Food, Fluid and Nutritional Care Policy

Lead Manager:	AHP Director
Responsible Director:	Board Nurse Director
Approved by:	Food, Fluid and Nutrition Oversight Group
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1. Introduction

1.1 Rationale for Policy

NHS Greater Glasgow & Clyde (NHSGGC) has a pivotal responsibility to promote health within its population. The relationship between diet and health status is unequivocal. The purpose of this policy is to enable NHSGGC to discharge this responsibility through both its health improvement role and as a provider of food to patients and staff.

The Board has endorsed a policy position on food, fluid and nutrition since 1993. This policy retains key aspects of previous policies, married with the changing nutritional needs of the population; Food, Fluid and Nutritional Care Standards (HIS 2014) extending the scope to include community settings; more exacting expectations associated with Older People in Acute Hospital inspections.

1.2 Policy Statement

NHSGGC is committed to the continuous improvement of the diet and nutritional status of our population and will demonstrate this through the delivery of national nutritional standards, active promotion of healthy eating and through working in partnership to increase opportunities for healthy eating.

1.3 Policy Objectives

Outcome	Objective
Optimised Nutritional Care of Patients	1: The achievement of a well-nourished patient through nutritional screening, person centered care planning and appropriate food and fluid provision to meet the varying needs of all patients within NHSGGC
	2: The provision of artificial nutritional support to address the needs of nutritionally vulnerable patients
Improved Health and Wellbeing	3: The promotion of a healthy and safe diet for Greater Glasgow and Clyde population by ensuring the availability of a healthy diet that routinely meets quality, safety, and nutritional expectations for patients, staff and visitors within NHSGGC premises

2. Scope of the Policy

The Food, Fluid and Nutritional Care Policy will encompass all aspects of nutritional care across all care settings in NHS Greater Glasgow and Clyde Board-wide and applies to all NHSGGC employees who have a role within the provision of Food, Fluid and Nutritional Care. The policy covers the totality of an individual's hydration and nutrition requirements and reflects the role that NHSGGC can play in promoting good nutrition within patients and the wider population as a health service provider in communities.

3. Roles, Responsibilities and Accountability

The implementation of the FFN Policy requires an integrated and comprehensive single system approach across NHSGGC Acute Services and Partnerships. This is facilitated by the Food, Fluid and Nutrition Oversight Group (FFN OG) chaired by Board Nurse Director or Deputy who provides Professional Governance and Regulation on behalf of the Nurse Director and acts as the NHSGGC Nutrition Champion in line with Food Fluid and Nutritional Care Standards (HIS 2014).

The aim of the FFN Oversight group is to ensure that people across NHSGGC experience optimal food, fluid and nutritional care in line with associated HIS (2014;2015) standards and NHSGGC resource manuals GGC - Acute Food, Fluid and Nutrition SharePoint. (NHSGGC 2021)

The FFN Oversight Group will provide strategic direction of the NHSGGC Food Fluid and Nutrition Policy through co-operative and collaborative action across the Board's operating arrangements to facilitate policy implementation. The oversight group provides a single point of strategic planning and review for all aspects of the policy.

The Chair of the FFN Oversight group responsibility to ensure feedback indicates high levels of acceptability for FFN is achieved for patient groups.

The FFN Oversight Group is ultimately accountable to the Clinical and Care Governance Committee of NHSGGC Board, reporting via the Quality Strategy Oversight Group.

The FFN Governance arrangements are detailed in appendix A

3.1 Food, Fluid and Nutritional Care Implementation

Responsibility for implementation of the FFN Policy lies with each organisational entity as described below.

3.1.1 Acute Services

Governance and Assurance
Leadership to ensure high quality food, fluid and nutritional care is delivered as part of routine care is the responsibility of the Chief Operating Officer and General Management team as well as the Medical Director and Chief Nurse/ Midwife.

Responsibility for FFN policy implementation has defined leadership at Acute Directorate and Sector level. Sector leads are responsible for adopting a risk management approach with routine assurance monitoring.

Delivery of Nutritional Care
The Acute Operational Group; chaired by a Chief Nurse is responsible for ensuring a coordinated approach to FFN is adopted across Acute Services. Related leads for each speciality; Practice Development, Dietetics, Nutrition Nurse Specialists, Speech and Language Therapy and Facilities Management are responsible for ensuring best

practice is developed within Acute to maintain hydration and support optimum nutritional intake and the mealtime experience as routine care for all inpatients.

All nursing; health care support staff; facilities staff; allied health professions (AHPs) and medical teams have a role in delivering nutritional care through the implementation of Right Patient; Right Meal; Right Time policy (NHSGGC 2023) and Swallowing Policy (2023).

Specific responsibilities for the provision of Dietetic care in both Acute and Community settings lies with North Sector Acute management team.

The Clinical Lead for Complex Nutritional Care is responsible for ensuring best practice is adopted in the provision of nutritional support for patients within hospital and community services in line with complex nutritional care national standards (HIS 2015). The Complex Nutritional Care group chaired by the Clinical lead incorporates membership from Acute and HSCPs to support alignment of policy and practice. Governance for the delivery of Complex Nutrition is aligned with service delivery responsibilities.

3.1.2 Health and Social Care Partnerships (HSCPs)

Governance and Assurance
Within HSCP's the Chief Officer and Chief Nurses are responsible for ensuring nutritional care standards, for delegated services, are appropriately embedded and monitored within service delivery.

Delivery of Nutritional Care
The Community Partnership Operational Group; chaired by a delegated Chief Nurse is responsible for ensuring nutritional care standards are appropriately embedded and monitored within service delivery.

The Mental Health FFN Group; chaired by delegated Professional Nurse Lead as directed by Chief Nurse, is responsible for ensuring nutritional care standards are appropriately embedded and monitored within service delivery for Mental Health (inpatient/community/specialist services), Learning Disability, Alcohol Drug Recovery Services (ADRS), Forensic Mental Health, Prison Healthcare Services.

Related leads for each HSCP, Dietetics, Pharmacy, Speech and Language Therapy are responsible for ensuring best practice within HSCP's to achieve the nutritional care standards. Within community all staff have a role in delivering high quality food, fluid, and nutritional care through the implementation of the national standards and NHSGGC policies related to FFN.

3.1.3 Facilities Directorate

Provision of Safe and Appropriate Foods and Fluids
The Director of Facilities and Head of Catering and Linen Services are responsible for ensuring the delivery of food and fluids to patients which meet catering specifications set out in National Food in Hospital guidelines (NHS Scotland 2016) and reflect the dietary needs associated with patient stay duration, patient choice, changing cultural and therapeutic needs and patient/carer feedback within the population through the delivery of the National Catering Strategy with NHSGGC.

The Director of Facilities and Head of Catering and Linen Services are responsible for ensuring the provision of a retail catering service for out-patients, staff and visitors that meets nutritional standards and ensures all NHS providers, and commercial or voluntary sector contractors comply with Food Retail Policy (NHSGGC 2014).
The Director of Facilities and Head of Catering and Linen Services are responsible for ensuring that sustainability strategy and initiatives are supported in the provision of patient and retail catering across NHS GGC.

This will include support of the high level requirements stated in the NHS GGC Waste Policy (2023) in achieving the Scottish Government's current target "to reduce per capita food waste in Scotland by 33% (from 2013 levels) by 2025". This target was the first of its kind in Europe and recognises the critical role of food waste reduction in the fight against climate change and the transition to a more circular, resource efficient economy.

This will be combined with a focus on increasing plant-based menu options as detailed in NHS Scotland Climate Emergency & Sustainability Strategy 2022-2026 (SG 2022).

3.1.4 Public Health / Health Improvement (HSCPs)

Community Nutrition
The role of the Director of Public Health (DPH) and COs, on behalf of NHSGGC to influence the awareness, affordability, availability, accessibility, and acceptability of healthy foods and fluids to improve the health of communities within NHSGGC.

Public Health and Health Improvement Teams will work with communities and partners to reduce barriers and develop actions on a population/community basis in order that individuals, many of whom are nutritionally vulnerable can be supported to access and achieve a healthy diet as appropriate to them. Community Nutrition programmes are delivered as part of the *Turning The Tide: Public Health Strategy 2018.*

Public Health Nutrition will support the development and delivery of NHSGGC food retail standards in conjunction with GGC Retail Management Team.

4. Policy into Practice

In order to drive and co-ordinate the delivery of the objectives of the FFN Policy the key requirements of the policy are described below:

4.1 Optimised Nutritional Care of Patients

Objective 1: The achievement of a well-nourished patient through nutritional screening, person centred care planning and appropriate food and fluid provision to meet the varying needs of all patients within NHSGGC

- Timely and accurate completion of nutritional screening ('MUST' Adults / 'PYMS Children) and assessment in hospital and community
- Development of a person centred nutritional care plan for those at risk of malnutrition
- Referral and access to appropriate specialist services as clinically relevant – Dietetics, Speech and Language Therapy, Occupational Therapy, Nutrition Support Teams
- Identification and safe management of people with swallowing difficulties, including the provision of texture modified food and fluids in line with NHSGGC Swallowing Policy and implementation of the International Dysphagia Diet Standardisation.
- Identification and safe management of those who have special dietary requirements
- Appropriate use of Oral Nutritional supplements
- Identification and provision of appropriate assistance with eating and drinking for inpatients and advocating for appropriate assistance in community settings.
- Provision of safe and appropriate foods and fluids as part of NHSGGC catering strategy to implement Food in Hospitals, the national catering and nutrition specification.
- Ensuring Food Safety standards are maintained across the 'food chain'
- Promotion and monitoring of a positive mealtime experience for all patients through effective delivery of Right Meal Right Time Right Patient Policy (NHSGGC 2023)
- Liaison with Local Authority and Community Partners to support eating well at home and reduce food insecurity through connection with community food organisations (e.g. food banks) and social care (e.g. community meal services) to influencing social care support for patients to promote nutritional status and delivering nutritional standards in Care Homes/ Nursing Homes/ Residential Homes

Routine provision of FFN patient information to all inpatients and provision of first line advice for 'at risk' community patients in line with patient centred care.

Objective 2: The provision of complex clinical nutritional care to address the needs of the most nutritionally vulnerable patients

Adoption of standardised clinical nutrition policies, guidelines and pathways for the provision of complex nutritional care support / oral nutritional support with access to specialist teams / enteral or parenteral nutrition services within both hospital and community settings

4.2 Improved Health and Wellbeing

Objective 3: The availability of a healthy diet that routinely meets quality, safety, and nutritional expectations for patients, staff and visitors within NHS Greater Glasgow and Clyde

- Act as an exemplar organisation as detailed in NHSGGC Food Retail Policy (2014) through the achievement and promotion of the Healthy Living Award/ Healthy Living Award Plus with all in-house catering facilities; hospitality catering; contracted catering services and food vending providers. The achievement and promotion of the SGF Retail Gold Standard / with all in-house retail / Trolley provision and externally contracted retailers and the implementation of the Healthier Vending Policy (Drinks/Snacks) (NHSGGC 2008).

5. Patient / Public Involvement

Commitment to facilitate the involvement of patients, families, carers and our communities at all levels to influence the design, development and delivery of our services within the Policy and associated work programmes.

This is supportive of the approach outlined in the NHSGGC Stakeholder communication and Engagement Strategy 2020-23 and builds on the range of public and patient involvement structures already established across the NHSGGC system including:

- Stakeholder Reference Groups, Public Partnership Forums, Patient and Carer Involvement Groups
- Ongoing patient surveys / questionnaires including Friends and Family and feedback received through Care Opinion
- Specific 'User' engagement events (including review of new menu proposals)
- Public partners programme to evaluate patient meals and food retail and where possible include public partners as active members of operational food, fluid and nutrition groups to help ensure patient experience and service user views are heard and incorporated into decisions made.
- Contribution of patient/carer 'conversation models' in key clinical areas

The operational groups will undertake to assure they receive regular reports outlining patient feedback.

This policy will operate concurrently with the Patients' Rights (Scotland) Act 2011 arrangements. Charter of patient rights and responsibilities revised 2022 (SG 2022)

6. Communication and Dissemination

The FFN Policy is located on the NHSGGC website and Intranet.

A detailed communication and implementation plan, linked to core objectives is routinely developed by the FFN Oversight Group and associated Operational Groups. Content is made available on both the FFN website and the GGC - Acute Food, Fluid and Nutrition SharePoint. Specific campaigns using Core Brief and social media continue to be undertaken regularly to promote key messages and themed events such as Malnutrition Awareness Week and Nutrition and Hydration Week.

The FFN training programme is routinely considered in order to build capability and capacity of the multi-disciplinary / multi-agency workforce on an ongoing basis whilst accounting for emerging evidence and learning. FFN is included in:

- Core Induction programmes for all newly qualitied or recruited roles
- Dedicated LearnPro modules identified as essential learning

LearnPro Module	Title	Registered Staff Acute	Registered Staff Community	HCSW Acute	HCSW Community
GCC: 270	An Overview of Malnutrition	✓	✓	✓	✓
GCC: 271	Assessing Risks of Malnutrition	✓	✓		
GCC: 272	Food First in Hospital	✓		✓	
GCC: 273	Food First Strategies- Community		✓		✓
GCC: 274	When Eating and Drinking Becomes Difficult	✓	✓		

The implementation and effectiveness of the policy will be monitored in line with the detailed work programmes, risk registers and regular reports will be submitted to the FFN OG with annual reporting to Clinical Care Governance Committee. Entities are required to provide updates on assurance measures and improvement actions to the respective Operation Group. Measures include:

- Excellence in Care FFN Measures on the CAIR dashboard
- Combined Care Assurance Audit tool (CCAAT)
- Facilities Improving Mealtimes Audits
- Mental Health Audit Programme
- Uptake and monitoring of LearnPro Modules by staff groups

The policy will be made available on request in alternative formats. Requests for alternative formats should be made to Anna.Baxendale@ggc.scot.nhs.uk.

7. Monitoring and Review

The implementation and effectiveness of the policy will be monitored in line with the detailed work programmes, risk registers and regular reports will be submitted to the FFN OG with annual reporting via the Chair to the Clinical Care Governance Committee. Entities are required to provide updates on assurance measures and improvement actions to the respective Operation Group. Measures include:

- Excellence in Care FFN Measures on the CAIR dashboard
- Combined Care Assurance Audit tool (CCAAT)
- Facilities Improving Mealtimes Audits
- Mental Health Audit Programme
- Uptake of LearnPro Modules

FFN is subject to external reporting requirements in line with:

HIS Nutritional Care Standards	Self Assessment / Peer Review	TBC
Food in Hospitals	Self Assessment/Peer Review	Annually
Healthy Retail CEL 01	Specific report	Annual
Older People in Acute Hospitals (OPAH)	Self Assessment/ Inspections	6 monthly/Accrued

The FFN policy will be reviewed every 3 years or on the basis of any substantial changes to associated national guidelines or significant learning events.

8. Impact Assessment

8.1 Equality Impact Assessment

In line with policy guidance the content of this policy has been considered in relation to equality impact and an EQIA has been completed. (available in Appendix B). It is recognised that the content of this policy will have a different impact on different groups within our population, however meaningful consideration of issues is also required at a service delivery level to ensure appropriate engagement with patients, analysis and consideration of needs is undertaken as part of ongoing care. Further EQIA's will be routinely identified by the FFN Oversight Group this will include:

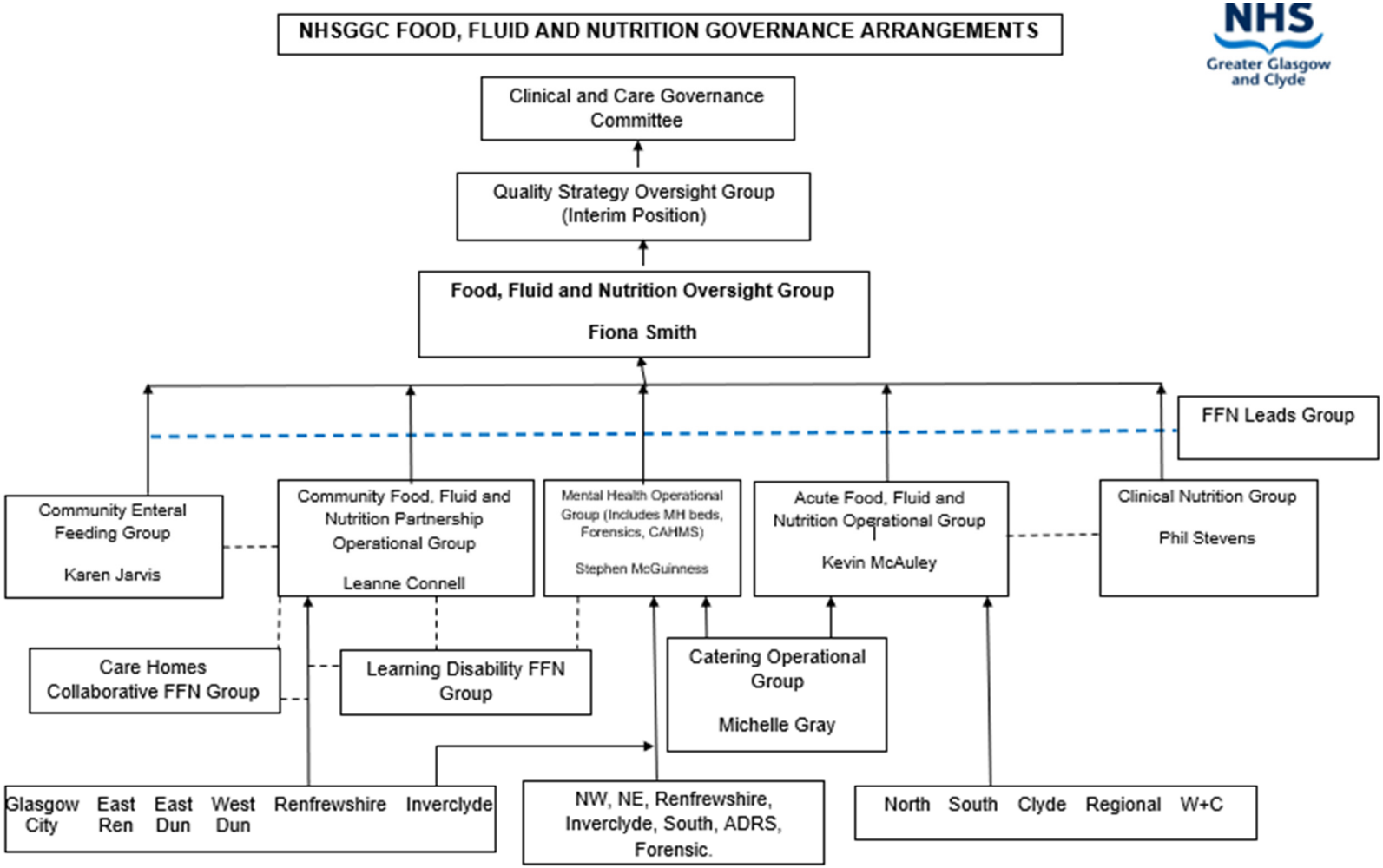
- Any proposed changes to in patient-hospital menus
- Any new policy / SOP development
- Any changes to services with potential impact on FFN
- Any changes to population as identified in 2022 census

8.2 Risk Assessment

The FFN Oversight Group adopts a risk management approach whereby the individual entities have undertaken a risk assessment. The 6 individual HSCP's food, fluid and

nutrition groups develop and manage their own risk register with oversight from the community operational partnership group.

Appendix A: Food and Nutritional Care Oversight Group – Terms of Reference / Schematics



N.B. Professional groups (Nursing/ Medical/ Dietetics/ Speech and Language Therapists/ Pharmacy/ Catering) are aligned to the relevant operational groups and there is assurance from FFN Professional Leads that they are sited on each of the work plans.

Appendix B: EQIA

NHS Greater Glasgow and Clyde
Equality Impact Assessment Tool

Equality Impact Assessment is a legal requirement as set out in the Equality Act (2010) and the Equality Act 2010 (Specific Duties)(Scotland) regulations 2012 and may be used as evidence for cases referred for further investigation for compliance issues. Please refer to the EQIA Guidance Document while completing this form. Please note that prior to starting an EQIA all Lead Reviewers are required to attend a Lead Reviewer training session or arrange to meet with a member of the Equality and Human Rights Team to discuss the process. Please contact CITAdminTeam@ggc.scot.nhs.uk for further details or call 0141 2014560.

Name of Policy/Service Review/Service Development/Service Redesign/New Service:

Food Fluid and Nutrition (FFN) Care Policy

Is this a: Current Service ☐ Service Development ☐ Service Redesign ☐ New Service ☐ New Policy ☐ Policy Review ☐

Description of the service & rationale for selection for EQIA: (Please state if this is part of a Board-wide service or is locally driven).

What does the service or policy do/aim to achieve? Please give as much information as you can, remembering that this document will be published in the public domain and should promote transparency.

The FFN Policy aims to achieve the following:

A well-nourished patient through nutritional screening, integrated care planning and appropriate nutritional provision to meet the varying needs of all patients within Greater Glasgow and Clyde

The provision of complex clinical nutritional care to address the needs of the most nutritionally vulnerable patients

The promotion of a healthy and safe diet for Greater Glasgow and Clyde population through the availability of a healthy diet that routinely meets quality, safety, and nutritional expectations for patients within NHS Greater Glasgow and Clyde

In order to achieve the above, the FFN Policy is guided by a national suite of policies and national standards that have previously been subject to EQIA including *Food in Hospitals – National Catering and Nutrition Specification for Food and Fluid Provision in Hospitals in Scotland* and *Food Fluid and Nutrition Care Standards*. Equality Impact Assessments (healthcareimprovementscotland.org)

Why was this service or policy selected for EQIA? Where does it link to organisational priorities? (If no link, please provide evidence of proportionality, relevance, potential legal risk etc.)

NHSGGC is committed to uphold its responsibilities as detailed in the Equality Act 2010 and the Public Sector Equality Duty (PSED). In order to show due regard to the latter, an EQIA is considered proportionate to ensure NHSGGC takes all reasonable steps to remove discrimination, harassment and victimisation, promote equality of opportunity and foster good relations between protected characteristic groups. While the FFN Policy is an overarching policy, it provides an opportunity to create clear direction for the need to take an inequality sensitive patient centred approach to provision of food, fluid and nutrition at local level.

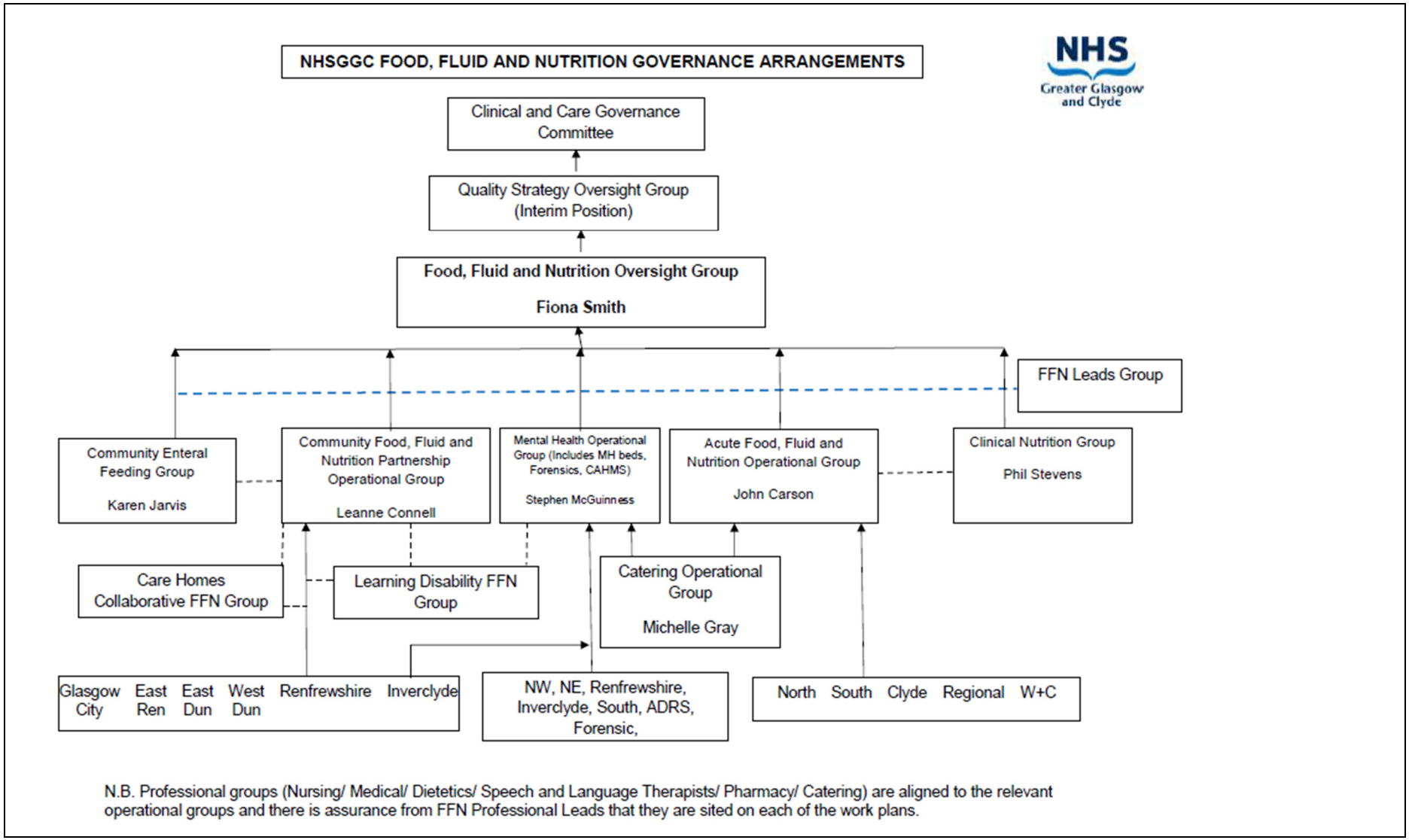
Who is the lead reviewer and when did they attend Lead reviewer Training? (Please note the lead reviewer must be someone in a position to authorise any actions identified as a result of the EQIA)

Name: Anna Baxendale	**Date of Lead Reviewer Training:**

Please list the staff involved in carrying out this EQIA
(Where non-NHS staff are involved e.g. third sector reps or patients, please record their organisation or reason for inclusion):

Representatives from the FFN Oversight Group involved in this EQIA:

Ref from:	Name	Title
Community Enteral Feeding Group	Karen Jarvis	Chief Nurse, Community services
Community Food, Fluid and Nutrition Partnership Operational Group	Joanne Logan	Practice Development Dietitian, Primary Care
	Leanne Connell	Interim Chief Nurse East Dunbartonshire, Health and Community Care
Mental Health Operational Group (Includes MH beds, Forensics, CAHMS)	Eileen Salmon	Professional Nurse Lead, Leverndale Hospital
	Claire Stewart	Food Fluid and Nutrition Practice Development Nurse, East Dunbartonshire, HSCP Health and Community Care
Acute Food, Fluid and Nutrition Operational Group	Kevin Mcauley	Chief Nurse North Sector, Acute Services
	Ruth Carol	Practice Development Nurse, Practice Development
Clinical Nutrition Group	Phil Stevens	Consultant Colorectal Surgeon, Colorectal Surgery
Catering Operational Group	Michelle Gray	Catering Strategy Dietitian, Facilities
	Kate McVey	Head of Linen Services, Facilities



N.B. Professional groups (Nursing/ Medical/ Dietetics/ Speech and Language Therapists/ Pharmacy/ Catering) are aligned to the relevant operational groups and there is assurance from FFN Professional Leads that they are sited on each of the work plans.

		Example	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
1.	**What equalities information is routinely collected from people currently using the service or affected by the policy? If this is a new service proposal, what data do you have on proposed service user groups. Please note any barriers to collecting this data in your submitted evidence and an explanation for any protected characteristic data omitted.**	***A sexual health service collects service user data covering all 9 protected characteristics to enable them to monitor patterns of use.***	<u>All patient settings:</u> Patients coming into Acute NHSGGC sites will be accompanied by limited protected characteristic information captured on the TrakCare patient information system. For the purposes of effective delivery of the Food, Fluid and Nutrition Policy at local/ward level this system includes information relating to the requirement for communication support associated with either the protected characteristics of Race or Disability. This information can be used proactively to better plan the full nutritional assessment on admission. NHSGGC's activation of the Active Clinical Notes functionality on TrakCare will enable richer data to be captured within mainstream digital clinical notes, including information in relation to religion and belief, again assisting with proactive planning of individual nutritional assessments. <u>Nutritional Advice:</u> Individual nutritional status is assessed on admission and will inform the nutritional care plan for the individual. This assessment includes individual food preferences as well as any cultural, ethnic, social and religious diversity beliefs and physical and/or mental health needs which impact on eating and drinking. Clinical conditions /length of stay and changes in nutritional status will inform the nutritional care plan. <u>Food Provision:</u> Relevant patient data is collected at ward level to ensure the right meals are provided to the right patients, taking account of any FFN requirements they may have, This includes but is not limited to dietary requirements informed by religion and belief (e.g. Halal, Kosher, vegetarian/vegan options) and options for disabled patients (swallowing difficulties).	

		Example	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
2.	**Please provide details of how data captured has been/will be used to inform policy content or service design.** **Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).** **1) Remove discrimination, harassment and victimisation** ■ **2) Promote equality of opportunity** ■ **3) Foster good relations between protected characteristics.** ■ **4) Not applicable** ☐	***A physical activity programme for people with long term conditions reviewed service user data and found very low uptake by BME (Black and Minority Ethnic) people. Engagement activity found promotional material for the interventions was not representative. As a result, an adapted range of materials were introduced with ongoing monitoring of uptake.*** ***(Due regard promoting equality of opportunity)***	Local population data is used to inform menu planning. The FFN Health Needs Assessment will be repeated following publication of updated census data. The HNA also included analysis of care groups (where possible) with dietary impact. Individual patient data is used (as detailed in section 1) to ensure the right meals are provided to the right patient, taking account of any additional needs they may have, every meal choice, irrespective of variation will meet the required FFN standards. A mealtime coordinator ensures appropriate assistance is provided for each patient. Food, Fluid and Nutritional care is driven by a number of detailed SOPs such as Right Patient, Right meal, Right time Policy (which has also been subject to EQIA).	
		Example	**Service Evidence Provided**	**Possible negative impact and Additional Mitigating Action Required**
3.	**How have you applied learning from research evidence about the experience of equality groups to the service or Policy?**	***Looked after and accommodated care services reviewed a range of research evidence to help promote a more***	NHSGGC, in line with national guidance, ensures appropriate assessment of patient population dietary needs before considering menu planning or development of a recipe database. Menu planning groups consider the wider issues that can affect patient food choice and hence food intakes. Gathering of information about the differing dietary needs of different	

	Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes). **1) Remove discrimination, harassment and victimisation** ■ **2) Promote equality of opportunity** ■ **3) Foster good relations between protected characteristics** ■ **4) Not applicable** ☐	***inclusive care environment. Research suggested that young LGBT+ people had a disproportionately difficult time through exposure to bullying and harassment. As a result, staff were trained in LGBT+ issues and were more confident in asking related questions to young people. (Due regard to removing discrimination, harassment and victimisation and fostering good relations).***	hospital patient groups help menu planners develop an appropriate food service that is in a form that is familiar to patients. Individual requirements and the need for equipment to help with eating and drinking that are considered in the menu and food service planning includes individual's: • likes and dislikes; • disability that may affect ability to eat and drink; • social/environmental mealtime requirements; • food allergies/intolerances; • need for therapeutic diet; • cultural/ethnic/religious considerations and philosophical beliefs Assessment of each patient's dietary needs forms part of their individual medical and nursing care and in line with Healthcare Improvement Scotland Food, Fluid and Nutritional Care Standards, criteria 2.1.3 To assess the dietary needs of different patient populations, the following information is included: • age • gender • cultural, ethnic, social and religious diversity • physical and/mental health needs • food preferences • length of stay • nutritional risk. Clinical specialties are considered for provision of therapeutic diets.	

			Information is collected from NHS health information departments, patient surveys, nutritional screening data, compliments and complaints, other hospital staff and anecdotally. Collated food services data such as menu item uptake and wastage information can also be extremely useful in the initial stages of menu planning. Hospital patients can be broadly categorised into the following groups: • 'nutritionally vulnerable' (normal nutritional requirements but with poor appetite and/or unable to eat normal quantities at mealtimes; or with increased nutritional needs); • 'nutritionally well' (normal nutritional requirements and normal appetite or those with a condition requiring a diet that follows healthier eating principles); • those who require therapeutic diets e.g. kidney disease, coeliac disease • special or personal dietary needs. It is important to note that some patients will require a combination diet which meets their therapeutic and/or personal or religious needs. There are some groups of the population whose dietary requirements may need to be considered separately when planning a menu: • children • people with swallowing difficulties • people with dementia • people receiving end of life care. These groups of patients may have different dietary needs to the wider population	

		Example	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
4.	**Can you give details of how you have engaged with equality groups with regard to the service review or policy development? What did this engagement tell you about user experience and how was this information used?** **Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).** **1) Remove discrimination, harassment and victimisation** ■ **2) Promote equality of opportunity** ■ **3) Foster good relations between protected characteristics** ☐ **4) Not applicable** ☐	***A money advice service spoke to lone parents (predominantly women) to better understand barriers to accessing the service. Feedback included concerns about waiting times at the drop in service, made more difficult due to child care issues. As a result, the service introduced a home visit and telephone service which significantly increased uptake.*** ***(Due regard to promoting equality of opportunity)*** **** The Child Poverty (Scotland) Act 2017 requires organisations to take actions to reduce poverty for children in households at risk of low incomes.***	Menu planning in NHSGGC Acute Hospitals has been informed through ongoing engagement activity with diverse population groups. In addition to collation and analysis of monthly feedback, specific patient groups were established to better understand need and create inclusive menus that are Halal and Kosher. Direct engagement with patients in inpatient mental health settings has also helped evolve menu planning.	

		Example	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
5.	**Is your service physically accessible to everyone? If this is a policy that impacts on movement of service users through areas are there potential barriers that need to be addressed?** **Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).** **1) Remove discrimination, harassment and victimisation** ■ **2) Promote equality of opportunity** ■ **3) Foster good relations between protected characteristics.** ☐ **4) Not applicable** ☐	***An access audit of an outpatient physiotherapy department found that users were required to negotiate 2 sets of heavy manual pull doors to access the service. A request was placed to have the doors retained by magnets that could deactivate in the event of a fire.*** ***(Due regard to remove discrimination, harassment and victimisation).***	The FFN policy and its localised operational procedures ensure that menu planning arrangements make all reasonable adjustments to create fully accessible meal choices. Patient care plans including SLT / OT / Physio assessments consider accessibility issues in relation to eating & drinking including adaptive equipment and practice as required. Mealtime co-ordinators and nursing staff provide support to aid eating and drinking dependant on need.	

		Example	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
6.	**How will the service change or policy development ensure it does not discriminate in the way it communicates with service users and staff?** **Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).** **1) Remove discrimination, harassment and victimisation** ■ **2) Promote equality of opportunity** ■ **3) Foster good relations between protected characteristics** ☐ **4) Not applicable** ☐ **The British Sign Language (Scotland) Act 2017 aims to raise awareness of British Sign Language and improve access to services for those using the language. Specific attention should be paid in your evidence to show how the service review or policy has taken note of this.**	***Following a service review, an information video to explain new procedures was hosted on the organisation's YouTube site. This was accompanied by a BSL signer to explain service changes to Deaf service users.*** ***Written materials were offered in other languages and formats.*** ***(Due regard to remove discrimination, harassment and victimisation and promote equality of opportunity).***	Effective communication lies at the heart of appropriate menu planning and patient choice. NHSGGC utilises a range of communication support resources including easy read menu guides, translated materials and interpreter liaison to ensure patients are empowered to make the right menu choices. NHSGGC also regularly reviews patient opinion feedback and complaints to better understand how catering provision is received and what additional steps can be taken to continue to deliver an inclusive and high quality service. Meal time coordinators will ensure that any communication support needs will be made to facilitate informed menu choices.	

7	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(a)	**Age** **Could the service design or policy content have a disproportionate impact on people due to differences in age? (Consider any age cut-offs that exist in the service design or policy content. You will need to objectively justify in the evidence section any segregation on the grounds of age promoted by the policy or included in the service design).** **Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).** **1) Remove discrimination, harassment and victimisation** ■ **2) Promote equality of opportunity** ■ **3) Foster good relations between protected characteristics.** ☐ **4) Not applicable** ☐	There is no expected detriment on the grounds of the protected characteristic of Age through the review and implementation of the FFN policy. As an over-arching policy, it sets the direction and expected standards for local FFN provision with monitoring arrangements in place locally to ensure appropriate quality standards are maintained. Bespoke nutritional assessment screening tools are used for adults and children and inclusion of carers where appropriate is a mainstream consideration. The inter-relationship between age and disability or age-related conditions that may place some restrictions on menu planning will be taken into account and any considerations discussed with the patient. Meals comply with the International Dysphagia Diet Standardisation Initiative (IDDIS) to ensure appropriate consistency of fluids and foods are available.	
(b)	**Disability** **Could the service design or policy content have a disproportionate impact on people due to the protected characteristic of disability?** **Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).**	There is no expected detriment on the grounds of the protected characteristic of Disability through the review and implementation of the FFN policy. As an over-arching policy, it sets the direction and expected standards for local FFN provision with monitoring arrangements in place locally to ensure appropriate quality standards are maintained. Mainstream communication support functions are in place to ensure disabled patients have a voice in menu planning and choice. In addition, services will engage directly with carers	

	1) Remove discrimination, harassment and victimisation ■ **2) Promote equality of opportunity** ■ **3) Foster good relations between protected characteristics.** ☐ **4) Not applicable** ☐	where required to further facilitate advocacy in provision of food, fluid and nutrition. The FFN Policy refers to the STOPSS or similar nutritional assessment tool used with patients who have difficulty swallowing. The Right Patient, Right Meal Right Time policy outlines requirement to provide assistance with eating if require and the provision of adaptive equipment to support eating and drinking.	
	Protected Characteristic	**Service Evidence Provided**	**Possible negative impact and Additional Mitigating Action Required**
(c)	**Gender Reassignment** **Could the service change or policy have a disproportionate impact on people with the protected characteristic of gender identity?** **Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).** **1) Remove discrimination, harassment and victimisation** ☐ **2) Promote equality of opportunity** ☐ **3) Foster good relations between protected characteristics** ☐ **4) Not applicable** ■	There is no expected detriment on the grounds of the protected characteristic of Gender Reassignment through the review and implementation of the FFN policy.	

	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(d)	**Marriage and Civil Partnership** **Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Marriage and Civil Partnership?** **Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).** **1) Remove discrimination, harassment and victimisation** ☐ **2) Promote equality of opportunity** ☐ **3) Foster good relations between protected characteristics** ☐ **4) Not applicable** ■	There is no expected detriment on the grounds of the protected characteristic of Marriage and Civil Partnership through the review and implementation of the FFN policy.	
(e)	**Pregnancy and Maternity** **Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Pregnancy and Maternity?** **Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).** **1) Remove discrimination, harassment and victimisation** ☐ **2) Promote equality of opportunity** ☐ **3) Foster good relations between protected characteristics.** ☐ **4) Not applicable** ■	There is no expected detriment on the grounds of the protected characteristic of Pregnancy and Maternity through the review and implementation of the FFN policy. As an over-arching policy, it sets the direction and expected standards for local FFN provision with monitoring arrangements in place locally to ensure appropriate quality standards are maintained.	

	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(f)	**Race** **Could the service change or policy have a disproportionate impact on people with the protected characteristics of Race?** **Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).** **1) Remove discrimination, harassment and victimisation** ■ **2) Promote equality of opportunity** ■ **3) Foster good relations between protected characteristics** ☐ **4) Not applicable** ☐	There is no expected detriment on the grounds of the protected characteristic of Race through the review and implementation of the FFN policy. As an over-arching policy, it sets the direction and expected standards for local FFN provision with monitoring arrangements in place locally to ensure appropriate quality standards are maintained. As previously stated, patients who require communication support to make informed choices will have access to mainstream interpreting and translation services. This support is available during all discussions relating to food fluid and nutrition support.	
(g)	**Religion and Belief** **Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Religion and Belief?** **Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).** **1) Remove discrimination, harassment and victimisation** ■ **2) Promote equality of opportunity** ■ **3) Foster good relations between protected characteristics.** ☐ **4) Not applicable** ☐	There is no expected detriment on the grounds of the protected characteristic of Religion and Belief through the review and implementation of the FFN policy. As an over-arching policy, it sets the direction and expected standards for local FFN provision with monitoring arrangements in place locally to ensure appropriate quality standards are maintained. All menu choices are fully inclusive of the dietary requirements of faith groups and extend to meet the needs of those whose philosophical beliefs will determine menu planning. This has been further supported through establishing patient groups specifically to consider the provision of Halal and Kosher diets.	

	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(h)	**Sex** **Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sex?** **Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).** **1) Remove discrimination, harassment and victimisation** ☐ **2) Promote equality of opportunity** ☐ **3) Foster good relations between protected characteristics.** ☐ **4) Not applicable** ■	There is no expected detriment on the grounds of the protected characteristic of Sex through the review and implementation of the FFN policy.	
(i)	**Sexual Orientation** **Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sexual Orientation?** **Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).** **1) Remove discrimination, harassment and victimisation** ☐ **2) Promote equality of opportunity** ☐ **3) Foster good relations between protected characteristics.** ☐ **4) Not applicable** ■	There is no expected detriment on the grounds of the protected characteristic of Sexual Orientation through the review and implementation of the FFN policy.	

	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(j)	**Socio – Economic Status & Social Class** **Could the proposed service change or policy have a disproportionate impact on people because of their social class or experience of poverty and what mitigating action have you taken/planned?** **The Fairer Scotland Duty (2018) places a duty on public bodies in Scotland to actively consider how they can reduce inequalities of outcome caused by socioeconomic disadvantage when making <u>strategic</u> decisions. If relevant, you should evidence here what steps have been taken to assess and mitigate risk of exacerbating inequality on the ground of socio-economic status. Additional information available here:** Fairer Scotland Duty: guidance for public bodies - gov.scot (www.gov.scot) Seven useful questions to consider when seeking to demonstrate 'due regard' in relation to the Duty: 1. What evidence has been considered in preparing for the decision, and are there any gaps in the evidence? 2. What are the voices of people and communities telling us, and how has this been determined (particularly those with lived experience of socio-economic disadvantage)? 3. What does the evidence suggest about the actual or likely impacts of different options or measures on inequalities of outcome that are associated with socio-economic disadvantage?	There is no expected detriment on the grounds of socio-economic status. Patient food is free at the point of delivery and NHSGGC can offer additional financial support via the Young Person's Family Fund where expenses for family and carers (including siblings) are available to cover expenses for travel, food and accommodation. Emergency food parcels are available on request for patients who are being discharged and require an initial supply of basic food items. Patients are provided with information on local food initiatives for continuing support. The community food framework aims to support child and adult healthy weight programmes across GGC. Within this, localities have established a range of food related activities and training to support employability, build community capacity and improve knowledge and understanding of basic healthy eating principles. Activities are facilitated by Third sector partners and organisations and include but are not limited to; cooking demonstrations, cooking skills workshops, Pantry events and growing projects. A range of resources has been designed to complement these activities- available on the Public Health Nutrition page. The Public Health Nutrition page provides further signposting to local food support for example; where to find the nearest pantry or food banks and also nutritional support for older adults including links to the Food Train and the GGC Food, Fluid, Nutrition page.	

	4. Are some communities of interest or communities of place more affected by disadvantage in this case than others? 5. What does our Duty assessment tell us about socio-economic disadvantage experienced disproportionately according to sex, race, disability and other protected characteristics that we may need to factor into our decisions? 6. How has the evidence been weighed up in reaching our final decision? **7.** 7. What plans are in place to monitor or evaluate the impact of the proposals on inequalities of outcome that are associated with socio-economic disadvantage? 'Making Fair Financial Decisions' (EHRC, 2019)21 provides useful information about the 'Brown Principles' which can be used to determine whether due regard has been given. When engaging with communities the National Standards for Community Engagement22 should be followed. Those engaged with should also be advised subsequently on how their contributions were factored into the final decision.		
(k)	**Other marginalised groups** **How have you considered the specific impact on other groups including homeless people, prisoners and ex-offenders, ex-service personnel, people with addictions, people involved in prostitution, asylum seekers & refugees and travellers?**	There is no expected detriment for other marginalised groups through the review and implementation of the FFN policy.	

8.	**Does the service change or policy development include an element of cost savings? How have you managed this in a way that will not disproportionately impact on protected characteristic groups?** **Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).** **1) Remove discrimination, harassment and victimisation** ☐ **2) Promote equality of opportunity** ☐ **3) Foster good relations between protected characteristics.** ☐ **4) Not applicable** ■	Not applicable.	
		Service Evidence Provided	**Possible negative impact and Additional Mitigating Action Required**
9.	**What investment in learning has been made to prevent discrimination, promote equality of opportunity and foster good relations between protected characteristic groups? As a minimum include recorded completion rates of statutory and mandatory learning programmes (or local equivalent) covering equality, diversity and human rights.**	All members of staff are expected to complete the Statutory and mandatory e-learning module for Equality and Human Rights. In addition to this, each clinical area has an appointed link nurse for food fluid and nutrition who will cascade learning where relevant to the care team.	

10. In addition to understanding and responding to legal responsibilities set out in Equality Act (2010), services must pay due regard to ensure a person's human rights are protected in all aspects of health and social care provision. This may be more obvious in some areas than others. For instance, mental health inpatient care or older people's residential care may be considered higher risk in terms of potential human rights breach due to potential removal of liberty, seclusion or application of restraint. However risk may also involve fundamental gaps like not providing access to communication support, not involving patients/service users in decisions

relating to their care, making decisions that infringe the rights of carers to participate in society or not respecting someone's right to dignity or privacy.

The Human Rights Act sets out rights in a series of articles – right to Life, right to freedom from torture and inhumane and degrading treatment, freedom from slavery and forced labour, right to liberty and security, right to a fair trial, no punishment without law, right to respect for private and family life, right to freedom of thought, belief and religion, right to freedom of expression, right to freedom of assembly and association, right to marry, right to protection from discrimination.

Please explain in the field below if any risks in relation to the service design or policy were identified which could impact on the human rights of patients, service users or staff.

No risk anticipated – inclusive menu planning and provision that takes into account individual need supports a rights approach to patient-centred care ensuring the right menu is provided to the right patient at the right time.

Please explain in the field below any human rights based approaches undertaken to better understand rights and responsibilities resulting from the service or policy development and what measures have been taken as a result e.g. applying the PANEL Principles to maximise Participation, Accountability, Non-discrimination and Equality, Empowerment and Legality or FAIR*.

Provision of appropriate food, fluid and nutrition that meets national policy guidance and is informed by patient feedback upholds the principles of a human rights approach. This is further strengthened through supporting specific groups to engage and comment on menu planning, including food tasting sessions.

*
- **F**acts: What is the experience of the individuals involved and what are the important facts to understand?
- **A**nalyse rights: Develop an analysis of the human rights at stake
- **I**dentify responsibilities: Identify what needs to be done and who is responsible for doing it
- **R**eview actions: Make recommendations for action and later recall and evaluate what has happened as a result.

Having completed the EQIA template, please tick which option you (Lead Reviewer) perceive best reflects the findings of the assessment. This can be cross-checked via the Quality Assurance process:

- X Option 1: No major change (where no impact or potential for improvement is found, no action is required)
- ☐ Option 2: Adjust (where a potential or actual negative impact or potential for a more positive impact is found, make changes to mitigate risks or make improvements)
- ☐ Option 3: Continue (where a potential or actual negative impact or potential for a more positive impact is found but a decision not to make a change can be objectively justified, continue without making changes)
- ☐ Option 4: Stop and remove (where a serious risk of negative impact is found, the plans, policies etc. being assessed should be halted until these issues can be addressed)

11. If you believe your service is doing something that 'stands out' as an example of good practice - for instance you are routinely collecting patient data on sexual orientation, faith etc. - please use the box below to describe the activity and the benefits this has brought to the service. This information will help others consider opportunities for developments in their own services.

Actions – from the additional mitigating action requirements boxes completed above, please summarise the actions this service will be taking forward.	**Date for completion**	**Who is responsible?(initials)**

Ongoing 6 Monthly Review please write your 6 monthly EQIA review date:

Jan 2025

Lead Reviewer:	**Name**	**Anna Baxendale**
EQIA Sign Off:	**Job Title**	**Head of Health Improvement**
	Signature	
	Date	**12 June 24**
Quality Assurance Sign Off:	**Name**	
	Job Title	
	Signature	
	Date	

NHS GREATER GLASGOW AND CLYDE EQUALITY IMPACT ASSESSMENT TOOL
MEETING THE NEEDS OF DIVERSE COMMUNITIES
6 MONTHLY REVIEW SHEET

Name of Policy/Current Service/Service Development/Service Redesign:

Food Fluid and Nutrition (FFN) Care Policy

Please detail activity undertaken with regard to actions highlighted in the original EQIA for this Service/Policy

		Completed	
		Date	**Initials**
Action:			
Status:			
Action:			
Status:			
Action:			
Status:			
Action:			
Status:			

Please detail any outstanding activity with regard to required actions highlighted in the original EQIA process for this Service/Policy and reason for non-completion

		To be Completed by	
		Date	**Initials**
Action:			
Reason:			
Action:			
Reason:			

Please detail any new actions required since completing the original EQIA and reasons:

		To be Completed by	
		Date	**Initials**
Action:			
Reason:			
Action:			
Reason:			

Please detail any discontinued actions that were originally planned and reasons:

		To be Completed by	
		Date	**Initials**
Action:			
Reason:			
Action:			
Reason:			

Please write your next 6-month review date

Name of completing officer: Anna Baxendale

Date submitted: 12th June 2024

If you would like to have your 6 month report reviewed by a Quality Assuror please e-mail to: Alastair.Low@nhs.scot

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