

Food Safety Policy

V2.0

May 2025

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Data Protection Act 2018 (UK General Data Protection Regulation – GDPR) Legislation.

The Trust has a duty under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 to ensure that there is a valid legal basis to process personal and sensitive data. The legal basis for processing must be identified and documented before the processing begins. In many cases we may need consent; this must be explicit, informed, and documented. We cannot rely on opt out, it must be opt in.

Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 is applicable to all staff; this includes those working as contractors and providers of services.

For more information about your obligations under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 please see the Information Use Framework Policy or contact the Information Governance Team.

Royal Cornwall Hospital Trust rch-tr.infogov@nhs.net

1. Introduction

- 1.1. This is a Trust-wide policy to disseminate requirements for the safe handling of food in line with statutory requirements. It will ensure that food is purchased, stored, prepared, cooked, and served in such a way and under such conditions as to prevent its contamination, thereby controlling the risk of food poisoning, resulting in illness and harm.
- 1.2. The Policy will demonstrate the Trust's due diligence with respect to food safety, ensuring that all food handlers are appropriately trained, and all areas of food safety are risk assessed and ensure compliance with the Food Safety Act 1990 and its relevant regulations.
- 1.3. The Royal Cornwall Hospitals NHS Trust (RCHT) is responsible for ensuring that all the food and beverages receipted, stored, handled, prepared, dispensed, and transported for and supplied to patients, visitors and staff, comply with all relevant Legislation.
- 1.4. The RCHT also operates a Central Production unit, Sustenance, to supply cook-freeze, cook-chill, and ready-to-eat products to the Royal Cornwall Hospitals and other public sector or commercial customers. Sustenance complies with all relevant Legislation.
- 1.5. This version supersedes any previous versions of this document.

2. Purpose of this Policy/Procedure

The objectives of this policy are to ensure

- Specify the management arrangements and responsibilities for ensuring safety for food provided by Trust staff, within the Trust.
- Specify the management arrangements and responsibilities for ensuring safety for food provided within the Trust by non-Trust staff.
- Provide specific food hygiene guidance to be followed by food handlers.
- Set out the reporting and assurance framework to ensure food safety within the Trust.

3. Scope

- 3.1. This policy applies to all Trust and Service Provider employees, including those working for any third-party contractor, and volunteers involved with receiving, processing, preparing, cooking, or serving food and/or beverages to patients, visitors, and staff.
- 3.2. The Trust will ensure that this policy is brought to the attention of all food handlers within the Trust.

4. Definitions/Glossary

- Food – articles and substances for human consumption. Food includes ingredients, drinks, and ice.
- Food handler – a person involved in the service, preparation, or storage of food, either wrapped or unwrapped.
- HACCP – Hazard Analysis and Critical Control Point – A systematic way of analysing the potential hazards in a food operation, identifying the points in the operation where the hazard may occur, and deciding which points are critical to consumer safety.
- High-risk food – food which supports the growth of micro-organisms, and which is “ready to eat”, therefore undergoes no further steps in the process to eliminate or reduce the food safety hazard.
- IPAC – Infection, Prevention and Control.
- Low risk food – food which will not support the multiplication of microorganisms, or which will be further processed to eliminate or reduce the food safety hazard.
- Food Handlers - Anyone who may deliver, handle, store, or serve food or beverages within the Trust as part of their main job role.

5. Ownership and Responsibilities

5.1. Chief Executive Officer

- The CEO has overall accountability on behalf of the Trust to ensure that the food provision is delivered safely, is compliant, and is managed in line with legislation and relevant guidance. The CEO delegates their accountability to the Director of Estates and Facilities.

5.2. Chief Nursing Officer (Designated Person)

The Chief Nursing Officer is responsible for:

- Ensuring that Infection Prevention and Control is maintained in relation to food safety and the food production and service activities within the Trust.
- Designated board Director who has responsibility for food (nutrition and safety).

5.3. Director of Estates and Facilities

- Has overall accountability for the management, implementation, and monitoring of this policy and delegates the delivery of the service through their Facilities Department.

5.4. Head of Facilities (Senior Operational Manager)

The Head of Facilities is responsible for:

- Ensuring compliance with all food safety legislation controls within Trust food premises and the Trust production manufacturing plant, Sustenance.
- Reporting to the Trust Board any deviations or incidents relating to the catering services where a risk to patients, visitors, or staff has been identified.

5.5. Role of Senior Facilities Manager (Authorised Person)

The Senior Facilities Manager (Catering) is responsible for:

- Ensuring that all the Trust's catering operations adhere to legislation, guidance, and advice as detailed in their operational procedures and Hazard Analysis and Critical Control Points (HACCP) System.
- Providing advice to the Trust on food safety matters, and for providing advice on any catering contracts placed with external providers as required by the Health and Social Care Act (2012).
- Reporting to the Head of Facilities when any food risk, immediate or perceived to patients, visitors, or staff has been identified.
- Liaising with the IPAC Team regarding food hygiene issues and concerns in relation to the catering delivery.
- Ensure that all food handlers have a health check approved by the Trust's Occupational Health Department.
- All food handlers must undergo training to the appropriate level for their role prior to them commencing duty and must continue to update their training in accordance with Legislation.

5.6. Role of Senior Facilities Manager (Domestic Services)

The Senior Facilities Manager is responsible for:

- Overseeing the service provided by the pest control contractor, ensuring that visits are carried out at the correct frequency and that any recommendations are carried out.

5.7. Role of Catering Operational Department Managers

Department Managers are responsible for:

- To maintain accurate HACCP documentation in an organised manner and ensure all food safety documentation is always available for inspection or audit.
- Responsible for ensuring that staff within their department are adequately trained for the role they are carrying out.

- Promptly informing the Senior Facilities Manager (Catering) of visits from any external auditors and providing them with copies of all correspondence and reports.
- Ensure that any deficiencies within their defined areas of responsibility in respect of building and engineering elements, and all equipment are remedied in a timely manner.
- Ensure that recommendations made by pest control contractors are actioned or reported to the Trust as necessary.
- Inform the Senior Facilities Manager (Catering), if for any reason the service delivery is unable to effectively control critical control points, and/or meet the legal requirement for food safety.
- Conduct monthly documented food safety audits and provide a copy of their findings to the Senior Facilities Manager (Catering).
- In consultation with the IPAC Team, handling any food complaints or allegations of food poisoning arising from food or drink provided through their catering service.
- Raising a Datix to highlight an operational issue.

5.8. Role of Ward and Departmental Leaders

Ward and Department Leaders are responsible for:

- Ensuring that this policy and the Trust's food safety standards are implemented within their area of responsibility.
- Ensuring that staff working within their area ward or department are appropriately trained and/or instructed and supervised to help ensure they adhere to these principles at all times.
- Reporting any adverse risks, immediate or perceived, to patients, visitors, or staff to the Head of Facilities and/or the Management team
- Ensuring that staff/visitor food is not stored in the ward kitchen refrigerator.

5.9. Role of Clinical Colleagues

Clinical colleagues are responsible for:

- Reporting to the Ward and Departmental Leader any process that hinders the safe and efficient delivery of food to patients.
- Adhere to basic food hygiene standards while serving meals i.e., washing hands and wearing a disposable apron in line with specific training.
- Ensuring their mandatory training in relation to food safety is current and relevant to their role. All nursing staff are required to complete the food safety course available on ESR.

5.10. Role of Catering Staff (Competent Person)

Catering staff are responsible for:

- Ensuring a quality service of food and beverages to our patients at the ward level and visitors and staff in our retail catering outlets, following set procedures and specifications.
- Reporting any risks, immediate or perceived, to patients, visitors, or staff to the Catering Operations Manager.
- Reporting illness such as diarrhoea, vomiting, and infectious skin surfaces to management immediately. Employees who have any of these symptoms must not be permitted to work within any catering environment.

5.11. Role of Volunteer Co-ordinator

The Volunteer Co-ordinator is responsible for:

- Ensuring that all volunteers are trained to the appropriate standard in food safety for the roles undertaken, this could include serving drinks and biscuits to visitors and patients, working in a volunteer café, to offering supportive feeding to patients.
- Reporting any risks, immediate or perceived, to patients, visitors, or staff to the Trust Head of Facilities.
- Illness such as diarrhoea, vomiting, and infectious skin surfaces must be reported to management immediately. Employees who have any of these symptoms must not be permitted to work within any catering environment.

5.12. Role of Individual Staff

All staff members are responsible for:

- Ensuring that they report any risk or incident relating to food safety using the Trust incident reporting system.
- Keeping their mandatory training in relation to food safety current and relevant to their role.
- Illness such as diarrhoea, vomiting, and infectious skin surfaces must be reported to management immediately. Employees who have any of these symptoms must not be permitted to work within any catering environment.

6. Standards and Practice

6.1. Food Safety Act 1990 (as amended)

- 6.1.1. Food Safety Act 1990. Parts of this Act are now covered by more recent legislation, but the enforcement of food standards remains.
- 6.1.2. Food Hygiene Regulations 2006, 2013, (EC) 852/2004. This legislation deals mostly with the regulation and enforcement of food safety and temperature control.
- 6.1.3. Regulation (EC) 852/2004 on the hygiene of foodstuffs - this regulation contains the main hygiene requirements with which all food businesses must comply, including a requirement to incorporate HACCP principles into operational procedures. The main aim of hygiene regulations is to create conditions within a food business that will lead to the safe production of food. This regulation takes a two-pronged approach:
 - The management and control of the structure of food premises and the equipment used.
 - The management and control over what happens in food premises.
- 6.1.4. These regulations aim to create the hygienic environment from which food can be produced, processed, cooked, served, stored, or transported.
- 6.1.5. All employees at the Royal Cornwall Hospitals NHS Trust and subcontracted organisations that are involved in food handling at any stage of the process need to be aware of good food hygiene practices and the need to handle food in a safe, clean environment.

6.2. Guidelines for Bringing in Food for Friends and Family

Visitors should be advised by clinical staff that only food and drink purchased in the hospitals should be provided to patients. Where food is brought in from outside the hospital then this must be clearly labelled with the patient's name and bed number, display a use-by-date, or disposed of after 24 hours. It must be fully documented in the patient's notes. If a patient has dietary needs or "dislikes" this should be discussed with either a nurse or a Trust Dietician.

6.3. Training

- 6.3.1. The Royal Cornwall Hospital Trust recognises that there is a clear legal requirement for all food handlers, supervisors, and managers to be trained to a level commensurate with their responsibilities and legislative requirements.
- 6.3.2. Food handlers i.e., anyone who handles, prepares, cooks, or serves food, will therefore be advised of their obligations in respect of hygiene and the training they will be expected to undertake, including mandatory and statutory attendance on courses.

- 6.3.3. Consideration must be given to the length of time since previous courses or the need for refresher training due to poor practices exhibited by a particular member of staff. The minimum requirement for food handlers will be to receive refresher training bi-annually. Training and training records play an important part in demonstrating due diligence in respect of the Food Safety Act and the Food Hygiene regulations. Facilities Management, Ward and Departmental Leaders, and Heads of Departments must keep comprehensive training records for each food handler under their control.

6.4. Procedure/Process

- 6.4.1. Due Diligence:
- 6.4.2. Due diligence in food safety refers to being able to prove that the Trust has done everything possible to prevent food safety breaches.
- 6.4.3. Following and recording a suitable HACCP (Hazard Analysis and Critical Control Point) system is an effective way to evidence due diligence and should be the primary defence against legal issues under the Food Safety Act 1990 and helps to prove that all reasonable precautions have been applied.
- 6.4.4. The type of food safety management system depends on the size and activity undertaken and food service areas should regularly carry out food risk assessments (or a HACCP risk assessment) to identify their requirements. A HACCP decision tree can also help you determine the major risks in the food premises and establish sufficient controls.
- 6.4.5. In order to demonstrate due diligence, all Services that supply food within the hospital should ensure their records cover the following:
- Use of certified suppliers.
 - Details of how the workplace environment is compliant.
 - Registered with the local authority.
 - How cross-contamination in the kitchen is prevented.
 - The food safety system in place.
 - The cleaning schedule and personal hygiene procedures.
 - Records of fridge and freezer temperatures.
 - Records of cooked food temperatures.
 - Equipment maintenance procedures and records of maintenance activity.
 - Labelling procedures, including for allergens.
 - Waste disposal process.

- Pest control process.
- Training and supervision provided to staff.

6.4.6. Purchase and delivery

The Facilities Department has systems in place (via procurement regulations and HACCP processes) to ensure only reputable suppliers are used, and that monitoring at the point of delivery is carried out to help ensure that all food accepted into the Trust premises is suitable.

Any organisations whose food is not delivered via the main kitchens, must have suitable procedures in place to ensure they are purchasing from reputable, certified suppliers regarding food safety. The organisation must also have suitable arrangements in place to ensure food is delivered safely and hygienically.

6.4.7. Access to kitchens

Only authorised persons should access any Trust kitchen:

- Regen kitchen – Facilities staff, IPAC Team.
- Ward Kitchen - Facilities delivery teams, IPAC Team, Ward Manager, Ward Staff, IPAC Team.
- Staff Kitchen – Staff.
- All Kitchens – Approved Contractors to undertake the scope of their delivery.

6.4.8. When access is required by non-approved individuals or teams, this should be sought from the Facilities Management team before undertaking access.

7. Dissemination and Implementation

The policy will be communicated via the Trust Document Library, and to each Division, Ward, and Department.

8. Monitoring compliance and effectiveness

Information Category	Detail of process and methodology for monitoring compliance
Element to be monitored	Compliance with regulations, legislation, and guidance.
Lead	Performance Improvement, Governance, and Compliance Manager.
Tool	External and internal auditing reports.

Information Category	Detail of process and methodology for monitoring compliance
Frequency	At least every six months or sooner where concerns have been raised.
Reporting arrangements	Reports to the Nutritional Steering Group through the Departmental reporting. Reporting to the Estates and Facilities Performance and Governance Group.
Acting on recommendations and Lead(s)	The Authorised Person will ensure that all actions will be attributed to the managing department accountable for the service provided.
Change in practice and lessons to be shared	Identified changes will be implemented with an agreed timescale. Shared with the relevant stakeholders once completed.

9. Updating and Review

This policy will be reviewed every three years or sooner where there has been an incident, new risk identified, changes to working practices, changes to legislation, or changes to guidance.

10. Equality and Diversity

10.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the [Equality Diversity And Inclusion Policy](#) or the [Equality and Diversity website](#).

10.2. Equality Impact Assessment

The Initial Equality Impact Assessment Screening Form is at Appendix 2.

Appendix 1. Governance Information

Information Category	Detailed Information
Document Title:	Food Safety Policy V2.0
This document replaces (exact title of previous version):	Food Safety Policy V1.0
Date Issued/Approved:	March 2025
Date Valid From:	May 2025
Date Valid To:	May 2028
Author/Owner:	Helen Tyler, Senior Facilities Manager
Contact details:	01872 252468
Brief summary of contents:	The aim of this policy is to provide guidance on food safety in order to prevent incidents and outbreaks of food poisoning on Royal Cornwall Hospital Trust premises.
Suggested Keywords:	Food, Safety, Hygiene, food-borne illness, food service, catering, hot food, cold food, allergens, personal hygiene.
Target Audience:	RCHT: Yes CFT: No CIOB ICB: No
Executive Director responsible for Policy:	Director of Estates and Facilities
Approval route for consultation and ratification:	Health and Safety Committee
Manager confirming approval processes:	Head of Facilities
Name of Governance Lead confirming consultation and ratification:	Philip Bond
Links to key external standards:	The Food Safety Act 1990 (as amended). The General Food Law Regulation (EC) 178/2002. The General Food Regulations 2004 (as amended). The Food Hygiene (England) Regulations 2006.

Information Category	Detailed Information
	Food Standards Agency (www.food.gov.uk). Health and Safety Executive (www.hse.gov.uk). Health Protection Agency (www.hpa.org.uk). Department of Health (www.dh.gov.uk).
Related Documents:	None required.
Training Need Identified:	Yes – Learning and Development have been informed.
Publication Location (refer to Policy on Policies – Approvals and Ratification):	Internet and Intranet
Document Library Folder/Sub Folder:	Estates and Facilities / Facilities

Version Control Table

Date	Version Number	Summary of Changes	Changes Made by
January 2016	V1.0	New Policy to replace the Food Hygiene Policy including new format and update in light of changes to the provision of catering services.	Estates / Bruce Cross, Ops Manager (CFPU)
March 2025	V2.0	Reviewed Policy to replace existing Policy.	Helen Tyler, Senior Facilities Manager

All or part of this document can be released under the Freedom of Information Act 2000.

All Policies, Strategies and Operating Procedures, including Business Plans, are to be kept for the lifetime of the organisation plus 6 years.

This document is only valid on the day of printing.

Controlled Document.

This document has been created following the Royal Cornwall Hospitals NHS Trust [The Policy on Policies \(Development and Management of Knowledge Procedural and Web Documents Policy\)](#). It should not be altered in any way without the express permission of the author or their Line Manager.

Appendix 2. Equality Impact Assessment

Section 1: Equality Impact Assessment (EIA) Form

The EIA process allows the Trust to identify where a policy or service may have a negative impact on an individual or particular group of people.

For guidance please refer to the Equality Impact Assessment Policy (available from the document library) or contact the Equality, Diversity, and Inclusion Team
rcht.inclusion@nhs.net

Information Category	Detailed Information
Name of the strategy/policy/proposal/service function to be assessed:	Food Safety Policy V2.0
Department and Service Area:	Facilities Department
Is this a new or existing document?	Existing
Name of individual completing EIA (Should be completed by an individual with a good understanding of the Service/Policy):	Helen Tyler, Senior Facilities Manager
Contact details:	07879 848822

Information Category	Detailed Information
1. Policy Aim - Who is the Policy aimed at? (The Policy is the Strategy, Policy, Proposal or Service Change to be assessed)	The aim of this policy is to provide instructions on food safety on Royal Cornwall Hospital Trust premises. Food hygiene regulations must be taken seriously, outbreaks of food poisoning in hospital premises are notify-able by law to the local authority environmental health department and RCHT IPAC.
2. Policy Objectives	To protect patients, visitors, and staff in relation to food safety.
3. Policy Intended Outcomes	No food safety related incidents.
4. How will you measure each outcome?	Trust incident reporting system.
5. Who is intended to benefit from the policy?	All staff, visitors, and patients.

Information Category	Detailed Information
6a. Who did you consult with? (Please select Yes or No for each category)	- Workforce: No - Patients/visitors: No - Local groups/system partners: No - External organisations: No - Other: No
6b. Please list the individuals/groups who have been consulted about this policy.	Please record specific names of individuals/ groups: Health and Safety Committee
6c. What was the outcome of the consultation?	Agreed
6d. Have you used any of the following to assist your assessment?	National or local statistics, audits, activity reports, process maps, complaints, staff, or patient surveys: No.

7. The Impact

Following consultation with key groups, has a negative impact been identified for any protected characteristic? Please note that a rationale is required for each one.

Where a negative impact is identified without rationale, the key groups will need to be consulted again.

Protected Characteristic	(Yes or No)	Rationale
Age	No	
Sex (male or female)	No	
Gender reassignment (Transgender, non-binary, gender fluid etc.)	No	
Race	No	
Disability (e.g. physical or cognitive impairment, mental health, long term conditions etc.)	No	
Religion or belief	No	
Marriage and civil partnership	No	

Protected Characteristic	(Yes or No)	Rationale
Pregnancy and maternity	No	
Sexual orientation (e.g. gay, straight, bisexual, lesbian etc.)	No	

A robust rationale must be in place for all protected characteristics. If a negative impact has been identified, please complete section 2. If no negative impact has been identified and if this is not a major service change, you can end the assessment here.

I am confident that section 2 of this EIA does not need completing as there are no highlighted risks of negative impact occurring because of this policy.

Name of person confirming result of initial impact assessment: Helen Tyler, Senior Facilities Manager.

If a negative impact has been identified above OR this is a major service change, you will need to complete section 2 of the EIA form available here:
[Section 2. Full Equality Analysis](#)