

THE STATE HOSPITALS BOARD FOR SCOTLAND

FOOD SAFETY POLICY

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Lead Author	Senior Nurse for Infection Control	
Contributing Authors	Lead Dietician	
Advisory Group	Infection Control Committee	
Approval Group	Policy Approval Group (PAG)	
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Accountable Executive Director	Director of Nursing and Operations	

The date for review detailed on the front of all State Hospital policies/ procedures/ guidance does not mean that the document becomes invalid from this date. The review date is advisory and the organisation reserves the right to review a policy/ procedure/ guidance at any time due to organisational/legal changes.

Staff are advised to always check that they are using the correct version of any policy/ procedure/ guidance rather than referring to locally held copies.

The most up to date version of all State Hospital policies/ procedures/ guidance can be found on the intranet: <http://intranet.tsh.scot.nhs.uk/Policies/Policy%20Docs/Forms/Category%20View.aspx>

REVIEW SUMMARY SHEET

No changes required to policy (evidence base checked)	<input checked="" type="checkbox"/>
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Changes required to policy (evidence base checked)	<input type="checkbox"/>
Summary of changes within policy:	

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1. INTRODUCTION

The State Hospital is committed to providing all its patients with food and fluids which are high in quality and hygienically safe.

The State Hospital Board wholly accepts its legal duty to comply with the Food Safety Acts of 1990 and 1995 and all subordinate legislation. It recognises that food production areas must be maintained to a high standard of cleanliness and fitness for purpose. It recognises the need for food to be handled in such a way that it does not become contaminated during delivery, storage, preparation, service or distribution.

The emphasis of this food policy is on the management control of food safety. The policy has been produced to ensure there is cohesive approach to food safety within The State Hospital.

Staff are required to abide by the policy and procedures, codes of practice and standard operation procedures that are laid down by management; in addition, staff are expected to maintain all written procedures and documentation

The State Hospital is committed to providing staff with sufficient and relevant training to enable them to carry out their responsibilities in relation to this policy.

It is The State Hospital's aim that due diligence is applied to ensure that all food and fluids provided by the hospital is done so in a safe manner and regards this as a priority in line with the effective use of resources.

2. SOURCES OF FOOD WITHIN THE STATE HOSPITAL

Food is available from a variety of sources within The State Hospital all of which are required to adhere to food safety legislation.

This policy aims to provide guidance and governance for all situations where food is stored, prepared and served to patients

Catering

The Catering Department is the main area within The State Hospital where food is stored and prepared. It has extensive food safety precautions in place under [their Hazard Analysis Critical Control Point \(HACCP\)](#) Manual which is reviewed on an annual basis by the Catering Manager and the Senior Nurse for Infection Control.

Wards

The Lead Nurse has overall responsibility (delegated to the Senior Charge Nurses) for ensuring high standards of food hygiene within the wards. The responsibility of the day to day management of the ward kitchens lies with the ward staff who are responsible for ensuring that the [Standard Operating Procedures for patient food and fluid provision for all ward based staff](#) are implemented.

In summary the ward staff are responsible for ensuring that:

- Food delivered from the catering dept is stored in the correct manner until the point of service e.g. trolley plugged in, perishable food in the fridge
- Staff serving food to patients have the appropriate food safety training
- Appropriate personal hygiene procedures are in place as outlined in the SOP for Ward Based Staff
- Food is disposed of as per the SOP Patient food and fluid provision for all ward based staff
- Dry goods provided via the top up list are stored as appropriate

NB Raw food products are not permitted to be cooked within the main ward kitchens. Staff food items are able to be reheated. Ward based staff are not permitted to cook food for patients unless

this is part of a therapeutic kitchen activity and undertaken the appropriate level of training. This practice must comply with the Food Safety Manual.

A risk assessment must be undertaken in conjunction with the Senior Charge Nurse of the area, Lead Occupational Therapist, Lead Dietician, SNIC and Catering for all activities where food might be prepared e.g. hub festive activities/parties.

Approval must be sought in advance of such activities.

Patients Shop

The Skye Centre Manager is responsible for food safety within the Patient shop. The majority of goods available within the patients shop are dry goods with long shelf life and therefore a minimal food safety risk.

Staff working within the shop are required to have food safety training to ensure that food is stored and rotated appropriately.

Staff working within the shop are responsible for ensuring that food is stored / displayed according to manufacture recommendation and subsequently sold within the manufactures best before use by date/.

The Cleaning Schedule for the Patient's Shop can be found [here](#).

Procurement

The procurement department are responsible for purchasing, storing and issuing dry goods (e.g. cereals, juice, tea/coffee etc) to the wards via a weekly service.

All food produce purchased for therapeutic kitchen activity is made via the procurement department and will be transported to the Hub therapeutic kitchen as quickly as possible following delivery from the external provider. No perishable food items will be stored in the department.

The Cleaning Schedule for the Procurement Department can be found [here](#)

Visitors

Following a lengthy consultation, a list of food and fluids which may be brought in by visitors for patients is available from The State Hospital website. Consideration was given to food safety in the development of this list. The list is contained within the [Information for Patients Visitors](#) booklet.

Takeaways

Patients are able to access takeaway meals from suppliers which are inspected by South Lanarkshire Environmental Health Department.

Takeaway meals will be ordered on a hub by hub basis and over the course of a full weekend e.g. Friday night ward 1; Saturday night ward 2; Sunday night ward 3 etc. this was the recommendation by South Lanarkshire Environmental Health Officer and the Infection Control Committee in order to reduce the large number of meals being delivered to the hospital thus reducing the risk of infection caused by food being out with the appropriate food temperature for a long period of time.

When the takeaway meals arrive they will be delivered by Security as quickly as is reasonably possible to the ward.

Under **no** circumstances should any food stuffs for patients be reheated and this includes takeaway meals.

Therapeutic Kitchen

The responsibility for food safety within the therapeutic kitchens lies with the Lead Occupational Therapist and all OT's must have completed the REHIS Elementary Food Hygiene Certificate.

A comprehensive [Food Safety Manual](#) has been developed and implemented for use in these areas.

These kitchens are registered as food production premises (low risk foods only) and are therefore subject to regular inspections by South Lanarkshire Environmental Health Department.

3. TRAINING

A comprehensive food safety training programme was developed and implemented from April 2014 based on staff level of responsibility. This will be coordinated and managed by the Learning and Development team.

4. PROCEDURE FOR SUSPECTED FOOD POISONING OUTBREAK

If a food poisoning outbreak is suspected within the hospital, staff should inform the Senior Nurse for Infection Control and adhere to the relevant policy which can be found in the [Infection Control Manual](#).

If an outbreak of food poisoning occurs there is a patient named ordering system which enables the patient meals to be traced.

5. COMMUNICATION, IMPLEMENTATION, MONITORING AND REVIEW OF POLICY

This policy will be communicated to all stakeholders within The State Hospital via the intranet under "[The State Hospital Infection Control Manual](#)" and through the staff bulletin.

The Infection Control Committee will be responsible for the implementation and monitoring of this policy. All documents are monitored and reviewed on an ongoing basis by the Policy Author and Advisory Group as part of working practice. There are a variety of audit methods used across The State Hospital to ensure that food safety is carried out as required. These include external inspections, audits of mealtimes and cleanliness monitoring etc.

This policy will be reviewed every two years or earlier if required.

6. EQUALITY AND DIVERSITY

The State Hospitals Board (the Board) is committed to valuing and supporting equality and diversity, ensuring patients, carers, volunteers and staff are treated with dignity and respect. Policy development incorporates consideration of the needs of all Protected Characteristic groups in relation to inclusivity, accessibility, equity of impact and attention to practice which may unintentionally cause prejudice and / or discrimination.

The Board recognises the need to ensure all stakeholders are supported to understand information about how services are delivered. Based on what is proportionate and reasonable, we can provide information/documents in alternative formats and are happy to discuss individual needs in this respect. If information is required in an alternative format, please contact the Person-Centred Improvement Lead on 01555 842072.

Line Managers are responsible for ensuring that staff can undertake their role, adhering to policies and procedures. Specialist advice is available to managers to ensure that reasonable adjustments are in place to enable staff to understand and comply with policies and procedures. The EQIA considers the Protected Characteristic groups and highlights any potential inequalities in relation to the content of this policy.

Patient pre-admission assessment processes and ongoing review of individual care and treatment plans support a tailored approach to meeting the needs of patients who experience barriers to communication (e.g. Dementia, Autism, Intellectual Disability, sensory impairment). Rapid access to interpretation / translation services enables an inclusive approach to engage patients for whom English is not their first language. Admission processes include assessment of physical disability with access to local services to support implementation of reasonable adjustments. Patients are encouraged to disclose their faith / religion / beliefs, highlighting any adapted practice required to support individual need in this respect. The EQIA considers the Protected Characteristic groups and highlights any potential inequalities in relation to the content of this policy.

Carers / Named Persons are encouraged to highlight any barriers to communication, physical disability or anything else which would prevent them from being meaningfully involved in the patient’s care (where the patient has consented) and / or other aspects of the work of the Hospital relevant to their role. The EQIA considers the Protected Characteristic groups and highlights any potential inequalities in relation to the content of this policy”.

The volunteer recruitment and induction process supports volunteers to highlight any barriers to communication, physical disability or anything else which would prevent them from contributing meaningfully to patient care and / or engage in other aspects of the work of the Hospital relevant to their role. The EQIA considers the Protected Characteristic groups and highlights any potential inequalities in relation to the content of this policy.

7. STAKEHOLDER ENGAGEMENT

Key Stakeholders	Consulted (y/n)
Patients	N
Staff	Y
TSH Board	Y
Carers	N
Volunteers	N