

TRUST FOOD & FLUID SAFETY POLICY

Department / Service:	Catering -Trust Wide
Originator:	Deputy Director of Estates and Facilities (Soft FM)
Accountable Director:	Director of Estates and Facilities
Approved by:	Trust Infection Control & Prevention Committee
Date of Approval:	23 rd May 2024
Review Date:	23 rd May 2027
	This is the most current document and should be used until a revised version is in place
Target Organisation(s)	Worcestershire Acute Hospitals NHS Trust
Target Departments	All Departments
Target staff categories	All Staff

Purpose of this document:

This policy provides the overall objectives of Food Hygiene within all areas and departments of the Trust, their responsibilities and associated policy documentation.

Key amendments to this Document:

Date	Amendment	By:
April 2012	Extension of expiry until the end of July 2012 following discussion/agreement at the Food & Nutrition Group.	V Harris
June 2012	Extension of expiry until the end of September 2012 due to cancellation of TIPCC meeting.	H Gentry
July 2012	Originator	V Harris
July 2012	Director of Asset Management Ref 3.4, 3.5	V Harris
July 2012	ISS Catering added Ref 4.5	V Harris
July 2012	Trust removed Ref 4.4, 4.5, 4.6, 4.7, 4.8.1	V Harris
May 2015	Originator	M Long
May 2015	Accountable Director & Approved By removed	M Long

May 2015	Removed sentence in Ref 1., 6.1.	M Long
May 2015	Removed PEAG Ref 4.3,	M Long
May 2015	New format Ref 13 populated	M Long
August 2017	Document extended for 6 months as per TMC paper approved on 22 nd July 2015	TMC
Dec 2017	Document extended for 3 months as per TLG recommendation	TLG
March 2018	Document extended for 3 months as approved by TLG	TLG
April 2018	Change of originator represent change in AMIT Structure	E Bridge
February 2021	Document extended as per Trust agreement 11.02.2021.	
December 2023	Inclusion of reference to iWave system at KTC. Addition of responsibility matrix to Ward Food & Fluid Hygiene Policy appendices Change of job title from Head of Facilities to Deputy Director of Estates and Facilities (Soft FM)	H Mills
April 2024	Change of title to Trust Food & Fluid Safety Policy to encompass all food safety elements	

References:

Code:

Allergens – Food Information Regulations 2014 (as amended)	
Food Safety and Hygiene (England) Regulations 2013 – Schedule 4 covers temperature control	
Assimilated (EC) Regulation 852/2004	
Allergens – Food Information Regulations 2014 (as amended)	
National Standards for Healthcare Food and Drink	

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1. Introduction

Almost all the food and beverages that are consumed may become infected with micro-organisms that are harmful to human beings and can cause serious food poisoning. In a normal, healthy person, such an illness may not be serious, but in hospital patients who are already ill or those who are handicapped by age or infirmity it can be serious and may even be dangerous.

2. Scope of the Policy

- 2.1** This Policy determines the overall food safety objectives of the Worcestershire Acute Hospitals NHS Trust. It is a statement of commitment to ensure the highest levels of food safety are achieved at all levels of the organisation.
- 2.2** This includes all operating models across all three Trust sites, regardless of ownership, in line with the ownership matrix below:

Site	Outlet	Food Business Operator
Alexandra Hospital	League of Friends Coffee Shop	Alexandra Hospital League of Friends
Alexandra Hospital	Heroes Corner	
Alexandra Hospital	Quinneys Restaurant	Worcestershire Acute Hospitals NHS Trust
Worcestershire Royal Hospital	RVS shop	Royal Voluntary Service
Worcestershire Royal Hospital	Costa	ISS Mediclean
Worcestershire Royal Hospital	Rivercourt	ISS Mediclean
Worcestershire Royal Hospital	RVS Shop - Oncology building	Royal Voluntary Service
Worcestershire Royal Hospital	RVS Café - Oncology Building	Royal Voluntary Service

Kidderminster Treatment Centre	Heroes Corner	
Kidderminster Treatment Centre	League Of Friends	Kidderminster Hospital League of Friends
Kidderminster Treatment Centre	TC Café	Worcestershire Acute Hospitals NHS Trust

2.3 The Trust wholly accepts legal duty to comply with the Food Safety Act 1990, the Food Hygiene (England) Regulations 2006 (Temperature Control Schedule 4- EU Regulation No.852/2004) and Natasha’s Law the content of which is regarded as a minimum requirement. In accordance with relevant legislation, the Trust shall carry out its business safely & hygienically and operate with due diligence at all times.

2.4 The Trust has a statutory duty to:-

- Identify and prevent food safety risks at all stages in the preparation and serving of food using the principles of HACCP (Hazard Analysis Critical Control Point)
- Carry out food activities in a safe & hygienic way.
- Comply with the rules of hygiene.
- Supervise, instruct and provide appropriate training for food handlers.

3. Definitions

Food Hygiene - All measures necessary to ensure the safety, soundness and wholesomeness of food at all stages from procurement, storage, production, postproduction storage and distribution of manufacture until its final consumption.

Food Handler - Any person who, directly or indirectly, handles food and fluids.

Contamination - The adulteration of food by microbial pathogens, chemicals, foreign matter, allergens or spoilage which may affect or compromise the safety of food.

Food Poisoning - An illness normally characterised by acute diarrhoea and/or vomiting caused by the ingestion of food contaminated with pathogenic micro-organisms. This is a notifiable illness.

HACCP - Hazard Analysis Critical Control Point – formal system of identifying hazards i.e. risk assessment associated with food.

CCP - Critical Control Point. The point at which if control is lost an incident may occur.

Monitoring - A planned sequence of observations or measurements to assess whether a CCP is under control.

Allergens - Allergens are substances that trigger an allergic reaction.

4. Responsibility and Duties

4.1 Chief Executive

The Chief Executive on behalf of the Trust has primary legal and moral responsibility for ensuring that the Trust has an appropriate Food Safety Policy and ensures the organisation works to the best practice and complies with all relevant legislation.

4.2 Director of Nursing & Midwifery

The Director of Nursing & Midwifery is responsible for ensuring that effective arrangements are in place for the development and management of the policy.

4.3 Infection Prevention and Control Team

The Infection Prevention and Control Team work in conjunction with the catering departments on all sites, to ensure they identify and challenge any issues in meeting compliance with national standards or legislation in relation to the provision of catering services and take appropriate action to achieve and maintain compliance.

The team will also assist in monitoring compliance through audit, inspection and the PEOG forums, advise in matters relating to the prevention or control of infection and to review the services of both internal and external service providers

4.4 Deputy Director of Estates & Facilities (Soft FM)

- Ensure that policies are implemented appropriately and there are audits that comply with legislation.
- Ensure appropriate review of the services, either in line with/ as a result of changes in practice, organisational change in structure or legislation.
- Ensure the requirements set out in this policy are followed

- Shall delegate the day-to-day service for food safety to the Trust Catering Managers respectively.

4.5 Catering Managers

The Catering Managers are accountable to the Deputy Director of Estates & Facilities (Soft FM) and responsible for:-

- Ensuring Departmental Managers adhere to the Food Hygiene Policy, codes of practice, procedures and work instructions in their respective areas.
- Obtaining advice and support from the Trusts Infection Prevention Service and other regulatory bodies e.g. Environmental Health Officer (EHO).
- Obtain advice and support from the external NHS approved food safety auditing body – Supply, Training Services Ltd
- Ensuring that recommendations from infection prevention and visiting enforcement officers are acted upon.
- Making available suitable and sufficient resources to ensure that the policy can be implemented within their respective departments.
- Reporting to the Deputy Director of Estates & Facilities (Soft FM) on any environmental hygiene hazards, which cannot be controlled within budget.
- Ensuring that controls derived from risk assessments are monitored and that food safety risks are adequately controlled.

4.6 Ward/Departmental Managers

Ward/Departmental Managers accountable to Heads of Service/Matron are responsible for implementing and maintaining codes of practice, procedures, work instruction and records derived from risk assessments where the absence of such instruction would seriously affect food safety.

4.7 Supervisors - Catering Services

Supervisors are accountable to the Departmental Managers/Catering Manager and are responsible for the;

- Day-to-day responsibility of food safety.
- Prevention of food contamination, ensuring that all food is stored, prepared and served in a safe and hygienic manner.
- Ensure that staff obey personal hygiene rules, particularly in relation to hand washing, protective clothing and the reporting of infections.
- Ensure that the Trusts systems and records in relation to food safety are maintained.

4.8 Nurse in Charge

The Nurse in charge accountable to the Ward Manager is responsible for:-

- Food safety at the point of service on a daily basis.
- Preventing food contamination, ensuring that all food is stored, prepared and served in a safe and hygienic manner.
- Ensuring that staff obey personal hygiene rules, particularly in relation to hand washing, protective clothing, reporting of infections.

4.9 Employees

Employees shall:

- conduct themselves in a safe manner and in accordance with the Trust's Food Hygiene Policy, where appropriate make themselves familiar with and conform to codes of practice, departmental procedures, work instructions and records.
- Co-operate with their manager in discharging their duties as described under the Food Hygiene (England) Regulations 2006 (Temperature Control under Schedule 4) EU Regulations No.852/2004.
- Employees must participate in any training programme organised on their behalf by their manager, in line with the NHS Constitution.
- Adhere to the correct hand washing procedure as illustrated in all hand wash areas.
- Will be required to undertake and pass food hygiene training commensurate with their duties.

4.10 Volunteers

Will be required to undertake and pass food hygiene training commensurate with their duties.

5. Equality requirements

This policy has been screened using the Equality Impact Assessment checklist. No issues have been identified which would adversely affect any racial or diverse group. (see Appendix 2)

6. Policy Detail

6.1 Training

All catering staff irrespective of grade or status employed by the Trust will receive hygiene training at local induction.

The training matrix for Trust-employed Catering Staff can be found in the Catering Services Food Safety SOP.

6.2 Occupational Health Services

The Occupational Health Services will carry out a pre-employment check on all employees, which will include where appropriate, consideration under food hygiene. Trust Managers will be responsible for ensuring that all temporary employees receive health screening & induction training in hygiene prior to commencing work.

6.3 Hazard Analysis and Critical Control Point (HACCP)

The Worcestershire Acute Hospitals NHS Trust will comply with the requirements to identify and control food hazards.

HACCP is designed to establish a process control over the production of food from the procurement of supplies to the point of consumption. It provides a disciplined and structured approach to identifying, assessing, eliminating and controlling those areas, which are critical to the safety of food.

Where a hazard cannot be eliminated procedures will be introduced that ensure hazards are controlled. All Critical Control Points (CCP) will be monitored and recorded to provide evidence that systems are being correctly managed.

The HACCP documentation for the following outlets can be found at section 2 within the Catering Services Food Safety SOP:

- Quinneys Restaurant, Alexandra Hospital

- Patient Meal Service, Alexandra Hospital
- TC Café, Kidderminster Treatment Centre
- Ward 1 Kitchen, Kidderminster Treatment Centre

HACCP documentation for all other outlets are held by the Food Business Operator as detailed in the responsibility matrix at Section 2 of this policy.

6.4 Purchasing

Goods and services intended for the catering service will be procured from nominated suppliers in accordance with detailed purchasing specifications, through regional, divisional or local contractors.

Pre-requisites can be found in the Catering Services Food Safety SOP.

6.5 Goods Received and Storage

Trained employees using the appropriate procedure will receive all incoming goods. Goods shall not be stored or processed until they have been inspected or verified as conforming to specification. A rejection procedure will operate for all goods, which do not comply with the prescribed specification.

Procedure documentation can be found in the Catering Services Food Safety SOP.

6.6 Temperature Monitoring

The Catering Manager & ISS Catering Manager will be responsible for ensuring all storage/cooking temperatures are monitored following the HACCP procedures and recorded in accordance with Food Safety (General Food Hygiene) Regulations 1995 and the Department of Health Cook-Chill Guidelines.

Procedure documentation can be found in the Catering Services Food Safety SOP.

6.7 Preparation

All preparation will take place on suitable working surfaces and under hygienic conditions in such a way as to prevent the risk of contamination and minimal handling in the designated area for the product.

Procedure documentation can be found in the Catering Services Food Safety SOP.

6.8 Allergens

There are currently 14 allergens which must be clearly stated if they are present in the food that is being offered.

All food preparation and service will be delivered in line with Natasha's Law to mitigate the risk to anyone using the catering facilities who may have a food allergy or intolerance.

Allergen policy and matrix can be found in the Catering Services Food Safety SOP.

6.8 Service of Food

6.8.1 Patient Food Service

Bulk Meals – Heat Safe plastic containers of food are placed into insulated food reheating mobile hostess trolleys. The food is reheated to a minimum temperature as recommended in the Department of Health Cook Chill and Cook Freeze Guidelines on Catering Systems and the trolleys are transported by catering staff to the wards. The food should be temperature checked prior to leaving the Catering Department (ALEX) or the Zonal Kitchens (WRH) then transferred to the top of the trolley by the catering assistant as soon as the ward level staff are ready to distribute the meals to the patients.

Ward Food & Fluid Hygiene Policy – (see Appendix 1)

Policies & Procedures Documentation held by Trust Catering Manager and ISS Catering Manager.

6.8.2 Retail Service

Hot food will be displayed at a temperature greater than 63°C. Cold foods in refrigerated display must be maintained below 8°C unless intended to be sold within four hours. Hot food left over from service will be disposed of. Any relevant cold food not subject to refrigerated display and left over from service will be disposed of.

6.9 Ward Kitchens Environmental Hygiene

Ward kitchens will be kept clean and maintained in a good state of repair. Food contact surfaces, equipment, food storage areas, utensils and refrigerators must be entirely clean and dry, visibly clean from dirt, grease and food debris.

Please refer to Ward Food & Fluid Hygiene Policy for clear responsibilities – (see Appendix 1)

6.10 Ward kitchens safe hygiene practices

The Ward Manager is ultimately responsible for ensuring proper control of food services at ward level by nursing staff and staff engaged in food handling.

Please refer to Ward Food & Fluid Hygiene Policy for clear responsibilities – (see Appendix 1)

6.11 Food safety documentation control

All documentation pertaining to the catering operations at the Alexandra Hospital and Kidderminster Treatment Centre is version controlled. There is a document matrix with a reference number for each document. The version is denoted by the number after the decimal point (i.e CAT001.1)

7. Financial risk assessment

This policy has been assessed for financial implications using the Trust checklist and no financial implications have been identified. (see Appendix 3)

8. Consultation

8.1 All policies will conform to the Trust's standard structure and format and other requirements, as per Trust Policy for Policies (the development, approval and management of key documents WAHT-CG-001).

8.2 All draft policies will be circulated to key stakeholders and representative of the target audience for comment prior to finalisation and before being submitted for approval.

9. Approval process

9.1 The final draft will be checked to ensure it complies with the correct format and all supporting documentation has been completed appropriately.

9.2 The policy and procedures will be submitted to the Trust Infection Prevention and Control Committee for approval before document code and version number will be confirmed and the policy released for placement on the Trust intranet and hard copy production.

10. Implementation arrangements

10.1 The Ward Food and Fluid Hygiene Policy (Appendix 1) will be circulated to all key staff, ward and departmental areas with food preparation or beverage points.

11. Dissemination process

This policy will be circulated via the Facilities Department

and Matrons for dissemination in the directorates.

12. Training and awareness

To ensure all personnel who undertake the service of food and fluid or who are in any way associated with the service of food and fluid must be trained to the level of competence commensurate with their duties and be fully aware of their legal responsibilities.

13. Monitoring and compliance

Page/ Section of Key Document	Key control:	Checks to be carried out to confirm compliance with the Policy:	How often the check will be carried out:	Responsible for carrying out the check:	Results of check reported to: <i>(Responsible for also ensuring actions are developed to address any areas of non-compliance)</i>	Frequency of reporting:
	WHAT?	HOW?	WHEN?	WHO?	WHERE?	WHEN?
Section 7 in Appendix 1	The service of meals to patients	Audits	28 per year	Monitoring Team	PEOG, Catering Manager, Ward Managers	Up to 40 per year
6.9	The environment and estate	Forms part of general and environmental cleanliness audits	Ongoing	Monitoring Team and Infection Prevention and Control	Catering Manager, Ward Managers	After each audit
4.1, 4.4, 4.5	Compliance with the Food Safety Act. DoH Chilled & Frozen Guidelines on Cook-Chill and Cook-Freeze	Inspections	1 Yearly	Worcestershire Regulatory Services EHO	Catering Manager	1 per year
Section 7 in Appendix 1	Patient satisfaction with food service and quality	Questionnaires	12 per year	Catering Dept	PEOG. Trust Nutrition and Hydration Committee	12 per year
4.5,	Compliance with the Food Safety Act.	Spot Checks	As required	Catering Dept, IPCT, Ward Staff	Catering Manager	As required
6.6	Temperature monitoring of food	Monitoring	At every food service	Catering Staff	Catering Manager	Daily
6.1	Staff competence	Monitoring, training	On-going	Catering	Deputy Director of Estates	On-going

Trust Policy



				Manager	& Facilities (Soft FM) Training and Development	
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14. Development of the Policy

This policy has been developed using Trust information relating to document control, including the Policy for Policies (WAHT-CG-001) and has been sent for approval by the Trust Infection Prevention and Control Committee. This policy will be reviewed after 2 years

15. Appendices

- Appendix 1** Ward Food & Fluid Hygiene Policy
- Appendix 2** Equality impact assessment
- Appendix 3** Financial risk assessment

Appendix 1

WARD FOOD & FLUID HYGIENE POLICY

Department / Service:	Catering	
Originator:	Catherine Cox	Catering Manager
Accountable Director:	Emma King	Deputy Director of Estates & Facilities (Soft FM)
Approved by:	Director of Infection Prevention & Control for Chair of Trust Infection Prevention & Control Committee	
Date of approval:		
First Revision Due:		
Target Organisation(s)	Worcestershire Acute Hospitals NHS Trust	
Target Departments	Wards and departments	
Target staff categories	All ward and departmental staff	

Purpose of this document:

This policy provides the information describing the need for Food Safety within a ward/departmental kitchen, who is responsible for the kitchens, the guidelines for their use and the service of meals to patients.

Key amendments to this Document:

Date	Amendment	By:
July 2012	Accountable Director	V Harris
July 2012	Micro-organisms Ref 1	V Harris
July 2012	Treatment Centre Ref Appendix 1	V Harris
July 2012	All beverage item must be individually wrapped Ref App 3	V Harris
July 2012	48hrs asymptomatic (Food Safety Guidelines) App 5	V Harris
May 2015	Removal of Approved by	C Cox
May 2015	Amended PEAG in Ref 7.	C Cox
December 2023	Inclusion of reference to iWave system at KTC. Addition of responsibility matrix to Ward Food & Fluid Hygiene Policy appendices	H Mills

Change of job title from Head of Facilities to Deputy Director of Estates and Facilities (Soft FM)

References:

Code:

Allergens – Food Information Regulations 2014 (as amended)	
Food Safety and Hygiene (England) Regulations 2013 – Schedule 4 covers temperature control	
Assimilated (EC) Regulation 852/2004	

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Appendix 1	Operating differences
Appendix 2	Service methods
Appendix 3	Use of ward kitchens
Appendix 4	Ward based refrigerators
Appendix 5	Personal Hygiene

1. Introduction

Almost all the food we eat may become infected with microorganisms that are harmful to human beings and can cause serious food poisoning. In a normal, healthy person, such an illness may not be serious, but in hospital patients who are already ill or those who are handicapped by age or infirmity it can be serious and may even be dangerous.

“ONE CARELESS MISTAKE BY A FOOD HANDLER IN
AN OTHERWISE PERFECT KITCHEN
CAN CAUSE AN OUTBREAK OF FOOD POISONING”

Prevention is possible by careful attention to personal cleanliness and in all work carried out in kitchens including Ward Kitchens.

2. Scope of the Policy

This policy applies to all staff who have access or potential access to ward kitchens and will include nursing staff, catering staff, housekeeping and domestic staff, medical staff and other clinical/non clinical staff.

The Ward Kitchens on the three sites, Alexandra Hospital, Kidderminster Hospital and Worcestershire Royal Hospital, are operated differently due to the method of service employed at each unit (see **Appendix 1**). However there are general guidelines on the service of meals to patients that are essential to all three units to ensure food safety (see **Appendix 2**), the use of ward kitchens (see **Appendix 3**) and the correct use of ward based refrigeration (see **Appendix 4**).

3. Responsibility and Duties

The Ward Manager has overall responsibility for maintaining the standard of food hygiene in ward kitchens, however this is in conjunction with the Housekeeping staff on each ward ensuring that all surfaces and equipment are cleaned correctly and maintained in a hygienic state.

The Infection Prevention and Control Team work in conjunction with the catering departments on all sites to ensure the Trust identify any challenges in meeting compliance with national standards or legislation in relation to the provision of catering services and take appropriate action to achieve and maintain compliance.

The designated manager for each site and relevant supervisors are responsible for checking that the hygiene standards are maintained at a sufficient level to ensure they meet Food Safety standards.

All personnel who have access to the ward kitchens must be aware of the

importance of maintaining high standards of both personal (see **Appendix 5**) and work area hygiene.

4. Risk

Non conformity to both personal and area hygiene standards can result in legal and financial consequences as well as the loss of trust from patients using the hospitals.

The Environmental Health Departments responsible for each hospital have right of entry at all times and non conformity can result in a range of notices & orders which include Improvement Notices, Prohibition orders, Emergency prohibition notices & orders and Remedial action notices being served. The serving of these notices can ultimately result in closure of the kitchen/s, prosecution and custodial sentences.

A food related outbreak within a hospital can damage the image of that unit significantly and if proved that it was caused by incorrect hygiene practices could potentially lead to a civil prosecution being brought against the Trust.

5. Consultation

This document along with the responsibilities associated with it needs to be distributed to all parties involved in the service of patient meals or beverages and the use of ward kitchens to ensure that they are fully aware of their individual and collective responsibility.

They should have the opportunity to consult on the document and put amendments forward taking into account their views and suggestions to ensure that it is fully supported by all stakeholders.

6. Training and awareness

To ensure all personnel who undertake the service of food and fluid or who are in any way associated with the service of food and fluid must be trained to the level of competence commensurate with their duties. This can be found in the relevant person specification.

7. Monitoring and compliance

All aspects of ward based, personal and service hygiene practices must be monitored on a regular basis.

Monitoring of this compliance is the responsibility of the ward manager who must record and document any non compliance.

To ensure that the correct level of hygiene practices are maintained at all times audits must be undertaken as part of the ward based PLACE visits, housekeeping &/or catering visits and Environmental Health visits. A daily check should be undertaken by a senior member of the ward staff.

Any non compliance must be recorded, submitted to the appropriate department for investigation which may lead to disciplinary action.

The results of patient and customer feedback surveys and questionnaires will indicate the effectiveness of the food safety system (for example whether the temperature of food served is satisfactory).

8. Development of the Policy

This policy will be reviewed after 2 years

9. Appendices

Appendix 1 Operating differences

Appendix 2 Service methods

Appendix 3 Use of ward kitchens

Appendix 4 Ward based refrigerators

Appendix 5 Personal Hygiene

Appendix 1. Operating Differences

Alexandra Hospital and Kidderminster Treatment Centre.

The ward kitchens at these two units are for the provision of basic catering requirements including the storage of chilled food items, beverage & toast making, limited washing up by hand & mechanical means.

Worcestershire Royal Hospital

The ward kitchens on this unit are for more complex catering requirements including the storage of food trolleys & patient's meals including chilled, frozen and ambient food items, the regeneration of the meals, the washing up of all patient cutlery and crockery by mechanical means and the provision of toast and beverages.

Appendix 2. Service Methods & Standards

At the Alexandra Hospital and Worcestershire Royal Hospital, the Catering Staff will load the food regeneration trolley's and deliver to the wards when the food temperatures have reached the correct temperature (75c or above) and the meals are ready for service.

At the Alexandra Hospital, catering staff sign the temperature record sheet to confirm that time and temperature records are correct.

At Worcestershire Royal Hospital, the food temperature record sheet is countersigned by ward staff.

At Kidderminster Treatment Centre, the ward staff and catering staff are trained to use the iWave system.

The procedure is as follows:

- Remove selected meal from the freezer and place on a plate.
- Scan the barcode on pack and place the plate and meal in the microwave and press start.
- Prepare the tray/s by placing a cutlery pack and dessert, snack or drink if chosen which can be found in the fridge.
- When meal is reheated check the temperature of the meal by placing the probe into the centre of the tray and into the centre of the food (not to the bottom of the tray) as this will not give an accurate temperature. If the temperature reaches 75 °C or above the meal is ready, if not then replace into the microwave and press start.

- Ensure that the temperature probe is cleaned thoroughly before and after use.
- Place the plate and meal onto the tray and cover with a metal lid. This can now be taken to the patient.
- Once they have delivered the meal to the patient follow the procedure for removing the seal to put the meal onto the plate and recover with the lid.

The ward should begin service of meals to patients immediately on receipt of the food trolley to their area. Delays in service could lead to both bacterial growth and food quality deterioration. Keep the oven door on the trolley closed to keep spare hot food hot, if this is not the case food will lose temperature rapidly.

Patients should be made ready before the meal service starts and given the opportunity to refresh themselves and to clean their hands.

Staff hands should be cleansed and disposable gloves worn before serving patients' meals and replaced during the service of meals, especially if any delays or breaks occur during that time.

Jewellery should not be worn or covered by gloves, during food service.

A disposable apron (green) should be worn by all staff involved in the service of meals to patients and an oven cloth used where appropriate.

The retaining of hot patients' meals is strictly prohibited, meals **must not** be kept to one-side at ward level for re-heating and neither must ready prepared meals be brought in and reheated by untrained staff using a microwave oven. If a patient is having problems with their meals or menu selections the Catering Department should be contacted immediately.

All food waste must be returned to the catering department by the member of catering staff on a trolley for disposal.

Appendix 3. Use of Ward Kitchens

Standard	Responsible staff group
Food should be prepared on a clean, dry surface. Ideally, separate areas should be specified for individual tasks. The thorough cleaning of the surface between each use is particularly important in ward kitchens. Where food is prepared, an appropriate sanitizer must be used. Use of sanitizers must be communicated to the control of	ALEX/KTC – Ward staff WRH – ISS and Ward Staff

infections manager.	
It is recommended that, in the interest of safety and prevention of cross contamination, only authorised ward personnel be allowed access to the ward kitchens. However, if necessary, patients and visitors access to ward kitchens must be controlled by the nurse in charge of the ward who should ensure that this procedure is followed.	All staff
Staff are not allowed to eat or drink beverages in ward kitchens other than a glass of water.	All staff
Outdoor clothing, shoes, etc. must not be stored or left in ward kitchens.	All staff
Where waste food (swill) is bagged, it must be double bagged and kept in a plastic bin awaiting collection; food must be removed from wrappers, packaging, etc. Leftover food should be discarded after each meal and never retained for re-heating, feeding pets, etc. Non food waste must only be placed in the appropriately coloured sack in the sack stand. Bins and sacks must be suitably marked to indicate use and bins should have tight fitting lids.	All staff
Rubbish and waste food must not be allowed to accumulate in ward kitchens and all waste must be removed after each meal service	ALEX/KTC – Ward staff WRH – ISS and Ward Staff
Where a beverage machine is in use, this machine must not be used for warming items or for drying cloths, etc. Loaded cups must always be kept covered and spares, other than in the feed columns, must not be stored in the top-dispensing unit. Cups, once used, must be discarded.	All staff
Disposable cutlery must be discarded after use.	Catering staff
Leftover food from the patient meal service, (including ice cream) should be discarded at the end of each day or after each meal service, as	Catering staff

appropriate.	
Drugs, specimens, or blood for transfusions must NOT be stored in a food refrigerator.	Ward staff
Any food requiring refrigeration being held at ward level must be held within a dedicated fridge which will maintain the products below 8C.	Catering and ward staff
WRH only and Alex Theatres - Milk transferred from the milk dispensing machine into covered jugs, etc., must be stored covered in the refrigerator and, in normal circumstances, discarded at the end of the day. When stored for longer periods (e.g. defective milk dispensing machine) the date coding must be placed on each container.	Catering and department staff
Non-perishable food, e.g. coffee, biscuits, etc., belonging to patients and staff must be kept in a cupboard identified for this purpose. This cupboard must be regularly checked for cleanliness and old containers properly disposed of without delay. Sugar in bowls, when not in use must be kept covered.	Ward staff
Bread stocks must be checked daily and stock with the current days "best by" date must be disposed of after evening meal service.	ALEX – Catering staff – AM/ Ward staff – PM WRH – Catering staff
All opened dry food must be stored in pest-proof containers (e.g. plastic containers with a tight-fitting lid). Dry foods must also be regularly checked for date expired products, pest infestation and stock rotation.	Catering staff
Domestic pets and feral cats must not be allowed into the ward kitchen.	All staff
Chipped or cracked plates, jugs, cups, etc. must be discarded (via the main kitchen if appropriate.)	All staff
Equipment, cups etc. should not be placed on windowsills and, where possible, worktops should be kept clear.	All staff
Only preparation of food provided by	Ward staff

the catering departments must be prepared in the kitchen.	Catering staff
On no account should bread and other food scraps be fed to the birds.	All staff

Appendix 4. Ward Based Patient Refrigerators

Standard	Responsible staff group
Ward food refrigerators should only be used to store food items and not to store drugs, samples of blood or specimens.	Ward staff
Food must not be stored beyond the 'use by' or 'best before' date, where stated. If no date can be found on packaging then label the item with the date that it was brought onto the ward and discard within 24 hours.	Ward staff
Food must be stored at 5°C or below; this temperature should be monitored and recorded.	Ward staff
Only food for patients' use should be stored. Under no circumstances should staff food be stored in the ward patient refrigerator.	Ward staff
Whilst food brought in for patients is not encouraged, if it is, then it must be labelled with (name, date, description) covered and kept under the same conditions as any internally supplied food.	Ward staff
Food that has been prepared at home will not have a 'best before' or 'use by' date on it, therefore, label the food item with the date the item was brought onto the ward and discard after 24 hours.	Ward staff
Any food not conforming to the above storage guidelines must be brought to the attention of the senior ward member of staff.	All
Chilled meals for re-heating, raw eggs,	All

raw meat/fish or soft cheese must not be stored in the ward refrigerator.	
Temperatures of refrigerators must be either taken manually by ward staff once a day and recorded or checked once a day and recorded electronically. All temperatures should be retained for 6 months.	Ward staff Catering staff

Appendix 5. Personal Hygiene – ALL STAFF

Good personal hygiene begins with individual personal hygiene that must be maintained at all times to a high standard.

Hands must be washed before handling food, upon entering a food room / ward kitchen and in between tasks.

Designated wash hand basins must not be used for any other purpose other than washing hands.

Soap and suitable means to dry hands must be provided (paper towels).

Smoking is illegal in the ward kitchen and is a prosecutable and dismissible offence.

A blue waterproof dressing must be used to cover cuts and skin infections.

Staff with skin, nose, throat or bowel infections must report this to the nurse in charge, supervisor or manager immediately, who in turn should refer them to Occupational Health Department.

They must not handle food until 48 hours asymptomatic (Food Handlers: Fitness to Work 2009).

Staff uniform must be worn and be in a clean hygienic condition while at work.

Where appropriate staff must wear suitable head covering.

Staff must wear closed-in non-slip shoes with flat soles.

Staff fingernails must be short, clean and free from nail varnish.

Staff may wear a wedding band and discreet interlocking sleeper earrings; no other jewellery is permitted for food handlers.

Appendix 2-

Supporting Document 1 - Equality Impact Assessment Tool

To be completed by the key document author and included as an appendix to key document when submitted to the appropriate committee for consideration and approval.

Please complete assessment form on next page;



Herefordshire & Worcestershire STP - Equality Impact Assessment (EIA) Form
 Please read EIA guidelines when completing this form

Section 1 - Name of Organisation (please tick)

Herefordshire & Worcestershire STP		Herefordshire Council		Herefordshire CCG	
Worcestershire Acute Hospitals NHS Trust	x	Worcestershire County Council		Worcestershire CCGs	
Worcestershire Health and Care NHS Trust		Wye Valley NHS Trust		Other (please state)	

Name of Lead for Activity	Emma King
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Details of individuals completing this assessment	Name	Job title	e-mail contact
	Emma King	Deputy Director of Facilities and Estates	emma.king64@nhs.net
Date assessment completed			

Section 2

Activity being assessed (e.g. policy/procedure, document, service redesign, policy, strategy etc.)	Title: Food & Fluid Hygiene Policy
What is the aim, purpose and/or intended outcomes of this Activity?	

Who will be affected by the development & implementation of this activity?	<input type="checkbox"/> Service User <input checked="" type="checkbox"/> Patient <input type="checkbox"/> Carers <input type="checkbox"/> Visitors	<input type="checkbox"/> Staff <input type="checkbox"/> Communities <input type="checkbox"/> Other _____
Is this:	<input checked="" type="checkbox"/> Review of an existing activity <input type="checkbox"/> New activity <input type="checkbox"/> Planning to withdraw or reduce a service, activity or presence?	
What information and evidence have you reviewed to help inform this assessment? (Please name sources, eg demographic information for patients / services / staff groups affected, complaints etc.)		
Summary of engagement or consultation undertaken (e.g. who and how have you engaged with, or why do you believe this is not required)		
Summary of relevant findings		

Section 3

Please consider the potential impact of this activity (during development & implementation) on each of the equality groups outlined below. **Please tick one or more impact box below for each Equality Group and explain your rationale.** Please note it is possible for the potential impact to be both positive and negative within the same equality group and this should be recorded. Remember to consider the impact on e.g. staff, public, patients, carers etc. in these equality groups.

Equality Group	Potential positive impact	Potential neutral impact	Potential negative impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Age		X		
Disability		X		
Gender Reassignment		X		
Marriage & Civil Partnerships		X		
Pregnancy & Maternity		X		

Equality Group	Potential positive impact	Potential neutral impact	Potential negative impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Race including Traveling Communities		X		
Religion & Belief		X		
Sex		X		
Sexual Orientation		X		
Other Vulnerable and Disadvantaged Groups (e.g. carers; care leavers; homeless; Social/Economic deprivation, travelling communities etc.)		X		
Health Inequalities (any preventable, unfair & unjust differences in health status between groups, populations or individuals that arise from the unequal distribution of social, environmental & economic conditions within societies)		X		

Section 4

What actions will you take to mitigate any potential negative impacts?	Risk identified	Actions required to reduce / eliminate negative impact	Who will lead on the action?	Timeframe
How will you monitor these actions?				
When will you review this				

EIA? (e.g in a service redesign, this EIA should be revisited regularly throughout the design & implementation)

Section 5 - Please read and agree to the following Equality Statement

1. Equality Statement

1.1. All public bodies have a statutory duty under the Equality Act 2010 to set out arrangements to assess and consult on how their policies and functions impact on the 9 protected characteristics: Age; Disability; Gender Reassignment; Marriage & Civil Partnership; Pregnancy & Maternity; Race; Religion & Belief; Sex; Sexual Orientation

1.2. Our Organisations will challenge discrimination, promote equality, respect human rights, and aims to design and implement services, policies and measures that meet the diverse needs of our service, and population, ensuring that none are placed at a disadvantage over others.

1.3. All staff are expected to deliver services and provide services and care in a manner which respects the individuality of service users, patients, carer's etc, and as such treat them and members of the workforce respectfully, paying due regard to the 9 protected characteristics.

Signature of person completing EIA	
Date signed	
Comments:	
Signature of person the Leader Person for this activity	Emma King
Date signed	23 rd May 2024
Comments:	



Appendix 3 - Financial Risk Assessment

	Title of document:	Yes/No
1.	Does the implementation of this document require any additional Capital resources	No
2.	Does the implementation of this document require additional revenue	No
3.	Does the implementation of this document require additional manpower	No
4.	Does the implementation of this document release any manpower costs through a change in practice	No
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff	No
	Other comments:	