

Impact Assessment Screening Tool

Nutritional and Hydration Policy

This screening tool has been developed to ensure that equalities, human rights, economic and social factors are being considered ahead of the implementation of any new or revised policies, plans, projects, practices or strategies. Please note for the purpose of this document these will be grouped together and simply referred to as 'activity'.

General Information			
Name of activity	<i>Food and Hydration – Policy</i>		
Lead person and job title	<i>Karen Hamilton Excellence in Care Lead</i>		
Contact Information (<i>telephone and/or email</i>)	[REDACTED]	Date of this assessment	4.11.25
Names and roles of those involved in the impact assessment process	<p>Lorna Darrie, Allied Health Profession Director Karen Hamilton, Excellence in Care Lead Debbie Nelson, Catering Dietitian Laura King, Lead Dietitian Acute and Diagnostics Jijo Mathews, Catering Manager Katie McColm, Clinical Nurse Manager Acute and Diagnostics Linda Previtt, Speech and Language Therapist Eithne Clarke, Infant Feeding Co-ordinator Shelagh Kingstree, Acute AHP Manager Nikki Moffat, Senior Dental Health Office Lynne Mann, Lead AHP - Dumfries and Galloway Community Health & Social Care Partnership Dee Davidson, Lead Nurse, Care Home Tactical Team Colin Brett and Margaret Saunderson (public member of the Nutrition and Hydration Strategic Group) Kimberley Guthrie Child Health Fiona Gardiner, Dietetic Community Lead Lynn Scott, Clinical Nurse Manager Community Hospitals, Tissue Viability, Bladder and Pelvic Health Service, CTAC and IMMMS Service Tracey Ross Paediatric Dietetic Team Lead Ewan Bell, Consultant Clinical Biochemist</p>		
Describe the activity in no more than 200 words	<p><i>Nutritional Care is a fundamental aspect of patient care and well being which is acknowledged and supported by national standards:-</i> <u>Food in Hospitals National Catering and Nutrition Specification for Food and Fluid provision in hospitals in Scotland (FiH) (2016)</u>, <u>Complex Nutritional Care (CNC) Standards (2015)</u>, <u>Food, Fluid and Nutritional Care Standards (2014)</u>, and Ageing and Frailty Standards <u>Ageing and frailty standards – Healthcare Improvement Scotland (2024)</u>. <i>NHS Dumfries and Galloway Food and Hydration policy sets out:-</i></p> <ul style="list-style-type: none"> • <i>details on the minimum standard of nutritional care, wherever care is provided by the health board</i> • <i>how we incorporate the recommendations from the above national standards.</i> 		

	<ul style="list-style-type: none"> • to ensure effective person-centred nutritional care is provided to a patient who is accessing our health services both in hospital and in community. • using a co-ordinated person-centred approach, the multidisciplinary team (dietetics, catering, nursing and midwifery) will take a lead role in planning, co-ordinating, delivering and monitoring nutritional care to people who are accessing our health services. • when areas for improvement are identified, and how action will be taken for improvement.
<p>How will people be affected by this activity?</p>	<p><i>People who receive healthcare whether in hospital or peoples' own homes or homely setting will receive high quality nutritional care through identification of assessed need and care planning.</i></p> <p><i>Staff will receive the appropriate training and education commensurate with their duties and responsibilities to implement Food, fluid and nutritional standards, guidelines and operating standards.</i></p> <p><i>Catering staff will provide high quality nutritious food to maintain /promote health and well being and reduce risk of malnutrition for inpatients.</i></p> <p><i>The health board will be assured of the quality of nutritional care being provided.</i></p> <p><i>Where standards within the policy are not met, the staff will be required to make improvements to meet the said standard.</i></p>
<p>Who has been involved in the development of this activity and in what capacity?</p>	<p><i>Karen Hamilton – Excellence in Care Lead (interim chair)</i> <i>Debbie Nelson Catering Dietitian</i> <i>Laura King, Lead Dietitian Acute and Diagnostics</i> <i>Fiona Gardiner, Dietetic Community Lead</i> <i>Tracey Ross Paediatric Dietetic Team Lead</i> <i>Linda Previtt, Speech and Language Therapist)</i> <i>Eithne Clarke, Infant Feeding Co-ordinator</i> <i>Shelagh Kingstree, Head of Physiotherapy</i> <i>Nikki Moffat, Senior Dental Health Office</i> <i>Katie McColm, Clinical Nurse Manager Acute and Diagnostics</i> <i>Kimberley Guthrie Child Health</i> <i>Colin Brett and Margaret Saunderson (public member of the Nutrition and Hydration Strategic Group)</i> All of the above have been involved in either developing or providing feedback on the impact screening assessment, including reviewing and agreeing the updated Nutrition and Hydration Policy; (November 2025).</p>

Please include any evidence or relevant information that has influenced the overall decision being considered within this impact assessment	Food in Hospitals National Catering and Nutrition Specification for Food and Fluid provision in hospitals in Scotland (FiH) (2016). Complex Nutritional Care (CNC) Standards (2015) Food, Fluid and Nutritional Care Standards (2014). Ageing and frailty standards – Healthcare Improvement Scotland (2024)
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Impact Assessment Screening Questions





Please complete the table below and outline within the comments any evidence, relevant information or involvement that has influenced the decision on impact (this may also include demographic profiles, audits, research, health needs assessment, work based on national guidance, findings from engagement and consultation). Prompts are available on **page 4** to support discussion around potential impacts.

When assessing the impact on each protected characteristic, you should consider the following aims of the Public Sector Equality Duty:

- Does the proposed activity impact on the elimination of discrimination?
- Does the proposed activity contribute towards advancing equality of opportunity by removing or minimising disadvantages, meeting the needs of particular groups and encouraging participation in a particular activity?
- Does the proposed activity foster good relations between different groups?

Protected Characteristics/Impact Areas	What will the positive impacts be?	What will the negative impacts be?	What evidence gathering, research or involvement has been carried out?
Age	<p>The policy has been developed to apply to all people who <i>receive healthcare whether in hospital or peoples own homes or homely setting.</i></p>		<p>Food, Fluid and Nutritional Care Standards(Healthcare Improvement Scotland, October 2014) Ageing and Frailty Standards for care of older people November 2024) Complex Nutritional Care Standards(Healthcare Improvement Scotland, December 2015) Food in Hospitals National Catering and Nutrition Specification for Food and Fluid provision in hospital - guidance for Children BDA Section 7.5</p> <p>Childrens' ward Access to main menu and additional childrens' menu including pack lunch</p>
Disability	<p>All people with disability will be assessed, supported and or provided nutritional care according to their needs and preferences.</p> <p>Staff are able to refer to dietician for advice and support</p> <p>Adapted cutlery provision</p> <p>Crockery in DGRI all have blue rim on them making it easier for people with poor vision or for people who have dementia easier to see their food.</p> <p>Offer of Safe Sips which enables people to drink safely</p>	<p>Some disabilities will require additional training for staff with regards to assessment E.g. amputation.</p>	<p>Policy – nutritional and hydration.</p> <p>Workforce Training.</p> <p>Patient survey</p>

	<p>Finger Foods being tested for people with dementia</p> <p>People will be asked their opinion on menu choices, the quality of food</p> <p><i>For people unable to swallow - will be supported with their nutritional care and hydration through assessment, provision and delivery of nutrition by trained members of the workforce throughout their journey.</i></p>		
Sex	N/A		
Gender reassignment and Transgender	N/A		
Marriage and Civil Partnership	N/A		
Pregnancy and Maternity	<p>As part of the antenatal care, women are asked about their nutrition and offered advice according to the woman's needs and preferences.</p> <p>The vast majority of women within acute care are well, mobile and self caring.</p> <p>Meals are offered to women based on what choices are available at each meal. If women are vegetarian, gluten free, halal etc this is captured as part of booking assessment. Meals are offered appropriate to their needs and preferences with the option of a pass to</p>		Evidence within Badgernet Menu plan

	<p>choose their meal within the dining room if they wish.</p> <p>If women missed a meal, lunch boxes are offered and light diet items in the ward such as bread, cereal, sandwiches and biscuits are available.</p>		
Race	<p>The standards within the policy set out that all assessments will be completed for people in <i>community services and inpatients for example</i> hospitals, clinics, peoples own homes or homely settings in their community.</p> <p>People will be asked their opinion on menu choices, the quality of food</p>	<p>Note * The nutritional risk assessment requires all patients have a BMI. Currently there is a review of BMI thresholds for minority groups (South Asian)</p>	<p>https://www.nice.org.uk/guidance/ph46/chapter/1-recommendations for obesity.</p>
Religion or belief	<p>The standards within the policy set out that all nutritional assessments will be completed for <i>community services and inpatients for example</i> hospitals, clinics, peoples own homes or homely settings. <i>The assessments will take into consideration the people's</i> religion, culture, belief and preferences.</p> <p>Patients religion or belief is asked either on admission or antenatally where applicable.</p> <p>Different types of menus are available to meet peoples preferences</p> <p>Within the Menu and Delivery sub group people will be asked their opinion on</p>		<p>  Community Nursing  Inpatient Nutritional Nutritional Care Assessment: Care Assessment Gui </p> <p>  National MUST Tool.pdf </p> <p>  Nutritional Care Risk Assessment.pdf </p> <p>Menu choices Minutes of meeting with different groups Evidence provided by acute menu and delivery review.</p>

	menu choices and the quality of food, it will also be taken to the Multicultural Association (DGMA).		
Sexual orientation	N/A		
Human Rights			
Health & Wellbeing & Health Inequalities	<p>The policy provides minimum standards of nutritional and hydration care that is expected to be delivered to promote health and well being., including patients with complex nutritional needs Patients, relatives and general public will be able to participate in education regarding Food and hydration through Nutrition and Hydration promotion week.</p> <p>Patients will be actively involved in their nutritional care which will be recorded within the patient's records and will reduce any inequalities.</p>		Evidence nutritional risk assessment and care plan
Economic & Social Sustainability	The standards within the policy are applicable to all patients		
Staff	<p>The policy informs the workforce of the nutritional and hydration standards and the care people will be expected to <i>receive if they are receiving healthcare in hospital or peoples own homes or homely setting.</i></p> <p>The staff will receive education in relation to their role, in induction and throughout</p>		<p>Education sessions Learnpro modules available for staff to complete on nutritional risk assessment Corporate induction. Improvement work Access to intranet – Beacon- The Food, Fluid and Nutritional Care Team page.</p>

	their career within the organisation to enhance and maintain their knowledge and skills.		
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How will you mitigate any negative impacts?	Patients can decline to be screened if preferred, but any needs identified through the process will be addressed as part of the nutritional care plan	
Does the activity have the possibility to support or detract from our efforts to promote the inclusion of people from under-represented groups?	Activity promotions and recognises individual's dietary needs and preferences.	
Does this activity require consideration of the Fairer Scotland Duty ? If yes, please outline the steps taken to meet the needs of the duty.		
Please indicate how are you ensuring the information about the activity and around the proposed changes is accessible in terms of communication in the following formats:	Easy Read	Patient information team can be contacted and provide the alternatives if required.
	British Sign Language	
	Alternative Languages	
	Large Print	
	Other (please specify)	
How will you monitor the ongoing impact of the activity on protected characteristic groups?	<i>Governance provided through N&H Strategic group with public representation.</i>	
Please outline next steps	<ul style="list-style-type: none"> • Strategic core objectives identified for 2025-2026 • Review BMI thresholds for South Asian patients 	

When complete, the lead person should send a copy of the Impact Assessment Screening Tool to the Equality and Diversity Lead by emailing it to – [REDACTED]. The impact assessment will then be published on the NHS Dumfries and Galloway public website at www.nhsdg.co.uk

Please note that this is a legal document stating that you have fully considered the impact on the protected characteristics and is open to scrutiny by service users/external partners/Equality and Human Rights Commission.

Prompts for Impact Assessment

This section is for reference only. It provides some prompts around what to consider within both the screening tool and the full impact assessment document. **This is not an exhaustive list, and is provided simply as initial pointers to stimulate thinking and discussion and should be noted within the template.**

Equality Issues: All groups	Points to consider
	<ul style="list-style-type: none">• Don't make assumptions• Make yourself aware of the data and research that shows how protected characteristics impact on health and healthcare, and in particular, your own service.• People within each protected characteristic group are not all the same – people may be disadvantaged in more than one way. There are sometimes issues within groups that may make some people more vulnerable.• Have you considered local and national statistics and evidence available on the demographic breakdown of those who use your service, and which protected characteristic groups are more likely to be affected by any changes?• Have you engaged with the people affected by any changes to services?• Consider how to collect demographic information on each of the groups for profiling of access to/outcomes of services and initiatives.• Thinking about the information, language and imagery you are using..<ul style="list-style-type: none">◦ Is it translatable?◦ Is it understandable in different formats?◦ What alternative arrangements could be put in place to make it accessible?◦ How do people know how to access those alternatives?• Alternative formats include, Easy Read, British Sign Language and languages other than English.• Consider access to services – is the way in which services are accessed changing? Has this been communicated in different formats to ensure understanding? This can be about physical access as well as how we communicate with people about our services, this can be about letters, IT used to access appointments and even the wearing of masks• Are there particular groups who do not use or under use your service, or who are less satisfied with it?• Don't just think about your piece of work in isolation - will this change make a difference at another point in the pathway? Impacts may be positive or negative• How does this piece of work impact on people's ability to share any needs they have and for the organisation to then make any timely adjustments for that person• Remember that everyone on the group has protected characteristics and experiences that they can bring to the assessment.

Age (Children & Young People):	Points to consider
	<ul style="list-style-type: none">• What does local and national data tell you about different age groups? Is demographic information available on who is engaging with your service?• Are there any discriminatory practices in terms of any age groups that may or may not be justified? E.g. is the service designed with a specific age group in mind?• Younger people may have less access to transport, older people may be more likely to have underlying medical health conditions, age often connects with other characteristics but beware of making assumptions about the capacity of older or younger people• Is information given in an appropriate format in relation to the age of your service users?

Disability	Points to consider
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Have you considered reasonable steps that can be taken to accommodate the needs of disabled people such as:

- Getting in and out of spaces, availability of information verbal and written, access to toilets, induction loop systems, provision of an interpreter.
- Employment opportunities for people with disabilities – does your piece of work positively support this?
- Are you sure that the output from the activity is “accessible to all”?
- Have you looked at what constitutes as a disability under the Equality Act 2010? This includes physical conditions, mental health, and sensory impairment.
- Do you routinely record the communication needs of patients with a physical or mental health condition, learning disability or sensory impairment for referring to when sending out appointments etc?
- Do you currently monitor whether or not service users have a mental health condition, physical or learning disability, or sensory impairment so that you know how well your service is being used by people with a disability? (this also applies to staff if assessing a piece of work that affects them)
- Have you considered the timing of your service/appointments/meeting to meet the different needs of people who may rely on particular modes of transport?
- Have you considered the accessibility of any technology being used?

Gender Reassignment: Points to consider

- Have you used non gender-specific language that is inclusive of Trans people?
- Do you consider needs of transgender people accessing clinics, admission process etc?
- Are any of your services only available to a single sex? How have the needs of Trans people been considered within these?

Marriage and Civil Partnership: Points to consider

- Have you considered that those in civil partnerships should be given the same rights and benefits as those who are married?

Pregnancy and Maternity: Points to consider

- Are you aware that the new law makes it clear that it's against the law for people to get less favourable treatment because they are breastfeeding when receiving services? (this also applies to staff if assessing a piece of work that affects them)
- Are you aware that it is illegal to refuse to employ someone because they are pregnant, on maternity leave, because of an illness related to pregnancy and or to dismiss someone when they reveal this?

Race and Ethnicity: Points to consider

- We are required to provide an interpreter for people whose first language is not English, how will this happen in relation to this piece of work?
- Have you ensured that core information is available in languages other than English?
- Do you routinely record the language that a person speaks so that you can send letters in the correct language or to phone them instead if they can't read?
- Have you thought about your assessment materials and methods and made sure that they are relevant to people from different cultures?
- Have you considered general data available on health needs of equality groups i.e. Type 2 diabetes is up to 6 times more common in South Asian people and up to three times more common in African and African-Caribbean people?

Religion, Faith and Cultural: Points to consider

- Do you currently record patients' religion in order to assist you in identifying users and non-users of your service from various religious backgrounds and any specific needs which they may have?
- Is there inclusive prayer/reflective spaces available for those from all religions and beliefs for staff and service users?
- How do you consider necessary dietary requirements?
- Have you considered the gender of staff when caring for females?
- Does the service allow for requests from staff to have time off for religious festivals and functions?

Sex/Gender (Male/Female): **Points to consider**

- Does the data you are basing this piece of work on clearly show whether or not there any differences between the needs of women and men?
 - Do you gather data about how women and men use the service/s? If there is a difference in how a service is accessed how do you act on that?

Sexual Orientation: **Points to consider**

- Does your service recognise and respect individual's sexual orientation?
- Does your service recognise same sex relationships in respect to next of kin etc?
- Recording forms / use terminology such as partner / civil partner?
- Does your service make it easy for someone to discuss their sexual orientation if it is relevant?
- Have you considered access to services and understanding of need, this may include ensuring that you have prominent LGB and T resources in waiting rooms, surgeries, confidential spaces, staff rooms and community spaces.

Human Rights: **Points to consider**

- **Does the activity affect people's human rights?**

Right to Life – protects your life, by law. The state is required to investigate suspicious deaths and deaths in custody

Freedom from torture and inhuman or degrading treatment - you should never be tortured or treated in an inhuman or degrading way, no matter what the situation

Freedom from slavery and forced labour - you should not be treated like a slave or subjected to forced labour

Right to liberty and security - you have the right to be free and the state can only imprison you with very good reason – for example, if you are convicted of a crime

Right to a fair trial and no punishment without law - you are innocent until proven guilty. If accused of a crime, you have the right to hear the evidence against you, in a court of law

Respect for your private and family life, home and correspondence – you have the right to live your life privately and enjoy family relationships without interference from government

Freedom of thought, belief and religion - you can believe what you like and practise your religion or beliefs

Freedom of expression – your right to hold your own opinions and to express them freely

Freedom of assembly and association – your right to protest by holding meetings and demonstrations with other people

Right to marry and start a family - you have the right to marry and raise a family

Protection from discrimination in respect of these rights and freedoms - everyone's rights are equal. You should not be treated unfairly – because, for example, of your gender, race, sexuality, religion or age

Right to peaceful enjoyment of your property – property can include things such as land, houses, objects you own, shares, licenses, leases, patents, money, pensions and certain types of welfare benefits

Right to Education – protects your right to an effective education. Parents also have a right to ensure that their religious and philosophical beliefs are respected during their children's education

Right to participate in free elections – support your right to free expression by holding free elections at reasonable intervals

Abolition of the death penalty - no one shall be condemned to such penalty or executed

Health, Wellbeing and Health Inequalities:

Points to consider

- This is about physical and mental health and wellbeing and includes e.g. feelings of safety and security, leisure activity, participation, creativity, affection and developing/achieving potential. It covers all aspects of poverty including income and fuel poverty, lack of confidence and self-esteem
- Will this activity give people and families experiencing poverty the opportunity to ensure that their voice is heard?
- Will the activity support those experiencing poverty to move from dependence to independence?
- Will information and services related to the activity be easy to access?
- Will the activity provide services that meet the needs of people experiencing poverty?
- Think about how the activity will impact on increasing opportunities for:
 - Participation in physical activity
 - Accessing healthy food choices
 - Promoting positive mental health and wellbeing

Economic and Social Sustainability:

Points to consider

- This is about e.g. pay, employment opportunities, assisting businesses to develop and grow, welfare to work schemes and disadvantaged groups, local self-help schemes and valuing and supporting voluntary work. It also covers issues around aspects of poverty including individual and community resilience.
- How will your activity impact on e.g. social status, employment (paid or unpaid), opportunities to expand on learning experiences, opportunities for volunteering, encouragement of investment in skills and training, assistance for people on low incomes or support for disadvantaged groups in any way, help people access advice on financial inclusion, availability or delivery of services for people living rurally and increase in access to facilities for arts, cultural and leisure pursuits?
- How will the activity work in rural areas where the existing infrastructure is typically less developed or where infrastructure does not exist (e.g. mains gas, fast broadband connections)?