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All document profile details are recorded on the last page.

All documents must be reviewed by the last day of the month shown under “review date”, or before this if changes occur in the meantime.
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2. DEFINITIONS
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4. ROLES and RESPONSIBILITIES
5. MENU
6. MEAL ORDERING
7. MENU COLLECTION AND COLLATION
8. THERAPEUTIC DIETS
9. TEMPRITE MEAL SERVICE SYSTEM
10. MATERNITY WARD
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12. DELIVERY SUITE
13. NEONATAL UNIT AND TRANSITIONAL CARE
14. LATE MEALS FOR THE WOMEN AND CHILDREN CENTRE UNITS
15. OUT OF HOURS PROVISION
16. WARD PANTRY AREAS
17. REFRIGERATED STORAGE
18. WASTE DISPOSAL
19. STORES
20. FOSTERS RESTAURANT
21. CATERING SERVICES FOR THE MIDWIFERY-LED UNIT AT CHELTENHAM GENERAL HOSPITAL
22. SERVICE REVIEW AND DEVELOPMENT
23. DISSEMINATION
24. MONITORING OF COMPLIANCE
1. INTRODUCTION
The Catering Service’s aim is to provide a safe, high quality catering service which offers a range of
appetising and nutritious food and drink to enable all patients to have a choice which reflects their
dietary needs and tastes.

2. DEFINITIONS AND ABBREVIATIONS
See approved maternity abbreviation list

3. PURPOSE
This document aims to inform Trust staff about Catering Department provision in the Women’s
Services Centre and defines roles and responsibilities.

4. ROLES AND RESPONSIBILITIES

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<th>Review/Monitoring</th>
<th>Implementation</th>
<th>Records</th>
<th>Reporting</th>
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4.2 Catering Service Department Contact Details:

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<tr>
<td>Patient Meals Services</td>
<td>Orders of extra meals, bread and milk</td>
<td>Patient Meals Supervisors</td>
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<tr>
<td>Assistant General Managers</td>
<td></td>
<td>Justine Summers&lt;br&gt;Ben Foxall</td>
</tr>
<tr>
<td>Senior Deputy Catering Manager for Fosters</td>
<td></td>
<td>Lynsey Hitchings</td>
</tr>
<tr>
<td>Head Chefs</td>
<td></td>
<td>Charles White&lt;br&gt;George Alexandra</td>
</tr>
</tbody>
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5. **MENU**
Patient menus are based on a 7-day cycle. The lunch time meal is the main meal of the day with a light, hot or cold snack meal served in the evening. The menu covers basic diets but if a patient has a special dietary requirement this must be written on the menu card.

6. **MEAL ORDERING**
Meals are ordered on menu cards which are delivered to the Wards on the day prior. For patients unable to select their meals nursing staff will make the selection. Nursing staff will check that patients on a Special Diet have made a suitable selection.

7. **MENU COLLECTION AND COLLATION**
7.1 The menus are then collected by catering staff on the morning of the relevant day, normally between 7.30 – 8.00 am. At this time the catering staff will also check ward refrigerators for quantities of bread, milk and fruit juice and judge the Ward's requirements.

7.2 The menus are then collated by the catering staff and Special Diet requests checked. The catering department will endeavour to give the patient their requested options unless, due to a specific dietary need, it is found to be unsuitable, in which case an alternative option will be supplied. Due to patient activity the neonatal and the delivery unit will be phoned at Lunch and Supper time to check for meal requirement.

7.3 The catering department, at the earliest possibility, will notify Wards if patient menu choices need to be changed due to unforeseen circumstances.

8. **THERAPEUTIC DIETS**
The patient's menu card includes codes to indicate foods suitable for specific diets. Diets not indicated on the main hospital menu are catered for from the kitchen’s diet bay, dishes on the daily menu may have their ingredients modified to meet dietary requirements, and alternatively a range of prepared dishes may be offered on a separate a la carte menu for Cultural and Religious diets.

9. **TEMPRITE MEAL SERVICE SYSTEM**
9.1 The Temprite Meal Tray System is designed to keep food hot or cold. To achieve this it is important that tray lids remain in place until the patient receives it. Under no circumstances should lids be lifted to see what is on the tray.

9.2 To assist the ward teams and ensure a prompt service the patient’s menu card is inserted into the tray with the patient’s name visible.

9.3 Locate the meal service trolley in a central location.

9.4 Do not try to sort out trays into bays. It is recommended that staff remove and deliver trays to patients without prior sorting.

9.5 Do not try to lift or move more than two trays at once.

10. **MATERNITY WARD**
10.1 Breakfast

10.1.1 The ward and units are supplied with a range of breakfast cereals and preserves via the materials management service, milk, bread and spreads will be supplied daily by the catering service.
10.1.2 Ward staff will prepare and set up the breakfast offer and beverage trolley in the day room for patients to serve themselves. Patients make their selection at the point of service. Ward staff will provide assistance to patients who are unable to collect their meal from the dayroom.

10.1.3 Domestic staff will collect in and wash up the used crockery and cutlery following breakfast and clean and top up the beverage trolley for the next service.

10.2 Lunch and Supper

10.2.1 Patient meals are plated up in the main kitchen on a Temprite Tray System and transported to each ward. Due to the size of the maternity unit meal service will be split into two areas for meal service times. Meal service times are approximate. Area A, beds 1 – 20 Lunch 12 Noon, Supper 5.00 pm, Area B, beds 21 – 46 Lunch 12.30, Supper 5.30 pm. Ward staff are requested to cancel meals for discharged patients to control food wastage costs. Wards can increase or decrease orders for patients before 11.45 am for Lunch and 4.45 pm for Supper.

10.2.2 Meal trolleys will be delivered to the Nurses’ Station or a central point agreed with the Sister. It is the responsibility of the Ward to serve the meals to patients within a reasonable time to ensure meal temperatures are not compromised.

10.2.3 When patients have finished their meals trays are collected in by Ward staff and placed on the catering trolley which is then collected by catering staff at Lunch between 13.00-14.00 and at Supper 18.00 – 19.00 and returned to the Central Wash-up area.

10.2.4 Ward staff must not retain food, (this includes ice cream), at Ward level from patient meal trays for re-heating or using later. If a patient misses a meal an alternative meal can be obtained from the catering department.

10.2.5 In the wash-up area the patient meals supervisor will audit the trolley to check on meal wastage. If the level of wastage is considered unacceptable the Ward Sister will be contacted for an explanation.

10.2.6 If a non-catering item is returned with the meal tray the Ward will be asked to collect and dispose of it. If appropriate an incident form will be completed where necessary.

10.3 Beverages

10.3.1 A beverage trolley is supplied for the preparation and service of patient’s beverages only. A trolley will be located in the Maternity Unit Day Room for patients to help themselves. Visitors or relatives requiring a drink will need to access the vending provision or the restaurant facilities on site.

10.3.2 Those patients who are unable to collect their beverages from the Day Room will be catered for by the nursing team.

10.3.3 The trolley will be filled and cleaned according to the manufacturer’s instructions by the domestic team during their normal shift patterns. Outside these times nursing staff will need to ensure the trolley is topped up with water for the out of hours and early morning services.

10.3.4 Maintenance problems must be reported to the Domestic Supervisor.

11. MIDWIFERY LED BIRTH UNIT

11.1 The Unit will be provided with a beverage trolley which will be located in a central position. Domestic staff will clean and top up the trolley twice daily, leaving it ready for overnight use. Used crockery must be returned to the trolley for collection and washing up by domestic staff in the maternity ward pantry.
11.2 The Catering Department will telephone to establish meal requirements prior to Lunch and Supper service. These requirements will be delivered to the Unit and collected by the catering team for washing up. Any extra or late hot meal requirements will be collected from the patient meal service area in the kitchen by a member of the ward staff.

11.3 For out of hour’s requirements sandwiches, fruit and yogurt will be available in the maternity ward pantry.

12. DELIVERY SUITE
12.1 A beverage trolley will be supplied to the unit. Domestic staff will clean and top up the water twice daily, am and pm.

12.2 Beverage & breakfast ingredients will be supplied by materials management on top up to the pantry. Bread, milk, fruit juice and spread will be delivered daily from the kitchen.

12.3 Breakfast will be prepared by the nursing team in the ward pantry. Washing up will be collected from the pantry by domestic staff for washing up.

12.4 Meals requirement will be phoned through to the catering department on extension 6436. The meals will be delivered directly to the unit following meal service the meal tray must be stacked back onto the trolley ready for collection and return to the central wash up area by the catering team.

13. NEONATAL UNIT AND TRANSITIONAL CARE
13.1 The provision of beverages and breakfast will be drawn from the Delivery Suite ward pantry by the ward team. Following breakfast service the trays, crockery and cutlery will be collected in by the ward team and returned to the ward pantry for cleaning by the domestic staff.

13.2 For the lunch and supper meal service, the catering staff will phone the area daily, around 10.30 am, for Lunch and 3.30 pm for Supper, to check meal requirement. These requirements will be delivered directly to the unit.

14. LATE MEALS FOR THE WOMEN AND CHILDREN CENTRE UNITS
14.1 Lunch: Extra or late meals should be collected, after prior arrangement on ext 6436, from the main kitchen/patient meals area after 13.00.

14.2 Supper: Extra or late meals should be collect, after prior arrangement on ext 6436, from the main kitchen/patient meals area after 18.00.

15. OUT OF HOURS PROVISION
Each Ward can order basic snack items such as soup, baked beans, etc from NHS logistics on the top up system. The Catering Department will agree with department managers the need for a supply of sandwiches, yogurt and fruit in a central location for the out of hours provision.

16. WARD PANTRY AREAS
16.1 The Ward Pantry area, and the provisions supplied to it, is for the provision of patients services only. Staff will use the staff rooms provided for the storage of their own food and ingredients for the provision of their own beverages.

16.2 Staff working in the Ward Pantry must maintain the highest standards of personal hygiene.

17. REFRIGERATED STORAGE
17.1 Temperature control is the single most important factor in preventing food poisoning.

17.2 The refrigerator should be working within the range 1-5°C and the temperature will be checked and recorded daily by the Ward domestic. Temperatures exceeding 5°C must be referred to ward management and domestic supervisor so that corrective action can be taken.
17.3 Ensure the circulation fan in the refrigerator is not obstructed. This will reduce the effectiveness of the unit.

17.4 The refrigerator door will not be left open while staff prepare snacks or beverage supplements.

17.5 Food will be checked daily to ensure that the quality is maintained and that no food is unfit, past its shelf life or “use by” date.

17.6 Patients meals will not be retained for re-heating later.

17.7 Food purchased for patients by relatives, etc, will be labelled with the patient’s name and the date before being placed in the refrigerator. Generally, food not consumed within 24 hours should be disposed of.

17.8 Blood, Drugs or uncooked protein food and unwashed salad and vegetable items will NOT be stored in the refrigerator.

17.9 Hot food must not be placed in the refrigerator to cool down.

18. WASTE DISPOSAL
Waste food must be discarded with by using the ward domestic waste disposal system.

19. STORES
19.1 Ward Issues will be on the procurement materials management programme. Consumption will be monitored and stock adjusted at regular intervals. All food will be stored in clean cupboard and not directly on the floor. Stock rotation will be practised at all times with new stock behind or lower down than new stock.

19.2 The Catering Department will supply:

- Milk
- Bread
- Butter/Sunflower Spread
- Orange Juice

19.3 The catering department will help Ward staff monitor Ward supplies by regular checks.

20. FOSTERS RESTAURANT
20.1 A dining room/staff restaurant is provided behind the lift area on the ground floor for staff and visitors to use. All meals in this area must be purchased by individuals or by prior arrangement by the Ward.

20.2 Opening times are: Monday to Friday from 08:00 – 20:00.

20.3 Hot meals are served at the following times:

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<tr>
<th>Time</th>
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<td>Lunch</td>
<td>12.00 – 14.00</td>
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<tr>
<td>Supper</td>
<td>18.00 – 19.30</td>
<td>18.00 – 19.30</td>
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20.4 There are vending machines available 24 hours located around the hospital. There are two machines on the first floor in the WSC and at locations at the top of the corridor towards the Tower entrance and in Emergency Department.

20.5 There is also a shop located in the main tower block foyer/concourse and two shops and a cafe in the Atrium area of the new build. Opening times are 08.00 – 20.00.

21. CATERING SERVICES FOR THE MIDWIFERY-LED UNIT AT CHELTENHAM GENERAL HOSPITAL

21.1 Personnel

<table>
<thead>
<tr>
<th>Assistant General Manager</th>
<th>Ben Foxall</th>
<th>Ext 746154</th>
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<tr>
<td>Patient Ward Services</td>
<td>Help Desk Number Operating Hours 7 am – 7 pm</td>
<td>Ext 4493</td>
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<tr>
<td>Blue Spa Café</td>
<td>Glass House Café</td>
<td>Ext 4116 Ext 2357</td>
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21.2 Provisions

21.2.1 The Ward kitchen area will be supplied with a core range of ingredients for beverages, breakfast and snacks via the material management and catering services.

21.2.2 Catering and Unit staff will agree a stock level for sandwiches, fruit and yogurts for out of hours provision.

21.2.3 Hot meal requirement during the lunch service 12 Noon – 12.45pm and Supper 5.00 pm – 5.45 pm will be phoned into the catering services on extension 4493.

21.2.4 Washing up generated by these provisions will be undertaken by the Unit staff.

21.2.5 The cleaning of the Ward kitchen area will be a Domestic Services task.

22. SERVICE REVIEW AND DEVELOPMENT

The service will be the subject of a review within the first 3 months of opening to ensure it meets the needs of the user.

23. DISSEMINATION

The Practice Development Midwife will inform all staff via a newsletter when this guideline has been uploaded and individuals are expected to make themselves aware of the guideline content via the intranet store.

24. MONITORING OF COMPLIANCE

24.1 This list is not exhaustive and additional criteria may be included at the Trust discretion

24.2 The audit will include the current CNST level 3 Maternity standards and sample size if related

24.3 Sample sizes selected will be dependent on the cohort size. The data collection period will be identified by the Maternity Audit / CNST Lead

24.4 Action plans will be developed and reviewed as required by the instigating body

24.5 The audit will be carried out using the standardised audit tool and methodology as agreed by the maternity audit team and in line with the audit process.
24.6 The audit results will be presented to the multidisciplinary Obstetrics and Gynaecology Audit presentation meeting.

24.7 Where deficiencies are identified, an action plan will be developed by the author, following the Multidisciplinary Obstetrics and Gynaecology Audit presentation meeting. These action plans are implemented and monitored by the Associated Forum.

24.8 Audits are undertaken as routine triennially, however if deficiencies are identified or changes implemented, audit will be undertaken sooner.

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<td>Monitor adherence to policy</td>
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<td>V1</td>
<td>New Policy</td>
<td>GOGG 2012</td>
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B0670 Operational Policy Catering Services, The Women’s Centre, Gloucestershire Royal Hospital

**DOCUMENT PROFILE**

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<td>Paul Byrne</td>
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<td>AUTHOR</td>
<td>Jenny Hill</td>
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Gloucestershire Hospitals NHS Foundation Trust

Authors

Version

Reason for review

Ratified

Jenny Hill

V1

New policy

GOGG December 2012

V1.1

Date extended due to impending operational changes to catering services

December 2016

August 2017
Gloucestershire Hospitals
NHS Foundation Trust

EQUALITY IMPACT ASSESSMENT
INITIAL SCREENING

1. Lead Name: Hazel Williams  
   Job Title: Practice Development Midwife

2. Is this a new or existing policy, service strategy, procedure or function?  
   New ✓ Existing

3. Who is the policy/service strategy, procedure or function aimed at?  
   Patients                          Carers                            Staff ✓ Visitors  
   Any other                        Please specify:

4. Are any of the following groups adversely affected by this policy:  
   If yes is this high, medium or low impact (see attached notes):
   |
   | Disabled people: | No ✓ Yes |
   | Race, ethnicity & nationality: | No ✓ Yes |
   | Male/Female/transgender: | No ✓ Yes |
   | Age, young or older people: | No ✓ Yes |
   | Sexual orientation: | No ✓ Yes |
   | Religion, belief & faith: | No ✓ Yes |

   If the answer is yes to any of these proceed to full assessment.  
   If the answer is no to all categories, the assessment is now complete.

| Date of assessment: | Completed by: |
|                     |               |
| Signature:          | Job title:    |
| Director:           | Signature:    |

This EIA will be published on the Trust website. A completed EIA must accompany a new policy or a reviewed policy when it is confirmed by the relevant Trust Committee, Divisional Board, Trust Director or Trust Board. Executive Directors are responsible for ensuring that EIA’s are completed in accordance with this procedure.