# Trust Policy

## PATIENT FOOD SERVICES POLICY

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### Purpose

The Patient Food Services Policy sets out how the Trust will provide clarity and direction in respect of the patient food service, in order to provide our patients with a choice of good quality, nutritious food.

### Who should read this document?

- All Matrons
- All Members of Ward Based Staff
- Hotel Services Supervisors

### Key messages

- Printed menus must be made available to all patients
- Sub-menus must be made available to patients with for special dietary requirements
- Staff must be correctly trained in all aspects of food service and food safety
- Patients and their bed space should be adequately prepared for their mealtimes by the ward nursing staff
- Support should be readily available to those patients who require assistance to eat and drink.
- The 24 Hour Catering Service should be utilised for patients who have missed main meal times.
  - Ward Kitchen Light Snack Service
  - Snack Box Service
  - Lite Bite Service

Ward based staff should ensure they are aware of the process for ordering the Snack Box and Lite Bite services through the Serco Helpdesk on: 32300

**All members of ward based staff must:**

- Make themselves aware of this policy
- Make themselves aware of the process with regard to 24 hour catering provision and the availability of the:
  - Ward Kitchen Light Snack Service
  - Snack Box Service
  - Lite Bite Service
- Ensure they are aware of the process for ordering the Snack Box and Lite Bite services through the Serco Helpdesk on: 32300
- Ensure they are aware of the Out-Patient catering service and the use of the Catering Extras
request form, which should be authorised by the department manager.

Ensure that menus and information regarding to the Trust’s Patient Catering Service is provided to patients.

**The Hotel Service Contractor must:**

Ensure that the provision of catering is delivered in accordance with PHNT specifications and contractual arrangement.

Ensure that all catering staff are fully inducted and trained as laid out in the contractual arrangements before commencement of duties.

Ensure that staff engaged in the cleaning of sanitary and floor areas play no role in the food or beverage service.

**Accountabilities**

**Production**
Liz McGuffog: Facilities and Commercial Services Manager

**Review and approval**
Stuart Windsor: Facilities Operations Manager

**Ratification**
Health and Safety Committee

**Dissemination**
All Staff

**Compliance**
All Staff

**Links to other policies and procedures**

Improving Patient Experience: Nutrition and Mealtimes Policy
PHNT Catering Specific Service Specification

**Version History**

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**Last Approval**

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*The Trust is committed to creating a fully inclusive and accessible service. By making equality and diversity an integral part of the business, it will enable us to enhance the services we deliver and better*
meet the needs of patients and staff. We will treat people with dignity and respect, promote equality and diversity and eliminate all forms of discrimination, regardless of (but not limited to) age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage/civil partnership and pregnancy/maternity.

An electronic version of this document is available on the Trust Documents. Larger text, Braille and Audio versions can be made available upon request.
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1 Introduction

Plymouth Hospitals NHS Trust acknowledges its responsibility to provide a high quality catering service which offers a range of appetising and nutritious food and drink to enable all patients to have a choice of food which reflects their dietary needs and tastes. The trust recognises that food is an important aspect of a patient’s recovery and has an important role to play in staff welfare arrangements and ensuring a healthy workforce.

Our approach to food service and safety will be based on the early work established by the Better Hospital Food initiative, the requirements of the PLACE (Patient Led Assessment of the Care Environment) programme, Care Quality Commission, NHS Provider Compliance Assessment and food safety legislation and best practice.

The allocation of duties and responsibilities for food service, food safety and the particular arrangements are set out below.

Providing high quality patient food services in healthcare facilities is a key component of delivering modern, effective healthcare and plays a big part in helping to manage medical conditions and aid recovery in patients. It is also important that the trust provides good welfare facilities for its staff to ensure their continued health and well-being.

2 Purpose, including legal or regulatory background

The overall aim of this policy is to provide clarity and direction in respect of the patient food service and to provide a basis from which the trust can provide patients with a choice of good quality, nutritious food.

Specifically, the policy aims to ensure:-

- There are clear lines of accountability for the provision of food services to patients and staff
- That clear catering specifications are in place and understood by all levels of staff who have responsibility for the preparation and service of food
- All staff who are involved in the provision of catering services to patients, visitors and staff are clear about their individual roles and responsibilities
- That staff are correctly trained in all aspects of food service and food safety and escalation routes to be followed in order to resolve food related issues
- Service users and patient representatives are involved in menu planning and catering related working groups
- That there is a robust monitoring system in place whereby action is taken to ensure the required standards of food service and safety are maintained and these outcomes are reported to the Board via the trust’s Performance and Assurance framework

3 Definitions

PLACE: Patient Led Assessment of the Care Environment
HACCP: Hazard Analysis and Critical Control Point

4 Duties

Chief Executive

- The Chief Executive is responsible for ensuring that there are safe catering arrangements in place throughout the trust. This shall include accountability for all aspects of the food service and overall responsibility for ensuring sufficient resources are provided and arrangements are in place to ensure patient and staff are provided with a high quality and safe catering service.
Director of Planning and Site Services

The Director of Planning and Site Services shall have overall responsibility for the management of Site Services and shall ensure a high standard of service delivery for the maintenance and cleaning of the patient’s environment and other facilities management services through in-house provision and services that are delivered through external contractors. Responsibilities will include ensuring that contractual arrangements are in place to provide patients and staff with a high quality, safe catering service and that the contractual arrangements ensure the trust’s compliance with food safety legislation.

The Facilities Operations Manager shall have overall responsibility for the management of the Hotel Services contract that includes the Catering Service provision and shall ensure that there are adequate arrangements and resources in place to monitor the performance of the contract and in particular, the safety of the patient food service.

Commercial Contracts Manager

The Commercial Contracts Manager is responsible for leading and managing the commercial contracting process for new and existing complex contracts including the Hotel Services contract. This shall involve providing expert knowledge and skills to actively manage the commercial, legal and financial elements of the Hotel Services contract. The Commercial Contracts Manager is responsible for developing and implementing strategies for the review, delivery and monitoring of the Hotel Services contract.

Service Lead – Hotel Services

The Service Lead – Hotel Services has operational responsibility for the management of the Hotel Services contract. This includes the day-to-day liaison and communication with the Hotel Services contractor to ensure all aspects of the catering service are delivered according to the trust’s Catering Service specification. The Service Lead – Hotel Services shall also ensure the ongoing liaison between the catering service provider and the trust’s dietetic team.

The Service Lead – Hotel Services shall ensure that formal auditing of the catering standards takes place according to the agreed programme and frequency and that issues raised with the catering service are satisfactorily resolved.

The Service Lead – Hotel Services shall also have responsibility for liaising with Infection, Prevention & Control on matters pertaining to the planning of ward catering facilities.

Team Leader – Hotel Services

Reporting to the Service Lead, the Team Leader - Hotel Services has responsibility for carrying out the joint formal auditing of catering standards with representatives from the service provider, liaising with the service provider to resolve non-complex issues and escalating more complex issues to the Service Lead.

Dietetic Department

The Dietetic department are responsible for providing advice to the hotel services contractor on nutritional standards for standard and therapeutic diets and day to day liaison with the contractor when patients require special diets or special food to meet their dietary needs.

The Dietetic department are required to assist with menu formulation and are responsible for final approval of menus and ensuring that they are coded correctly to ensure patients have the information they require to make informed choices.

Dieticians also provide training on nutrition and diet therapy to the contractor’s catering staff involved in food provision to patients.
Matrons and Heads of Departments

Matrons and Heads of Departments are responsible for setting and monitoring high standards of clinical care, underpinned by sound evidence based knowledge and “Essence of Care” principles ensuring quality systems are in place to monitor practice. Matrons will have overall responsibility for ensuring that the food service and nutritional care is delivered safely in their areas. This shall include encouraging a team approach to implementing and maintaining the Improving the Patient Experience, Nutrition & Mealtimes policy to ensure the patients receive the best possible meal experience whilst in their care.

Ward/Department Managers

Ward Managers are required to ensure that the dietary needs of the patients under their care are identified and assessed, that the patients are provided with the right food at the right time to meet their dietary needs and that it is safely delivered and served in a conducive environment. This shall include ensuring that the catering service is delivered according to the terms of their Service Level Agreement, that the right number and types of meals are ordered to meet the patients needs and that any requests for food outside the normal hotel services operating hours are delegated and carried out by members of the nursing team. Ward managers are responsible for ensuring there is a team approach to the ward food service and to implementing and maintaining the Improving the Patient Experience, Nutrition & Mealtimes policy to ensure the patients receive the best possible meal experience whilst in their care.

Ward/department managers are required to check and authorise the daily patient meal orders and Catering Extras request forms to ensure the right number and types of meal and snacks have been ordered.

Hotel Service contractor

The Trust’s hotel services contractor is responsible for ensuring that the provision of catering services are delivered in accordance with Plymouth Hospitals NHS Trust’s Catering Services specification and contractual arrangements. This shall include day to day management of the catering service and professional responsibility for catering services provided throughout the trust, acting as a source of professional knowledge/lead on catering matters to ensure that the trust meets its legal obligations and provides services to a high standard that are patient focussed and are delivered cost effectively.

The contractor is responsible for the purchase, storage, preparation, cooking, distribution, regeneration and service of food to the patient.

The contractor is responsible for ensuring the provision of good quality, nutritious food which is safe to eat and which meets the patient’s individual dietary requirements.

The contractor is responsible for ensuring that the catering operations comply with all relevant food safety legislation and that the operation is subject to a recognised risk assessment and management control system to ensure that all food purchased, stored, prepared and served on site is safe to eat and that any reduction in the quality or safety of the service is recognised and corrected.

The contractor shall ensure that they liaise closely with the Local Authority Environmental Regulation Service and ensure that all statutory requirements and advisory notes arising from the Authority’s inspection programme are acted on and/or escalated to the appropriate Site Services representative.

The contractor shall ensure that only suitable applicants of the right calibre are selected to join the catering teams, each post having a clear and comprehensive job description and person specification based on the skills and competencies required to carry out the food preparation and service tasks.
The contractor shall ensure that all members of the catering staff attend induction training on commencement and following this, receive initial food safety awareness training prior to commencement of duties.

The contractor shall ensure that all members of ward food service and restaurant service staff are trained in product knowledge and presentation skills.

To further enhance and strengthen the safety of the catering service, the contractor shall be required to ensure that supervisory and management staff receive food safety training commensurate with their responsibilities within an agreed time of taking up post. All training is required to be annually refreshed to check competencies.

The hotel services contractor shall also be responsible for ensuring all catering and food service staff receive an annual appraisal to formally feedback and assess ongoing training and development needs linked to the requirements of the service.

The hotel services contractor shall ensure that a programme of food safety audits is in place and that results are reported to the trust as part of their monthly performance report.

5 Key elements

Catering Service Specification

Plymouth Hospitals NHS Trust has an externally provided catering service based on a cook-freeze delivered meal service. The Hotel Services contractor is responsible for providing services in accordance with the trust’s Catering Services specification which was agreed by a Contract Working Party comprising Matrons, Dieticians, Infection Prevention & Control and patient representatives.

The Catering Services specification covers the trust’s requirements for scheduled and ad hoc patient catering along with requirements for staff and visitor catering.

Plymouth Hospitals NHS Trust Catering Services Specification gives detail to the scope of the service required, the legislation and guidance to which compliance is required, the minimum service requirements, meal service times, type of special diets to be provided and the need for the service to provide for healthy eating and sustainable development.

The Cleaning Services Specification requires that the tasks associated with cleaning and food service are separated. Staff engaged in the cleaning of sanitary and floor areas should play no role in food or beverage service. The Hotel Services contractor shall provide their staff with uniforms which enable the patients and visitors to identify the various members of the housekeeping/ cleaning and food service staff.

In-Patient Catering Service

The catering department provides catering services throughout the hospital to in-patients and day patients. Food must be available 24 hours per day, seven days per week. Nutrition is a vital part of a patient’s treatment and it is essential to ensure that the food provided meets the patient’s individual requirements. Food provision must also take into account the patients cultural and religious needs.

A comprehensive menu, approved by the trust’s Dietetic department, must be available which offers choice and is flexible in response to individual patient dietary requirements. The current main menu structure is shown at Appendix A.

The menu should be reviewed regularly in order to provide the patients with seasonal variation. Major changes to the menu shall be discussed and agreed through the Patient Feeding Group, a forum comprising dieticians, site services, clinical staff, catering personnel and patient representation. New dishes will be thoroughly evaluated in terms of quality and nutritional content through this forum before being included on the patient menus.
The trust’s Dietetic department will confirm that menus deliver nutritional requirements sufficient to meet the needs of all patients.

The standard menu shall provide a choice of hot and cold meals for those patients who are able to eat normally and those requiring certain commonly prescribed therapeutic diets e.g. soft, diabetic, low fat. The standard menu will also cater for those patients wishing to follow a vegetarian diet and those wishing to select healthy eating dishes.

In addition to the standard menu, there shall be alternative sub menus which provide dishes more suitable for those patients with particular special diet requirements. These sub-menus shall include but not be limited to:-

- Children’s menu
- Cultural & Religious menu
- Modified texture menu
- Renal menu
- Oncology grazing menu
- Gluten-free menu
- Colorectal menu
- Energy dense menu
- Cystic Fibrosis menu

Provision for special diets is usually made to patients following consultation with dieticians or speech and language therapists.

In order to ensure patients receive their preferred choice of meal, a patient ordering system shall be operated. On assessment wards where patient turnover would result in patients being moved before their chosen meals arrive or where patients are not able to make their own choices, the Ward Housekeeper will order sufficient meals from across the range of menu items and operate a choice at point of service system. This shall be operated to ensure patient’s bed location within the ward does not continually disadvantage them in terms of choice availability.

Patient meal ordering will be carried out as close to the point of service as possible and not more than one meal in advance.

Patients should be able to choose between small, standard and large portions wherever possible.

24 hour catering provision

In addition to the scheduled mealtime service, the catering provision will ensure that food can be available 24 hours per day in the event that patients miss a meal or require additional nutritional support. The 24 hour catering provision will be provided by the following options:-

- Ward Kitchen service of light snacks and beverages
- Snack Box Service
- Lite Bite Service

Access to the Snack Box and Lite Bite service shall be via the Hotel Services Helpdesk.
Portion Size

Patient food is delivered to the ward in frozen form. Each tray of food has a pre-determined number of portions to deliver the required nutritional content. The Housekeeping should be trained to follow the laid down portion size guidance but to respond to requests for smaller or larger portions. Where larger portions are requested at the point of service, it may be necessary to ensure all patients have been served before responding to requests for additional food.

Printed menu booklets

The printed patient menus should be available to all patients and include information relating to the hotel services provision in order that they are able to make their menu choices and understand how the meal service will operate. Menus shall be available in alternative formats such as large print, pictorial etc. for those patients who may experience difficulty reading or understanding the standard menu.

Ward staff may need to consider the use of the trust’s translation service if the patient has difficulty with the English language.

Screening for malnutrition

Clinical staff are responsible for assessing the in-patients nutritional status using the approved screening tool and if deemed to be necessary, for arranging additional nutritional support. This may be in the form of additional snacks between meals which require ordering from the catering department on submission of a completed and authorised Catering Extras request form.

Improving the Patient Experience

All in-patient areas are expected, where practical, to observe a protected mealtime protocol. This allows the patients the maximum opportunity to enjoy their meals in a relaxed environment, conducive to eating. During the protected meal time, clinical interventions and medication of patients should be kept to an absolute minimum and only where necessary for essential patient care.

Patients and their bed space should be adequately prepared for their mealtimes by the ward nursing staff. Housekeeping staff should ensure over bed tables are clean and made ready for food service.

Support should be readily available to those patients who require assistance to eat and drink. Red trays shall be used in order to easily identify those patients who require additional support. Housekeeping staff are required to give basic assistance such as opening and removing packaging. Trained volunteers may also be used to give assistance and support to patients at mealtimes.

Outpatient catering service

Some day patients may require food and beverages before being allowed home. These may include day patients attending for treatment or procedures and who require food following a period of fasting. A simple snack of sandwiches and drink can be provided for these patients and should be ordered from the catering department using the Catering Extras request form authorised by the department manager. Sandwiches may be replaced with toast, cereal, yogurts or biscuits for the paediatric day cases.
Food Safety

The trust and its hotel services partner have a legal duty to ensure all food prepared and served on the premises is safe to eat. The highest standards of food hygiene, both environmental and personal, are necessary to prevent food poisoning and contamination of food. This is critical where the people consuming the food are already ill, infirm, elderly or very young.

The trust is responsible for ensuring that the premises and building fabric, services and trust owned equipment provided to the contractor in order to operate the catering service are compliant with food safety legislation.

The contractor is responsible for ensuring that the catering operations comply with all relevant food safety legislation and that the operation is subject to a recognised risk assessment and management control system (HACCP) to ensure that all food purchased, stored, prepared and served on site is safe to eat and that any reduction in the quality or safety of the service is recognised and corrected.

The hotel services contractor shall ensure that their fully documented HACCP (Hazard Analysis & Critical Control Point) procedures are implemented, maintained and regularly reviewed. A HACCP review shall always be undertaken when a change to the catering service is proposed.

The food safety management system shall be regularly audited by suitably qualified members of the trust Site Services department and the hotel services contractor.

Patients should be discouraged from bringing in perishable or high risk food from outside the hospital since the safety of this food cannot be guaranteed. However, if patients do have food brought in from home or from external sources, the ward staff and housekeeping team are responsible for ensuring this food is correctly covered, labelled and stored to maintain food safety. The housekeeping staff shall ensure the food is disposed of if it is not used within its shelf life. Ward and housekeeping staff should not re-heat or microwave any food which is not provided through the hospital patient food service.

Food brought into the premises or purchased by staff for their own consumption must not be stored in refrigerators or storage equipment used for the storage of patient food or prepared in the ward kitchen environment.

Food Wastage

In order to control food wastage and food costs, it is essential that food ordering is carried out carefully and accurately and wastage is monitored. The daily meal orders should be completed according to the number of patients on the ward who are able to eat. Any meal or food item required over and above this should be ordered on a separate Catering Extras request form which has been approved by the ward or department manager. Any food left over following service should be recorded and disposed of.

Staff are not permitted to eat any food provided for patients through the hospital catering service.
Staff and Visitor Catering

A staff and visitor Catering Service comprising restaurant/cafeteria-style facility shall be provided 365(6) days per year. This shall include the preparation and service of meals to staff and visitors in the restaurant facilities, to include breakfast, lunch and supper and ensuring that such meals meet customer satisfaction with respect to appearance, temperature, timeliness, taste, texture and cost.

A choice of meals and snacks shall be available to staff and visitors in the restaurant including hot and cold meals, vegetarian/vegan and healthy options, and a range of snack/takeaway/made to order options.

The staff & visitor catering service shall encourage staff and visitors to follow a ‘Healthy Eating’ lifestyle by providing a choice of meals and snacks that promotes the healthy eating ethos.

Vending facilities shall be provided at various locations throughout the premises to ensure staff have access to a variety of drinks, snacks and healthy options as an alternative to using the restaurant facility and outside of restaurant operating hours.

Sustainability

The trust is committed to providing sustainable food procurement by sourcing local produce and goods wherever possible.

6 | Overall Responsibility for the Document

Overall Responsibility for this document sits with the Facilities and Commercial Services Manager.

7 | Consultation and Ratification

The design and process of review and revision of this policy will comply with The Development and Management of Trust Wide Documents.

The review period for this document is set as default of five years from the date it was last ratified, or earlier if developments within or external to the Trust indicate the need for a significant revision to the procedures described.

This document will be approved by the Health and Safety Committee and ratified by the Director of Planning and Site Services.

Non-significant amendments to this document may be made, under delegated authority from the Director of Planning and Site Services, by the nominated author. These must be ratified by the Director of Planning and Site Services and should be reported, retrospectively, to the approving group or committee.

Significant reviews and revisions to this document will include a consultation with named groups, or grades across the Trust. For non-significant amendments, informal consultation will be restricted to named groups, or grades directly affected by the proposed changes.

8 | Dissemination and Implementation

Menus and information regarding the trust’s patient catering service should be provided to the patients in order that they know what to expect from the service. Information relating to the patient catering service shall be included on the trust website and in patient information booklets or leaflets.

Publication of this policy has been publicised in Vital Signs, the Trust’s weekly staff news briefing. All Directorate Managers will have had the policy sent to them and it is available electronically on StaffNet.

TRW.FAC.POL.518.2 Patient Food Services Policy
Following approval and ratification, this policy will be published in the Trust’s formal documents library and all staff will be notified through the Trust’s normal notification process, currently the ‘Vital Signs’ electronic newsletter.

Document control arrangements will be in accordance with The Development and Management of Trust Wide Documents.

The document author(s) will be responsible for agreeing the training requirements associated with the newly ratified document with the named Executive Director and for working with the Trust’s training function, if required, to arrange for the required training to be delivered.

### 9 Monitoring Compliance and Effectiveness

Patient satisfaction in relation to the catering service and quality of food provided will be monitored and reviewed through a monthly patient satisfaction survey. The hotel services contractor is required to operate a satisfaction survey across all in-patient areas of the hospital. Results from the surveys will be reported through the monthly hotel services contract review meetings.

Standards relating to the patient food service will be monitored through the National Patient Safety Association annual **PLACE (Patient Led Assessment of the Care Environment)**

Any changes or issues relating to the patient food service will be discussed, reviewed and actioned through the Patient Feeding Group which includes representation from clinical, dietetics, hotel services contractor and site services staff. A representative from the trust’s main patient meal supplier will also attend.

Food safety will be audited through a programme of joint audits conducted by appropriated qualified members of the Site Services team and the hotel services contractor. The programme will comprise of audits of the main kitchen premises/operations and audits of the ward kitchen premises/operations and shall include all aspects of the contractors HACCP procedures. Results from audits shall be tabled at the monthly contract review meeting and will be subject to key performance indicators.

This policy shall be reviewed in March 2019 and every five years thereafter or more frequently if required due to changes in legislation or processes.

### 10 References and Associated Documentation

PLACE: Patient Led Assessment of the Care Environment

HACCP: Hazard Analysis and Critical Control Point

Food Safety Act 1990

Food Safety (General Food Hygiene) Regulations 1995
### Dissemination Plan

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TRW.FAC.POL.518.2 Patient Food Services Policy
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<tr>
<td>Approval</td>
<td>Does the document identify which committee/group will review it?</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>If appropriate have the joint Human Resources/staff side committee (or equivalent) approved the document?</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>Does the document identify which Executive Director will ratify it?</td>
<td>Yes</td>
</tr>
<tr>
<td>Dissemination &amp; Implementation</td>
<td>Is there an outline/plan to identify how this will be done?</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>Does the plan include the necessary training/support to ensure compliance?</td>
<td>Yes</td>
</tr>
<tr>
<td>Document Control</td>
<td>Does the document identify where it will be held?</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>Have archiving arrangements for superseded documents been addressed?</td>
<td>Yes</td>
</tr>
<tr>
<td>Monitoring Compliance &amp; Effectiveness</td>
<td>Are there measurable standards or KPIs to support the monitoring of compliance with and effectiveness of the document?</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>Is there a plan to review or audit compliance with the document?</td>
<td>Yes</td>
</tr>
<tr>
<td>Review Date</td>
<td>Is the review date identified?</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>Is the frequency of review identified? If so is it acceptable?</td>
<td>Yes</td>
</tr>
<tr>
<td>Overall Responsibility</td>
<td>Is it clear who will be responsible for co-ordinating the dissemination, implementation and review of the document?</td>
<td>Yes</td>
</tr>
</tbody>
</table>
**Core Information**

<table>
<thead>
<tr>
<th>Manager</th>
<th>Liz McGuffog x 39734</th>
</tr>
</thead>
<tbody>
<tr>
<td>Directorate</td>
<td>Planning and Site Services (Facilities)</td>
</tr>
<tr>
<td>Date</td>
<td>05 June 2014</td>
</tr>
<tr>
<td>Title</td>
<td>Facilities and Commercial Services Manager</td>
</tr>
</tbody>
</table>

What are the aims, objectives & projected outcomes? The Patient Food Services Policy sets out how the Trust will provide clarity and direction in respect of the patient food service, in order to provide our patients with a choice of good quality, nutritious food.

**Scope of the assessment**

**Collecting data**

<table>
<thead>
<tr>
<th>Race</th>
<th>There is no evidence to suggest that there will be an impact on race with regard to this policy.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Religion</td>
<td>There is no evidence to suggest that there will be an impact on religion with regard to this policy.</td>
</tr>
<tr>
<td>Disability</td>
<td>There is no evidence to suggest that there will be an impact on disability with regard to this policy.</td>
</tr>
<tr>
<td>Sex</td>
<td>There is no evidence to suggest that there will be an impact on sex with regard to this policy.</td>
</tr>
<tr>
<td>Gender Identity</td>
<td>There is no evidence to suggest that there will be an impact on gender identity with regard to this policy.</td>
</tr>
<tr>
<td>Sexual Orientation</td>
<td>There is no evidence to suggest that there will be an impact on sexual orientation with regard to this policy.</td>
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<tr>
<td>Age</td>
<td>There is no evidence to suggest that there will be an impact on age with regard to this policy.</td>
</tr>
<tr>
<td>Socio-Economic</td>
<td>There is no evidence to suggest that there will be an impact on socio-economic circumstances with regard to this policy.</td>
</tr>
<tr>
<td>Human Rights</td>
<td>There is no evidence to suggest that there will be an impact on race with regard to this policy.</td>
</tr>
</tbody>
</table>

What are the overall trends/patterns in the above data? None

Specific issues and data gaps that may need to be addressed through consultation or further research None

**Involving and consulting stakeholders**

| Internal involvement and consultation | Patient Catering Assurance Group  
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Patient Feeding Group</td>
</tr>
</tbody>
</table>
### External involvement and consultation

**Impact Assessment**

| Overall assessment and analysis of the evidence | Consideration will be given if information is required in an alternative format or language. |

### Action Plan

<table>
<thead>
<tr>
<th>Action</th>
<th>Owner</th>
<th>Risks</th>
<th>Completion Date</th>
<th>Progress update</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Menu Structure

<table>
<thead>
<tr>
<th>Meal or Beverage</th>
<th>Meal/Beverage Type and Standard</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Breakfast</strong></td>
<td><strong>Continental type – cereals, fruit, toast and beverages</strong>&lt;br&gt;Choice of Fruit juice – not grapefruit&lt;br&gt;Prunes&lt;br&gt;Fruit – not grapefruit&lt;br&gt;Selection of low fibre cereal&lt;br&gt;Selection of high fibre cereal&lt;br&gt;White and wholemeal roll/toast/bread&lt;br&gt;Butter/low fat spread portion&lt;br&gt;A selection of preserves (single portion packs)&lt;br&gt;Selection of tea, coffee and drinking water</td>
</tr>
<tr>
<td><strong>Mid Morning Snack</strong></td>
<td><strong>Drinking water</strong>&lt;br&gt;<strong>Tea</strong>&lt;br&gt;<strong>Coffee</strong>&lt;br&gt;<strong>Squash/Low Sugar Squash</strong></td>
</tr>
<tr>
<td><strong>Lunch</strong></td>
<td>Three Choices of hot main course, each containing a main portion of protein. The main menu currently caters for Patients requiring a diabetic, healthy option, low fat, vegetarian and soft diet&lt;br&gt;Two cold main course choices, containing a main portion of protein, one of which shall be suitable for vegetarians&lt;br&gt;Two potato or carbohydrate dishes to include creamed potato&lt;br&gt;2 choices of vegetables&lt;br&gt;Roll/bread (white and brown) and butter/low fat portion&lt;br&gt;Sandwich (meat/fish) on either wholemeal or white bread&lt;br&gt;Sandwich (vegetarian) on either wholemeal or white bread&lt;br&gt;Hot dessert to be served with custard&lt;br&gt;Hot milk pudding&lt;br&gt;Either a cold fruit desert or fresh fruit&lt;br&gt;Cheese and biscuits&lt;br&gt;Ice cream&lt;br&gt;NB: Certain items should be available at each meal service. This shall include omelettes, yoghurts, jelly, ice cream, bread (wholemeal and white) and butter/low fat spread.&lt;br&gt;Where Patients request jelly as an alternative dessert, ice cream may be served with the jelly if requested</td>
</tr>
<tr>
<td><strong>Mid Afternoon Snack</strong></td>
<td><strong>Squash/sugar-free squash</strong>&lt;br&gt;<strong>Drinking water</strong>&lt;br&gt;<strong>Tea</strong>&lt;br&gt;<strong>Coffee</strong>&lt;br&gt;<strong>Biscuits/Fruit</strong></td>
</tr>
</tbody>
</table>
| **Evening Meal** | Fruit juice or soup  
Roll/bread and butter/low fat spread portion  
Two choices of hot main course, each containing a main portion of protein. The main menu currently caters for Patients requiring a diabetic, healthy option, low fat, vegetarian and soft diet.  
Cold main course choice, containing a main portion of protein  
Two potato or carbohydrate dishes to include creamed potato  
One vegetable dish  
Sandwich (meat/fish) on either wholemeal or white bread  
Sandwich (vegetarian) on either wholemeal or white bread  
Fresh fruit  
Energy/protein-dense cold desert  
Ice cream  
Cold sweet  
NB: Certain items should be available at each meal service. This shall include omelettes, yoghurts, jelly, ice cream, bread (wholemeal and white) and butter/low fat spread  
Where Patients request jelly as an alternative dessert, ice cream may be served with the jelly if requested |
| **Supper** | Squash/sugar-free squash  
Drinking water  
Tea  
Coffee  
Other hot milky drink  
Biscuits/Fruit |
| **Drinks** | Chilled and ambient temperature water and suitable receptacles shall be available at time  
Tea, coffee, squash, hot milky drink. |
| **General** | The Estimated Average Requirement (EAR) for energy is between 1165 and 2755 kcal/day with an average of between 1800 and 2200 kcal/day, as agreed with the Trust’s Nutrition and Dietetic Service. The EAR for energy should be provided. The Reference Nutrient Intake (RNI) for all other nutrients should be provided  
The average daily requirement of milk for adults is 0.75 pint and there should be full cream and semi skimmed available. Some special diets with minimal fat content may require fully skimmed milk. The daily milk requirement for paediatrics is 1 pint of full cream milk  
A choice of portion sizes are provided comprising small, medium and large portions in accordance with the NHS Executive (95) 13 Patients Charter  
Adequate cutlery, crockery and disposables are available at all meal times  
Adequate condiments and sauces are to be available at all meal times  
There is an expectation that the ward meal service shall be supervised and monitored on a regular basis. |