



Western Health and Social Care Trust

EQUALITY AND HUMAN RIGHTS SCREENING TEMPLATE

THIS IS A PUBLIC DOCUMENT

Title of Policy: Western Health & Social Care Trust (WHSCT) Food, Nutrition and Hydration Policy		
Lead Manager: Joanne Casey	Title: Nutrition & Dietetics Head of Service	
Directorate: Nursing, Midwifery & AHP's	Department: Nutrition & Dietetics	
Contact details: Address: Spruce Villa, Gransha Park, Clooney Road, Londonderry, BT47 6FN Tel: 077 76547848 Email: Joanne.Casey@westerntrust.hscni.net		
Short Description of Policy WHSCT Policy to promote good nutrition and hydration among patients, service users, staff and visitors.		
Final Recommendations: (please tick as appropriate)		
1.	GREEN: No equality issues/impact: no further action	✓
2.	AMBER: Minor equality issues/impact: actions identified	
3.	RED: Major equality issues/impact: full EQIA recommended	
Please send draft completed form for quality assurance to equality.admin@westerntrust.hscni.net For further information on quality assurance see page 3, section 3.		
Final Approval Date:		

(1) INFORMATION ABOUT THE POLICY OR PROPOSAL

1.1 Title of policy or proposal

WHSCT Food and Nutrition Policy (update)

1.2 Description of policy or proposal

This policy demonstrates the WHSCTs commitment to improving the diet, nutrition and health outcomes of its service users and staff. It has been developed to support good nutrition by adopting the guidelines and principles set out in the Department of Health, Social Services and Public Safety (DHSSPS) 'Promoting Good Nutrition: A strategy for good nutrition care for adults in all care settings in Northern Ireland' (2011-2016, extended to 2018) and 'A Fitter Future for All' (2011-2021) obesity strategy. It has been updated to reflect changes to International Dysphagia Diet Standardisation Initiative (IDDSI) modified texture descriptors and nutrition requirements as outlined in 'The Nutrition and Hydration Digest' (2019) and 'Nutritional Standards in Health and Social care – for staff and visitors across catering facilities including retail outlets and vending' (2022).

Healthy eating is a key contributor to positive health and wellbeing, and plays a vital role in the prevention of many chronic diseases such as coronary heart disease, stroke, some cancers, obesity, type 2 diabetes and osteoporosis. In Northern Ireland (N.I.), premature deaths are largely due to cancer, heart disease and stroke; diseases which are advanced by poor diet and inadequate nutrient intakes.

The policy relates to all patients, clients, staff and catering services including hospitality, voluntary and contracted out services in the Western Health and Social Care Trust settings. It recognises that people are considered and cared for as individuals, and acknowledges that nutritional care should be provided with an equitable, person centred approach respecting the diversity of people including their religious beliefs and cultures. It is important that all health care facilities within the Western Trust set a good example, and actively promote good nutrition by enabling people to make healthier food choices and encouraging a healthy balanced diet in line with the Eatwell Guide.

Aim

The Food, Nutrition and Hydration Policy aims to deliver safe and effective food, fluid and nutritional care for patients, clients and staff within the WHSCT.

Objectives

- Offer menus that enable and encourage people to make healthy choices, whilst reflecting the dietary requirements based on religious beliefs or race.
- Provide patients (where appropriate), clients and staff information about diet and nutrition in order to encourage healthy eating.
- The food choices available for patients will reflect the nutritional needs of all patient groups including the nutritionally vulnerable and reflect mealtimes matters framework, thereby maximising safety and ensuring a high-quality experience at every meal, drink and snack time.

The policy details the standards and practices of food provision for patients, service users, staff and visitors. It also outlines the key responsibilities of Directors & managers, the WHSCT Nutrition Steering Group (NSG), the Nutrition & Dietetics Department as well as individual staff and volunteers.

1.3 Main stakeholders affected (internal and external)

For example, staff, actual or potential service users, other public sector organisations, GPs,

primary care providers, voluntary and community groups, trade unions or professional organisations or private sector organisations or others. **Start to consider how you might involve them in the development of the policy/decision.** This will also help you to meet the Trust's obligations under Personal and Public Involvement (PPI).

- Service users
- WHSCT Staff & Volunteers
- Visitors
- Agency staff
- Students

1.4 Other policies or decisions with a bearing on this policy or proposal

- WHSCT Food and Nutrition Policy (2015)
- Promoting Good Nutrition: A strategy for good nutritional care for adults in all care settings in Northern Ireland. 2011-2016 (extended to 2018). DHSSPSNI.
- A Fitter Future for All – a 10 year cross-sectional integrated life course framework to prevent and address obesity in Northern Ireland for 2011-2021. 2011. DHSSPSNI.
- The Nutrition and Hydration Digest: Improving outcomes through food and beverages services. 2019. British Dietetic Association (BDA)
- Nutritional Standards in Health & Social Care - for staff and visitors across catering facilities including retail outlets and vending. *Revised 2022*. Safefood, Food Standards Agency (FSA), Public Health Agency (PHA) and DoH.
- WHSCT Protected Mealtimes policy (2015)
- WHSCT Out of hours provision (2018)
- PHA Mealtimes Matter Framework (2022)
- Department of Health Health Survey NI (2021/22; 2022/23)
- Food Standards Agency Hazard Analysis and Critical Control Point (HACCP) (2017)

(2) CONSIDERATION OF EQUALITY AND GOOD RELATIONS ISSUES AND EVIDENCE USED

2.1 Data Gathering

2.1.1 What information did you use to inform this equality screening? For example, previous consultations, statistics, research, Equality Impact Assessments (EQIAs), complaints, etc.

Census information
Workforce planning information
NISRA (Northern Ireland Statistics and Research Agency)
BAPEN guidance (British Association for Parenteral and Enteral Nutrition)
DoH (Department of Health) guidance
FSA (Food Standards Agency) guidance
BDA (British Dietetic Association) guidance

2.1.2 How did you involve people?

The Trust requires evidence of engagement with stakeholders to fulfil its statutory obligations under its Equality scheme, Consultation Scheme and Personal and Public Involvement strategy. Provide details of how you involved stakeholders e.g. views of colleagues, service users, carers, Trade Unions, Section 75 groups or other stakeholders.

Consultation and Engagement Statement: In your policy/proposal include a paragraph titled Consultation and Engagement and summarise this section. If there was no engagement, please explain why.

Consultation with service users/staff via catering satisfaction surveys/feedback/Care Opinion – these are undertaken via a variety of means such as suggestion/feedback boxes, surveys with service users, promotion of Care Opinion.

Engagement with service users/staff in relation to menu tasting prior to opening of new Restaurant within Altnagelvin site.

Ongoing engagement with MDT with regards to inpatient menu changes.

Nutrition Steering group – membership as listed below (correct as of March 2023) covers a variety of disciplines across the Trust:

Directorate	Job Title
PCOPS	Assistant Director of Nursing Services, Governance/Safe and Effective Care (Chair)
PCOPS	Head of Nutrition and Dietetic Services (Deputy Chair)
PCOPS	Head of Nursing and Midwifery Patient Care and Standards (Deputy Chair)
PCOPS	Assistant Director of Primary and Community Care
PCOPS	Speech and Language Therapist Lead
PCOPS	Stroke Services Co-Ordinator
PCOPS	Nursing representation – Hospital - Lead Nurse
PCOPS	Nursing representation – Community Nurse Manager
PCOPS	Volunteering
Medical	Medical representation with GI interest
Acute	Pharmacist
Acute	Nursing representation – Cancer Services – Lead Nurse
Acute	Nursing representation – Northern Sector

Acute	Nursing representation – Southern Sector
AMHDS	Head of Service for Adult Mental Health
AMHDS	Nursing representation – Physical and Sensory Disability Services –
Lead Nurse	
Learning Disability	Head of Service / Lead Nurse
Performance & Service Improvement	Head of Support Services
Performance & Service Improvement	Support Services representative
Performance & Service Improvement	Health Improvement Nutritionist
Women & Childrens Service	Women and Children’s representative
CEC	Education and Training representative

2.2 Equality Profile

Who is affected by the policy or proposal? What is the makeup (%) of the affected group? Please provide a statistical profile. Could you improve how you gather Section 75 information? Are there any issues or problems? For example, a lower uptake that needs to be addressed or greater involvement of a particular group? If the policy affects both staff and service users, please provide information on both. If not, merge the 2 columns.

Category	Service Users, etc. 2011 Census for WHSCT area	Staff (From workforce planning 01 November 2023)
Gender	Male: 146,051 Female: 148,366 Total: 294,417	Male: 2951 Female: 11477 Total: 14428
Age	0 – 4: 20,445 5 – 7: 11,322 8 – 9: 7,668 10 – 14: 21,186 15 4,467 16 – 17: 9,266 18 – 19: 8,097 20 – 24: 19,865 25 – 29: 20,097 30 – 44: 61,230 45 – 59: 56,781 60 – 64: 15,380 65 – 74: 22,101 75 – 84: 12,301 85 – 89: 2,878 90+ : 1,333	16-24 908 25-34 3060 35-34 3679 45-54 3455 55-64 2727 >65 599 Total: 14428
Religion	Catholic 182,966 62% Presbyterian 29,353 10% Church of Ireland 37,154 13% Methodist 4,900 2% Other Christian 7,212 2% Other religions 1,475 1% No religion 12,199 4% Religion not stated 19,128 6%	Protestant 3025 Roman Catholic 7716 Not determined/Not known 3687 Total: 14428
Political Opinion	Nationalist 86,834 Unionist 61,995 Other 14,025	Broadly Nationalist 1722 Broadly Unionist 815 I do not wish to Answer/not known 10536 Other 1355 Total: 14428
Marital Status	Marital Status: All usual residents aged 16 and over: 229,329 Single 87,557 Married 106,383 In registered same-sex civil partnership 161 Separated but still legally married 9,678 Divorced or formerly in a same-sex civil	Single 5294 Married / Civil Partnership 7719 Other 1415 Total 14428

	partnership which is now legally dissolved 11,063 Widowed or surviving partner from a same-sex civil partnership 14,487	
Dependent Status	Households with no dependent children: 37,650 Households with children: 76,204 Residents who: Provide 1-19 hours unpaid care per week: 17,538 Provide 20-49 hours unpaid care per week: 5,859 Provide 50+ hours unpaid care per week: 9,096 Provide no unpaid care: 261,924	Yes 2772 No 3313 Not known 8343 Total: 14428
Disability	Long-term health problem or disability: Day-to-day activities limited a lot: 37,988 Long-term health problem or disability: Day-to-day activities limited a little: 26,351 Long-term health problem or disability: Day-to-day activities not limited: 230,078	No 7598 Yes 322 Not answered 6508 Total 14428
Ethnicity	White 290,923 Chinese: 486 Mixed: 740 Irish Traveller: 251 Indian: 893 Other Ethnic Group: 294 Pakistani 99 Black African: 115 Black Caribbean: 64 Black Other: 58 Bangladeshi 21 Other Asian: 473	Bangladeshi 3 Black African 14 Black Caribbean 2 Black Other 1 Chinese 6 Filipino 37 Indian 117 Irish Traveller 3 Mixed Ethnic Group 14 Other 64 Pakistani 21 White 9531 Not answered 4615 Total 14428
Sexual Orientation	Rainbow Research (2008) estimates that approximately 10% of the population is LGB. This equates to approx. 29,442 people in the Western area.	Both sexes 37 I do not wish to answer/not known 7279 Opposite sex 6980 Same sex 132 Total: 14428

2.3 Assessing Needs/Issues/Adverse Impacts, etc.

What are consequences of the policy/proposal on Users/Carers and staff? What are the different needs, issues and concerns of each of the equality groups? Are there any adverse impacts? If the policy affects both staff and service users, please specify issues for both. If

not, merge the 2 columns. Please state the source of your information, e.g. colleagues, consultations, research, user feedback, etc.

	Needs and Experiences	
Equality Group	Service Users, etc.	Staff
Gender	No issues identified	No issues identified
Age	No issues identified	No issues identified
Religion	<p>The Trust is mindful that some service users will have Religious food observances including but not restricted to:</p> <p>Buddhist – mostly vegetarian or vegan</p> <p>Hindu – most are vegetarian. No beef and beef products. Fish is rarely eaten.</p> <p>Muslim – No pork or pork products. No shellfish. No seafood without fins and scales. Meat must be halal.</p> <p>Sikh – No beef or beef products.</p> <p>Jewish – No pork or pork products. No seafood without fins and scales. All meat (beef / lamb / poultry) must be kosher. Meat and dairy products are never eaten at the same meal. Dairy foods cannot be eaten until 3 hours after meat or poultry.</p>	<p>The Trust is mindful that some staff will have Religious food observances including but not restricted to:</p> <p>Buddhist – mostly vegetarian or vegan</p> <p>Hindu – most are vegetarian. No beef and beef products. Fish is rarely eaten.</p> <p>Muslim – No pork or pork products. No shellfish. No seafood without fins and scales. Meat must be halal.</p> <p>Sikh – No beef or beef products.</p> <p>Jewish – No pork or pork products. No seafood without fins and scales. All meat (beef / lamb / poultry) must be kosher. Meat and dairy products are never eaten at the same meal. Dairy foods cannot be eaten until 3 hours after meat or poultry.</p>
Disability	<p>Patients or service users with physical disabilities need to be able to access food outlets safely & easily.</p> <p>Patients or service users with a disability may require assistance to eat or drink – adapted cutlery/drinking cups/food aids, or assisted feeding.</p> <p>Patients or service users may require a modified texture diet due to disability, dysphagia or medical condition.</p> <p>Sign language Interpreters will be used in line with Trust Guidelines. Policy will be available in alternative formats on request, including audio, Braille, etc.</p>	<p>Staff with physical disabilities need to be able to access food outlets safely and easily.</p> <p>Policy will be available in alternative formats on request, including audio, Braille, etc.</p>
Ethnicity	Interpreters will be used in line with Trust Policy. Policy will be available in alternative formats on request.	Interpreters will be used in line with Trust Policy. Policy will be available in alternative formats on request..
Other Issues: e.g. Rurality	No identified issues	No identified issues

2.4 Multiple Identities: When considering this policy/proposal, are there any additional issues relating to people with multiple identities? For example: older women, disabled minority ethnic people, young Protestant men, disabled people who are gay, lesbian or bisexual.

No issues identified.

2.5 Making Changes: Promoting Equality of Opportunity/Minimising Adverse Impacts

Based on the equality issues you identified in 2.2, 2.3 and 2.4, what do you currently do that meets those needs? What additional changes do you intend to make that will improve how you promote equality of opportunity or minimise adverse impacts?

Equality Group	Actions that promote equality of opportunity or minimise (mitigate) adverse impacts	
	Service users	Staff
Religion	Patient meal provision will adhere to all religious food observances offering appropriate menu choices for all where possible.	Staff meal provision will adhere to all religious food observances offering appropriate menu choices for all where possible.
Disability	All WHSCT catering facilities and food outlets will be accessible for those with a disability. Mealtimes Matter is a framework to maximise service user safety and ensure a high-quality experience always occurs at every meal, drink and snack time. Feeding and drinking aids provided/recommended as appropriate. IDDSI compliant meals are available for patients/service users requiring texture modified food and drinks. Policy to be made available, in alternative formats, where requested.	All WHSCT catering facilities and food outlets will be accessible for those with a disability. Policy to be made available, in alternative formats, where requested
Ethnicity	Interpreters will be used in line with Trust Guidelines. Policy will be available in alternative formats on request, including translated versions.	Policy will be available in alternative formats on request, including translated versions.

2.6 Good Relations

Does the policy/proposal have any impact/consequences for Good Relations? What changes to the policy or proposal or what additional measures could you suggest to ensure that it promotes good relations (if any)? (Refer to Guidance Notes for guidance on impact).

Group	Impact/Consequences	Suggestions
Religion	N/A	N/A
Political Opinion	N/A	N/A
Ethnicity	N/A	N/A

(3) CONSIDERATION OF DISABILITY DUTIES

How does the policy/proposal encourage disabled people to participate in public life and promote positive attitudes towards disabled people?

The Western Trust will promote positive attitudes towards disabled service users and staff through positive promotion of Western Trust services and positive engagement of disabled people in decisions.

This policy is inclusive of all disabled service users and staff.

(4) CONSIDERATION OF HUMAN RIGHTS

4.1 Does the policy or proposal adversely affect anyone's Human Rights?
Complete for each of the Articles.

Article	Positive Impact	Negative Impact - human right interfered with or restricted	Neutral Impact
Article 2 – Right to life			✓
Article 3 – Right to freedom from torture, inhuman or degrading treatment or punishment			✓
Article 4 – Right to freedom from slavery, servitude & forced or compulsory labour			✓
Article 5 – Right to liberty & security of person			✓
Article 6 – Right to a fair & public trial within a reasonable time			✓
Article 7 – Right to freedom from retrospective criminal law & no punishment without law			✓
Article 8 – Right to respect for private & family life, home and correspondence.			✓
Article 9 – Right to freedom of thought, conscience & religion			✓
Article 10 – Right to freedom of expression			✓
Article 11 – Right to freedom of assembly & association			✓
Article 12 – Right to marry & found a family			✓
Article 14 – Prohibition of discrimination in the enjoyment of the convention rights			✓
1 st protocol Article 1 – Right to a peaceful enjoyment of possessions & protection of property			✓
1 st protocol Article 2 – Right of access to education			✓

If you have answered either 'Positive Impact' or 'Neutral Impact' to all of the above, please move on to Section 5.

4.2 If you have identified any potential negative impacts to any of the articles, please complete the following table.

Article Number	What is the negative impact and who does it impact upon?	What do you intend to do to address this?	Does this raise any further legal issues?*\nYes/No
N/A			

**It is important to speak to your line manager on this and if necessary seek legal opinion to clarify this.*

4.3 Outline any further actions which could be taken to promote or raise awareness of human rights or, to ensure compliance with the legislation in relation to the policy or proposal.

N/A

(5) SHOULD THE POLICY OR PROPOSAL BE SUBJECT TO A FULL EQUALITY IMPACT ASSESSMENT?

A full Equality Impact Assessment (EQIA) is usually confined to those policies or decisions considered to have major implications for equality of opportunity. Base your decision on information from sections 2.2, 2.3, 2.4 and 2.5.

How would you categorise the impacts of this proposal or policy? (refer to Guidance Notes for guidance on impact)

Do you consider that this policy or decision needs to be subjected to a full Equality Impact Assessment?

Please tick:

GREEN: No impact	✓
AMBER: Minor impact	
RED: Major impact	

Please tick:

Yes	
No	✓

Please give reasons for your decision. (See Guidance Notes, page 28, for sample paragraph).

The update of this policy will continue to improve the diet and nutrition of WHSCT patients, service users, staff and visitors thus having a positive impact on wellbeing and health outcomes. It also demonstrates the Western Health and Social Care Trusts commitment to tackling the nutritional related problems of its population.

The policy ensures people are considered and cared for as individuals, and acknowledges that nutritional care should be provided with an equitable, person centred approach respecting the diversity of people including their religious beliefs and cultures. It will actively promote good nutrition by enabling people to make healthier food choices and encouraging a healthy balanced diet in line with government recommendations.

This Policy will be shared via the Nutrition Steering Group to facilitate cascading through all directorates, via Trust Communication and will be available on Staff West.

➤ **NOTE: Equality and Human Rights Statement:** The policy/proposal that this screening relates to MUST include the above paragraph. In addition, this paragraph should be used in the briefing note to Trust Board and will also be included in the Trust's Equality Screening Report.

(6) EQUALITY AND HUMAN RIGHTS MONITORING

What data will you collect in the future in order to monitor the effect of the policy or proposal, on any of the equality groups, for equality of opportunity and good relations, disability duties and human rights?

The Nutrition Steering Group will liaise with the Complaints Department to keep a record of equality groups in respect to complaints, compliments or comments made by staff, services users and/or members of the public directly relating to this policy.

This NSG supports the introduction and effective compliance with statutory, regulatory and professional body standards and associated guidelines relating to the good nutritional care of adults within the Western Trust.

Approved Lead Officer: Joanne Casey

Position: Head of Service

Policy/Proposal Screened By: _____

Date: 28/02/2024

Quality Assurance: Please send the final draft for quality assurance to the Equality and Human Rights Unit, Tyrone and Fermanagh Hospital, Omagh, BT79 0NS or email: equality.admin@westerntrust.hscni.net. **Quality Assurance can take up to three weeks.**

Directorate SMT Approval: The completed Equality Screening Form **MUST** be presented along with the policy/proposal to your Directorate SMT for approval.

Quarterly Equality Screening Reports: When final Trust approval is received, ensure that you send the completed screening form and associated policy/proposal, etc. to the Equality and Human Rights Unit, for inclusion in the WHSCT's quarterly equality screening reports. As a public document, the screening form will be available for downloading on both the Trust's website and intranet site.