## The State Hospital Equality Impact Assessment (EQIA)

The 'Guidance to Support Completion of the Equality Impact Assessment' should be read prior to completing this template.

Please note, the EQIA should be proportionate to the significance and coverage of the proposed policy, strategy, protocol, project, service or function and should take cognisance of the nature of the environment and patient group.

Screening questions to determine if the document requires a detailed EQIA.

Name of the proposal for assessment:					
CP22 Food, Fluid and Nutrition Policy					
Directorate: Nursing and AHP.					
<b>Date:</b> 07/06/23					
Designation(s) of author(s): Lead Dietit	ian				
What is being assessed:					
Policy ⊠ Strategy □	Protocol ☐ Project ☐				
Other (please provide details)					
ls it new ☐ Is it an update ⊠					
Is it a replacement (please advise v	what is being replaced)				
1. What are the main aims and outcomes of what is being assessed and how do these fit in with the wider aims of the organisation, legislation and national drivers?					
Aim(s) / Outcome(s) Wider Aim(s)					
To provide information and guidance to staff relating to all aspects of patients food, fluid and nutritional needs	The policy links all relevant national policies and guidance documents relating to food, fluid and nutritional care for patients managed within the State Hospital. To ensure nutritional screening and care planning, the planning and delivery food and fluid and supporting patient information and communication around food and nutrition. It specifically guides policy and standard operating procedures supporting; allergen management, food refusal management, nutritional support, dysphasia, therapeutic diets, managing foods in seclusion, patients and visitors information on food needs, nutritional screening and health and wellbeing/care plan management.				
2. Please identify the scope of what is being assessed:					
Forensic Network wide  Hos	pital wide ⊠ Service specific □				
Discipline specific  Oth	er (please provide details)				

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3.	3. Who are the key stakeholders potentially affected? Will the impact on these groups be			
	Stakeholder(s)	itive and/or negative and/or neutral way? Why do you Stakeholder(s) Impact		
1)	Patients	Шраст	Rationale	
1)	Patients	Positive	Provision of adequate appropriate diets for our patient population. Supports therapeutic needs and special dietary needs when required – supporting both physical and mental health	
		Negative	Removes freedom of choice. No access to purchasing external groceries.	
2)	Carers	Positive  Negative	Support to know family member/friend is receiving best nutritional support appropriate to them. Encourages visitors to support patient dietary needs from a therapeutic perspective where	
2)	Chaff	rvegative	necessary (e.g. ethnic diets).  Impacts on choice of food items brought/sent in.  Potential challenging communication from patients who are subject to management plans relating to menu choices.	
3)	Staff	Positive	Provides policy and guidance on a variety of food and nutrition related matters when supporting patient's food, fluid and nutritional care needs.	
		Negative	Potential impact on therapeutic relationships when patients have a management plan which includes limitations to menu choices.	

4.	Is a collaborative assessment with external partners required? Yes□	No ⊠	

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5. Specifically, in relation to the protected characteristics, please identify whether the impact will be positive, negative and/or neutral on these groups, providing rationale in support of your decision. Please also describe any identified inequality and indicate practice in place which mitigates aspects of the proposed policy, strategy, protocol, project, service or function contributing to any adverse impact or inequality.

project, service or function contributing to any adverse impact or inequality. $\Box$				
Protected	Positive	Adverse/	Neutral	Identified impact/inequality and
Characteristic	(Yes/No)	Negative	(Yes/No)	rationale, including mitigating
		(Yes/No)		practice where appropriate
				(Yes/No)
Age	X			Individually tailored plans in place to
				support age related dietary needs.
Disability	X	X		Individually tailored plans in place to support dietary intake which may be challenging in relation to e.g. Dementia, swallowing difficulties, dentition, including textured diets/equipment and specialist assessment.
				Impacts on freedom of choice.
				Patients with an Intellectual Disability are supported to make menu choices by staff and peers. Pictures of food items are available.
Gender			Х	
Gender			X	
Reassignment				
Marriage and			Х	
Civil Partnership				
Pregnancy and Maternity			X	
Race/Ethnicity	Х			Specific diets related to ethnic needs provided. Events/additional alternative access to foods supports ethnic/cultural variations.
				For non-English speaking patients, translation copies of the menus are available.
Religion and or Belief	X			Specific diets related to religion. Cultural and religious festivals catered for throughout the year.
Sexual Orientation			X	

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6. Thinking about the key stakeholders you have identified in no. 3, please explain how the proposal being assessed supports the organisation to eliminate any potential unlawful discrimination, harassment and victimisation of these groups, promoting equality of opportunity and fostering good relationships between all stakeholders.

This policy ensures a consistent approach to managing adequate food, fluid and nutrition in all patients.

The individual communication needs of all patients are assessed, ensuring equitable access to the information in this policy and related publications.

Ensures the health and wellbeing needs of patients who require nutritional support, (due to food and or fluid refusal compromising physical health), are supported within clinical practice through the development of individually tailored plans.

Patients who for religious reasons or similar who opt to fast will be assessed and treated as required to support their beliefs.

All carers are encouraged to support the appropriate safe provision of food and fluids whilst a patient is in care considering all available risk factors and the reasons for them. Takes account of individual needs and acknowledges the need to involve carers whom the patient has identified as important to supporting him, therefore promoting good relationships between all those involved.

Policy applies equally to all staff directly involved in supporting this area of care and treatment.

7. Thinking about the key stakeholders you have identified in no. 3, please identify potential inequalities of outcome which may arise in relation to socio-economic disadvantage (low income), including material deprivation.

Patients are encouraged to include purchases of healthy items if using the Hospital shop. It is acknowledged that these items may be higher in price which impacts on patients who are not in receipt of welfare benefits when compared to peers who receive significantly higher amounts of money in this respect.

Please discuss the EQIA with the Service Lead/Director and complete below to indicate this person is in agreement with your findings.

Designation of Service Lead/Director: Allied Health Professional Lead

**Date:** 14/06/23

If a **detailed EQIA** is required please contact the Director of Nursing and Operations for information.

**Please note:** as EQIA documents are within the public domain via the Hospital's website (unless identified as sensitive information) content should not include the names of any stakeholders and/or include any information which would identify individuals.

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