NHS
Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

Nutrition and Hydration Policy for Adults in Hospital

This procedural document supersedes:
PAT/T 43 v.1 – Nutrition and Hydration Policy for Adults in Hospital.

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Approved by:	Nutritional Steering Committee and Policy Approval and Compliance Group (on behalf of the Patient Safety Review Group)
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Amendment Form

Please record brief details of the changes made alongside the next version number. If the procedural document has been reviewed **without change**, this information will still need to be recorded although the version number will remain the same.

Version	Date Issued	Brief Summary of Changes	Author
Version 2	18 July 2019	• Updated and transferred to new style format. • Removal of reference to The Practical Guide to Nutrition Support for Adults PAT/T 35 v.2. (withdrawn) • Removal of reference to PAT/PA 16, Protected Mealtimes Policy (withdrawn) • Addition of Making Mealtimes Matter • Reference to nutritional screening in pregnancy and critical care • Additional information regarding discharge of patients at risk of malnutrition • Additional information regarding discharge of patients on Tube feeds. • Update of monitoring and compliance • Update of reference list • Update on fluid balance charts	Sophie Hempsall
Version 1 – PAT/T 43 v.1 **(Transferred from a Patient Administration policy to a Treatment policy)**	12 June 2013	• Changed sections from 'Patient Administration' to 'Treatments/ Investigations' section. • Updated and transferred to new style format.	Vera Todorovic
Version 1 – PAT/PA 25 v.1 **(Originally a Patient Administration policy)**	May 2008	This is a new policy, please read in full.	Vera Todorovic

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1 INTRODUCTION

Providing patients with optimal nutritional care is an integral part of their treatment and provision of appropriate food and fluids to meet their needs is essential to maximise individual health outcomes.

Over the last decade, there has been increasing concern over the high incidence of malnutrition, in particular under nutrition that exists in the hospital population and a growing interest in improving the overall nutritional care experience for the patient together with delivery of appropriate nutritional care to improve clinical outcomes. Malnutrition has the potential to affect the whole hospital population and can adversely affect clinical outcomes for patients

Hospitals have a responsibility for ensuring that appropriate systems and processes are in place to both identify and manage patients who fall into these categories as well as ensuring that all patients have access to food and hydration appropriate to their needs.

2 PURPOSE

The purpose of this policy is to highlight the processes involved in optimising the nutritional care of patients during their hospital stay.

2.1 Rationale for Optimising the Nutritional Care of Hospital Patients

Addressing poor nutritional care of patients is highlighted as a priority in several key national documents and the Trust is committed to ensuring that all the recommended standards and guidance are addressed. The following documents provide the framework within which the Trust is working to improve the nutritional care of its patients.

- NICE CG32 NICE Guidance on Nutrition Support in adults: oral nutrition support, enteral tube feeding and parenteral nutrition (2006) Updated August 2017
- NICE QS24 NICE Quality standard 24: Quality standard for nutrition support in adults (2012)
- Care Quality Commission (CQC): Outcome 5 Nutrition, Regulation 14
- Essence of Care: Nutrition Benchmark (2010)
- 10 key characteristics of good nutritional care in hospitals. Council of Europe Resolution on Food and Nutritional Care in Hospitals (2007)
- NICE CG 169 NICE Guidance on Acute Kidney Injury: prevention, detection and management (2013)

- Patient Led Assessment of the Care Environment PLACE (2019). Assessments relate to provision of safe and appropriate food and drink for patients and assistance when required at mealtimes within an environment conducive to eating and drinking.

2.2 Prevalence of Malnutrition is Common in the Hospital Setting

According to NICE (CG 32, 2006) a person is defined as being malnourished if they:

- A body mass index (BMI) of less than 18.5kg/m2
- Unintentional weight loss greater than 10% within the last 3 -6 months
- A BMI of less than 20kg/m2 and unintentional weight loss greater than 5% within the past 3 – 6 months

It has been estimated that at any one time more than 3 million people in the UK are at risk of malnutrition (undernutrition), yet it continues to be an under-recognised and under-treated problem. Furthermore, the public health expenditure on disease-related malnutrition in the UK in 2007 was calculated to be in excess of £13 billion per annum, about 80% of which was in England [1]. This is a heavy burden and cost to bear not only for individuals, but for health and social care services, and society as a whole.

It is estimated that 28-34% of patients coming into hospital are undernourished [3,4,5.]

One third (32%) of people aged 65 years or over are at risk of malnutrition on admission to hospital[5].

Data from studies in outpatient clinics suggests that 16-21% of patients are at risk of malnutrition (medium and high risk calculated from using the Malnutrition Universal Screening Tool 'MUST') with those at risk experiencing significantly more hospital admissions and significantly longer length of hospital stay [3,4,5] .

Malnutrition can arise at all ages from a wide range of acute and chronic diseases, as well as psychosocial factors (e.g. social isolation, bereavements.) The most vulnerable nutritionally at risk groups include those with chronic diseases, the elderly, those recently discharged from hospital, and those who are poor or socially isolated.[1,2]

With severe acute diseases, there is rapid loss of appetite, weight and body function. It may take weeks or months for full recovery, partly because of inadequate nutrition.

Weight loss usually begins before admission, deteriorates further in hospital, and may continue to deteriorate for a period after discharge from hospital.

Malnutrition can detrimentally affect virtually every system of the body. Randomised controlled studies and meta-analyses suggest that nutritional support of undernourished individuals can reduce mortality, complications after illness, length of hospital stay, readmission rates to hospital, decrease costs of care and improve well-being.[6]

2.3 Obesity

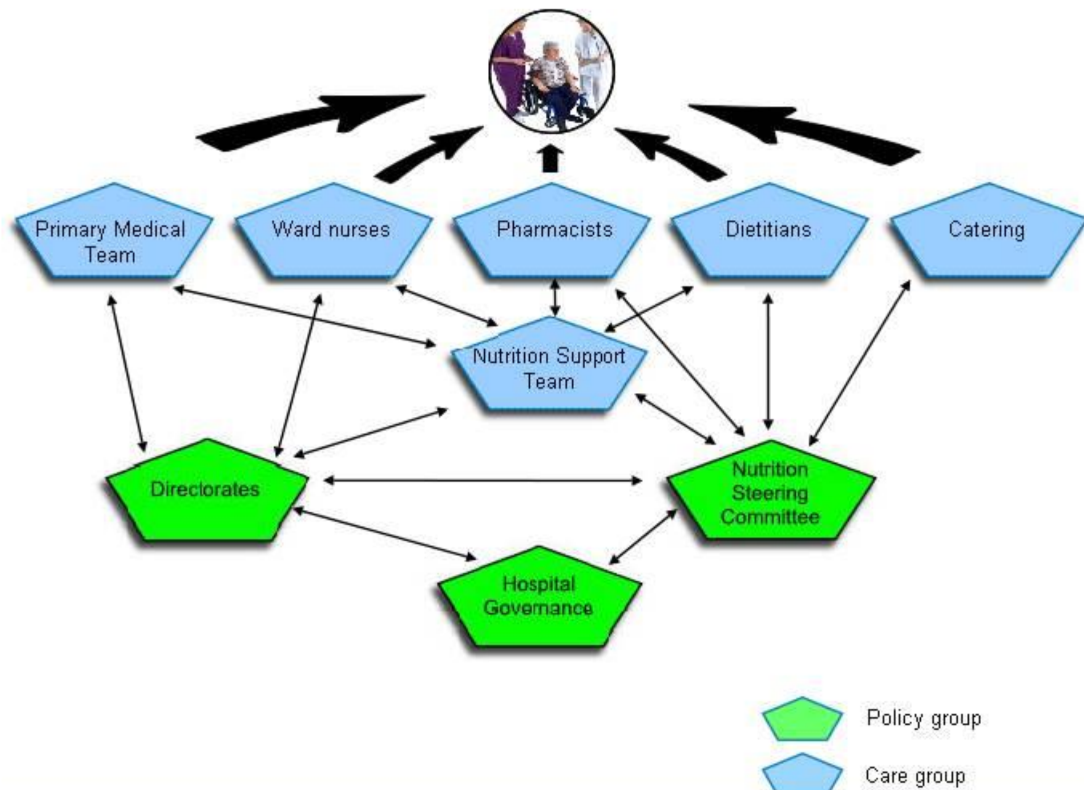
Obesity is a major clinical and public health issue and for patients in hospital this can adversely affect clinical outcomes. Identifying individuals who fall into this category and providing them with help and support at an appropriate time in their clinical care is an important role of the healthcare professional.

3 ROLES AND RESPONSIBILITIES IN THE PROVISION OF NUTRITION

Key responsibilities and duties of staff

Delivering excellent nutritional care to patients that are being cared for is a complex process and relies on good co-ordination. Standards of care need to be set, acted upon, audited and monitored and all staff within the Organisation have some responsibility to ensure that this happens.

Nutritional support therefore needs to be delivered via catering, ward nurses and the patient's medical team, supported by specialist advice and an authoritative, specialist-derived management structure which fosters excellence and responsiveness to external drivers.



Reproduced with kind permission BAPEN (Organisation of Nutritional Support in Hospitals (2012) www.bapen.org.uk). Please refer to the BAPEN website for further detailed information on how the domains above link together and highlight key responsibilities for the organisation of hospital nutrition within each domain.

Summary of local key responsibilities relating to the organisation of the Trust's nutritional services

Key groups	Role
Chief Executive and Trust executive team	Ensure that a robust strategic nutrition action plan is in place for the Trust, together with appropriate governance structures to ensure that standards of nutritional care are met and that risk management issues are addressed.
Nutrition steering committee	Develop strategic nutrition action plans for the Trust together with annual work plans and work streams and responsible for co ordinating the nutrition element of the inpatient quality accreditation tool.
Clinical governance committee	Ensure that the outputs and outcomes from the nutrition steering committee are discussed and appropriate action taken where needed.
Nutrition action group	Develop the operational action plans taken from the key priorities identified by the nutrition steering committee and ensure that these are delivered at ward level.
Nutrition link nurses	Act as the champions and leads relating to the nutritional care of patients at ward level. Ensure that the operational action plans developed are in place at ward level and that staff are routinely trained and updated in the relevant processes.
Matrons	Ensure our patients receive safe and effective care at all times though audit and visibility and are represented at the Nutrition Action Group
Dietitians	Dietitians are the principal source of evidence-based information on food and nutrition and are important contributors and leaders of the nutritional care process. They provide nutritional advice and expertise for patients and staff in all units of the hospital, including catering and lead on the development of nutrition education and training programmes.
Catering	Supporting the governance of nutritional support provided by outside caterers.
Pharmacy	Input to nutritional care of patients via ward pharmacists, procurement and drug advisory services. Advise on parenteral nutrition composition and compatibilities and ensuring aseptic processes for preparation are adhered to. Advise on drug delivery via enteral tubes and on drug-nutrient interactions. Key role in monitoring and auditing compliance within these feeding systems.

Patients and Governors	Patients should be encouraged to take a positive approach to improving their nutrition and should be given information about what to expect and what to ask about when they come into hospital. Patients are represented by Governors through the Nutrition Steering Committee.

4 PROCEDURE

4.1 Nutritional Screening and Assessment

Nutritional screening is the first step in identifying patients who may be at nutritional risk or potentially at risk and benefit from appropriate nutritional intervention. It is a rapid, simple and general procedure used by nursing, or medical staff at first contact with the patient so that clear guidelines for action can be implemented.

The 'Malnutrition Universal Screening Tool' ('MUST') is used across the Trust and is part of the Individual Pathway of Care (IPOC) 243 Combined Risk Screening and Assessment bundle and documentation that is used by all wards. WPR23084.

100% of inpatients over 18 years old should be screened within 24 hours of admission to the ward.

100% of inpatients over 18 years old should be screened following transfer between wards.

Children up to the age of 18 should be screened using the Paediatric Yorkhill Malnutrition Score (2008) and are not within the scope of this policy.

Patients are categorised as low, medium, high risk or very high risk. The management guidelines associated with the Tool are used to develop a nutritional care plan for individual patients and this information is documented in the combined screening and assessment documentation.

In pregnancy, pre pregnancy BMI measurements of weight and height before pregnancy (or during early pregnancy) can be used to estimate pre pregnancy BMI. Mid upper arm circumference changes little during pregnancy and can be used to establish BMI. Weight change; gains < 1kg (<0.5kg in the obese) or >3kg per month during the 2nd and 3rd trimester generally require further evaluation[2].

Patients admitted to the Department of Critical Care should have a nutritional assessment completed or an initial hospital admission MUST can be used as an initial screening.

Nutritional assessment is a more detailed, more specific, and in-depth evaluation of a patient's nutritional state carried out by the Dietitian. The assessment process allows more

specific dietary care plans to be developed by the Dietitian for the individual patient. The management guidelines in the Trust's combined risk screening and assessment document indicate at what stage the Dietitian should be contacted for advice.

Patients who require a more detailed nutritional assessment will be referred to the Nutrition and Dietetic Service as per the Trust's 'MUST' management guidelines using IPOC 111 Adult Dietetic Referral.

4.2 Provision of Food, Fluid and Nutrition to Patients

The therapeutic role of food within the healing process cannot be underestimated and food and the service of food are an essential part of a patient's treatment.

Nationally the concept of Protected Mealtimes has been developed to improve patient's experience around mealtimes. The Organisation has translated the concept into Making Mealtimes Matter (Appendix 1), to focus the attention of all staff on the ward to the mealtime service, from preparing the patients through to completing food charts, including an emphasis on social dining where appropriate.

The privacy and dignity of patients at mealtimes should also be considered. There are patients who may feel uncomfortable eating and drinking in the presence of others (e.g. they have functional disabilities) and where this is the case this should be reflected in the patients care plan so that all staff involved at mealtimes are aware of the support required for that individual.

All patients admitted to hospital who are able to have an oral diet will be offered three meals and three snacks per day. Patients requiring therapeutic, special diets, red tray or adaptive cutlery should be identified to the catering service via the appropriate 'special diet' form held on the ward.

4.3 Types of Nutritional Support

Most patients coming into hospital are able to drink normally and manage a normal diet during their hospital stay. Some patients however need additional nutritional support to help meet their nutritional requirements and this could be provided by

- Energy Dense menu choices, denoted by ED on hospital menu
- Use of snacks and /or oral nutritional supplements (ONS)
- Enteral tube feeds e.g. via Nasogastric tube (NG), Nasojejunal tube (NJ) or percutaneous endoscopic gastrostomy (PEG) or other gastrostomy tube
- Parenteral nutrition e.g. via a Peripherally Inserted Central Catheter (PICC)

None is exclusive and more than one approach may be needed in order to meet the individual's nutritional needs.

Some patients will have problems swallowing and they must be referred to the appropriately trained professional e.g. Speech and Language Therapist. The correct textures for food and fluid can then be prescribed for that patient and appropriate arrangements made to ensure the patients nutritional requirements are met.

Wherever possible the aim is to re-establish the patient back onto normal oral diet.

Where patients require assistance at meal and snack times a red trays can be requested from catering in order to visibily identify those requiring assistance.

Food charts maybe used to assist in the monitoring of nutrition intake. When used a food chart must be reviewed after three days and an action plan completed.

4.4 Hydration

Hydration of the patient is as important as ensuring adequate food intake and the Trust is committed to ensuring that where appropriate patients are encouraged to take a range of fluids through the day and intake is documented in their care plans. If patients are unable to tolerate oral fluids the use of alternative routes e.g. enteral, IV for the provision of fluids should be discussed with the patient's clinical team.

Each ward area will have copies of the 'Volume in Vessels' poster and the information should be referred to when documenting oral fluid intake in care plans to ensure standardisation of recording.

A jug with a red lid is used to denote a patient who requires assistance with fluids. An exception to this is the Gresley Unit jug system in where a traffic light jug system is in place; red lid indicating first jug of the day, orange lid for the second jug and green lid for the third.

Where clinically indicated fluid balance charts should be completed by the ward team with culmulative balance being reviewed six hourly and necessary actions taken in order to reduce the likelihood of acute kidney injury and reviewed by the medical/surgical team daily.

4.5 Dealing with Food Refusal

An individual who continually refuses to eat or drink /open their mouth is at high risk of dehydration and malnutrition. The appropriateness of artificial support (e.g. NG or PEG feeding) including the ethical issues involved should be discussed by the multidisciplinary team as part of the patient's daily clinical review.

4.6 Addressing the Nutritional Needs of Patients who Lack Mental Capacity

Sometimes it will be necessary to provide care and treatment to patients who lack the capacity to make decisions related to the content of this policy. In these instances staff must treat the patient in accordance with the Mental Capacity Act 2005 (MCA 2005).

- A person lacking capacity should not be treated in a manner which can be seen as discriminatory.
- Any act done for, or any decision made on behalf of a patient who lacks capacity must be done, or made, in the persons Best Interest.
- Further information can be found in the MCA policy, and the Code of Practice, both available on the intranet.

There is no single definition of Best Interest. Best Interest is *determined on an individual basis. All factors relevant to the decision must be taken into account, family and friends should be consulted, and the decision should be in the Best interest of the individual. Please see S5 of the MCA code of practice for further information.*

4.7 Discharge of Patients Requiring Continuing Nutritional Support

Unless requested by dietitian no oral nutrition supplements should be added to the discharge medications.

Patients scoring a MUST of 2 – 3 will be advised of the increased risk of malnutrition and provided with written information and ther last body weight and advised to contact community services e.g. GP or Community Nurse for an onward referral to community dietetics.

Patients with a MUST of 4 or above will be under the care of the dietetic service and ongoing nutritional management will be arranged by the dietitian.

Where a patient is to be discharged on an enteral tube feed a 14 day supply of feeds and equipment should be provided (See IPOC 1565). The dietitian should be informed 48 hours in advance of discharging a patient on an enteral tube feed in order to ensure training and support can be implemented to ensure a safe discharge.

5 TRAINING/SUPPORT

Education and training programmes are in place for staff relating to the nutritional care of patients. Matrons and ward managers are responsible for ensuring that their members of staff receive relevant education and training. This is monitoring via the ward nutrition accreditation process.

Training on nutrition including MUST screening is incorporated into the organisations preceptorship package for newly qualified nursing and allied health professional staff, the Person Centred Care (PCC) day and activity co-ordinator training.

Menu Collectors employed by Sodexo, the organisations catering provider, receive yearly training on nutritional care including therapeutic and modified texture diets.

A Nutrition Module is completed by ward staff on a three yearly basis.

Please note: The Standard Training Needs Analysis (TNA) – The training requirements of staff will be identified through a training needs analysis. Role specific education will be delivered by the service lead.

Parenteral Nutrition is only to be delivered on wards who meet additional stanadrsd and training in accordance with the Parenteral Nutrition policy PAT/T 66 Parenteral Nutrition Policy

6 MONITORING COMPLIANCE WITH THE PROCEDURAL DOCUMENT

Compliance with the procedural document is checked through the Ward Accreditation Standards which form part of the Well – led Score on the annual Inpatient Quality Accreditation Tool. Results are discussed and actioned planned through the Nutrition Link nurse forum and Nutrition Action Group and overseen by The Nutrition Steering Committee.

What is being Monitored	Who will carry out the Monitoring	How often	How Reviewed/ Report to
Rolling Nutriton Action Plan agreed by the Nutrition Steering Committee to address the provision of nutrition and hydration across the Trust	Nutrition Steering Committee	Two yearly	Reviewed by Nutrition Steering Committee.
Ward Accreditation Standard 1- Ward environment/ Food chain process - Each ward's operational policy has clear plans detailing the nutritional responsibilities of all staff relating to the efficient and effective delivery of food and drink to the patient including the Red Tray and Red Jig scheme.	Nutrition Link Nurses	Annually	Collated via audit. Reviewed by Ward manager and Nutrition Action Group and results collated via the Inpatient Quality Accreditation Tool
Ward Accreditation Standard 2 – Education and training; The ward is able to demonstrate that ward staff are adequately and appropriately trained in the nutritional care and management of their patients.	Nutrition Link Nurses	Yearly	Collated via audit. Reviewed by Ward manager and Nutrition Action Group and results collated via the Inpatient Quality Accreditation Tool

Ward Accreditation Standard 3 - Ongoing Nutritional Care; The ward is able to demonstrate that 100% of inpatients have their nutritional needs identified on admission to the ward and appropriate nutritional care plans are then put in place for the duration of their hospital stay and for discharge where appropriate.	Nutrition Link Nurses	Twice Yearly	Collated via audit. Reviewed by Ward manager and Nutrition Action Group
Ward Accreditation Standard 4 – Discharge planning; The ward is able to demonstrate that all patients identified with nutritional needs have a care plan in place on discharge to ensure continuity of nutritional care.	Nutrition Link Nurses	Yearly	Collated via audit. Reviewed by Ward manager and Nutrition Action Group
Ward Accreditation Standard 5 – Hydration; Correct hydration saves lives and monitoring fluid status is essential basic care for all patients. Effective fluid management is an important aspect of patient care and all wards should have appropriate processes in place to ensure that patients in their care are adequately hydrated. Dehydration which is a serious healthcare issue should be anticipated in those that are at risk and appropriate action taken to ensure that adequate hydration and fluid balance monitoring takes place.	Nutrition Link Nurses	Twice Yearly	Collated via audit. Reviewed by Ward manager and Nutrition Action Group
Ward Accreditation Standard 6 – Ward specific; The ward is able to demonstrate good practice in nutritional care which is specific to that area; the ward is aware of areas for future development and has an action plan in place with achievable targets	Nutrition Link Nurses	Yearly	Reviewed by Nutrition Link Nurse and Ward Manager and Nutrition Action Group

Mini PLACE audits, including Making Meatimes Matter compliance	Sodexo, Dietitians, Ward manager or Nutrition Link nurse	Yearly	Observational Audit Reviewed by Nutrition Link Nurse and Ward Manager and Nutrition Action Group

7 DEFINITIONS

BAPEN	British Association for Parenteral and Enteral Nutrition
'MUST'	'Malnutrition Universal Screening Tool'
NAG	Nutrition Action Group
NJ	Naso jejunal
PEG	Percutaneous endoscopic gastrostomy
NG	Nasogastric
PICC	Peripherally inserted central catheter
PLACE	Patient Led Assessment of the Care Environment

8 EQUALITY IMPACT ASSESSMENT

An Equality Impact Assessment (EIA) has been conducted on this procedural document in line with the principles of the Equality Analysis Policy (CORP/EMP 27) and the Fair Treatment for All Policy (CORP/EMP 4).

The purpose of the EIA is to minimise and if possible remove any disproportionate impact on employees on the grounds of race, sex, disability, age, sexual orientation or religious belief. No detriment was identified. (see appendix 2).

9 ASSOCIATED TRUST PROCEDURAL DOCUMENTS

CORP/EMP 4 Fair Treatment for All Policy
CORP/EMP 27 Equality Analysis Policy
PAT/PA 19 - Mental Capacity Act 2005 - Policy and Procedure, including Deprivation of Liberty Safeguards (DoLS)
PAT/PA 28 - Privacy and Dignity Policy
CORP/FAC 7 - Hospital Catering Policy – Provisin of Feed to Patients, Staff and Visitors
PAT/T 66 - Parenteral Nutrition Policy
PAT/T 17 - Nasogastric Tube Management and Care Policy
PAT/T 69 - Nasal Retention Device Policy
PAT/T 16 - Percutaneous Endoscopic Gastrostomy (PEG)/Enteral Tube Care Policy
Individual Pathway of Care (IPOC) 1565 Tube Feeding Discharge Checklist for wards
Individual Pathway of Care (IPOC) 243 Combined Risk Screening and Assessment
Individual Pathway of Care (IPOC) 111 Adult Dietetic Referral
PAT/IC 5 Hand Hygiene

10 DATA PROTECTION

Any personal data processing associated with this policy will be carried out under 'Current data protection legislation' as in the Data Protection Act 2018 and the General Data Protection Regulation (GDPR) 2016).

For further information on data processing carried out by the trust, please refer to our Privacy Notices and other information which you can find on the trust website: https://www.dbth.nhs.uk/about-us/our-publications/uk-data-protection-legislation-eu-general-data-protection-regulation-gdpr/

11 REFERENCES

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11. Essence of Care: Nutrition Benchmark (2010)
12. 10 key characteristics of good nutritional care in hospitals. Council of Europe Resolution on Food and Nutritional Care in Hospitals (2007)
13. NICE CG 169 NICE Guidance on Acute Kidney Injury: prevention, detection and management (2013)

APPENDIX 1 – MAKING MEALTIMES MATTER

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Making Mealtimes Matter

- ✓ All available staff to focus on food and drink.
- ✓ Relatives and carers can help where appropriate.
- ✗ Avoid all non-essential activity and interruptions, unless providing urgent care.

Before mealtimes...

- ✓ Ring bell 10 to 15 mins before mealtimes.
- ✓ All clinical staff finish off tasks.
- ✓ Know which patients need assistance with feeding and allocate nurse/ healthcare assistant.
- ✓ Ensure patients have opportunity to visit the toilet.
- ✓ Sit patients up/in chair or take to the dining room.
- ✓ Clear patients tables and wipe clean.
- ✓ Offer hand wipes to patients as necessary.
- ✓ Vent the trolley for 5 mins.
- ✓ Staff to wash hands and wear PPE.

During mealtimes...

- ✓ Use red tray/red tray to identify patients who need help and/or who need their intakes monitoring.
- ✓ If patients require help, only to serve meals when a nurse is ready to assist.
- ✓ Ensure patients have:
  - Napkin
  - Appropriate drink
  - Correct cutlery
  - Condiments
  - Eating aids.
- ✓ Provide assistance if needed, eg. opening packets and cutting up food.
- ✓ Check patients are happy with choice of meal that everyone has a drink.

After mealtimes...

- ✓ Complete food and fluid balance charts.
- ✓ Ask patients "How was your meal?"
- ✓ Update Special Diet folder in preparation for the next meal.

Ward Mealtimes

Breakfast ....

Dinner: ....

Tea: ....

APPENDIX 2 - EQUALITY IMPACT ASSESSMENT

Service/Function/Policy/Project/Strategy	**Division**	**Assessor (s)**	**New or Existing Service or Policy?**	**Date of Assessment**
Nutrition and Hydration Policy for Adults in Hospital	Clinical Specialities	Sophie Hempsall	Existing	May 2019

1) **Who is responsible for this policy?** Name of Division/Directorate: Clinical Specialties

2) **Describe the purpose of the service / function / policy / project/ strategy?** The aim of the policy is to ensure that the provision of hydration and nutritional care patients is a ward priority.

3) **Are there any associated objectives?** Legislation, targets national expectation, standards: To meet national guidance, NICS GG 32, QS 24 and CQC Outcome 5,

4) **What factors contribute or detract from achieving intended outcomes?** – none

5) **Does the policy have an impact in terms of age, race, disability, gender, gender reassignment, sexual orientation, marriage/civil partnership, maternity/pregnancy and religion/belief?** Details: [see Equality Impact Assessment Guidance] - No

- **If yes, please describe current or planned activities to address the impact** [e.g. Monitoring, consultation] –

6) **Is there any scope for new measures which would promote equality?** [any actions to be taken] No

7) **Are any of the following groups adversely affected by the policy?**

Protected Characteristics	**Affected?**	**Impact**
a) Age	No	
b) Disability	No	
c) Gender	No	
d) Gender Reassignment	No	
e) Marriage/Civil Partnership	No	
f) Maternity/Pregnancy	No	
g) Race	No	
h) Religion/Belief	No	
i) Sexual Orientation	No	

8) **Provide the Equality Rating of the service / function /policy / project / strategy – tick (✓) outcome box**

Outcome 1 ✓	**Outcome 2**	**Outcome 3**	**Outcome 4**

If you have rated the policy as having an outcome of 2, 3 or 4, it is necessary to carry out a detailed assessment and complete a* **Detailed Equality Analysis form – see CORP/EMP 27.

Date for next review: **May 2021**

Checked by: Hannah Stirland **Date:** May 2019