Policy for the Speech and Language Therapy Management of Adult Patients presenting with Head and Neck Cancer

V 3.0

November 2014
Table of Contents

1. Introduction ...........................................................................................................................................3
2. Purpose of this Policy ............................................................................................................................3
3. Scope ..................................................................................................................................................4
4. Definitions / Glossary ............................................................................................................................4
5. Ownership and Responsibilities ............................................................................................................5
6. Standards and Practice ..........................................................................................................................6
7. Dissemination and Implementation ......................................................................................................12
8. Monitoring compliance and effectiveness ............................................................................................13
9. Updating and Review ............................................................................................................................13
10. Equality and Diversity ........................................................................................................................13

Appendix 1. Governance Information .....................................................................................................14
Appendix 2: Initial Equality Impact Assessment Form .............................................................................16
1. Introduction

1.1. Head and neck cancer and its treatments can have detrimental effects to the function and structure of the oral cavity, pharynx or larynx. The current international treatments for this disease include one or a combination of radiotherapy, chemotherapy and surgery, and can produce physical, functional and psychosocial problems. The serious functional disabilities may result in voice, speech and swallowing difficulties. In addition there can also be profound levels of distress and anxiety for a patient and their family.

1.2. The county of Cornwall covers a population of approximately 500,000 with approximately 100 new patients referred to the Head and Neck Oncology Multi-Disciplinary Team (MDT) every year. The Highly Specialist Adult Speech and Language Therapist (Specialist SLT) is a core member of the Head and Neck MDT based at Royal Cornwall Hospital NHS Trust (RCHT). The role of the Specialist SLT is to work as part of the MDT to provide assessment, treatment, information and advice, psychological support and contribute to the individual’s quality of life to all patients referred with this diagnosis.

1.3. This version supersedes any previous versions of this document.

2. Purpose of this Policy

2.1. The purpose of this policy is to assist the Adult Speech and Language Therapy Team in diagnosing, treating and managing this diagnostic group.

2.2. It addresses the Specialist SLT’s management practice for those patients with head and neck cancer. This includes the specific role of the Highly Specialist ASLT within the MDT and the role of the Specialist SLT under instruction or guidance from the Highly Specialist SLT as appropriate. This policy also offers guidance for the Community SLT when patient referral for Community Rehabilitation is appropriate.

2.3. This policy applies to the speech, voice, communication and swallowing disorders caused by head and neck cancer and its subsequent treatment. This policy has been informed by a number of guidelines and sources of support and thus should be read in conjunction with these:

- Royal College of Speech and Language Therapists Clinical Guidelines (2005), www.rcslt.org Sections on
  - Head and neck cancer - 5:15
  - Clinical voice disorders - 5:6
  - Disorders of feeding, eating, drinking and swallowing - 5:8
- Communicating Quality 3 Royal College of Speech and Language Therapists. (2006) www.rcslt.org
- Prosthetic Surgical Voice Restoration (SVR): The role of the speech and language therapist policy statement 2010. Royal College of Speech and Language Therapists
- Fibreoptic Endoscopic Evaluation of Swallowing (FEES): the role of speech and language therapy. Royal College of Speech and Language Therapists policy statement (2007)
3. **Scope**

3.1. This policy applies to Adult SLT’s employed at the RCHT and Peninsula Community health.

4. **Definitions / Glossary**

<table>
<thead>
<tr>
<th>Term</th>
<th>Meaning</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dysphagia</td>
<td>Swallowing difficulties</td>
</tr>
<tr>
<td>Aspiration</td>
<td>Entry of food, drink or secretions into the larynx</td>
</tr>
<tr>
<td>Laryngectomy</td>
<td>Surgical removal of the larynx</td>
</tr>
<tr>
<td>Surgical Voice Restoration (SVR)</td>
<td>Prosthetic speech valve placed in a surgically created whole in the throat to restore airflow from the lungs into the oral tract with which to create speech after laryngectomy surgery.</td>
</tr>
<tr>
<td>Tracheostomy</td>
<td>Tube placed in a surgically created hole in the wind pipe to allow air flow.</td>
</tr>
<tr>
<td>Dysarthria</td>
<td>Difficulty speaking caused by problems with muscles used in speech.</td>
</tr>
<tr>
<td>Augmentative and Alternative</td>
<td>Communication methods used to support,</td>
</tr>
</tbody>
</table>
5. **Ownership and Responsibilities**

5.1. The role of the Highly Specialist Adult Speech and Language Therapist

5.1.1. The role of the Highly Specialist SLT is to provide a specialist assessment, diagnosis and treatment to adults who present with head and neck cancer in Cornwall. The Highly Specialist SLT has responsibility for supporting the patient in all the stages of the cancer pathway. It may be appropriate in the following settings:
- At diagnosis
- Pre operatively to counsel the expectations and effects of treatments
- Post operatively to assess the effects of surgery and make appropriate recommendations
- Pre, during and post chemotherapy and radiotherapy treatments
- Individually for therapy at hospital or in their own home
- At follow up Head and Neck Clinics
- Where appropriate during palliative and terminal stages care.

5.1.2. The Highly Specialist SLT does this by:-
- Liaising closely with the Oral and Facial Surgeons and ENT Surgeons and their teams on the ward.
- Regularly attending the weekly joint South West Head and Neck Cancer MDT meeting with staff from RCHT and Plymouth Hospitals NHS Trust (PHT) to discuss diagnosis, treatment and management of all patients referred to this area.
- Attending the weekly joint Head and Neck Clinic with medical and surgical colleagues.
- Working closely with the Head and Neck Clinical Nurse Specialist (H&N CNS) and the Oncology Dietitian to run joint weekly On Treatment (Oncology) Review Clinics.
- Leading the Surgical Voice Restoration Service in the RCHT and running a weekly ‘drop in’ valve change clinic and is available for the care of laryngectomee patients.
- Working with other teams such as medical teams and liaises and advises other teams on outlier wards in RCH and the Community Health Trust Peninsula Healthcare Trust.
- Offering advice to General Practitioners and District Nurses where appropriate to support patient care.

5.2. The role of the Specialist Speech and Language Therapist

5.2.1. The role of the Specialist Head and Neck SLT is to work independently with patients in the same cancer pathway settings as the Highly Specialist SLT. It is the Specialist’s responsibility to seek support or advice from the Highly Specialist SLT regarding management of a case where necessary.

5.3. The role of the Community Speech and Language Therapist
Depending on where the patient chooses to have their SLT intervention, and the nature of intervention, it may be appropriate for the patients care to be referred to a Community SLT or the Highly Specialist Macmillan Palliative Care SLT.
5.3.1. It is the role of the community based Speech and Language Therapist to see the patient independently for therapy, with support and advice from the Highly Specialist SLT / Head and Neck SLT Team if required. If the patient prefers to receive speech, swallowing or voice therapy at their local hospital rather than traveling to RCH to see a member of the H&N SLT Team, this may be arranged with the Community SLT at:

- Discharge from inpatient care from RCH
- Post radiotherapy and/or chemotherapy treatments
- Transfer to an in-patient setting at Community Hospital
- The point at which cancer treatments are completed, as occasionally patients may require long term outpatient therapy

5.3.2. The patients’ previous treatment and future treatment plan will be discussed between the Community and Head and Neck SLT Team, plus the expected side effects on the patient’s voice, speech and/or swallow. It is recognised that the head and neck cancer patients’ presentation is often quite different from neurological dysphagia. The Community Therapist is encouraged to seek advice, education, sources of information and support groups from the H&N SLT Team as appropriate relating to their level of clinical experience and/or patient presentation.

5.3.3. When a patient has been referred directly to the Community Therapist from an ‘Out of County’ cancer treatment centre, the Community therapist is requested to inform the H&N SLT Team. The patient may require further cancer follow up reviews with the Head and Neck Oncology Team and the Specialist SLT would be a point of contact to arrange this referral. The patient will remain the responsibility of the Community therapist unless further support is sought using the Adult Speech and Language Therapy Specialist Levels of Intervention (see appendix I in the Management of Oro-pharyngeal Dysphagia in Adults RCHT policy V6.0 July 2014).

5.4. The role of the Speech and Language Therapy Support Worker

5.4.1. The role of the Speech and Language Therapy Support Worker is to provide input to the patients as allocated by the H&N Team, following programs, instruction and/under guidance.

5.5. Role of the Line Managers

5.5.1. Line managers are responsible for:

- Ensuring that training needs of staff have been identified and providing time for on-going specialist training and skill maintenance to occur.
- Identifying and ensuing time is provided for clinical supervision with appropriate others.
- Providing on-going managerial support.

6. Standards and Practice

6.1. The Highly Specialist SLT will have received specialist training and will have had significant experience with patients with head and neck cancer to be a core member of the Head Neck Oncology MDT in line with NICE (2005). The Highly Specialist SLT is expected to have specialist knowledge of the effects of
head and neck cancer treatments on the client’s speech, voice and swallow. The Highly Specialist SLT will:

- Provide clients, carers and the relevant professionals with information regarding speech, swallowing and voice expectations at each stage of the cancer pathway.
- Counsel patients and carers in the expected changes to speech, swallow and voice depending on the cancer treatment plan or the deterioration in patients condition over time.
- Evaluate speech, swallowing and voice with either instrumental and/or non-instrumental methods.
- Collaborate with the patient, design and undertake therapy to enhance or improve speech or voice.
- Collaborate with the patient, design and undertake therapy to facilitate safer swallow techniques and reduce risk of aspiration. This includes recommendation of alternative modes of nutrition if required.
- Work in conjunction with other professionals to recommend when it is safe to commence oral intake with or without supplementary feeding and encourage normal nutritional status to reduce complications of cancer and enhance quality of life.
- Monitor and document change in speech, swallowing and voice change over time.
- Assess and recommend the use of alternative forms of communication including electric larynx and AAC.
- Provide and co-ordinate a service for laryngectomy patients who have Surgical Voice Restoration, including specialist videofluoroscopic assessments for swallow assessments, Taub test (where an external source of oxygen is used to inflate the patient’s vibratory segment) and air insufflation test (where a patient self inflates the vibratory segment via a trans-nasal catheter (See Surgical Voice Restoration Policy for further details).
- Educate and provide information to the Adult Speech and Language Therapy Team, Ward Staff, MDT and extended community teams such as District Nurses and GP Surgeries.

6.2. Referral

6.2.1. Communication and dysphagia referrals can be made to the H&N SLT Team by an open referral policy by any member of the MDT for head and neck patients or via written documentation in the medical notes by any other qualified health care professional. Patients can also self-refer.

6.2.2. Within the acute RCHT hospital setting, patients that present with head and neck cancer will only be seen by the H&N SLT Team.

6.2.3. Within the Community setting patients can be referred to the local Community Adult SLT in agreement with the patient using transfer report template (appendix 5 in the Management of Oro-pharyngeal Dysphagia in Adults RCHT policy V6.0 July 2014).

6.2.4. Community H&N patients that require a videofluoroscopy will be referred to the Highly Specialist SLT to complete this assessment. (Refer to section 6.2.3 in the RCHT policy on Management of Oro-pharyngeal Dysphagia in Adults Policy 2014 for full details of the referral process).
6.3. **Response Times**

   6.3.1. In line with the local adult speech and language therapy referral standards and the Royal College of Speech and Language Therapists Communicating Quality 3 Standards (2006) Inpatients will be seen within two working days of receipt of the referral and outpatients within eight weeks. Referrals to Peninsular Community Health will be triaged according to the standards operating within that organisation.

   6.3.2. There is no service on weekends, bank holidays, out of hours or on-call. There is no designated SLT cover for leave. The CNS H&N is a point of contact at these times.

6.4. **Assessment**

   6.4.1. The aim of assessment is to determine pre- and post-treatment function levels. It also enables the H&N SLT team to establish rapport with the client and gather information which can contribute to joint-team goal planning. This forms the basis for appropriate decision-making regarding intervention.

   6.4.2. The client’s impairment, disabilities and distress will change as healing, progression or recovery of the disease process occurs. To this end both formal and informal assessments are required.

6.4.3. **Methods of Assessment for H&N patients**

   - Bedside assessment can be carried out by all dysphagia trained SLT’s. To include medical case history, patient and/or carer history, assessment of oromotor and laryngeal function (this may include use of cervical auscultation), trial swallows, MDT liaison.
   - Tracheostomy assessment and care. (Please refer section 6.3.3 in the RCHT policy on Management of Oro-pharyngeal Dysphagia in Adults Policy 2014).
   - Videofluoroscopy (see section 6.4.2 in the RCHT policy on the Management of Oro-pharyngeal Dysphagia in Adults Policy 2014) only carried out by appropriately trained ASLTs.
   - Air Insufflations/Swallow Investigations Test and Taub testing with regard to Surgical Voice Restoration following laryngectomy must only to be carried out by the Specialist Head and Neck Oncology SLT (see protocol in SVR Policy 2007).
   - Fibreoptic Endoscopic Evaluation of Swallowing (FEES) should only carried out by appropriately trained ASLTs (see RCSLT Invasive Procedures Guidance, 2007 and section 6.4.3 in the RCHT policy on the Management of Oro-pharyngeal Dysphagia in Adults Policy 2014).
   - Formal Dysarthria Tests can be carried out by all ASLTs.

6.4.4. **Pre-treatment Assessment**

On initial meeting with the client/carer, the H&N SLT Team will:

   - Have a good understanding of the planned surgical procedure by attending the multi-disciplinary planning meeting and liaise with team members regarding intended surgery including method of reconstruction/type of closure.
- Ascertain the information given to the client/carer and assess their understanding of the intended procedure.
- Take a full case history, including relevant social history and medical history which may be obtained from the client’s medical notes.
- Assess the client’s communication and swallowing abilities. A recording of speech will be made wherever possible. Assessment can include self-rating scales for speech and swallowing and quality of life measures.
- Informal assessment of the client’s literacy skills
- Provide an explanation of the normal processes of speech/swallowing and discuss potential difficulties post-surgery.
- Discuss aids to communication and their application, where appropriate.
- Provide written information regarding the potential functional effects of the surgery.

6.4.5. Immediate Post-treatment Assessment
Immediately post-surgical or/and oncology treatments the H&N SLT Team will:
- Review the details of the surgery in the client’s medical notes and where necessary, seek clarification with a member of the surgical team.
- Review therapy aims and goals.
- Consolidate contact with the client/carer within two working days of their return to the ward.
- Review methods of communication and advise accordingly.
- Observe client’s ability to swallow secretions, handle drooling etc. but will not commence more active assessment/therapy until the surgical team have indicated that healing is adequate and that the client can start on sips of water.
- Be familiar with different types of tracheostomy tubes, the impact they may have on communication and the swallowing process and implications for therapy and advise the MDT where they should be used as appropriate.

6.5. Intervention
6.5.1. Management will be planned on the basis of assessment findings. All forms of intervention will be discussed with the client and carer at the outset. Where the patient is unable to give consent the medical team may act as proxy. Consent or refusal should be documented in the Adult SLT (ASLT) and medical notes. The patient may choose to withdrawal consent at any time during the intervention.

6.5.2. The aims of Speech and Language Therapy intervention are to:
- Facilitate neuromuscular recovery wherever possible (i.e. post radiotherapy).
- Facilitate compensatory strategies where structural or functional recovery is not achievable.
- Teach patients and carers how to manage speech/voice/swallowing difficulties within the realistic confines of their disability. To teach maintenance and care of devices which are sometimes required to maximise speech potential e.g. Surgical Voice Restoration and / or AAC.
- Help the Patient and their carers to cope with the consequences of a major life-changing situation.
6.5.3. Intervention may be provided by any of the following ways:
- Information, advice and training to others.
- Direct treatment to improve facial, oral, pharyngeal and laryngeal function to enable the patient to safely swallow. This may include oral stimulation tools such as Kapitex Ora-light Tongue Therapy Tools.
- Using and training others in compensatory techniques including postural adaptations, texture modifications, swallow techniques etc.
- Working with others e.g. nursing staff for ongoing monitoring of intake, dietitian for nutritional recommendations etc.

6.5.4. ‘On Treatment Review Clinic’ Intervention
When patients receive a course of radiotherapy and /or chemotherapy, the H&N SLT team will support the patient through these treatments. The H&N SLT Team will attend the weekly ‘On Treatment Review Clinic’ which is run jointly with the H&N CNS and Oncology Dietitian. The SLT will offer appropriate SLT intervention as previously noted and symptom management advice in liaison with the wider MDT to all H&N patients.

6.5.5. Palliative Care Intervention
6.5.5.1. The H&N SLT Team will:
- Have a good understanding of the nature and progression of the cancer and potential impact on functional ability at all times.
- Take care not to assume the client’s/carer’s understanding of the situation. They will allow time for the client/carer to explain their understanding and perceptions of the disorder and to support understanding accordingly.
- Monitor the changing needs of a patient’s communication/swallowing difficulties in view of the progressive nature of the cancer. Their needs will change over time and they will require on-going monitoring.

6.5.5.2. If the patient is on a Community caseload at this time advice can be sought from the H&N SLT Team or Specialist Palliative Care Therapists.

6.6. Liaison
Following initial assessment the Speech Therapist will:
- Discuss the findings and recommendations with the patient/client and if appropriate any relatives who are present.
- Discuss the findings and recommendations with the nurse/carer currently in charge of the care of the patient/client.
- Document the findings (see documentation section below).
- Liaise with the H&N MDT and other professional staff e.g. Dietitian, District Nurse regarding the effect of the disorder on management.
- Community SLT’s will inform the GP and copy the H&N SLT team into the letter.

6.7. Review
6.7.1. Reviews are undertaken in order to:
- To monitor readiness for intervention.
- To monitor any change in status.
To review attainment of patient goals
To respond to unexpected deterioration in the patient’s condition.
To ensure correct usage if a communication aid is on long term loan.

6.7.2. The frequency of review will depend on the:
- Medical condition of the patient
- ASLT’s clinical judgement in line with their goals.

6.8. Documentation
- For inpatients, the outcome of assessment and intervention will be written in the medical notes contemporaneously.
- For patients undergoing oncology treatment assessment and intervention will also be documented on the Aria Radiotherapy system.
- Details of assessment and intervention for all patients will be recorded in the ASLT notes contemporaneously or as soon as possible after client contact in line with the Adult SLT recording keeping standards (See Therapies local record keeping SOP/Adult SLT user guide for record keeping).
- Written advice should be provided to the nurse/carer/patient (where appropriate). In hospital settings this may be written in the nursing notes and/or medical notes and/or Single Assessment Process according to the local policy.
- Reports for outpatients will be sent to the referring agent and copied to all the relevant members of the MDT.

6.9. Discharge
6.9.1. The H&N SLT team, the MDT, the patient and the carer should be involved in the discharge decision planning process.

6.9.2. Patients will be discharged from the H&N SLT team when they have achieved their clinical goals and/or when further SLT intervention is no longer indicated.

6.9.3. The procedure for re-referral and indications for re-referral are discussed with the patient.

6.9.4. When a Community SLT discharges a head and neck cancer patients from SLT they must inform the H&N SLT Team. Most head and neck cancer patients will be continued to be reviewed at the Head and Neck Oncology Team for five years in line with NICE guidance. The H&N SLT Team will not see SLT discharged patients at this clinic.

6.10. Failure to Attend
6.10.1. If the patient does not comply with treatment or fails to attend appointments patients will be discharged. Written advice will be provided to the patient indicating risks involved and a record made in the ASLT Notes. A report will be sent to the referring agent outlining the reason for discharge.

6.10.2. If the Community SLT closes the patients’ episode of care due to failure to attend then they should inform the Specialist ASLT who will ascertain if the patient needs to be monitored in head and neck clinic.

6.11. Support Groups
6.11.1. Patient support groups are a very valid and important adjunct to the patient and families rehabilitation process. Support groups are recommended in addition to therapy, not an alternative. The H&N SLT team working in conjunction with two Head and Neck Cancer Support Groups, providing professional support and facilitation.

6.11.2. ‘Speakeasy Cornwall’ is a peer support group aimed at patients who have had laryngectomy surgery and their carers and family. The club is part of a wider organisation the National Association of Laryngectomy Clubs (NALC) whose major role ‘is to provide the sort of non-medical help and information that can only come from the experience of living with a laryngectomy’. The National Association of Laryngectomee Clubs has the following objectives:
- To promote the rehabilitation of laryngectomees.
- To unite all clubs within the British Isles whose objectives are to promote the welfare of laryngectomees.
- To encourage the formation of new clubs with similar objectives.
- To collect, co-ordinate and disseminate information relevant to the rehabilitation of the laryngectomee.

6.11.3. ‘The Recovery Club’ is a peer support group designed to bring together people who have speech, voice or swallowing difficulties since their treatments for head and neck cancer. It is a social group but where group members are encouraged to talk about their treatment experiences and gain knowledge and support from each other.

6.11.4. All patients are informed about the support groups by the H&N SLT team and where appropriate invited to attend a peer support group.

6.11.5. The H&N SLT Team also signpost patients/carers to other support agencies which include the following:-
- National Association Laryngectomy Clubs (NALC) guidelines www.nalc.ik.com/
- Macmillan Cancer Relief www.macmillan.org.uk
- CancerBACUP www.cancerbacup.org.uk
- Cancerlink www.cancerlink.org
- Marie Curie Cancer Care www.mariecurie.org.uk

7. **Dissemination and Implementation**

7.1. This document will be shared with the Adult Speech and Language Therapy Service RCHT and the Adult Speech and Language Therapy Service PCH. It will be accessible via the adult speech therapy shared drive under Clinical / Head and Neck Oncology.

7.2. This document replaces all previous versions of Adult Speech and Language Therapy Head and Neck Oncology Guidance.

7.3. The H&N SLT Team will support implementation of this policy through CPD presentations, visits to Adult Community Team Meetings and Education/Training with relevant MDT members as appropriate.

Policy for the Speech and Language Therapy Management of Adult Patients presenting with Head and Neck Cancer
8. Monitoring compliance and effectiveness

<table>
<thead>
<tr>
<th>Element to be monitored</th>
<th>Liaison between the H&amp;N SLT Team and the Community SLT Team</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lead</td>
<td>The H&amp;N SLT Team</td>
</tr>
<tr>
<td>Tool</td>
<td>This process will be monitored through continuous training and education of Community SLT by evidence of requests of support via the ‘Specialist levels of Intervention’.</td>
</tr>
<tr>
<td>Frequency</td>
<td>Annual review and report.</td>
</tr>
<tr>
<td>Reporting arrangements</td>
<td>The report will be sent to the Outpatient Therapy Manager at RCHT and the Community Adult Speech Therapy Manager at PCH. Any actions from this report will need to be agreed and signed off by the service managers.</td>
</tr>
<tr>
<td>Acting on recommendations and Lead(s)</td>
<td>The H&amp;N Team will take agreed actions/recommendations via the therapy Clinical Governance Forum at RCHT and the Adult Speech and Language Therapy Clinical Governance Group.</td>
</tr>
<tr>
<td>Change in practice and lessons to be shared</td>
<td>Practice changes will be implemented and led-on by the H&amp;N SLT Team via training and education to the Community SLT Team. Lessons will be shared with all relevant stakeholders.</td>
</tr>
</tbody>
</table>

9. Updating and Review

This document will be reviewed every three years by the Highly Specialist Head and Neck SLT.

10. Equality and Diversity

10.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the 'Equality, Diversity & Human Rights Policy' or the Equality and Diversity website.

10.2. The Initial Equality Impact Assessment Screening Form is at Appendix 2.
### Appendix 1. Governance Information

<table>
<thead>
<tr>
<th>Document Title</th>
<th>Policy for the Speech and Language Therapy Management of Adult Patients presenting with Head and Neck Cancer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date Issued/Approved:</td>
<td>November 2014</td>
</tr>
<tr>
<td>Date Valid From:</td>
<td>10 November 2014</td>
</tr>
<tr>
<td>Date Valid To:</td>
<td>10 November 2017</td>
</tr>
<tr>
<td>Directorate / Department responsible (author/owner):</td>
<td>Emma Mitchell Highly Specialist Speech and Language Therapist</td>
</tr>
<tr>
<td>Contact details:</td>
<td>01872 252470</td>
</tr>
<tr>
<td>Brief summary of contents</td>
<td>The purpose of this policy is to assist the Adult Speech and Language Therapy Team in diagnosing, treating and managing this diagnostic group. It addresses the Specialist SLT’s management practice for those patients with head and neck cancer. This includes the specific role of the Highly Specialist ASLT within the MDT and the role of the Specialist SLT under instruction or guidance from the Highly Specialist SLT as appropriate. This policy also offers guidance for the Community SLT when patient referral for Community Rehabilitation is appropriate.</td>
</tr>
<tr>
<td>Suggested Keywords:</td>
<td>Speech and language therapy, head &amp; neck cancer</td>
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<td>Target Audience</td>
<td>RCHT</td>
</tr>
<tr>
<td>Executive Director responsible for Policy:</td>
<td>Director of Nursing</td>
</tr>
<tr>
<td>Date revised:</td>
<td>September 2014</td>
</tr>
<tr>
<td>This document replaces (exact title of previous version):</td>
<td>Policy for the Speech and Language Therapy Management of Adult Patients presenting with Head and Neck Cancer 2.0 (local policy)</td>
</tr>
<tr>
<td>Approval route (names of committees)/consultation:</td>
<td>Therapy Clinical Governance Forum (24.04.14) Therapy Senior Management Team CSSC Governance DMB (17.06.14)</td>
</tr>
<tr>
<td>Divisional Manager confirming approval processes</td>
<td>{not required}</td>
</tr>
<tr>
<td>Name and Post Title of additional signatories</td>
<td>Janet Gardner, Governance Lead CSSC</td>
</tr>
</tbody>
</table>
Signature of Executive Director giving approval | {Original Copy Signed}
---|---
Publication Location (refer to Policy on Policies – Approvals and Ratification): | Internet & Intranet ✓ Intranet Only
Document Library Folder/Sub Folder | Clinical/Speech & Language Therapy
Links to key external standards | NICE guidelines Improving Outcomes in Head and Neck Cancer (2005) [www.nice.org.uk](http://www.nice.org.uk)
| NICE guidelines Improving Supportive and Palliative Care for adults with cancer (2004) [www.nice.org.uk](http://www.nice.org.uk)
Related Documents: | See details provided in Section 2.3
Training Need Identified? | No

Version Control Table

<table>
<thead>
<tr>
<th>Date</th>
<th>Version No</th>
<th>Summary of Changes</th>
<th>Changes Made by (Name and Job Title)</th>
</tr>
</thead>
</table>
| 2001 | V1.0       | Initial Issue      | Caroline Finleyson  
Specialist Speech and Language Therapist |
| 2007 | V2.0       | Update of existing local policy | Emma Mitchell  
Highly Specialist Speech and Language Therapist |
| Sep 2014 | V3.0 | Complete reformat in line with current Trust Policy Formatting | Emma Mitchell  
Highly Specialist Speech and Language Therapist |

All or part of this document can be released under the Freedom of Information Act 2000

This document is to be retained for 10 years from the date of expiry.

This document is only valid on the day of printing

**Controlled Document**

This document has been created following the Royal Cornwall Hospitals NHS Trust Policy on Document Production. It should not be altered in any way without the express permission of the author or their Line Manager.
Appendix 2: Initial Equality Impact Assessment Form

<table>
<thead>
<tr>
<th>Policy for the Speech and Language Therapy management of Adult patients presenting with head and neck cancer</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Directorate and service area:</strong> Adult Speech and Language Therapy Therapy Department Clinical Support Services and Cancer</td>
</tr>
<tr>
<td><strong>Name of individual completing assessment:</strong> Emma Mitchell Highly Specialist Speech and Language Therapist</td>
</tr>
<tr>
<td><strong>1. Policy Aim</strong>*</td>
</tr>
<tr>
<td><strong>2. Policy Objectives</strong>*</td>
</tr>
<tr>
<td><strong>3. Policy – intended Outcomes</strong>*</td>
</tr>
<tr>
<td>*<em>4. <em>How will you measure the outcome?</em></em></td>
</tr>
<tr>
<td><strong>5. Who is intended to benefit from the policy?</strong></td>
</tr>
<tr>
<td><strong>6a) Is consultation required with the workforce, equality groups, local interest groups etc. around this policy?</strong></td>
</tr>
<tr>
<td><strong>b) If yes, have these groups been consulted?</strong></td>
</tr>
<tr>
<td><strong>C). Please list any groups who have been consulted about this procedure.</strong></td>
</tr>
<tr>
<td><strong>7. The Impact</strong></td>
</tr>
<tr>
<td><strong>Are there concerns that the policy could have differential impact on:</strong></td>
</tr>
</tbody>
</table>

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Policy for the Speech and Language Therapy Management of Adult Patients presenting with Head and Neck Cancer

Page 16 of 18
Age

Sex (male, female, transgender / gender reassignment)

Race / Ethnic communities / groups

Disability - learning disability, physical disability, sensory impairment and mental health problems

Religion / other beliefs

Marriage and civil partnership

Pregnancy and maternity

Sexual Orientation, Bisexual, Gay, heterosexual, Lesbian

You will need to continue to a full Equality Impact Assessment if the following have been highlighted:
- You have ticked “Yes” in any column above and
- No consultation or evidence of there being consultation - this excludes any policies which have been identified as not requiring consultation. or
- Major service redesign or development

8. Please indicate if a full equality analysis is recommended.  
   Yes [ ] No [x]

9. If you are not recommending a Full Impact assessment please explain why.
   Not indicated to do so.

Signature of policy developer / lead manager / director

Date of completion and submission

Names and signatures of members carrying out the Screening Assessment

1. Emma Mitchell
2.

Keep one copy and send a copy to the Human Rights, Equality and Inclusion Lead, c/o Royal Cornwall Hospitals NHS Trust, Human Resources Department, Knowledge Spa, Truro, Cornwall, TR1 3HD

A summary of the results will be published on the Trust’s web site.

Signed __________________________