NHS
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Community and Mental Health Services

TRUST-WIDE CLINICAL POLICY DOCUMENT

MANAGEMENT OF DYSPHAGIA

Policy Number:	**SD30**
Scope of this Document:	**All staff employed by Mersey Care NHS FT and working in clinical services**
Recommending Committee:	**Trust Wide Strategic AHP Forum & Physical Health Steering Group**
Approved By:	**Executive Director of Nursing & Operations**
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Lead Executive Director:	**Executive Director of Nursing & Operations**
Lead Author(s):	**Trust Wide Strategic Recovery & AHP Lead**

TRUST-WIDE CLINICAL POLICY DOCUMENT

2020 – Version 5

Striving for perfect care and a just culture

TRUST-WIDE CLINICAL POLICY DOCUMENT

POLICY ON THE MANAGEMENT OF DYSPHAGIA

Further information about this document:

Document name	**Policy on the Management of Dysphagia (SD30)**
Document summary	**This document is to ensure that service users/patients of Mersey Care NHS Foundation Trust who have dysphagia (swallowing difficulties) receive the highest possible level of assessment, care and support. The advice and guidance is based upon the latest research evidence and has been agreed by a multi-agency Dysphagia Group.**
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Published by Copies of this document are available from the Author(s) and via the trust's website	**Mersey Care NHS Foundation Trust** **V7 Building** **Kings Business Park** **Prescot** **Merseyside** **L34 1PJ** **Trust's Website www.merseycare.nhs.uk**

To be read in conjunction with	• Local Divisional Procedures on the management of Dysphagia. • Health & Care Professions Council (HCPC) Standards of Proficiency (2013): Speech & Language Therapists • Supervision and reflective practice policy (SD33) • Lone Working Policy (SD03) • Resuscitation Policy (SD07) • Advance statements and advance decisions policy (SD19) • Assessment & Management of Choking (Adults) Policy (SD52) • Risk Feeding Guideline (In development) • The International Dysphagia Diet Standardisation Initiative (IDDSI) Framework (2015) • Physical Health Care Policy (SD29) Local Services Division, SDP 04 Physical Health Care Standards for Patients in Secure Division • Interprofessional Dysphagia Framework (2006) Boden et al on behalf of the National Dysphagia Competence Steering Group. This is currently being reviewed and updated at the time of writing. • Dysphagia Training Competency Framework (2014) Royal College of Speech & Language Therapists • Mental Capacity Act (October 2005, amendment 2007) • Problems swallowing? Resources for healthcare staff: Ensuring safer practice for adults with learning disabilities who have dysphagia (2007) NPSA. • Disorders of eating, drinking and swallowing (dysphagia) (2005) Royal College of Speech & Language Therapy Clinical Guidelines. • Communicating Quality Live (CQ Live) Royal College of Speech & Language Therapists. • Communicating Quality 3, Royal College of Speech & Language Therapists. • Oral feeding difficulties and dilemmas: A guide to practical care, particularly towards the end of life (2010) Royal College of Physicians. • Dysphagia diet food texture descriptors (2012) NPSA, RCSLT, NACC, BDA, NNNG, HCA. • Reducing the risk of choking for people with a learning disability (2012) A Multidisciplinary Review from Hampshire Safeguarding Adults • Human Rights Act (1998) - In particular the impact of articles 2,3,8 and 9, and considerations required to ensure any actions taken to maintain an individual's human rights are lawful, necessary and proportionate. • Mental Health Act (2007) • NHS England 'Accessible Information Standard' (July 2015). This became a statutory obligation from 1st August 2016 onwards. • **RCSLT guidance for 'shared-decision making in dysphagia' is in development at the time of writing.** • **RCSLT guidance on reducing the risk of transmission and use of PPE in the context of COVID-19 (2020)**Standard Operating Procedure (SOP) for Speech & Language Therapists completing face-to-face high priority assessments during the COVID-19 pandemic (2020)
This document can be made available in a range of alternative formats including various languages, large print and braille etc	

Version Control:

Version History:		
Consultation Draft Version 1	Circulated to Executive Medical Director, Executive Director of Nursing & Quality, Equality & Human Rights Lead, Speech & Language Therapists, AHP Forum, Chief Operating Officers, Matrons, Lead Nurses, Professional Leads.	10th April 2017
Version 2	Updated following comments received from circulating Version 1	18th April 2017
Version 3	Updated following comments received from Policy Group	8th May 2017
Version 4	Updated to take account of Liverpool Community Health Services Transitioning to Mersey Care NHS FT	9th March 2018
Version 5	Policy Review Executive Director of Nursing & Operations	1st July 2020

SUPPORTING STATEMENTS

this document should be read in conjunction with the following statements:

SAFEGUARDING IS EVERYBODY'S BUSINESS

All Mersey Care NHS Foundation Trust employees have a statutory duty to safeguard and promote the welfare of children and adults, including:

- being alert to the possibility of child / adult abuse and neglect through their observation of abuse, or by professional judgement made as a result of information gathered about the child / adult;
- knowing how to deal with a disclosure or allegation of child /adult abuse;
- undertaking training as appropriate for their role and keeping themselves updated;
- being aware of and following the local policies and procedures they need to follow if they have a child / adult concern;
- ensuring appropriate advice and support is accessed either from managers, *Safeguarding Ambassadors* or the trust's safeguarding team;
- participating in multi-agency working to safeguard the child or adult (if appropriate to your role);
- ensuring contemporaneous records are kept at all times and record keeping is in strict adherence to Mersey Care NHS Foundation Trust policy and procedures and professional guidelines. Roles, responsibilities and accountabilities, will differ depending on the post you hold within the organisation;
- ensuring that all staff and their managers discuss and record any safeguarding issues that arise at each supervision session

EQUALITY AND HUMAN RIGHTS

Mersey Care NHS Foundation Trust recognises that some sections of society experience prejudice and discrimination. The Equality Act 2010 specifically recognises the *protected characteristics* of age, disability, sex, race, religion and belief (or lack thereof), sexual orientation, gender reassignment, pregnancy and maternity and marital and civil partnership status. The Equality Act also requires regard to socio-economic factors.

The trust is committed to promoting and advancing equality and removing and reducing discrimination and harassment and fostering good relations between people that hold a protected characteristic and those that do not both in the provision of services and in our role as a major employer. The trust believes that all people have the right to be treated with dignity and respect and is committed to the elimination of unfair and unlawful discriminatory practices.

Mersey Care NHS Foundation Trust also is aware of its legal duties under the Human Rights Act 1998. Section 6 of the Human Rights Act requires all public authorities to uphold and promote Human Rights in everything they do. It is unlawful for a public authority to perform any act which contravenes the Human Rights Act.

Mersey Care NHS Foundation Trust is committed to carrying out its functions and service delivery in line the with a Human Rights based approach and the FREDA principles of **F**airness, **R**espect, **E**quality **D**ignity, and **A**utonomy

Contents

Index	Page No

1. PURPOSE AND RATIONALE

1.1 The purpose of this policy is to ensure that service users who have swallowing difficulties (dysphagia) receive the highest possible level of assessment, care and support to achieve maximum independence; pleasure and as near normal experience as possible in the eating/drinking and swallowing process, while keeping the risks (e.g. regarding choking, aspiration, chest health, nutrition & hydration and quality of life) associated with this potentially life threatening condition to a minimum.

1.2 This policy aims to ensure that all Dysphagia Practitioners working with adults with dysphagia for, or on behalf of, Mersey Care NHS Foundation Trust provide an optimal level of service delivery . The advice and guidance contained within this policy is based upon the latest research evidence, and has been agreed by a number of professionals (see 7.1).

1.3 This document explains:

- why the policy is necessary (rationale)
- to whom it applies and where and when it should be applied (scope)
- the underlying beliefs upon which the guidance is based (principles)
- the standards to be achieved (policy)
- how the standards will be met through working practices (procedure).

2. OUTCOME FOCUSED AIMS AND OBJECTIVES

2.1 This policy is to ensure that service users/patients of Mersey Care NHS Foundation Trust who have dysphagia (swallowing difficulties) and those who require referral for specialist assessment receive the highest possible level of assessment, care and support.

2.2 The advice and guidance is based upon the latest research evidence and has been agreed in collaboration with a Multi-Agency Dysphagia Group.

2.3 The aims of effective identification and management of dysphagia are:

- To provide a comprehensive and responsive service for individuals, and their carers, presenting with eating, drinking and/or swallowing difficulties.
- To empower individuals and carers to recognise issues and raise concerns, moving towards self management where appropriate.
- To provide intervention as part of a multi-disciplinary team.
- To ensure user and carer involvement in the planning of dysphagia services.
- To raise awareness of dysphagia and associated risks.

3. SCOPE

3.1 This policy provides a framework of care for all people with dysphagia who meet the referral criteria of each Divisional Service line. It includes assessment and individualised management plans that are regularly monitored and updated as needed. The policy also provides guidance to Mersey Care NHS Foundation Trust staff and external referrers on how to access a service.

3.2 The policy applies to all staff involved in the care and treatment of service users with dysphagia and ensures that all adults with dysphagia and those who require referral for specialist assessment:

- are supported by staff who can recognise and raise concerns where there are difficulties with eating, drinking and swallowing, and make a referral for specialist assessment.
- are assessed so as to accurately determine the level of dysphagia that they have and the associated risks.
- have an individual management plan that is regularly monitored and updated until no longer appropriate or required.

3.3 The assessment should be carried out by practitioners who are trained, often speech and language therapists, who have the competencies equivalent to level C or above to recognise the varying symptoms of dysphagia in adults (RCSLT 2014). The assessment should be underpinned by the principles of co-production and recovery (see glossary of terms). Please note only the screening for referral/deciding to refer would be completed by staff who do not reach level C competencies. The assessment should always be Level C or above.

4. DEFINITIONS (Glossary of Terms)

4.1

Glossary of Terms	Definition
Dysphagia	Dysphagia refers to difficulty in eating, drinking and/or swallowing. It can lead to malnutrition, dehydration, aspiration pneumonia, reduced quality of life and choking. Dysphagia can be found in all service user groups; more at risk are those with a learning disability, dementia, stroke, progressive neurological conditions, complex mental health difficulties, and head injury. The term dysphagia describes eating and drinking disorders which may occur in the oral and pharyngeal and oesophageal stages of deglutition. Subsumed in this definition are problems in positioning food in the mouth and in oral movements, including sucking and mastication and the process of swallowing. Difficulties in sensory perception may create sensitivities and may also lead to psycho-behavioural difficulties in relation to food and drink. *(Communicating Quality Live/Communicating Quality 3, Royal College of Speech and Language Therapists (RCSLT 2006)*) Premature mortality: Dysphagia has been identified as a key risk area for people with learning disabilities *(NPSA 2004)*, Glover and Ayub 2010, CIPOLD Report 2013. It can also occur as a result of: • oropharyngeal structural problems • motor processing difficulties • peripheral & central nervous system disorders • pharyngo-oesophageal problems • poor oral health • the psychological effects of institutionalisation • mental health problems • the effects of medication. Some signs and symptoms of swallowing difficulties or dysphagia include:

	• the inability to recognise food, • difficulty placing food in the mouth, • inability to control food, saliva or fluid in the mouth, • difficulty initiating a swallow, • coughing during or after eating/drinking, • choking, • frequent chest infections, • unexplained weight loss, • "gurgly" or wet voice after swallowing, • regurgitation, and • service user complaint of swallowing difficulty Any adverse incident related to eating, drinking or swallowing that presents a risk for a person should be reported using the appropriate adverse incident reporting system. This includes choking incidents or swallowing food/drink/other items that are not safe for them and relates to both witnessed or reported events. Not all choking incidents are related to dysphagia.
Safety	Safety refers to a patient's ability to eat or drink with minimal or no risk of negative health consequences arising as described earlier in point 1.1**.**
Aspiration	Aspiration refers to the situation where material or residue enters the airway and passes below the level of the vocal cords. It usually results in a reflexive cough.
Silent Aspiration	Silent aspiration is defined as foreign material entering the trachea or lungs without an outward sign of coughing or respiratory difficulty by the patient.
Choking	Choking is a severe obstruction of the airway, unable to cough to expel the item. Signs may include • cannot cough, speak or cry • Change in face colour (e.g. red, blue, purple or appears pale) • Grabbing at throat • After taking a mouthful breathing changes e.g. gurgling Note can lead to eyes watering and bulging and or loss of consciousness. In '**partial choking'** or partial airway obstruction the patient will be able to breathe and cough, although there may be a 'crowing' noise (stridor) as air passes through a narrowed space. Usually the patient can clear a small foreign body by coughing and, although the breathing may be noisy, air can still enter and leave the lungs.
Videofluoroscopy	Videofluoroscopy takes place in the X-ray department of the hospital and is an objective instrumental evaluation of the swallowing process. A recording is made of the moving (dynamic) x-ray showing swallows of food and liquid. If a videofluoroscopic assessment is thought to be appropriate the dysphagia practitioner will follow the local referral procedure.
Dysphagia Practitioner	Within the scope of this policy, a dysphagia practitioner is considered as a member of clinical staff whose job description includes the management of dysphagia at a defined level of competence
Assistant Dysphagia Practitioner	The assistant dysphagia practitioner can demonstrate basic skills that contribute to the care and treatment of individuals presenting with dysphagia. They will contribute to the implementation of dysphagia management plans prepared by others in the care team and report to Foundation, Specialist or Consultant dysphagia practitioners. (Inter Professional Dysphagia Framework, 2006)

Specialist Dysphagia Practitioner	The specialist dysphagia practitioner can demonstrate competent performance in the assessment and management of dysphagia, working autonomously with routine and non-complex cases. (Inter Professional Dysphagia Framework, 2006)
Consultant Dysphagia Practitioner	Consultant dysphagia practitioners can demonstrate skilled activity with advanced theoretical knowledge and understanding, based on current research/best practice and any relevant policies procedures and guidelines. (Inter Professional Dysphagia Framework, 2006)
PICA	Pica is an eating disorder that involves eating items that are not typically thought of as food and that do not contain significant nutritional value, such as hair, dirt, and paint chips. There are no laboratory tests for pica. Instead, the diagnosis is made from a clinical history of the patient. Diagnosing pica should be accompanied by tests for anaemia, potential intestinal blockages, and toxic side effects of substances consumed (i.e., lead in paint, bacteria or parasites from dirt). <u>Warning Signs & Symptoms of PICA</u> The persistent eating, over a period of at least one month, of substances that are not food and do not provide nutritional value. The ingestion of the substance(s) is not a part of culturally supported or socially normative practice (e.g., some cultures promote eating clay as part of a medicinal practice). Typical substances ingested tend to vary with age and availability. They may include paper, soap, cloth, hair, string, wool, soil, chalk, talcum powder, paint, gum, metal, pebbles, charcoal, ash, clay, starch, or ice. The eating of these substances must be developmentally inappropriate. In children under two years of age, mouthing objects—or putting small objects in their mouth—is a normal part of development, allowing the child to explore their senses. Mouthing may sometimes result in ingestion. In order to exclude developmentally normal mouthing, children under two years of age should not be diagnosed with pica.
Recovery	"[Recovery is] a deeply personal, unique process of changing one's attitudes, values, feelings, goals, skills and roles. It is a way of living a satisfying, hopeful and contributing life, even with the limitations caused by illness. Recovery involves the development of new meaning and purpose in one's life as one grows beyond the catastrophic effects of mental illness..." (Anthony, 1993)
Co-production	*A relationship where professionals and citizens share power to plan and deliver support together, recognising that both partners have vital contributions to make in order to improve quality of life for people and communities.(Nef 2013)*

5. DUTIES

Mersey Care Staff Member	**Role**
Chief Executive	The Chief Executive has overall accountability for the management of health and safety and will delegate responsibility to ensure that adequate and appropriate resources are made available to ensure that the Trust meets its statutory obligations. Duties and responsibilities for the implementation of this policy will be

	delegated down through Directors to Managers and staff, service users etc….
Executive Director of Nursing & Operations	Is responsible for Quality and Patient Safety across the organisation and ensuring that arrangements are in place for the optimum level of assessment, care and support in the management of dysphagia. Will ensure that all managers are aware of the policy and are supported in implementing and assuring its use.
Divisional Chief Operating Officers	Are responsible for ensuring that a structure is in place to implement this Policy within their Clinical Division and that local dysphagia procedures are in place which meet the specific needs of people who use the service. They are also responsible for ensuring that service users are supported by staff with the right competencies (Inter-Professional Dysphagia Framework (National Dysphagia Competence Steering Group) http://www.rcslt.org/members/publications/publications2/Frameworkpdf
Service Managers, Modern Matrons and Lead Clinicians	Will ensure that: Staff members have an understanding of how to identify the need to refer on for specialist advice and intervention. Staff members have the competencies to follow an individualised treatment plan. Information relating to dysphagia is reviewed on a regular basis to identify learning and action to improve the management of dysphagia. This may include the review of adverse incidents.
Speech and Language Therapist	To adhere to RCSLT clinical and professional guidance. Triage referrals and prioritise appropriate response (Senior Speech & Language Therapist). Assess, diagnose and provide management strategies for dysphagia. Write and review treatment/care plan in partnership with people. Work in partnership with service user, carers, GP and other professionals involved. Provide training and education about the Speech and Language Therapist role, dysphagia awareness etc. Make safeguarding referrals to the Local Authority, as necessary. Provide support and advice for palliative care. Refer on to other services (eg primary health). Organise best interest meetings for service users who do not have capacity to consent to assessment and/or management. If continued Speech & Language Therapy care is needed on discharge from Mersey Care Foundation Trust, the Speech & Language Therapist will send a discharge letter to the GP and if appropriate the community service required. To support the review of policies & procedures around peoples physical health and patient safety. To maintain own clinical competency in relation to dysphagia ensuring all

	practice is in line with evidence-based practice, research and latest clinical guidance, (Refer to section 8 for specific detail around continuing professional development and training.) To carry out capacity assessments in relation to dysphagia care, utilising information from communication assessment to ensure service-users have access to communication supports / AAC to facilitate their involvement in care delivery. To work only within their level of dysphagia competency and to seek clinical supervision / second opinion where appropriate.
Speech and Language Therapy Assistant (S&LT)	Carry out dysphagia reviews and follow treatment plan in line with individual competencies, based on RCSLT 2014 Dysphagia Training Competency Framework). Make safeguarding referrals to the Local Authority, as necessary. Recognise and raise concerns about service user issues related to eating, drinking and swallowing. With guidance from the S&LT deliver intervention/management plans to support people with dysphagia. Support the delivery of appropriate learning & development.
Dietitian	Recognise and raise concerns about service user issues related to eating, drinking and swallowing and make referral for assessment. Assessment of diet, nutrition and hydration as part of the multi-disciplinary team supporting people with dysphagia. Provision of dietary supplements where necessary. Dietetics will liaise directly with Catering to ensure the appropriate prescription for textured modified diets are provided and support S&LT with training. The Dietitian will insure Protected Meal-times are adhered to on the wards in support of those high risk patients who require extra support with meal-times and support audit and food inspection in this area. To support in the decision-making process around non-oral feeding (NOF) when indicated and to work alongside the MDT in subsequent NOF care-planning. Maintain evidence based practice within the Trust regarding nutrition and dietetics. Education for staff on nutrition related issues i.e. Screening/Therapeutic Diets To consider the persons dysphagia needs when writing and reviewing treatment/care plan and liaise with S&LT's and other AHPs as appropriate. If continued dietetic care is needed on discharge from Mersey Care Foundation Trust, the Dietitian will send a nutrition discharge letter to the GP and if appropriate the community service required.
Nursing Staff	To screen on admission via MUST assessment. Any swallowing issues and weight loss in relation to this will be raised to the Dietitian and identified as a

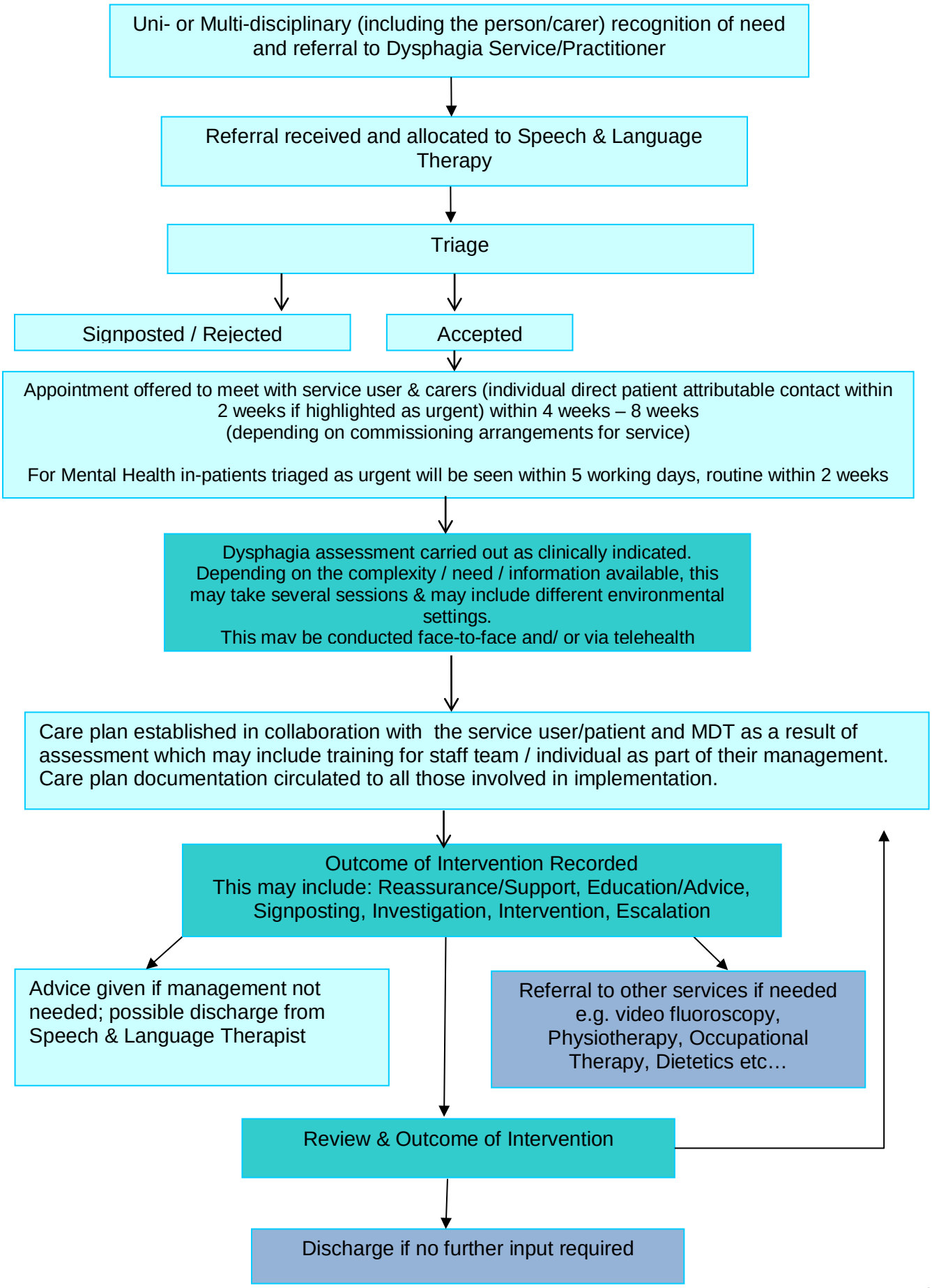
	high risk MUST score of 2 and a care-plan will be initiated. This is in line with the MUST 10 Key characteristics of health and BDA Nutrition and Hydration standards and Parenteral and Enteral Nutritional Guidelines. To have appropriate level of understanding of dysphagia and associated risks and what to do in practice to manage the risks i.e. on admission confirm any specific recommendations regarding modified diet with GP. Recognise and raise concerns about service user issues related to eating, drinking and swallowing and make referral for assessment. Follow individualised treatment plan. To disseminate the care plan and implications to the wider team i.e. family, friends & volunteers who may come into contact with the person. To ensure the dysphagia treatment/care plan is implemented and to seek S&LT advice if any concerns arise. To promote positive behaviour support throughout peoples recovery.
Occupational Therapist	Recognise and raise concerns about service user issues related to eating, drinking and swallowing and make referral for assessment. Assess feeding equipment and environment. Sensory assessment. Postural care. As part of a multi-disciplinary approach to ensure the dysphagia treatment plan is taken into account when delivering Occupational Therapy assessments and interventions. Advise around aids and adaptations to maintain independence, as well as support when eating and drinking.
Physiotherapist	Recognise and raise concerns about service user issues related to eating, drinking and swallowing and make referral for assessment. Advise around posture, positioning and seating. As part of a multi-disciplinary approach to ensure the dysphagia treatment plan is taken into account when delivering Physiotherapy assessments and interventions. Assess and advise regarding respiratory status, including chest physiotherapy.
Medical staff eg GP, consultants	Recognise and raise concerns about service user issues related to eating, drinking and swallowing and make referral for assessment. To ensure a multi-disciplinary approach to the management and treatment of dysphagia. As part of a multi-disciplinary approach to ensure the dysphagia treatment plan is taken into account when delivering assessments and interventions. Medication review eg side effects, liquid versus tablet format. Referral on to other services for specialist assessment/interventions, such

	as gastroenterology and videofluroscopy. Advise and prescribe around the use of thickener and medication. Monitor physical health, including chest health.
Psychology	Recognise and raise concerns about service user issues related to eating, swallowing and drinking and make referral for assessment. As part of a multi-disciplinary approach to ensure the dysphagia treatment plan is taken into account when delivering assessments and interventions. Advise on positive behaviour support plans.
Pharmacy	Advice around availability of different forms of medication such as liquids, tablets, types of thickener etc... Medicine information, side effects etc. Support multi-disciplinary approach to the management of dysphagia.
Catering staff	To ensure availability of modified diets to sustain quality of life and wellbeing and support recovery. Training for staff.

6. PROCESS

6.1 It is recognised that the management of dysphagia benefits from a multidisciplinary approach that is underpinned by the principles of co-production and supporting people's recovery and wellbeing, to ensure that all aspects of service user care are identified and addressed.

6.2 **Dysphagia Pathway**



6.3 **Service Standards** - Standards of practice are based on the Royal College of Speech and Language Therapists' guidance on best practice in service organisation and provision (RCSLT, Communicating Quality Live) and underpinned by HCPC standards of proficiency. As defined in the Inter-professional Dysphagia Framework (National Dysphagia Competence Steering Group, 2008 – please note this is currently being reviewed and updated), Dysphagia Practitioners will provide different aspects of management in the care of a service user, as is relevant to their job role.

6.4 **Consent to Referral, Assessment and Treatment** - Before assessment or treatment the dysphagia practitioner will obtain the person's consent if they have capacity to consent to the referral. The consent can be expressed in written, oral or non-verbal forms and this will be recorded in the service user's clinical record. In some circumstances it may be required to conduct an assessment without seeking consent from the person, for example when they are detained under the mental health act and knowledge of an assessment would increase their mental health presentation, lead to a distorted assessment of functioning, increase distress and anxiety etc… however this decision would be part of an MDT discussion and agreed and documented within their clinical notes / care plan.

6.5 If the person does not have capacity to consent to referral, assessment and treatment the dysphagia practitioner will carry out the intervention if it is in the persons best interests, based on the information from the referrer and others involved in their care..

6.6 The dysphagia practitioner will involve the person as much as possible in the decision making and when drawing up the management plan based on the information given by the person and their carers, utilizing communication supports / AAC to facilitate their involvement

6.7 Service users will be asked if they would like to have others (e.g. carers, relatives) present at an assessment and treatment.

6.8 A service user's consent is also sought when sharing information about them with other professionals or referring on to other services.

6.9 **Referral Criteria** - Each Divisional Service Line have in place their own specific referral criteria that ensures those requiring specialist assessment due to risk of dysphagia are identified and appropriate assessment and interventions provided.

6.10 **Referral Process** - The Chief Operating Officers in each Division are responsible for ensuring local operational procedures are in place to clarify who can refer, the referral procedure and referral forms. This may involve a referral to a health professional not employed by the Trust but set up via the contracting process to ensure equity of access to intervention if needed via the acute/primary care sector.

6.11 **Assessment** – Service users requiring assessment for dysphagia will be seen in the most appropriate location for them. Service users can be contacted in a format appropriate to their needs to arrange a convenient appointment and location in which to be seen.

A thorough case history should be taken to identify all potential factors contributing to the dysphagia. The service user's current perspective of their problem is discussed with them and/or their carers, where appropriate, and this is followed by a formal clinical assessment of the swallow function. The aims of the assessment are:

- To fully assess the nature, impact and severity of the difficulty
- To identify general risks which impact on eating, drinking or swallowing, such as posture, environment, medication etc.
- To assess whether the service user would benefit from management, taking into account peoples' cultural needs, religious beliefs, advanced wishes, and capacity.
- The safety and efficiency of the service user's eating, drinking and swallowing will be assessed. This may include observation, laryngeal palpation, cervical auscultation and/or pulse oximetry. Only practitioners that have received formal training on cervical auscultation should use it alongside clinical swallow evaluation. Clinical decision making will not be based solely on the outcome of cervical auscultation or pulse oximetry.
- When appropriate the service user may be referred to primary care for a videofluoroscopy study (VFS) of the swallow to inform the recommendations for management of the service user's swallow. Practitioners should follow individual service requirements for VFS referrals.
- To identify the risks of management/non management

Please refer to local operational procedures for further information about assessment.

6.12 **Management** - Individual management will have a multi-disciplinary approach, where appropriate, and will consider culturally appropriate treatment, the person's human rights and their capacity to consent.

Intervention and recommendations provided to the service user and/or their carers are based upon the service user's requirement to receive nutrition and hydration by the safest possible means. This includes review of the following where appropriate:

- Seating posture/position

  Texture of foods and consistency of fluids to optimise safety and ease of swallowing (See Appendix 1 for the International Dysphagia Diet Standardisation Initiative (IDDSI) framework http://iddsi.org).

- Referral to dietetics for dietary advice and –supplementary advice to be raised as urgent if poor appetite, weight loss >5-10%
- Swallowing strategies and manoeuvres
- Feeding techniques
- Adaptive equipment
- Rehabilitative exercises
- Referral for instrumental assessment
- Referral for consideration of alternative feeding
- Advice regarding symptom progression and expectations
- Support around end of life
- Quality of life
- Changing the environment
- Advice around the provision of support and supervision at mealtimes
- Education and training for the person, staff or carers who support the service user
- Changes or additions to medications (if known to be the cause / contributing factor)
- Training on management of Dysphagia and any specific interventions recommended

All advice and recommendations will be communicated in a way that the person can access and understand taking into account the individual communication support needs of the service user and their carers. A clear demonstration of management procedures will be given where appropriate (examples can be found in 'help stop choking' website which can be found in Appendix 1).

When a person continues to feed at risk there will be a clear decision making process in place that is documented and shared within the Multi Disciplinary Team..

6.13 Interface with other professional groups – It is recognised that ideally people with dysphagia should be managed within a multi-disciplinary team framework. This may include:

- Dietitians
- Speech and Language Therapists
- Dysphagia Specialist Nurses
- Community Matrons
- Community nurses
- Pharmacy
- Catering
- Health care assistant
- Speech and Language Therapy Assistants
- Community Palliative Care Team
- Nursing staff
- Physiotherapists
- Occupational Therapists
- Psychologist
- Psychiatrist
- Manual Handling
- Community equipment stores
- Dentists
- PEG Nurse
- GPs and Consultants
- Social work team
- Radiographer
- Gastro-enterology
- ENT
- Nutritional Nurse Specialist

6.14 **Protected Meal Times** – A recent paper by Hickson et al describes the importance of protected mealtimes which can be defined as 'periods on a hospital ward when all non-urgent clinical activity stops'. During these times, service users/patients are able to eat without being interrupted and staff can offer assistance' (Hospital Caterers Association., 2004). The implementation of protected mealtimes is one of the key action points in the Council of Europe resolution: Food and Nutritional Care in Hospitals (Council of Europe Alliance 2003), and is included in the most recent UK Government strategy 'Improving Nutritional Care' (Department of Health, 2007)." (Hickson et al 2011).

6.15 Research work in our specialist learning disability division by Guthrie & Stansfield (2015) has further emphasised the need for supervision by familiar staff to enhance the mealtime in terms of safety but also quality of life. 'Protected mealtimes' should be discussed and agreed in partnership with service users and their care providers.

6.16 **Discharge** – The service user is discharged when no further intervention is indicated. This occurs following discussion and agreement with the service user and / or carers, and members of the Multi-Disciplinary Team, as appropriate. Information is provided on how to re-contact or re-refer to the service in the future if there are concerns regarding the person's condition. This will include information about signs and symptoms of dysphagia that would indicate a re-referral.

6.17 **Assessment of Capacity** – Practitioners will adhere to the Mental Capacity Act: Code of Practice (October 2005, amendment 2007 TSO).

6.18 **Refusal of Treatment** – Where there is a conflict of opinion every reasonable effort will be made to resolve the issue. Areas of conflict and resolution will be discussed in clinical supervision.

6.19 It is recognised that all service users have the right to refuse dysphagia assessment and treatment, providing they have capacity.

6.20 In cases where a service user refuses a specific treatment, the practitioner will attempt to ensure that they are given alternative advice to reduce the negative health consequences of dysphagia .However, it should be noted that this advice is not to be seen as a substitute for the original advice given. The practitioner will record this in the person's clinical record utilising advanced or shared-decision making documentation in accordance with policy SD19 and will inform the person and referrer in writing of the outcomes.

6.21 When the person does not have capacity to make decisions regarding their dysphagia management then a best interests meeting will be requested and the capacity assessment for this decision will be documented.

6.22 If the person's safety is thought to be at risk due to the conflict of opinion or carers disregarding advice, despite reasonable efforts to resolve the issue, then a referral to the safeguarding team must be made.

6.23 **Eating with Risk** – When a person continues to eat/drink at risk there will be a clear decision making process in place taking into account the persons capacity to consent and any advanced statement that have been made. Documentation relating to Mental Capacity, Best Interests Decisions, Shared-decisions and advance statements should all be documented within the service-user's care record and the decisions reached should be communicated within the MDT.

7. CONSULTATION

7.1 This policy has been developed in consultation with the following key groups who were encouraged to discuss the contents widely with staff teams and comment.

- Chief Operating Officers
- Professional Leads
- Executive Medical Director
- Executive Director of Nursing & Operations
- Matrons
- Allied Health Professions Forum
- Multi Agency Dysphagia Group
- Policy group

7.2 Comments received have been addressed and changes incorporated into the policy.

8. TRAINING AND SUPPORT

8.1 Different levels of training are offered for professionals, care staff, families and other agencies. Please see local operational procedures for details.

8.2 **Continuing Professional Development** – Clinical staff who have specific responsibilities for dysphagia practice must have relevant training and education to meet their level of competence, at the standard required, to carry out their job role, as outlined in the Inter-professional Dysphagia Framework (Appendix 1) which is currently under review. Staff who are working towards achieving their dysphagia competencies have a named supervisor until they have reached the level of Specialist Dysphagia Practitioner. Supervision will continue throughout the practitioner's career.

8.3 The practitioner will have a Personal Achievement and Contribution Evaluation (PACE) with their manager which will identify future training needs.

8.4 Dysphagia practitioners that have Professional Registration must maintain personal logs of their continuing professional development activities, as required by their own professional body. They will have protected time for continuing professional development.

Continuing professional development may take the form of:

- Short courses
- Attendance at regional advanced dysphagia events.
- Formal Courses – accredited
- Attendance at Clinical Excellence Network
- Journal articles
- Shadowing others
- Project work
- Secondment/placement
- Specific research/audit
- Peer supervision

8.5 Each dysphagia practitioner must work within the limitations of their own professional knowledge and skills, and recognise when it is necessary to seek advice from more experienced and/or qualified personnel as well as be aware of how to access this support.

8.6 Supervision – It is the responsibility of the practitioner to have regular clinical supervision and participate in identifying their own clinical supervision needs in conjunction with their professional / line-manager.

8.7 Clinical supervision may take the form of:

- Local multi-agency dysphagia meeting
- Attendance at CPD events
- RCSLT Clinical Excellence Network Groups
- North West dysphagia meeting
- Joint visits
- Peer supervision review
- One to one meetings with other professionals
- Case discussion and case presentations

8.8 **Speech & language Therapy Assistants** – Speech & Language Therapy Assistants will have the necessary baseline knowledge, skills and training regarding normal/disordered swallowing and related issues, in line with the definition of Assistant Dysphagia Practitioner.

8.9 Though identified tasks may be delegated, clinical responsibility remains with the supervising dysphagia practitioner.

8.10 The supervising dysphagia practitioner will ensure that the Speech & Language Therapy Assistant is adequately trained to carry out delegated tasks.

8.11 The dysphagia practitioner will give instruction with demonstration if necessary. Prior to undertaking dysphagia work, the Speech & Language Therapy Assistant will have adequate training in safety procedures in line with Trust policies.

8.12 Speech and Language Therapy Assistants:-

- are made aware of their competencies using the Dysphagia Training Competency Framework (RCSLT 2014) and recognise the need to refer back to the dysphagia practitioner for direction, advice, information and support. There are established supervision procedures, agreed locally.
- attend appropriate training and are involved in identifying areas of need for further knowledge/skills.
- attend local multi-agency dysphagia meetings, when appropriate.
- are made familiar with the standards set in their own professional guidelines.

9. MONITORING

9.1 The Divisional Chief Operating Officers will have responsibility for ensuring this policy is implemented and compliance monitored via an appropriate audit process for their services. Divisional AHP Leads will be responsible for supporting Chief Operating Officers with developing appropriate audit processes and reviewing compliance. Assurance in relation to this process should be presented on an annual basis via Divisional governance compliance checks.

10. EQUALITY AND HUMAN RIGHTS ANALYSIS

Title: Policy on the Management of Dysphagia
Area covered: Corporate Policy: Trust Wide

What are the intended outcomes of this work?
Review May 2017 – No change noted To provide consistent standards of practice and communication. Ensure the provision of training and supervision for professionals. Audit and evaluation to provide improvement.
Who will be affected?
Review May 2017 – No change noted Staff, Service users and other agencies.

Evidence
What evidence have you considered?
Review 2015 Previous and current policy. Previous Equality and Human Rights Analysis Review May 2017 Old policy Reviewed policy Previous Equality and Human Rights Analysis Review October 2018 Reviewed policy Previous Equality and Human Rights Analysis Review July 2020 Reviewed Policy Previous Equality and Human Rights Analysis
Disability (including learning disability)
Throughout the policy there is demonstration of awareness around learning disability and individuals needs in relation to disability. Review May 2017 – No change noted Noted the inclusion of the Accessible Information Standard Pge 3 Review October 2018 – No change noted Review July 2020 – No change noted

Sex There is nothing to note relating to sex within the policy. Review May 2017 – No change noted Review October 2018 – No change noted Review July 2020 – No change noted
Race Culturally appropriate treatment is raised as part of the management of Dysphagia. Review May 2017 – No change noted Review October 2018 – No change noted Review July 2020 – No change noted
Age There is nothing to note relating to age within the policy. Review May 2017 – No change noted Review October 2018 – No change noted Review July 2020 – No change noted
Gender reassignment (including transgender) There is nothing applicable to transgender with the policy. Review May 2017 – No change noted Review October 2018 – No change noted Review July 2020 – No change noted
Sexual orientation There is nothing to note relating to sexual orientation within the policy. Review May 2017 – No change noted Review October 2018 – No change noted Review July 2020 – No change noted
Religion or belief Culturally appropriate treatment is raised as part of the management of Dysphagia. Review May 2017 – No change noted Review October 2018 – No change noted Review July 2020 – No change noted
Pregnancy and maternity There is nothing to note relating to pregnancy and maternity within the policy Review May 2017 – No change noted Review October 2018 – No change noted Review July 2020 – No change noted
Carers Review May 2017 Noted the Inclusion of the need to disseminate information to carers , friends etc Pge 11 – within nursing staff definition Review October 2018 – No change noted Review July 2020 – No change noted

Other identified groups There is nothing to note relating to other identified groups. Review May 2017 – No change noted Review October 2018 – No change noted Review July 2020 – No change noted
Cross Cutting Review May 2017 Noted on Page 6 - 2.3 inclusion of aim to empower people to move towards self management. Page 17 6.14 To change the words relating to 'feeding' to eating. Review October 2018 – No change noted Review July 2020 – No change noted

Human Rights	**Is there an impact?** **How this right could be protected?**
Right to life (Article 2)	This policy supports the right to life and support around end of life. Fulfills the principles of respect and dignity. Review May 2017 – No change noted Review October 2018 – No change noted Review July 2020 – No change noted
Right of freedom from inhuman and degrading treatment (Article 3)	This right is not engaged. Review May 2017 – No change noted Review October 2018 – No change noted Review July 2020 – No change noted
Right to liberty (Article 5)	This right is not engaged. Review May 2017 – No change noted Review October 2018 – No change noted Review July 2020 – No change noted
Right to a fair trial (Article 6)	This right is not engaged. Review May 2017 – No change noted Review October 2018 – No change noted Review July 2020 – No change noted
Right to private and family life	This policy considers the individuals needs.

(Article 8)	Review May 2017 – No change noted Review October 2018 – No change noted Review July 2020 – No change noted
Right of freedom of religion or belief **(Article 9)**	This article is considered when interventions for Dysphagia take place. Review May 2017 – No change noted Review October 2018 – No change noted Review July 2020 – No change noted
Right to freedom of expression **Note: this does not include insulting language such as racism (Article 10)**	This article is not engaged. Review May 2017 – No change noted Review October 2018 – No change noted Review July 2020 – No change noted
Right freedom from discrimination **(Article 14)**	This policy supports non discrimination of the individual. Review May 2017 – No change noted Review October 2018 – No change noted Review July 2020 – No change noted

Engagement and Involvement
This is a reviewed policy which has previously undergone an Equality and Human Rights Analysis. The recommendations in the previous analysis have been included. Review May 2017 – No change noted Review October 2018 – No change noted Review July 2020 – No change noted

Summary of Analysis
Eliminate discrimination, harassment and victimisation Overall this policy seeks to eliminate discrimination, and the new policy format ensures all the protected characteristics identified under the Equality Act 2010 are covered. Review May 2017 – No change noted Review October 2018 – No change noted Review July 2020 – No change noted
Advance equality of opportunity

This policy supports equality of opportunity for people using Mersey Cares services.
Review May 2017 – No change noted
Review October 2018 – No change noted
Review July 2020 – No change noted

Promote good relations between groups

The new policy format Equality statement enhances this policy and raises awareness.
Review October 2018 – No change noted
Review July 2020 – No change noted

What is the overall impact?

The overall impact is positive in relation to management of Dysphagia.
Review May 2017 – No change noted
Review October 2018 – No change noted
Review July 2020 – No change noted

Addressing the impact on equalities

There needs to be greater consideration re health inequalities and the impact of each individual development /change in relation to the protected characteristics and vulnerable groups

Review May 2017 – No change noted
Review October 2018 – No change noted
Review July 2020 – No change noted

Action planning for improvement

Detail in the action plan below the challenges and opportunities you have identified.

For the record
Name of persons who carried out this assessment:
Review May 2017 – No change noted
Meryl Cuzak Equality and Human Rights Lead
Lynn King Trust Wide Strategic Recovery & AHP Lead

Review October 2018 – No change noted
Lynn King Trust Wide Strategic Recovery & AHP Lead

Review July 2020 – No change noted

Trust Wide Strategic Recovery & AHP Lead

Lynn King Trust Wide Strategic Recovery & AHP Lead
Date assessment completed: 31st October 2018 24th July 2020
Name of responsible Director: Trish Bennett
Date assessment was signed:

Action plan template

This part of the template is to help you develop your action plan. You might want to change the categories in the first column to reflect the actions needed for your policy.

Category	Actions	Target date	Person responsible and their area of responsibility
Monitoring	Monitor protected characteristics where possible of individuals being managed under this policy. Outcome: There is no system in place to enable specific analysis of people where dysphagia is an issue. New policy format ensures Equality & Human Rights Statement embedded.	May 2017	Lynn King

11. IMPLEMENTATION PLAN

	Issues Identified/Action to be taken	Time scale
Co-ordination of implementation • How will the implementation plan be co-ordinated and by whom? *Clear co-ordination is essential to monitor and sustain progress against the implementation plan and resolve any further issues that may arise.*	• The implementation plan will be presented and co-ordinated by the multi-agency dysphagia meeting, which is held monthly. • This policy will be distributed to practitioners in Mersey Care NHS Trust and those organisations represented within the multi-agency dysphagia group.	Every other month On Ratification of policy
Engaging staff • Who is affected directly or indirectly by the policy? • Are the most influential staff involved in the implementation? *Engaging staff and developing strong working relationships will provide a solid foundation for changes to be made.*	• All staff employed by Mersey Care NHS Trust • Mainly Speech and Language Therapy staff and staff with specialist dysphagia training	Ongoing
Involving service users and carers • Is there a need to provide information to service users and carers regarding this policy? • Are there service users, carers, representatives or local organisations who could contribute to the implementation? *Involving service users and carers will ensure that any actions taken are in the best interest of services users and carers and that they are better informed about their care.*	• Policy available on request. • Leaflet developed to cover content in easier to read format • Service users and carers will be involved in implementing and updating the policy.	Ongoing Ongoing Ongoing
Communicating • What are the key messages to communicate to the different stakeholders? • How will these messages be communicated? *Effective communication will ensure that all those affected by the policy are kept informed thus smoothing the way for any changes. Promoting achievements can also provide encouragement to those involved.*	Key messages are: • The need for specialist input around dysphagia- • The level of risk presented by people with dysphagia • Improved diagnosis and raised awareness is likely to lead to increased referrals to S&LT • Ensuring that service users in Mersey Care NHS Trust have equality of access to primary and specialist health care services • Promoting the Human Rights of service users in Mersey Care	Ongoing

12. APPENDICIES

12.1 Appendix 1: National Guidance and support for local procedures

The following documents are available for use as they are or can be adapted for local use.

Dysphagia Risk Assessments
A risk assessment for Dysphagia is completed for individuals referred with an eating, drinking or swallowing difficulty. This will be completed using local templates with the aims of:

- Increase awareness of the risks of dysphagia;
- Provide a framework for identifying and managing these risks;
- Provide guidance on the severity of particular intrinsic and extrinsic risks;
- Enable decisions to be taken that are likely to lead to safer eating and drinking practice;
- Ensure that regular reviews of the person with dysphagia are carried out.

Dysphagia Report and Care Plan
A Dysphagia report is completed for each person with dysphagia, and includes such details as the person's background, relevant medical history, food and drink assistance requirements and behavioural patterns. For complex clinical presentations this may also include peoples' positioning, methods of feeding and communicating, equipment used, as well as the individual's food and drink requirements (flavours, temperatures and textures). Reports are made in accessible formats as required to support with communication difficulties.

Consent Form for Assessment of Eating & Drinking or Swallowing Problems
This is an accessible document for the adult person with learning disabilities and the healthcare professional undertaking an assessment of eating and drinking or swallowing problems to work through. It provides a record of consent.

Interprofessional Dysphagia Framework (Boden, E., et al 2006 on behalf of the National Dysphagia Competence Steering Group)
The Inter-professional Dysphagia Framework (IDF) informs strategies for developing the skills, knowledge and ability of speech and language therapists, nurses and other healthcare professionals/non-registered staff, to contribute more effectively in the identification of people with, and in the management of, feeding/swallowing difficulties.

In addition to this the Royal College of Speech and Language Therapists Dysphagia Training and Competency Framework (2014); aligns Dysphagia practitioners to a competency level including students, assistants and expert practitioners. Dysphagia practitioners will be mapped to a specific level of competency and be aware of the limitations of this within their roles.

https://www.rcslt.org/-/media/Project/RCSLT/dysphagia-training-competency-framework.pdf?la=en&hash=D529EB8846C2679B3EB4AA86C6FBA9A1010682F6

Royal College of Speech & Language Therapy (RCSLT) Clinical Guidelines
The aim of these clinical guidelines is to provide clinicians and managers with explicit statements regarding clinical management that are based on the current evidence, where available. They can assist in the clinical decision-making process by providing

information on what is considered to be the minimum best practice. The focus of a clinical guideline is the content of the care provided. Expert opinion and professional consensus have also been included within the evidence base. Clinical guidelines are an important tool in attempting to provide equity and quality of service provision. Although these guidelines are uni-professional and directed primarily at practising Speech & Language Therapists it is anticipated that they will contribute to multi-professional documents as appropriate. Throughout the document there is a strong emphasis on multi- and interdisciplinary team working.

Speech & Language Therapists can access these via RCSLT website.

Dysphagia Diet Food Texture Descriptors

These descriptors detail the types and textures of foods needed by individuals who have oro-pharyngeal dysphagia (swallowing difficulties) and who are at risk of choking or aspiration (food or liquid going into their airway) and can be downloaded from the following:

https://iddsi.org/

The descriptors provide standard terminology to be used by **all health professionals and food providers** when communicating about an individual's requirements for a texture modified diet. The food textures are:

Level 0 Thin fluids
Level 1 Slightly thick fluids
Level 2 Mildly thick fluids
Level 3 Moderately thick fluids / Liquidised Diet
Level 4 Extremely thick fluids / Pureed Diet
Level 5 Minced and Moist Diet
Level 6 Soft and Bite-sized Diet
Level 7a Easy to Chew Diet
Level 7 Regular Diet

The descriptors were developed by the International Dysphagia Diet Standardisation committee in collaboration with a number of key stakeholders including RCSLT, BDA (British Dietetic Association), NHS Improvement and Dysphagia Research Society. The IDDSI framework has specific testing methods which ensure consistency in implementation of the levels and maintain patient safety standards.

Choking Guidance

For support in up to date information on responding to choking incidents, this can be found using the following link: https://www.resus.org.uk/library/additional-guidance/guidance-choking

http://helpstopchoking.hscni.net/

12.2 Appendix 2

References

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