

# SESLHD POLICY COVER SHEET



**Health**  
South Eastern Sydney  
Local Health District

<b>NAME OF DOCUMENT</b>	Ordering of supplies for staff tearooms
<b>TYPE OF DOCUMENT</b>	Policy
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<b>LEVEL OF EVIDENCE</b>	Internal Audit Report SES/1528
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<b>POSITION RESPONSIBLE FOR THE DOCUMENT</b>	Director of Allied Health Claire O'Connor Claire.O'Connor@health.nsw.gov.au
<b>KEY TERMS</b>	Discretionary spend, HealthShare Food Services, staff supplies
<b>SUMMARY</b>	To provide governance and processes for the ordering of staff tea room supplies through HealthShare Food Services (HSFS).

**COMPLIANCE WITH THIS DOCUMENT IS MANDATORY**  
**This Policy is intellectual property of South Eastern Sydney Local Health District.**  
**Policy content cannot be duplicated.**

Feedback about this document can be sent to [seslhd-executiveservices@health.nsw.gov.au](mailto:seslhd-executiveservices@health.nsw.gov.au)

**1. POLICY STATEMENT**

This policy documents what staff can order from HealthShare Food Services (HSFS) for staff use, the process for ordering, and the appropriate approvals.

This policy **does not** apply to food that is ordered for patient consumption.

**2. AIMS**

To provide governance and processes for the most cost efficient ordering of food supplies for staff including what can be ordered, how to order and the approval process.

**3. TARGET AUDIENCE**

All SESLHD staff, Services Directors, General Managers, Business Managers, Nurse Unit Managers, HealthShare Food Services.

\*Note: This policy only applies to facilities and services that have access to order supplies through HSFS.

**4. RESPONSIBILITIES****All Staff**

- To adhere to this policy

**Cost Centre Managers**

It is the responsibility of the cost centre manager to approve orders of staff supplies for tea rooms. The cost centre manager may delegate approval to another appropriate member of staff.

The following supplies for staff tearooms should be ordered through the listed providers:

- Healthshare Food Services:
  - Milk
  - Sugar
  - Artificial sweetener
- WINC (or other approved office supplier)
  - Tea
  - Coffee

No other food items (eg biscuits) should be ordered for staff use from **any** supplier.

**Finance and Business Managers**

- Review HSFS costs for staff supplies on a monthly basis to ensure compliance.

**Healthshare Food Services**

- Only provide the above mentioned items for staff supplies

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- Only provide items ordered and approved by authorised staff members on the approved form.

**5. PROCESS**

The ordering and collection process is as follows:

1. All orders must be placed using the approved order form attached to the policy
2. All forms must have sign off by the cost centre manager or their delegate
3. Orders must be collected directly from facility kitchens between 7:30am and 12 midday, Monday to Friday
4. Orders can be collected by any staff member as approved by the cost centre manager
5. Food will not be dispensed without a completed form and approval.

**6. DOCUMENTATION**

SESLHD Healthshare Food Service Order Form

**7. REFERENCES**

N/A

**8. REVISION & APPROVAL HISTORY**

Date	Revision No.	Author and Approval
October 2019	DRAFT	Drafted by Jack Roach, Project Officer Approved by Executive Sponsor.
October 2019	DRAFT	Draft for comment period.
November 2019	DRAFT	Feedback from Draft for Comment period incorporated and final version approved by Executive Sponsor. Formatted by Executive Services prior to tabling at December 2019 Executive Council for approval to publish.
December 2019	1	Approved at December 2019 Executive Council meeting.
January 2020	1	Published by Executive Services.

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**APPENDIX A**



**SESLHD Food Services Order Form**

Ward/Cost Centre No: \_\_\_\_\_ Venue/ Ward Name: \_\_\_\_\_ Location: \_\_\_\_\_



Item	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<i>Date:</i>							
Milk Full Cream 2 lt							
Milk Fresh Full Cream 1lt							
Milk Lite White/Shape 1lt							
Milk Skim 600 ml							
Milk Soy UHT 1lt							
Sugar pc							
Sweetener pc							

Requested By: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Position: \_\_\_\_\_ Date / / Contact Number: \_\_\_\_\_

Approved By: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Position: \_\_\_\_\_ Date / / Contact Number: \_\_\_\_\_

**Food Services**

Issued by \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date \_\_\_\_\_