is based on Hazard Analysis Critical Control Points (HACCP) principles.

This Policy has been created to meet legal requirements under the Food Safety Act 1990 and the Food Safety and Hygiene (England) Regulations 2013 (Sections 1 and 2), which set out clear minimum requirements for food safety.

2. Scope

This Policy applies to all employees of the Trust including agency and bank staff, and non-SHSC employees based within SHSC premises. This Policy also covers service users who may prepare food for their own, or others, consumption. In these circumstances, staff should ensure service users are instructed or supervised, with consideration given to cultural/religious requirements, to ensure food prepared by service users also meets required standards for food safety.

3. Definitions

HACCP	Hazard Analysis Critical Control Points
EHO	Environmental Health Officer
D&V	Diarrhoea and Vomiting
FSMS	Food Safety Management System
ICC	Infection Control Committee
CQC	Care Quality Commission
DH	Department of Health

4. Purpose

The purpose of this Policy is to identify quality standards regarding the provision of food and demonstrate the Trust's commitment to comply with food safety and food legislation requirements in all areas within the Trust.

This Policy takes in to account the relevant legislation and Department of Health guidelines, including Standard Operating Procedures within SHSC guidelines.

5. Duties

The Trust is responsible for ensuring that catering services and food safety are managed by the appropriate staff with qualifications and experience in matters of catering and food safety. The duties and responsibilities of key staff in the Trust are as follows:

Board of Directors and Chief Executive

The Board of Directors, via the Chief Executive, are responsible for:

- Ensuring there are effective and adequately resourced arrangements for catering and food provision, including food safety within the organisation.
- Ensuring the role of the Hotel Services function is fulfilled by appropriate and competent persons.
- Ensuring appropriate systems are in place so the responsibility for food, and food safety management, is effectively devolved to:
 - All staff groups in the Trust who have a responsibility for the provision-, or service, of food and beverages.

Director of Facilities Management

The Director has overall responsibility for ensuring catering services provided by SHSC, and the agencies it manages, comply with this Catering and Food Safety Policy.

The responsibility will extend to proposed programmes of work relating to food safety risk management for consideration as part of the annual business planning process.

In line with delegated authority, the day-to-day management of food safety will be devolved to the Hotel Services Manager, but the Director of Facilities Management retains accountability.

Head of Projects, Soft Facilities Management and Business Support

Is responsible for:

- Overall delivery of a range of Soft Facilities Management services, including catering, on behalf of the Director of Facilities Management.
- Line management of the Hotel Services Manager.

Hotel Services Manager

Is responsible for:

- Ensuring compliance with catering services and food provision standards and food safety for the Trust.
- Providing suitable advice and support to food handlers/managers on aspects of food production, food service, menu planning, pest control, cleanliness and safety issues.
- Developing and maintaining the delivery of the Level 2 in Food Safety - Chartered Institute of Environmental Health (CIEH), or suitable equivalent, to food handlers within the Trust.
- Ensuring compliance with legislation to include the preparation and updating of Catering and Food Safety Policies and appropriate procedures.

Dietician

Is responsible for:

- Providing professional advice on dietary requirements for service users, including detailed advice on specific food allergies and/or food intolerances.
- Training staff on the use of the Malnutrition Universal Screening Tool, (MUST).
- Analysing menus to ensure services users are provided with a nutritious and well-balanced diet.
- Developing a weight-management pathway to oversee healthier eating and improved nutrition.

Managers of Food Handlers

Are responsible for ensuring:

- Food-handling staff are trained in food preparation, service of food and food hygiene relevant to their work role and duties.
- The food service is carried out efficiently and hygienically.
- Co-operation with the Hotel Services Manager on issues that may impact on food safety or catering services.
- Safe practices from the point of receipt of food to the point of service are adhered to.
- Food is purchased from approved suppliers in accordance with HACCP.
- They have the relevant qualifications to train and supervise staff in catering/housekeeping services.

Food Handlers

Have a responsibility to:

- Ensure all aspects of food safety are adhered to.
- Adhere to good personal hygiene practices.
- Report to their line manager any issues which they believe could result in food poisoning.
- Attend mandatory training to a level commensurate to their duties.
- Use suitable protective clothing, provided by the Trust, to prevent food from cross contamination.

- Undergo Occupational Health clearance prior to the commencement of their duties.
- Adhere to 'the Essentials of Food Hygiene' document provided via the Hotel Services Manager.
- Attend training relevant to the job role.

6. Process

6.1 Catering Standards

The implementation of this policy is supported by the guidelines of various Standard Operating Procedures, (SOPs), which include appropriate written codes of practice, and identify standards to be met for purchase, storage, preparation, cooking/regeneration and service of food. The testing and recording of food temperatures throughout the food chain - (food receipt through to the point of service) - is an essential part of the quality control of good, nutritious, safe food.

Hazard Analysis Critical Control Points

It is a legal requirement to carry out a risk assessment of the food production in each kitchen to identify hazards that have the potential to cause harm to service users, staff and visitors, and introduce controls to remove or minimise the risks.

This system enables monitoring of all catering activities to ensure compliance with Food Safety and Hygiene (England) Regulations 2013, formally known as HACCP. In addition to HACCP, there is 'the four weekly review' - adapted from the 'Food Standard Agency - Safer Food' system; a monitoring system that documents and identifies any persistent problems, their details and how they were dealt with. In the event of anything different happening, or if something goes wrong, this requires documenting. This is evidence to show action has been taken to ensure food is safe to eat and all other aspects of catering/ housekeeping problems are documented.

The managers of food handlers must understand the need for such control, carry out regular monitoring and ensure clear, understandable records are kept.

Hotel Services will monitor documentation and check the four weekly review systems are completed, including a kitchen audit and the annual Patient-Led Assessment of the Care Environment (PLACE), which assesses choice, meal times, taste and various other catering methods. Procedures must be established to cover corrective action where necessary. Accurate records may afford the Trust a 'due diligence defence', (doing everything possible to ensure food is safe to eat) should one be needed. This system should be reviewed and revised as necessary.

6.2 Contracted Catering Services

The Director of Facilities Management will ensure all specifications for tendering of catering operations, and catering management contracts, include a requirement for the successful contractor to develop, implement and maintain a robust food safety management system.

The Director of Facilities Management ensures the contractors' systems:

- Comply with current food safety legislation.
- Comply with best practice.

6.3 **Provision of Food**

The Trust provides catering services for service users throughout the Trust in inpatient areas. Food is available 24 hours a day, 7 days per week.

Type of Service

The Trust provides different methods of catering, which are as follows:

- Cook chill
- Cook freeze
- Cook fresh
- Self-catering

N.B. All food handlers using the above methods of cooking must be aware of the ingredients used and follow standard recipes, or alternatively check packaging which includes information about the 14 allergens.

Cook chill

Strict temperatures must be adhered to when cooking and chilling food. Guidelines must be followed for the length of time food is stored in the chiller cabinet/refrigerator.

Cook freeze food

All cook freeze food must be regenerated to a temperature of +75°C and above. Food cannot be re-heated after cooking.

Cook fresh food

All food must be cooked to a temperature of +70°C for 2 minutes.

Self-catering

Service users should be supported to adhere to food safety rules and appropriate training and support provided if necessary.

Preparation, cooking and regeneration methods should ensure meals are nourishing, look appetising and can be eaten without difficulty.

Particular care should be taken to meet requests for late admissions or if meals have been missed, (e.g. due to external appointments).

24-hour food

SHSC provides food to all inpatient areas, including a managed nursing home. The 24-hour food service is designed to provide food to cater for the requirement of food outside the normal meal times, e.g. to cover for missed meals or late admission. This food is available 24-hours a day, 7 days per week. However, this is not meant to provide food to supplement the standard menu.

Examples of foods which are available 24-hours a day include:

- selection of sandwiches
- baked beans
- toast
- cereals
- soups
- healthy snacks
- fresh fruit
- yogurts
- eggs
- tinned sardines or tuna
- cheese and biscuits
- fruit juice

6.4 **Nutritional Strategy**

Having access to a healthy and nutritious diet is a basic human right and good nutrition and hydration is essential for mental and physical wellbeing.

Nutrition and hydration are vital parts of service users' treatment and are essential to ensure food provided meets the service users' individual requirement. Food provision must also take in to account personal, cultural and religious needs. The Dietetic Department and nursing staff are responsible for ensuring adequate information is available to the ward catering staff when a specific diet is required, which may consist of a texture modified diet or information regarding a food allergy or intolerance to a certain food that has been identified.

SHSC will take a multi-disciplinary approach to nutrition and hydration care, valuing the contribution of all staff, service users, carers and volunteers.

SHSC aims to demonstrate its commitment to providing a healthy balanced diet and ensuring the nutritional needs of all service users are assessed and attended to. The Trust aims to provide the necessary information and support so individual service users are able to consume appropriate nutrition with dignity and in an environment conducive to promote and enhance health.

To meet these needs, the Trust has adopted the 10 key characteristics of Good Nutritional Care (NHS England). See the Trust's Nutrition and Hydration Strategy.

6.5 **Menus**

A comprehensive four-week menu is available, which offers choice and is flexible in response to individual dietary and religious requirements. A vegetarian option is available at each meal time.

The menu is produced by the Hotel Services Manager and Senior Housekeepers, which meets the preferences and dietary needs of service users within the inpatient areas. These menus are very similar across the Trust although may vary slightly depending on likes and dislikes, and/or service user needs within some areas.

The menus should be displayed enabling service users to make preferred choices.

Menus should be available in large print, pictorial and/or the option of another language, if possible. However, the translation of menus may need to be provided upon request via the Trust's approved translation service.

All menus are nutritionally assessed by the Trust Dietician. In addition to the standard menu there are options for:

- Gluten free, Halal, Caribbean, texture modified diets or other specialised diets.
- A choice of light and easily digested dishes, e.g. omelette, as an alternative to the menu choice.
- Jacket potato and filling(s).
- Plated salads - various salads as an alternative to cooked vegetables or to replace the menu choice.
- Sandwich - various fillings on white or wholemeal bread as an alternative to the menu choice.
- Fresh fruit, yogurts, ice-cream, tinned fruit are available as an alternative to the menu dessert.

N.B. Alternative choices are required to be ordered in advance of the meal. See housekeeping or catering staff for details.

6.6 Meal Service

Meal Ordering Arrangements

All service users should be offered a choice of menu and should make their own choice of meals, with assistance as necessary from designated staff. Ideally, choices from the main menu should be made prior to the meal service to reduce food waste.

Meal Service Procedures

The unit/ward meal service procedures should ensure support/nursing staff are available to supervise the meal service in the dining areas in particular to:

- Check service users' choices for nutritional adequacy and suitability.
- Ensure the service users receive the meal ordered and that it is eaten.
- Oversee alternative feeding procedures and ensure they are carried out correctly, e.g. nutritional supplements administered appropriately or assist with feeding if required.

Meal and Beverage Service Requirements

- A choice of tea, coffee (and decaffeinated versions) with semi-skimmed or full fat milk, plus other milk-based drinks to be available 24-hours a day.
- Drinking water to be available 24-hours a day.
- Hot drinks and fruit-based cordials to be available 24-hours a day, or provided at regular intervals, (a minimum of 7-8 occasions), if there is not a facility for service users to access hot drinks. (**Note:** this may be due to the management of risk).

- Provision of at least four choices of breakfast items, including three different cereals, hot toast should be available at breakfast.
- A choice of at least 4 preserves/spreads to be available at breakfast time.
- A choice of 4 condiments/sauces to be available at each meal time.

Meal Service Times

Meals and refreshments should be available at customary times and the maximum period between the last main meal at night and the following day's breakfast should not exceed 14 hours with snacks available during this period if required. Meal and refreshment times should be flexible and sensitive to specific care-group needs.

Protected Meal Times

All staff are expected to observe, where practicable, the protected meal time protocol. There will be a poster displayed on each ward identifying details of protected meal times. This allows service users to enjoy meals in a relaxed environment conducive to eating.

Protected mealtimes are promoted by the National Patient Safety Agency (NPSA 2007) and are assessed through Patient-Led Assessments of the Care Environment (PLACE). This involves restricting visitors during mealtimes, unless the visitors are there to assist with mealtimes. The focus is on providing uninterrupted time for service users to enjoy their meals.

Signs will be displayed to indicate mealtimes and inform visitors of the policy. The operation of Protected Mealtimes will be audited annually. Other social care and supported living environments will adhere to the core principles, but may interpret them locally to meet the needs of their service.

6.7 Food Allergens and Intolerance

Food Information Regulation 2014 (S12014/1855) provides general advice and information on food allergies and intolerance plus the avoidance of certain ingredients in food. It is important to consider how known allergens affect the safety of food when foods can become contaminated through cross-contamination. Therefore, all providers and handlers of food shall take the necessary steps to avoid any contamination.

A food allergy can be defined as a rapid and potentially serious response of the body's immune system to certain foods or food additives. Symptoms can range from mild to life-threatening.

Food intolerance is more common than food allergy and occurs when the body is unable to digest certain foods. Symptoms usually take longer to appear and generally are not life threatening although they can negatively affect long-term health.

There are 14 Allergens that must be tracked.

All food handling staff will be required to receive Allergy Awareness Training and be aware of the procedures and policies for handling. An appropriate level of information will be provided for recipients of foods.

See the '*Allergen Toolkit for Healthcare Catering*' or Food Standards Agency www.food.gov.uk for further information.

6.8 Food Brought in to the Trust

Guidelines to minimise the risk of food poisoning to service users regarding food brought in by service users, relatives and/or visitors can be found in the relevant Standard Operating Procedure.

Takeaway menus

Takeaway food will be managed and monitored by managers at ward level. It is recommended that all takeaway food delivered to the ward is documented by nursing/support staff; (in case of a food poisoning outbreak).

The consumption of takeaway food is to be discouraged in principle as its nutritional value is usually unknown and such foods tend to be very high in salt, sugars and calories. However, the occasional purchase of takeaway food, particularly for long-stay inpatients, can be undertaken in a controlled way and local areas/wards should develop their own SOPs around this.

7. Pest Control

The presence of pests cannot be tolerated in food premises. It is a legal requirement that pests be systematically eliminated. All premises in the Trust will be covered by a pest control contract. The nature, style and content of the specification for pest control services will be in accordance with the NHS Executive Model Contract. Facilities Management has a responsibility for monitoring and reviewing the Policy and contract.

A nominated person, currently the Hotel Services Manager, must ensure that staff are trained to:

- Recognise the presence of pests, or pest activity, and take appropriate action.
- Maintain high standards of housekeeping and cleanliness to discourage pests.
- Store and dispose of waste carefully.
- If an infestation problem occurs, it should be reported to Estate Services via the Direct Link procedure on telephone number 27 18181.

8. Inspection, Monitoring and Review of Food Safety Matters

The standards within food premises are also subject to inspections by local authority Environmental Health Officers (EHOs). These inspections are un-announced. The inspector has a legal right to access all food areas and

examine relevant documentation. Failure to comply may result in prosecution.

All issues relating to food safety are reported and monitored by the Nutritional Strategy Group. An annual report on the management of food safety will be presented to the Nutritional Strategy Group, any risk issues identified and an action plan drawn up and implemented for risk mitigation. Appropriate training must be given to staff and monitored against the Trust's Mandatory Training Policy.

An internal audit of the premises and the food safety management shall be conducted annually by the Control of Infection Team and Hotel Services Manager and formally documented.

9. **Dissemination, Storage and Archiving**

An electronic copy of the Policy shall be accessible via the Trust's intranet. Discussions and directorate awareness of the Policy should be made via meetings and training groups.

10. **Training and Other Resource Implications**

It is a legal requirement that all food-handling staff will be trained to a level commensurate with their work activities and training records maintained to ensure compliance with Trust-, department- and statutory requirements. Staff will also be trained in the use of chemicals, (Control of Substances Hazardous to Health, (COSHH)), and with respect to personal hygiene, awareness of sickness reporting procedures and infection control good practices. The managers of food-handlers employed within the Trust will ensure their staff:

- Undergo induction prior to commencing food-handling duties.
- Are trained to undertake food-handling tasks efficiently.
- Undergo the relevant Hygiene Awareness Training.
- Undergo the relevant, formal food hygiene training depending on their grade/role.

Hygiene Awareness/Refresher Training

All food-handling staff receive food hygiene training. All food-handling staff will receive refresher training at a minimum frequency of once every three years. The training should include the following information:

- Overview of food safety management systems - the importance of high standards
- Personal hygiene, hand hygiene, wearing protective clothing/hairnets
- Reporting food poisoning symptoms to their supervisor
- Cross-contamination
- Colour-coding guidelines
- Food storage - ambient, chilled, frozen
- Importance of temperature control
- Food waste disposal
- Cleaning and disinfection
- Identifying food pests

Formal Training

The Trust will provide a one day course - accredited by the Chartered Institute of Environmental Health, (CIEH) Foundation Level 2, (or equivalent), in Food Safety in Catering.

The following subjects will be covered:

- Introduction
- The importance of food safety
- Hazards to food
- Physical and chemical hazards
- Biological hazards
- illness linked to food
- High-risk food
- Time and temperature control
- Personal hygiene
- Premises and equipment
- Cleaning and disinfection
- Food pests
- Production to storage
- Displaying and selling food
- Food safety control

A multiple-choice examination paper is taken at the end of the session - (6 hours) - and a minimum mark of 14 out of 20 must be achieved to receive a pass mark.

Other Formal Training

Intermediate and Advanced Food Hygiene, or NVQ equivalent, is sourced externally.

Agency Training

Managers who utilise agency staff will ensure they undergo instruction and supervision and/or training to commensurate with their work activity.

Managers sourcing agency staff should seek evidence they have received the appropriate level of food hygiene training.

Training Needs Analysis

Staff Grade	Training Required/Qualifications	Update
Hotel Services Manager	CIEH Advanced Food Hygiene Higher Managerial qualification Level 7 advanced diploma Nutritional/dietetic qualification Advanced Health and Safety Certificate City & Guilds 706 1 & 2 (Catering Qualifications) City & Guilds 764 1 & 2 (Cleaning Science qualifications)	

Catering Supervisors	CIEH Intermediate Food Hygiene or NVQ equivalent. Advanced Health and Safety Certificate City & Guilds 706 1 & 2 (Catering Qualifications) City & Guilds Supervisory Certificate	
Senior Housekeepers	CIEH Intermediate Food Hygiene or NVQ equivalent NVQ level 1, 2 & 3 in Catering/ Housekeeping/Cleaning/Supervisory/ Residential services or apprenticeship equivalent	
Site Co-ordinators managing housekeeping staff (catering and housekeeping)	CIEH Intermediate Food Hygiene or NVQ equivalent Knowledge of housekeeping/cleaning	
Cook-Housekeepers	CIEH Level 2 in Food Safety NVQ Level 1 & 2 in Catering/ Housekeeping/Cleaning/Residential services or apprenticeship equivalent	
Housekeepers (no catering responsibility)	NVQ Housekeeping/Cleaning or apprenticeship equivalent	
Nursing/Support/Occupational Therapist staff, (if supporting service users in therapeutic cooking projects)	CIEH Level 2 in Food Safety	
Nursing/Support staff not involved in cooking projects	Hygiene Awareness/Refresher Training	

11. Audit, Monitoring and Review

The Hotel Services Manager is responsible for monitoring the effectiveness of this Policy. Monitoring will be achieved through site inspections and compliance assessment.

This Policy will be reviewed within three years of ratification or earlier if needed due to concerns identified through monitoring the Policy, changes in national guidance, legislation, significant concerns raised via enforcement action or significant incidents.

12. Implementation Plan

Within the Trust, directorate managers at all levels must ensure that food-handling staff under their control are aware of this Policy and are enabled to attend all required training.

The implementation of this Policy should have no additional resource requirements. There are no other (new), training needs for the implementation

of this Policy. The introduction of this Policy should provide improved clarity on how catering services and food safety is managed within the Trust.

Action/Task	Responsible Person	Deadline	Progress update
Following ratification by EDG, arrange for the policy to be sent to the Trust intranet and Communications for replacing on the Trust's intranet, website and in Connect.	Corporate Governance	31 st May 2019	

13. Links to Other Policies, Standards and Legislation

Relevant Legislation, National Guidance and Associated SHSC documents

- [The Food Safety Act 1990](#)
- [The Food Safety & Hygiene \(England\) Regulations 2013](#)
- [Food Premises \(Regulations\) 1991](#)
- [Food Hygiene \(Amendments\) Regulations 2006](#)
- [The Food Safety \(Temperature Control\) Regulations 1995](#)
- Guidance for Management of Allergens (British Dietetic Association)
- [Food Information Regulations 2014](#)
- Hazard Analysis, Critical Control Point (HACCP) - EU food hygiene legislation
- Food Hygiene & Pest Control in the Health Service DHSS (Amendment) Act 1986 (96)14
- Department of Health - Chilled and Frozen Guidelines on Cook Chill and Cook Freeze Catering Systems 1989
- [Department of Health - Food handlers - Fitness to Work](#)
- [Hospital Food Standards Report for Food & Beverages in NHS hospitals \(2014\)](#)
- [Principles of Hospital Food](#)
- [Nutrition and Hydration Strategy](#)
- [Patient-Led Assessments for the Care Environment \(PLACE\)](#)
- Compliance with hospital food standards in the NHS (2017)
- NHS Improvement (NHSI) 2017

14. Contact Details

Title	Name	Phone	E-mail
Director of Facilities Management	Helen Payne	27 18697	helen.payne@shsc.nhs.uk
Hotel Services Manager	Janet Mason	27 18350	janet.mason@shsc.nhs.uk

Senior Nurse for Infection Prevention and Control	Katie Grayson	27 16720	katie.grayson@shsc.nhs.uk
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15. References

- Food Safety Act 1990
- Food Hygiene (England) Regulations 2006
- Chartered Institute of Environmental Health
- Food Standards Agency
- Allergen Toolkit for Healthcare Catering

Appendix A - Version Control and Amendment Log

Version No.	Type of Change	Date	Description of Change(s)
2	Review	February 2019	Minor accuracy changes made on advice from the Director of Facilities Management
	Revision	April 2019	The Training Needs Analysis was revised following comments from Education, Training and Development
		April 2019	The Dietician's comments were received and considered, but it was felt the Policy already covered the points raised.

Appendix B - Dissemination Record

Version	Date on website - (intranet and internet)	Date in Connect (communication to staff)	Any other promotion/ dissemination, (include dates)
2	May 2019	May / June 2019	

Equality Impact Assessment Process for Policies Developed Under the Policy on Policies

Stage 1 - Complete draft policy

Stage 2 - Relevance - is the policy potentially relevant to equality, i.e. will this policy potentially impact on staff, patients or the public? If **NO**, no further action is require. Please sign and date the following statement. If **YES**, proceed to Stage 3

This policy does not impact on staff, service users or the public, (insert name and date)

Janet Mason, February 2019

Stage 3 - Policy screening - public authorities are legally required to have ‘due regard’ to eliminating discrimination , advancing equal opportunity and fostering good relations , in relation to people who share certain ‘protected characteristics’ and those that do not. The following table should be used to consider this and inform changes to the policy (indicate yes/no/ don’t know and note reasons). Please see the SHSC guidance on equality impact assessment for examples and detailed advice; this can be found at <http://www.shsc.nhs.uk/about-us/equality--human-rights>

	Does any aspect of this policy actually or potentially discriminate against this group?	Can equality of opportunity for this group be improved through this policy or changes to this policy?	Can this policy be amended so that it works to enhance relations between people in this group and people not in this group?
AGE	No		
DISABILITY	No		
GENDER REASSIGNMENT	No		
PREGNANCY AND MATERNITY	No		
RACE	No		
RELIGION OR BELIEF	No		
SEX	No		
SEXUAL ORIENTATION	No		
MARRIAGE AND CIVIL PARTNERSHIP	No		

Stage 4 - Policy Revision - Make amendments to the policy or identify any remedial action required (action should be noted in the policy implementation plan section)

Please delete as appropriate: Policy Amended/Action Identified/No Changes Made

Impact Assessment Completed by (insert name and date)

Janet Mason, February 2019

Appendix D - Human Rights Act Assessment Checklist

You need to be confident that no aspect of this policy breaches a person's Human Rights. You can assume that if a policy is directly based on a law or national policy it will not therefore breach Human Rights.

If the policy, or any procedure(s) in the policy, is based on a local decision which impacts on individuals, there is a need to ensure their human rights are not breached. To do this, refer to the more detailed guidance that is available on the SHSC website -

<http://www.justice.gov.uk/downloads/human-rights/act-studyguide.pdf>

(relevant sections numbers are referenced in grey boxes on diagram) and work through the flow chart on the next page.

1. Is your policy based on, and in-line with, the current law, (including case law), or policy?

Yes. No further action needed

No. Work through the flow diagram over the page then answer questions 2 and 3 below

2. On completion of flow diagram, is further action needed?

No. No further action needed

Yes, go to question 3

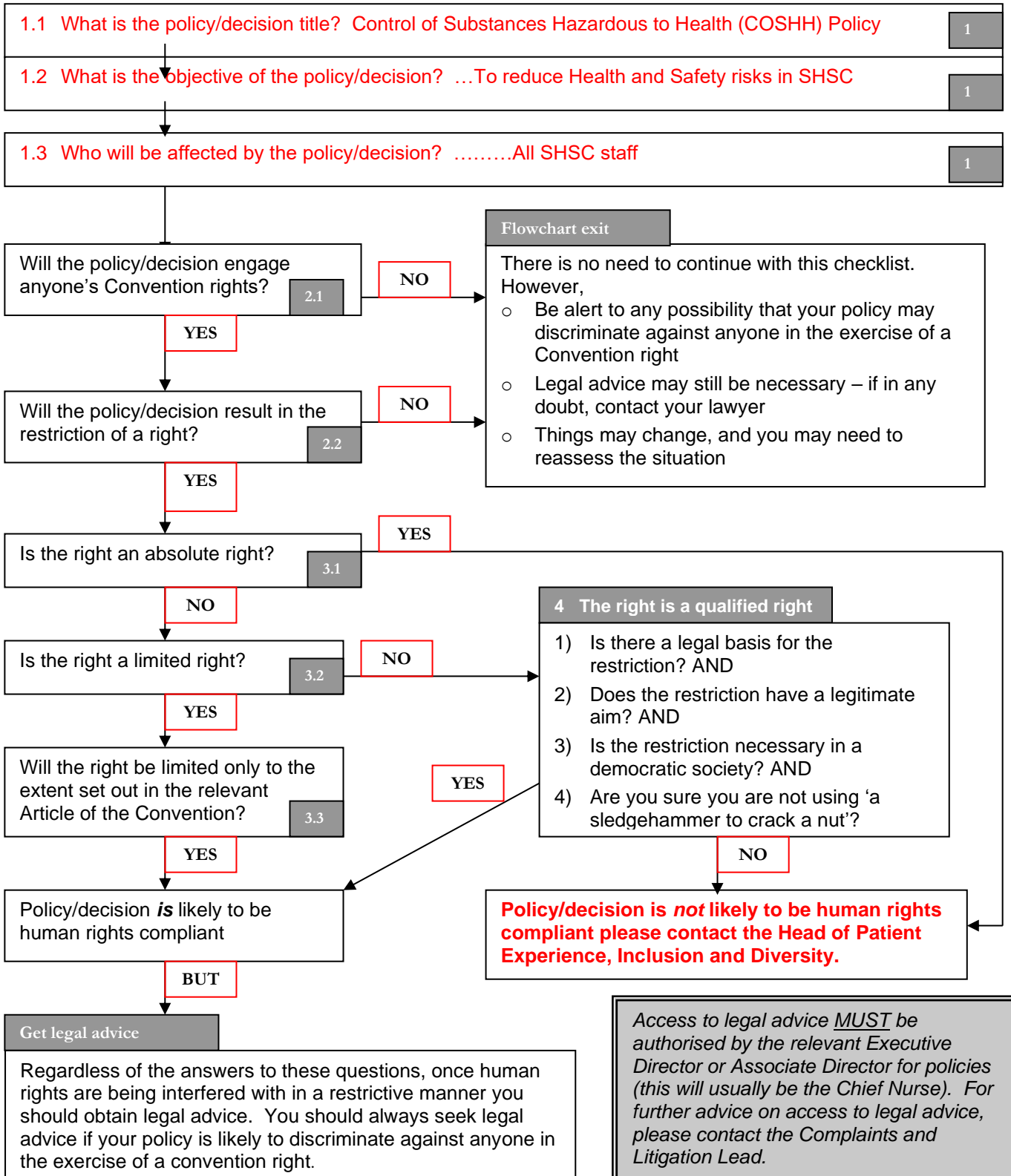
3. Complete the table below to provide details of the actions required

Action required	By what date	Responsible person

Human Rights Assessment Flow Chart

Complete text answers in boxes 1.1 - 1.3 and highlight your path through the flowchart by filling the YES/NO boxes red (do this by clicking on the YES/NO text boxes and then from the Format menu on the toolbar, choose 'Format Text Box' and choose red from the Fill colour option).

Once the flowchart is completed, return to the previous page to complete the Human Rights Act Assessment Form.



Appendix E - Development, Consultation and Verification Record

Name of Policy: Catering and Food Safety	Name of Policy Lead: Janet Mason
Date: February 2019	Contact Details: (0114) 27 18350
Consultation Plan:	
Nutritional Steering Group	
Director of Facilities Management and Head of Projects, Soft Facilities Management and Business Support	
Clinical Operations Associate Directors/Deputy Directors and Senior Operational Managers with responsibility for bed-based care services	
Executive Director of Finance	
Senior Control of Infection Nurse	

RECORD OF CONSULTATION (interactive)			
Group or individual consulted	Date of consultation/ response received	Comments on draft policy	Your response (say if policy amended - if not, why not)
Director of Facilities Management	18 February 2019	Minor accuracy changes	Amended accordingly
Education, Training and Development	8 April 2019	The Training Needs Analysis was revised following comments from Education, Training and Development regarding Housekeepers	Amended accordingly
Dietitian	11 April 2019	The Dietitian's made comments regarding self-catering.	Not amended - the comments were received and considered, but it was felt the Policy already covered the points raised.

Appendix F - Policy Checklist

Please use this as a checklist for policy completion. The style and format of policies should follow the policy template, which can be downloaded from the intranet.

1. Cover sheet

✓

All policies must have a cover sheet which includes:

- The Trust name and logo ✓
- The title of the policy (in large font size as detailed in the template) ✓
- Executive or Associate Director lead for the policy ✓
- The policy author and lead ✓
- The implementation lead (to receive feedback on the implementation) ✓
- Date of initial draft policy ✓
- Date of consultation ✓
- Date of verification ✓
- Date of ratification ✓
- Date of issue ✓
- Ratifying body ✓
- Date for review ✓
- Target audience ✓
- Document type ✓
- Document status ✓
- Keywords ✓
- Policy version and advice on availability and storage ✓

2. Contents page

✓

3. Flowchart

✓

4. Introduction

✓

5. Scope

✓

6. Definitions

✓

7. Purpose

✓

8. Duties

✓

9. Process

✓

10. Dissemination, storage and archiving (control)

✓

11. Training and other resource implications

✓

12. Audit, monitoring and review

This section should describe how the implementation and impact of the policy will be monitored and audited and when it will be reviewed. It should include timescales and frequency of audits. It must include the monitoring template as shown in the policy template (example below).



Monitoring Compliance Template						
Minimum requirement	Process for monitoring	Responsible individual/group/committee	Frequency of monitoring	Review of results process, (e.g. who does this?)	Responsible individual/group/committee for action plan development	Responsible individual/group/committee for action plan monitoring and implementation
A) describe which aspect this is monitoring?	e.g. review, audit	e.g. Education and Training Steering Group	e.g. annual	e.g. Quality Assurance Committee	e.g. Education and Training Steering Group	e.g. Quality Assurance Committee

13. Implementation plan



14. Links to other policies (associated documents)



15. Contact details



16. References



17. Version control and amendment log - (Appendix A)



18. Dissemination Record - (Appendix B)



19. Equality Impact Assessment Form - (Appendix C)



20. Human Rights Act Assessment Checklist - (Appendix D)



21. Policy development and consultation process - (Appendix E)



22. Policy Checklist - (Appendix F)

