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1 Introduction

1.1 Northumberland, Tyne and Wear NHS Foundation Trust (the Trust / NTW) has a moral and legal responsibility to protect its patients and staff from food poisoning. Consideration has been made to the Food Safety and Hygiene (England) Regs 2013, the Food Safety Act 1990 and the Department of Health Guidelines on Cook-Chill and Cook Freeze Catering systems in compiling this policy. All food handlers note that individuals may be prosecuted if they are found to be contravening this legislation. Any member of staff who transports, handles, prepares or serves food or beverages are classified as food handlers, e.g. Service Assistants (Catering / Domestic / Hotel Services), Nurses, Nursing assistants, Occupational Therapists and Porters.

1.2 The Trust firmly believes in providing the patients, residents, staff and visitors with a high quality service and high quality food products.

1.3 The Trust wholly accepts its legal duty to comply with the Food Safety Act 1990 and all subordinate legislation. All catering suppliers must be an accredited NHS supplier or be an approved supplier and comply with this legislation.

1.4 Trust staff are required to abide by this Policy and all associated procedures, codes of practice laid down by the Trust. Current documents will be available on the Trust’s intranet site.

1.5 It is the Trust’s aim to operate the service with all due diligence and it regards this as top priority in line with meeting the nutritional needs of the individual within the service contract.

1.6 The standards relating to hygiene through provision of catering services of all residents and patients will have due regard to:

- Food Safety Act 1990;
- Food Safety and Hygiene (England) Regulations 2013;
- EU Regulation 1169/2011 on the provision of food information to consumers;
- Management of food hygiene and food services in the National Health Service HSG(96)20;
- "Hospital Catering Delivering a quality service" (Department of Health);
- Good Practice Guide – Healthcare Food and Beverage Service;
- Regulation (EC) No. 852/2004 Hygiene of Foodstuffs;
- Regulation (EC) No. 178/2002;
2. Regulation (EC) No. 2073/2005 on the microbiological criteria for foodstuffs;

1.7 Provision of Meal Services

1.7.1 Hospital Service

- **Patient Meals**
  
  Ward staff consult with patients on a daily basis to obtain menu preference requests and communicate these to the Catering Department via the Client Meal Ordering System (CMOS) at St. Nicholas Hospital which is where the Catering central holding and distribution facilities are located;

- **Ward Provisions**
  
  Beverages, preserves, cereals, condiments and dairy items are ordered and supplied through NHS Supplies, either directly to the ward or via the hospital Stores;

- **Staff Meals and Buffets**
  
  Are also provided by Trust catering staff in each hospital unit, orders will be only accepted from authorised managers. Outside caterers should not be used on Trust premises without being approved as a supplier;

- **Patient Training Areas**
  
  Food items purchased by nursing or support staff from local suppliers or from the Catering Department;

- **Self-Cooking**
  
  Inpatients participate in cooking meals for other patients under the supervision of suitably trained ward staff;

1.7.2 Community Homes Service

- Food is purchased, prepared and cooked for clients by suitably trained Trust community staff.
2 **Purpose**

2.1 To set Trust-wide standards in ensuring full compliance with all food hygiene legislation and codes of practice. It is essential, to make staff aware of their roles and responsibilities including the level of competency required of which can be achieved through training.

3 **Duties, Accountability and Responsibilities**

3.1 Whilst final accountability for all aspects of food hygiene lies with the Chief Executive and the Board of Directors, the designated Trust Board member is the Executive Director of Finance / Deputy Chief Executive. They have responsibility for ensuring the contents of this Policy are adhered to by all the appropriate staff.

3.2 **Responsibilities of the Facilities Managers**

3.2.1 Has responsibility for the implementation, control, monitoring and review of this Policy.

3.2.2 Will make available suitable and sufficient resources to ensure that the Policy can be implemented and operated within the Trust.

3.2.3 Will ensure that the Policy and the workplace standards are monitored on a regular basis and any adverse findings corrected or escalated within the Trust.

3.2.4 Will ensure a competent person monitors and maintains all records within the Catering Departments.
3.2.5 Will ensure that all catering / service staff have a suitable food hygiene qualification appropriate to their level within the department, as per sections 8.2.1 of this Policy.

3.2.6 The Manager will ensure that all recommendations from visiting enforcement officers are acted upon.

3.2.7 Will ensure that the assessment of food safety risks is revised as necessary, using HACCP (Hazard Analysis and Critical Control Points).

3.3 Responsibilities of Supervisory Catering Staff (Ward Manager, Home Leaders and Heads of Department)

3.3.1 Have day-to-day responsibility for all food safety.

3.3.2 Must ensure that all food is prepared in a safe and hygienic manner and prevent contamination as far as is reasonably practical.

3.3.3 Must ensure that staff obey personal hygiene rules, particularly in relation to washing of hands, protective clothing and reporting of illnesses / infections.

3.3.4 Must ensure that all work areas are kept clean using the correct colour coded cloths / mops etc. and report any pest infestation to the designated manager.

3.3.5 Will keep and maintain records of food deliveries, cleaning schedules and daily monitoring and recording of temperatures. These records are to be taken at the required frequencies. He or she is to provide supervision, information and to ensure staff are suitably trained. Monitoring of records will be carried out by inspections of documentation by ISO9001 - 2008 external auditors and internal audits carried out by NTW staff as part of the QA system. Further advice can be obtained from the local Facilities Supervisor / Manager.

3.3.6 He or she will be advised by the Facilities Manager of any changes in food safety legislation and technological developments if they impact on the ward or community home.

4 Identification of Stakeholders
4.1 This is an existing Policy with additional / changed content that relates to operational and / or clinical practice and was therefore circulated to the following for a 4 week consultation period:

- North Locality Care Group
- Central Locality Care Group
- South Locality Care Group
- Corporate Decision Team
- Business Delivery Group
- Safer Care Group
- Communications, Finance, IM&T
- Commissioning and Quality Assurance
- Workforce and Organisational Development
- NTW Solutions
- Local Negotiating Committee
- Medical Directorate
- Staff Side
- Internal Audit

5 Definitions of Terms Used

- Regeneration of Food Re-heat food to the correct temperature;
- High Risk Foods Foods which contain protein or require no further heating process, e.g. cooked meat, cooked fish, milk, cream and cooked eggs;
- Sanitised Condition Clean with bacteria to safe Levels.
6  **Assessment of Food Safety and Business Risks**

6.1  Risk Assessments will be carried out annually by Facilities Managers for central catering functions, and for clinical areas where catering facilities exist. Unit managers will be responsible for carrying out Risk Assessments in community settings; a template is available, see the Trust’s Risk Management Policy - NTW(O)33, Appendix 6 - Risk Assessment Form, which can be accessed via the Trust’s Intranet.

6.2  **General Aims**

6.2.1  The assessment of risk aims to identify potential areas of concern and either correct or suitably control them. This is achieved by making such arrangements in this policy as is necessary to produce high quality food and establish a due diligence defence with regard to the operation of the food business. This applies to all areas where there is the provision of food, beverages or snacks.

6.3  **Frequency of Assessment of Risks**

6.3.1  This will initially be carried out annually by the Ward Manager, Head of Department or his deputy, and will be revised annually or whenever there are changes in production methods, systems or alterations to the premises. This would also apply to community settings.

7  **Food Safety Arrangements for Catering Department, Wards, Community Homes and Training Kitchens**

7.1  **Purchasing**

7.1.1  **Catering Departments / Wards / Community Homes / Training Kitchens**

Ward Managers / Home Leaders / Heads of Departments will ensure that when food items are purchased they are from reputable suppliers that operate clean, hygienic premises, e.g. large supermarket chains. Where possible branded products should be purchased. Alternatively purchases can be made from NHS approved suppliers which will have been audited by an accredited auditor.
8 **Food Allergens** (see also FHP-PGN-01 - Allergen Information)

8.1 EU Regulation 1169/2011 on the provision of food information to consumers, comes into place in December, 2014. NTW will be required to provide allergen information to patients, staff and visitors eating within the Trust cafés.

8.2 All patient food allergen information will be available within the Client Meal Ordering System. In addition, the allergen identifier file can be accessed via the Trust’s Intranet under Catering Services, or there is also a link from the nutrition file.

8.3 Hard copies of allergen information will be held within each Café for reference purposes.

9 **Handling High Risk Foods**

9.1 All food should be handled with care. When dealing with high risk food, it is particularly important to:

- Avoid touching the food by hand – use utensils whenever possible, or wear protective gloves;
- Keep raw and high risk foods apart – raw foods are major sources of food poisoning bacteria;
- Cover the food during storage – to prevent bacterial, physical and allergen contamination;
- Keep the food outside the danger zone temperatures of 5°C to 63°C whenever possible during preparation, service or sale – to prevent bacterial multiplication to levels that cause food poisoning;
- Ensure food is date labelled.

10 **Delivery Receipt**

10.1 All deliveries must be inspected to ensure they are acceptable and kept free from contamination.

10.2 A responsible member of staff should check and take receipt of products.

10.3 Food commodities must be clean and free from contamination.

10.4 Packaging must be free from damage or pest infestation.

10.5 Canned goods must not be damaged, e.g. dented, leaking, rusty or blown.
10.6 Date coded goods received must be able to be used within the period stated, if not the supplier must be contacted to uplift goods.

10.7 Perishable goods must be of a high quality and purchased from reputable suppliers (see 7.1.1).

10.8 In respect of temperature sensitive deliveries, frozen or chilled foods must comply with manufacturers’ or suppliers’ instructions. Temperatures must be taken on receipt and recorded.

10.9 Any item found on delivery to be sub-standard must be rejected, segregated, clearly labelled and recorded, and prevented from re-entering the food chain. There should be a designated non conformance area identified. The Facilities Supervisor / Manager should be contacted to arrange removal, prior to it being returned to the supplier or destroyed.

10.10 Hazardous and / or inedible foods must be reported in accordance with the Department of Health’s Food Hazard Warning System, following the NHS Supply Chain Reporting System.

11 Clients Growing Fruit and Vegetables

11.1 Soil should be free from contamination and appropriate for growing food.

11.2 When using pesticides or fertilisers you must ensure that these are safe to use on items you intend to eat.

11.3 All fruit and vegetables must be stored appropriately, i.e. refrigerated or in a clean, cool and well ventilated area.

11.4 Once picked and before storing, cooking or eating, all items must be washed thoroughly to ensure no pesticide, fertiliser, soil, insects or any other form of contaminant are present.

11.5 Whilst being stored, food items must be checked periodically to ensure they are not going off.

11.6 When handling the fruit and vegetables, and prior to another task or consuming foods, hands must be washed.

12 Storage

12.1 Foods must be stored separately from non-food items e.g. chemicals, to prevent physical contamination, cross contamination, bacterial contamination, allergen contamination, food spoilage and infestations. Foods must be stored in the correct conditions, and at the correct temperatures.
12.2 Temperatures of refrigerators and freezers must be recorded at least twice daily.

12.3 Responsibility for this should be determined locally.

12.4 Stocks must be rotated and date codes monitored, e.g. use by

12.5 Food must be stored in clean, cool, covered, pest-free, hygienic conditions.

12.6 Cooked and raw foods must be clearly identified and stored separately.

12.7 Open goods must be stored in clean, food-only, sealed containers and dated.

12.8 Milk, cream and fats must where possible be separated from all raw or strong smelling products that could taint them.

12.9 Flour and cereals must be kept in covered containers after opening or in bags and boxes and be sealed and not left open.

12.10 Raw potatoes and vegetables must be kept in cool storage or fridges. Unwashed vegetables must not be stored with prepared vegetables / salad.

12.11 Bread must be kept in a well-ventilated environment.

12.12 High risk or perishable foods should not be stored in patients' bedrooms. Where this is found, food should be destroyed immediately and patients should be advised of the food hygiene risks, e.g. food poisoning.

12.13 Where patients store confectionery in their bedrooms, this should be checked regularly for condition, and use by dates. Any out of date or damaged items should be destroyed immediately, and patients should be advised of the food hygiene risks, e.g. food poisoning.

12.14 Freezer and refrigeration must be covered by a 24-hour callout contract specified response time (this point applies to central catering facilities only).

12.15 Foods requiring refrigeration must be stored at the correct temperature, i.e.

- Food products supplied chilled by the Facilities Department 0 – 3 °C;
- Other Goods + 1°C – + 5°C;
- Frozen Products -18°C – -24°C.

12.16 Eggs must be stored within the refrigerator (below ready to eat foods).
12.17 Other cooked meats and poultry should be kept between +1°C and +5°C.

12.18 Domestic Ward fridges – ensure no patient foods subject to the cook chill guidelines are stored within domestic (ward) fridges. Exceptions to this being sandwiches, salads, mousse type desserts, etc., which must be used as soon as possible. No patient foods must be stored in ward refrigeration for longer than 24 hours (except general ward provisions); all surplus food should be discarded.

12.19 Any discrepancies outside of the correct operating temperatures must be reported to the Estates Department by the Ward Manager and advice sought from the local Facilities Supervisor / Manager regarding the use of the food products.

13 Preparation of Products

13.1 Foods must be prepared, covered and stored in a way that prevents 1 food being contaminated by another. Particular attention must be paid to:

- Separating raw from cooked items such as meats, poultry and fish;
- Separating unwashed and washed fruit, raw vegetables and salad products.
- Storage of eggs, bottom of fridge away from cooked products, salad items, etc.

13.2 Staff should adopt a policy of “clean as they go” when preparing any food.

13.3 All equipment must be thoroughly cleaned and thermally disinfected or sanitized, where appropriate, after each use.

13.4 All food contact surfaces, e.g. chopping boards, knives, must be sanitised / disinfected after each use.

13.5 Food preparation equipment and working areas should be colour-coded to identify their separate use for raw and cooked foods, e.g. knives, utensils, chopping boards; these should be kept in a good state of repair and replaced when required. Staff should wear appropriate protective clothing when preparing food, e.g. disposable colour coded aprons. No jewellery, including wrist watches, strong smelling perfumes, nail varnish, false nails and no visible piercings etc. should be worn.
14 Food Probes

14.1 All locations where food is cooked or regenerated should have an appropriate food probe to test the core temperature of the food products. In central regeneration kitchens operated by the Facilities Team robust probes must be used and calibrated at least 6 monthly. In Trust homes and houses etc. a domestic type of food probe can be used. Given that these are relatively inexpensive it is recommended that they are replaced annually.

14.2 At regular intervals, i.e. weekly, their accuracy should be tested against a known temperature by a competent person, e.g. immersing the probe in a cup of boiling water, taking into account appropriate health and safety precautions. Further advice on the use of food probes can be obtained from the local Facilities Manager.

15 Temperature Control and Calibration

15.1 Food temperatures, as well as cooking times, must be carefully controlled and a temperature probe used to record food temperatures (together with the use of alcohol wipes). These must be recorded and records retained. This is particularly important with high-risk foods.

15.2 Equipment used to heat, chill, store at a controlled temperature or test food temperatures should be calibrated at regular intervals in accordance with the catering department’s quality control systems. Facility Managers will ensure this is carried out where applicable.

16 Safe Cooking and Re-Heating

16.1 Changes in menus and cooking methods should be recorded in order to trace and identify possible sources of food-borne illness.

16.2 Particular care must be paid to the cooking of raw foods e.g. raw meat, raw poultry, and raw eggs. These foods must be well cooked in order to achieve a core temperature of 75°c and then held at safe temperatures, if required for service, at 63°c or above.

16.3 Freshly cooked “high risk” foods, particularly protein items, to be eaten hot should be served on the day of production and cooked as near to consumption as possible.

16.4 “High Risk” foods to be eaten cold should be used within 1 to 3 days of cooking (NB: certain foods must be eaten within 1 day, e.g. seafood). These high risk items should be date labelled to ensure they are eaten within 3 days, which includes the day it was cooked.

16.5 If “High Risk” foods are not consumed within the above times, they must be disposed of as food waste.
16.6 Foods to be pureed after cooking should be kept hot during processing above +63°C.

16.7 When regenerating food, a core temperature of +75°C must be achieved.

16.8 Regenerated foods must, during service, be kept at a temperature of +63°C or above.

16.9 Regenerated foods not used after service must be treated as food waste and disposed of and never be retained for later use.

16.10 All eggs served to patients must be well cooked, undercooking could lead to potential food hygiene risks for patients.

17 Distribution and Service: Wards

17.1 Foods delivered to wards for storage / regeneration must be fully covered and transported in clean, sealed food grade containers, capable of holding chilled food below +3°C and frozen food below -12°C.

17.2 All food leaving the kitchen should be checked for quality and temperature by a person responsible and trained in food hygiene who will take the remedial action required if the set parameters are not met.

17.3 Foods must be delivered to wards promptly at safe temperatures (hot +63°C and cold +5°C or below).

17.4 Ensure foods to be served cold are kept at a temperature below +5°C.

17.5 Ensure equipment in which prepared foods are served is in a clean, sanitised condition and well maintained.

17.6 Ensure that foods held before service are kept covered to prevent contamination. Hot foods kept hot, cold foods kept cold.

17.7 Hot and cold food should be served at the agreed time of service. Delays could lead to both bacterial growth and product deterioration.

17.8 Particular care should be taken to protect both hot and cold food where it is displayed for customers to select, as customers may cough or sneeze at the counter.

17.9 The amount of time food is held, hot or cold, after regenerating and before serving, should be kept to a minimum. Food service must commence within 15 minutes of the completion of the regeneration process. Hot food must be consumed within 1 hour following regeneration then discarded. Cold food, where possible, should be stored in a chilled environment until required, and if not used can be retained to use until expiry date.
Where this is not possible all chilled items must be discarded within 1 hour of the commencement of the service and not returned to the fridge, and not used later.

17.10 Food holding equipment e.g. service trolleys and service containers should be pre-heated or pre-chilled to ensure that required core food temperature standards can be maintained.

17.11 Core food temperatures of hot and cold food under storage should be checked periodically with a probe thermometer to ensure that they meet the required set standards. Foods such as sauces and vegetables should be stirred occasionally to ensure the even distribution of heat. Foods on the café hot plates should have an in-between service temperature check, usually taken 1 hour into service. These should be recorded.

17.12 Where patients under the care of our Trust cater for themselves and need to operate in a “homely” environment that conflicts with any aspect of this policy, advice should be sought from the local Facilities Manager or Infection, Prevention Control Modern Matron.

18 Use of Microwaves

18.1 Introduction

18.1.1 Microwave ovens should not be used at ward level to reheat previously regenerated patient meals supplied by the Catering Department. Using a microwave oven for this purpose has the potential to lead to food hygiene risks and could put patients at risk. The exception to this is the individual meals available from the Catering Department for out of hours feeding. When heating these meals the manufacturer’s instructions must be followed and the food tested using a food probe to ensure it is 75°C + before serving.

18.2 Use of Microwaves

1821 Microwave ovens can be used by ward staff to re-heat low risk canned foods, e.g. baked beans, ravioli, soup, etc., to ensure patients have access to hot food 24 hours a day. They can also be used to heat milk up for drinks and cereals.

1822 Food cooked / reheated in microwave ovens can be extremely dangerous if handled incorrectly. It is therefore essential that food is probed to ensure it is above 75 °C before consumption.

Cases have been reported in which liquids, heated in microwave ovens, have erupted when the surface of the liquid has been disturbed by a utensil or the addition of ingredients after the heating process. This is because the lower level may be superheated whilst the surface is not hot. It is recommended therefore that all foods are left to stand for a short period of time after the heating is finished.
19 Clients Catering for Themselves

19.1 In these circumstances the supervising nurse must satisfy themselves the client can operate and use the microwave safely. The manufacturer’s guidance on heating products and standing times must be followed.

20 Cleaning

20.1 The microwave oven should be cleaned by the user after each process, paying particular attention to the inside ceiling / upper part of the microwave. Domestic / Hotel Services staff will take the responsibility for a daily clean of the unit provided the users do not allow any buildup of spillages of food etc.

21 Maintenance

21.1 It is the responsibility of the Ward / Department Manager to ensure their microwave oven which is for non-patient use and not the property of the Trust is maintained in accordance with the manufacturer’s instructions. The Estates Department can arrange for the repair of a microwave oven but this must be financed by the ward / department requesting the repair.

22 Ward Refrigeration

22.1 Ward kitchen food refrigerators must be used only for food items and not to store drugs or specimens. These should run at below 5oC, temperatures should be taken and recorded twice a day.

22.2 Domestic fridges – ensure no patient foods subject to the cook chill guidelines (foods being cooked, chilled and stored under 3°C as supplied by contractor) are stored within domestic (ward) fridges. Exceptions to this being sandwiches, salads, mousse type desserts, etc., which must be used as soon as possible. No patient foods must be stored in ward refrigeration for longer than 24 hours (except general ward provisions).

22.3 It is recommended that industrial refrigerators are used in all locations, and when replacing old fridges, industrial units should be purchased.

23 Food brought in for Patients’ Consumption

23.1 Wherever possible ward staff should discourage patients’ relatives and friends from bringing high risk foods into the care setting. Where this cannot be actioned, any hot food should be consumed as soon as possible, i.e. 1 hour. Any foods requiring cooking or re-heating must achieve a temperature of over 75°C. Cold items, e.g. sandwiches, should be held in the ward refrigerator until consumption. All items must be consumed within 24 hours from the day they were received into the unit.
A log should be made for each person, detailing what they have eaten from an external source for traceability purposes, whether hot or cold. The nurse in charge has the responsibility for this log to be completed.

24 **Storage of Staff Food**

24.1 Storage should be restricted as necessary, and kept separate from patient foods.

25 **Access to Ward Kitchens**

25.1 Where possible patients should not have access to the ward kitchen and refrigerator.

25.2 Where this is not possible, access to products should be limited to those they have authority to use, e.g. tea, coffee, etc.

25.3 Where it is deemed therapeutic for patients to have access to the ward / therapy kitchen, adequate supervision by a member of staff trained in food hygiene must be practised.

25.4 Patients cooking in a ward kitchen may only produce food for their own consumption, unless supervised by a member of staff qualified in food hygiene safety.

25.5 Where possible and in particular where other facilities are available, staff should refrain from preparing their own food and beverages in ward kitchens.

25.6 It is the responsibility of senior members of staff to ensure that the regulations are adhered to.

25.7 In kitchens operated by NTW Catering staff, industrial dishwashers must be used (ward kitchens have semi industrial washers). Patient self-catering areas may use a domestic type dishwasher.

26 **Central Holding / Regeneration Areas**

26.1 Food handling surfaces, production and service equipment such as utensils, containers, pots and pans must be thoroughly cleaned and in accordance with methods and procedures which take into account microbiological guidance provided in HSG (96) 20.

26.2 These would identify:

- Equipment appropriate to each task;
- Materials and cleaning agents required;
• Cleaning and drying methods;
• Minimum cleaning frequencies;
• Care of equipment;
• Health and Safety, COSHH precautions;
• Quality standards to be achieved.

27  Ward / Community Homes

27.1 Ward crockery, cutlery and glassware should be either washed by machine in accordance with HSG(96)20, or use a thermal disinfection procedure using the 2 sink method, or use an anti-bacterial washing detergent.

28  Waste Disposal

28.1 Food waste has an enormous cost to the NHS and it is everyone’s responsibility to help reduce it. The monitoring of food waste is key for this and procedures must be in place for the clean and safe internal collection, storage and disposal of food and non-food waste.

28.2 All waste receptacles located in kitchens must be foot operated, have close fitting lids and be cleaned regularly.

28.3 All food waste must be disposed of separately from non-food waste and where possible by mechanical means (waste disposal machines).

28.4 Community homes should dispose of waste food as in local home working procedures.

28.5 The practice of storing food waste for sale or removing it from Trust premises is strictly prohibited.

28.6 High levels of waste food on wards should be investigated promptly in the first instance by a member of the ward staff to ensure correct food orders were submitted. The local Catering / Service Supervisor or Manager must also be informed promptly to enable steps to be taken to minimise this waste.

29  Sampling

29.1 Following advice from local Environmental Health Officers no food samples are to be routinely retained.
30 Premises Monitoring

30.1 Catering Departments

30.2 Internal checks will be carried out by Facilities Supervisors on a weekly basis and take the appropriate corrective action with supporting documentation.

30.3 Internal auditing will be carried out monthly by a member of the Facilities Team using the appropriate documentation.

31 Ward Kitchens

31.1 Ward Managers will ensure a monthly ward kitchen environment audit is carried out, to ensure the cleanliness of the kitchen is satisfactory and the environment is appropriate, reporting any faults and stating what corrective action is necessary and agreed date of completion. (See Appendix 1) Advice on audits can be obtained from the local Facilities Manager. Catering management will carry out regular checks of a random sample of audits (minimum 10% per annum) to ensure appropriate and timely action is being taken.

32 Therapeutic Kitchens

32.1 Professional Leads, such as an Occupational Therapist, will ensure a monthly therapeutic kitchen environment audit is carried out, to ensure cleanliness of the kitchen is satisfactory and the environment is appropriate, reporting any faults and stating what corrective action is necessary, and agreeing a date of completion (See Appendix 1). Advice on audits can be obtained from the local Facilities Manager. Catering management will carry out regular checks of a random sample of audits (minimum 10% per annum) to ensure appropriate and timely action is being taken.

33 External Auditing

33.1 Carried out by EHO at a frequency determined by the local authority.

33.2 External auditing carried out regularly by a nominated Infection, Prevention and Control Lead Nurse and Facilities Manager.

33.3 Independent audits carried out by BSI / ISO Audit Team.

34 Maintenance Agreements

34.1 Routine and Deep Cleaning – Central Holding and Distribution Facilities.
34.2 Deep cleaning of extractor ducts and grills are carried by contractors on an appropriate frequency to ensure that there is not a build up of grease in case of fire.

34.3 Wall washing to be carried out by contractors as and when required.

35 Pest Control

35.1 Pest control carried out by a contractor giving written reports of the visit and any corrective action carried out.

35.2 Cleaning schedules should be adequate and the cleaning tasks properly carried out to minimise infestation.

35.3 Dry goods should be inspected regularly for signs of infestation.

36 Individual Responsibilities

36.1 Everyone in a food handling area must maintain a high standard of personal cleanliness, confirmed by visual inspection.

36.2 Unit / Department / Ward Managers are responsible for the dissemination and implementation of this Policy.

36.3 The Trust’s Food and Nutrition Group have the responsibility of reviewing this Policy.

36.4 As part of the local induction, all staff must be aware that no-one suffering from, or are a carrier of, a disease which could be transmitted through food should work in a food area.

36.5 Persons returning to work after sickness must report to the Manager. This includes anyone returning from holiday abroad with an illness to ensure their suitability for food handling tasks. Staff suffering from diarrhoea or sickness will not be allowed to return to work until they have been symptom free for 48 hours. A Manager may decide to refer the member of staff to Occupational Health prior to their return where deemed necessary.

36.6 All staff must report to their manager, throat infections, skin rashes, eye infections, boils and any skin lesion. The Manager will take appropriate advice on the suitability of the member of staff’s ability to continue to remain on duty / carry out food handling duties.

36.7 Food handlers and visitors to food handling areas must wear clean protective Clothing (including appropriate headwear and footwear in central catering facilities).

36.8 There must be sufficient reserves of protective clothing to allow all food handlers and visitors to be dressed cleanly and smartly.
36.9 Clothing provided must be appropriate for the work carried out and restricted to the work area.

36.10 Food handlers must keep their hands clean and fingernails short and clean.

36.11 Food handlers must wash their hands after any activity that might cause food and equipment to be contaminated.

36.12 Hand washing must be restricted to wash hand basins and hand drying towels or air dryers. Sinks for food use only must not be used.

36.13 Adequate first aid facilities must be readily available; including the provision of high visibility waterproof plasters to cover any cut or wound.

36.14 Staff must not wear jewellery including wrist watches, nail varnish, false nails and no visible piercings, or any other potential contaminant of food.

37 Medical Screening

37.1 As part of the recruitment / employment procedure, food handlers, prior to employment, must complete a medical questionnaire that should be examined by Occupational Health to determine the suitability of the applicant for food handling tasks.

38 Food Handling and Hygiene Training (see also Appendix B)

38.1 The Food Safety (England) Regulations (2013) state that the Manager of a food business must ensure that food handlers engaged in the food business are supervised and instructed and / or trained in food hygiene matters commensurate with their work activities.

A food handler is:

- A person who handles food in the course of his or her work as part of their duties. Supervisors and Managers who do not actually handle food, but who have a direct influence on the hygienic operation of the Ward / Department / Training Unit / Community Home must receive training appropriate to their level of responsibility;

- Any person, including volunteers involved in a food business who handles or prepares food whether open (unwrapped) or packaged (food includes ices and drinks) in a Ward / Department / Training Unit / Community Home;
Service users who prepare food particularly those patients going through rehab / pre-discharge should be encouraged to attend / receive some basic food hygiene training. Refresher food hygiene courses may be appropriate.

39 Aim of Training

39.1 All food handlers should be able to demonstrate practical knowledge of the ways they can minimise hazards both to themselves and to consumers of their foodstuffs.

<table>
<thead>
<tr>
<th>Level</th>
<th>Activities Guide</th>
<th>Standard of Training</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>All Food Handlers (staff who serve food / beverages)</td>
<td>Refresher training every 2 years</td>
</tr>
<tr>
<td>2</td>
<td>Ward Managers, OT and Catering / Regeneration Staff</td>
<td>Level 2 Award – Food Safety in Catering</td>
</tr>
<tr>
<td></td>
<td>Supervisory Catering Staff</td>
<td>Level 3 Award – Supervising Food Safety in Catering</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Then Annual Refresher</td>
</tr>
<tr>
<td>3</td>
<td>Facility / Catering Managers</td>
<td>Level 4 Award – Managing Food Safety in Catering</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Annual Refresher</td>
</tr>
</tbody>
</table>

39.2 The 3 stages of industry training, as described in the Industry Guide, are outlined below:

- **Stage 1: The Essentials of Food Hygiene**
  - In order to comply, a food handler must receive written or oral instruction in “The Essentials of Food Hygiene”, an outline of which is given below. A Training Needs Analysis is shown in Appendix B.

- **The Essentials of Food Hygiene**
  - Keep yourself clean and wear clean clothing;
  - Wash your hands thoroughly: before starting work and after each break, before handling food, waste or raw foods, and after using the toilet or blowing your nose;
Before starting work, you must inform your supervisor if you have any skin, nose, throat, stomach or bowel trouble or infected wound. If you do not do this you are breaking the law;

- Cover cuts and sores with a waterproof, high-visibility dressing;

- Avoid unnecessary handling of food;

- Never smoke, eat or drink in a food room or cough / sneeze over food;

- Anything you see which is wrong should be reported to your Supervisor;

- Food should not be prepared too far in advance of service;

- Perishable food should either be kept refrigerated or over 63°C if in the process of being served;

- It is imperative that the preparation of raw and cooked food is kept strictly separate;

- Reheated food must reach a minimum core temperature of 75°C for 2 minutes;

- All equipment and surfaces must be kept clean.

- Follow any food safety instructions on either on food packaging or from your supervisor;

- Preventing Contamination – physical, bacterial, chemical and allergen.

**Stage 2: Hygiene Awareness**

- All food handlers must receive instruction to this stage at induction or ideally, within 4 weeks for full-timers and 8 weeks for part-timers and casuals. The aim is to develop a knowledge of the basic principles of food hygiene, covering such topics as:

  - The business need for high standards of hygiene;

  - Personal health and hygiene – the need for high standards;
- How germs cause illness and other sources of contamination;
- The causes and the prevention of cross-contamination;
- Food storage and temperature control;
- Cleaning, disinfection, waste disposal, awareness of pests.

  - It is good practice for staff who are not food handlers but who visit the kitchen (for example cleaners, maintenance fitters) to have Stage 1 instruction as part of their induction and Stage 2 within 3 months of starting work.

- Stage 3: Understanding of basic principles

  - Chefs and Cooks, food, bar and kitchen staff who prepare and handle high-risk (unwrapped) foods, and Managers and Supervisors who handle any type of food must be trained to this stage within 3 months of starting work or as soon as possible thereafter;

  - The training should lead to an understanding of the basic principles of food hygiene, covering such topics as:

    - Types and sources of harmful micro-organisms, toxins and spores, food poisoning symptoms and causes;

    - Other food hazards, personal hygiene;

    - Premises and equipment, cleaning and disinfection, pest control;

    - Preventing food contamination, temperature control;

    - Legal obligations.
Such a course would take about 6 hours. This might take the form of in-house training of the appropriate standard. Vocational training courses such as NVQ’s / SVQ’s are also acceptable provided hygiene training is included at the necessary level;

Staff could attend a food hygiene course (1 day or the equivalent) accredited and / or run by one of the recognised organisations such as the Chartered Institute of Environmental Health (CIEH), the Royal Institute of Public Health (RIPH), the Royal Society for the Promotion of Health (RSPH) and the Royal Environmental Health Institute of Scotland (REHIS).

39.3 All staff who require Level 2 or 3 training should not carry out any food handling duties until they have completed Induction and appropriate level of training as detailed in 8.2.1 In-depth training should be included as part of local induction training within the first week of employment. They should also be given a date for more detailed training as part of the Mandatory Training Programme. If employees have received training elsewhere, they should still receive refresher training within the first week of employment.

39.4 Night staff and bank staff will receive Basic Food Hygiene Training as part of their induction. Where appropriate, i.e. night staff and long term employed bank staff, training will extend to that shown in 10.2.1 in this Policy.

40 Records of Training

40.1 All Facilities and Ward Managers are responsible for arranging training for their staff through the Trust’s Training Policy and supplying the Workforce Department completed training records. Strenuous efforts should be made to follow up non-attendees.

41 Evaluation

41.1 Evaluation of Food Hygiene Training is essential. The content and style of training will be evaluated at end of session, by the trainer, using an approved checklist.
42 Trust-wide Food and Nutrition Group

42.1 This Group will ensure, via the Trust’s communication systems that the Policy is available and accessible on the Trust’s Intranet and all appropriate staff are made aware of it, e.g. Chief Executive’s Bulletins, Team Briefs.

42.2 All Unit / Departmental Managers will make their staff aware of the Policy via team briefs / meetings and monitor compliance of the Policy as part of their daily routines.

43 Preventative Action

43.1 All patient food complaints should be directed in the first instance to the local site catering supervisor, and escalated to the Catering Manager if necessary.

43.2 Serious food complaints e.g. if there are foreign body items found in food, the Catering Manager is to be contacted immediately who will investigate and produce a report. Where possible offending item and packaging must be retained to aid the investigation.

43.3 Suspect food e.g. blown tin, mould on food, packaging incorrect, should be reported immediately to the responsible person of the relevant Ward / Department / Home.

43.4 Any issues with food items purchased via the stock / non stock ordering system, should be raised with NHS Supplies through the Trust’s Supplies Department.

44 Visits by the Environmental Health Officers (EHO)

44.1 The Manager of the department visited, will take suitable corrective action from any report submitted by EHO. The Action Plan must be submitted to the Trust-wide Food and Nutrition Group for information and monitoring purposes.

45 Food Hazard Warnings Issued by the Department of Health (DoH)

45.1 Details of hazard will be notified to the Facilities / Catering Managers by the Head of Estates and Facilities, they will ensure all instructions / advice is actioned and if appropriate suspect food put to one side as described previously.

46 Suspected Food Poisoning Outbreak

46.1 Refer to the Trust’s Policy NTW(C)23 - Infection, Prevention and Control.
46.2 **Inform the following people immediately:**

- Senior clinician in charge of the patients
  - Infection, Prevention and Control Modern Matron;
  - Facilities Manager (South of Tyne);
  - Catering Manager;
  - Senior Nurse in charge of hospital;
  - Occupational Health Department;
  - Senior Manager where appropriate;
  - Communications Department;
  - Report as serious untoward incident (if confirmed). Refer to NTW(O)05 - Incident Policy.

47 **Equality Impact Assessment**

47.1 In conjunction with the Trust’s Equality and Diversity Lead, this Policy has undergone an Equality and Diversity Impact Assessment which has taken into account all human rights in relation to disability, ethnicity, age and gender. The Trust is committed to improve the working experience of staff and to ensure everyone is treated in a fair and consistent manner.

48 **Implementation**

48.1 Taking into consideration all the implications associated with this Policy, it is considered that a target date of **October, 2016** is achievable for the contents to be fully implemented within the organisation.

48.2 This will be monitored by the Trust-wide Food and Nutrition Group during the review process. If at any stage there is an indication that the target date cannot be met, then the Trust-wide Food and Nutrition Group will consider the implementation of an Action Plan.

49 **Monitoring Compliance**

- Review training records of all food handlers to ensure they have received appropriate training;
- EHO ratings for the areas where food is stored, prepared and served;
• Maximiser (cleanliness) results for ward kitchens;
• Examination of temperature control procedures;
• Sample data from meal profiles which are carried out in finishing kitchens;
• See Appendix C – Audit and Monitoring Tool.

50 Standards / Key Performance Indicators

50.1 The standards outlined in this Policy reflect what is required to comply with current legislation and best practice. Should these change, this Policy will be reviewed and appropriate amendments will take place.

51 Fair Blame

51.1 The Trust is committed to developing an open learning culture. It has endorsed the view that, wherever possible, disciplinary action will not be taken against members of staff who report near misses and adverse incidents, although there may be clearly defined occasions where disciplinary action will be taken.

52 Fraud, Bribery and Corruption

52.1 Under no circumstances must food intended for patient use be consumed by staff. The only exception being for staff who eat with patients as part of a care plan and approved by the Ward Manager. Sampling food after the patient meal service is permitted where this forms part of an audit. Removal of NTW food products from its premises is not permitted unless it is being transported from one site to another as part of the approved distribution by Facilities staff. Information relating to inappropriate use of patient food will be disclosed to and by the Trust and NHS Protect for the purpose of verification and the investigation, prevention, detection and prosecution of fraud and corruption.

53 Associated Documentation

• NTW(C)23 – Infection, Prevention and Control Policy:- Practice Guidance Notes;
• IPC-PGN-4.1 - Hand Hygiene and Use of Alcohol Hand Rub;
• IPC-PGN-05 - Reporting and Notification of Infectious Diseases;
• IPC-PGN-06 - Major IPC Incidents (inc; Major Outbreaks);
• IPC-PGN-14.1 - IPC Considerations in the Purchase and Use of Equipment: Water Coolers and Ice Making Machines;

• NTW(O)01 – Development and Management of Procedural Documents;

• NTW(O)05 - Incident Policy;

• NTW(O)33 - Risk Management Policy.

54 References

• Food Safety Act 1990;

• Food Safety and Hygiene (England) Regulations (2013);

• Management of Food Hygiene and Food Services in the NHS HSG(96)20;

• The Food Hygiene (England) Regulations 2006;

• Hospital Catering Delivering a Quality Service (Department of Health);

• Good Practice Guide – Healthcare Food and Beverage Service;

• Regulation (EC) No 852/2004 Hygiene of Foodstuffs;

• Regulation (EC) No 178/2002;

• Regulation (EC) No 853/2004;

• Regulation (EC) No 2073/2005 on the Microbiological Criteria for Foodstuffs;

• General Food Regulations 2004
## Equality Analysis Screening Toolkit

<table>
<thead>
<tr>
<th>Names of Individuals involved in Review</th>
<th>Date of Initial Screening</th>
<th>Review Date</th>
<th>Service Area / Locality</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chris Rowlands</td>
<td>September 2015</td>
<td>April 2019</td>
<td>Trust-wide</td>
</tr>
</tbody>
</table>

### Policy to be analysed
- **NTW(O)53 – Food Hygiene Policy**
- **Is this policy new or existing?** Existing

### What are the intended outcomes of this work? Include outline of objectives and function aims
Northumberland, Tyne and Wear NHS Foundation Trust has a moral and legal responsibility to protect its patients and staff from food poisoning. This policy outlines how the Trust meets the Food Safety and Hygiene (England) Regs 2013, the Food Safety Act 1990 and the Department of Health Guidelines on Cook-Chill and Cook Freeze Catering systems.

### Who will be affected? e.g. staff, service users, carers, wider public etc
All staff providing catering as listed in the policy and staff, service users/carers and the wider public who may use the catering facilities.

### Protected Characteristics under the Equality Act 2010
The following characteristics have protection under the Act and therefore require further analysis of the potential impact that the policy may have upon them.

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disability</td>
<td></td>
</tr>
<tr>
<td>Sex</td>
<td></td>
</tr>
<tr>
<td>Race</td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td></td>
</tr>
<tr>
<td>Gender reassignment (including transgender)</td>
<td></td>
</tr>
<tr>
<td>Sexual orientation</td>
<td></td>
</tr>
<tr>
<td>Religion or belief</td>
<td></td>
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<tr>
<td>Marriage and Civil Partnership</td>
<td></td>
</tr>
<tr>
<td>Pregnancy and maternity</td>
<td></td>
</tr>
<tr>
<td>Carers</td>
<td></td>
</tr>
<tr>
<td>Other identified groups</td>
<td></td>
</tr>
</tbody>
</table>

### How have you engaged stakeholders in gathering evidence or testing the evidence available?
Through the standard Policy Process
How have you engaged stakeholders in testing the policy or programme proposals?

| Through the standard Policy Process |

For each engagement activity, please state who was involved, how and when they were engaged, and the key outputs:

| Trustwide Policy Group and the wider consultation list have had the opportunity to comment on the policy as part of the review process |

Summary of Analysis Considering the evidence and engagement activity you listed above please summarise the impact of your work. Consider whether the evidence shows potential for differential impact, if so state whether adverse or positive and for which groups. How you will mitigate any negative impacts. How you will include certain protected groups in services or expand their participation in public life.

| No impact in terms of equality, though the overall aim of the policy is to keep everyone safe, so therefore the policy has a positive effect |

Now consider and detail below how the proposals impact on elimination of discrimination, harassment and victimisation, advance the equality of opportunity and promote good relations between groups. Where there is evidence, address each protected characteristic

| Eliminate discrimination, harassment and victimisation | Not Applicable |
| Advance equality of opportunity | Not Applicable |
| Promote good relations between groups | Not Applicable |
| What is the overall impact? | No impact |
| Addressing the impact on equalities | Not Applicable |

From the outcome of this Screening, have negative impacts been identified for any protected characteristics as defined by the Equality Act 2010?

If yes, has a Full Impact Assessment been recommended? If not, why not?

Manager’s signature: Chris Rowlands Date: September 2015
### Appendix B

#### Communication and Training Check List for Policies

**Key Questions for the accountable Committees designing, reviewing or agreeing a new Trust Policy**

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is this a new policy with new training requirements or a change to an existing policy?</td>
<td>Change to existing</td>
</tr>
<tr>
<td>If it is a change to an existing policy are there changes to the existing model of training delivery? If yes specify below.</td>
<td>Awareness Training and Certificate level training to be accessed dependent on the role</td>
</tr>
<tr>
<td>Are the awareness/training needs required to deliver the changes by law, national or local standards or best practice?</td>
<td>Legislation listed in paragraph 1.6</td>
</tr>
<tr>
<td>Please give specific evidence that identifies the training need, e.g. National Guidance, CQC, NHS Resolutions etc. Please identify the risks if training does not occur.</td>
<td>See training needs analysis</td>
</tr>
</tbody>
</table>
| Please specify which staff groups need to undertake this awareness/training. Please be specific. It may well be the case that certain groups will require different levels e.g. staff group A requires awareness and staff group B requires training. | - All staff who prepare food for patients’ consumption, e.g. using raw ingredients  
- Staff who regenerate food  
- Staff who handle/serve prepared food - awareness of food hygiene standards |
| Is there a staff group that should be prioritised for this training / awareness? | - Many staff will access fridges and make beverages for others and need basic awareness  
- Staff with specific responsibilities for food preparation and regeneration will need higher level training and annual updates  
- Regeneration of food  
- Staff who assist patients in self cooking / training in life skills – Certificate level and updates |
| Please outline how the training will be delivered. Include who will deliver it and by what method. The following may be useful to consider: Team brief/e bulletin of summary Management cascade Newsletter/leaflet/payslip attachment Focus groups for those concerned Local Induction Training Awareness sessions for those affected by the new policy Local demonstrations of techniques/equipment with reference documentation Staff Handbook Summary for easy reference Taught Session, E Learning | - Local induction awareness package  
- Team brief cascade for general awareness  
- Training courses  
- E-learning training |
| Please identify a link person who will liaise with the training department to arrange details for the Trust Training Prospectus, Administration needs etc. | Susan Scroggins, Facilities Manager (South) |
Appendix B – continued

Training Needs Analysis

<table>
<thead>
<tr>
<th>Staff/Professional Group</th>
<th>Type of training</th>
<th>Duration of Training</th>
<th>Frequency of Training</th>
</tr>
</thead>
<tbody>
<tr>
<td>Catering Staff</td>
<td>Certificate – Level 2 then annual updates</td>
<td>1 day programme 1 hour</td>
<td>Initial Accreditation Annual Refresher</td>
</tr>
<tr>
<td>Catering Supervisors</td>
<td>Certificate – Level 3 then annual updates</td>
<td>3 day programme 1 hour</td>
<td>Initial Accreditation Annual Refresher</td>
</tr>
<tr>
<td>Catering Managers</td>
<td>Certificate – Level 4 then annual updates</td>
<td>5 day programme 1 hour</td>
<td>Initial Accreditation Annual Refresher</td>
</tr>
<tr>
<td>Staff who assist patients in life skills/self-cook</td>
<td>Certificate – Level 2 then annual updates</td>
<td>1 day programme 1 hour</td>
<td>Initial Accreditation Annual Refresher</td>
</tr>
<tr>
<td>Staff who serve food/beverages</td>
<td>Awareness To be determined locally depending on role</td>
<td>1 hour</td>
<td>Every 2 years</td>
</tr>
</tbody>
</table>

Copy of completed form to be sent to:
Training and Development Department,
St. Nicholas Hospital

Should any advice be required, please contact: - 0191 2456777 (internal 56777)
Option 1
Appendix C

Monitoring Tool

The Trust is working towards effective clinical governance and governance systems. To demonstrate effective care delivery and compliance, Policy authors are required to include how monitoring of this policy is linked to Auditable Standards / Key Performance Indicators will be undertaken using this framework.

<table>
<thead>
<tr>
<th>Auditable Standard / Key Performance Indicators</th>
<th>Frequency / Method / Person Responsible</th>
<th>Where results and any associated action plan will be reported to implemented and monitored; (this will usually be via the relevant governance group).</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 All Catering staff must have the appropriate Food Hygiene Qualification</td>
<td>Evidence obtained from dashboards and / or training records</td>
<td>Training Report submitted to monthly Facilities Managers’ meeting for information, action and monitoring purposes. Quarterly reports are submitted to the Trust-wide Food and Nutrition Group</td>
</tr>
<tr>
<td>2 All food areas must achieve the EHO rating of good or excellent</td>
<td>Evidence obtained from EHO Report</td>
<td>Trust-wide Food and Nutrition Group</td>
</tr>
<tr>
<td>3 All cleanliness audits for ward kitchens must achieve 95% as a minimum standard</td>
<td>Monthly cleanliness audits to be carried out by Supervisor</td>
<td>Report submitted monthly to the Facilities Managers’ Meeting for information, action and monitoring purposes. Trust Wide to the Food and Nutrition Group</td>
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<tr>
<td>4 Fridge / Freezers and Food Temperatures are recorded and retained</td>
<td>Records are held locally, any non-conformance is recorded in the weekly Report. This is inspected twice per year by the BSI Auditor</td>
<td>Outcomes of the BSI Audit are reported to the Facilities Managers’ Group and the Trust-wide Food and Nutrition Group</td>
</tr>
<tr>
<td>5 The Meal Service is inspected against the Magnificent Seven Standards by Supervisors, on a monthly basis</td>
<td>Results are submitted in monthly report</td>
<td>Report submitted monthly to the Facilities Managers’ Meeting for information, action and monitoring purposes. Trust-wide to the Food and Nutrition Group</td>
</tr>
</tbody>
</table>

The Author(s) of each Policy is required to complete this monitoring template and ensure that
these results are taken to the appropriate Quality and Performance Governance Group in line with the frequency set out.