



EQUALITY AND HUMAN RIGHTS SCREENING TEMPLATE

THIS IS A PUBLIC DOCUMENT

Title of Policy: WHSCT Trust Policy for the Management of Adults with Dysphagia -Eating, Drinking & Swallowing Difficulties (EDS)		
Lead Manager: Eileen Tomany	Title: Dysphagia Coordinator	
Directorate: Nursing Midwifery and AHPs	Department: Dysphagia Support Team	
Contact details: Address: Lo 018 SLT Department SWAH Tel: 028 66327772 Email: Eileen.tomany@westerntrust.hscni.net		
Short Description of Policy This policy relates to the safe and effective management of adults with eating, drinking and swallowing difficulties and applies to All Trust staff involved in providing high quality care and services for them. This document has been developed in accordance with the Trusts Key Principles for Policy. This policy refers to adults who have eating, drinking and/or swallowing (EDS) difficulties, also known by the medical term "Dysphagia".		
Final Recommendations: (please tick as appropriate)		
1.	GREEN: No equality issues/impact: no further action	X
2.	AMBER: Minor equality issues/impact: actions identified	
3.	RED: Major equality issues/impact: full EQIA recommended	
<p style="text-align: center;">Please send draft completed form for quality assurance to equality.admin@westerntrust.hscni.net For further information on quality assurance see page 3, section 3.</p>		
Final Approval Date:		

(1) INFORMATION ABOUT THE POLICY OR PROPOSAL

1.1 Title of policy or proposal

WHSC Trust Policy for the Management of Adults with Dysphagia -Eating, Drinking & Swallowing Difficulties (EDS)

1.2 Description of policy or proposal

This policy refers to adults who have eating, drinking and/or swallowing (EDS) difficulties, also known by the medical term “Dysphagia”.

Purpose and aims:

- To ensure safe and appropriate, standardised management of all adults in WHSCT who have Eating Drinking & Swallowing difficulties (EDS).
- To increase the safety and wellbeing of adults with dysphagia; improve their quality of life; enhance their mealtime experience; reduce their risk of choking, aspiration, malnutrition and dehydration.
- To support all staff caring for adults with EDS difficulties in the WHSCT, to ensure they are appropriately trained in the identification, awareness & management of Dysphagia.

Objectives of this Policy

This policy is to assist staff to:

- Reduce the harm caused by dysphagia through a multidisciplinary approach.
- Support delivery of safe and effective dysphagia care for patients/residents, carers and staff in WHSCT
- Outline staff responsibilities in relation to:
 - Dysphagia awareness Training Swallow Awareness (Dysphagia) Training
 - Identification, Swallowing Difficulties Observational Checklist awareness, and management of risks associated with swallowing difficulties
 - Signposting & referral to Speech & language Therapy procedures
 - Act on and provide timely & accurate communication of Recommendations for Eating, Drinking & Swallowing (REDS)
 - Adherence to International Dietary Descriptors Standardisation Initiative framework (IDDSI)
 - Adherence to Mealtimes matter Framework
 - Eating & Drinking with Acknowledged Risks (EDAR).
 - Dysphagia related incident and near misses reporting

1.3 Main stakeholders affected (internal and external)

WHSCT staff involved in care of the person with eating drinking and swallowing difficulties;

- Domiciliary care staff
- Staff in community care settings; residential, short breaks, day care, community care homes and supported living,

Catering staff

Medical practitioners

Nutrition & Dietetic staff

Nursing, pharmacy,

Social workers and

Speech & Language therapists

All adults with eating drinking and swallowing difficulties in hospital and community settings who receive a service from WHSCT, carers and family members of this cohort,

GP's,

Department of Health,

Health and Social Care Trusts management,

students,

agency staff and

temporary staff, existing and potential

Trade Unions

1.4 Other policies or decisions with a bearing on this policy or proposal

This policy needs to be considered in conjunction with existing Regional guidance in existence and emerging from Dysphagia (NI) Co led by PHA and Trust Coordinators

WHSCT Being Open Policy June 2021

WHSCT Adverse Incident Policy June 2021

Food and Nutrition Policy June 2015 update 2023 in draft format

Mental Capacity Act (NI) 2016

Human rights Act 1998

UN convention on Rights of People with Disabilities

Royal College of Speech & Language Therapists (RCSLT) Eating & Drinking with Acknowledged Risks: Multidisciplinary Team Guidance for the shared decision-making process (Adults) Sept 2021

All professions must adhere to their own code of contact, Mental Capacity Act (2016) and Human Rights Act(1998)

(2) CONSIDERATION OF EQUALITY AND GOOD RELATIONS ISSUES AND EVIDENCE USED

2.1 Data Gathering

2.1.1 What information did you use to inform this equality screening? For example, previous consultations, statistics, research, Equality Impact Assessments (EQIAs), complaints, etc.

Thematic Review: Report on the Regional Choking Review Analysis 2018

HSC (SQSD) 16 18 - Resources to support safer modification of food and drink (hscni.net)

Safety & Quality Reminder of Best Practice Guidance (SQR) - Risk of serious harm or death from choking on foods HSCB Ref. SQR-SAI-2021-075 (All PoC) Revised Jun 2021

Learning Matters - September 2021 - Issue 18 (hscni.net) Risk of serious harm or death from choking on food.

Review of the implementation of recommendations to prevent choking incidents across Northern Ireland

NCEPOD Hard to Swallow?

20220207 PHA Letter Never Events Choking Regional Conclusion reissued (002).pdf

2.1.2 How did you involve people?

The Trust requires evidence of engagement with stakeholders to fulfil its statutory obligations under its Equality scheme, Consultation Scheme and Personal and Public Involvement strategy. Provide details of how you involved stakeholders e.g. views of colleagues, service users, carers, Trade Unions, Section 75 groups or other stakeholders.

Consultation and Engagement Statement: In your policy/proposal include a paragraph titled Consultation and Engagement and summarise this section. If there was no engagement, please explain why.

This policy has been drawn up based on current best practice guidelines and advice, Human rights consideration and Legislation.

The policy has been shared with the Trust Multidisciplinary Eating Drinking and Swallowing (EDS) Group for consultation within their networks. This group will lead and oversee the implementation of the policy to deliver on Dysphagia (NI) and Trust work plans in relation to dysphagia. This group report to the Trust Nutritional steering group.

There has been Trust wide interprofessional stakeholder engagement regarding the content of this policy and to inform the specific roles and responsibilities outlined for staff groups, across directorates. Including one to one discussions with the following;

Discipline	Who consulted with
Domiciliary Care Staff	Home Care Managers
Residential Short breaks day care	Interim AD care & accommodation

community Care Homes & Supported living	
Catering staff	Catering Managers
Volunteers	Volunteer and work experience coordinator
Medical staff	consultant
Nursing staff	Interim AD ,Acting Head of Nursing & Midwifery Patient care standards and practice Head Of Nursing & Midwifery Workforce Education & Development
Pharmacy	Consultant Pharmacist
Nutrition and Dietetics	HOS and senior Dietitians
Speech & Language Therapy	Team Lead adult services and SLT staff

Service user/carer feedback was gleaned from Dysphagia 10 000 Voices Regional Dysphagia project 2021 to reflect the learned experience of living with dysphagia. The learning was centred on;

‘The provision of clear, concise information regarding a person’s management plan is crucial to support them, their carers and others to implement the plan. This includes communicating and consulting with families and carers regarding assessments and changes to the plan.’

‘Management plans need to be readily available for all healthcare professionals as management of a swallowing difficulty extends beyond Speech and Language therapy and often requires input from others such as dentists, physiotherapists, dietitians.’

All aspects covered in Policy

2.2 Equality Profile

Who is affected by the policy or proposal? What is the makeup (%) of the affected group? Please provide a statistical profile. Could you improve how you gather Section 75 information? Are there any issues or problems? For example, a lower uptake that needs to be addressed or greater involvement of a particular group? If the policy affects both staff and service users, please provide information on both. If not, merge the 2 columns.

Category	Service Users, etc. 2011 Census for WHSCT area	Staff (From workforce planning 01 November 2023)
Gender	Male: 146,051 Female: 148,366 Total: 294,417	Male: 2951 Female: 11477 Total: 14428
Age	0 – 4: 20,445 5 – 7: 11,322 8 – 9: 7,668 10 – 14: 21,186 15 4,467 16 – 17: 9,266 18 – 19: 8,097 20 – 24 19,865 25 – 29: 20,097 30 – 44: 61,230 45 – 59: 56,781 60 – 64: 15,380 65 – 74: 22,101 75 – 84: 12,301 85 – 89: 2,878 90+ : 1,333	16-24 908 25-34 3060 35-34 3679 45-54 3455 55-64 2727 >65 599 Total: 14428
Religion	Catholic 182,966 Presbyterian 29,353 Church of Ireland 37,154 Methodist 4,900 Other Christian 7,212 Other religions 1,475 No religion 12,199 Religion not stated 19,128	Protestant 3025 Roman Catholic 7716 Not determined/Not known 3687 Total: 14428
Political Opinion	Nationalist 86,834 Unionist 61,995 Other 14,025	Broadly Nationalist 1722 Broadly Unionist 815 I do not wish to Answer/not known 10536 Other 1355 Total: 14428
Marital Status	Marital Status: All usual residents aged 16 and over: 229,329 Single 87,557 Married 106,383 In registered same-sex civil partnership 161 Separated but still legally married 9,678	Single 5294 Married / Civil Partnership 7719 Other 1415 Total 14428

	<p>Divorced or formerly in a same-sex civil partnership which is now legally dissolved 11,063</p> <p>Widowed or surviving partner from a same-sex civil partnership 14,487</p>	
Dependent Status	<p>Households with no dependent children: 37,650</p> <p>Households with children: 76,204</p> <p>Residents who:</p> <p>Provide 1-19 hours unpaid care per week: 17,538</p> <p>Provide 20-49 hours unpaid care per week: 5,859</p> <p>Provide 50+ hours unpaid care per week: 9,096</p> <p>Provide no unpaid care: 261,924</p>	<p>Yes 2772</p> <p>No 3313</p> <p>Not known 8343</p> <p>Total: 14428</p>
Disability	<p>Long-term health problem or disability: Day-to-day activities limited a lot: 37,988</p> <p>Long-term health problem or disability: Day-to-day activities limited a little: 26,351</p> <p>Long-term health problem or disability: Day-to-day activities not limited: 230,078</p>	<p>No 7598</p> <p>Yes 322</p> <p>Not answered 6508</p> <p>Total 14428</p>
Ethnicity	<p>White 290,923</p> <p>Chinese: 486</p> <p>Mixed: 740</p> <p>Irish Traveller: 251</p> <p>Indian: 893</p> <p>Other Ethnic Group: 294</p> <p>Pakistani 99</p> <p>Black African: 115</p> <p>Black Caribbean: 64</p> <p>Black Other: 58</p> <p>Bangladeshi 21</p> <p>Other Asian: 473</p>	<p>Bangladeshi 3</p> <p>Black African 14</p> <p>Black Caribbean 2</p> <p>Black Other 1</p> <p>Chinese 6</p> <p>Filipino 37</p> <p>Indian 117</p> <p>Irish Traveller 3</p> <p>Mixed Ethnic Group 14</p> <p>Other 64</p> <p>Pakistani 21</p> <p>White 9531</p> <p>Not answered 4615</p> <p>Total 14428</p>
Sexual Orientation	<p>Rainbow Research (2008) estimates that approximately 10% of the population is LGB.</p> <p>This equates to approx. 29,442 people in the Western area.</p>	<p>Both sexes 37</p> <p>I do not wish to answer/not known 7279</p> <p>Opposite sex 6980</p> <p>Same sex 132</p> <p>Total: 14428</p>

2.3 Assessing Needs/Issues/Adverse Impacts, etc.

What are consequences of the policy/proposal on Users/Carers and staff? What are the different needs, issues and concerns of each of the equality groups? Are there any adverse impacts? If the policy affects both staff and service users, please specify issues for both. If not, merge the 2 columns. Please state the source of your information, e.g. colleagues, consultations, research, user feedback, etc

	Needs and Experiences	
Equality Group	Service Users, etc.	Staff
Gender	No issues identified	No issues identified
Age	The purpose of this policy is to provide safe and effective management of the needs of adults over 18 with EDS difficulties in all WHSCT Hospital and community settings	No issues identified
Religion	No issues identified	No issues identified
Political Opinion	No issues identified	No issues identified
Marital Status	No issues identified	No issues identified
Dependent Status	Alternative information formats may need to be considered. For family/carers/NOK E.g easy read versions.as per Trust policy. Sign Language interpreter will be available as per Trust policy. Access to services to be considered and flexible appointments offered in a range of settings.	No issues identified
Disability	Documents will be available in alternative formats may need to be considered. As per Trust Policy. Schedules may need to be considered. interpreter will be available as per trust policy. Access to services to be considered and flexible appointments offered in a range of settings	Documents will be available in alternative formats may need to be considered. As per Trust Policy. Schedules may need to be considered Access to services to be considered and flexible appointments offered in a range of settings
Ethnicity	Information may need to be provided in alternative languages Interpreters available when required as per Trust Policy	Information may need to be provided in alternative languages
Sexual Orientation	No issues identified	No issues identified
Other Issues: e.g. Rurality	No Issues Identified	No issues identified

2.4 Multiple Identities: When considering this policy/proposal, are there any additional issues relating to people with multiple identities? For example: older women, disabled

minority ethnic people, young Protestant men, disabled people who are gay, lesbian or bisexual.

As above

2.5 Making Changes: Promoting Equality of Opportunity/Minimising Adverse Impacts

Based on the equality issues you identified in 2.2, 2.3 and 2.4, what do you currently do that meets those needs? What additional changes do you intend to make that will improve how you promote equality of opportunity or minimise adverse impacts?

Equality Group	Actions that promote equality of opportunity or minimise (mitigate) adverse impacts
Age Service Users	The purpose of this policy is to provide safe and effective management of the needs of adults over 18 with EDS difficulties in all WHSCT Hospital and community settings
Dependent Status Service Users	Alternative information formats will be considered need to be considered. For family/carers/NOK e.g. easy read versions.as per Trust policy. Sign Language interpreter will be available as per Trust policy. Access to services to be considered and flexible appointments offered in a range of settings.
Disability Service Users	Documents will be available in alternative formats may need to be considered. As per Trust Policy. Interpreter will be available as per trust policy. Access to services to be considered and flexible appointments offered in a range of settings.
Disability Staff	Documents will be available in alternative formats may need to be considered. As per Trust Policy. Schedules may need to be considered. Access to services to be considered and flexible appointments offered in a range of settings
Ethnicity Service Users	Information will be provided in alternative languages Interpreters available when required as per Trust Policy
Ethnicity Staff	Information will be provided in alternative languages

2.6 Good Relations

Does the policy/proposal have any impact/consequences for Good Relations? What changes to the policy or proposal or what additional measures could you suggest to ensure that it promotes good relations (if any)? (Refer to Guidance Notes for guidance on impact).

Group	Impact/Consequences	Suggestions
Religion	None	
Political Opinion	None	
Ethnicity	None	

(3) CONSIDERATION OF DISABILITY DUTIES

How does the policy/proposal encourage disabled people to participate in public life and promote positive attitudes towards disabled people?

Promotes people with eating drinking and swallowing difficulties eating and drinking safely and engaging in social activities where food is involved.

(4) CONSIDERATION OF HUMAN RIGHTS

**4.1 Does the policy or proposal adversely affect anyone's Human Rights?
Complete for each of the Articles.**

Article	Positive Impact	Negative Impact - human right interfered with or restricted	Neutral Impact
Article 2 – Right to life			X
Article 3 – Right to freedom from torture, inhuman or degrading treatment or punishment			X
Article 4 – Right to freedom from slavery, servitude & forced or compulsory labour			X
Article 5 – Right to liberty & security of person			X
Article 6 – Right to a fair & public trial within a reasonable time			X
Article 7 – Right to freedom from retrospective criminal law & no punishment without law			X
Article 8 – Right to respect for private & family life, home and correspondence.			X
Article 9 – Right to freedom of thought, conscience & religion			X
Article 10 – Right to freedom of expression			X
Article 11 – Right to freedom of assembly & association			X
Article 12 – Right to marry & found a family			X
Article 14 – Prohibition of discrimination in the enjoyment of the convention rights			X
1 st protocol Article 1 – Right to a peaceful enjoyment of possessions & protection of property			X
1 st protocol Article 2 – Right of access to education			X

If you have answered either 'Positive Impact' or 'Neutral Impact' to all of the above, please move on to Section 5.

4.2 If you have identified any potential negative impacts to any of the articles, please complete the following table.

Article Number	What is the negative impact and who does it impact upon?	What do you intend to do to address this?	Does this raise any further legal issues?* Yes/No

4.3 Outline any further actions which could be taken to promote or raise awareness of human rights or, to ensure compliance with the legislation in relation to the policy or proposal.

--

(5) SHOULD THE POLICY OR PROPOSAL BE SUBJECT TO A FULL EQUALITY IMPACT ASSESSMENT?

A full Equality Impact Assessment (EQIA) is usually confined to those policies or decisions considered to have major implications for equality of opportunity. Base your decision on information from sections 2.2, 2.3, 2.4 and 2.5.

How would you categorise the impacts of this proposal or policy? (refer to Guidance Notes for guidance on impact)

Do you consider that this policy or decision needs to be subjected to a full Equality Impact Assessment?

Please tick:

GREEN: No impact	X
AMBER: Minor impact	
RED: Major impact	

Please tick:

Yes	
No	X

Please give reasons for your decision

All staff will have access to essential swallow awareness training (Introductory and targeted dependent on role) on Learn HSCNI and have clearly defined roles and responsibilities

The policy will be widely disseminated throughout directorates in the WHSCT and will be available on the WHSCT policy sharepoint site and the WHSCT Dysphagia/EDS sharepoint site

- **NOTE: Equality and Human Rights Statement:** The policy/proposal that this screening relates to MUST include the above paragraph. In addition, this paragraph should be used in the briefing note to Trust Board and will also be included in the Trust's Equality Screening Report.

(6) EQUALITY AND HUMAN RIGHTS MONITORING

What data will you collect in the future in order to monitor the effect of the policy or proposal, on any of the equality groups, for equality of opportunity and good relations, disability duties and human rights?

Complaints and compliments will be compiled by the Dysphagia Coordinator and disseminated via the Trust EDS group to the Nutritional Steering Group

Choking incidents/ near misses will be accessed through the Datix system and analysed by the WHSCT Dysphagia coordinator for trends and themes. This information will be reported to the PHA on a quarterly basis and will be disseminated down through the Trust Eating Drinking and Swallowing group and upwards via the Nutritional Steering Group

The policy will be monitored by the WHSCT EDS group

Approved Lead Officer: Eileen Tomany

Position: Dysphagia Coordinator

Policy/Proposal Screened By: Eileen Tomany

Date: 31/3/24

Quality Assurance: Please send the final draft for quality assurance to the Equality and Human Rights Unit, Tyrone and Fermanagh Hospital, Omagh, BT79 0NS or email: equality.admin@westerntrust.hscni.net. **Quality Assurance can take up to three weeks.**

Directorate SMT Approval: The completed Equality Screening Form **MUST** be presented along with the policy/proposal to your Directorate SMT for approval.

Quarterly Equality Screening Reports: When final Trust approval is received, ensure that you send the completed screening form and associated policy/proposal, etc. to the Equality and Human Rights Unit, for inclusion in the WHSCT's quarterly equality screening reports. As a public document, the screening form will be available for downloading on both the Trust's website and intranet site.