About You	
1.	Your Name
	Gillian Harvey
2.	Your Employer / Organisation
	NHS Greater Glasgow and Clyde (NHSGGC)
3.	Your Position
	Health Improvement Lead (Acute)
4.	Your E-Mail at Work
	Not available to be contacted about the project – further queries about the project can be directed to SPIRU co-director John McKendrick j.mckendrick@gcu.ac.uk
5.	Your Address at Work
	Not available to be contacted about the project.
6.	Your Telephone Number at Work
	Not available to be contacted about the project – further queries can be directed to SPIRU co-director John McKendrick at +44 141 331 8221
7.	Your Role in the Project
	Project planner and evaluator.
An Introduction to the Project	
8.	Which partner organisations are involved in delivering the project (local authorities, organisations, community groups, etc.)?
	NHSGGC Support and Information Services (SIS), NHSGGC Aroma Cafés, and GGC Trussell Trust food banks
9.	Does the project have specific aims and/or objectives? *If so, please add to the box below.*
	• To address health inequality at both a primary and secondary care level. • To mitigate the negative effects of the cost-of-living crisis and social isolation on acute care patient's immediate post-discharge.
10.	Does the project have a title? *If so, please add to the box below.*
	Emergency Food on Discharge Bags.
11.	When did it start?
	2020.
12.	Has it finished? Is it on-going? Does it have an end date? *Please add dates to the box below.*
	On-going project.
13.	Which groups of people, if any, are targeted by the service provided?
	Socioeconomically deprived acute service inpatients.

14.	**How many people have been served by the project?**	
	Over 1,000.	
15.	**Where is it delivered?**	
	Across Greater Glasgow and Clyde (Queen Elizabeth University Hospital, Glasgow Royal Infirmary, Royall Alexandra Hospital, New Stobhill Hospital, New Victoria Hospital, Vale of Leven Hospital, Inverclyde Hospital).	
The Initial Idea		
16.	**Who had the initial idea?**	
	Gillian Harvey – Health Improvement Lead for Acute Services at NHSGGC.	
17.	**How did the idea for the project come about?**	
	From existing gaps identified in acute hospital care services by both patient, carers, and staff feedback.	
18.	**Did you draw on any published reports / papers / research evidence or practice you had seen elsewhere to inform your plans?** ***If so, please add details to the box below.***	
	No specific sources provided, however food insecurity and child poverty statistics were analysed when planning the project. Further information that informed the project involved looking at data from local acute hospital care services and national reports on food insecurity.	
19.	**Who was involved in developing the initial idea of the project?**	
	Gillian Harvey – Health Improvement Lead for Acute Services at NHSGGC.	
20.	**Were those with lived experience of poverty involved in developing the initial idea of the project?**	
	Yes, acute secondary care patients' communication with staff helped to develop the project.	
21.	**What funding was used, if any, to support the development of the initial idea of the project?**	
	Permanent, re-occurring funding from the NHSGGC Endowment Fund supported the development of the project. Non-perishable food items provided by Greater Glasgow and Clyde Trussell Trust food banks were provided at cost neutral.	
22.	**What in-kind resources were needed when developing the initial idea of the project?**	
	Facilities	**Trussell Trust GGC food bank, NHSGGC Aroma Cafés, NHSGGC SIS, and Scottish Ambulance transport facilities.**
	Equipment	**Existing in-kind resources provided by Aroma Cafés, the Trussell Trust and Scottish Ambulance Services.**
	Local Knowledge	**Trussell Trust knowledge of community and nutritional issues. Acute Service staff SIS referral knowledge. patient and clinical staff/nutritional staff patient allergy knowledge.**

	Food and Drink	**Perishable and non-perishable multi-agency policy knowledge around provision and packaging of liquid and solid food substances.**
23.	**What, if any, barriers did you have to overcome when developing the initial idea of the project?**	
	While some food banks came on board immediately, other food banks wanted to focus solely on local communities. This required raising awareness about the connection between acute and primary medical care and local communities. There were also difficulties related to internal NHSGGC policy about the provision of perishable food items to acute service users. There were also concerns related to ambulances and food bags. This involved ensuring bags were not too heavy for older adults and did not dissolve in the rain, taking into account allergic reactions and dietary needs, as well as ensuring bags were recyclable.	
24.	**What, if anything, was helpful when developing the initial idea of the project?**	
	Multi-agency communication, subject specific input, and local knowledge. They also had to ensure sustainable exit strategies were implemented.	
25.	**Did you conduct a feasibility study? *(if yes, please describe what you did and what you concluded)***	
	No.	
26.	**What was the timeline between the initial idea and the start of the project?**	
	Three years.	
27.	**Who made the decision to introduce the project?**	
	Gillian Harvey	
Pilot Project		
28.	**Did you run a pilot project? *(if no, please skip to the next section, Q. 37)***	
	Yes.	
29.	**What did you do? *Please describe the pilot project***	
	All projects offered by SIS are piloted and evaluated by assessing footfall and uptake.	
30.	**Who was involved in the work of the pilot project?**	
	The Scottish Ambulance Service, SIS staff, acute care patients and staff, and NHSGCC partner agencies.	
31.	**How, if at all, were those with lived experience of poverty involved in the pilot of the project?**	
	Those with lived experience of poverty provided feedback on the pilot.	
32.	**What funding was used, if any, for the pilot project?**	
	Funding came from the NHSGGC Endowment Fund.	
33.	**What in-kind resources were used for the pilot project?**	

	Facilities	**In-kind onsite resources such as shopfronts, an in-house office and meeting rooms across NHSGGC secondary care settings.**
	Equipment	**Existing NHS secondary settings and external affiliated agency offices, office equipment, kitchen equipment and transport.**
	Local Knowledge	**Existing NHS secondary setting and external affiliated agency staff knowledge.**
	Food and Drink	**Nutritional advice and guidance provided by Aroma Cafés and the Trussell Trust.**
34.	**Was the pilot project evaluated?** ***If yes, please provide details***	
	Yes, by NHSGGC Support and Information Services (SIS).	
35.	**What evidence, if any, from the pilot project was used to confirm that it was working?**	
	Statistical information related to service access and uptake as well as patient, family, carer, and staff feedback.	
36.	**Who made the decision to continue with the project beyond the pilot project?**	
	The NHSGGC Health Board in agreement with Gillian Harvey.	
37.	**How did the pilot project inform the final design of the project?**	
	Feedback from acute secondary care service users and staff as well as affiliated partner agencies influenced the final design of the project. This included the Scottish Ambulance Service's input on food bag design.	
The On-going Development of the Project		
38.	**Has the project changed through time?** ***(if no, please skip to the next section, Q. 41)***	
	Yes. The project began at the Queen Elizabeth Hospital but it has expanded to every hospital in the NHSGGC area due to quick rollout.	
39.	**In what ways has it changed?**	
	Scale	**Project has grown in line with demand.**
	Location	**Expanded to include delivery within all NHSGGC acute secondary care sites.**
	Population	**Target population remains the same.**
	The Offer	**Offer of a two-day food parcel remains the same.**
40.	**What were the reason for these changes?**	
	Demand increased with the cost-of-living crisis.	
Accessing the Service and Engaging with Service Users		
41.	**Is there a referral process? If yes, how does the referral process work (self-referral, referred by other agencies, identified from an existing database)**	

	Yes, referrals are primarily made through acute medical care staff although carers and patients can access the services without a referral in-person on-site or via telephone or email.
42.	**How are potential clients made aware of the project?**
	Primarily through the NHSGGC website, onsite SIS information shop fronts and onsite leaflets. Potential clients are also made aware through SIS staff, secondary care staff communication, social media and local press.
43.	**How do you keep in touch with service users? Do your service users have a preferred method of contact?**
	Not reported.
Working With People with Lived Experience of Poverty	
44.	**Are those with lived experience of poverty involved in <u>delivering</u> the project? *If so, please describe below.***
	Not reported.
45.	**Are people with lived experience of poverty involved in <u>managing</u> the project, <u>supervision</u> within the project, or project <u>governance</u>? *If so, please describe below*.**
	Information not provided.
46.	**Are people with lived experience of poverty involved <u>in any other aspect</u> of the project? *If so, please describe below*.**
	Service provision feedback is provided by those with lived experience of poverty though case studies.
Leadership, Governance and Partnership Working	
47.	**Who has overall responsibility for the project?**
	Gillian Harvey
48.	**Is this the only responsibility of the person managing the project? *If not please describe the manager's wider roles and responsibilities.***
	No. Wider public health remits involve sitting in on various public health steering groups and the NHSGGC Health Board, attending conferences and planning, monitoring and evaluating projects. Gillian also oversees various NHSGGC projects, liaises with third party partner agencies, and secures funding for projects. She also helps produce quarterly reports for the NHSGGC Health Board.
49.	**Is there a Project Steering or Advisory Group or Organising Committee? *If yes, who is involved in this and how does it work.***
	Yes. The Emergency Food on Discharge Steering Group.
Staffing	
50.	**Are there any paid staff? *Please describe their role and their contribution.***
	Yes. NHSGGC SIS has a core team of 10 staff, including Gillian, and then there is a bank team comprised of 15 staff. Those on the NHSGGC SIS team are permanent and full-time, whereas those on the bank teams are on zero-hour contracts. Staff numbers provided are for the overall SIS team within NHSGGC,

	who oversee a number of acute secondary care projects inclusive of the Emergency Food on Discharge project.	
51.	**Are volunteers involved in delivering the project? *Please describe their role and their contribution.***	
	None reported, although Trussell Trust food banks operate with a bank of volunteer staff as well as paid staff.	
Links to Wider Policies, Strategies and Statutory Requirements		
52.	**Is the project part of a wider anti-poverty strategy? *If so, please give details*.**	
	Yes, it is part of the NHS outreach programme strategy.	
53.	**Is the project part of any other strategy? *If so, please give details.***	
	Not reported.	
54.	**Is the project delivering a service that is a statutory commitment. *If so, please give details.***	
	Not reported.	
Funding		
55.	**Who funds the project? *Please give details*.**	
	NHSGGC Endowment Fund.	
56.	**How is the project funded?**	
	Through internal core funding.	
57.	**What is the budget for the project / how much does it cost to deliver?**	
	Not reported as costs are absorbed within NHSGCC annual budget.	
58.	**Is future funding based on pre-agreed outcomes or outputs being delivered? *If so, please give details***	
	Yes, funding is dependent on the project meeting its funding bid proposal remit. The NHSGGC Endowment Fund Committee require reports to ensure that NHSGGC projects are aligned with the initial funding bid.	
Resources		
59.	**What in-kind resources do you need to deliver your project?**	
	Facilities	**Trussell Trust NHSGGC-based food bank, NHSGGC Aroma Café, NHSGGC SIS and Scottish Ambulance transport facilities.**
	Equipment	**Existing in-kind resources provided by Aroma Cafés, Trussell Trust, Scottish Ambulance Services.**
	Local Knowledge	**Trussell Trust knowledge of community and nutritional issues. Acute Service staff's SIS referral knowledge. Patient and clinical staff/national staff patient allergy knowledge.**
	Food and Drink	**Perishable and non-perishable multi-agency policy knowledge around provision and packaging of liquid and solid food substances.**
60.	**For each of the in-kind resources listed above, who provides it?**	

	Facilities	**NHSGGC, Scottish Ambulance Service, Aroma Cafés, Trussell Trust.**
	Equipment	**NHSGGC, Scottish Ambulance Service, Aroma Cafés, Trussell Trust.**
	Local Knowledge	**NHSGGC, Scottish Ambulance Service, Aroma Cafés, Trussell Trust, service users.**
	Food and Drink	**Aroma Café and the Trussell Trust.**
61.	**Did you have to buy or develop new IT systems, software (databases, apps) or technology to deliver your project? *Please describe below.***	
	No, they use existing technology within current service provision infrastructure.	
62.	**Was additional staff training required to deliver your project? *If so, please describe.***	
	No additional staff training was reported.	
Formal Monitoring and Evaluation		
63.	**What information, if any, do you collect about your project?**	
	Number of users	**Yes.**
	Profile of users	**Not reported.**
	Experience of users	**Not reported.**
	Anything else	**Not reported.**
64.	**How often is data collected? Who collects the data?**	
	SIS staff collect data at point of service.	
65.	**Do you have baseline data on what things were like before the start of the project or before users started the project? *Please describe the type of baseline data that you have*.**	
	No.	
66.	**Do you produce an annual report? *Please provide details of what this includes.***	
	No. Quarterly reports rather than annual reports are produced. Statistics on access and uptake are provided in these reports.	
67.	**In what ways, if at all, do you use the data that you collect to adapt the service that you provide?**	
	Information not provided.	
68.	**Have you employed an external organisation to formally evaluate your project? *If yes, please provide details.***	
	No.	
69.	**Do you intend to employ an external organisation to evaluate the service that you provide in the future? *If yes, please provide details.***	
	Not reported.	
Impact		

70.	**What difference has the project made?**
	The project has addressed food poverty in the immediate (post discharge two-day food provision) and long term (food bank and financial/benefit advice external agency referrals). Additionally, the project has facilitated multi-agency communication around holistic care. This also involves referrals and securing planning that moves beyond the acute secondary care setting.
71.	**How do you know this? What evidence demonstrates impact (metrics, interviews, feedback)?**
	Service provider and user feedback as well as statistical information.
72.	**To what extent have the aims of the project been achieved?**
	The project is achieving its on-going aim of reducing health inequality.
73.	**How, if at all, has the demand for the service provided by the project changed since it started?**
	Demand has increased within NHSGGC acute secondary care sites.
74.	**If yes, has the project had the capacity to meet these changing conditions and demand? *Please describe and explain below.***
	At present, yes. Although this is only achievable through third party partnerships with the NHSGGC Board.
75.	**Has the project had any unexpected or unintended outcomes? *If so, whether positive or negative, please describe.***
	None reported.
76.	**In your opinion, is the project having an impact on tackling poverty? If so, please describe in what ways.**
	Yes. It is mitigating the impact of food poverty on health, particularly for those coping with discharge from acute secondary care sites.
Learning from Experience	
77.	**What is working well?**
	The ability to pick up on the health issues otherwise missed by clinical care teams on admission, such as mobility issues around transport to do a shop. The project is addressing lack of family support, food readily available at home, and energy required to cook a warm meal post-discharge.
78.	**What, if anything, is working less well?**
	Current staff capacity is stretched.
79.	**What are the key learning points that you'd like to share with other practitioners? For example, is there anything that you would do differently?**
	Easily replicable in any acute secondary care setting as long as an exit strategy has been identified and infrastructure and external agency support is in place.
80.	**What plans do you have to develop or expand the project in the future?**
	None reported.
81.	**How easily do you think your project could be replicated in another setting?**
	Very easily.
Social Media	

82.	**Please enter social media contact details and weblinks to supporting documents or resources below:**	
	Web Pages	Support and Information Service - NHSGGC
	Facebook	**https://www.facebook.com/nhsggc**
	Instagram	**https://www.instagram.com/nhsggc**
	Twitter	**https://twitter.com/NHSGGC**
	YouTube	**https://youtu.be/vtCsvodJK2Q?t=28**

GDPR Consent (Add yes or no in the box)	
I give my permission to be named in the tackling poverty locally directory and associated public outputs.	**Yes**
I give permission for our organisation to be named in the tackling poverty locally directory and associated public outputs.	**Yes**
I give permission for me to be contacted by directory users.	**No.**
I am willing to be contacted if more details are required	**Yes.**