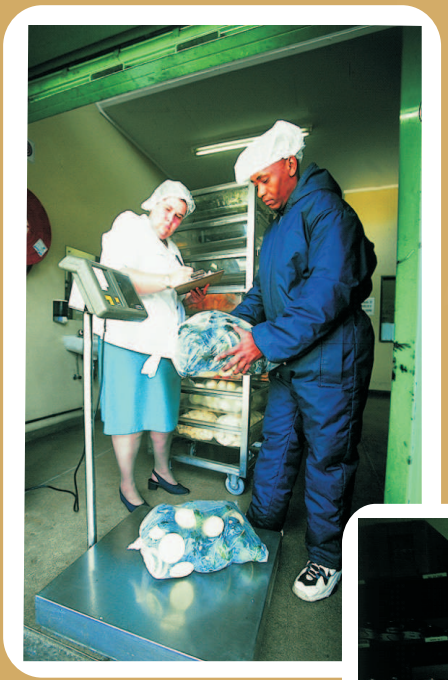
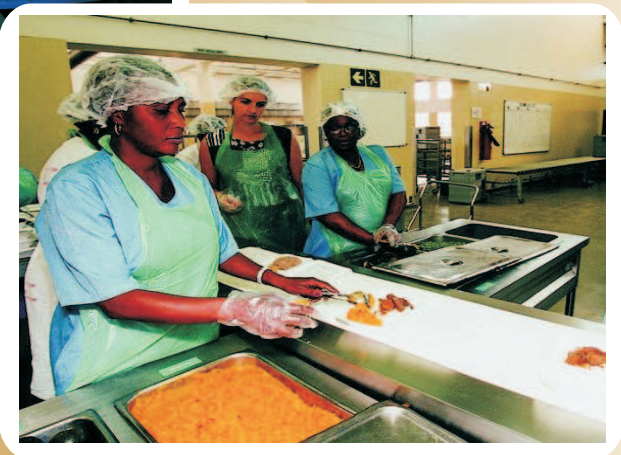
Policy For Food Service Management In Public Health Establishments





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FOREWORD

It is with great pleasure that I present this policy for Food Service Management in public health establishments.

The policy for food service management in public health establishments provide a set of minimum norms and standards for food service units, improving quality and aims at harmonizing provincial activities pertaining to food service management.

The Department of Health is responsible for ensuring that meals provided to clients at public Health establishments, are safe, nutritious, of good quality and culturally acceptable. To fulfill this responsibility, and following an in-depth analysis of the food service management situation in South Africa's public health establishments, the policy for food service management in public health establishments was developed.

The quality of services provided at public health establishments is measured against the National Health Core Standards in which the minimum standards for food service management are part of; therefore it is imperative to implement the policy to ensure entrenchment of these minimum standards in food service units.

The policy will also contribute towards upholding the ethos of the Patients' Rights Charter and Batho Pele principles through appropriate and effective delivery of food services. This policy can also be adapted by other departments and organizations that provide food services.

We are particularly grateful to everyone that assisted in the development and compilation of this policy.

DR AARON MOTSOALEDI, MP
MINISTER OF HEALTH

ACKNOWLEDGEMENTS

The Department of Health would like to thank all the individuals and organisations involved in the development of this policy.

In particular, we would like to thank the provincial departments responsible for Health, the food service management staff at various public health establishments, the Department of Correctional Services, and the universities, universities of technology and private catering institutions that assisted us.

A special thank you goes to the food service staff whose commitment to implementing this policy will improve the health and well-being of clients in public health establishments.

CONTENTS

ABBREVIATIONS

FBDG	Food Based Dietary Guidelines
HACCP	Hazard Analysis Critical Control Point
HWSETA	Health and Welfare Sector Education and Training Authority
MINMEC	Minister and Members of the Executive Council
NQF	National Qualification Framework
PFMA	Public Finance Management Act
PHRC	Provincial Health Restructuring Committee
SABS	South African Bureau of Standards
SAQA	South African Qualification Authority
SETA	Sector Education and Training Authority
THETASETA	Tourism Hospitality and Sport Education Training Authority SETA

EXECUTIVE SUMMARY

Nutritional support forms part of the holistic care of clients in health establishments. Within this context, the purpose and function of food service management is to provide appropriate, good quality, safe, wholesome and nutritious meals, snacks and beverages to all clients in health establishments, as well as Correctional Services facilities, welfare facilities, and school hostels.

Hospital-induced malnutrition increases the cost of patient care owing to the increased period of hospitalisation, increased morbidity and mortality, and increased need for medication to treat hospital-acquired infections. Surveys have shown that the nutritional status of the majority of patients deteriorates further when admitted to health facilities that provide poor diets. Those most vulnerable to inadequate nutrition are children, pregnant women, the elderly and people who are immuno-compromised.

Vision

The vision of the policy is to provide optimum nutrition for all clients in public health establishments in South Africa.

The recommendations outlined in this policy are aligned to recent available knowledge and legal framework.

The policy covers the following:

- A description of the policy development process.
- The rationale of the policy
- The vision, goal, objectives.
- Minimum standards of the food service units
- Planning of an institutional food service unit and dinning hall
- Financial management in hospital food service unit
- Human resources management and development
- Food provisioning
- Quality control
- Food safety and hygiene
- Monitoring and evaluation

THE POLICY DEVELOPMENT PROCESS

A consultant was appointed in 1999 to assess the rendering of food services in public service institutions in South Africa. This included food service units in the Departments of Correctional Services, Social Development and Health. One of the recommendations following the assessment was that a national food service management policy should be developed for use in the food service units of these facilities.

The findings of the consultancy were presented to the Management Committee of the national Department of Health and the Provincial Health Restructuring Committee (PHRC) in 2000. Following this, a presentation on the food service situation in health establishments was made to a Minister and Members of the Executive Council (MINMEC) meeting in 2003. This led, after a meeting held with provincial nutrition managers, to the establishment of the Food Service Management Working Group in 2003. Other provinces conducted province specific research.

The terms of reference for the Working Group were to develop a policy and related guidelines on food service management in health establishments. The members of the Working Group, all with expertise in food service management, consisted of representatives from the Department of Correctional Services, and Department of Health representatives from all nine provinces.

Information on food service delivery was gathered from the provinces and collated. The first draft of the policy was circulated to all Working Group members for input. A second draft was sent to provincial nutrition units for circulation to all health facilities for input. A first draft of the policy was also circulated for input to the Department of Correctional Services, universities, technikons, private catering institutions and individuals with expertise on food service management. Input was also obtained from various directorates within the Department of Health. The policy was finally presented at NHC in 2008.

1. BACKGROUND

In view of the importance of food service management, the Nutrition Directorate of the Department of Health appointed a consultant in 1999 to evaluate food service management in South African public health establishments. In 1994 most provinces had to amalgamate their administrations with the administrations of the former self-governing territories. These administrations had different guidelines, manuals and policies for the various food service units.

The consultancy's report on food service management and administration was presented to the National Health Management Committee in 2000. The consultancy was tasked with reviewing the current food service systems and practices in South Africa's health institutions, in particular existing provincial and other manuals and food ration scales, and to adapt these to synchronise with the South African Food-based Dietary Guidelines.

The findings included the following:

- The budgets for some food service units were inadequate.
- A high incidence of theft of food and crockery further strained budgets.
- Equipment was often inadequate or non-functional.
- There was a shortage of skilled staff in the food service units.
- Food suppliers did not adhere to specifications.
- Large quantities of food were wasted.

Although some of the report's recommendations were implemented, in general the situation in the food service units in health institutions continues to face challenges.

Health establishment budget cuts have contributed to the deteriorating quality of food. Food service management is often an undervalued aspect of health care, as is evident from the common practice of reducing the food service management budget in response to general budget restrictions. This impacts negatively on the nutritional status of patients, as the quality of the food served is poor and the variety limited. As a result, many organisations are experiencing malnutrition in clients admitted for the treatment of other illnesses. Hospital-induced malnutrition is known to occur in public health establishments, and is linked, among other things, to the inappropriate serving of meals, inadequate intake, and poor preparation and quality.

2. INTRODUCTION

Good food service management should ensure meals that are acceptable and adequate in quality and quantity to clients in public organisations. Under normal circumstances, good nutritional care consists of supplying a normal diet that furnishes the nutritional, psychological and aesthetic needs of

clients. Nutritional support should be adapted to the needs of the individual client, and may require the modification of a diet, e.g. in texture, as part of the client's treatment. In a hospital setting, maintaining the nutritional status of a patient is essential to his or her recovery from illness.

There is little data documenting the nutritional status of patients in hospitals in South Africa. However, international surveys of hospitalised patients have found a prevalence of 35 to 60% of patients nutritionally at risk/malnourished on admission. Those who were most nutritionally at risk were children under two years of age and those over 18 years of age with chronic diseases such as HIV and Aids, tuberculosis, and cardiac and gastrointestinal tract diseases.

2.1 Why malnutrition is common in hospital patients

The aetiology of malnutrition is multifactoral and includes a loss of appetite, mechanical difficulties in eating (e.g. lethargy and weakness), metabolic disorders, socio-economic status, malabsorption and hospitalisation. Malnutrition may develop as a result of decreased dietary intake, increased nutritional requirements or an impaired ability to utilise or absorb nutrients. Lack of standardisation in food service units has resulted in less than optimal quality assurance and control of meals provided.

2.2 Why malnutrition often goes unrecognised

Adequate nutrition is a basic human right and a requirement for good health. However, the consequences and onset of malnutrition are often insidious and may only become apparent after a prolonged period. Medical and nursing staff, regularly monitor patients for adverse changes in respiratory function, and electrolyte and fluid balances, but the effects of starvation or semi-starvation often go unrecognised. Nutrition is also generally given a low level of priority in terms of budgets.

2.3 The consequences of malnutrition

The effects of malnutrition are weight loss, depletion of subcutaneous fat stores, progressive muscle wasting and lethargy. Malnutrition can lead to a delay in recovery and a longer hospital stay, which has a negative effect on the establishment's budget and risk of morbid complications. Malnutrition is also associated with impaired response, delayed wound healing, and a slower return to full mobility. Patients who are malnourished more frequently have infections and complications. It has been estimated that significant savings could be achieved by preventing disease related to malnutrition through appropriate nutritional support. It has been estimated that through the provision of appropriate nutritional support of all patients, especially those who are malnourished, a decrease of hospital stay by five days in 10% of all patients, or a cost saving of 10 to 30% could be achieved.

2.4 Current situation analysis

Food services may be managed in-house or outsourced. Guidelines in respect of the delivery of appropriate, quality meals for patients in health establishments have been lacking, especially in respect of the procurement of foodstuffs, maintenance of equipment, provision of staff and standardised levels of service delivery in terms of output specifications, standard procedural policies and appropriate monitoring systems. The result has in many instances been poor food service delivery. In some cases specifications are not adhered to, resulting in the production of meals that do not meet the nutritional requirements of the clients served. Currently, there is no programme to address the skills development of food handlers, most of whom have been working for many years without any form of training. The table below provides information on the number of outsourced and in-house food services in health establishments in each province.

Table 1: Number of food service units in public health establishments by province

Province	In-house	Outsourced
Eastern Cape	86	1
Free State	25	7
Gauteng	31	3
KwaZulu Natal	26	47
Limpopo	32	11
Mpumalanga	28	1
Northern Cape	27	1
North West	8	24
Western Cape	46	8
Total	**309**	**103**

2.5 Rationale for a policy on food service management

The urgent need for a policy was identified owing to reports on poor service delivery and increasing concern that patients' nutritional status was being compromised. A number of important service delivery and advocacy issues were raised, making the development and implementation of a policy essential in order to -

- standardise food service delivery to comply with national and provincial standards;
- provide outsourced and in-house food services with comprehensive output specifications to use as a tool for planning and managing appropriate food services;
- promote, through monitoring and advocacy, an appropriate focus on the needs of food service for resources;
- promote the development of appropriate resources such as presentations and manuals for training and advocacy in food service delivery;

- uphold the ethos of the Patients' Rights Charter and Batho Pele through appropriate and effective food service delivery;
- promote the building of appropriate partnerships with private partners in order to meet the needs of the patients optimally.

3. POLICY FRAMEWORK

Vision

The vision of the policy is to provide optimum nutrition for all clients in public health establishments in South Africa.

Goal

To contribute to the nutritional well-being of clients by providing adequate nutrition through effective food service systems.

Objectives

To ensure that clients at public health establishments, following the implementation of appropriate food service management guidelines, receive meals that are religiously and culturally acceptable, adequate in respect of quality and quantity of food served, and safe for consumption.

Target groups

The target groups for the food service management policy include all the staff involved in the day-to-day running of the food service units. The primary targets of this policy are:

- Managers in the food service units
- Dietitians and/or Nutritionists
- Food handlers in public health establishments
- Hospital management (superintendents, chief executive officers, secretaries, etc.)
- District and provincial managers
- Private caterers
- Health care providers
- Health workers

4. MINIMUM STANDARDS IN FOOD SERVICE UNITS

In this context, a standard is a statement about a desired and acceptable level of health care. The national Department of Health's task is to define what types and standards of service are required. Provinces should specify how the services are to be provided and at what level the standards will be met.

The following are minimum standards that should be met in all food service units in public health establishments:

- Food service management guidelines should be available and implemented in all health establishments with food service units. This includes guidelines that have already been developed and those that are developed in future.

- The skills of food handlers in all institutions should be improved according to the Skills Development Act and regulations. A human resource development plan for nutrition workers developed by the Directorate: Nutrition of the national Department of Health should be used as a guideline.

- Food served to clients should be acceptable (both culturally and religiously acceptable and adequate in quality and quantity) and should meet recommended nutrient goals.

- Quality control tools should be developed and implemented in all the food service units.

- Food service units should have adequate resources (e.g. staff and equipment) to be able to prepare and serve food of high quality and Planning of a new food service or alterations to an existing unit at a health facility should be done in accordance with the Manual for the Planning of a Food Service Unit and Dining Hall for a Hospital or Health Institution (volume 5).

- Meals should be served at fixed serving times, e.g. 18:00 for supper, and fasting periods between meals should be kept to the minimum as specified in this policy.

- Cultural preferences for different foods should be taken into consideration when planning meals, especially in facilities with people from different ethnic or cultural groups.

- All units should have an identified specification (daily ration scales) for all meal types offered, e.g. healthy eating menu, low protein diet.

- The individual specification (daily ration scale) should be used to determine food quantities required on a daily basis for all meals, with snacks in between (where appropriate), and other matters.

- A cycle menu should be displayed and used in all health establishments with food service units. Guidelines on menu planning should be made available.

- Food delivered to hospitals should be of high quality and national guidelines on specifications for perishable and non-perishable food items should be adhered to.

- An adequate budget should be allocated to all institutions. The person in charge of the food service unit should manage money allocated to food service units in an efficient manner.

- All areas and equipment in the food service unit should be kept clean and in good working order. The principles of good hygiene should be practised, as should those of the Hazard Analysis and Critical Control Point System (HACCP).

- A diet kitchen or designated area where therapeutic diets are prepared should be available in all the food service units.

5. FINANCIAL MANAGEMENT IN A HOSPITAL FOOD SERVICE UNIT

The development of a food service budget should incorporate a strategic, business and operational plan. Aspects that should be considered when drawing a food service budget are:

- Menu
- Procurement, deliveries, storage facilities
- Operating data
- Training
- Equipment and maintenance
- Human resources
- Budget and expenditure control
- Records and financial reports

Management of funds should be in accordance to the Public Finance Management Act (PFMA) and Treasury Regulations.

5.1 In-house food services

The manager of the food service unit, together with procurement, stores and finance/administration sections of the hospital, should be responsible for financial management of the food service unit.

5.2 Outsourced food services

The contract of an outsourced food service should specify the responsibilities of each party. The cash flow should be in accordance with the contract and should match the service provided. The contractor should have a licence as contemplated in relevant provincial legislation. The contractor is bound to adhere to the minimum standards of the identified policy and failure to adhere to them should result in immediate termination of the contract. There should be a proper monitoring mechanism to ensure that the contractor follows the specifications of the contract.

5.3 Procurement procedures

Provincial policies should be followed with regard to procurement procedures.

6. HUMAN RESOURCE MANAGEMENT AND DEVELOPMENT

6.1 Staffing

The management of human resources is an essential component of an effective health system, and can be the most important factor influencing the success or failure of health sector reform. Adequate numbers of highly motivated and appropriately trained staff are critical for proper management of the food service unit. All regional and district hospitals with more than 100 beds should have a qualified food service manager.

6.2 Training and development of the food service workers

The Skills Development Act of 1998 lays the foundation for skills development in South Africa. The aim of the Act is to improve the working skills of all South Africans at all levels. The development of food handlers' skills should be in line with the Skills Development Act, South African Qualifications Authority Act, Skills Development Levies Act and National Skills Development Strategy. The Health and Welfare Sector Education and Training Authority (HW SETA) and Tourism, Hospitality and Sport Education Training Authority SETA (THETA SETA) should be consulted with regard to the training of the food handlers.

Qualifications, learnerships and skills programmes from THETA should be adopted as the basis for the training of food handlers. Qualifications should be registered with the South African Qualifications Authority (SAQA) on the National Qualifications Framework (NQF). The NQF, with its commitment to outcomes-based education and training, will be used for the education and training of all food handlers. The skills of all food handlers (including food service managers, food service supervisors, food service aides and kitchen cleaners) should be developed in order to improve service delivery in the health establishments. Accredited providers should provide training.

7. FOOD PROVISIONING

7.1 Ration scale

A ration scale is a list of foods, flavourings and drinks expressed in quantities as purchased per person per day and/or per week. The ration scales do not apply to people with specific nutritional requirements. Planning of meals and procurement of food items should be done according to the Food Ration Scales for Hospitals and Health Establishments.

7.2 Meal plan

A meal plan is a list of the basic components of each meal. It is used as a starting point in the planning of the menu. It is the pattern on which the food items on the ration scale will be divided on a daily menu, and helps to streamline operational procedures in the food service units. The prescribed food items are planned on a menu framework according to the frequency allowed per day or week. The meal plan is prescribed in order to ensure uniform meals and

portion sizes in hospitals to meet the clients' nutritional requirements and be within the food service budget. (An example of a meal plan is attached as Appendix A.)

7.3 Menu planning

A menu can be defined as a detailed list of foods to be served at a meal or, in broader sense, a total list of food items offered by a food service unit. The objective of menu planning is to design an integrated set of product to satisfy the needs and requirements of clients to be served. The menu is the focal point of activities in the food service units. A menu also determines the ingredients to be purchased, the equipment, the skills of staff needed, the work schedule and supervision required. It is also the basis for the costing of food to be served. The South African Food-based Dietary Guidelines should be adhered to during menu planning. In order to ensure that the nutritional requirements of clients are met, a hospital, district or regional dietitian should analyze all menus prior to implementation.

It is recommended that institutions have a menu cycle of eight to 21 days to accommodate long-term patients and to ensure variety of menu items and preparation methods. The person in charge of the food service unit, in conjunction with a hospital, district or regional dietitian should compile a menu, which should be reviewed on a regular basis, e.g. every quarter.

7.4 Standardised recipes

A standardised recipe outlines the amount and proportion of the ingredients and the cooking or preparation method. Standardised recipes make quality assurance and control easy. They also provide a consistent yield, e.g. a given number of portions of a particular size.

Standardised recipes are the most effective management tool available for menu planning, procurement and the production of meals (including the equipment and utensils needed, the staff required, and the quality, quantity and cost of producing menu items. Each food service unit should have a database of standardised recipes.

7.5 Meals for health establishments.

All meals provided to clients in hospitals should be wholesome and nutritious adhering to the Food-based Dietary Guidelines. The aim of all food service units should be to implement a policy where a normal diet forms the basis of all the therapeutic diets. From the normal diet, therapeutic diets should be planned according to the needs of the clients. All meals should be prepared using Food-based Dietary Guidelines, providing meals appropriate for patients' conditions, e.g. cardiac, diabetic, hypertensive and/or renal.

The healthy eating menu may also accommodate renal diets where the protein specification is reduced and where vegetables or starches such as potatoes and pumpkin are pre-soaked. A dietitian should be consulted regarding the prescription of special diets, e.g. low cholesterol diets. In the absence of a dietitian, the food service manager or supervisor should consult the district dietitian or a dietician at a nearby hospital for assistance.

7.6 Meals served to other clients

There should be a food service budget for patients' meals, overnight patients, waiting pregnant women, breastfeeding mothers, kangaroo mother care and boarder mothers where lodger facilities are available. A separate budget should be allocated for other catering needs such as crèches at health institutions and special functions. With regard to meals served to staff on night duty, resident staff, non-resident staff and official visitors, provincial policies should apply.

7.7 Meal times

Inappropriate feeding times have a negative impact on the dietary intake of patients. This may have negative results such as hypoglycaemia and hypothermia, especially in children.

Meals should be provided to patients at the following times:

Breakfast:	[07:00 – 08:00]
Lunch:	[12:00 – 13:00]
Supper:	[17:00 - 19:00]

- No longer than 12 hours should elapse between supper and breakfast. In order to avoid this, it is recommended that morning, afternoon and late night beverages should be served at well-spaced intervals, e.g. 10:00, 14:00 and between 20:00 and 21:00. Meal provisions should be made for patients, boarder mothers and caregivers who miss a meal, for example because of late admission or treatment received outside the ward. They should be provided with at least a small meal consisting of a sandwich and fruit.

7.8 Feeding of patients

Ward staff should be responsible for feeding patients who are unable to feed themselves. Food should be served immediately and not be left at the patient's bedside for any length of time, as this increases the risk of bacterial contamination of meals provided. A dietitian should ensure that patients at ward level receive individualised nutrition support, e.g. supplements, snacks and enteral feeds prescribed for them.

7.9 Cultural preference of food

Rendering a cost-effective service with available resources should not preclude meeting the needs of clients with specific tastes or meal preferences (e.g. cultural and ethnic requirements).

7.10 Cultural preference of food

An appropriate meal ordering system should be in place in all food service units to accommodate all patients' daily meal requirements.

7.11 Food waste survey

The aim of a food waste survey is to measure acceptability for meals. To ensure that the results of the survey are reliable, it should be conducted for all three meals of the day in all the wards over a three-day period. This information may be used to determine the acceptability of the menu items and portion sizes. A food waste survey is recommended whenever a new menu/recipe is introduced, if the food intake of patients is inadequate or if a specific menu item appears to be unacceptable to clients. A food waste survey should be carried out on a quarterly basis.

7.12 Serving of meals

All food service units should have an appropriate meal delivery system, which includes processes to stop pilferage and to maintain the temperature and quality of meals served. Food should be delivered to the wards within 20 minutes of being dished up in the food service unit. Food should be served to the patients immediately it arrives in the ward.

8. FOOD SERVICE COST CONTROL

Cost control may considerably influence the effective running of food service units. The main objective of cost control is to ensure that a food service unit stays within the limits of an approved budget. Staff responsible for the management of food service units should have a sound knowledge of all processes and tasks performed in the food service unit. They will then be able to monitor activities to ensure appropriate cost and waste management.

An appropriate record system should be in place in all the food service units. The use of a computerised system is time effective and ensures that data is more readily available than in a handwritten system. Computerised costing systems may also be more reliable and accurate than handwritten systems and can provide a host of valuable information to the food service manager or dietitian.

If control over food costs is to be maintained effectively, attention should be paid to menu planning, procurement procedures, and the storage, preparation and serving of food.

Food service cost control measures should take the following into consideration:

- Procurement procedures
- Number of clients served per day
- Food production and service records
- Receiving, storage, issuing and inventory control
- Food preparation procedures
- Standardisation of portions and serving wastes
- Meals served to employees
- Food cost reports
- Menu pattern and types of food purchased
- Operational and other running costs

9. QUALITY CONTROL

Quality control has been defined as those operational techniques and activities that ensure the quality of a product or service in order to satisfy given needs. A standardised monitoring tool should be used to assess the performance of a specific food service unit against the norms set out in the policy.

9.1 Quality control procedures

The following procedures should be carried out regularly to maintain the quality of food service:

- Inspection of food stock
- Control of receiving procedures
- Storage control
- Control over issuing of stock
- Production control
- Portion control
- Hygiene control
- Food preparation
- Serving control
- Menu control
- Temperature control of all food
- Equipment control.

The South African Bureau of Standards (SABS) has standards (e.g. for food hygiene management and the handling of chilled and frozen foods) and specifications (e.g. for pasteurised milk) which should be referred to in order to maintain the quality of food service.

The staff that is responsible for quality needs assessment is dietitians, food service managers, food service supervisors and storekeepers.

10. FOOD SAFETY AND HYGIENE

Food safety has received much attention from government and food-related professional associations because of the potential health and economic impact of food-borne illnesses. Food safety is defined as the assurance that food will not cause harm to the consumer when it is prepared and/or eaten according to its intended use. Safe food may be defined as food that is high in quality, which has been selected, prepared, and served in such a way that it retains its natural flavour and identity, is nutritious and is free of unsafe bacteriological or chemical contamination. To provide safe food and prevent outbreaks of food-borne illness, the application of HACCP programmes is recommended. The formula study conducted in 2008 found that there were high percentage of pathogens in prepared formula and unhygienic practices were implicated. Therefore it recommended that prerequisite programmes (basic hygiene practices) are in place even in formula preparation areas.

HACCP is a system in which food safety is managed through the analysis and control of biological, chemical, and physical hazards from raw material production, procurement and handling, to manufacturing, distribution, and consumption of the finished product. All organisations should ensure that all the prerequisite programmes are in place before a HACCP programme is implemented. Regulations relating to the Application of the Hazard Analysis Critical Control Point System (HACCP System) (Government Notice No. R. 908 of 27 June 2003) should be used in this regard. HACCP training should be compulsory for all food handlers. Regulations governing general hygiene requirements for food premises and the transport of food should be implemented in all food service units.

11. SAFETY IN THE FOOD SERVICE UNITS

All food service units should have written safety procedures and implement them. Hospital occupational health and safety committees should be consulted with regard to the safety of employees. The Occupational Health and Safety Act and regulations should be used as a guide.

12. PRE-EMPLOYMENT AND ROUTINE MEDICAL EXAMINATIONS OF FOOD HANDLERS

Department of Health does not consider pre-employment and routine medical examinations of food handlers to be cost-effective or reliable in the prevention of food-borne diseases, and does not recommend that health authorities have such examinations done. However, regular monitoring and surveillance by health authorities and management of the food handling process is a crucial element in the prevention of food-borne diseases. Guidelines for the management and health surveillance of food handlers should be used in this regard.

13. VISITORS TO THE FOOD SERVICE UNITS

Visitors to food service units, preparation or handling areas should, where appropriate, wear protective clothing and adhere to the other personal hygiene provisions in this policy.

14. FOOD SERVICE EQUIPMENT

The successful operation of any food service unit is largely dependent on the effective utilisation and functioning of equipment and utensils specifically selected to achieve the goals and objectives of the food service unit. The effectiveness of the food service operation is also affected by the way in which such equipment and utensils are maintained and cared for on a day-to-day basis.

Food service managers/supervisors should be familiar with the functioning and day-to-day operation of equipment. They are responsible for training food service staff to use and operate equipment according to the manufacturer's instructions.

The maintenance of a proper inventory of equipment, small utensils and appliances is essential in order to prevent the improper use of such equipment. In order to ensure the correct maintenance of equipment, an equipment-operating manual should be available in all food service units.

14.1 Maintenance of equipment

The maintenance and repair of equipment in food service units is the responsibility of the hospital's maintenance section. Maintenance records of each piece of equipment should be kept in the food service unit.

15. OUTSOURCING OF THE FOOD SERVICE

In order to ensure that outsourcing of the food service is done appropriately, Treasury Regulation 16 (Public-Private Partnerships) should be consulted for guidance. Additional guidelines on outsourcing the food service of public hospitals should also be consulted (refer to the operational manual on food service management).

16. MONITORING AND EVALUATION

A standardised monitoring tool should be used to ensure that this policy is adhered to. Provincial nutrition units will be responsible for monitoring and evaluating the implementation of the policy. Provincial nutrition units should collect baseline data on food service management in their provinces for comparison after the implementation of the policy. In addition, an ongoing monitoring system of process indicators should be developed for assessing progress in implementing the policy and the guidelines. Key measurable indicators should be developed to measure progress towards and achievement of specific objectives.

Monitoring of adherence to the policy will be strengthened by appraisals of public health establishments against the National Core Standards for Health. Minister of Health launched these National Core Standards for Health in April 2008. Minimum food service standards have been incorporated into the National Core Standards for Health therefore awarding the Directorate: Nutrition the opportunity to gain perspective of the extent at which the health establishments are complying to the standards.

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APPENDIX A: Example of a meal plan

The meal plan listed below is a guideline to be followed for clients on a normal diet.

MEAL TIME	FOOD ITEMS Adults	FOOD ITEMS Toddlers/ Children	FOOD ITEMS Private patients
Early morning	Tea/coffee with milk and sugar	Rooibos tea/hot milk drink with milk and sugar.	Tea/coffee with milk and sugar
Breakfast	Porridge with milk and sugar (Dry breakfast cereal can be served once a week) Protein dish (optional) Brown bread Margarine Jam/peanut butter/meat extract Tea/coffee with milk and sugar	Porridge with milk and sugar (Dry breakfast cereal can be served once a week) Protein dish (optional) Brown bread Margarine Jam/peanut butter/meat extract Rooibos tea/hot milk drink with milk and sugar	Porridge with milk and sugar (Dry breakfast cereal or cooked) Protein dish Brown or wholewheat bread Margarine Jam/peanut butter/meat extract
10:00	Tea/coffee with milk and sugar	Rooibos tea/hot milk drink with milk and sugar/juice.	Tea/coffee with milk and sugar
Lunch	Soup (optional) Main dish Starch 2 vegetables or 1 vegetable and 1 salad Dessert (once a week)	Soup (optional) Main dish Starch 2 vegetables or 1 vegetable and 1 salad Dessert (only on Sundays)	Soup (optional) Main dish Starch 2 vegetables or 1 vegetable and 1 salad Dessert Tea/coffee with milk and sugar
14:00	Tea/coffee with milk and sugar/cold drink	Rooibos tea with milk and sugar/juice	Tea/coffee with milk and sugar
Supper	Soup (optional) Main dish Starch 1 vegetable or salad Brown bread Margarine Jam/peanut butter/meat	Soup (optional) Main dish Starch 1 vegetable or salad Brown bread Margarine Jam/peanut butter/meat extract/fish paste/cheese/polony Tea/coffee with milk and sugar	Soup (optional) Main dish Starch 1 vegetable or salad Brown or wholewheat bread Margarine Jam/peanut butter/meat extract/fish paste Tea/coffee with milk and sugar
20:00	Tea/coffee with milk and sugar Sandwich (optional)	Rooibos tea with milk and sugar/juice/milk	Tea/coffee with milk and sugar Sandwich

NB: Fruit should be served daily with or in between meals. Drinking water should be readily available to all patients at all times.

APPENDIX B GLOSSARY OF TERMS

Batho Pele:	A service delivery flagship programme to improve service delivery in the Public Service.
Boarder mother:	Parent or caregiver of a child admitted at the same time or during the child's stay at a facility.
Client:	The person to whom a service is rendered.
Contractor:	A person or an entity that has entered into a contract with the Department of Health to render service in a food service unit.
Dietitian:	A person who is qualified in dietetics and registered with the Health Professions Council of South Africa as a dietitian.
Food handler:	A person who in the course of his or her normal routine work on food premises comes into contact with food not intended for his or her personal use.
Food service manager:	A person who is qualified in food service management/food and beverage management performing the duties of managing the food service unit.
Food safety:	The assurance that food will not cause harm to the consumer when it is prepared and/or eaten according to its intended use.
Food service system:	An integrated system in which the procurement, storage, preparation and service of food and beverages, and equipment, methods and staff required to carry out these functions are fully coordinated for minimum labour, and optimal client satisfaction, quality and cost effectiveness.
Food service unit:	A kitchen providing a food service to clients in a hospital.
Foodstuff:	Any article or substance (except a drug as defined in the Drugs Control Act, 1965 (Act No. 101 of 1965), ordinarily eaten by or drunk by man, or purporting to be suitable, or manufactured or sold, for human consumption, including any part or ingredient of any such article or substance, or any substance used or intended or destined to be used as a part or ingredient of any such article or substance.

HACCP System: The Hazard Analysis and Critical Control Point System identifies, evaluates and controls hazards that are significant for food safety.

Health care provider: A person providing health services in terms of any law, including in terms of the -

a) Allied Health Professions Act, 1982 (Act No. 63 of 1982)
b) Health Professions Act, 1974 (Act No. 56 of 1974)
c) Nursing Act, 1978 (Act No. 50 of 1978)
d) Pharmacy Act, 1974 (Act No. 53 of 1974)
e) Dental Technicians Act, 1979 (Act No. 19 of 1979)

Health establishment: The whole or part of a public or private institution, facility, building or place, whether for profit or not, that is operated or designed to provide inpatient or outpatient treatment, diagnostic or therapeutic interventions, nursing, rehabilitative, palliative, convalescent, preventative or other health services.

Health worker: A person who is involved in the provision of health services to a user, excluding health care providers.

In-house food service units: A food service unit where the catering and related services are managed and rendered by the state.

Kangaroo Mother Care: The skin to skin contact between mother and a newborn baby

Outsourced food service: A food service unit where the catering and related services are maintained and delivered by a private caterer on behalf of the state, within the premises or private premises where food is provided to clients.

Patients' Rights Charter: A document setting out the rights of patients in terms of health care, including access to health care services as guaranteed in the Constitution.

Public health establishment: A health establishment that is owned or controlled by an organ of state.

Quality control: Operational techniques and activities that sustain the quality of a product or service in order to satisfy given needs.

Ration scale: A list of food, flavourings and drinks expressed in quantities as purchased per person per day or per week. It may indicate quantities for specific meals or snacks instead of quantities per week.

Standardised recipe:	A well-established formulation written in a set pattern, for a specific food service unit, in which the amount and proportion of the ingredients and procedures of combining them will constantly produce a highly acceptable product, and yield a specific number of portions of a particular size.
Therapeutic diets:	Diets that are derived from the modification of a normal diet for a specific disease or condition.

APPENDIX C CURRENT LEGAL POLICY FRAMEWORK

Food service management in public health establishments is guided by the following legislation and policies:

- **The Constitution of the Republic of South Africa**

  The foundation of the Government's commitment to nutrition is laid in the Constitution of the Republic of South Africa, 1996 (Act No. 108 of 1996). The Bill of Rights (contained in Chapter 2 of the Constitution), guarantees the right of all people in South Africa to health care, **food**, water and social security (section 27(1)). In particular, the right of every child to basic nutrition is confirmed. The eradication of malnutrition is a necessary condition for the realisation of children's nutritional rights (section 28(1)).

- **The White Paper for the Transformation of the Health System in South Africa**

  In 1997, the White Paper for the Transformation of the Health System in South Africa mandated the implementation of an Integrated Nutrition Strategy. This was translated into the Integrated Nutrition Programme, of which Food Service Management is one of the focus areas.

- **The Foodstuffs, Cosmetics and Disinfectants Act 54 of 1972**

  This Act governs the manufacture, sale and importation of foodstuffs, cosmetics and disinfectants in order to protect the public against any product that could be a threat to their health. The Act has regulations that ensure that food provided in all food premises, including the food service units, is safe for human consumption.

- **The Health Act 63 of 1977**

  The Health Act has regulations that have direct relevance to food safety, governing hygiene requirements for food premises and the handling and transport of food.

- **The National Health Act 61 of 2003**

  This Act aims to establish a health system based on decentralised management, principles of research, and a spirit of enquiry and advocacy, which encourages participation. It also promotes a spirit of cooperation and shared responsibility among public and private health professions and providers and other relevant sectors.

- **The Agricultural Product Standards Act 119 of 1990**

  This Act makes provision for control over the sale and export of certain agricultural products to ensure that they meet the standards prescribed by legislation. Section 6 of the Act relates to food service management in that it prohibits false or misleading descriptions for products.

- **The Meat Safety Act 40 of 2000**

  This Act addresses, among other issues, meat safety and hygiene standards in abattoirs and regulates the importation and exportation of unprocessed meat. The Act ensures that meat is safe for human consumption.

- **The Standards Act 29 of 1993**

  This Act makes compulsory specifications that apply to, among other commodities, foodstuffs such as canned meat and fish products.

- **The Occupational Health and Safety Act 85 of 1993**

  This Act makes provision for the health and safety of persons at work and for the health and safety of persons in connection with the use of plant and machinery; the protection of persons other than persons at work against hazards to health and safety arising out of or in connection with the activities of persons at work.

- **The Skills Development Act 97 of 1998**

  This Act seeks, among others things, to develop the skills of the South African workforce in order to improve the quality of life of workers, their prospects of work and labour mobility, and to encourage employers to use the workplace as an active learning environment and provide employees with opportunities to acquire new skills.

- **The South African Qualifications Authority Act 58 of 1995**

  The main purpose of this Act is to establish a South African Qualifications Authority (SAQA), which is responsible for the development and implementation of a National Qualifications Framework (NQF), in which all the unit standards and qualifications will be registered.

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