Implementation of the FSA Listeriosis Guidance: Chapter 2: Introduction

Background and objectives

Food safety is a crucial component of protecting the wellbeing of those in the care of health and social care organisations. Incidents, such as the 2019 listeriosis outbreak associated with pre-packed sandwiches supplied to hospitals in England, from which seven patients died of listeriosis, underline the risk of the disease and the serious consequences that a breach in standards can have.

Vulnerable consumers - whose immune systems are weakened in some way - are particularly susceptible to listeriosis and the disease has a high hospitalisation and fatality rate, compared to infections with other bacterial pathogens.

The bacterium which causes listeriosis, Listeria monocytogenes, is acutely challenging to control as it has the potential to grow at low temperatures and can survive freezing. As such, L. monocytogenes must be controlled in any health or social care (HSC) organisation that provides chilled ready-to-eat food for vulnerable groups. The Food Standards Agency (FSA) guidance on ' Reducing the risk of vulnerable groups contracting listeriosis' concentrates on preventing the spread of listeriosis, from preparation to consumption, in chilled ready-to-eat food.

The review set up following the 2019 listeriosis outbreak - the Independent Review of NHS Hospital Food, contained recommendations on food safety for NHS trusts to take on board. The FSA also committed to assess its own guidance in response to the 2019 outbreak. Social research was commissioned as part of the FSA's response.

This report covers findings from 39 respondents within NHS Trusts and 445 from Health and Social Care (HSC) (non- NHS Trust) settings, such as nursing homes, home care service providers and hospices, in England, Wales and Northern Ireland.

The research objectives for the surveys of health and social care settings and NHS Trusts were to:

- Measure awareness of the FSA guidance on listeriosis
  Find out how well the FSA guidance on listeriosis is implemented
  Understand barriers to implementing the guidance in full
  Understand good practice in implementing the guidance
  Understand HSC stakeholders' perceptions of the effectiveness and suitability of the guidance

Methodology

Survey of NHS Trusts

An FSA online survey was sent to all NHS Trusts in England, Wales and Northern Ireland between 22nd November and 17th December 2021 and 39 responses were received. In the vast majority of cases, the survey was completed by the catering manager (who was responsible for

food safety).

Data weighting – which can be used to ensure survey findings are representative of the wider population – was not applied in this case due to the relatively low numbers of Trusts completing the survey (any weighting would further reduce the effective sample size).

Survey of other HSC settings (non-NHS Trusts)

IFF Research carried out a separate survey of 445 HSC settings across England, Wales and Northern Ireland by telephone. An online survey option was also provided, but all surveys were completed via phone. Fieldwork took place between 16th August and 14th September 2022. The breakdown of interviews achieved across the three countries is shown in Table 2.1.

Table 2.1 Table showing the breakdown of interviews achieved across each country

Country	Number of interviews
England	410
Wales	20
Northern Ireland	15

IFF Research interviewed the person with overall responsibility for food safety at the HSC (non-NHS Trust) settings - this was often the general manager. To ensure all settings spoken to were in scope, interviewees were asked to confirm that chilled ready-to-eat food was available at their site before proceeding with the rest of the survey. Potential interviewees at residential care establishments, private hospitals, and day procedure units were also asked to confirm whether vulnerable consumers were present.

HSC (non-NHS Trust) settings were categorised as social care, community care, or healthcare settings, shown in bold in Table 2.2, with the types of settings falling into each category listed under each heading. Two commercial meal providers to HSC (non-NHS Trust) settings were interviewed as part of the research, but the results are not presented in a separate category throughout the report, due to the low numbers.

The final breakdown of interviews achieved (unweighted) was as follows:

Table 2.2 Table showing the breakdown of interviews achieved across each sector

Category	Number of interviews
Social Care	**261**
Nursing home	53
Residential care home	155
Day centre for the elderly or vulnerable	53
Community Care	**116**
Community meal provision (for example, meals on wheels)	20
Home case service providers	88
Assisted living development for the elderly	8
Healthcare	**66**
Hospice	33
Private hospital	32
Day procedure unit	1
Commercial meal provider to health and social care settings	2
Total	**445**

Data weighting was applied to the data to ensure results were, as far as possible, representative of all non-NHS Trust settings in scope of the research. Further detail on sampling, weighting and response rates can be found in the technical appendix.

As around three-quarters of the overall weighted total are social care settings (77%), the overall pattern of the data follows this category.

Reporting conventions

Findings from the NHS Trust survey and HSC (non-NHS Trust) settings are not directly compared with each other within this report. This is because any differences between the two would be unlikely to be statistically significant because of the small base size among NHS Trusts.

The small numbers of NHS Trusts completing the survey also means that no sub-group analysis has been conducted on the NHS Trust data.

All differences stated in this report between sub-groups of the HSC (non-NHS Trust) survey are statistically significant at the 95% confidence level.

For analysis purposes, the nine main HSC (non-NHS Trust) setting types included in the initial sample frame have been grouped into three categories – social care, healthcare and community care (see Table 2.2).
Where the report refers to HSC settings, this covers all three categories but excludes NHS Trusts.

Throughout this report, analysis has been conducted comparing HSC (non-NHS Trust) settings that have a PA relationship with a local authority with those who do not. This analysis applies to settings based in England and Wales only. The Primary Authority Scheme does not extend to food safety in Northern Ireland therefore a PA relationship with a local authority is not available.

Where figures do not add to 100% exactly, this is typically a result of rounding. In some cases, ‘don’t know’ responses or answer options with low response levels are not shown. This is stated where it occurs.
‘Not applicable’ responses have been excluded from the figures for some questions among HSC (non-NHS Trust) settings (reporting of NHS Trust data is not affected). Again, where this is the case, it is stated that Community care settings were generally more likely to record N/A responses to questions about good practice in the FSA guidance. This may be due to the different circumstances in which they work (for example, they are more likely to work in customers’ own homes).