



CATERING STRATEGY

Approved by Shetland NHS Board:

March 2007

Revised:

August 2010

Review date:

August 2013

Responsible Officer:

Head of Estates

SHETLAND NHS BOARD

CATERING STRATEGY

1 Introduction

This strategy sets out the requirements for the future provision of Catering Services within NHS Shetland (NHSS) and the basic principles therein.

2 Basic Principles

(i) Food safety and food hygiene is paramount at all times. Providers of catering services must comply and adhere to the catering requirements as stated in the Hotel Services Specification for NHSS.

(ii) All catering arrangements must comply with all Food Safety Legislation, Board Policies and the requirements of the local Environmental Health Department. Environmental Health Officers will conduct at least one formal visit per year to both Gilbert Bain and Montfield Hospitals, but have the legal right to visit the premises at any time.

(iii) The catering services provided must comply with the nutritional guidelines contained in the NHSS Healthy Eating Policy and Nutritional Care Policy.

(iv) Fresh, locally prepared food is the standard method of service delivery, and all food suppliers must be able to show a proven HACCP (Hazard Analysis Critical Control Point) system.

(v) At Gilbert Bain Hospital patient meals are served at ward level by catering staff. A bulk system is used at Montfield Hospital with food being transported at agreed times with the Portering Department.

(vi) The catering services provided must be of a high quality and will be monitored both by the provider and by the NHSS Facilities Manager.

(vii) The special dietetic, ethnic and cultural requirements of patients and staff must be met. Menus will clearly show these choices and the hospital Dietitian will be available to provide advice to patients.

(viii) A high quality on-site staff meals service must be provided at Gilbert Bain Hospital, using the cafeteria facilities available.

(ix) Catering services must be cost effective.

(x) Every opportunity should be taken to rationalise food production facilities, where possible.

(xi) Every opportunity must be taken to maximise generated income providing that it is not to the detriment of patient care.

(xii) The views of patients and staff on catering services must be obtained regularly and used as the basis for further action/areas of improvement. Catering surveys will be carried out in agreement with Ward Sisters for the patient areas.

(xiii) The policies on microwave use and patients/visitors bringing food into hospital must be adhered to.

(xiv) Good practice on personal protective equipment must be adhered to at all times.

3. Current Facilities

(i) Gilbert Bain Hospital

1 Production Kitchen
1 Staff/Visitor Cafeteria
1 Vending machine

(ii) Montfield Hospital

1 Vending machine

References

- 1 NHSS Healthy Eating Policy
- 2 NHSS Nutritional Care Policy

1. Rapid Impact Checklist - Healthy Eating Policy & Catering Strategy

<p>Which groups of the population do you think will be affected by this proposal?</p> <ul style="list-style-type: none"> • minority ethnic people (incl. gypsy/travellers, refugees & asylum seekers) • women and men • people in religious/faith groups • disabled people • older people, children and young people • lesbian, gay, bisexual and transgender people 	<p>Other groups:</p> <ul style="list-style-type: none"> • people of low income • people with mental health problems • homeless people • people involved in criminal justice system • staff
<p>N.B. The word proposal is used below as shorthand for any policy, procedure, strategy or proposal that might be assessed.</p>	<p>What positive and negative impacts do you think there may be? Which groups will be affected by these impacts?</p>
<p>1. What impact will the proposal have on lifestyles? For example, will the changes affect:</p> <ul style="list-style-type: none"> • Diet and nutrition? • Exercise and physical activity? • Substance use: tobacco, alcohol or drugs? • Risk taking behaviour? • Education and learning, or skills? 	<p>The policy and strategy will have a positive impact on diet and nutrition for staff and patients.</p>
<p>2. Will the proposal have any impact on the social environment? Things that might be affected include</p> <ul style="list-style-type: none"> • Social status • Employment (paid or unpaid) • Social/family support • Stress • Income 	<p>There will be little impact – positive or negative – on the social environment.</p>
<p>3. Will the proposal have any impact on</p> <ul style="list-style-type: none"> • Discrimination? • Equality of opportunity? • Relations between groups? 	<p>The policy and strategy will counteract discrimination and provide equality of opportunity in that there is a commitment to provide food which meets special dietetic, ethnic and cultural requirements for patients and staff.</p>
<p>4. Will the proposal have an impact on the physical environment? For example, will there be impacts on:</p> <ul style="list-style-type: none"> • Living conditions? • Working conditions? • Pollution or climate change? • Accidental injuries or public safety? • Transmission of infectious disease? 	<p>The impact on working conditions should be positive, given the commitment to provide food which meets special dietetic, ethnic and cultural requirements for staff. All catering arrangements must comply with all food safety legislation and the requirements of the local Environmental Health Department. All food suppliers have to show a proven HACCP (Hazard Analysis Critical Control Point) system and good practice on personal protective equipment must be adhered to at all times. This should ensure a positive impact on accidental injuries and public safety.</p>
<p>5. Will the proposal affect access to and experience of services? For example,</p> <ul style="list-style-type: none"> • Health care • Transport • Social services 	<p>The policy and strategy should have a positive impact on access to and experience of health care services for the same reasons as 3. above.</p>

<ul style="list-style-type: none">• Housing services• Education	
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Rapid Impact Checklist: Summary Sheet

Positive Impacts (Note the groups affected)

The policy and strategy will have a positive impact on diet and nutrition for staff and patients.

The policy and strategy will counteract discrimination and provide equality of opportunity in that there is a commitment to provide food which meets special dietetic, ethnic and cultural requirements for patients and staff

The impact on working conditions should be positive, given the commitment to provide food which meets special dietetic, ethnic and cultural requirements for staff.

All catering arrangements must comply with all food safety legislation and the requirements of the local Environmental Health Department. All food suppliers have to show a proven HACCP (Hazard Analysis Critical Control Point) system and good practice on personal protective equipment must be adhered to at all times. This should ensure a positive impact on accidental injuries and public safety.

The policy and strategy should have a positive impact on access to and experience of health care services for all people who have special dietetic, ethnic or cultural requirements.

Negative Impacts (Note the groups affected)

Additional Information and Evidence Required

Although it is anticipated that all the impacts of the healthy Eating Policy and Catering Strategy will be positive ones, it is felt that further work could take place to make food which meets special dietetic, ethnic and cultural requirements even more accessible; perhaps an increased level of staff training and awareness raising and some increased advertising of availability.

From the outcome of the RIC, have negative impacts been identified for race or other equality groups? Has a full EQIA process been recommended? If not, why not?

No. No negative outcomes have been identified. Both the Health Eating Policy and the Catering Strategy are to be re-written over the next year to reflect the role that the Board has to play in tackling Obesity and Weight Issues, and a full EQIA may be considered during that process.

Manager's Signature:

Date: