

Meeting of
Lanarkshire NHS Board
28 November 2007

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**SUBJECT: NHS LANARKSHIRE HEALTHY EATING POLICY FOR STAFF
& VISITORS (2007 – 2010)**

1. PURPOSE

The purpose of this paper is to present the Healthy Eating Policy for Staff & Visitors and the associated Action Plan for the Board's approval.

2. CONTENT/SUMMARY OF KEY ISSUES

Eating a diet rich in fruits and vegetables, high in dietary fibre, and low in fats, sugar and salt makes a significant contribution to health and to the prevention of disease.

The aim of the Healthy Eating Policy is to promote and improve the nutritional health of staff, visitors and out-patients. It is essential that NHS Lanarkshire is exemplary in the promotion of healthy eating and provision of food and drink choices.

This Policy should be considered in conjunction with NHS Lanarkshire's Food, Fluid and Nutritional Care of Patients in Hospital: Policy and Strategic Plan, which sets out a detailed action plan for meeting the nutritional needs of patients in hospital.

The Healthy Eating Policy provides a framework for action to raise the importance of healthy eating among staff and visitors. The Policy outlines:

- the relationship to other existing policies and strategies
- current dietary patterns
- diet related ill-health
- targets for the provision and promotion of healthier food and drink choices in dining areas and vending machines
- groups that require special consideration.

The Healthy Eating Policy will be implemented across all NHS Lanarkshire premises; therefore, the Policy and issues relating to its implementation will become part of the regular, ongoing discussions with the Private Finance Initiative (PFI) Consortia and internally within Property & Support Services. Some sites have dining facilities provided by the WRVS, for example, which are open to the public. These providers, and other retail outlets operating on NHS Lanarkshire premises, will be encouraged to comply with the Healthy Eating Policy.

3. ACTIONS

The attached Action Plan details the key areas for action, timescale, lead officer and cost implication.

4. CONCLUSIONS

The Board is asked to approve the Healthy Eating Policy for Staff & Visitors and the associated Action Plan.

5. FURTHER INFORMATION

For further information please contact: Ruth Campbell, Public Health Nutritionist (01698) 206329.

Dr D Moir
Director of Public Health
20 November 2007



**DRAFT NHS LANARKSHIRE HEALTHY EATING POLICY
FOR STAFF & VISITORS**

2007 – 2010

Draft :	20 November 2007
Date for First Review:	November 2008
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Background

NHS Lanarkshire is committed to improving the health of its population and recognises that healthy eating is a fundamental part of this commitment. NHS Lanarkshire also recognises that food choice and dietary intake are influenced by socio-economic, environmental, religious and cultural factors.

NHS Lanarkshire's Healthy Eating Policy for Staff & Visitors has been developed to ensure a consistent approach to the provision of healthier food and drinks across all NHS sites.

NHS Lanarkshire employs over 12,000 staff and as a workplace offers prime opportunity to improve their dietary health. The Healthy Eating Policy will become a central component to promote and improve staff health and sits alongside Healthy Working Lives, at corporate and locality level, and Health Promoting Health Service. The staff restaurants at Wishaw, Monklands and Hairmyres Hospitals have been awarded the national Healthy Living Award which gives recognition to caterers and the food service sector in taking a range of steps to provide healthier options. The Policy will support ongoing work to meet the Healthy Working Lives Award criteria on sites with in-house catering facilities and sites without in-house catering facilities.

On a daily basis several hundred people use NHS Lanarkshire services either as out-patients, visitors or carers and so there is potential to impact on the dietary health of the wider population through the food and drinks that are made available.

In 2004 NHS Quality Improvement Scotland (QIS) published standards on *Food, Fluid and Nutritional Care in Hospitals*¹. These clinical standards are designed to address the specific nutritional needs of in-patients who may be at risk of under-nutrition and, in such cases, normal healthy eating guidelines would not be applicable. This Healthy Eating Policy should be considered in conjunction with *NHS Lanarkshire's Food, Fluid and Nutritional Care of Patients in Hospital: Policy and Strategic Plan*² which sets out a detailed action plan for meeting the nutritional needs of in-patients.

NHS Lanarkshire has a long history of working in partnership with North and South Lanarkshire Councils, communities, staff and with colleagues in the private care and voluntary sector. It is intended that the Healthy Eating Policy and its key principles will be relevant and applicable to other public sector and voluntary organisations.

Introduction

Why do we need a Healthy Eating Policy for Staff & Visitors?

Eating a diet rich in fruits and vegetables, high in dietary fibre, and low in fats, sugar and salt makes a significant contribution to health and to the prevention of disease³. NHS Lanarkshire considers healthy eating to be vitally important in improving the health of its staff.

Healthy eating messages promoted by NHS Lanarkshire and its partners must be simple, clear and consistent. In addition, where food is provided, healthier food choices must be readily available, affordable and easily accessible.

What is the aim of this Policy?

The aim of this Policy is to promote and improve the nutritional health of users of NHS Lanarkshire services, which includes staff, out-patients, relatives/carers and visitors. In practice, this means promoting healthy eating and providing appropriate food and drink choices.

Who is this Policy for?

The Healthy Eating Policy is aimed at staff, out-patients and visitors in order to ensure that they are aware of the importance of a healthy diet on their health.

Links with other Policies

Poor diet is one of a number of lifestyle factors that contribute to ill-health and disease; others include smoking, physical inactivity, drug and alcohol misuse. It is necessary, therefore, to consider the Healthy Eating Policy in conjunction with a range of other national and local broader strategies to tackle these other factors including NHS Lanarkshire's *Evidence Base for Lifestyle Interventions for Health Improvement*⁴. Further detailed information on nutrition for specific groups can be found in a number of local documents including *Taking Stock and Moving Forward – a review of Lanarkshire's Breastfeeding Strategy*⁵, the *Infant Feeding Policy and Guidelines*⁶, the *Oral Health Improvement Strategy*⁷ and the *Food Fluid and Nutritional Care of Patients in Hospital: Policy and Strategic Plan*².

Improving the diet of the wider population of Lanarkshire is crucial to improving health. The Joint Health Improvement Plans^{8, 9} for each local authority area contain key target groups identified for activities to improve diet. These activities include breastfeeding initiatives, breakfast clubs, improvements to school meals through *Hungry for Success*¹⁰, healthy eating for pre-school children and supporting community food initiatives such as food co-ops.

The Policy Context

This Policy is based on the recommendations and dietary targets from *Eating for Health – A Diet Action Plan for Scotland*¹¹, which highlighted action required by a number of agencies involved in the food chain to improve the Scottish diet. *Improving Health in Scotland – The Challenge*¹² identified poor diet as a priority for action and endorsed efforts to achieve these dietary targets. A recent review of the Scottish Diet Action Plan highlighted the significant amount of work that has been undertaken to improve diet both at national and local level¹³. However despite this widespread action, the dietary targets set for 2005 have not been achieved. In response to the review recommendations, the Scottish Government are currently preparing a Food and Health Delivery Plan, expected end 2007/early 2008. It is likely that standards will be set in relation to public sector catering including NHS premises.

Current dietary patterns

Breastfeeding

Breastfeeding rates in Lanarkshire are the lowest in any Scottish NHS Board area, while Scotland itself has much lower rates than England and Wales. Although local breastfeeding rates have increased in the last six years, the gap between Lanarkshire and the Scottish average has not diminished⁵. Fewer women in Lanarkshire start breastfeeding and even fewer continue breastfeeding until at least six weeks. In 2006 of those mothers who began breastfeeding, only 31% were still breastfeeding by the time their baby reached the age of 11 days compared with 44.2% for Scotland, while at the age of six weeks only 23.8% of mothers were still breastfeeding in Lanarkshire compared with 36.3% in Scotland. Analysis of breastfeeding data across Scotland, and within Lanarkshire, shows a direct relationship with deprivation and low breastfeeding rates.

Weaning

The *Infant Feeding Survey 2005*¹⁴ shows that there is a general trend across the UK of mothers introducing solids later. For example in 2000 85% of mothers had introduced solids by four months, but by 2005 this figure had fallen to 51%. In Scotland, however, mothers tend to introduce solids at a younger age, particularly those in lower social classes and those with lower educational levels. In 2000, 83% of Scottish mothers had given their babies solid foods by four months, but by 2005 this had fallen to 60%¹⁴.

Children

Many children are regularly consuming foods high in fat, sugar and salt, with few eating fruit and vegetables on a regular basis. Results from the most recent Scottish Health Survey¹⁵ show that children's eating patterns give cause for concern. Six out of ten children aged 2-15 years consume sweets and chocolate at least once a day and around half report eating biscuits once a day or more. Over four out of ten usually drink non-diet soft drinks at least once a day, while a quarter drink them more than once a day. Twelve percent of children reported eating no fruit or vegetables at all in the 24 hours before the survey, while only 12% said they eat the recommended five or more portions each day. The average fruit and vegetable consumption was 2.6 portions in both boys and girls.

Adults

The Scottish Health Survey of 2003¹⁵ shows that fruit and vegetable consumption in Scotland is low. In Lanarkshire 11% of adults reported they ate no fruit or vegetables on a daily basis, compared to 10% across Scotland. At national and local level men were reported to consume less fruit and vegetables than women. Only 15% of local people ate the recommended 5 daily portions of fruit and vegetables, compared to 21% across Scotland.

The survey shows that people in Lanarkshire were more likely to eat more sugary foods and snacks, less fibre and starchy foods, less oily fish, use more butter and add salt to food at the table in comparison to the national trend.

Older People

For many older people under-nutrition rather than over-nutrition is a major cause for concern. Studies suggest that older people living in their own homes are significantly heavier than older people living in institutional care (continuing care NHS settings and care homes/nursing homes), with only 3% of men and 6% of women living in their own homes classified as underweight compared to 16% of men and 15% of women in institutional care¹⁶. Dietary surveys show that although the average intake of vitamins and minerals for most older people living in their own homes are above daily requirements, those living on a low income had lower intakes of energy, protein, carbohydrates, fibre and some vitamins.

Diet-related ill-health

Unhealthy diets are one of the main risk factors in the development of chronic conditions such as cardiovascular disease including coronary heart disease and cerebrovascular disease, diabetes, cancer and obesity³.

Cardiovascular disease

A diet high in fat, particularly saturated fat (found in animal products) is linked with raised blood cholesterol, whilst a diet high in salt is associated with high blood pressure. Low fruit and vegetable consumption is associated with an increased risk of coronary heart disease and cerebrovascular disease³.

In Lanarkshire in 2006, coronary heart disease and cerebrovascular disease accounted for 19.5% of deaths in people under 65 years and 29.8% of deaths in those aged over 65¹⁷.

Cancer

Low fruit and vegetable consumption is associated with an increased risk of some types of cancer. It is estimated that poor diet may contribute to the development of up to one third of all cancers. There is evidence showing obesity increases the risk of cancer at several sites, including kidney, endometrial, colon, gallbladder, prostate and breast cancer in post-menopausal women¹⁸.

In Lanarkshire in 2006, cancer accounted for 29.9% of deaths in people under the age of 65 years and 26.3% of deaths in those aged 65 and over¹⁷.

Diabetes

It is estimated that there are over 120,000 people in Scotland diagnosed with diabetes but there may be a further 90,000 people with undiagnosed diabetes¹⁹. In Lanarkshire the prevalence of diabetes is approximately 2.9%, consistent with an estimated prevalence of 3% in the Scottish population²⁰. Overweight and obesity are strongly linked with the increase of type 2 diabetes and there is increasing evidence that the onset of type 2 diabetes can be prevented or delayed by promoting healthy eating, increasing physical activity and reducing obesity²¹.

Obesity

In children, overweight and obesity is increasing at an alarming rate. By the time children in Scotland start primary school, 1 in 5 are overweight. By the time these children reach secondary school, that figure has increased to 1 in 3²². Children who are obese are at greater risk of high blood pressure, raised lipid levels and low self-esteem²³.

In adults obesity is classified using Body Mass Index (BMI) and is calculated using the following:

$$\text{BMI} = \text{weight (kg)} \div \text{height (m)}^2$$

BMI	Classification
< 18.5	Underweight
18.5 – 24.9	Healthy weight
25.0 – 29.9	Overweight
30.0 – 39.9	Obesity
> 40	Morbid/Severe obesity

In Scotland, and indeed throughout the world, weight is increasing with over half of the Scottish adult population either overweight or obese. The Scottish Health Survey of 2003 showed that 66.6% of adults in Lanarkshire were overweight or obese compared to 62.4% across Scotland¹⁵. More men were likely to be overweight than women although obesity is higher in women compared to men. People living in the most deprived areas were more likely to be obese or morbidly obese than those living in the least deprived areas.

Dental Caries

It is recognised that although almost totally preventable, dental disease is responsible for much pain and suffering amongst Lanarkshire residents. The cause of dental decay is multifactorial however a diet high in sugar is a major contributory factor. Lanarkshire has the highest rate of fillings and extractions per course of treatment in Scotland²⁴. The target set in 1999 is that at least 60% of Scottish five year old children will have no obvious decay experience by the year 2010. In 2006, 50.2% of five year old children in Lanarkshire had no obvious decay²⁵. A corresponding national target of 90% of adults with some natural teeth has been set, with the most recent data showing 82% of adults in Lanarkshire fall into this category²⁶.

Scottish Dietary Targets

A series of population nutrient and food based standards for 2005 were set out in *Eating for Health – A Diet Action Plan for Scotland*¹¹ and are detailed overleaf.

Scottish Dietary Targets – from Eating for Health – A Diet Action Plan for Scotland¹¹

Fruit & Vegetables	Average intake to double to more than 400 grams per day
Bread	Intake to increase by 45% from present daily intake of 106 grams, mainly using wholemeal and brown breads
Breakfast Cereals	Average intake to double from the present intake of 17 grams per day
Fats	Average intake of total fat to reduce from 40.7% to no more than 35% of food energy Average intake of saturated fatty acids to reduce from 16.6% to no more than 11% of food energy
Salt	Average intake to reduce from 163 mmol per day to 100 mmol per day
Sugar	Average intake of NME (non-milk extrinsic) sugars in adults not to increase Average intake of NME sugars in children to reduce by half i.e. to less than 10% of total energy
Breastfeeding	The proportion of mothers breastfeeding their babies for the first 6 weeks of life should increase to more than 50% from the present incidence of around 30%
Total Complex Carbohydrates	Increase average non-sugar carbohydrates intake by 25% from 124 grams per day, through increased consumption of fruit and vegetables, bread, breakfast cereals, rice and pasta and though an increase of 25% in potato consumption.
Fish	White fish consumption to be maintained at current levels Oily fish consumption to double from 44 grams per week to 88 grams per week

Fluid

Although fluid is not mentioned specifically in the *Diet Action Plan*¹¹ targets, adequate fluid is an essential part of a healthy diet. An inadequate fluid intake can lead to chronic/acute dehydration. Dehydration can cause a number of symptoms such as dry lips, dry skin, muscular aches and pains, fatigue, gastrointestinal problems, constipation and eczema. It is therefore recommended that adults consume 30 – 35ml of fluid per kg body weight. For example, a 70kg person should drink 2 – 2.5 litres of fluid per day. On average adults should drink around two litres per day (this does not include alcohol), 1 litre for children and 750ml for infants (infant formula or breastmilk from baby-led breastfeeding). Fluids recommended are water, milk and fruit juices, with caffeinated (tea, coffee and carbonated drinks) and sugary drinks being kept to a minimum. For children, caffeinated and sugary drinks should be avoided wherever possible. If sugary drinks are given, they are best taken with meals rather than between meals, to minimise the risk of tooth decay.

Alcohol

As with fluid, alcohol is not mentioned specifically in the *Diet Action Plan*¹¹ targets. Current guidelines however are for men no more than 3-4 units of alcohol per day (21 units per week), and for women no more than 2-3 units per day (14 units per week). It is recommended that people have at least one or two alcohol free days each week²⁷. Alcohol is high in calories therefore can contribute to weight gain. One unit of alcohol is half a pint of standard strength (3-5% ABV - Alcohol By Volume) beer, lager or cider, or a pub measure of spirit. A small glass (125ml) of wine is 1 – 1.5 units.

Physical Activity

The recommendations for energy intake and those on energy expenditure from *Let's Make Scotland More Active*²⁸ are based on the average balance required by adults to maintain an acceptable body weight.

Energy Intake

Age (years)	19 – 50	51 - 59	60 - 64	65 - 74	75 & over
Men	2550 kcal	2550 kcal	2380 kcal	2330 kcal	2100 kcal
Women	1940 kcal	1900 kcal	1900 kcal	1900 kcal	1810 kcal

Energy Expenditure

Adults should *accumulate* (build up) at least 30 minutes of moderate activity on most days of the week while children should *accumulate* at least one hour of moderate activity on most days of the week. Moderate activity uses five to seven calories per minute – the equivalent of brisk walking.

Summary

For the general population to meet these dietary targets, this means eating a wide variety of foods including:

- starchy foods such as wholemeal bread, pasta, rice, breakfast cereal and potatoes – choosing higher fibre varieties whenever possible
- plenty fruit and vegetables including fresh, frozen, tinned, dried and fresh fruit juice (see Appendix 2 “What is a portion?”)
- protein foods such as lean meat, poultry, fish, eggs and pulses (peas, beans and lentils)
- lower fat dairy products including semi-skimmed milk, yogurt and cheese
- keeping foods high in fat and/or sugar to a minimum such as cakes, biscuits, crisps, pies, pastries, cream, chocolate, carbonated drinks.

Religious, Cultural & Personal Choice Diets

The NHS Lanarkshire Religious and Cultures home page gives detailed information on the religious and cultural needs of the ethnic minority communities living within Lanarkshire:

<http://firstport/sites/diversityandequality/religionsand%20culture/default.aspx>

It is essential that the religious, cultural or personal beliefs of all patients, staff and visitors are met and provided for, and that food choices available are acceptable. The Race Relations (Amendment) Act 2000 and the Fair for All Audit place a Duty of Care on organisations to be proactive in their planning and delivery of culturally competent services and that people are not placed in a position of discrimination. It is the responsibility of all caterers to ensure that adequate steps are taken to provide these groups with a nutritionally balanced and religiously appropriate diet, which not only maintains or improves their level of health but which demonstrates an equitable level of commitment through adequate choice, variety and accessibility as applies to others. This document complies with the Race Relations (Amendment) Act 2000 and the Disability Discrimination Act 1995, as amended by the Disability Discrimination Act 2005. A full report of the Equality and Diversity Impact Assessment for this can be found in Appendix 3.

As with all groups, a person-centred approach must be taken to ensure good communication between staff and service users. Cultural awareness events and training programmes should be developed and should encompass the following criteria:

- Appraisal of the likely cultural and religious needs within the population of Lanarkshire
- Identification and knowledge of common health problems within ethnic minority communities and other potentially excluded groups
- Knowledge of food restrictions, religious festivals and food preparation methods
- Accessibility of appropriate menu items, considering cost, quality and range of products
- Feasibility of in-house production verses prepared purchases for each category of food
- Establishment of a communication system to alert catering staff of patient admission
- Monitoring, evaluation and customer satisfaction arrangements
- Menu card and associated literature translation/interpreting services.

Although there are many ethnic and religious groups in Lanarkshire the most frequent catering requests are from the Muslim community, who would normally request halal food, or the Hindu community who would normally request vegetarian, and the Jewish community who would request kosher. But, as always, staff should check with the individual and not make assumptions. It is essential that foods associated with different cultures are included in standard menus for staff and patients where possible, thus allowing menus to be easily adapted when required. For further information on religious and cultural diets see Appendix 4.

Healthy Eating for Staff & Visitors

NHS Lanarkshire employs over 12,000 staff, and as a workplace offers prime opportunity for education and advice on a healthy lifestyle. Catering staff have a key role to play in promoting this message to staff and visitors as well as patients through the range of goods and services they offer.

Promotion

- Use of the Healthy Eating Policy to promote a healthy lifestyle
- Advertisement of healthy eating messages within staff dining facilities, general notice boards and staff rooms
- Display of quality statement and customer opinion survey arrangements
- Presence of continuous staff suggestion scheme with clear mechanisms for feedback/action
- Availability of Health Promotion Literature
- Programme of special and theme days, using advance marketing and preview menus
- Clearly and attractively written menu boards with special identification of healthy options

The following products should be available daily utilising the following guidelines:

- Selection of natural fruit juices
- Choice of semi-skimmed and skimmed milk
- Availability of free, fresh drinking water within staff dining areas
- Selection of fresh fruit items
- Choice of wholemeal and wholegrain bread and rolls
- Choice of low fat spreads and sweetening products
- Selection of wholewheat breakfast cereals and reduction in sugar coated cereals
- Choice of vegetarian options
- Wholemeal pasta and brown rice should be offered frequently
- Provision of baked potatoes at each appropriate meal
- Where salad bars are present, they should include low fat/calorie dressings and lean protein items
- Prepared sandwiches and rolls should offer a range of wholemeal and granary breads with low fat fillings and the labelling should include ingredient/nutritional information and calorific value when supplied by external sources
- Pre-prepared sandwich fillings which are often high in fat should be kept to a minimum
- Inclusion of salad with a sufficient range of sandwiches
- Availability of healthy alternatives to take away
- Availability of foods to meet religious or cultural needs

Salad Bars

Salad bars provide an excellent alternative for both main meals and snacks, however many salad items and dressings can be high in fat. In premises where salad bars are present, the following guidelines should be utilised:

- Salad dressings should be served separately
- Low fat dressings should always be available
- Use of pre-prepared items with a high mayonnaise/salad cream content kept to a minimum
- Promotion of options suitable for vegetarian and vegan diets as a standard choice
- Use of lean cuts of meat, poultry and oily fish
- Inclusion of chopped fruits and raw vegetables
- Flexible portion options to encourage tasting of new healthy options

Fried Foods

Cooking methods other than frying should be used whenever possible, and the provision of fried products should be restricted in all dining areas. Hospital restaurants (Hairmyres, Wishaw and Monklands) should not provide foods such as chips and roast potatoes on more than four occasions over a weekly period.

Processed Foods

Foods high in fat such as processed foods e.g. pies, briedies, pastries, sausages, processed fish and poultry products should be limited in all dining areas. Hospital restaurants described above should not provide processed meat/fish products on more than four occasions over a weekly period. Other dining facilities (e.g. Strathclyde Hospital, Law House) accessed only by staff during daytime hours should not provide processed meat/fish products on more than two occasions over a weekly period.

Vending

Vending facilities can play an important role in the catering service by being an integral part of the service offered, or by substituting normal arrangements during out of hours periods for remote locations within the hospital/community setting.

It is important to note that some staff may rely on these facilities for their main source of nutrition during working hours, which requires the service to offer the same level of healthy choice as would be present within dining room settings.

Food

Food vending units offer items that are either ready to consume or require some form of heating (normally microwave). Where vending units have the capacity to hold “food related” goods they should be stocked using the following guidelines:

- Fresh soups
- Low fat yogurt/mousse
- Choice of wholemeal bread for sandwiches and rolls
- Low fat fillings, vegetarian fillings, inclusion of salad with filling
- Selection of fresh fruit
- Salad and pasta bowls
- Choice of wholewheat breakfast cereals
- Skimmed and semi skimmed milk
- Cereal/fruit/yogurt bars
- Unprocessed nuts/dried fruit

By April 2008, at least 50% of the products available in food vending machines in all NHS Lanarkshire premises will be healthier options, as above. This target will be reviewed six months after the launch of the Healthy Eating Policy with the aim of increasing the healthier options provided.

Confectionery

There are a small number of vending units on NHS Lanarkshire hospital premises that stock only confectionery and crisps. It is strongly recommended that negotiations take place with contractors in order to replace such units with food vending units stocked using the guidelines above. Where it is not possible to stock units with products listed above, it is recommended that units selling confectionery and crisps only should be removed.

Drinks

All vending units on NHS Lanarkshire premises will be de-branded. Appropriate actions will be implemented at contractual renewal to achieve compliance with this initiative. Where present, vending units will offer healthier choices and all soft drinks with a sugar content greater than 0.5g per 100ml will not be permitted. Vending units will be stocked using the following guidelines;

- Natural water (still and sparkling)
- Pure fruit juices
- Diet/sugar free carbonated drinks
- Decaffeinated sugar free carbonated drinks
- Flavoured water (with a sugar content less than 0.5g per 100ml)
- Low fat yogurt drinks
- Herbal tea
- Fruit tea
- Decaffeinated tea and coffee

It should be borne in mind that although diet varieties of carbonated drinks are sugar free, they still pose a risk to erosion of the teeth due to their acidity.

By April 2008, at least 75% of the products available in drinks vending machines in all NHS Lanarkshire premises will be healthier options, as above. This target will be reviewed six months after the launch of the Healthy Eating Policy with the aim of increasing the healthier options provided.

Retail

Where premises within NHS Lanarkshire have retail outlets provided by the private sector, these outlets will be encouraged to comply with the Healthy Eating Policy in the provision of healthy choices of snack foods and drinks.

Premises Without On-Site Catering Facilities

There are a number of premises across NHS Lanarkshire where staff do not have access to on-site catering facilities. In such circumstances, where feasible, an eating area with suitable tables and chairs separate from the work area will be provided, in addition to a sink or means for washing eating utensils, a refrigerator, hot water or hot and cold drinks dispenser and a small oven/microwave. Access to adequate drinking water will be made available in all areas. This provision will ensure that sites without catering facilities will be able to comply with the essential elements of the Healthy Working Lives Award standard. Furthermore, such sites will have to create site specific arrangements to be able to comply with additional criteria of the Award. These local arrangements could include, for example:

- Providing information on local food outlets that supply healthy choices
- Allowing staff to order food online and providing information on making healthy choices
- Providing the opportunity to have breakfast at work through the availability of bowls and cutlery for cereal
- Providing cool bags/flasks for staff who work outwith the workplace, e.g. drivers
- Conducting a needs assessment to establish the barriers to healthy eating at each site and creating an action plan aimed at overcoming these barriers.

Hospitality

Hospitality for staff and visitors will be provided in line with NHS Lanarkshire's Hospitality Policy and may range from business meetings and working lunches to large corporate events. In all cases, emphasis should be placed on promoting healthy options in line with the recommendations of the Policy. Advice on healthy options and menus can be sought from the Hotel Services Department.

Complaints Procedure

NHS Lanarkshire has a Complaints Policy & Procedure. This sets out how the organisation and its staff will respond to any concerns or complaints raised by patients, their relatives and visitors. Concerns or complaints about catering services will be managed in accordance with this policy and procedure that can be accessed via the NHS Lanarkshire Intranet. A separate guidance note is available to assist staff in addressing concerns and complaints. Staff who wish to raise a concern or complaint require to do this through the NHS Lanarkshire Grievance Procedure.

Groups Requiring Special Consideration

Pregnant staff & visitors

During pregnancy it is vital that the mother's diet contains adequate nutrients and energy, at each stage, to allow proper foetal growth and development, as well as providing all the nutrients the mother requires to maintain her own health and prepare her body for breastfeeding²⁹. During pregnancy the mother's energy requirements do not increase therefore it is not necessary to "eat for two", contrary to popular belief. It is the *quality* of the maternal diet that is the most important factor; therefore women who are pregnant should follow the same healthy eating guidelines for the general population.

Women who are planning a pregnancy or who are pregnant are advised to increase their intake of folic acid to help prevent neural tube defects or spina bifida. It is recommended that women should take a daily supplement of folic acid (400mcg per day) for at least three months before conception and up to the 12th week of pregnancy³⁰.

Pregnant women should avoid certain foods that are known to have a higher risk of being contaminated with bacteria such as listeria and salmonella. These foods include unpasteurised milk, soft ripened cheese (such as brie, camembert and blue-veined varieties), pates, raw and undercooked eggs. It is recommended that pregnant women should avoid liver and liver products such as pate as they contain a high level of vitamin A, which could be harmful to the baby. Women should also be advised to avoid taking supplements containing vitamin A or fish oil supplements (as they contain a high level of vitamin A)³¹.

Current advice is for women to avoid drinking alcohol during pregnancy, however, if they choose to have alcohol, women are advised to drink no more than one or two units once or twice per week³¹.

If there is a history in either the mother or father's family of hayfever, asthma or eczema women should be advised to avoid eating peanuts and peanut products during pregnancy³².

Further more detailed advice on healthy eating during pregnancy is provided in *NHS Lanarkshire's Infant Feeding Policy and Guidelines*⁶.

Breastfeeding mothers

Given the health benefits of breastfeeding to mothers and babies, it is important that staff who are breastfeeding are enabled to continue breastfeeding when they return to work and that premises are welcoming and supportive to visitors who are breastfeeding. NHS Lanarkshire will support staff by providing:

- information for pregnant employees on the health benefits of breastfeeding and the support they can expect when returning to work
- flexible working patterns for example a temporary change in working hours

- where practicable allowing time off during working hours to breastfeed if their baby is cared for nearby or to express milk
- suitable facilities including an area for rest/expressing milk and storing expressed milk.

Breastfeeding women have a slightly higher requirement for energy and protein therefore should be encouraged to eat a wide and varied diet, including the same foods listed under pregnancy³³. Most women feel hungrier and thirstier whilst breastfeeding and so should be advised to eat and drink more, according to individual appetite and thirst. Breastfeeding women should avoid eating peanuts and products containing peanuts if there is a family history on either side of conditions such as hayfever, asthma or eczema. In these cases, it is recommended that peanuts and peanut products should be avoided until the child is three years old³².

Children who are breastfed have a better nutritional start in life because breastmilk is superior to formula milk. Anti-infective properties and antibodies found only in breastmilk protect babies from infection as well as boost their immune system. Research also proves that the health benefits of breastmilk last into childhood and beyond³⁴.

Breastfeeding mothers should be encouraged to exclusively breastfeed up to the age of six months as breastmilk alone can provide all the nourishment babies need for the first six months of life³⁵. Some mothers however choose to wean their babies earlier than six months. There is benefit for both mother and baby in continued breastfeeding up to one year and beyond.

Breastmilk has a special value for babies born prematurely as it promotes better brain development and provides protection against serious medical conditions found in pre-term babies³⁶.

Evidence shows that breastfeeding protects children from a range of infections, reduces hospital admissions in the first year of life and gives added protection into the teenage years³⁷⁻⁴². Breastfeeding is good for mothers too, as women who breastfeed are less likely to develop pre-menopausal breast cancer⁴³, ovarian cancer⁴⁴ and hip fractures later in life⁴⁵.

As mentioned previously, Lanarkshire has one of the lowest breastfeeding rates in Scotland. Information on the influences on breastfeeding within ethnic minority communities is poor, though many of the issues are similar to those in the general population. Additional factors need to be considered such as communication barriers, lack of information in different languages and formats when English is not the mother's first language or where there are poor literacy levels in both English and the mother's spoken language.

NHS Lanarkshire is committed to promoting breastfeeding as the optimal infant feeding choice. *NHS Lanarkshire's Infant Feeding Policy and Guidelines*⁵ lays out a raft of expected standards which staff must implement to ensure all parents are supported in their infant feeding choice. *Taking Stock and Moving Forward*⁴ outlines the key actions required to ensure that mothers are encouraged and supported to breastfeed up to and beyond the first year of a baby's life. The

document outlines the key actions required to ensure that more children receive the full benefits of breastmilk.

Children

Weaning & infants under one year

The introduction of solids into the diet (or weaning) is an important step in a baby's development. During this stage, there is a period of rapid growth so it is essential that the diet provide all the nutrients a baby needs.

The Scientific Advisory Committee on Nutrition recommends that the age of introduction of solid foods (weaning/complementary foods) is around six months for all infants, both breast and formula fed⁴⁶.

Exclusive breastfeeding is recommended for the first 6 months (26 weeks) for an infant's life as it provides all the nutrients a baby needs³⁵.

There is little research on the timing of the introduction of solid food to infants who are exclusively fed on infant formula milk. Research to date has not identified any significant risk associated with delaying the introduction of solids until six months in formula fed or mixed fed infants (i.e. those given breast and formula milk).

Although the current WHO advice is six months many mothers in the UK, particularly in Scotland, introduce solids before six months (26 weeks) therefore it is *"recommended that there should be some flexibility in the advice, but that any complementary feeding should not be introduced before the end of four months (17 weeks)"* with the emphasis on six months⁴⁷.

It is crucial that all mothers are supported in their feeding choice and are given appropriate information and advice.

For more detailed information and guidance on weaning, please refer to *NHS Lanarkshire's Infant Feeding Policy & Guidelines*⁶.

Healthy Eating from One to Five Years

Children under five, particularly those under two years, have specific nutritional requirements, and therefore not all healthy eating recommendations for adults apply to this age group. Younger children under two years have smaller stomachs and often smaller appetites. They are not able to eat as much at any one meal and, therefore, need regular meals. They are also likely to need small, healthy snacks in between.

Relative to their size, children need higher amounts of some nutrients such as vitamin C and iron, than adults need. Fat is necessary to provide essential fatty acids that the body cannot make itself and to provide fat-soluble vitamins, so for children under five it is not appropriate to cut out all fats. However, it is still desirable to limit fried foods and foods that are high in fat.

High fibre foods such as wholemeal bread, pasta and brown rice are bulky so can fill some children up too quickly. From the age of two years higher fibre foods can be introduced gradually, so that by the time they reach age five, children are eating the same healthy foods as the rest of the family.

For children aged one to five the current advice for vitamin supplementation is to take vitamins A, D and C^{48, 49}. Children who are at risk of vitamin deficiency include: persistent poor eaters, children who consume a very limited number of foods, those on restricted diets of choice, vegans and children on restricted diets due to food allergy or food intolerance. There is no recommendation to give young children aged one to five years other more complex multi-vitamin and/or mineral preparations unless they are on a special or therapeutic diet and this is advised by a doctor or registered dietitian.

When working with children (of any age) and their families from ethnic minority communities, religious sensitivity and attitude to food has to be a major consideration.

Children with special needs

Children with a disability may not be able to chew, eat or enjoy a wide range of textures and foods due to learning, sensory or mild to severe physical impairment. Some children may have a combination of these disabilities. Working with parents to agree an individualised feeding plan is essential. This may involve input from a range of professionals, including a dietitian, a speech and language therapist, occupational therapist or physiotherapist. Children may require:

- texture modified foods
- specialised feeding equipment
- safe seating and positioning for eating
- a high level of one-to-one support to eat and drink.

Children with chronic illness may require regular, frequent medication and therefore should be under the continuing care of a dentist. As with all children, parents should be encouraged to pay attention to maintaining good oral hygiene.

Older People

The dietary needs of fit and healthy older people (aged 65 years and over) are similar to those of the general population. However, as a result of the ageing process nutritional guidelines are important for the older adult because they may be at risk of malnutrition. This risk comes mainly from a loss of appetite, changes in taste, social and economic factors, poor dental health, difficulty in cooking and eating, and problems with the digestive tract.

Healthy eating guidelines may not be appropriate for some older people and it is important that they are identified as 'at risk' through nutritional assessment. See

NHS Lanarkshire's Food, Fluid and Nutritional Care of Patients in Hospital: Policy and Strategic Plan² for further details.

People with Learning Disabilities

Healthy eating and daily fluid intake guidelines apply to most of the people under the care of the Learning Disabilities sector. There are however a proportion of people with a learning disability may have difficulty in maintaining adequate nutritional status therefore please see *NHS Lanarkshire's Food, Fluid and Nutritional Care of Patients in Hospital: Policy and Strategic Plan²* for further details.

Mental III-Health

Healthy eating and daily fluid intake guidelines apply to most of the people under the care of the mental health sector. There are however a proportion of people with a mental health problem may have difficulty in maintaining adequate nutritional status therefore please see *NHS Lanarkshire's Food, Fluid and Nutritional Care of Patients in Hospital: Policy and Strategic Plan²* for further details.

Implementation & Monitoring

A group to oversee implementation and monitoring of the Healthy Eating Policy will be established. Although the Policy spans a three-year period from 2007 – 2010, the Policy will be reviewed on an annual basis. To ensure appropriate accountability structures are in place, the implementation and monitoring group will report directly to the Health Improvement & Protection Programme Board and will also provide regular updates to the Healthy Working Lives Steering Group and the Health Promoting Hospitals Group.

Across the larger NHS Lanarkshire sites there are dining facilities for staff, some of which are open to visitors – these are detailed in Appendix 5. It should be noted that the restaurants and other catering facilities, e.g. vending machines, at Wishaw General and Hairmyres Hospitals are operated through external providers. The Healthy Eating Policy for Staff & Visitors will be implemented across all NHS Lanarkshire premises, therefore, the Policy and issues relating to its implementation will become part of the regular ongoing discussions internally and with the Private Finance Initiative (PFI) Consortia. In addition some sites have dining facilities provided by the WRVS, for example, that are open to the public. These providers, and other retail outlets operating on NHS Lanarkshire premises, will be encouraged to comply with the Healthy Eating Policy.

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APPENDIX 1

MEMBERSHIP OF HEALTHY EATING POLICY WORKING GROUP

Margaret Anderson, Head of Dietetics, Monklands Hospital

Aileen Boyd, Chief Dietitian, Learning Disabilities

Christine Brown, Head of Dietetics, Wishaw General Hospital

Ruth Campbell, Public Health Nutritionist (Chair)

Anne Docherty, Public Health Practitioner, Airdrie Locality

Frances Leckie, Associate Director of Nursing

Maureen Lees, Professional Head of Dietetics

Brian Murphy, Chief Dietitian, Hairmyres Hospital

Christine Browning, Business Support Manager, Property & Support Services

Jennifer Rodgers, Specialist Registrar in Dental Public Health

Lesley Robertson, Assistant Head of Hotel Services, Property & Support Services

Diane Stewart, Speech and Language Therapist, Wishaw General Hospital

Moira Young, Manager, Rawyards Nursing Home, Airdrie

APPENDIX 2

FRUIT & VEGETABLES: WHAT IS A PORTION?

It is recommended that people eat at least five portions of fruit and vegetables each day.

One portion is:

3 tablespoons cooked, raw, frozen or canned vegetables

1 cereal bowl of salad

1 piece large fruit e.g. apple, banana, pear

2 smaller fruits e.g. satsuma, plum, kiwi

1 tablespoon dried fruit e.g. raisins, sultanas

1 small glass (150ml) pure fruit or vegetable juice

APPENDIX 3 Equality & Diversity Impact Assessment – Rapid Impact Checklist

Name of Policy / Proposal	NHS Lanarkshire Healthy Eating Policy
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Which groups of the population do you think will be affected by this proposal?

What positive and negative impacts do you think there may be?

Which groups will be affected by these impacts?

<ul style="list-style-type: none"> • minority ethnic people 	Yes, the Policy gives consideration to provision of food & drink required by different ethnic groups.
<ul style="list-style-type: none"> ○ gypsy/travelers 	Yes see below for 'people in religious/faith groups'.
<ul style="list-style-type: none"> ○ Refugees 	Yes “ “
<ul style="list-style-type: none"> ○ asylum seekers 	Yes “ “
<ul style="list-style-type: none"> • women and men 	The Policy is targeted at all staff.
<ul style="list-style-type: none"> • people in religious/faith groups 	Yes, cultural and religious sensitive issues have been highlighted to be addressed on an individual basis.
<ul style="list-style-type: none"> • disabled people 	Yes, additional support or needs will be identified as required in partnership with family/carers.
<ul style="list-style-type: none"> • older people, children and young people 	Yes, the Policy will impact positively on all age groups. The Policy details the nutritional requirements for different age groups.
<ul style="list-style-type: none"> • lesbian, gay, bisexual and transgender people 	Yes, see above for 'people in religious/faith groups'.
<ul style="list-style-type: none"> • people of low income 	Yes, the Policy addresses the impact that low income has on food choice. Additional support has been allocated to target socially deprived areas in order to improve breastfeeding and weaning practices for example.

<ul style="list-style-type: none"> • people with mental health problems 	Yes, any existing or new mental health condition will be supported or identified by staff during out patient/community based contact.
<ul style="list-style-type: none"> • homeless people 	Yes, support will be identified by staff during out patient/community based contact.
<ul style="list-style-type: none"> • people involved in criminal justice system 	Yes, support will be identified by staff during out patient/community based contact.
<ul style="list-style-type: none"> • Staff 	This Policy is about improving staff knowledge and practice. The recommendations set out in the Policy will also be of use to Local Authority staff in developing their policies on food provision.
<ul style="list-style-type: none"> • any other groups 	No.

What impact will the proposal have on lifestyles?

<ul style="list-style-type: none"> • Diet and nutrition? 	Positive effect, short and long term.
<ul style="list-style-type: none"> • Exercise and physical activity? 	The benefits of encouraging physical activity in the general population are addressed in the Policy.
<ul style="list-style-type: none"> • Substance use: tobacco, alcohol or drugs? 	The Policy makes reference to recommendations on alcohol consumption.
<ul style="list-style-type: none"> • Risk taking behaviour? 	The Policy discusses issues such as alcohol consumption during pregnancy, the introduction of solid foods to babies too early, the risks of unhealthy foods on long-term health i.e. fat, sugar and salt.
<ul style="list-style-type: none"> • Education and learning, or skills? 	Positive impact for staff: <ul style="list-style-type: none"> • Identifies good practice & procedures • Identifies vulnerable or 'at risk' groups • Continuation of professional development

Will the proposal have any impact on the social environment?

<ul style="list-style-type: none"> • Social status 	Evidence and research has shown that people living in areas of deprivation have poorer diets. The Policy will support staff to identify 'at risk' groups and how to positively support out-patients for example.
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• Employment (paid or unpaid)	No.
• Social/family support	The role of staff is to support individual patients but that also includes ensuring that other family members/carers are aware of the impact that a healthy diet has on health/recovery.
• Stress	Potential negative impact on stress if there are food-related issues that cause anxiety for individual patients/ their carers, for example their ability to follow the recommended diet – staff should be aware of these anxieties.
• Income	The benefits of breastfeeding are highlighted as well as being economical for the family. There are implications for individuals and the organisation around providing healthier food and drink choices.

Will the proposal have any impact on:

• Discrimination?	No
• Equality of opportunity?	Yes
• Relations between groups?	Yes, it has been identified that patients may be supported by extended family or other carers; hence the impact will go beyond the individual.

Will the proposal have an impact on the physical environment?

• Living conditions?	Linked to social status.
• Working conditions?	The Policy will give staff clearer guidelines to work by.
• Pollution or climate change?	No
• Accidental injuries or public safety?	No
• Transmission of infectious disease?	The Policy will link to the control of infection in relation to food but not

	specifically infectious diseases.
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Will the proposal affect access to and experience of services?

• Health care	Yes, the Policy will improve nutritional care given.
• Transport	No
• Social services	Yes, some aspects of the Policy will be applicable to Social Services.
• Housing services	No
• Education	Yes, see above 'Education and learning or skills.

SUMMARY

<p>1. Positive impacts (note groups affected)</p> <ul style="list-style-type: none"> • NHS staff <ul style="list-style-type: none"> ○ Clearly sets out procedures for staff ○ Consistency of practice across NHS Lanarkshire ○ Opportunity to facilitate health improvement among staff and service users • Patients/service users <ul style="list-style-type: none"> ○ Improved availability of healthier choices ○ Improved health from healthier diet ○ Education that benefits others i.e. family and other support networks 	<p>2. Negative impacts (note groups affected)</p> <ul style="list-style-type: none"> • Cost implication of healthier food and drink provision, potentially to individuals and organisation as a whole.
<p>3. Additional information and evidence required</p> <p>One of the biggest challenges will be encouraging and enabling cultural and behavioural change particularly with service users (and staff) from low income communities who have multiple issues of deprivation e.g. poverty, as well as health problems.</p>	
<p>4. Recommendations</p> <p>That the Policy is monitored and evidence of areas of future development or improvement are identified over the following year prior to the review and full equality and diversity impact assessment.</p> <p>Evaluation of the Policy's effectiveness can be monitored through the availability and uptake of food and drink options and focus group discussion with staff working with the Policy.</p>	
<p>5. From the outcome of the RIC, have negative and positive impacts been identified for race or other equality groups? Has a full EQIA process been recommended? If not why not?</p> <p>Yes, this will be completed before the first year review of the Policy end 2008.</p>	

Appendix 4

Religious and Cultural Diets

For further information on different religious groups please go to:
<http://firstport/sites/diversityandequality/religionsand%20culture/default.aspx>

Definitions: Vegetarian and Vegetarianism

There is no exact definition of the words 'vegetarian' or 'vegetarianism.' They cover a wide range of meat-restricted eating habits. In general, a vegetarian is someone whose diet omits animal products, but some vegetarians do eat some meat-products (milk, eggs, meat fats) and some "vegetarians" eat fish, although we prefer a stricter definition of vegetarianism which excludes ALL flesh or meat-eating. The strictest type of vegetarian is a 'vegan' who avoids all flesh as well as all meat-by-products and who avoids all products of animal origin.

The most common types of vegetarian are:

- **Ovo-Lacto Vegetarians**
This is the most popular form of vegetarianism. Ovo-Lacto vegetarians do not eat meat or flesh of any kind, but do eat eggs and dairy products. Sometimes ovo-lacto vegetarians eat meat by-products (e.g. fats, bonemeal, gelatin) and use animal-derived products (leather etc.).
- **Ovo-Lacto Vegetarianism - Sub Categories**
Ovo vegetarians eat eggs but not dairy products, while Lacto vegetarians eat dairy products but not eggs.

Vegans

Vegans are strict vegetarians. They eat *only* plant foods - no animal products, no eggs, no dairy, no honey. Vegans do not wear or use *any* animal products (e.g. leather, silk, wool, lanolin, gelatin).

Halal

Muslims are permitted to eat **HALAL** food and drink only. HALAL means lawful. Islamic law requires that Allah's name is invoked at the time of slaying of an animal for food. (Note: fish and eggs are Halal). Muslims are not permitted to eat **HARAM** food and drink. HARAM means unlawful. This includes the meat of animals not slain in the prescribed manner. Other things that are Haram are alcohol, pig meat products and lard.

Kosher

Jews will only eat meat which is killed and prepared by their own religious-trained personnel. (This ensures that as much blood as possible is drained from the meat before it is prepared and cooked, by soaking and salting it for some time).

Jews who are observant will not take milk and meat in the same meal and will generally wait three hours between these kinds of foods. (Some very orthodox people wait six hours; others only one). A Kosher household will keep meat and milk utensils, crockery and cutlery rigidly separate.

Most Jews will eat eggs and some fish. Only fish with fins and scales are permitted. There are prohibitions on shellfish and fish without fins and scales, such as eel and shark. However, many religious Jews will not eat any food prepared in the hospital kitchen.

Orthodox Jews only use food, which is rabbinically certified to comply with these regulations. Many seemingly innocuous items contain meat products, such as rennet in cheese, or gelatine in jellies and yoghurts. Therefore, very observant Jews may refuse any food, which is not certified, including milk and cheese; they will also not regard product labelling as reliable evidence, since often-different products are produced using the same equipment.

At Passover time (March/April), restrictions are even stricter and no bread or products containing starch are taken for 8 days. Many Jewish patients including those who may be less observant at other times may only eat food brought in by family at that time, or especially rabbinically certified for Passover.

APPENDIX 5

STAFF DINING FACILITIES ON NHS LANARKSHIRE PREMISES

Monklands Hospital (also open to visitors)

Hairmyres Hospital (also open to visitors)

Wishaw General Hospital (also open to visitors)

Kirklands Hospital (also open to visitors)

Strathclyde Hospital

Law House

Cleland Hospital

Coathill Hospital

Udson Hospital