



FOOD SAFETY POLICY

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Policy Context

BSMHFT, its contractors, management and staff are responsible for the safety of food provided on Trust premises by adhering to the contents of this policy, which has been written in accordance with food safety legislation.

Policy requirement

- Systems in place and monitored to ensure that the legislative requirements for the purchasing and handling of food are implemented.
- All staff identified as a Food Handlers have a responsibility to be aware of and follow at all times the relevant procedures identified in the Food Hygiene policy.
- All BSMHFT premises where food is prepared, cooked or served must be registered with either Birmingham or Solihull Council as appropriate.
- The Infection Prevention and Control Team (IPCT) and Facilities Team must be informed of any structural changes/change of use to all kitchens, change in food production and handling which could impact on food safety standards.
- All Environmental Health Officers visits must be reported to the Director of Infection Prevention & Control immediately after the visit, giving a report of key findings and any time scales.
- All production kitchens including Recovery and Wellbeing kitchens must have a written hazard analysis-based food safety system i.e. Hazard Analysis & Critical Control Points (HACCP) or Safer Food Better Business (SFBB).
- BSMHFT will source food including hospitality only from either supplier approved by the Procurement department or from large reputable supermarkets. Caterers used must have a minimum of 4H's hygiene score. This does not apply to individuals sourcing takeaway food for individual consumption where service users have the right to choose their preferred establishment.
- All food handlers must be appropriately trained in food safety

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1. INTRODUCTION

Birmingham and Solihull Mental Health Foundation Trust has a responsibility to maintain all food areas to the standard required by legislation and to ensure that all practices and procedures adopted concerning the handling of food on its premises are legal and safe.

The Health and Social Care Act 2008, the Code of Practice for the Prevention and Control of Healthcare Associated infections, requires all Trusts to have a Food Safety policy.

It is the responsibility of both the management of Birmingham and Solihull Mental Health NHS Foundation Trust and the management of its contractors to ensure that this policy is being implemented, so far as reasonably practicable.

All employees of The Trust and its Contractors are responsible for ensuring strict adherence to the rules and guidelines contained in this policy to ensure the maintenance of good standards of food safety.

The transmission of food borne infection from infected food or an employee can have serious consequences which could result in illness or even death. The Trust has a moral and legal duty of care, to ensure every measure is taken to prevent and protect service users, staff and the public from a food borne infection.

The aim is to ensure food safety, and to ensure the Trust is able to demonstrate it has taken all reasonable precautions and exercised all due diligence to ensure that food is safe and wholesome.

Scope (Where, When and Who)

This policy and food safety legislation applies to all service users, staff (including agency and contractors) and visitors and where there are contracted out services or service level agreements for provision of food on all Trust sites. Detailed responsibilities are under section 4. This policy does not apply to HMP Birmingham, as the prison has its own set of guidelines to which it follows. Food handling is carried out by Prison Officers and prisoners and by nursing staff.

The objectives of this policy are to:

- Specify the management arrangements and responsibilities for ensuring food safety for food provided by Trust staff.
- Specify the management arrangements and responsibilities for ensuring food safety for food provided by contracted caterers and other food retailers.
- **Contracted Catering Services**
- A significant proportion of the catering food services, are contracted out to external providers including vending at the Trust, which is a procurement managed contract. The Director of Facilities Management will ensure all specifications for tendering of catering operations, and catering management contracts include a requirement for the successful contractor to develop, implement and maintain a robust food safety management system. These systems ensure the contractors:
- Comply with current food safety legislation.

- Comply with best practice and follow Trust related Policies
- Ensure that their organisation have systems in place that assures food safety for the services they provide to the Trust. This will include a comprehensive, effective, documented food safety management system based on HACCP (Hazard Analysis Critical Control Point) principles, and appropriate staff training, instruction and supervision.
- Ensure that they have safe systems for the operation which they carry out on behalf of BSMHFT is appropriate for this operation, and incorporates requirements from within this policy and standards identified within Appendices
- Ensure that staff training and instruction provided for their employees incorporates requirements from this policy and standards identified within Appendices
- To maintain accurate HACCP documentation in an organised manner that is always made available for inspection or audit.

- **In house services**

Some food handling is carried out by Trust staff, for example nursing staff that provides snacks, drinks, breakfast items and food supplements to service users.

Principles (Beliefs)

The Trust Board has a legal responsibility for food safety policy through the Infection Prevention Partnership Committee (IPPC) and for ensuring that it is carried out.

All staff involved with food handling, should be aware of the policy and its impact on food service.

The Trust positively supports individuals with learning disabilities and ensures that no-one is prevented from accessing the full range of mental health services available. Staff will work collaboratively with colleagues from learning disabilities services and other organisations, in order to ensure that service users and carers have a positive episode of care whilst in our services. Information is shared appropriately in order to support this.

2. POLICY (What)

- The Trust has systems in place to ensure that the legislative requirements for the purchasing and handling of food are implemented.
- Monitoring of these systems is undertaken by reports to IPPC, Nutrition Screening Group and Health and Safety Committee; also, to Clinical Governance Committee (CGC) and Trust board by exception.
- All staff identified as a Food Handlers has a responsibility to be aware of and follow at all times the relevant procedures identified in the Food Hygiene policy.
- All BSMHFT premises where food is prepared, cooked or served must be registered with either Birmingham or Solihull Council as appropriate.

- The IPCT and Facilities Team must be informed of any structural changes to all kitchens and pantries or change of use, or any change in food production and handling which could impact on food safety standards e.g. changing from cook chill service to freshly cooked on site or Service users engaging in food preparation for themselves and others.
- All plans and designs for new or refurbished kitchens must be approved by the Environmental Health department in conjunction with the IPCT prior to work commencing.
- All Environmental Health Officers visits must be reported to the Director of Infection Prevention & Control immediately after the visit, giving a report of key findings and any time scales. (**Appendix 3**)
- All production kitchens including Recovery and Wellbeing kitchens must have a written hazard analysis-based food safety system i.e. Hazard Analysis & Critical Control Points (HACCP) or Safer Food Better Business (SFBB).
- BSMHFT will source food only from either supplier approved by the Procurement department or from a reputable food supplier.
- Hospitality must be ordered through Trust Catering services where Catering is available on site. Caterers used must have a minimum of 4H's on the Birmingham City Council or Solihull borough council web site <http://www.scoresonthedoors.org.uk/council/birmingham-city-council>
- All food supplied with the Trust will comply with temperature control regulations regarding storage, cooking, reheating & service.
- All food handlers must attend the relevant level of food safety training, as identified by their manager, including documented local orientation training. (**Appendix 4** for non-catering staff.)
- The policy stipulates monitoring responsibilities by local managers and the IPCT; and the findings will be reported to the quarterly IPPC.
- The totality of the environment where food is stored and prepared (including equipment and utensils) must be kept clean and in good repair or replaced when necessary to protect against contamination.
- Any breaches of adherence or compliance with policy will be reported by the Eclipse system. Food safety incident data to be included in IPCT quarterly report to IPPC.
- The IPCT will receive reports and follow up in conjunction with Facilities as appropriate.
- Any associated risks will be entered onto the Trust risk register.
- Central Alerting System (CAS) received will be circulated internally to relevant staff for action and update as necessary.

3. PROCEDURE

3.1 Practices and Procedures Relating to Food Handling

For the purpose of this policy the definition of a food handler is “**Any person involved in a food business who handles or prepares food whether open (unwrapped) or packaged (food includes drinks and ice).**”

Within BSMHFT many staff are classed as food handlers e.g. Caterers, Housekeepers, OT's, Nursing Staff, Activity workers, STRs and Porters.

It is the responsibility of all employees, agency staff and contractors working for the Trust who are food handlers to comply with food safety legislation.

This policy should be read in conjunction with the following Trust policies and documents:

- Pre-employment health screening
- IPC overarching policy (reporting infections) and related procedures:
- Management of Diarrhoea and Vomiting
- Isolation
- Outbreak
- Hand Decontamination
- Waste disposal Policy
- Control of Legionella Policy
- Health and Safety at Work Act
- Estates Management of Tools Policy
- Food safety management system, i.e., Hazard analysis critical control document (HACCP) for main production kitchens
- Safer Food Better Business/HACCP (Recovery and Well-being units & training and assessment kitchens)
- Local operational kitchen procedure for training assessment kitchens
- Divisional/ unit operational Policies
- Contractors operational Policies
- Nutrition and Hydration Policy
- Cleaning Policy
- Sickness absence policy

The Infection Prevention and Control Team to be contacted via email bsmhft.ipc@nhs.net with queries regarding this policy

Please click [here](#) to access IPC policies and procedures.

Please click [here](#) to access all trust policies and procedures.

3.1.1 Employment Practices

Regulation (EC) 852/2004 of hygiene of foodstuffs

All prospective food handlers will complete a pre-employment health screening by the Occupational Health department or Contractors health department. Managers recruiting staff must make staff aware of the food related tasks and to complete the relevant section of the pre-employment health screening section. The Trust/Contractor will only employ those who are suitable and fit to undertake the duties required and who practice a high standard of personal hygiene. The Trust will not employ a person suffering from a medical condition, or carrier of infection, which represents a risk in relation to being a food handler.

All food handlers will comply with the Agreement to Report Infection form **Appendix 1** which should be issued as part of local orientation. (The completed copy is to be kept on staff file.)

The Trust wholly accepts its moral and legal duties to protect food from contamination and to comply with current food safety legislation which includes:

- HACCP (Hazard Analysis of Critical Control Points) 2004
- The Food Hygiene (England) Regulations 2006
- The Food Safety (Temperature Controls) Regulations 1995). EC 852/853
- The Food Safety Act 1990

3.1.2 Inspection/Monitoring

Process for Monitoring Compliance/Effectiveness

Monitoring will be carried out to ensure that this policy is implemented, and verification will be in place to ensure its effectiveness in preventing food borne illness and food contamination.

Production Kitchens

- Estates Management and the Hotel services coordinator/ catering manager will inspect all food production kitchens within the Trust on a scheduled annual basis to ensure compliance with legislation and with the Food Safety policy.
- Production kitchens must be inspected monthly by the Catering Production Managers/Chef Managers using the checklist within the HACCP documentation. The findings are to be reported to the Facilities manager. A summary of the findings should be reported within the Estates and Facilities IPPC report and the Food quality and safety meeting.
- Menus – a comprehensive four-week menu is available, which offers choice and is flexible in response to individual dietary and religious requirements. The menus should be displayed enabling service users to make preferred choices.

Ward Kitchens

- Ward Managers are required to inspect ward/centre kitchens, pantries monthly. The inspection to be conducted using the Trust inspection tool and completed forms sent to the Matron/Clinical Manager.
- In the event that the food hygiene related problem cannot be rectified, the Clinical Manager to be informed. Unresolved issues should be reported at the IPPC meeting, via the Nutritional Steering Committee.

Therapy Kitchens for Service Users

- Therapy kitchens for service users are to be inspected monthly; this is usually by the OT, however in multi-use areas it will be undertaken by a nominated person and completed forms sent to the Matron/ Clinical Manager who will report to the Food Quality & Safety Sub Group and IPPC.
- An annual (minimum) audit will be undertaken by an external food safety expert. Progress with actions to be reported to IPPC through quarterly clinical surveillance and Estates and Facilities Reports.
- The IPCT will capture elements of food safety as part of IPC audit/inspection programme (minimum annually and by exception).

Monitoring standards

- The managers of food handlers must understand the need for such HACCP controls, carry out regular monitoring and ensure clear, understandable records are kept.
- Facilities services will monitor documentation and check that review systems are completed including a kitchen audit and the annual Patient - led Assessment of the Care Environment (PLACE), which assesses choice, meal times, taste and various other catering methods. Procedures must be established to cover corrective actions where necessary. Accurate records may afford the Trust a `due diligence defence`, (doing everything possible to ensure food is safe to eat) should one be needed. This system should be reviewed and revised, as necessary.

3.1.3 Personal Hygiene

As set out in Chapter 8 of Annex 11 of regulations (EU) 852/2004

- Every person entering a food environment, including visitors, contractors (including maintenance operators) shall maintain a high degree of personal cleanliness and shall wear suitable clean, and where appropriate, protective clothing/uniform, PPE and suitable headwear. This is in accordance with Trust Dress Code Policy.
- No person, known or suspected to be suffering from, or to be a carrier of a disease or infection likely to be transmitted through food or while afflicted, for example with infected wounds, skin infections, sores or with diarrhoea, shall be permitted to work in any capacity in which there is any likelihood of directly or indirectly contaminating food with pathogens or micro-organisms.
- Food handling staff must wash their hands at the appropriate times in a suitably equipped hand basin.
- Wear a plain band if necessary and no stoned jewellery. Nails should be short, clean and free from nail varnish. Acrylic type nails are unsuitable for food handling tasks.
- Cover all cuts and wounds with suitable blue waterproof dressings.
- Not eat or drink whilst handling food or working in a food area.
- Adopt good personal hygiene habits.
- Ensure long hair is tied back and head covering/hair net to be worn in food production areas.
- Staff suffering from an infectious illness, such as diarrhoea, vomiting, skin rash, skin infection or discharging eye or ear infection must report to their manager and not handle food or beverages until medically cleared to do so.
- Staff with diarrhoea and or vomiting must not enter kitchens or handle food/beverages until 48 hours clear of symptoms.
- To avoid the risk of contamination whilst serving food, staff should not conduct other nursing duties. If other duties are unavoidable, staff must wash their hands and change their green plastic apron before returning to food handling.

3.1.4 Food Handling Practices

All foods will be purchased, stored, prepared, processed and served in accordance with legislation. Each Unit will have its own operational procedure encompassing the HACCP principles or FSA “Safer Food Better Business” guidelines

Food Allergens and intolerance

Food Information Regulation 2014 (S12014/1855) provides general advice and information on food allergies and intolerance plus the avoidance of certain ingredients in food. There are 14 Allergens that must be tracked.

All food handling staff will be required to receive Allergy Awareness Training and be aware of the procedures and procedures for handling known allergens.

3.1.5 Catering Areas

- All foods must be purchased from suppliers whose premises have been inspected and accepted as safe. As per the Standards Financial Instructions and compliant with the Government Buying Standards (GBS)
- All food deliveries must be checked for quality, quantity, temperature, damage and expiry dates and from the specified manufacturer to comply with allergen legislation. Items will only be accepted if they meet the standards required and recorded as such. All deliveries accepted must be signed for by a nominated person, delivered foods to be stored immediately to the correct storage area, whether that is ambient, chilled or frozen.
- Staff should be trained in the traceability systems in place, staff responsible for accepting deliveries must check product identification and the delivery note against the actual products received. All paperwork is retained, or computer records are stored correctly. Traceability systems within food safety management are essential to be able to trace batches of ingredients, work in progress or finished products, so that in an event of a failure at a critical control point (CCP) products can be identified and removed immediately.
- Food must be stored in conditions, which protect it from contamination and prevent microbial growth. All food must be stored off the floor, covered and used in accordance with stock rotation.
- A system of stock rotation must be in place (FIFO first in first out). Date checks must be regularly carried out, and food disposed of as necessary to ensure that food is not stored past its `use by` or `best before` date.
- All food must be consumed before its expiry date. Any food items that are out of date both use -by and best before must be discarded and recorded.
- Dry food storage areas must be clean, dry, cool, well ventilated and pest proof. Food must be stored off the floor.
- It is essential that foods which need to be kept under refrigeration /chilled must be stored in a unit which is hygienic at optimum efficiency at temperatures between 0°C and 4°C. Thermometers accurate to 0.1°C will be fitted and temperature records of the equipment and food stored within them must be made at least three times a day. Data loggers may be used to record temperatures. Records to be kept by department or contractor.
- Food temperature to be sampled weekly and recorded and compared with air temperature.
- Frozen food must be kept in clean, well maintained freezers at temperatures between -18°C and -22°C. Thermometers accurate to 0.1°C will be fitted and temperature records of the equipment and food stored within them must be made at least three times a day and kept in the department or by the contractor.
- Once food has been defrosted, it should be treated as chilled foods. If food has been frozen and requires defrosting before use, then it must be

defrosted in a fridge until the core temperature is above 3°C. A 24-hour period is usually adequate to ensure this. Probing and recording temperatures are required to demonstrate this.

- Raw and cooked/ready-to-eat foods must be kept separate in both the refrigerator and freezer. These foods will be labelled with expected food safety data.
- Foods purchased fresh must not be frozen by the Catering Department or contractor's service staff. All frozen food will be thawed in controlled conditions, i.e. within a refrigerator dated with the revised USE by date
- Food must be prepared as close to the time of consumption or cooking as possible.
- Food preparation areas and equipment must be clean, dry and dedicated to their purpose. Food must be protected from the risk of contamination during its preparation.
- All raw food, including poultry, meat, fish, eggs and pulses must be cooked thoroughly. Cooked food, if to be chilled as part of the standard agreed method for specific dishes of production as agreed by the manager, must be cooled in a commercial blast chiller recording time and temperature.
- Chilling must be conducted according to the Department of Health "Cooked Chilled" guidelines and Food Standards Agency (May 2016) the "guidance on temperature control legislation in the UK" (Reg 852/2004) and The Food Safety and Hygiene (England) Regulations 2013. The Facilities department or the contractor will retain temperature records of food chilled.
- Hot-holding equipment should be adequately heated, and the temperature taken before the food intended for distribution and service is placed inside. The food should remain at 63°C or above, Trust recommends 70°C) or if cold below 5°C (refrigerated) and protected from any risk contamination.
- Where food items are regenerated the core temperature of 75°C must be achieved and temperature records kept, for a minimum of twelve months.
- All kitchens must have access to a Trust approved sanitiser. Where the product is purchased in concentrate form e.g. D10, this must be diluted for optimum results, once diluted this has a 7-day shelf life; the bottle must be labelled and clearly dated and used within that date. Correct size bottles clearly labelled must be used to ensure correct dilution and effectiveness of product is achieved. The product must be disposed of safely after the 7-day shelf life has expired

3.1.6 Therapy Kitchens for Service Users

- Prior to using a kitchen, a risk assessment in relation to food safety hazards for each service user must be carried out. The completed assessment must be documented in the Special Assessments section in Rio. The risk assessment is completed by the person supervising the cooking sessions with any input from the nurse in charge providing evidence that the service user has no health-related illness that could impact on the safety of food production.

- All food must be provided either by the Catering Department, NHS Supply Chain or purchased from a reputable supplier, i.e. a food supplier (with no less than 4H minimum standard).
- All food purchases must be checked for temperature, damage and expiry dates. Once purchased food must be immediately transported to the training/assessment kitchen and be appropriately stored and recorded in HACCP documentation.
- Foods must be stored, thawed, prepared and cooked to the same standard as required of the Catering Department. Hot foods must be served at once or cooled quickly and refrigerated within 90 minutes of cooking, when they must be clearly labelled with description and date of preparation.
- Food will be served promptly, at the correct temperature, and must be protected from contamination.
- The process followed for food preparation including food probing to be recorded in HACCP documentation.
- Food once cooked must not be kept and reheated at later time.
- Handling /cooking high risk *foods e.g. raw chicken extra care must be taken.*
- Service Users and staff using the therapy kitchens for service user's facilities must comply with the rules for good personal hygiene.
- Staff supervising or preparing food in these kitchens will be required to have been trained to current Level 2 training in Food Safety or equivalent.
- It is the manager's responsibility to ensure staff receive this level of training and the appropriate updates. Staff can undertake Food Safety training for clinical staff; this is found under the eLearning section of the learning and development site. This training is not on the Trust training traffic light system and so must be recorded as part of staff regular management supervision.
- Staff are also expected to complete the Food Standards Agency eLearning course on allergens. The catering department across the Trust can also provide wards with information on allergens.
- Therapy kitchens for service user's fridge/freezer temperatures must be taken twice daily and recorded on **Appendix 3**. Where the temperature exceeds 5°C, close refrigerator door and leave undisturbed for half an hour. If after rechecking the temperature, the temperature is still above 5°C inform the Estates department/contractors help desk. Food found after temperature probing to be above 8°C must either be consumed within 4 hours or disposed of. Where a freezer temperature goes above -13C, monitor for a further half an hour, ensuring the door is kept closed. If the temperature continues to rise, the Estates department or contractors help desk should be contacted. Frozen food, if the door is kept closed, will remain frozen for some considerable time. Frozen food once thawed should be used as fresh. (unless food can be used within 24 hours then it must be disposed of safely)
- Each kitchen must have a nominated person as designated by the service manager for ensuring that a local operational procedure is in place and is

adhered to by all staff and service users using these kitchens. The procedures must include food safety and who is responsible for ensuring standards are met, opening and closing checks see **Appendix 10**. Operational procedures must include the use of opening and closing checks, see example in **Appendix 9**.

- All therapy kitchens for service user's must have cleaning schedules which clearly indicate who is responsible, i.e. domestic or clinical staff for the cleaning and the frequency for each appliance and surface. See **Appendix 8** for an example but this must be personalised for the relevant area.
- All kitchens must have access to a Trust approved sanitiser. Where the product is purchased in concentrate form e.g. D10, this has a 7-day shelf life once diluted; the bottle must be labelled when diluted and a use by date of 7 days. This product must be stored safely when not in use.
- Items such as smoothie makers, liquidisers etc. must be assessed by the purchaser prior to purchase to ensure that all food contact parts can be easily dismantled and cleaned utilising a mechanical dishwasher.
- All OT, training and assessment kitchens are monitored monthly using the inspection tool. The completed forms are to be sent to the Matron/ Clinical Nurse manager highlighting any unresolved or ongoing issues which must be included in the report to IPPC.
- Healthy eating care plans to be tailored to service user's individual needs.

3.1.7 Ward Kitchens

- On entering the kitchen all staff must wash their hands correctly and wear a green apron and PPE as instructed (post Covid19)
- Managers are responsible for food hygiene within the individual ward. This is managed, on a day-to-day basis, by Ward Managers/contractors service staff and supervised by Matrons.
- Food provided by the Catering department/contractor must be served at the meal for which it is issued.
- The service of food to service users should not be delayed as this could lead to bacterial growth and deterioration. Cooked chilled items (Tirrelly Valley) meals must not be heated more than once.
- All leftovers and un-served meals must be immediately discarded. Any leftovers and unserved foods must be recorded on ward waste record sheets. Where conditions allow, food may be retained for absent Service Users for 20 minutes only, with hot meals being kept hot and cold food refrigerated. Replacement meals will be provided as required.
- Service User food must not be re-heated in a microwave oven. Sandwiches may be kept, covered in cling film or packaging, labelled with name and date, for up to 3 hours maximum after the mealtime at ambient temperature, or preferably in the refrigerator.
- Under no circumstances should staff consume service user food, beverages or ward provisions (on the ward or anywhere else)

- If a Service User individual care plan dictates that food is required to be cooled slightly before consumption, this will take place up to a maximum of 20 minutes after the regeneration process is complete. The food must be kept covered.
- Meals and snacks should not be left with service users for excessive lengths of time due to the risk of microbiological growth at room temperature.
- Sufficient clean serving utensils, including tongs for (e.g. sandwiches, toast etc.) must be available for each separate dish to ensure no contamination occurs. Staff must check prior to service that appropriate utensils are available.
- Ward fridge temperatures must be taken three times daily as a minimum and recorded on **Appendix 3**.
- Where the temperature exceeds 5°C, close refrigerator and leave undisturbed for half hour. If after rechecking the temperature, the temperature is still above 5°C, inform the Estates department/contractors help desk.
- Food after checking with a food probe is above 8°C must either be consumed within 4 hours or disposed of. Temperature checks should be taken using a probe thermometer that is regularly calibrated for accuracy and records of calibration maintained.
- Visitors wishing to bring in food for service users should be encouraged to only bring in foods which are of a low risk of causing food poisoning. If foods are brought in, they will be consumed during the visit, see **Appendix 7**. Any leftovers should be removed when the visitor leaves. Ward Facilities will not be used to store, or heat food brought in by visitors. Visitors must be informed of the need to ensure food is covered and labelled. For food that does not have a best before or use-by date on it, staff must label the item/s with the date bought in, this should be clearly explained to relatives.
- All other foods will be stored according to stock rotation, covered and used before their expiry date.
- Ward kitchens are out of bounds for service users, visitors or non-ward staff, during food regeneration and food service times. At other times, after risk assessment, staff only may be allowed into kitchen for food and beverage preparation.
- Service Users beverage kitchens where available are open; however, following risk assessments at times it may be necessary to keep closed. At such times the ward manager must make adequate arrangements for drink provision.
- Kitchens must be kept clean, safe and hygienic at all times. Clean up any spillage you make, using the designated colour coded equipment (green for kitchens, blue for wards, red for WC/bathrooms).
- Disposable cloths must be removed at the end of each meal service. All drying up must be with disposable paper towels and not with tea towels. Mop heads must be laundered daily.

- Kitchens must be pest proofed. Evidence of any rodents, insects, birds etc. must be reported immediately to the facilities manager/contractor help desk. Pests should not be encouraged: do not feed birds, cats or other animals either from the kitchen or on trust grounds.
- Kitchens must be well maintained. Report any maintenance defects to the Ward Manager/Nurse in charge so that a work requisition/contractor event can be submitted. Where the work cannot be carried out, the defect must be reported to the Matron/Clinical Manager and included in the service areas report to IPPC
- If a staff refrigerator or staff room is available this should be used for storing staff food. Staff food should only be kept in the ward kitchen if no alternative storage is available. Such foods should be in date and kept in clean sandwich boxes, which are labelled with the owner's name and date. Any uneaten food must be removed by the member of staff at the end of their shift. Unlabelled food must be removed and disposed of. (Domestic staff/housekeeping staff are instructed to remove items not labelled or left in carrier bags.)
- Food must be stored in separate, segregated food cupboards. It should be off the floor, not on cupboard tops, not under a sink U-bend and away from cleaning materials.
- All food must be stored according to stock rotation. All food must be consumed by its expiry date. Once food passes its use-by-date it must be discarded immediately.
- Dairy foods must be kept refrigerated below 5°C. Open preserves and bottles of tomato ketchup/sauce must be kept refrigerated and dated. If in doubt, check the item label information concerning food storage once opened details.
- Open cartons or made up sip feeds (such as Build Up, Fortisip, etc) should not be left standing with service users and once requested by ward they should not be returned back to Catering departments.
- Open packets of biscuits should be kept in their original packaging ensuring the allergen information and the best before date is available NB. Open packets with identified allergens have the potential to contaminate other open packets within the same container that may be considered allergen free.
- Where single portions of cereal are not used, the family packet or catering size packet once opened must remain in their original packaging and stored securely in cupboards. The allergen information, dates and labelling of food items is to be available as legally required.
- Personal belongings, vases, pot plants, papers, magazines, books, patient samples, blood specimens, medical items, must not be stored within kitchen food preparation areas.
- All items of service users crockery, cutlery and utensils must be washed in a dishwashing machine which achieves a detergent wash at a minimum of 55°C temperature and a rinse cycle with water over 82°C to 88°C for 15 seconds during the rinse cycle to ensure disinfection. The items should air dry in machine, or remove racks, drain and air dry.

- In the event of a dishwasher breakdown, a written procedure for the correct washing up must be available (approved code of practice by IPCT and Facilities. This must be followed until the dishwasher is operational. Disposable items should also be made available if required.
- All kitchens must have access to a Trust approved sanitiser. If the product is purchased in concentrate form e.g. D10, this must be correctly diluted into a suitable container that is labelled and dated. The sanitiser has a shelf life of 7 days once diluted; the bottle must be used within the 7 days from the start date to ensure sanitisation is met.

3.1.8 Hospitality

- Staff functions/hospitality must be catered for only by the main kitchens/contractor or a supplier approved by the Trust. Food contributions by staff will be limited to low risk foods, e.g. biscuits, fresh fruit, crisps, etc. However, staff are to be aware of any food specifications concerning the presence/absence of known allergens.
- Where Trust/Contractor Catering is not available on site for staff hospitality, cold items may be purchased from local large supermarket chains. When food items have been purchased locally the product identification and traceability information should be retained and recorded. Traceability is a legal requirement and food businesses should know the origin of stock being stored, processed and served on their premises. This information is usually documented as part of the HACCP due diligence principles.
- Where Trust Catering is not available for functions, staff ordering food must select from a supplier with a minimum of 4 H “Food Hygiene Ratings Scheme” – often known as “Scores on the Doors.” Birmingham City Council web site. The requisition to the Procurement department must be accompanied by the companies “scores on the doors” print out prior to the event. The Procurement department will not process requisitions where the standard is not met.
- Where food is ordered for staff hospitality from an outside supplier, the organiser of the event must ensure that on receipt of the food that legislative requirements are met regarding food temperatures. Hot food must be above 63°C and cold food must not be above 5°C. External suppliers are required to monitor and record the time and temperatures of all food delivered. The written documentation should be given evidence to the organiser or named contact. This adheres to the Trust HACCP due diligence procedures. All food specifications purchased must include the presence of known allergens.
- All food must be consumed within two hours of delivery and any left-over food must be disposed of after this time, either by the outside Catering Company or the organiser of the event.

3.1.9 Cleaning & Disinfection

- All kitchens must be kept clean. All cleaning will be conducted in accordance with the Trust Cleaning Policy and following the colour coding policy for the use of equipment
- Production, Recovery and Wellbeing and Therapy kitchens for service users are required to have detailed cleaning schedules specifying

responsibilities. The cleaning schedules must be displayed or readily accessible for monitoring purposes and due diligence.

- Annual deep clean of all main production kitchens, cook chill regeneration kitchens, canopies and extraction units will occur as a minimum.
- Ward kitchens and Therapy Kitchens for Service Users will be deep cleaned annually and arranged by the designated lead for that area, with certificates kept for inspection purposes and supporting due diligence.
- Staff should be trained in how to clean, how often and when to clean, what equipment and chemicals to use and what safety equipment is to be worn.
- Staff will also be trained in COSHH - safe use of chemicals.
- Records of sessional use should be maintained to indicate the equipment cleaned, and who checked the standard of cleaning,

3.1.10 Refuse and Waste

Food refuse and waste must be removed from areas where food is handled and not left to accumulate in kitchen areas. Waste should be deposited in lidded containers of adequate size that are easy to clean and disinfect. Waste must be discarded according to Trust/contractors Waste Disposal Policy. Where waste disposal units are not available or out of service, food refuse and waste must be disposed of in the correct manner. All refuse and waste areas must be easy to clean and disinfect and pest proofed.

Generally, food waste should be disposed of via a waste disposal unit as opposed to being bagged as this lessens the attraction of pests to the kitchen areas.

3.1.11 Pest Control

- Food areas must be kept free of food pests and must be proofed against their entry and harbourage. Food pests, e.g. pigeons, must not be encouraged by leaving food available for them, i.e. food must not be thrown into courtyards and spillages should be cleaned up.
- All catering areas are covered by a comprehensive pest control contract, with pest control reports available to view.
- All staff are aware of signs of infestation and how to report an incident
- Pets are not encouraged by the Trust. No animals are allowed in any kitchen or dining room areas
- If pest activity is present in any food handling or storage areas, food must be protected from contamination i.e. Kept in pest proof containers, and food contact surfaces and equipment sanitised before use.

3.1.12 Design and Repair

Kitchens will be designed and maintained to the standards required by legislation and good practice. Where kitchens are upgraded or new kitchens planned, the plans must be approved by Environmental Health Officers, Estates and Facilities Management, Infection Control Team and Project Manager, prior to work commencing.

Catering accommodation must be adequate for the total food service requirements and should:

- Be adequate for the number of meals required and the type of catering system in use
- Allow for safe and hygienic production and service of food
- Meet the personal hygiene requirements of food handlers and other users.

Equipment including purchase, servicing and maintenance

All equipment purchased for use in the kitchens that provide food for service users, staff, and the public must meet minimum criteria to ensure food safety. This will ensure:

- The equipment meets the required safety standard
- The equipment is suitable for the environment where it will be used
- The equipment is logged onto the inventory to ensure that it is safety checked at the required intervals

3.2 Food Handlers Fitness to Work

This guidance is based on the Food Standards Agency document “Food Handlers Fitness to Work” 2009

Food, which is contaminated by harmful micro-organisms, in particular bacteria and viruses, can cause illness. Food handlers, who are suffering from certain infections or are carrying the micro-organism, in or on their bodies, without showing symptoms of infection, can contaminate food.

3.2.1 All ‘Food Handlers’ must: -

- Practise good personal hygiene.
- Maintain good hygiene standards in the workplace.
- Understand their responsibilities for reporting infections, or potentially infectious conditions, to their line manager for assessment by the Occupational Health department.

3.2.2 All ‘Food Handlers’ must report infection and skin complaints/ disorders.

The following reporting infection requirements apply to: -

- All Catering staffs
- All Facilities staff
- Clinical staff working in, producing, and/or supervising food preparation, e.g. training kitchens Rehab & Recovery, AOT.
- Estates staff working in kitchen and other food areas.
- All nursing staff working on inpatient units, residential units, wards and day centres.
- Transport staff distributing food.
- Stores staff handling food.
- Therapy and Dietetic staff working in food areas.

- Any student, agency/bank staff, or voluntary workers working in food areas or handling food.
- This list is not exhaustive; it will include any other staff in contact with service users, handling food or beverages. (For the purpose of this document, the above categories of staff will be referred to as 'food handlers'.)

3.2.3 Contracted caterers must have procedures similar to the above in place to ensure food handlers are fit to work. Procedure must have regard to the Food Standards Agency - Food handlers – Fitness to work guidelines.

3.3 Agreement to Report Infection

- All staff including contractors, agency and bank staff with food handling duties must sign an 'Agreement to Report Infection' form; see **Appendix 2 - Agreement to Report Infection and Skin Disorders**. The employee will retain part of this form; the other half will be kept on their personal record. This form would be completed within the local orientation.
- All students, work experience staff, and voluntary workers will sign the form before commencing any food handling duty.
- All agency staff will be expected to have signed this form before commencing catering work for the Trust.

3.4 Reporting of Infection

Every food handler is required to report immediately to the manager, or in his or her absence to the manager on duty/person in charge.

- If they are suffering from an illness involving:
 - Nausea/vomiting.
 - Diarrhoea.
 - Skin rash, affecting hands arms, face.
 - Lesions on exposed skin (face, neck, hands, lower arm) or scalp that is scaling, weeping or discharging pus.
 - Weeping or pustular lesions of the eyes, ears, mouth or gums.
- After returning from holiday or rest days during which an attack of vomiting or diarrhoea, or any conditions mentioned above, lasted more than two days.
- After returning from holiday in a place where there has been an outbreak of enteric fever (typhoid or paratyphoid).

Food handlers who have been in close domestic contact with a known case or who have been exposed to an outbreak of typhoid or paratyphoid must be excluded from food handling duties. Advice should be sought from the Occupational Health Department

3.5 Procedure for Dealing with Incidents of Vomiting and/or Diarrhoea amongst Food Handlers on Duty

If a food handler experiences symptoms of diarrhoea and/or vomiting whilst on duty he/she must immediately leave the food area. The following procedure must be followed:

- The food handler must report immediately to the manager/contract supervisor or in their absence to the manager on duty.
- The staff member will be sent off duty.
- Staff may return to work after 48 hours of being symptom free.
- Where symptoms persist, staff should seek medical advice explaining they are food handlers.
- If vomiting occurs in a food area, all contaminated surfaces, equipment and utensils must be cleaned and sanitised. Food which may have become contaminated must be disposed of, i.e. food unwrapped items and packaging including disposables.

3.6 Procedure for Dealing with Other Reportable Infections Amongst Food Handlers

If a food handler experiences other illnesses or conditions, e.g. skin rash, lesions on exposed skin, weeping or pustular lesions of the eyes, ears, mouth or gums, the following action must be taken:

- Staff must report to their manager and be excluded from food handling work until the lesions are healed or can be adequately covered with a waterproof dressing.
- In some circumstances, with agreement from the Occupational Health department/contractor's health screening company, certain staff may be able to remain on duty if their job allows for food handling to be removed from their normal duties.
- NB Service users involved with the food handling process should be medically reported and assessed

3.7 Procedure for Dealing with Cases of Food Poisoning Amongst Service users and Other Customers

- If service users or customers report suspected symptoms of food poisoning to the manager or manager on duty this should be immediately reported to the Infection Prevention Control team. Outside normal office hours the on-call Clinical Microbiologist should be contacted for advice (0121 424 2000).
- 'Foreign Bodies and Hazards' should be reported using the Eclipse System form. The Trust Risk Management department should be contacted immediately by telephone, email. The foreign body, food and packaging must be retained for the Facilities and Procurement departments to investigate with the supplier, and recorded accordingly on HACCP documentation Other Trust sites must be informed of an incident immediately if use the same supplier.
- If there is any suspicion of food poisoning in staff, service users or visitors, the IPCT must be informed immediately so that an investigation may take place and any outbreak is monitored.
- If an outbreak is suspected or confirmed, then the Environmental Health Officer of Birmingham/ Solihull City Council must be informed and RIDDOR procedures followed (see RIDDOR procedure)
- If food is provided by a contractor, the help desk must be informed in addition to the above.

- NB. Where departments/wards purchase food from external sources, e.g. Recovery and Wellbeing and training kitchens, they must register with the Food Standards Agency to receive email alerts, informing if products have become contaminated and should be withdrawn. There must be a local system in place to check alerts and manage the potentially contaminated food
- www.food.gov.uk/enforcement/alerts
- www.food.gov.uk/safereating/allergyinfo/

3.8 Kitchen Inspections

3.8.1 Environmental Health Officers

- Environmental Health Officers (EHO) is employed by the Local Authorities. Under the Food Safety Act 1990, they have the authority to enter a food premises at any time and without prior notice.
- All premises with kitchens must be registered with the Environmental Health department at least 28 days prior to opening or change of use must also be notified. The Project manager is responsible for completing the registration form and sending to the relevant council.
- The frequency of the EHO visits will vary depending on the associated risks. It is likely the visits will be either annually, or in some cases where only low risk foods are provided, inspections may be every five years.
- A senior member from the centre/unit, and in PFI sites the contractor, should accompany the EHO where possible on the visit. During an inspection, the EHO will seek to identify contraventions and ensure compliance with, the Food Safety Act and associated food legislation; identify potential risks arising from practises and procedures; ensure adequate controls are in place, e.g. staff training records, food temperature control records, cleaning schedules and pest control records. They have the right to take food samples, undertake microbiological samples of equipment, and take photographs, videos. (Where service users are not present.)
- At the end of the visit, the Officer is likely to leave a report. Where a report has been left, the report should be scanned on the day of the visit and sent to the Director of Nursing). If the report is to follow, **Appendix 4** should be completed, informing the Trust that the inspection has taken place with key findings including time scales to rectify the contraventions. The DIPC will inform the Associate Director of Estates and Facilities and the Clinical Nurse Manager to request Action plans are completed in the time required . The report to IPPC must include what actions have been taken and any unresolved issues.
- If in the rare event a serious contravention has been found, the Chief Executive's office must be informed immediately together with the Associate Director of Estates and Facilities, or contactors help desk (if relevant):
- Enforcement by EHO's
- EHOs have a range of actions that they can issue:
- Written warnings

- Improvement notices
- Voluntary closures and food seizures
- Formal cautions
- Prosecutions and fines
- Emergency Prohibition orders

NB. All EHO results for Birmingham and Solihull are published on <http://ratings.food.gov.uk/enhanced-search/en-GB/%5E/b1%203rb/Relevance/0/%5E/%5E/1/1/10> for the public to view. This includes all BSMHFT properties within the Birmingham and Solihull area.

It is expected with all health care establishments that the top rating of 5Hs should be achieved.

3.8.2 Other Inspections

To ensure that safe food systems are in place across the Trust, additional checks are carried out:

- Patient Led Assessment of the Care Environment (PLACE)
- Care Quality Commission (CQC)
- Contract monitoring inspections.
- Monthly Ward Manager Food Standards inspections. (This will include in Recovery and Wellbeing, checking and signing the Safer Food Better business packs.)
- Monthly inspections of all production kitchens by Hotel Services Support Managers/ Trust Catering Managers
- Monthly inspections of cook chill regeneration kitchens by Facilities Contract Management Team and PFI Provider.
- Monthly inspections by clinical staff for ADL and Training kitchens.
- Matrons are expected to undertake at least one further inspection throughout the year for their area.

3.8.3 Hotel Services Support Managers/ Trust Catering Managers monthly kitchen inspections

- Monthly audits must be undertaken by the catering manager using the agreed audit electronic tool. Where delegated to a senior supervisor (Band 4 or above) who must be trained to Level 3 in food safety and Level 2 HACCP as a minimum. The auditor should also be trained locally in the tools use and understand how to produce action plans. The manager is responsible for meeting the supervisor following a delegated audit to ensure the action plan is completed to provide assurances and comply with due diligence. Where any actions cannot be rectified these must be included in the Estates and Facilities report to IPPC. Where the risk is significant and appropriate actions need to be resolved immediately, a report should be added to the Estates and Facilities Risk register.

- A member of the Estates and Facilities team will monitor that audits have been undertaken and that actions have been completed. Where ongoing issues have been corrected these actions should be entered on the Estates and Facilities risk register

3.8.4 Cook Chill Regeneration Kitchens

- Monthly audits must be undertaken by the Estates and Facilities Contract management team along with the PFI provider. The audits must be in addition to the PFI providers monthly monitoring. A report of each audit will be completed including an action plan for any corrective measures that are required for any issues that have been identified.
- Where any actions cannot be rectified these must be included in the Estates and Facilities report to IPPC. Where the risk is significant and appropriate actions need to be resolved immediately, a report should be added to the Estates and Facilities Risk register.
- The Estates and Facilities Contract Management Team will monitor audits and verify that audits have been undertaken and that any actions have been resolved as part of due diligence.

3.8 Food Hygiene Training

3.8.1 Regulations (EC) No 852/2004

- It is a legal requirement that “The Proprietor of a Food business shall ensure that food handlers engaged in the food business are supervised and instructed and/or trained in food hygiene matters commensurate with their duties”. The law relates to all food handlers.
- All food handling staff within Birmingham and Solihull Mental Health Foundation Trust will be offered food safety training commensurate with their duties. Levels of training are outlined in **Appendix 5**. It is the Manager/contractor responsibility to ensure staff undertake the appropriate levels of training with updates when necessary.
- Ward/centre/departmental managers, who employ staff classed as food handlers are required to provide staff with local orientation regarding food safety which must be documented, see **Appendix 6**.
- All staff involved with serving service user meals, preparing drinks, or cleaning kitchen areas, will receive Trust Level 1 Food Safety Awareness at induction. The course is delivered via the Learning and Development team it is an eLearning training package which requires updating every three years.
- Clinical staff involved with preparing, or supervising service users making food, will undertake the Food Safety for Clinical staff level 2. The Trust offers this course via eLearning in the work base, over a period of 4 hours which gives a more flexible approach. Where staff fail the course once, they should discuss with their manager any issues. Where staff fail the eLearning course twice, the manager will be required to discuss the local operational kitchen procedure with the staff member and assess their competency. This must be documented in the electronic RMS.
- For Catering and Housekeeping staff where any handling of food is part of their job role staff will have a minimum, of Level 2 food safety training.

This training is organised through the Estates and Facilities department and recorded by Regular Management Supervision.

- Level 3 Food Safety for Supervisors training is available for Catering Supervisors provided by an external provider, which is held over 3 days with an external exam.
- Hotel Services Support Managers and Trust Catering Managers will be expected to undertake training to Level 4 in Advanced Food Safety check relevance qualification.
- Staff who supervise food production kitchens are required to have Level 1 in HACCP (Hazard Analysis and Critical Control Points). Hotel Services Supervisors/ Trust Catering Supervisors/Chefs will be expected to have a least Level 3 training in HACCP. This training will be outsourced.
- All Trust staff will receive best practice hand hygiene training as part of local orientation delivered by trained core hand hygiene trainers. This will be updated at least three yearly. Staff that are working in high risk food areas should receive this local training annually.

3.9.1 Recording of Training

- As part of the Trusts “due diligence” defence under food safety legislation it is essential that all Food Hygiene Training is recorded and available for inspection when requested by the EHO as part of the routine inspections.
- Managers should keep copies of food hygiene certificates for Level 2 and Clinical food safety and above which have been issued, as these cannot be identified from the Trust learning and development, traffic light systems. This training to be recorded on RMS. system.

3.10 Purchase of Microwave Ovens

- Staff should consider carefully whether this is an essential piece of equipment and if so, how and when it will be used for service user meal service.
- The position of the microwave is important, and staff is advised to discuss this with the Estates department before purchase.
- It must be agreed who is responsible for cleaning the microwave before purchase; do not assume it is the Domestic staff responsibility.
- Any new microwave oven purchased must be of an 850-wattage minimum for wards and departments, and at 1000 wattage minimum for Catering.
- Combi microwaves (microwave ovens combining conventional cooking or grilling with microwave heating) must be avoided because of the inherent cleaning difficulties with them.

3.10.1 Installation

- Microwave ovens must be electrically tested prior to use by the estates team.
- The microwave must be cleaned and installed according to the manufacturer's guidelines prior to use.

3.10.2 Usage

- Microwave ovens must be used in accordance with manufacturer's guidelines. Metal containers, ceramics with metal glaze or tracery, non-microwavable plastics and cling-film must not be used in the microwave oven.
- Microwaves must not be used to reheat service user meals issued by the Catering department, nor may they be used to reheat food brought in by visitors for service users.
- Microwaves may be used for warming milk for service users' beverages, tinned soup, or baked beans using a suitable microwavable container for "out of hours" meals.
- Food/liquid heated in a microwave oven must be heated for sufficient time to ensure adequate heat penetration. Part way through the heating process food must be stirred or turned as required by the manufacturer's instructions. After the heating process is complete, food/liquid must be left to stand to ensure the cooking is finished.
- Food/liquid that has been heated in a microwave oven must not be cooled or further heated.
- Baby food may be heated using a microwave oven following manufacturer's instructions, stir with a sterilised plastic spoon.
- Microwaves must not be used to defrost frozen food, unless immediately after thawing the food is subject to the heating process.
- Microwaves must not be operated when empty. They will not be used to warm crockery.
- In Training kitchens, microwaves may be used by Service users if supervised, clear operational procedures must be included in the local operational procedure and appropriate signage on its use be displayed.
- Aluminium foil, metal dishes, or dishes with a metal rim must not be used. Left over plastic containers, e.g. margarine tubs, must not be used as the plastic may melt during cooking and possibly cause harmful chemicals to get into the food.

3.10.3 Cleaning

- Microwave ovens must be cleaned according to the manufacturer's instructions. Any spillage must be removed immediately, and the equipment given a general clean at least once a day.
- Where manufacturer's instructions are not available, hot water, detergent and a clean disposable cloth should be used to clean both the oven and the external surfaces of the microwave. Special attention must be given to the top inside where food debris can accumulate.
- The turntable should be removed and washed either by hand or, preferably, using a dishwasher. Care should be taken to clean the door seal.

3.10.4 Maintenance

- If the turntable becomes chipped or cracked it must be replaced, the microwave should be taken out of use until a replacement is sourced.
- Any damage to the microwave, e.g. to the door seal or door film, to the operational switches, to the interior etc., must be reported to the Estates department or help desk. The equipment must then not be used until it has been declared safe to do so by the Estates department.
- Any poor operational issues, e.g. food not being sufficiently hot when heated in strict accordance with the manufacturer's instructions, will be reported to the Estates department and the same procedure outlined as above will then be followed.

3.11 Use and Maintenance of Cold Water Dispensers

- Water coolers dispensers are ordered through the Procurement contract and where possible be the direct feed type rather than large bottle type.
- The rental contract should include 6 monthly sanitising cleaning; copies of the cleaning should be retained onsite.
- Daily cleaning should be carried out by Domestic staff using a neutral detergent ensuring the drip trays are emptied and wiped out, touch points are cleaned.
- All cold-water dispensers should undergo 'water running' for 3 minutes every day and logged in the Domestic Daily Duties logbook. It is the responsibility of the assigned 'End User' to ensure this task has been undertaken.

3.12 Fridges

- All fridges used in production kitchens and for holding cook freeze/cook chill will be a commercial type. The larder style is required to be on lockable castors for easy cleaning with external temperature monitoring system.
- Regeneration kitchen chill food store fridges are to be used only for food supplied by the Trust for service users' meals service. On no account must staff food or other externally sourced food be stored within these fridges.
- Beverage and staff kitchen fridges may be of the domestic type; however, larder type must be ordered when replacing (without ice box compartments), thus avoiding health and safety issues regards defrosting.
- In training and assessment kitchens replacement fridge/freezers should be "frost free" with an external temperature monitoring system.
- If fridges are part of an integrated kitchen, then a clean in place manual system is used where access is difficult. This will be noted on the cleaning schedule.
- All fridges and freezers should have a nominated person responsible for temperature monitoring which must be filed within the manager's office at the end of each week.

3.13 Smoothie machines and other kitchen minor electrical equipment

- Where other items of electrical equipment are deemed necessary, they must be risk assessed to ensure that all food contact parts can be dismantled safely once switched off. All food contact parts must be able to be rinsed under running water to remove seeds, skin and other food debris; this must be followed by washing in a dishwasher and allowed to air dry thoroughly before storing.

3.14 Bringing Items of Food and Drink into the Hospital

Please see **Appendix 7**.

- The Trust wishes to encourage healthy food choices and recommends service users and visitors consider healthier snacks such as fresh fruit. Individual dietary needs can be discussed with a Trust Dietician.

Take-away Food

- Whilst it is appropriate for staff to provide patients with information on food hygiene ratings for takeaway establishments, and to explain the benefits of a high food hygiene rating, patients with mental capacity do have the right to individualised choice of takeaway establishments and must not be limited or restricted in the range of takeaway establishments from which food can be ordered. Staff can access information on food hygiene ratings via the following link:
<http://ratings.food.gov.uk/>

4 RESPONSIBILITIES

Post(s)	Responsibilities
The Trust Board	<p>Responsible for ensuring in house Catering services are managed by someone with the appropriate food safety qualifications and to ensure all food services contracted out or provided by a service level agreement are monitored for food safety:</p> <ul style="list-style-type: none"> • Provide a safe working environment which, as far as is reasonably practicable, is free from hazards that contribute to food safety related problems. • Ensure any food safety related hazards in the workplace are identified, reported and rectified. • Informing the Infection Prevention Control Team of service developments that may affect food safety, including new kitchen projects or upgrades.
Clinical Managers	<ul style="list-style-type: none"> • Are responsible for identifying in their team, a member of staff for implementing food safety systems and food safety monitoring within therapy kitchens for service users. This may be an Occupational Therapist (O/T) but as some kitchens are used by multi-professionals the Service Manager needs to identify a nominated person to be responsible for overall food safety within their area. The nominated person should have a written operational procedure for the area, including all food safety monitoring, based on the Safer Food Better Business pack from the Food Standards agency. (See Appendix 8).

	<ul style="list-style-type: none"> • To maintain the data base of kitchen audits/inspections for their area and include the scores and key concerns relating to food safety the IPPC • Informing the Infection Prevention and Control Department of intended change of use of kitchens or planning of all new kitchens, beverage bays pantries etc. • Arranging for new food premises to be registered (if not under the Estates and Facilities remit). • Ensuring any non-stock requisitions for utilising outside catering are sent to the Procurement department prior to the event, along with the Hygiene rating” print out, for the relevant establishment from Birmingham City Council web site. Establishments with less than 4 H’s must not be used. • To ensure that all visitors and staff working in their area, including clinicians, adhere to the “Protected Mealtimes Policy”, (unless they are present to assist with food provision). • Where kitchens have shared use, identify who is responsible for overseeing day to day hygiene standards and audits.
<p>Ward/Centre Managers/ Clinical Staff</p>	<ul style="list-style-type: none"> • To ensure that any food safety related incidents are appropriately reported, including completing Eclipse reports. • To undertake monthly kitchen inspections in the areas under their responsibility, reporting the summary to the Matron for reporting at the IPPC any significant or ongoing concerns reporting to the Clinical Nurse Manager any difficulties in adhering to the policy. • To report to the relevant Estates dept. or help desk of kitchen maintenance issues ensuring they are actioned in a timely way • To ensure all staff, where identified as a food handler, have job descriptions and personal specifications which are clear on the requirements of the job in relation to food and food safety. • To ensure staff undertake relevant mandatory food safety training and 3 yearly updates and have access to training records. • To ensure staff are given adequate time and in a suitable environment to complete eLearning. Where staff have failed once, identify the reason and offer the relevant support • To ensure all new staff who handle food have appropriate local orientation including food safety. This should include ensuring staff complete the “food handler’s fitness to work” see Appendix 1. • To provide service users and/or carers with information regarding bringing food into hospital see Appendix 6. • To register with the Food Standards Agency to receive food safety alerts by email. • To ensure that staff rooms are kept clean, food is stored appropriately, is dated and named, fridges are defrosted, and any food preparation equipment is clean and in good repair. • To ensure senior staff on duty where service user group cooking is requested. A RIO entry is made under special assessment... • To report on the Eclipse system any food safety related issues, e.g. foreign bodies, out of date food, or deviate from policy. •

<p>Matrons</p>	<ul style="list-style-type: none"> • To carry out at least annual kitchen inspections and report findings to the IPPC. • To ensure kitchen inspections from either internal or external bodies are reported back to IPPC providing evidence that all contraventions are rectified. • To report to IPPC the number of staff trained in either Level 1 or Level 2 in Food Safety. • Recovery and Wellbeing Matron/Managers to ensure “Safer Food Better Business” food safety management system (from Food Standards Agency) is in place and is monitored by managers and amended when the food service may change. • To report summary findings from the monthly training kitchen audit/inspection findings to IPPC and the Nutritional steering committee
<p>Senior Facilities Managers</p>	<ul style="list-style-type: none"> • All kitchens under their control have a food safety management system based on HACCP, which is reviewed annually; or where there is a change in service or production methods, equipment or suppliers. The annual review will be supported by a member of the Infection Control Prevention Team. • To ensure that production kitchens have an up to date operational manual with standard procedures for all catering, portering housekeeping staff (or other staff who serve food), and for staff who are responsible for cleaning kitchen areas. • To ensure that standard recipes agreed by the Dieticians dept. include standard methods of production. If the recipe is changed after agreement from the Dieticians, the method needs be reviewed and amended if necessary, to take account of any changes that affect food safety. • To ensure all kitchen inspections from either internal or external bodies are reported back to IPPC providing evidence that all contraventions are rectified. • To ensure all food suppliers used are approved by utilising companies under then NHS Supply Chain, working in accordance with Government Buying Standards (GBS) regarding food safety standards. • Senior Facilities Managers will receive monthly audits of kitchen from Hotel Support Services/Trust Catering managers, monitoring actions and escalating to Associate Director of Estates and Facilities when the issue cannot be resolved. These monthly audits scores to be reported in the Estates and Facilities IPPC report. • Estates & Facilities Contract Managers/ Senior Facilities Managers to monitor monthly food production kitchen audits completed by SSL staff or other contractors/providers associated with food production across the Trust. • To ensure all staff where identified as a food handler, the job descriptions and personal specifications are clear on the requirements of the job in relation to food and food safety. • To ensure all new staff who handle food have appropriate local orientation including food safety. This should include ensuring staff complete the “Food Handlers Fitness to Work” Appendix 1 • To ensure staff are booked onto relevant mandatory food safety training and receive 3 yearly updates.

	<ul style="list-style-type: none"> To ensure any foreign bodies, if found in food, are reported to the Risk and Procurement departments using the Eclipse system and investigate further where required. To liaise with the EHO and support the Project Lead with forward plans and operational policies of any new production kitchens or major refurbishments for approval prior to sign off. To arrange annual kitchen audits with Estates colleagues, identifying upgrades or refurbishments.
Clinical Staff/ Nominated Person	<ul style="list-style-type: none"> To undertake opening and closing checks To ensure HACCP documentation is completed.
Estates Managers	<ul style="list-style-type: none"> To ensure timely maintenance and repairs to catering sites, including equipment. To undertake annual kitchen audits with a member of the Facilities management team where any upgrades and refurbishments can be identified
IPC Lead (policy lead)	<ul style="list-style-type: none"> To review policy in response to changes in legislation and national guidance and recommendations. To capture elements of food safety as part of annual IPC audit programme. In conjunction with Facilities Team to oversee external annual (minimum) audit of kitchens. Investigate food borne illness in service users, providing to recommendations for action.

5 DEVELOPMENT AND CONSULTATION PROCESS

Consultation summary		
Date policy issued for consultation	September 2020, December 2020	
Number of versions produced for consultation	3	
Committees / meetings where policy formally discussed	Date(s) IPPC October 2020, PDMG January 2021	
Where received	Summary of feedback	Actions / Response
External food safety expert, Facilities Team and Professional Lead for Dietetics.	<p>Review of references and updated to reflect national changes.</p> <p>Objectives added to outline the management arrangement and responsibilities.</p> <p>Food Allergens and intolerance information.</p> <p>Removal of the word large reputable supermarkets.</p> <p>Infection prevention & controls teams contact details updated.</p>	Incorporated

<p>Head of Health Safety & Regulatory Compliance</p>	<p>Service user training and assessment kitchens renamed Therapy kitchens for Service users.</p> <p>A system of stock rotation must be in place (FIFO first in first out). Date checks must be regularly carried out, and food disposed of as necessary to ensure that food is not stored past its `use by` or `best before` date.</p> <p>Therapy kitchens for service users - high risk foods e.g. raw chicken extra care must be taken.</p> <p>Staff training in how to clean equipment,</p> <p>Use chemicals and what safety equipment is to be worn.</p> <p>COSHH - safe use of chemicals.</p> <p>Records of sessional use should be maintained to indicate the equipment cleaned, and who checked the standard of cleaning,</p> <p>Central Alerting System (CAS) received will be circulated internally to relevant staff for action and update as necessary.</p>	<p>Incorporated</p>
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6 REFERENCES

[The Food Safety Act 1990](#)

[Food Safety and Hygiene \(England\) \(Amendment\) Regulations 2016](#)

[FSA – Food Handlers Fitness to Work 2009](#)

[Food Standards Agency](#)

Industry Guide to Good Hygiene Practice, (EC) no [852/2004](#) and [178/2002](#) Regulations

DOH Cook Chill Guidelines 1989

[Safer Food, Better Business for Caterers \(Food Standards Agency\)](#)

7 BIBLIOGRAPHY

None

8 GLOSSARY

None

9 AUDIT AND ASSURANCE

Element to be monitored	Lead	Tool	Frequency	Reporting Arrangements
Production Kitchen Monitoring	Senior Facilities Manager	within HACCP document	Monthly	1/4 to IPPC Estates and Facilities Report
Cook Chill Regeneration Kitchens	Senior Contracts & Commercial Manager	Contract KPIs & HACCP Document	Monthly	1/4 to IPPC Estates and Facilities Report
Ward Kitchens	Matrons	IPC kitchen inspection tool	Monthly	1/4 to IPPC in Matrons/CNM report.
Training Kitchens	Matrons	Training Kitchens Inspections	Monthly	IPPC
All kitchens/food preparation areas.	IPC Lead (undertaken by external food safety expert)		Minimum annually and by exception.	1/4 to IPPC in IPC and E&F report.
Ward and training kitchens	IPC Lead	Elements of policy captured as part of IPC environmental inspection tool.	Minimum annually and by exception	1/4 to IPPC in IPC and E&F report.
Training	Matrons	Insight Reports	1/4	1/4 IPPC
Training	Senior Facilities Manager		1/4	1/4 IPPC

Equality Analysis Screening Form

Title of Proposal	Food Safety Policy			
Person Completing this proposal	Zalika Geohaghon	Role or title	Senior Nurse for Infection Prevention and Control	
Division	Corporate Clinical Services	Service Area	Corporate	
Date Started	16/10/20	Date completed	19/10/20	
Main purpose and aims of the proposal and how it fits in with the wider strategic aims and objectives of the organisation.				
<p>BSMHFT, its contractors, management and staff are responsible for the safety of food provided on Trust premises by adhering to the contents of this policy, which has been written in accordance with food safety legislation.</p> <p>This policy sets out the systems that are in place for promotion of food safety and related practice to minimise the risks of food-borne illness.</p>				
Who will benefit from the proposal?				
All service users, staff and visitors.				
Impacts on different Personal Protected Characteristics – Helpful Questions:				
<i>Does this proposal promote equality of opportunity? Y</i>		<i>Promote good community relations? Y</i>		
<i>Eliminate discrimination? Y</i>		<i>Promote positive attitudes towards disabled people? Y</i>		
<i>Eliminate harassment? Y</i>		<i>Consider more favourable treatment of disabled people? Y</i>		
<i>Eliminate victimisation? Y</i>		<i>Promote involvement and consultation? Y</i>		
		<i>Protect and promote human rights? Y</i>		
Please click in the relevant impact box or leave blank if you feel there is no particular impact.				
Personal Protected Characteristic	No/Minimum Impact	Negative Impact	Positive Impact	Please list details or evidence of why there might be a positive, negative or no impact on protected characteristics.

Age				
Including children and people over 65 Is it easy for someone of any age to find out about your service or access your proposal? Are you able to justify the legal or lawful reasons when your service excludes certain age groups				
Disability				
Including those with physical or sensory impairments, those with learning disabilities and those with mental health issues Do you currently monitor who has a disability so that you know how well your service is being used by people with a disability? Are you making reasonable adjustment to meet the needs of the staff, service users, carers and families?				
Gender				
This can include male and female or someone who has completed the gender reassignment process from one sex to another Do you have flexible working arrangements for either sex? Is it easier for either men or women to access your proposal?				
Marriage or Civil Partnerships				
People who are in a Civil Partnerships must be treated equally to married couples on a wide range of legal matters Are the documents and information provided for your service reflecting the appropriate terminology for marriage and civil partnerships?				
Pregnancy or Maternity				
This includes women having a baby and women just after they have had a baby Does your service accommodate the needs of expectant and post-natal mothers both as staff and service users? Can your service treat staff and patients with dignity and respect relation in to pregnancy and maternity?				
Race or Ethnicity				
Including Gypsy or Roma people, Irish people, those of mixed heritage, asylum seekers and refugees What training does staff have to respond to the cultural needs of different ethnic groups? What arrangements are in place to communicate with people who do not have English as a first language?				
Religion or Belief				

Including humanists and non-believers Is there easy access to a prayer or quiet room to your service delivery area? When organising events – Do you take necessary steps to make sure that spiritual requirements are met?				
Sexual Orientation				
Including gay men, lesbians and bisexual people Does your service use visual images that could be people from any background or are the images mainly heterosexual couples? Does staff in your workplace feel comfortable about being 'out' or would office culture make them feel this might not be a good idea?				
Transgender or Gender Reassignment				
This will include people who are in the process of or in a care pathway changing from one gender to another Have you considered the possible needs of transgender staff and service users in the development of your proposal or service?				
Human Rights				
Affecting someone's right to Life, Dignity and Respect? Caring for other people or protecting them from danger? The detention of an individual inadvertently or placing someone in a humiliating situation or position?				
If a negative or disproportionate impact has been identified in any of the key areas would this difference be illegal / unlawful? I.e. Would it be discriminatory under anti-discrimination legislation. (The Equality Act 2010, Human Rights Act 1998)				
	Yes	No		
What do you consider the level of negative impact to be?	High Impact	Medium Impact	Low Impact	No Impact
If the impact could be discriminatory in law, please contact the Equality and Diversity Lead immediately to determine the next course of action. If the negative impact is high a Full Equality Analysis will be required.				

If you are unsure how to answer the above questions, or if you have assessed the impact as medium, please seek further guidance from the **Equality and Diversity Lead** before proceeding.

If the proposal does not have a negative impact or the impact is considered low, reasonable or justifiable, then please complete the rest of the form below with any required redial actions, and forward to the **Equality and Diversity Lead**.

Action Planning:

How could you minimise or remove any negative impact identified even if this is of low significance?

How will any impact or planned actions be monitored and reviewed?

How will you promote equal opportunity and advance equality by sharing good practice to have a positive impact other people as a result of their personal protected characteristic.

Please save and keep one copy and then send a copy with a copy of the proposal to the Senior Equality and Diversity Lead at hr.support@bsmhft.nhs.uk. The results will then be published on the Trust's website. Please ensure that any resulting actions are incorporated into Divisional or Service planning and monitored on a regular basis.

Agreement to Report Infection and Skin Disorders

As a food handler (as defined in this policy), you must read, sign and comply with the requirements of this form.

You MUST report to your manager or supervisor on duty if:

1. You are suffering from an illness involving:
 - Vomiting
 - Diarrhoea
 - Skin rash
 - Septic skin lesions (boils, infected cuts)
 - Discharge from ear, eye or nose
2. After returning and before commencing work following an illness involving vomiting and/or diarrhoea, or any of the above conditions.
3. After returning from holiday during which an attack of vomiting and/or diarrhoea which lasted more than 2 days.
4. If another member of your household is suffering diarrhoea and/or vomiting.

**THIS IS A LEGAL REQUIREMENT
IN ACCORDANCE WITH FOOD SAFETY LEGISLATION**

Please sign and return the tear-off slip below to your manager.

✂

AGREEMENT TO REPORT INFECTION

I have received a copy of the book 'Clean Food' for 'Catering staff/ or Ward/Centre Staff Food Hygiene local induction leaflet/ (delete as appropriate) and also a notice requiring me to report illness.

Name _____ Job title _____
(Block capitals)

Department _____ Hospital/site _____

Signed _____ Date _____

This document, when signed, is to be retained on the employee's personal file.



TEMPERATURE RECORD WARDS & TRAINING AND ASSESSMENT KITCHENS

UNIT/WARD

WEEK COMMENCING.....

		TIME A.M.	TEMP	STAFF SIGNATURE		TIME P.M.	TEMP	STAFF SIGNATURE	ACTION TAKEN (WHERE NECESSARY)
MONDAY	FRIDGE 1 FRIDGE 2 FREEZER								
TUESDAY	FRIDGE 1 FRIDGE 2 FREEZER								
WEDNESDAY	FRIDGE 1 FRIDGE 2 FREEZER								
THURSDAY	FRIDGE 1 FRIDGE 2 FREEZER								
FRIDAY	FRIDGE 1 FRIDGE 2 FREEZER								
SATURDAY	FRIDGE 1 FRIDGE 2 FREEZER								
SUNDAY	FRIDGE 1 FRIDGE 2 FREEZER								



Appendix 4

VISIT BY AN ENVIRONMENTAL HEALTH OFFICER FORM

Date: and time of visit _____ SITE: _____

Person in charge at time of visit: _____

Name of EHO: _____

Authority: _____

Address: _____

Tel: _____

Details of visit: _____

Purpose: Routine hygiene inspection
 Food complaint
 Premises complaint
 Other (give details) _____

Problems found: _____

Samples taken: Y/N (give details) _____

Notice left: Y/N (attach copy if Y)

Advice given: Y/N (attach copy if Y)

Action to be taken as a result of visit: with time scale

Action completed
 Signed: _____ Dated: _____

Fax/Copy forward Director of infection Control Exec's dept. on: _____ Dated: _____



Appendix 5

FOOD HANDLERS FOOD HYGIENE TRAINING

	Local Orientation, including practical hand hygiene exercise	Hygiene Awareness Level 1	Allergen Awareness Training	Food safety for clinical staff	Food Safety Level 2	Food Safety Level 2 Update	Food Safety Level 3 & Refresher	Food Safety Level 4
Duration	30 minutes	45 minutes	45 minutes	Approx. 4 hours	6 Hours course plus exam delivered either Internet or Classroom based	3 hours including exam	3-day course including exam Refresher 1 day	5-day course plus exam and 2 assignments
When	First Day Ward/Dept. local orientation	Prior to commencement and every 3 years	Prior to commencement and every 3 years	Within 3 months of commencement, and updated three yearly	Within 3 months of commencement	Every three years	Within 3 months of commencement	Within 3 months of commencement
Given by	Line manager/ Core Hand hygiene trainer	L&D eLearning package prior to commencement	e Learning line manager through the Food Standards Agency portal	L&D eLearning	External provider arranged with Estates & Facilities staff	External provider arranged with Estates & Facilities staff	External provider arranged with Estates & Facilities staff	External provider arranged with Estates & Facilities staff
Cost	No	No	No	No	Yes	Yes	Yes	Yes
Who	“all food handlers, Porters Domestic Staff, Estates Staff, Ward/Centre staff serving snacks and drinks. OT staff Catering staff Housekeepers”	All staff handling food and beverages at Ward/Centre level e.g. Domestic Staff, Nursing staff	all food handlers, Porters Domestic Staff, Estates Staff, Ward/Centre staff serving snacks and drinks. OT staff Catering staff Housekeepers	Non – acute inpatient units clinical staff, Occupational therapist and Assistants	All Catering staff, Housekeepers Porters working for Estates and Facilities	All Catering staff, Housekeepers Porters working for Estates and Facilities	Catering Supervisors (B3)	Catering Managers / Hotel Services Support Managers

WARD STAFF/ HOUSEKEEPERS CONTRACTORS SERVICE STAFF FOOD HYGIENE LOCAL ORIENTATION

- Local orientation regarding food safety at ward/dept. level must be included on the first day of commencement and signed by the manager and the member of staff. This will include reporting infection form (Appendix 2).
- Training to level 1 or 2 is discussed at induction, managers need to identify and organise staff to attend the relevant level of training.
- Best practice hand hygiene will be delivered by the team/depts. core hand hygiene trainers within the first week
- Our service users need a well-balanced diet to speed their recovery. It is important that all the food we give them is clean, safe and will not cause them illness. Serving food at ward level may be the last stage in the food chain. However, the service of food is as important as the stages that have come beforehand.
- The Trust relies upon you to serve food quickly and efficiently, to ensure that service users are eating properly and to deal with unserved food and leftovers appropriately. To do this, the following rules must be followed:

Meal Service

- Before handling food all staff must thoroughly wash and dry their hands and put on a clean green plastic apron immediately on entering the kitchen. Any open skin wounds must be covered with a blue waterproof plaster. Long hair must be tied back, and only plain bands type jewellery should be worn, no nail varnish or acrylic nails.
- Prior to service, staff should familiarise themselves with the menu to check that all the food ordered has been delivered. Any shortcomings should be promptly reported to the main kitchen/contractors help desk.
- Whilst serving food staff should not conduct other nursing/domestic duties, to avoid the risk of contaminating service user food. If other duties are unavoidable, staff must wash their hands and change their green plastic apron before returning to food handling.
- Food may only be served after Facilities staff/contractors staff (or where nursing staff are trained) has checked that the food has reached 75°C after regeneration. The temperature of the food must be recorded after probing to ensure compliance with the temperature controls regulations. In some areas this task is carried out by Housekeeping staff or nursing staff provided agreement has been obtained from the Matrons or clinical team.
- Service equipment/utensils must be ready and waiting for the delivery of the ward meal trolley. There must be sufficient utensils for each dish, to avoid the risk of contamination.

- Ice cream in insulated tubs and perishable desserts will be stored in the ward kitchen refrigerator or refrigerator within the trolley during food service.
- All un-served food must be discarded immediately.

Service users Absent from Ward at Mealtime

The Trust operates “Protected Mealtimes,” whereby all clinical activity should cease in order for the patient not to be disturbed at mealtimes.

- If a patient is absent at the mealtime, hot food can be stored, in a trolley, for 20 minutes. If the patient does not return within 20 minutes their meal must be discarded. If hot holding facilities and refrigeration are unavailable on the ward, hot and cold food cannot be kept. Outside of these hours a cold snack will be offered.
- Meals must never be reheated in a microwave for service users.

Cold Food

Cold food once the temperature has gone above 5°C must be consumed within 4 hours. Allowing for distribution time from the main kitchen, cold food must be used within 3 hours of service time.

- The benefit of the sandwich choice is that it may be held at ward level for a maximum of three hours (giving an allowance of one hour from the main kitchen refrigerator to the ward) if the patient for whom it is intended is off the ward, e.g. in the ECT Department. Current food hygiene legislation allows for a sandwich to be kept in ambient temperature for up to four hours before it is deemed to be at risk of bacterial growth to unacceptable levels. However, it is a much safer practice to store the sandwich in the ward kitchen refrigerator, covered with cling film (if not pre-packed) and labelled, until the patient arrives back on the ward. All sandwiches delivered from the main production kitchen should be labelled with correct data, including date and timestamp label to assist with safe practices and relevant allergen information.
- To ensure that no unsafe practices occur, the following procedure should be adopted:
- The sandwich should be covered in cling film, if not pre-packed and placed in the ward refrigerator with the sweet until the patient returns.
- If there is no refrigerator on the ward, or if the refrigerator is malfunctioning, the sandwich may be kept in the ward kitchen in the same way up to a maximum of three hours.

NB. The sandwich/roll will be covered with cling film so to protect it from cross-contamination, pest infection or physical or chemical contamination.

- All reserved food items must be discarded before the beginning of the next food service to avoid risk of food items being served after their safe period.
- It is prohibited to eat, drink or smoke in the ward kitchen or whilst food handling.
- Service user food and beverages are intended only for service user consumption.

- The ward kitchen is out-of-bounds to service users, visitors and non-ward staff while food preparation/regeneration is being carried out. Staff should ensure during this period; service users have access to beverages.
- Kitchens must be kept clean. Clean up any spillage you make, using the designated colour coded equipment (green for kitchens, blue for wards, red for WC). All drying must be with disposable paper and not with tea towels. To be revised to green for kitchens.
- Kitchens must be pest-free. Report any evidence of cockroaches, mice etc. to the Nurse in charge. Do not encourage pests; do not feed birds, either from the kitchen or on trust grounds.
- Kitchens must be well maintained. Report any maintenance defects to the Ward Manager/ Nurse in charge so that a work requisition can be submitted/help desk informed.
- If a staff refrigerator or staff room is available this must be used for storing staff food. Staff food should only be kept in the ward kitchen if no alternative storage is provided there is adequate storage available such foods must be in date and kept in clean sandwich boxes which are labelled with the owner's name and date. Carrier bags removed. Any uneaten food must be removed by the member of staff at the end of their shift.

The following items should not be stored in the kitchen:

- Personal belongings
- Vases
- Pot plants
- Papers
- Magazines
- Books
- Patient samples
- Blood specimens
- Medical items including medicine tots (tots may be washed in the washing up sink/dishwasher but must be dried with a disposable towel and returned to the clinic/ treatment room IMMEDIATELY)
- Any other items not appropriate to be stored in a kitchen.
- Food must be stored in separate, segregated food cupboards. It should be off the floor, not on cupboard tops, not under a sink U-bend, and away from cleaning materials.
- Where signs are necessary, only laminated using double-sided sticky pads may be used. Alternatively, rigid plastic ones may be used. (Check with PFI provider first)
- All food must be stored according to stock rotation. All food must be consumed by its expiry date. Once food passes its use-by date it must be discarded immediately.
- Milk and butter must be kept refrigerated. Preserves and sauces/condiments once opened also need to be refrigerated. If in doubt, check the label.

Ward managers/contractors are responsible for the following:

- Ward kitchen refrigerators should operate at temperatures between 1°C and 5°C. Where the temperature is above, it should be clear what corrective action has been taken. Wherever foods after checking with a food probe have gone above 5°C, this must be disposed of.
- A thermometer should be placed in the refrigerator and the temperature taken twice daily by a delegated member of staff.
- Written records of temperatures are necessary to satisfy due diligence requirements.
- Any food items should be discarded if the temperature rises above refrigerator guidelines.

Protected Mealtimes

The Trust Operates a “Protected mealtimes” whereby any Clinical, medical staff and visitors not involved with the meal service should not be on the ward at mealtimes. However if part of the Service users care plan, carers or other visitors who are able to assist with feeding their relative, must wash their hands and wear green disposable aprons whilst the feeding task takes place.

Finally

The Ward Manager/contractors service staff is responsible for day-to-day food hygiene on the ward. All individuals who handle food or who work in ward kitchens have a legal responsibility to do so safely. Failure to maintain standards can lead to:

- Kitchen closure
- Prosecution of individuals and managers, with a risk of large fines and/or prison sentences on conviction
- Civil action by those who suffer from your negligence

BSMHFT food hygiene standards are available for the public to view on the “Scores on the Doors” web site. The high standards achieved need to be maintained by adhering to this policy.

BRINGING ITEMS OF FOOD AND DRINK INTO THE HOSPITAL

Information for Service users, Relatives and Carers

The Trust provides a variety of high quality, safe and nutritious food and drink to service users in hospital. Great care is taken to provide food that has **been produced safely** and is right for the needs of individual service users.

Choices suitable for all special dietary requirements whether medical, religious or cultural are available. Diet is part of the essential clinical care of the patient and if it is not well balanced, they may not recover as quickly.

Drinks and snacks are freely available and there is generally no reason for extra food to be brought in. However, if service users or their relatives/friends do wish to supplement the hospital diet with additional items, it is essential that they follow these simple rules.

In the interest of patient **food safety** and comfort, the Trust requests all Visitors/ Carers inform ward staff of any food items bought in.

- Do not permit hot food or food which has previously been heated to be brought in for service users.
- Trust cannot provide refrigerated storage for food and drink brought in.
- Trust cannot reheat or keep warm brought in food.
- Trust cannot accept any responsibility for untoward effects resulting from eating or drinking brought in items.

If a service user condition permits, any of the following items of food or drink may be brought in and kept in the bedside locker preferably in sealed plastic containers with the service user name food and drink brought onto wards should, wherever possible be in line with the current care plans for promoting physical health:

- Fresh fruit (washed), small packets of dried fruits
- Biscuits
- Individually wrapped cakes or cereal bars
- Sweets/chocolate
- Crisps, savoury snacks, similar packet snacks
- Fruit squash/cordials/flavoured water in plastic screw top bottles or cartons
- Long life yoghurts and cold desserts - not foil topped.

The Trust wishes to encourage healthy food choices and recommends service users and visitors consider healthier snacks such as fresh fruit. Individual dietary needs can be discussed with a Trust Dietician.

Make sure that any fresh fruit is provided in small quantities, which can be consumed within 24 hours so that it does not spoil.

Visitors are advised that food supplied by the Trust is for service users only.

Please Note:

1. For Service user safety, food and drink items may not be permitted on some awards. Always check with the Wards Manager/Nurse in Charge what food and drink is allowed given the service users condition e.g. service users with diabetes may not be allowed sugary foods.

2 In Secure services, please refer to the local protocol on bringing food into the hospital

BRINGING ITEMS OF FOOD AND DRINK INTO THE HOSPITAL

GUIDANCE NOTES FOR NURSING STAFF

Staff Use Only

The policy regarding service users/carers bringing food into hospital should be issued to service users on arrival and documented in the checklist retained in the patient's notes.

Where service users and visitors have disregard for the policy a note should be made on the service users file – service users should inform staff when food is brought in.

FOOD SHOULD NOT BE SHARED WITH OTHER SERVICE USERS

All refrigerators to have a sign displaying 'Unauthorised foods unlabelled and out of date - will be removed and disposed of'.

In exceptional clinical circumstances and where the Trust is unable to provide suitable food, please contact Facilities Management/Contractors help desk for further advice immediately. Clinical Staff should carry out a documented risk assessment for the relevant patient and where service user welfare would suffer, food from outside may be considered. This information should be recorded in the service users care plan.

Take-away Food

Whilst it is appropriate for staff to provide patients with information on food hygiene ratings for takeaway establishments, and to explain the benefits of a high food hygiene rating, patients with mental capacity do have the right to individualised choice of takeaway establishments and must not be limited or restricted in the range of takeaway establishments from which food can be ordered.

Food should be delivered in sealed containers in a cold bag. Hot food must be consumed immediately and cold high-risk food (sandwiches, salads, cream sweets) consumed within 2 hours. These products must not be reheated in the ward areas.

The responsibility for the safety of these products is with the takeaway provider.

A copy of this policy and guidance notes are to be kept on display in the office. The information for service users is to be made available in British sign language and in the main Asian languages: Bengali, Gujarati, Hindi, Punjabi, and Urdu - found on the Intranet under Infection Control, Food Safety. All refrigerators to have a sign displaying 'Unauthorised foods unlabelled and out of date - will be removed and disposed of'.

EXAMPLE CLEANING SCHEDULE FOR TRAINING AND ASSESSMENT KITCHENS

KITCHEN LOCATION:.....

Items/Area to be Cleaned	Frequency of Cleaning	Who By	Cleaning Product & H&S Advice	Method of Cleaning	Monitor & Record							Comments
					M	T	W	T	F	S		
Food Contact Surfaces: Work-tops, tables, chopping boards, sinks etc.	After each use	Supervisor /service user	Food safe sanitizer (DIO)	Remove food debris Clean with hot water & detergent Rinse with clean water Rinse with clean water Leave to air dry or dry using a clean disposable cloth/ paper towel								
Hand Contact Surfaces: Taps, fridge/oven handles, soap dispensers etc.	After each use	Supervisor /service user		Remove food debris Clean with hot water & detergent Rinse with clean water Apply disinfectant, ensure correct contact time Rinse with clean water Leave to air dry or dry using a clean disposable cloth/ paper towel								
Food Contact Equipment: Containers, pots, pans, knives, utensils etc.	After each use	Supervisor /service user	Neutral detergent or dishwasher.	Remove food debris. Clean with hot water and detergent rinse with clean hot water in sink. Leave to air dry or dry using a clean disposable paper towel/tea towel. Or Clean using mechanical dishwasher								
Refrigerators	Weekly		Remove electrical plugs	Remove products into alternative refrigerator/cold box								

Items/Area to be Cleaned	Frequency of Cleaning	Who By	Cleaning Product & H&S Advice	Method of Cleaning	Monitor & Record							Comments
					M	T	W	T	F	S		
				Clean surfaces/shelves using hot soapy water Rinse with clean water Dry using a clean disposable cloth/ paper towel								
Freezers	Monthly		Remove electrical plugs, hazard warning signs	Remove products into alternative freezer and defrost Clean surfaces/shelves using hot soapy water Rinse with clean water Dry using a clean disposable cloth/ paper towel								
Floors	After each use	Supervisor /service user Domestic	Use warning signs!	Sweep floors to remove any obvious dirt or debris Wash floors using a mop and bucket with hot soapy water. Leave to air dry								
Shelving for dry goods	Weekly			Remove Items Clean surfaces with hot soapy water Rinse with clean water Dry with a clean disposable cloth Replace products – put shortest “use by” at the front								
Oven, grill & microwave	After each use Monthly	Supervisor /service user	Remove any electrical plugs or switch off isolator! COSHH sheets, goggles,	Clean all internal and external surfaces with hot water & detergent Rinse with clean water Dry with clean disposable cloth or leave to air dry Oven cleaner to be used by trained staff, following manufacturer’s instructions								

Items/Area to be Cleaned	Frequency of Cleaning	Who By	Cleaning Product & H&S Advice	Method of Cleaning	Monitor & Record							Comments
					M	T	W	T	F	S		
			well ventilated room									
Dishwasher	Weekly		Remove any electrical plugs or switch off isolator!	Remove filters and clean using hot soapy water Clean all external surfaces and door seals with hot soapy water.								
Walls/doors	Monthly	Domestic	Walls up to hand reach height only!	Clean using a solution of hot soapy water. Rinse using clean hot water Dry using a clean disposable cloth/ paper towel								
Waste bins	Daily Weekly	Domestic Domestic		Empty at least daily, double bagging, and wipe lids. Wipe wall area next to bin Clean using a solution of hot soapy water from outside to in. Rinse using clean hot water Dry using a clean disposable cloth/ paper towel								
Deep clean: Walls, ceilings, extraction, windows, tops refrigerators etc.	Minimum annually	Estates		Contact E&F for deep clean.								



Appendix 9

TRAINING AND ASSESSMENT KITCHEN OPERATIONAL PROCEDURES

Kitchen Location:.....

Name of Nominated Person:.....

1. Supervision, Safety and Security

An opening and closing check list are to be completed by the supervisor for every session.

Prior to using the kitchen, a risk assessment in relation to food safety for each service user must be carried out and recorded in the notes

Staff supervising or preparing food in this kitchen are required to have current training Level 2 in Food safety or comply with trust eLearning Clinical food safety

Service users should not be left unsupervised in this area and escort levels should be followed at all times. Service users on level 3 or 4 observations should be accompanied by their escort in addition to the member of staff supervising the session.

The kitchen is to be kept locked when not in use.

All sharps to be kept in locked drawer

2. Personal Hygiene and Safety

Staff or service users suffering from an infectious illness, such as diarrhoea, vomiting, skin rash, septic skin infection or discharging eye or ear infection must not use the kitchen until medically cleared to do so.

All supervisors and Service Users must wash their hands thoroughly:

- Prior to commencing a cooking session, at the end of a session and after leaving the kitchen for a break.
- When handling raw meat, fish and eggs.
- Before handling ready to eat items e.g. sandwich preparation

If following a risk assessment fabric aprons are to be worn, they must be single use and a written system be in place on how they are laundered.

Tea towels and oven gloves to be laundered after each session.

Green plastic aprons are to be worn during all cooking sessions.

Jewellery must be removed, and nails must be suitable for food handling tasks.

All cuts and wounds must be covered with suitable sterile blue waterproof dressings.

Ensure long hair is tied back.

Maintain a dry floor at all times. The floor can be hazardous when wet. Use the mop, bucket and "Wet Floor" hazard warning sign provided. (Location to be added)

If air conditioners or extractor fans are in place, they must be used to ensure an appropriate and comfortable environment is maintained and to prevent false fire alarms.

3. Food Purchase

All food must be provided either by the Catering Department or purchased from a reputable supplier i.e. large supermarket chain.

Due to the high risk from egg contamination, only dated, British lion-marked eggs may be used in the preparation of food in this kitchen.

All food purchases must be checked for temperature, damage and expiry dates. Once purchased, food must be immediately transported to the training/assessment kitchen and be appropriately stored.

Handling /cooking high risk foods e.g. chicken to be avoided if possible.

4. Food Storage

4.1 Food Cupboards

Food must be stored in separate, segregated food cupboards. It should be off the floor, not on cupboard tops, not under a sink U-bend, and away from cleaning materials.

All food must be stored according to stock rotation. All food must be consumed by its expiry date. Once food passes its use-by-date it must be discarded immediately.

Any food that has been opened must be labelled. Open packets of biscuits cereals etc. should be stored in sealed containers with the best before date clearly labelled.

Fridges/Freezers

The fridge/freezer temperature chart must be checked at the beginning of every session. If it has not been completed that AM or PM take the reading and add to the chart. If the temperature exceeds 5°C, close fridge and leave undisturbed for half an hour. If after rechecking the temperature, the temperature is still above 5°C Inform the nominated person. Food above 8°C must either be consumed within 4 hours or disposed of.

If the kitchen is not in use for sessions twice a day the nominated person will ensure that the fridge/freezer temperature chart is updated.

All food must be placed in a suitable container or covered and labelled with the contents and dated.

Attention must be paid to the separation of raw meats and other foods.

The fridge/freezer must be checked for out of date foods. All out of date food items must be removed and disposed of.

Milk, butters, spreads and other dairy goods must be kept refrigerated. Open preserves, and tomato ketchup/sauces also need to be refrigerated and dated as directed by item label.

4.2 Staff Food

If a staff refrigerator or staff room is available this should be used for storing staff food. Staff food should only be kept in the training/assessment kitchen if no alternative storage is available and sufficient space is available

Staff foods should be in date and kept in clean sandwich boxes, which are labelled with owner's name and date. Any uneaten food must be removed by the member of staff at the end of the day.

Unlabelled food must be removed and disposed of.

5. Food Preparation

Foods must be stored, thawed, prepared and cooked to the same standard as required of the Catering Department. Hot foods must be served at once or cooled quickly and refrigerated within 90 minutes of cooking when they must be clearly labelled with description, allergen information and date of preparation. Food will be served promptly, at the correct temperature, and must be protected from contamination.

Hot meals must be consumed in the kitchen or designated eating area within half an hour of completion.

Food once cooked must not be saved and reheated at a later time.

6. Cooking

All items should be thoroughly cooked and not prepared for in advance.

Meat and fish must be checked to ensure it is fully cooked.

If a group cooking event occurs a clean food probe must be used and recorded to above 75°C.

Eggs cooked for patients with low immunity status or pregnant must be fully cooked. Scrambled, lightly boiled or fried eggs may be cooked for service users following a risk assessment.

Records of food prepared and cooked should be kept.

Service users should only cook enough food for themselves, other service users or staff should not eat the food unless clearly documented as part of a care plan.

On occasions where food has been prepared, under supervision, for a social event, low risk foods may be shared and consumed within designated time spans and with appropriate levels of supervision for serving the food.

Food preparation and cooking process to be recorded in HACCP documentation.

7. Transportation of Food

Any food removed from the kitchen must be wrapped in cling film or placed in a suitable container and clearly labelled with:

- Date and time made
- Allergen information
- "To be consumed or disposed of within 4 hours"
- "NOT TO BE REHEATED UNDER ANY CIRCUMSTANCES"

Only low risk foods can be removed from the kitchen. These may include:

- Cakes
- Biscuits
- Sponges **without** fresh cream or artificial cream is suitable

Foods which **cannot** be removed from the kitchen include:

- Seafood
- Meat dishes
- Fresh dairy products
- Rice
- Egg dishes
- Any hot meal

8. Loaned Items

No sharps instruments are to be loaned.

All items loaned must be listed in the book provided together with names of the supervisor and service user, destination and agreed return date.

Supervisors must accept full responsibility for any item on loan.

All items must be returned, including broken items. It is the responsibility of the supervisor to ensure items are returned promptly and that this is recorded in the book.

If the loans system is not adhered to the nominated person will have the right to refuse loans to individual supervisors or remove the system entirely.

9. Cleaning

Kitchens must be kept clean. The following must be cleaned by the supervisor/service user after every session in accordance with the cleaning schedule:

- Food contact surfaces
- Hand contact surfaces
- Food contact equipment
- Floors
- Ovens, grills and microwaves

All drying up must be with either disposable paper roll, discarded after use, or with tea towels replaced at the end of each session.

A sanitiser e.g. D10 must be used on all food contact surfaces. Correct sized bottles to ensure the correct dilution is use product "clean safe".

10. Waste Disposal

Food refuse and waste must be removed from areas where food is handled and not left to accumulate in kitchen areas

11. Maintenance

Kitchens must be well maintained. Report any maintenance defects to the nominated person so that a work requisition/contractor event can be submitted

All damaged or faulty items of equipment must be labelled as such and reported to the nominated person to ensure repair or disposal and replacement.

Kitchens must be pest-free. Report any evidence of cockroaches, mice etc. to the nominated person. Do not encourage pests; do not feed birds, either from the kitchen or in the grounds.

12. Monitoring

Opening and closing checks must be undertaken daily by staff using the training kitchen.

Monthly kitchen inspections must be undertaken. Results and actions to be reported to Matron/CSM for inclusion in their quarterly report to IPPC.



Guidelines for water temperatures within ADL/Training Kitchens

It is our policy that training kitchens must always be supervised by a member of staff who holds a minimum of a level 2 food safety qualification. It is essential that Staff and Service Users understand the need for effective hand washing to be carried out and how to minimise cross contamination risks.

All users of the kitchen should wash their hands using the 8-step technique. Hands should be washed regularly when working with food and in particular after:

- Entering the kitchen (including after e.g. smoke breaks)
- Before handling ready-to-eat foods, such as cooked meats, sandwiches and salads
After touching freezes and eggs
- After handling rubbish or carrying out cleaning tasks
- After touching a cut or changing a dressing.

Where Trust training kitchens have separate wash hand basins, these must be used for hand washing only. For hand washing to be effective, the sinks should be large enough to wash both hands under running water and the water temperature suitable. The water should be dispensed below 43°C, with a TMV fitted; ideally taps should be a level style tap which can be operated with the wrist/back of hand. The wash hand basins should have appropriate liquid soap dispensers, with antibacterial liquid soap and a supply of paper towels to ensure hands are dried adequately; a foot operated bin should be sited next to the basin, without causing an obstruction.

Where there is no separate hand wash basin the sink can be used for hand washing however the sink taps and draining board need to be thoroughly cleaned before the sink is used for washing up and food preparation. The hot water temperature of kitchen sink will be between 50°C and 60°C, which can scald if care is not taken; taps should therefore be of a mixer type to be able to wash hands thoroughly at a suitable mixed temperature.

The kitchen sink is to be used for washing of salad and vegetable items, draining cooked vegetables, pasta etc., as well as for washing up of crockery and utensils, where a dishwasher is not available. Water dispensed at 60°C can cause serious scalds; water dispensed to this type of sink should reach 50°C within one minute of distribution. For crockery washing, staff / service users must wear green rubber gloves as the water needs to be hot enough to assist with the detergent to cut through grease and remove food dirt / debris. Staff / service users are advised to turn on the cold tap first to avoid the risk of hot water splashing and causing a scald. Taps ideally should be mixer taps which can be turned off with the wrist.

Washing up of crockery / utensils etc. should be carried out in a green washing up bowl. Items, once washed, should be rinsed with very hot water, left to air dry, if possible, or dried with a clean disposable cloth and stored away in a cupboard. Items should not be left on the draining board after washing up. The sink, bowl, draining boards and taps should be cleaned thoroughly before and after food preparation use.

Where ready-to-eat items such as salads or fruit are to be washed, a light-coloured bowl, which is only used for this purpose, should be used.

Where domestic type dishwashers are available within training kitchens and are not used daily, systems should be in place to run the dishwasher weekly ensuring that it is recorded.



Appendix 10

(SAMPLE) TRAINING AND ASSESSMENT KITCHEN OPENING AND CLOSING CHECKS

Date: **Staff name:**

Site: **Position:**

Opening Checks	Y/N	Comments
Has a food safety risk assessment been carried out?		
Do staff members supervising SUs have an up to date level 2 food safety qualification?		
Are all food handlers fit to work in the kitchen area?		
Are staff fit to work? Wearing clean clothes and suitable foot wear? (Green aprons, cuts covered, hair tied back, no nail varnish or acrylic nails)		
All food to be used checked in date?		
Record Fridges and freezer temperatures and taken action if appropriate?		
Are there sufficient provisions of soap and hand towels?		
Is all equipment working properly?		

Closing Checks		Comments
Any food labelled and put away?		
Any food leaving the kitchen is wrapped and labelled		
Food past its "use by dates" has been thrown away?		
Used cloths, scouring pads have been disposed of?		
All surfaces have been left clean?		
Have fridge and freezer records been filled in?		
The floor has been swept to remove food debris.		
All loans recorded?		
Sharps procedure completed?		
Any maintenance issues been reported to the nominated person?		

GUIDELINES FOR STAFF WORKING WITH SERVICE USERS IN THE COMMUNITY

All staff as part of local orientation should be made aware of the Trust Food hygiene policy.

As part of their community team role, staff are sometimes required to engage with service users in local cafes, restaurants etc.

Wherever possible establishments used should have a score of at least 4 on the council's web site <http://ratings.food.gov.uk/authority-search/en-GB/birmingham?sm=1>

The scores are derived from Environmental Health Officer's audits on hygiene standards.

They give the customer some assurance that standards are generally good. It is not mandatory to display the rating given and, generally, establishments will only display the rating when standards are high. Customers and staff can freely access the above site to find individual establishments by either name or by post code.

(NB where staff have smart phones and have downloaded the app from the web site, information can be gained easily on site standards, however it is recognised that this is not possible for all staff.)

Where possible, staff should recommend where to meet service users; however, this may not always be possible in circumstances when service users request to meet. Where staff do meet service users in venues with low hygiene ratings they should minimise the risk to themselves by consuming low risk items e.g. prepared cakes, confectionery, bottles of pop, water or hot drinks.

Where staff members can assess the risks, this should be documented in the service user's care record i.e. risk of exposure to food hygiene standards as identified in the food hygiene policy.

Where staff members are able to assess the risks,(including known allergens) this should be documented in the service user's care record i.e. risk of exposure to food hygiene standards as identified in the food hygiene policy.

Catering provided by external organisations

Food Safety Declaration

Wholly accepts its legal duty to comply with the Food Hygiene (England) Regulations 2006 and Regulation (EC) 852/2004 of the European Parliament on the hygiene of food stuffs and all subordinate legislation. It recognises that food production areas must be maintained to a high standard of cleanliness and that food should be handled in such a way as to ensure that it does not become contaminated. We further recognise the need for effective temperature control of all foods likely to support the growth of microorganisms. We also recognise the need to ensure that we purchase food from reputable suppliers.

In supplying food at Birmingham & Solihull Mental Health Foundation NHS Trust,

We fully accept our responsibility to exercise all due diligence, and regard food safety as a priority. We will meet or exceed standards set down in the Trusts food safety policy.

We accept that the Trusts management team will carry out spot checks of our catering operations and practices, and that the Trust may require our food business to cease operations if unsatisfactory food safety standards and/or practices are observed.

Signed:

Name:

Date:

Designation:

Official use:

I confirm that I have reviewed the declaration for the external catering provider....., and determine that the external caterer is

Suitable to provide catering

Unsuitable to provide catering to the Trust

(tick as applicable)