



Food Safety Policy

Policy number and category	IC02	Infection Control
Version number and date	11	December 2025
Ratifying committee or executive director	Trust Clinical Governance Committee	
Date ratified	January 2026	
Next anticipated review	January 2029	
Executive director	Executive Director for Quality and safety	
Policy lead	Senior Food Safety and Quality Assurance Manager	
Policy author (if different from above)	As above	
Exec Sign off Signature (electronic)		
Disclosable under Freedom of Information Act 2000	Yes	

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 (see Section 2)

BSMHFT is committed to food safety and as such aims for all sites to achieve an Fhrs rating of at least 4 or above. All sites will be properly registered under Article 6 of Regulation (EC) 852/2004 with the respective Competent Authority. Birmingham City Council will act as our Partner under the Primary Authority Scheme who will issue assured advice where appropriate.

Safe food handling is paramount to our commitment to food safety and compliance with the above regulations and BSMHFT follow the below guidelines at all times:

Food Hygiene principles:

- ⊕ **Personal Hygiene**
- ⊕ Staff should ensure that their personal hygiene is of the highest standard, that they are fit and well for work (see x section), they observe the relevant food safety management system procedures and that they comply with any storage or instructions for use provided on any food.
- ⊕ Staff shall be suitably trained and instructed. Where appropriate staff should have completed their online (traffic light) food safety training before handling food. In the event that this is not possible, food handlers will receive instruction and be suitably supervised in the meantime.
- ⊕ Catering staff with a supervisory role will be expected to undertake higher level food safety qualifications commensurate to their role.

Principles of safe food handling practices:

- ⊕ All raw food will be kept and prepared separately from ready-to-eat foods.
- ⊕ All food will be stored in conditions that protect against contamination, such as airtight containers, sealed bags or the original packaging.
- ⊕ Articles in contact with food, such as chopping boards, sieves, blender blades, utensils and any containers will be kept in good, clean repair and where necessary, be disinfected.
- ⊕ Food beyond its use-by date will never be used and will be disposed of.
- ⊕ Food rooms, including their contents, will be kept clean.

Complying with temperature control requirements:

- ⊕ Cold food is to be kept cold, below 5°C.
- ⊕ Hot food should be thoroughly cooked to 75° for 2 minutes and hot held at no less than 63°C.
- ⊕ Where a temperature is required to be recorded, it should be an internal temperature taken with a food grade probe. The probe must be disinfected with probes wipes before and after use.
- ⊕ For ward kitchens/serveries and ADL kitchens fridge temperatures should be recorded using a probe placed inside the fridge.

Any concerns regarding food safety should be reported to the [Food Safety inbox](#) and an Eclipse should be raised. If you see something that is not right, take action. Food safety is everyone's responsibility.

Change Record

Date	Version	Author (Name & Role)	Reasons for review / Changes incorporated	Ratifying Committee
08/12/2025	1	Gemma Harvey – Senior Food Safety and Quality Assurance Manager	Scheduled review	CGC

Table of Contents

1: Introduction	5
1.1 Rationale:	5
1.2 Scope:	5
1.3 Principles.....	5
2: The policy	5
2.1 Food Safety principles:.....	6
2.1.1 Food handler responsibilities	6
2.1.2 Staff training.....	6
2.1.3 Principles of safe food handling practices:.....	6
2.1.4 Complying with temperature control requirements:.....	6
2.1.5 Food allergies	7
3: The Procedure	7
3.1 Food Service outline.....	7
3.2 Allergen procedure for identifying, documenting and communicating	8
3.3 Food Production:	8
3.4 Food Service at Ward level:	9
3.4 Reheating food:	9
3.5 Patients Own Food:.....	10
3.6 Takeaways:	10
3.7 Special Events/Celebration Days	10
3.8 Food during patient visits:	10
3.9 ADL/OT/Therapeutic kitchens	10
3.10 OT shops:.....	10
3.11 Hospitality:.....	11
3.12 Staff food:.....	11
3.13 Other services	11
3.14 Incidents, Audits and Inspections	11
4: Responsibilities	13
5: Development and Consultation process	14
6: Reference documents.....	14
7: Bibliography	15
8: Glossary.....	15
9: Audit and assurance consisting of:	15
10. Appendices	16

1: Introduction

1.1 Rationale:

BSMHFT has a legal obligation as a food business operator as set out in food safety legislation. To that end, the Trust, including SSL, must comply with the following:

The Food Safety Act 1990

The Food Safety and Hygiene (England) Regulations 2013 and all retained EU hygiene regulations thereunder, including Regulation (EC) 178/2002 and Regulation (EC) 852/2004.

The Food Information Regulations 2014 and associated retained EU Regulations, 1169/2011 (Food information to consumers).

Failure to comply with these regulations may lead to enforcement action, including prosecution, fines, criminal records and even prison.

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.

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.

1.2 Scope:

This policy applies to all staff that handle food.

Local arrangements are in place for food safety at HMP Birmingham and this policy does not apply to that setting.

1.3 Principles

It is the intention of this policy to provide guidance to ensure that all appropriate steps are taken to comply with the requirements of food law within the organisation.

2: The policy

BSMHFT is committed to food safety and as such;

- Aims for all sites to achieve an Fhrs rating of at least 4 or above. All sites will be properly registered under Article 6 of Regulation (EC) 852/2004 with the respective Competent Authority. Birmingham City Council will act as our Partner under the Primary Authority Scheme and will issue assured advice where appropriate.
- Ensures that all food and drink provided within BSMHFT is stored, managed, prepared and served appropriately and safely to all patients, visitors and staff who have a food allergy.

Safe food handling is paramount to our commitment to food safety and compliance with the above regulations and BSMHFT follow the below guidelines at all times:

2.1 Food Safety principles:

2.1.1 Food handler responsibilities

- Staff should ensure that their personal hygiene is of the highest standard, that they are fit and well for work (See Appendix 2), they observe the relevant food safety management system procedures and that they comply with any storage or instructions for use provided on any food.

2.1.2 Staff training

- Staff shall be suitably trained and instructed. Where appropriate, staff should have completed their online (traffic light) food safety training before handling food. In the event that this is not possible, food handlers will receive instruction and be suitably supervised in the meantime.
- Catering staff with a supervisory role will be expected to undertake higher level food safety qualifications commensurate to their role.

2.1.3 Principles of safe food handling practices:

- All raw food will be stored and prepared separately from ready-to-eat foods.
- All food will be stored in conditions that protect against contamination, such as airtight containers, sealed bags or the original packaging.
- Articles in contact with food, such as chopping boards, sieves, blender blades, utensils and any containers will be kept in good, clean repair and where necessary, be disinfected.
- Food beyond its use-by date will never be used and will be disposed of.
- Food rooms, including their contents, will be kept clean.

2.1.4 Complying with temperature control requirements:

- Cold food is to be kept cold, below 5°C. Frozen food is to be kept below -18°C.
- Hot food should be thoroughly cooked to 75° for 2 minutes and hot held at no less than 63°C.
- Where a temperature is required to be recorded, it should be an internal temperature taken with a food grade probe. The probe must be disinfected with probes wipes before and after use.
- For ward kitchens/serveries and ADL kitchens fridge temperatures should be recorded using a probe placed inside the fridge.
- If a fridge is not operating at <8°C food should **be** discarded and the fridge should not be used. An Eclipse should be raised and **this MS Form should be completed**. A new fridge will be sourced as soon as possible and, in the meantime and alternative fridge should be used

2.1.5 Food allergies

- Where dishes are produced and prepared on Trust premises, these should be made using standard recipes and ingredients from approved suppliers. Information about allergens in meals can be found on Synbiotix or on pre-packed product labels
- Allergen free meals are procured in individual sealed portions and are cooked and served without damaging the integrity of the packaging. The only open, allergen free food prepared is prepared at ward level and usually for breakfast (i.e. gluten free toast).
- Separation is key to preventing cross contact of allergens. All allergen free food must be stored and prepared separately from allergen containing food. All equipment must be separate (i.e. gluten free toaster). Purple plates and purple disposable gloves must be used whilst handling and preparing allergen free food.
- Where feasible, there should be a separate area for preparing allergen-free foods.
- Before preparing allergen free food, the “Allergen cleaning” SOP must be followed. This can be found [here](#).
- All food service points including canteens and ward dining rooms must display the poster found in Appendix 4

Any concerns regarding food safety should be reported to the Food Safety inbox - bsmhft.ssl-foodsafety@nhs.net and an Eclipse should be raised. If you see something that is not right, take action. Food safety is everyone's responsibility.

3: The Procedure

3.1 Food Service outline

Food service in the Trust and its delivery are complex due to the nature and makeup of the Trust. There are a variety of sites and a variety of ways of delivering food service across those sites.

The Trust has approximately 750 inpatient beds, ranging from PICU's, Acute Wards, Secure and forensic units, children's service and rehabilitation wards and units. Therefore a 'one size' fit's all approach is not appropriate. All staff should comply with the principles of good food hygiene as set out in section 2. If a site or service has a particular difference, please see the site specific food safety management system for that area.

Generally, breakfast is provided by clinical/ward staff. Lunch and dinner is provided by SSL staff (except the North PFI sites and in Steps to recovery units where Amey staff, clinical staff or residents prepare these meals).

Snacks are provided by wards/clinical staff and patients have access to their own food too. In some service areas, takeaways are a part of weekend food service and are covered in local takeaway policies.

There are additional ways that food may enter Trust premises, and all must be considered as part of this policy. There are corresponding sections that cover: patients own food, patients returning from leave, and food during patients' family and friends visits.

On some sites there are canteens involved in the retail of food to staff and visitors. This policy applies to this activity too.

There are also a number of ADL kitchens, sometimes called OT kitchens or therapeutic kitchens. These kitchens are for the use of supervised residents as either activities or part of their rehabilitation. Whilst they fall outside of the scope of food business activities, safe food in these settings is still a priority and the principles of good food safety should always be followed.

3.2 Allergen procedure for identifying, documenting and communicating

During the admission process and before any food/drink is offered to the Service User, the admitting clinician must ask if there are any suspected or known food allergies. Details must be recorded including diagnosis history, reaction severity and current management plan. The food allergy is added to the RIO form: Food Allergy and Dietary Requirements (under patient admission). The communication process is outlined [here](#) in the Allergy Reporting Section (14).

3.3 Food Production:

Food production by SSL staff in production kitchens

Food is produced in a number of onsite kitchens. Staff in these kitchens will comply with the Food Safety Principles found in Section 2. Each production kitchen adheres to the Trust Food Safety Management System that can be found here for the following sites:

Ardenleigh, The Barberry/Oleaster/Zinnia; Tamarind, including Newbridge House and Reaside including Hillis Lodge. The HACCP plans can be found [here](#).

North PFI sites (Amey supply food services)

Eden Acute, Eden PICU, Endeavour Court, Endeavour House, George Ward, Reservoir Court and Mary Seacole House. Staff in these service areas will comply with the Food Hygiene Principles found in Section 2.

Amey is contracted to supply food on North PFI sites and their food safety management system can be found [here](#).

Steps to Recovery Sites

Staff in these kitchens will comply with the Food Safety Principles found in Section 2.

Dan Mooney, David Bromley, Grove Avenue and Hertford House. These sites use a Food Standards Agency Safer Food Better Business pack as their food safety management system, and this can be found locally on site.

Rookery Gardens, Forward House: as patients are responsible for their own food, only monitoring of temperature-controlled storage is required on the Ward Service Monthly Book. This can be found [here](#).

3.4 Food Service at Ward level:

Breakfast:

Breakfast is provided by ward staff, who are responsible for ordering supplies and maintaining pantries. At some sites, they are also responsible for the associated washing up and clearing up (Domestic staff complete washing up and clearing up on the North Sites). All staff involved in the preparation and service of breakfast must comply with the Food Safety principles listed in Section 2.

Before starting food service, food handlers must ensure that the kitchen or servery is clean, that they have washed their hands and wear a green disposable apron.

Food handlers must be familiar with the dietary requirements of the service users they will be serving, particular attention must be paid to any allergies, texture modification needs and cultural, religious or lifestyle considerations, such as halal/kosher, vegetarian/vegan requirements.

Opened food, such as breakfast cereals should be stored in either airtight containers or sealed in the original packaging after use. Where food is decanted, it should have the ingredients and durability dates transferred to the container.

High risk foods (anything with a use-by date) should be stored under temperature control, and the cold chain should not be interrupted. Where milk is required for breakfast service, it should be decanted into a clean thermal jug.

A monitoring form will be completed for all ward kitchens in the Ward Service Monthly Book. This can be found [here](#).

Snacks:

Where snacks are offered, food handlers must follow the same procedures as for breakfast service.

Lunch and Dinner.

Lunch and Dinner is ordered via the online ordering system Menupick via Synbiotix on the tablets provided to wards. Orders must be placed by 10.30pm the evening before. For the North PFI sites, the orders must be placed by 10:30am the day before.

The service of meals is detailed in the 'service of meals' SOP which can be found [here](#)

Staff serving meals should always follow the Food Safety principles listed in section 2, with particular attention paid to handwashing prior to serving and to only providing the meal ordered. Care should be taken to ensure that allergen containing food is not shared with Service Users with an allergy.

3.4 Reheating food:

Reheating should be avoided. Where it is necessary, food must be piping hot throughout the product and not less than 75°C.

3.5 Patients Own Food:

Service Users may wish to have a supply of their own food. In these cases, patient food must be of a low-risk nature, nut free, and therefore are only permitted foods that carry a Best Before date. It is the responsibility of the staff member receiving the Service User back on to the ward to enquire about possible allergens in the food brought back onto the ward. Storage of such food will be managed at a local level with particular attention paid to the risk to service users with a food allergy.

3.6 Takeaways:

From a food safety perspective, takeaways should be chosen from restaurants that are broadly compliant with food law, which according to the Food Standards Agency, are rated FHRS 3 and above. Leftover takeaway food should not be stored or reheated for later consumption: [Search for ratings | Food Hygiene Ratings](#)

It is the responsibility of the clinical team and the individual with the food allergy to ensure they have enquired about presence of allergens in the food. If there is any doubt, the Service User or staff member should be discouraged from placing an order.

3.7 Special Events/Celebration Days

SSL offer a buffet service and wherever possible, staff should use this service. In the event that staff want to cater for their own events, they must limit the amount of high-risk food purchased and contact the Senior Food Safety and Quality Assurance Manager to notify them of the event. Safe food is a priority, and all events of this nature must comply with temperature requirements and safe food handling principles. Appropriate signage and information regarding the allergen contents of the food must be made available. A food safety management system for such events can be found [here](#).

3.8 Food during patient visits:

Patients must not take any high risk or home-made food back onto the ward following these visits.

3.9 ADL/OT/Therapeutic kitchens

Food plays an important role in the rehabilitation of service users, and many units and wards have these kitchens. Whilst preparing food as an activity falls outside of the scope of food business operator obligations, it is still best practice to ensure that the activities carried out in these kitchens is safe and hygienic. Enquiries must be made about food allergies and only suitable, nut-free food prepared. The Food Safety Management System is contained in the SOP contained [here](#).

3.10 OT shops:

Where sites have an OT shop, food should be stored in such a way as it is protected from contamination. All sites are nut free and thus no products should contain nuts. OT shops may sell a variety of low-risk ambient products. The Food Safety Management System can be found [here](#).

3.11 Hospitality:

In the event that hospitality is required, it should be purchased from SSL or Uffculme and discussions around timings will assist in keeping food safe. Any high-risk foods, such as sandwiches, will be delivered below 5°C and should be placed in a fridge until the point of service. Such food will be marked as keep refrigerated. Once removed from the fridge, the sandwiches and other high-risk foods must be disposed of after 3 hours. They must not be returned to the fridge for consumption at a later time. If you are at all unsure, please contact the Catering Manager with whom you placed the order or the Senior Food Safety and Quality Assurance Manager.

All food will be labelled with the ingredients list, highlighting any allergens present in the ingredients.

The food safety control measures are set out in the HACCP plan, which can be found [here](#).

3.12 Staff food:

Where a fridge is provided for staff food, this should be clearly marked 'staff food only' and should only contain staff food. Staff should ensure that these fridges are kept clean and regularly checked for out-of-date food. Staff should label their food and should only store food for their own consumption. Patient food must never be stored in these fridges. Staff should monitor the temperature of these fridges and cease to use them where they are above 8°C. Staff must not bring nut-containing food onto site.

3.13 Other services

24/7

Where Food is provided as part of the 24/7 project, staff will adhere to the principles of Food Safety in section 2. The Food Safety Management System for the service can be found [here](#).

Phoenix House/Prospect

Where food is provided as part of the OT service, staff will adhere to the principles of Food Safety in section 2. The Food Safety Management System for the service can be found [here](#).

Vending

Where vending machines are in place, the company providing these machines shall be responsible for their maintenance and safety. Issues with vending machines should be reported via an Eclipse.

3.14 Incidents, Audits and Inspections

Incidents

In the event of a local incident (which may include a breach of food hygiene practices, or a contamination issue with food, such as a foreign body found in a product) an eclipse should be raised.

. Food that is not safe to eat must not be served and must be labelled as 'NOT FOR CONSUMPTION'. It should be retained, wherever possible with its original packaging, stored in the appropriate condition (i.e. in the freezer for frozen food, the fridge for chilled food etc) and photographed.

In the event of any other kind of incident, it is anticipated that the Local Authority or Food Standards Agency will contact the Senior Food Safety and Quality Assurance Manager, or the Food and Hygiene QA Lead who will handle the incident as required. Any actions resulting from such an incident must be carried out promptly.

Inspections

Authorised Officers (AO) from the Local Authority will visit premises to conduct food hygiene inspections. Such officers have powers of entry under Regulation 16 of the Food Safety and Hygiene (England) Regulations 2013 and as such must not be prevented from entering premises. Failure to cooperate with an authorised officer can be considered obstruction, an offence under the aforementioned regulations.

They will inspect all food areas, paperwork and where possible observe food handling practices. They may ask staff questions relating to the food safety management system in operation at your site and general food safety questions. Staff should answer truthfully and be willing to show the inspector food rooms, equipment and paperwork as requested. Once the inspector has finished, please complete this MS form within 1 hour: <insert form link here>.

The inspection will generate an FHRs score. If the score is below 4, the Senior Food Safety and Quality Assurance Manager will liaise with the site in question and the Local Authority to ensure compliance with food law.

If the score is 2 or below the Senior Food Safety and Quality Assurance Manager will notify NHSE/DoH. All works required by the Authorised Officer will be carried out promptly. Once complete, the AO will be contacted and a revisit requested.

4: Responsibilities

Post(s)	Responsibilities	Ref
All Staff handling food	<p>All food handlers have a responsibility to ensure the food that they handle is safe.</p> <p>All food handlers should be familiar with the contents of this policy.</p> <p>All food handlers should comply with the Food Hygiene Principles laid down in Section 2.</p>	
All Staff	<p>All staff should be aware of the Food Hygiene Principles Laid down in section 2.</p> <p>All staff can report problems with food safety to the dedicated Food Safety Inbox - bsmhft.ssl-foodsafety@nhs.net</p>	
Service, Clinical and Corporate Directors	<p>All service, clinical and corporate directors should be familiar with the contents of this policy and enable staff to comply with the requirements therein.</p>	
Policy Lead	<p>The policy lead is responsible for monitoring the food safety inbox, responding to food safety issues and liaising with the Competent Food Authorities where required.</p> <p>They are responsible for the up-to-date and accurate registration of Trust premises with the relevant Competent Food Authority.</p> <p>The policy lead is responsible for the review of Food Safety Management Systems and associated monitoring documentation being complaint with the relevant provisions of food law.</p>	
Executive Director and Trust Board	<p>Responsible for the ongoing compliance with the NHS Standards for Healthcare Food and Drink and compliance with this policy.</p> <p>Responsible for ensuring all staff have the tools and time necessary to ensure ongoing compliance with this policy and its contents at all times.</p>	
Ward/Centre managers and clinical staff	<p>Responsible for compliance with the standards set out in this policy.</p> <p>Responsible for reporting food safety issues in line with this policy.</p> <p>Responsible for ensuring all staff have the tools and time necessary to ensure ongoing compliance with this policy and its contents at all times.</p>	

SSL Estates and Facilities	Responsible for the maintenance and repair of catering sites and equipment.	
-----------------------------------	---	--

5: Development and Consultation process

Consultation summary		
Date policy issued for consultation	December 2025	
Number of versions produced for consultation	1	
Committees / meetings where policy formally discussed	Date(s)	
Health and Wellbeing Steering Group	18/12/2025	
IPPC Strategic Committee	26/01/2026	
Where received	Summary of feedback	Actions / Response
PDMG	Remove wording in section 1.3	Complete
PDMG	Section 9: Audit and Assurance Confirm that OT staff do complete audits of ADL Kitchens Update the training reporting section regarding AHPs.	Complete OT staff have confirmed Section updated to reflect changes

6: Reference documents

- [The Food Information Regulations 2014](#)
- [The Food Safety Act 1990](#)
- [The Food Safety and Hygiene \(England\) Regulations 2013](#)
- [Regulation \(EC\) 1169/2011](#)
- [Regulation \(EC\) 178/2002](#)
- [Regulation \(EC\) 852/2004](#)
- [Food Handlers Fitness to Work, FSA, 2005](#)
- [Report of FSA Evidence to NHS Food Review](#)
- [Reducing the Risk of Vulnerable Groups Contracting Listeriosis](#)
- [National Standards for Healthcare Food and Drink, NHS, 2022](#)
- [Food Hygiene Rating Scheme, FSA, 2024](#)

7: Bibliography

- [Industry Guide to Good Hygiene Practice. UK Hospitality Industries, 2024](#)

8: Glossary

Authorised Officer: Officer from the Local Authority authorised to carry out inspection and investigations under food law

Food business operator: the natural or legal person responsible for ensuring that the requirements of food law are met within the food business under their control.

Food business: any undertaking whether for profit or not, and whether public or private – that carries out any activities related to any stage of production, processing and distribution of food. The term food includes drink.

Food safety management system (FSMS): a permanent procedure based on the HACCP principles.

Food handler: people who directly or indirectly come into contact with food as part of their work.

HACCP: Hazard Analysis Critical Control Point: a systematic and preventative system based on the 7 principles of HACCP, designed to ensure food safety.

High risk food: Food that is likely to support the growth of pathogens. For ease, can be considered any food with a 'use by' date

Low-risk food: Food that is unlikely to support the growth of pathogens. Can be considered food with a 'best-before' date.

9: Audit and assurance consisting of:

The Senior Food Safety and Quality Assurance Manager in conjunction with the Food and Hygiene Quality Assurance Lead will undertake annual audits to ensure ongoing compliance with this policy in addition to overseeing targeted quarterly audits determined by risk or emerging issues. Audit reports will be provided to the Hotel Services Manager or Catering Managers/Supervisors for prompt action in stipulated timescales.

Element to be monitored	Lead	Tool	Frequency	Reporting Committee
Training (Clinical)	Matrons	Insight Reports	Quarterly	IPPC
Training (Corporate AHPs)	Clinical Service Manager for	Insight Reports	Quarterly	IPPC

Element to be monitored	Lead	Tool	Frequency	Reporting Committee
	Corporate AHP Services			
Training (Operational)	Food and Hygiene Quality Assurance Lead	Excel	Quarterly	IPPC
All Production kitchens, ward kitchens and ADL/OT/Therapeutic Kitchens	Senior Food Safety and Quality Assurance Manager	FM First Food Safety Audit Tool	Annually plus risk based as required.	IPPC
Ward Kitchens	Matrons	AMaT	Monthly, unless scores below 50%, a re-audit should be carried out within 1 week.	IPPC
ADL/Therapeutic/OT kitchens	Matrons	AMaT	Monthly, unless scores below 50%, a re-audit should be carried out within 1 week.	IPPC

10. Appendices

Appendix 1

Equality Analysis Screen

A word version of this document can be found on the HR support pages on Connect

Title of Policy	Food Safety Policy		
Person Completing this policy	Gemma Harvey	Role or title	Senior Food Safety and Quality Assurance Manager
Division	SSL	Service Area	Estates and Facilities
Date Started	June 2025	Date completed	December 2025
Main purpose and aims of the policy and how it fits in with the wider strategic aims and objectives of the organisation.			
To ensure safe food across the Trust			
Who will benefit from the policy?			
All service users, staff and visitors			
Does the policy affect service users, employees or the wider community?			
<i>Add any data you have on the groups affected split by Protected characteristic in the boxes below. Highlight how you have used the data to reduce any noted inequalities going forward</i>			
Yes			
Does the policy significantly affect service delivery, business processes or policy?			
How will these reduce inequality?			
Yes. Adherence to the policy ensures ongoing compliance with legal requirements.			
Does it involve a significant commitment of resources?			
How will these reduce inequality?			
Yes. Potentially affects all service users.			

Does the policy relate to an area where there are known inequalities? (e.g. seclusion, accessibility, recruitment & progression)				
N/A				
Impacts on different Personal Protected Characteristics – Helpful Questions:				
<i>Does this policy promote equality of opportunity?</i> <i>Eliminate discrimination?</i> <i>Eliminate harassment?</i> <i>Eliminate victimisation?</i>			<i>Promote good community relations?</i> <i>Promote positive attitudes towards disabled people?</i> <i>Consider more favourable treatment of disabled people?</i> <i>Promote involvement and consultation?</i> <i>Protect and promote human rights?</i>	
Please click in the relevant impact box and include relevant data				
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	<input checked="" type="checkbox"/> x			it is anticipated that age will not have an negative impact in terms of discrimination as this policy ensures that all employees should be treated in a fair, reasonable and consistent manner irrespective of their age.
Including children and people over 65 Is it easy for someone of any age to find out about your service or access your policy? Are you able to justify the legal or lawful reasons when your service excludes certain age groups				
Disability	<input checked="" type="checkbox"/> x			it is anticipated that disability will not have an negative impact in terms of discrimination as this policy ensures that all employees should be treated in a fair, reasonable and consistent manner irrespective of their 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	<input checked="" type="checkbox"/> x			it is anticipated that gender will not have an negative impact in terms of discrimination as this policy ensures that all employees should be

				treated in a fair, reasonable and consistent manner irrespective of their gender.
<p>This can include male and female or someone who has completed the gender reassignment process from one sex to another</p> <p>Do you have flexible working arrangements for either sex?</p> <p>Is it easier for either men or women to access your policy?</p>				
Marriage or Civil Partnerships	X			it is anticipated that marital status will not have an negative impact in terms of discrimination as this policy ensures that all employees should be treated in a fair, reasonable and consistent manner irrespective of their marital status.
<p>People who are in a Civil Partnerships must be treated equally to married couples on a wide range of legal matters</p> <p>Are the documents and information provided for your service reflecting the appropriate terminology for marriage and civil partnerships?</p>				
Pregnancy or Maternity	X			it is anticipated that pregnancy or maternity will not have an negative impact in terms of discrimination as this policy ensures that all employees should be treated in a fair, reasonable and consistent manner irrespective of their pregnancy or maternity.
<p>This includes women having a baby and women just after they have had a baby</p> <p>Does your service accommodate the needs of expectant and post natal mothers both as staff and service users?</p> <p>Can your service treat staff and patients with dignity and respect relation into pregnancy and maternity?</p>				
Race or Ethnicity	X			it is anticipated that race or ethnicity will not have an negative impact in terms of discrimination as this policy ensures that all employees should be treated in a fair, reasonable and consistent manner irrespective of their race or ethnicity.
<p>Including Gypsy or Roma people, Irish people, those of mixed heritage, asylum seekers and refugees</p> <p>What training does staff have to respond to the cultural needs of different ethnic groups?</p> <p>What arrangements are in place to communicate with people who do not have English as a first language?</p>				
Religion or Belief	X			it is anticipated that religious beliefs will not have an negative impact in terms of discrimination as this policy ensures that all employees

				should be treated in a fair, reasonable and consistent manner irrespective of their religious beliefs.
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	x			it is anticipated that sexual orientation will not have an negative impact in terms of discrimination as this policy ensures that all employees should be treated in a fair, reasonable and consistent manner irrespective of their 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	x			it is anticipated that transgender or gender reassignment will not have an negative impact in terms of discrimination as this policy ensures that all employees should be treated in a fair, reasonable and consistent manner irrespective of their transgender or gender reassignment status.
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 policy or service?				
Human Rights	x			<p>This policy is written to promote equality and remove any discrimination to ensure that everyone can fulfil their full potential within a Trust that is inclusive, compassionate, and committed. This is keeping in line with our Trust values, the NHS People's Plan commitment to equality, diversity and inclusion and reflects the provisions of the Equality Act 2010.</p> <p>This policy applies to <u>all</u>, including applicants applying for a job, staff including agency, bank and volunteers, services users and carers,</p>

				visitors, stakeholders, and any other third-party organisations who work in partnership with the Trust EDI Leads will work with the organisation to reduce impact of any detriment experienced by reports of concerns
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)				
What do you consider the level of negative impact to be?	Yes	No		
	High Impact	Medium Impact	Low Impact	No Impact
				x
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 policy 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?				
Managers will work with estates and facilities to reduce impact of any detriment experienced by reports of concern.				
How will any impact or planned actions be monitored and reviewed?				
Regular audits and policy updates. Feedback of reports of concerns. Concerns to be escalated through Governance routes.				

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.

Policies will be available Trust-wide and promoted in ways that are accessible to all staff.

Please save and keep one copy and then send a copy with a copy of the policy to the Senior Equality and Diversity Lead at bsmhft.edi.queries@nhs.net. 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

Appendix 2: Food Handlers Fitness to Work

People who work around open food while suffering from certain infections (mainly bacteria, viruses or parasitic infections) can contaminate food, water or surfaces, which can result in the spread of infection.

Diarrhoea and/or vomiting and weeping skin infections are the main symptoms of illnesses that can be transmitted through food.

Managers must exclude staff with these symptoms from working with or around open food, normally for 48 hours from when symptoms stop naturally.

If you, or a member of your staff have been ill with these symptoms you must consider whether they are safe to handle food. Please complete [**this form**](#). You can also contact the Senior Food Safety and Quality Assurance Manager, or the IPC team for further advice.



In partnership with **NHS**
Birmingham and Solihull
Mental Health
NHS Foundation Trust

THIS TRUST **is nut FREE**



**PLEASE DO NOT BRING ANY ITEMS
CONTAINING NUTS ONTO OUR PREMISES**

WHY? 2.4 million people have a confirmed food allergy,
and nuts is one of the most common.



compassionate



inclusive



committed

**Please talk to us if you have
a food allergy, intolerance
or coeliac disease.**

.....

We want to cater safely for everyone.

