

## EIA FRONT SHEET

Name of the policy or service being assessed: Hospital Food

Directorate Medicine and Facilities

Date Impact Assessment completed 20/10/06

Is this a policy or service? Policy  Service

Is this a new or existing policy or service? New  Existing

### Areas Impact Assessed

Race  Disability  Gender   
Religion  Sexual Orientation  Age

### Names and roles of the people carrying out the Impact Assessment:

1. *Katherine Lord*  
*Head of Nutrition and Dietetics*

2. *Clive Butler*  
*Catering Manager*

3. *Lyn Lawrence*  
*Facilities Project Manager*

4.

5.

<b>Service Manager</b>	
<b>Signature</b>	
<b>Date</b>	

### KEY QUESTIONS

To be used in conjunction with training course materials delivered by Rajwant Bains

### What is the function of the Service/Policy?

*To provide a choice of food to all patients that is prepared safely and provides a balanced diet: - to ensure patient's individual nutritional, personal and clinical dietary requirements are met, including any necessary help with feeding, and access to food 24 hours a day.*

### What are the outcomes of the service?

*Adequately nourished in-patients: - provision of high quality meals: - provision of an adequate food service to patients, staff and visitors- where food is served at the correct temperature and is of a satisfactory quality*

### What is the profile of service users in relation to the outcomes?

*All adult and child inpatients, staff, and visitors to site including the on-site nursery.*

### Are there any identified inequalities in access or outcomes between different groups? Are any of these justified?

*The general choice in the patient menu does not cover all ethnic or religious dietary requirements. The catering department will however respond to requests for different requirements and always hold in stock meals for cultural and religious choices for example Kosher, Halal, and Afro Caribbean. Access to these choices is via the National Health Menu information that is held at the nurse station on each ward. However if the patient is not made aware of the National Health Menu they will be unable to access the various choices available. The National Health Menu is in English only and there is no explanation in other languages to inform those unable to understand English that they could have access to an interpreter. The National Health Menu would ideally be at each bedside and have a front page with a small paragraph on how to obtain the services of an interpreter in different languages.*

### How does this picture fit with the National picture?

*Similar to national picture*

### Where and how do different groups engage with the service?

*UBHT and NBT jointly undertook a project looking at hospital food and invited representatives of all major groups within the city to participate. This included people from ethnic minorities. Minutes of these meeting can be made available from Katherine Lord Head of Nutrition and Dietetics.*

*The Catering User Group used to meet on a regular basis but has lapsed. However the Catering manager is reinstating this meeting and will encourage different groups to participate. The results of the Patient and Restaurant Satisfaction surveys carried out by the Catering Manager will be discussed and Equality Impact Assessment to be included on the agenda.*

### What recent consultations or complaints have there been?

Consultations: *within last 2 years there has been the UBHT and NBT joint project.*

Complaints: *none specific to ethnic or cultural requirements have been received.*

*The catering department issue a survey on a quarterly basis, the last one being in July 2006. One of the questions is:- Were there enough choices to suit your religious beliefs, with a response 46.1% yes, 2.5% no, 51.2% NA. The response rate was poor with only 17% of questionnaires being returned (84 of 500).*

### What are the gaps in our information?

- *There are insufficient ethnic catering companies who are accredited to sufficient standard for the NHS to purchase from.*
- *More access to communication to ethnic minorities regarding interpreters for the menu and the additional choices available.*
- *Response rate of surveys means the response may not be representative*

### What further research/analysis is necessary, who do we need to involve? (There must be service user consultation.)

- *Meetings with Modern Matrons to assist in informing patients of cultural and religious choices available*
- *Help for patients who do not speak English to complete surveys*

### What are the future monitoring arrangements?

- *Level of complaints and praise received from users of the service*
- *Continued surveys of inpatients and restaurant users with more help for ethnic minorities to complete the survey.*
- *Reinstate the Catering User Group to include a representative of the Patients Panel.*

## CONCLUSIONS AND RECOMMENDATIONS

***Does the policy comply with equalities legislation i.e. eliminate unlawful discrimination, promote equality of opportunity and promote good relations between people of different racial groups?***

***Does it deliver equal access and equal outcomes?***

yes  no

**What are the main areas requiring further attention?**

- *Communication between the wards and the catering department*
- *Communication between staff and patients of the availability of religious and cultural choices to the set menu.*

**Summary of recommendations for improvement**

- *Improve ward knowledge of special diets available*
- *Reinstate the Hospital Catering Group*
- *More information of the availability of access to interpreters*
- *Help for non English speaking patients to complete the Catering Patient Satisfactory Surveys*

**How will the results of the EIA feed into the performance planning process?**

- *Results will be made known to Director of Facilities and Director of Nursing*

