

## 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](mailto: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 \(healthcareimprovementscotland.org\)](http://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:
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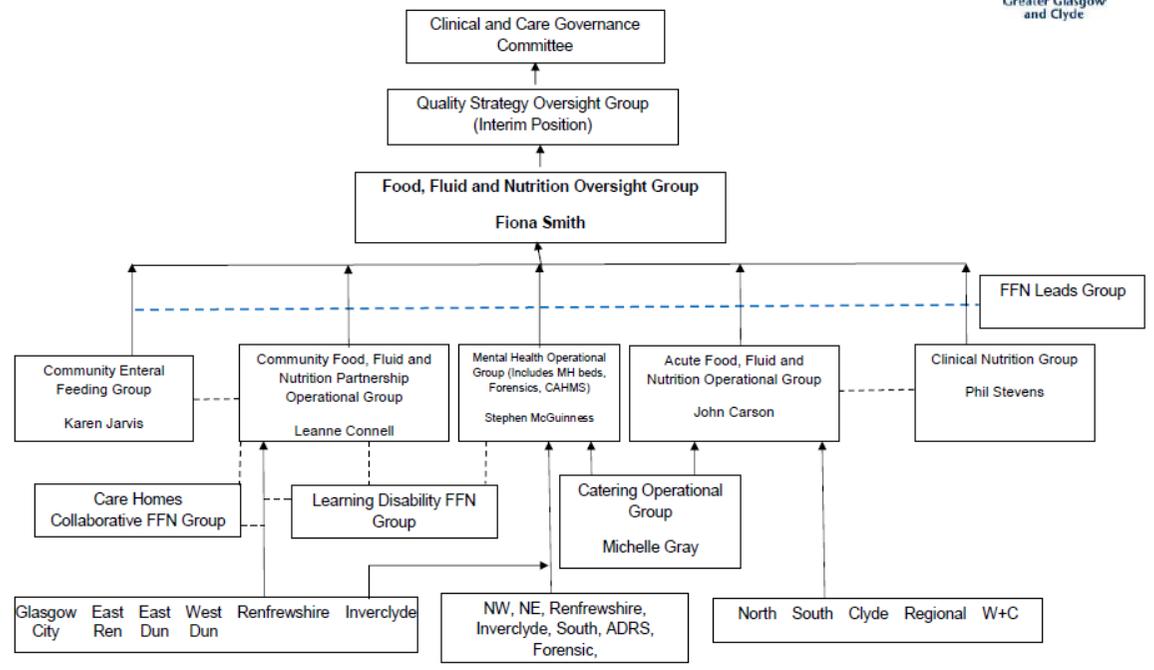
Please list the staff involved in carrying out this EQIA

(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)	Stephen McGinness	Professional Nurse Advisor, 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	John Carson	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

**NHSGGC FOOD, FLUID AND NUTRITION GOVERNANCE ARRANGEMENTS**



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.

		<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
1.	<p>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.</p>	<p><i>A sexual health service collects service user data covering all 9 protected characteristics to enable them to monitor patterns of use.</i></p>	<p><b>All patient settings:</b> 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.</p> <p>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.</p> <p><b>Nutritional Advice:</b> 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</p>	

			<p>conditions /length of stay and changes in nutritional status will inform the nutritional care plan.</p> <p><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).</p>	
		<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
2.	<p>Please provide details of how data captured has been/will be used to inform policy content or service design.</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p>	<p><i>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.</i></p>	<p>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.</p> <p>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.</p>	

	<p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input checked="" type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p><i>(Due regard promoting equality of opportunity)</i></p>	<p>A mealtime coordinator ensures appropriate assistance is provided for each patient.</p> <p>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).</p>	
	<p><i>Example</i></p>	<p>Service Evidence Provided</p>	<p>Possible negative impact and Additional Mitigating Action Required</p>	
<p>3.</p>	<p>How have you applied learning from research evidence about the experience of equality groups to the service or Policy?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input checked="" type="checkbox"/></p> <p><input type="checkbox"/></p>	<p><i>Looked after and accommodated care services reviewed a range of research evidence to help promote a more 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).</i></p>	<p>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 hospital patient groups help menu planners develop an appropriate food service that is in a form that is familiar to patients.</p> <p>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:</p> <ul style="list-style-type: none"> <li>• likes and dislikes;</li> <li>• disability that may affect ability to eat and drink;</li> <li>• social/environmental mealtime requirements;</li> <li>• food allergies/intolerances;</li> </ul>	

4) Not applicable		<ul style="list-style-type: none"><li>• need for therapeutic diet;</li><li>• cultural/ethnic/religious considerations and philosophical beliefs</li></ul> <p>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</p> <p>To assess the dietary needs of different patient populations, the following information is included:</p> <ul style="list-style-type: none"><li>• age</li><li>• gender</li><li>• cultural, ethnic, social and religious diversity</li><li>• physical and/mental health needs</li><li>• food preferences</li><li>• length of stay</li><li>• nutritional risk.</li></ul> <p>Clinical specialties are considered for provision of therapeutic diets.</p> <p>Information is collected from NHS health information departments, patient surveys, nutritional screening data, compliments and complaints, other hospital staff and anecdotally.</p> <p>Collated food services data such as menu item uptake and wastage information is also be extremely useful in the initial stages of menu planning.</p>	
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			<p>Hospital patients can be broadly categorised into the following groups:</p> <ul style="list-style-type: none"> <li>• ‘nutritionally vulnerable’ (normal nutritional requirements but with poor appetite and/or unable to eat normal quantities at mealtimes; or with increased nutritional needs);</li> <li>• ‘nutritionally well’ (normal nutritional requirements and normal appetite or those with a condition requiring a diet that follows healthier eating principles);</li> <li>• those who require therapeutic diets e.g. kidney disease, coeliac disease</li> <li>• 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.</li> </ul> <p>There are some groups of the population whose dietary requirements may need to be considered separately when planning a menu:</p> <ul style="list-style-type: none"> <li>• children</li> <li>• people with swallowing difficulties</li> <li>• people with dementia</li> <li>• people receiving end of life care. These groups of patients may have different dietary needs to the wider population</li> </ul>	
		<i>Example</i>	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	<i>A money advice service spoke to lone parents (predominantly women) to better understand barriers to accessing the</i>	Menu planning in NHSGGC Acute Hospitals has been informed through ongoing engagement activity with diverse population groups. In addition to collation and analysis of	

	<p>did this engagement tell you about user experience and how was this information used?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p><i>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.</i></p> <p><i>(Due regard to promoting equality of opportunity)</i></p> <p><i>* The Child Poverty (Scotland) Act 2017 requires organisations to take actions to reduce poverty for children in households at risk of low incomes.</i></p>	<p>monthly feedback, specific patient groups were established to better understand need and create inclusive menus that are Halal and Kosher.</p> <p>Direct engagement with patients in inpatient mental health settings has also helped evolve menu planning.</p>	
	<p><i>Example</i></p>	<p>Service Evidence Provided</p>	<p>Possible negative impact and Additional Mitigating Action Required</p>	
<p>5.</p>	<p>Is your service physically accessible to everyone? If this is a policy that impacts on movement of service users through areas are</p>	<p><i>An access audit of an outpatient physiotherapy department found that users were required to negotiate 2 sets of heavy</i></p>	<p>The FFN policy and its localised operational procedures ensure that menu planning arrangements make all reasonable adjustments to create fully accessible meal choices.</p>	

	<p>there potential barriers that need to be addressed?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p><i>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).</i></p>	<p>Patient care plans including SLT / OT / Physio assessments consider accessibility issues in relation to eating &amp; drinking including adaptive equipment and practice as required.</p> <p>Mealtime co-ordinators and nursing staff provide support to aid eating and drinking dependant on need.</p>	
	<p><i>Example</i></p>	<p>Service Evidence Provided</p>	<p>Possible negative impact and Additional Mitigating Action Required</p>	
<p>6.</p>	<p>How will the service change or policy development ensure it does not discriminate in the way it communicates with service users and staff?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been</p>	<p><i>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.</i></p>	<p>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</p>	

	<p>considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p> <p>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.</p>	<p><i>Written materials were offered in other languages and formats.</i></p> <p><i>(Due regard to remove discrimination, harassment and victimisation and promote equality of opportunity).</i></p>	<p>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.</p>	
7	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required	
(a)	Age	There is no expected detriment on the grounds of the protected characteristic of Age through the review and implementation of the FFN		

	<p>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).</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>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.</p> <p>Bespoke nutritional assessment screening tools are used for adults and children and inclusion of carers where appropriate is a mainstream consideration.</p> <p>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.</p> <p>Meals comply with the International Dysphagia Diet Standardisation Initiative (IDDIS) to ensure appropriate consistency of fluids and foods are available.</p>	
(b)	<p><b>Disability</b></p> <p>Could the service design or policy content have a disproportionate impact on people due to the protected characteristic of disability?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p>	<p>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.</p>	

	<p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>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 where required to further facilitate advocacy in provision of food, fluid and nutrition.</p> <p>The FFN Policy refers to the STOPSS nutritional assessment tool used with patients who have difficulty swallowing.</p> <p>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.</p>	
	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(c)	Gender Reassignment	There is no expected detriment on the grounds of the protected characteristic of Gender	

	<p>Could the service change or policy have a disproportionate impact on people with the protected characteristic of gender identity?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input checked="" type="checkbox"/></p>	<p>Reassignment through the review and implementation of the FFN policy.</p>	
	<p>Protected Characteristic</p>	<p>Service Evidence Provided</p>	<p>Possible negative impact and Additional Mitigating Action Required</p>
<p>(d)</p>	<p>Marriage and Civil Partnership</p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Marriage and Civil Partnership?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p>	<p>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.</p>	

	<p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input checked="" type="checkbox"/></p>		
(e)	<p><b>Pregnancy and Maternity</b></p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Pregnancy and Maternity?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input checked="" type="checkbox"/></p>	<p>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 overarching 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.</p>	

	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(f)	<p>Race</p> <p>Could the service change or policy have a disproportionate impact on people with the protected characteristics of Race?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>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.</p> <p>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.</p>	
(g)	<p>Religion and Belief</p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Religion and Belief?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p>	<p>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.</p>	

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

	<p>Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sexual Orientation?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input checked="" type="checkbox"/></p>	<p>Orientation through the review and implementation of the FFN policy.</p>	
	<p>Protected Characteristic</p>	<p>Service Evidence Provided</p>	<p>Possible negative impact and Additional Mitigating Action Required</p>
<p>(j)</p>	<p>Socio – Economic Status &amp; Social Class</p> <p>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?</p> <p>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</p>	<p>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.</p> <p>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.</p>	



	<p>subsequently on how their contributions were factored into the final decision.</p>		
(k)	<p><b>Other marginalised groups</b></p> <p>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 &amp; refugees and travellers?</p>	<p>There is no expected detriment for other marginalised groups through the review and implementation of the FFN policy.</p>	
8.	<p>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?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input checked="" type="checkbox"/></p>	<p>Not applicable.</p>	

		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.

\*

- Facts: What is the experience of the individuals involved and what are the important facts to understand?
- Analyse rights: Develop an analysis of the human rights at stake
- Identify responsibilities: Identify what needs to be done and who is responsible for doing it
- Review 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)
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Ongoing 6 Monthly Review please write your 6 monthly EQIA review date:

Lead Reviewer:	Name	Anna Baxendale
EQIA Sign Off:	Job Title	Head of Health Improvement
	Signature	A Baxendale
	Date	03/08/23

Quality Assurance Sign Off:	Name	Alastair Low
	Job Title	Planning Manager
	Signature	Alastair Low
	Date	21/08/2023

**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:

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:

Action:	
Reason:	
Action:	
Reason:	

Please write your next 6-month review date

Name of completing officer:

Date submitted:

If you would like to have your 6 month report reviewed by a Quality Assuror please e-mail to: [alastair.low@ggc.scot.nhs.uk](mailto:alastair.low@ggc.scot.nhs.uk)