

## EQUALITY AND HUMAN RIGHTS SCREENING TEMPLATE

### THIS IS A PUBLIC DOCUMENT

<b>Title of Policy:</b> Western Health & Social Care Trust (WHSCCT) Refeeding syndrome guideline for adult inpatients		
<b>Lead Manager:</b> Joanne Casey	<b>Title:</b> Nutrition & Dietetics Head of Service	
<b>Directorate:</b> Nursing Midwifery and AHPS's	<b>Department:</b> Nutrition & Dietetics	
<b>Contact details:</b> <b>Address:</b> Spruce Villa, Gransha Park Tel: 077 76547848 Email: Joanne.Casey@westerntrust.hscni.net		
<b>Short Description of Policy</b>  Policy to ensure safe refeeding of adult inpatients admitted to acute hospital wards in the WHSCCT		
<b>Final Recommendations:</b> (please tick as appropriate)		
1.	<b>GREEN:</b> No equality issues/impact: no further action	✓
2.	<b>AMBER:</b> Minor equality issues/impact: actions identified	
3.	<b>RED:</b> Major equality issues/impact: full EQIA recommended	
<p>Please send draft completed form for quality assurance to  <a href="mailto:equality.admin@westerntrust.hscni.net">equality.admin@westerntrust.hscni.net</a>            For further information on quality assurance see page 3, section 3.</p>		
<b>Final Approval Date:</b>		

## (1) INFORMATION ABOUT THE POLICY OR PROPOSAL

### 1.1 Title of policy or proposal

Refeeding syndrome guideline for adult inpatients (update)

### 1.2 Description of policy or proposal

This guideline is for all Western Health and Social Care Trust staff involved in the management of adult inpatients at risk of Refeeding. Refeeding syndrome can also occur in patients managed in the community and inpatient admission for monitoring and electrolyte replacement may be indicated.

Refeeding syndrome is the adverse clinical and biochemical problems which can occur upon feeding severely malnourished patients either by the oral, enteral or parenteral route. It is characterized by electrolyte disturbances (particularly hypophosphatemia, hypokalemia, and hypomagnesemia), vitamin depletion (especially vitamin B1 thiamine), increased serum glucose, fluid imbalance, and salt retention, with resulting impaired organ function and cardiac arrhythmias. The incidence of refeeding is likely low, however due to the variation in study populations and the lack of a universal definition the true incidence of refeeding is unknown.

These guidelines are to raise awareness and support the safe treatment of patients assessed as at risk of refeeding syndrome in the Western Health and Social Care Trust.

The objectives of these guidelines are;

- To define refeeding syndrome.
- To highlight which patients are at risk of refeeding syndrome.
- To describe the pathophysiology and potential consequences of refeeding syndrome.
- To provide guidelines on the feeding of those patients at risk of refeeding syndrome.

### 1.3 Main stakeholders affected (internal and external)

For example, staff, actual or potential service users, other public sector organisations, GPs, primary care providers, voluntary and community groups, trade unions or professional organisations or private sector organisations or others. **Start to consider how you might involve them in the development of the policy/decision.** This will also help you to meet the Trust's obligations under Personal and Public Involvement (PPI).

Actual service users  
Potential service users  
WHSCCT Staff & Volunteers  
Visitors  
Doctors  
Dietitians  
Pharmacists  
Nursing staff  
Students  
Agency staff

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

[Potassium Guidelines - All Documents \(n-i.nhs.uk\)](#)

[Phosphate Guidelines - All Documents \(n-i.nhs.uk\)](#)

[Magnesium Guidelines - All Documents \(n-i.nhs.uk\)](#)

[Alcohol Withdrawal Policy - All Documents \(n-i.nhs.uk\)](#)

[Western Trust Refeeding Guidelines \(n-i.nhs.uk\)](#) June 2014

Guidance in thiamine replacement in patients at risk of Refeeding Syndrome. Available from: [guidance-on-thiamine-replacement-in-refeeding-syndrome.pdf \(bapen.org.uk\)](#)

**(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.

- National Institute Clinical Excellence (NICE) Clinical Guideline 32
- British Association of Parenteral and Enteral Nutrition (BAPEN)
- American Society of Parenteral and Enteral Nutrition (ASPEN)
- British Dietetic Association (BDA)
- The NEWT Guideline for administration of medication to patients with enteral feeding tubes or swallowing difficulties
- Census information
- Workforce planning information
- NISRA (Northern Ireland Statistics and Research Agency)

**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.

Draft versions of the policy were circulated around the Dietetic team for consultation by email. Outcomes of this included – agreement in reduction of length of treatment of pabrinex, further detail was added re the management of patients with refeeding syndrome and footnotes were added to energy prescription tables re consideration of calories from other sources e.g. IV dextrose.

Virtual meetings happened with nutrition support pharmacist on an as and when required basis to agree dose of micronutrients to be prescribed for patients at risk and at high risk of refeeding syndrome.

The completed guideline was forwarded to clinical leads for comment by email. No comments were received.

## 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.

<b>Category</b>	<b>WESTERN AREA POPULATION (TOTAL POPULATION 301,618 from 2021 Census)</b>	<b>Staff (From workforce planning 01 November 2023)</b>
<b>Gender</b>	Female 50.58% 152,563 Male 49.42% 149,055  (2021 Census figures)	<b>Male:</b> 2951 <b>Female:</b> 11477 <b>Total:</b> 14428
<b>Age</b>	0 -15 21.17% 63,854 16-24 10.34% 31,181 25-44 24.95% 75,214 45-64 26.51% 79,970 65-74 9.74% 29,392 75+ 7.30% 22,006  (2021 Census figures)	<b>16-24</b> 908 <b>25-34</b> 3060  <b>35-34</b> 3679  <b>45-54</b> 3455  <b>55-64</b> 2727  <b>&gt;65</b> 599  <b>Total:</b> 14428
<b>Religion</b>	Catholic 194,050 Presbyterian Church of Ireland 26,996 Church of Ireland 34,802 Methodist Church of Ireland 4,540 Other Religions 2,388 No Religion 25,107 Religion not stated 4,860	<b>Protestant</b> 3025 <b>Roman Catholic</b> 7716 <b>Not determined/Not known</b> 3687 <b>Total:</b> 14428
<b>Political Opinion</b>	<b>Not collected</b>	<b>Broadly Nationalist</b> 1722 <b>Broadly Unionist</b> 815 <b>I do not wish to Answer/not known</b> 10536  <b>Other</b> 1355  <b>Total:</b> 14428

<b>Passport Held</b>	UK Only      Ireland Only Other      No Passport 98,565      125,990 21,347      55,714	
<b>National Identity</b>	British Only      Irish Only N.Irish Only      British & Irish Only 62,776      140,402 62,234      1,542  British and N.Irish Only      Irish & N.Irish Only 12,050 6,382  British, Irish & N.Irish Other 2,315 13,915	
<b>Country of Birth</b>	Europe:UK:N.Ireland      263,333 Europe:UK: England, Scotland & Wales      14,479 Europe:Ireland      12,636 Europe:Other      6,554 Other Countries:      4,614	
<b>Main Language (can break this down further)</b>	English      283,206 Other Language      7,487 No Code Required      10,923	
<b>Marital Status (from a total of 237,762 people, children excluded)</b>	Single      Married Other 30.74%      35.50% 12.60% 92,708      107,063 37,991 (2021 Census figures)	<b>Single</b> 5294 <b>Married / Civil Partnership</b> 7719 <b>Other</b> 1415  <b>Total</b> 14428
<b>Dependent Status (based on 119,871 households, ce nsus 2021)</b>	Households with dependent children      24.48% 38,219 (2021 Census figures)	<b>Yes</b> 2772 <b>No</b> 3313 <b>Not known</b> 8343  <b>Total:</b> 14428
<b>Disability (based on 119,871 households, census 2021)</b>	Household with one or more persons with a limiting long term illness 43,479 44.63% (2021 Census figures)	<b>No</b> 7598 <b>Yes</b> 322 <b>Not answered</b> 6508  <b>Total</b> 14428
<b>Ethnicity</b>	Arab      0.05% - 158 Asian Other      0.11% - 326 Black African      0.12% - 370	<b>Bangladeshi</b> 3 <b>Black African</b> 14 <b>Black Caribbean</b> 2

	Irish Traveller	0.17% - 527	<b>Black Other</b>	1
	Roma	0.01% - 43	<b>Chinese</b>	6
	Pakistani	0.05% - 156	<b>Filipino</b>	37
	Filipino	0.14% - 415	<b>Indian</b>	117
	Mixed Ethnic Group	0.51%	<b>Irish Traveller</b>	3
	Chinese	0.21% - 640	<b>Mixed Ethnic Group</b>	14
	White	98.09% - 295,860	<b>Other</b>	64
	Indian	0.35% - 1,041	<b>Pakistani</b>	21
	Other Ethnicities	0.12% - 370	<b>White</b>	9531
	Black Other	0.06% - 185	<b>Not answered</b>	4615
			<b>Total</b>	14428
<b>Sexual Orientation (from a total of 237,762 people, children excluded)</b>	Heterosexual –	91.2%	<b>Both sexes</b>	37
	LGBTQ+ -	1.6%	<b>I do not wish to answer/not known</b>	7279
	Not stated –	7.2%	<b>Opposite sex</b>	6980
			<b>Same sex</b>	132
			<b>Total:</b>	14428

### 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.

	<b>Needs and Experiences</b>	
<b>Equality Group</b>	<b>Service Users, etc.</b>	<b>Staff</b>
<b>Gender</b>	No issues identified	No issues identified.
<b>Age</b>	No issues identified	No issues identified
<b>Religion</b>	<p>Guideline will impact service users of all religions</p> <p>Certain products contain ingredients which will impact on religious observances e.g. IV micronutrients. Patients will be consulted on a case by case basis.</p>	<p>Certain products contain ingredients which will impact on religious observances e.g. IV micronutrients. Staff will be advised on a case by case basis</p>
<b>Political Opinion</b>	No issues identified	No issues identified
<b>Marital status</b>	No issues identified	No issues identified
<b>Dependent status</b>	No issues identified	No issues identified

<b>Disability</b>	<p>Patients or service users may require some medications to be administered according to Speech and Language and pharmacy recommendations. This may be due to dysphagia or secondary to their medical condition. Suggestions on different routes of administration have been made in the guideline.</p> <p>Sign language Interpreters will be used in line with Trust Guidelines. Policy will be available in alternative formats on request, including audio, Braille, etc.</p>	<p>Guideline will be available in alternative formats on request, including audio, Braille, etc.</p> <p>Sign language Interpreters will be used in line with Trust Guidelines.</p>
<b>Ethnicity</b>	<p>Interpreters will be used in line with Trust Guidelines. Policy will be available in alternative formats on request, including translated versions. Foreign language Interpreters will be used in line with Trust Guidelines.</p>	<p>Guideline will be available in alternative formats on request, including translated versions.</p>
<b>Sexual Orientation</b>	No issues identified	No issues identified
<b>Other Issues: e.g. Rurality</b>	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.

No issues identified.

### 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?

<b>Equality Group</b>	<b>Actions that promote equality of opportunity or minimise (mitigate) adverse impacts</b>
<b>Religion Service User</b>	It will be discussed with patients on a case by case basis if there are any ingredients in the precribable products used for the management of refeeding that they may choose to avoid due to religious food observances.
<b>Religion Staff</b>	Certain products contain ingredients which will impact on religious observances e.g. IV micronutrients. Staff will be advised on a case by case basis.
<b>Disability Service Users</b>	Patients or service users may require some medications to be administered according to Speech and Language and pharmacy recommendations. This

	<p>may be due to dysphagia or secondary to their medical condition. Suggestions on different routes of administration have been made in the guideline.</p> <p>Sign language Interpreters will be used in line with Trust Guidelines. Policy will be available in alternative formats on request, including audio, Braille, etc.</p>
<b>Disability Staff</b>	<p>Guideline will be available in alternative formats on request, including audio, Braille, etc.</p> <p>Sign language Interpreters will be used in line with Trust Guidelines.</p>
<b>Ethnicity Service Users</b>	<p>Interpreters will be used in line with Trust Guidelines. Policy will be available in alternative formats on request, including translated versions.</p> <p>Foreign language Interpreters will be used in line with Trust Guidelines.</p>
<b>Ethnicity Staff</b>	<p>Guideline will be available in alternative formats on request, including translated versions.</p>

## 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	N/A	N/A
Political Opinion	N/A	N/A
Ethnicity	N/A	N/A

## (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?

The Western Trust will promote positive attitudes towards disabled service users and staff through positive promotion of Western Trust services and positive engagement of disabled people in decisions.

This policy is inclusive of all disabled service users and staff.

**(4) CONSIDERATION OF HUMAN RIGHTS**

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

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

**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?*\nYes/No
N/A			

*\*It is important to speak to your line manager on this and if necessary seek legal opinion to clarify this.*

**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.

N/A
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## (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)**

Please tick:

<b>GREEN:</b> No impact	<input checked="" type="checkbox"/>
<b>AMBER:</b> Minor impact	<input type="checkbox"/>
<b>RED:</b> Major impact	<input type="checkbox"/>

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

Please tick:

Yes	<input type="checkbox"/>
No	<input checked="" type="checkbox"/>

**Please give reasons for your decision.** (See Guidance Notes, page 28, for sample paragraph).

The update of this guidance for the management of refeeding syndrome will continue to ensure the identification and the safe management of WHSCT adult inpatients who are at risk of developing refeeding syndrome.

The guideline ensures people are considered and cared for as individuals, and acknowledges that the management of refeeding syndrome should be provided with an equitable, person centred approach respecting the diversity of people including their religious beliefs and cultures.

This Guideline will be shared via the Nutrition Steering Group to facilitate cascading through all directorates and will be available on Staff West.

This guideline is for all Western Health and Social Care Trust staff involved in the management of adult inpatients at risk of Refeeding. Refeeding syndrome can also occur in patients managed in the community and inpatient admission for monitoring and electrolyte replacement may be indicated. Roles and responsibilities are outlined below.

**Doctors:** Recognise and manage patients at risk of Refeeding syndrome, monitor blood biochemistry, prescribe vitamin, mineral and electrolyte replacement.

**Nursing staff:** Screen patients for malnutrition, refer to the dietitians, follow prescribed feeding and electrolyte replacement regimens and identify problems.

**Dietitians:** Educate and train staff on Refeeding Syndrome, highlight patients at risk of refeeding syndrome, provide appropriate feeding regimens and care plans, recommend initiation of vitamin supplementation as per Trust guidance.

**Pharmacists:** Advise on electrolyte and micronutrient prescriptions.

➤ **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.

DRAFT

**(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?**

The Nutrition Steering Group (NSG) will liaise with the Complaints Department to keep a record of equality groups in respect to complaints, compliments or comments made by staff, services users and/or members of the public directly relating to this policy.

This NSG supports the introduction and effective compliance with statutory, regulatory and professional body standards and associated guidelines relating to the good nutritional care of adults within the Western Trust.

Further data will be collected in the future through audit following implementation of the policy, Datix's, compliments and complaints will also be considered.

**Approved Lead Officer:** Joanne Casey

**Position:** Head of Service, Dietetics

**Policy/Proposal Screened By:** Hannah Johnston

**Date:** 5/6/24

**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](mailto: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.