

NHS Greater Glasgow and Clyde
Equality Impact Assessment Tool For Frontline Patient Services



It is essential to follow the EQIA Guidance in completing this form

Name of Current Service/Service Development/Service Redesign:

Food, Fluid and Nutritional Assessment and Assistance Feeding.

Please tick box to indicate if this is a : Current Service Service Development Service Redesign

Brief description of the above: (Please include if this is part of a Board-wide service or is locally determined).

When a person is admitted to hospital the Nutrition Profile is completed. This involves an assessment of their Food, Fluid and Nutrition requirements and they are screened for the risk of under-nutrition, both on admission and throughout the hospital stay. A care plan is developed; implemented and evaluated. The following are identified and recorded as part of the assessment process: height and weight; eating and drinking likes and dislikes; the need for therapeutic diets or texture modified diets/fluids; cultural or religious requirements; any physical difficulties with eating or drinking; the need for any equipment to help with eating or drinking.

An assessment tool the 'Malnutrition Universal Screening Tool' ('MUST') was implemented across NHS Greater Glasgow and Clyde to identify patients at risk of malnutrition.

Who is the lead reviewer and where based?

Elaine Burt, Head of Nursing, Rehabilitation and Assessment Directorate, Southern General Hospital.

**Please list the staff groupings of all those involved in carrying out this EQIA
(when non-NHS staff are involved please record their organisation or reason for inclusion):**

Food, Fluid and Nutrition Practice Development Co-ordinator; Specialist Dietician; Senior Charge Midwife (Queen Mother's Hospital); Senior Charge Nurse (Ward B1, Beatson); Deputy Charge Nurse (Ward 22, Southern General Hospital); Deputy Ward Manager, (Ward 52/52, Glasgow Royal Infirmary); Project Nutrition Nurse – Paediatrics (Royal Hospital for Sick Children); Nursing Auxiliary (Ward 63, Glasgow Royal Infirmary); Speech Therapist (Royal Alexandra Hospital); Catering Manager (Gartnavel General Hospital); Quality Co-ordinator; Equality and Diversity Assistant.

A representative from Mental Health was unable to attend on the day of the meeting.

Impact Assessment – Equality Categories

Equality Category	Existing Good Practice	Remaining Negative Impact
<p>Gender</p>	<ul style="list-style-type: none"> For patients who require help with feeding, staff would try to accommodate requests for same sex health professionals. (However, this may not always be possible depending on staff rotas). To date, staff were unsure if any actual requests had been made as requests for same sex staff are usually related to personal care. 	<ul style="list-style-type: none"> No negative impact identified.
<p>Ethnicity</p>	<ul style="list-style-type: none"> The booklet ‘Information about Food and Health in Hospital’ will be available in other languages. (This is currently being piloted at Gartnavel General Hospital but will be extended to the other hospitals). Ward staff were aware of how to access interpreters for patients whose first language isn’t English. It was discussed that if a patient has communication issues, then the Nutrition Profile could be completed when the interpreter has been booked for the ward round. If an interpreter is used then this is documented in the case notes. 	<ul style="list-style-type: none"> Although some areas have access to a translated Halal menu, translated menus are not available throughout NHS Greater Glasgow and Clyde. Some areas had not yet received the new interpreting resources i.e. poster regarding the booking system for interpreters and language identity cards.
<p>Disability</p>	<ul style="list-style-type: none"> It was discussed that if a patient has communication issues, then the Nutrition Profile could be completed when the interpreter has been booked for the ward round. 	<ul style="list-style-type: none"> Menus are not available in other formats e.g. larger print. There is unequal access to specialised feeding equipment throughout NHS Greater Glasgow and Clyde.

	<ul style="list-style-type: none">• If an interpreter is used then this is documented in the case notes.• Staff can help patients with feeding. Red mats have been introduced to highlight patients who may need assistance with feeding.• These Red mats are also non-slip which can assist patients who need a non-moveable plate.• Texture modified foods are available for patients with swallowing problems. A new menu is currently being piloted in Gartnavel General Hospital which will increase the choice of texture modified foods.• Wards can access specialised equipment through Occupational Therapy e.g. modified cutlery, plate guards.• For patients with visual impairments, staff would be willing to read the menu and help them complete the menu card (if applicable). As part of the Catering Review, the completion of menu cards by patients may be reviewed.• The height of the beside table can be increased or lowered to accommodate the needs of the patient e.g. wheelchair user.• If staff are unable to weigh the patient they can measure the circumference of the patient's upper arm as a guide to the patient's Body Mass Index (BMI). This can give an indication of the patient's BMI to assist the completion of the MUST.• Some patients with learning difficulties have an 'All About Me' folder which includes a section about dietary likes and dislikes which	<ul style="list-style-type: none">• Not all areas have access to the red mats.• Referrals do not always indicate if the patient is on long term modified diet and fluids.
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	<p>staff can refer too. If appropriate, staff may consult with guardians or carers about nutritional needs.</p>	
Sexual Orientation	<ul style="list-style-type: none"> • Not applicable 	<ul style="list-style-type: none"> • No issues identified.
Religion and belief	<ul style="list-style-type: none"> • Halal, Kosher and vegan meals are available upon request. • Some areas have access to a Religions and Cultures Manual which contains information about dietary requirements. • Kosher meals all have the Beth Din symbol to show that they are authentic. • Halal meals all have a symbol which states that they have been approved by the Institute of Islamic Jurisprudence. • 	<ul style="list-style-type: none"> • Halal and Kosher texture modified meals are not available. In these circumstances staff ask the patient and or their relative's permission to open the appropriate meals and modify their texture. This is the only option; to date the Catering Department have been unable to source culturally suitable texture modified food. • Staff in other hospitals are not always aware of religious festivals.
Age (Children/Young People/Older People)	<ul style="list-style-type: none"> • For elderly patients who may have smaller appetites the wards can provide snacks. • For patients with dementia, staff may request finger food such as sausages, sandwiches etc as it is easier to recognise these foods. Staff may also discuss with the patient's relatives the patient's dietary likes and dislikes • PYMS is the Paediatric Yorkhill Malnutrition Score to indicate the risk of malnutrition in children as 'MUST' has not been validated for use with children. • At Yorkhill Hospital, the children usually eat in the play room (if available) to make it more sociable. • An evening snack trolley is to be piloted in 3 	<ul style="list-style-type: none"> • For young people admitted to wards in acute adult hospitals, there is a limited menu.

	<p>wards in Yorkhill Hospital in early 2010. This is following an audit of young peoples opinions and what evening service they would like provided</p> <ul style="list-style-type: none"> • The paediatric assessment documentation has a specific section on special dietary requirements which includes food allergies. 	
Social Class/Socio-Economic Status	<ul style="list-style-type: none"> • Not applicable. 	<ul style="list-style-type: none"> • No issues identified.

<p>Additional marginalisation</p>	<ul style="list-style-type: none"> • If a patient has literacy issues, staff would be willing to verbally go through the menu options with them. • For patients, who are going through alcohol or drug withdrawal the main priority is to ensure that the patients gets enough fluid. Once the withdrawal symptoms have passed, there are snacks available when they are ready for food. • For patients who have small appetites there is a light bite menu available which is only at Gartnavel General Hospital at present but will be extended to other hospitals. • If a patient has aphasia (language difficulties) e.g. following a stroke, picture menus are available to inform them of the choices available. 	<ul style="list-style-type: none"> • Referral form does not always highlight if the patient has food allergies.
<p>All</p>	<ul style="list-style-type: none"> • Staff felt that the Nutrition Profile incorporating the Malnutrition Universal Screening Tool (MUST) has been very helpful in raising awareness of nutritional needs and eating habits. The wards operate a protected meal time which means patients should not be interrupted by other health professionals when they are eating. • If patients have essential emergency diagnostic tests (such as MRI or CT scans) during meal times they can get a snack box when they return to the ward. (this includes a sandwich, fruit and yogurt and fruit juice). 	<ul style="list-style-type: none"> • Some areas do not have access to multi milk (a nutritional supplement). • Some wards were unsure of how to access snack provisions. • Not all areas have access to height poles (to work out the patients Body Mass Index, BMI).

Actions	Date for completion	Who is responsible?(initials)
Cross Cutting Actions		
Specific Actions <ul style="list-style-type: none"> • Investigate the possibility of having translated menus available. • Distribute additional copies of the interpreting resources. • Consider having picture menus and large print • Review the availability of height poles • Review referrals process to ensure that if patient is on long term modified diet and fluids that this is highlighted. • Review where the Nutrition Profile could identify if patient have any food allergies • Review the availability of specialised equipment (plate guards, modified cutlery etc) • Review the availability of drink and snack provisions in different hospitals sites. • Contact Scottish Healthcare Supplies for advice regarding the lack of provision of texture modified Halal and Kosher meals. • Consider if adult hospitals need information on Religious festivals. • Review what menu options are available for young people in hospital. • Investigate if additional areas require red mats. 	<p>Aug 10</p> <p>Completed</p> <p>Aug 10</p> <p>Oct 10</p> <p>Oct 10</p> <p>April 10</p> <p>Sep 10</p> <p>Aug 10</p> <p>Aug 10</p> <p>Aug 10</p> <p>May 10</p> <p>June 10</p>	<p>DMacD / EG</p> <p>N Mcl</p> <p>DMacD/ EG</p> <p>EG</p> <p>EG</p> <p>EG</p> <p>SW</p> <p>Dmacd/HD</p> <p>HD</p> <p>Dmacd/HD</p> <p>Dmacd/HD</p> <p>EG</p>

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Ongoing 6 Monthly Review **Please write your 6 monthly EQIA review date:**

August 2010

Lead Reviewer: **Name:** Elaine Burt
Sign Off: **Job Title** Head of Nursing
 Signature
 Date: 9th March 2010

Please email copy of the completed EQIA form to irene.mackenzie@ggc.scot.nhs.uk

Irene Mackenzie, Corporate Information and Development Manager, Corporate Inequalities Team, NHS Greater Glasgow and Clyde, Dalian House, 350 St Vincent Street, Glasgow, G3 8YZ. Tel: 0141-201-4970.