



# Policy:

## MD 015 - Dysphagia Management for Adults within Sheffield Health and Social Care Trust

*(Formerly Dysphagia Management in Learning Disabilities issued Sept 2019)*

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Policy Author/Lead	S&LT Clinical Lead Adult Learning Disabilities
Feedback on Implementation To	S&LT Clinical Lead.

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### **Policy Version and advice on document history, availability and storage**

This is version 1 of this policy. This policy replaces the previous version titled Dysphagia Management in Learning Disabilities issued September 2019.

This policy will be available to all staff via the Sheffield Health & Social Care NHS Foundation Trust Intranet and on the Trust's website. The previous version will be removed from the Intranet and Trust website and archived. Word and pdf copies of the current and the previous version of this policy are available via the Director of Corporate Governance.

Any printed copies of the previous version (issued September 2019) should be destroyed and if a hard copy is required, it should be replaced with this version.

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## Version Control and Amendment Log

<b>Version No.</b>	<b>Type of Change</b>	<b>Date</b>	<b>Description of change(s)</b>
1.0	Requirement of full Trust dysphagia policy; September 2019 Policy to be reviewed and updated	March 2020	Review of current policy and name change.

# Flowchart

Referral received by received access and referral coordinators

Initial triage process to be completed with two working days and prioritised (Appendix D).  
Consider the person's capacity and consent

**High priority** will be seen by Dysphagia trained professional target response within 10 working days (See Dysphagia Protocol Appendix C)

**Low priority** to be seen by Dysphagia trained professional target response within 6 weeks of initial screening (See Dysphagia Protocol Appendix C)

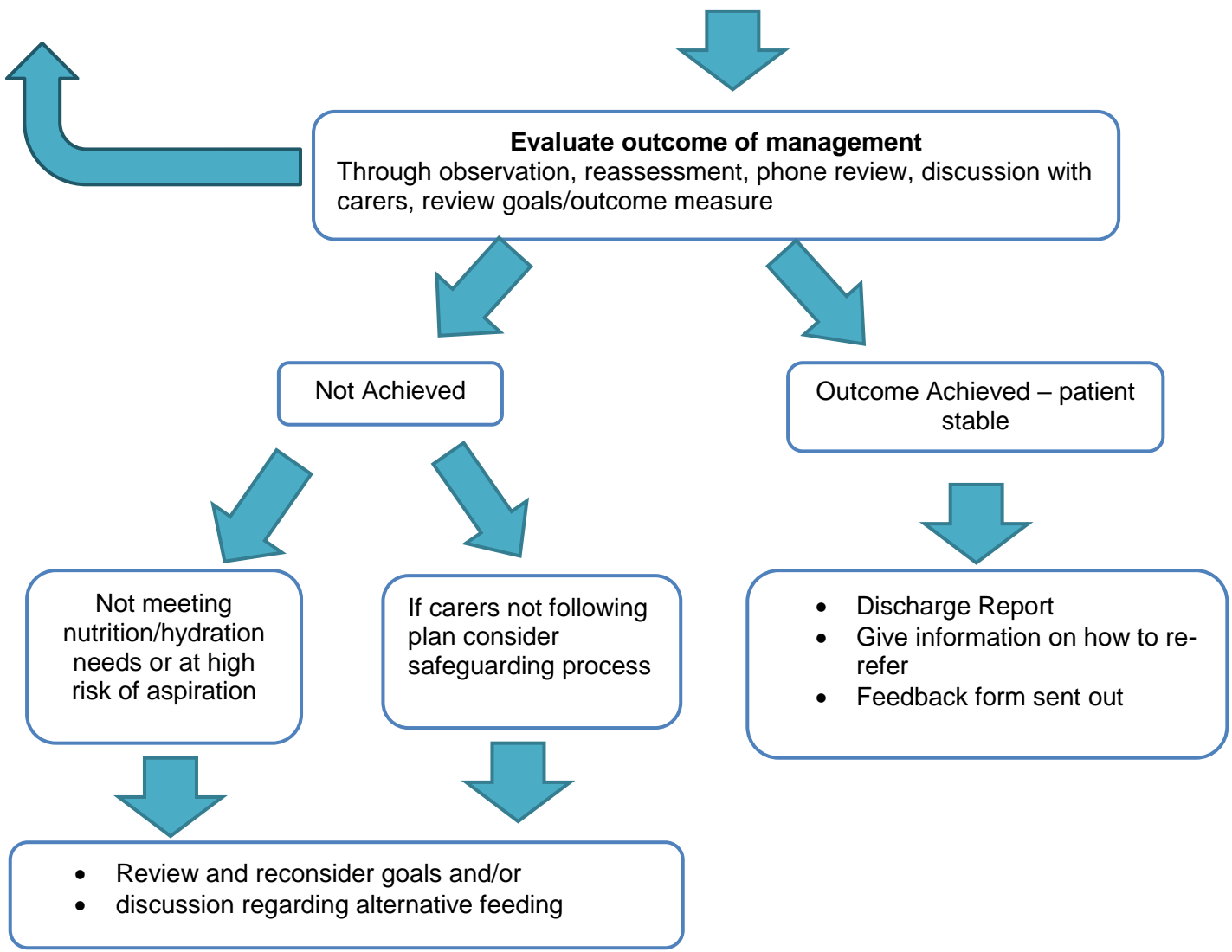
## Eating and Drinking Assessment

- Consider consent for assessment and input
- Case history/review of GP summary
- Discussion with the person/carer/family/relevant others about the nature/frequency of the difficulty
- Clinical bedside assessment and observations including Cervical Auscultation if appropriate
- Trial different consistencies of diet and fluid/strategies to reduce risk
- Current medical status – chest infections/UTI
- Positioning
- Dysphagia Trained Professional will repeat assessment at different meals, in different settings and in different seating as appropriate
- May include onward referral to Videofluoroscopy, ENT/Gastroenterology, Occupational Therapist, Physiotherapist or Dietician

No intervention needed – Report to referrer, GP and service user and discharge

## Plan of care

- Aim – person to eat and drink safely and pleasurably, maintaining nutrition and hydration
- Eating and drinking management plan will be issued
- Complete risk assessments (DRAM/TPP)
- Complete consent form
- Formal report and guidelines
  - Advice on food and drink consistencies
  - Positioning
  - Pacing
  - Equipment
  - Communication
  - Strategies/manoeuvres
  - Environment
  - Training of carers and report to referrer and GP, e.g. request for thickener



## 1. Introduction

The Sheffield Health and Social Care NHS Foundation Trust is committed to providing a high standard of care to all service users. As part of that care, procedures are in place for the identification, assessment and management of service users at risk of dysphagia and difficulties with swallowing.

Several specialist teams within SHSC provide for client populations who have an increased incidence of eating and drinking difficulties.

### **Mental health**

The Royal College of Speech and Language Therapists (RCSLT) highlight the increasing demand for dysphagia resource in mental health settings. There is a higher incidence of dysphagia in acute and community mental health settings compared to the general population. This may be an intrinsic part of the mental health disorder or as a side effect of medication. Studies into dysphagia and mental health report this figure to be as high as one third of patients in acute mental health settings and long-term care settings (Regan et al 2006).

Unmanaged, dysphagia leads to malnutrition, dehydration, an inability to take essential oral medication, aspiration and related respiratory illness, and ultimately death. According to the RCLST there is evidence for an elevated rate of death due to choking in acute mental health settings (RCSLT, 2009).

This risk increases further in dementia care, where difficulties eating, drinking and swallowing are a prevalent challenge. It is estimated that 45% of people in care homes with dementia have dysphagia. This figure rises to 70% for late stages. The risk of aspiration related death is more than doubled in older adults with dementia (Easterling & Robbins, 2008).

The RCSLT advocates for raising awareness of dysphagia in mental health services with training for staff identified as a key responsibility for providing safe and effective care.

### **People with Learning Disabilities**

In 2004, the report by the National Patient Safety Agency (NaPSA) identified dysphagia as one of the most significant health risks to people with learning disabilities. If not managed safely this can lead to respiratory tract infections and possible death. Hollins (1998) found that respiratory disease was the leading cause of death in 52% of the adults with Learning Disabilities compared with 17% of the general population.

Professional guidance from the Royal College of Speech & Language Therapists (2014) outlines the importance of competence in the assessment and development of individual treatment plans. It recognises that interventions must take account of the best interests of service users when unable to give consent regarding modified diets and non-oral feeding (Mental Capacity Act, 2005). Cultural issues for service users and their families must also be considered as part of any assessment and intervention.

### **Progressive Neurological Disorders**

RCSLT guidelines in relation to working with people with Progressive Neurological Disorders and dysphagia note that early intervention is vital to ensure the individual and their carers understand the condition and are educated and supported to deal with on-going deteriorating swallowing issues (Department of Health, 2005). RCSLT guidelines advise a flexible, responsive approach to manage potentially rapidly progressing conditions and the need for constant monitoring for use of alternate strategies and discussion with the patient

and family or carers to prepare for potential alternative methods of nutrition in a timely manner. NICE guidelines for particular neurological conditions e.g. Motor Neurone Disease or Parkinson's highlight the value of early referral to SLT and working within a multi-disciplinary context.

### **Acquired Brain Injury**

Acquired Brain Injury can result in speech, language, communication and swallowing difficulties. Praxis, motor control and coordination impairments may affect voice, fluency, speech and swallowing liquids and solids (Beukelman & Yorkston 1991, Murdoch & Theodoros 2001, McDonald et al, 1999). Quality of life can be impaired due to embarrassment or lack of enjoyment of food, with profound social consequences for the individual and their family. RCSLT guidance outlines the role of the speech and language therapist in assessing and managing swallowing difficulties towards helping the individual succeed in their environment and to enable them to participate in their community.

The elements of the policy include:

- Provision of timely and effective assessment
- Management of risks of dysphagia
- Development of strategies to support appropriate nutrition and hydration in cases of dysphagia
- Advising and supporting family carers and trained staff to meet the day-to-day needs of a person with dysphagia

## **2. Scope**

This policy has been developed in relation to adults (16+ years who have left school) who are registered with GP in Sheffield in the following areas;

- learning disabilities and associated health conditions who fulfil the eligibility criteria for Community Learning Disability Team.
- Inpatients on SHSC Mental Health Wards (including dementia wards but excluding community mental health as we are not commissioned for this service)
- People with Progressive Neurological conditions who fulfil the eligibility criteria for the Neurological Enablement Service
- People with Acquired Brain Injury who fulfil the eligibility criteria for the Neurological Enablement Service

For some service users, there may be a progressive deterioration that will require management over the longer term, in association with the service user's General Practitioner and other clinicians.

This applies where the individual's underlying condition is not the main cause of the dysphagia. For example, where dysphagia results from an acquired condition outside of the remit of SHSC's Dysphagia Trained Professionals (e.g. stroke), the Dysphagia Trained Professional may have discussions and work collaboratively with mainstream health services to provide the best care possible.

## **3. Definitions**

**Dysphagia** - a swallowing impairment, symptoms may include; difficulty, discomfort or pain in swallowing. There may be difficulty in the oral preparation for swallowing, such as chewing and tongue movement or in protecting the airway during the swallow itself.

Disruption of swallowing can have serious effects, with complications such as malnutrition, pulmonary aspiration (fluid or food going into the lungs instead of the stomach), and the emotional and psychological problems associated with not being able to eat properly.

In some service users there may be no problem with the swallowing reflex, but cognitive impairments, behavioural issues and mental health difficulties may also result in disorganised eating or drinking, eating too much too fast without attention to safety; spitting out food/fluids, prolonged chewing and holding food/fluid in the mouth. There may also be problems with dentition or a weakness in the lips, tongue or muscles of the mouth, which can result in difficulties with eating and drinking.

Dysphagia is also associated with a wide variety of congenital and acquired disorders, which may be present as part of the overall health picture of the service user e.g.:

- Cerebral Palsy
- Stroke
- Drug induced Parkinsonism
- Dementia
- Progressive Neurological conditions
- Learning disabilities; including specific syndromes such as Retts Syndrome, Prader-willi Syndrome, Down's Syndrome
- Mental health difficulties
- Brain Injury

**Mental Health-** as defined by the Mental Health Act (2007) “mental disorder” means any disorder or disability of the mind.

**Learning Disability (LD)** – the government white paper “Valuing People” defines learning disability as a significantly reduced ability to understand new or complex information and to learn new skills (impaired intelligence – IQ less than 70) coupled with a reduced ability to cope independently (impaired social functioning) that started before adulthood with a lasting effect on development.

**Progressive Neurological Conditions** – a progressive condition affecting any of the central or peripheral nervous system. There is a progressive deterioration of functioning over time which may be gradual over years or more rapid over weeks and months or may follow an unpredictable course with relapses and remissions, dependent on the diagnosis. Conditions include Motor Neurone Disease, Multiple Sclerosis, Parkinson's or Huntington's Disease and some brain tumours (RCSLT definition).

**Acquired Brain Injury (ABI)** is defined as 'any trauma to the head which disrupts the function of the brain' (NICE 2007). It may involve the scalp, the skull, the brain or its protective membranes. The injury can result in speech, language, communication and swallowing difficulties. (RCSLT definition)

#### 4. Purpose

The purpose of this policy is to provide clear guidance to clinicians, professionals and managers working within the Sheffield Health and Social Care Trust. It is also relevant to other trust staff who are concerned that an adult may be experiencing dysphagia.

It aims to ensure safe and effective management for service users with suspected or actual dysphagia. Reducing risk as far as is possible to prevent respiratory illness and other health complication associated with dysphagia.



## **5. Duties**

### **5.1 Chief Executive**

The Trust Board has ultimate responsibility and 'ownership' for the quality of care, support and treatment provided by the Trust. This includes the implementation of the Policy and ensuring its effectiveness in the delivery of good practice with regard to the management of Dysphagia.

- Demonstrating strong and active leadership from the top; ensuring there is visible, active commitment from the Board and appropriate board-level review of good practice with regard to the management of dysphagia
- Ensuring there is a nominated Executive Director leading on the Board's responsibilities with regard to the management of dysphagia
- Ensuring there are effective 'downward' and 'upward' communication channels embedded within the management structures; to ensure the communication of the need for all staff to be aware of their responsibilities in relation to the management of dysphagia
- Ensuring finances, personnel, training, care records and other resources are made available so that the requirements of this policy can be fulfilled
- Ensuring all health and social care staff take responsibility for meeting the requirements of this Policy;
- Maintaining on-going accountability for good practice regarding the management of dysphagia through management roles and responsibilities.

### **5.2 Service Director**

Senior Managers and Directors have responsibility for developing, implementing, reviewing and updating the Trust's policies and procedures as an integral part of day-to-day operations.

They have a duty to take all practicable measures to ensure that health and social care staff pay due regard to the management of dysphagia. These include the following:

- Providing leadership and direction with regard to the management of dysphagia
- Ensuring staff receive any relevant training and supervision dysphagia
- Ensuring the implementation of this policy is monitored through clinical audit, service user or staff surveys or other appropriate methods
- Ensuring improvements are made to staff performance around the management of dysphagia where necessary
- Ensuring suitable access, arrangements, IT provision and support and documentation are provided to enable staff to record the management of dysphagia in the care record.

### **5.3 Team, Ward and Departmental Managers**

Team, Ward and Departmental Managers have responsibility for:

- Ensuring the dissemination, implementation and monitoring of this Policy through existing staff forums;
- Ensuring all staff they manage, pay due regard to issues around the management of dysphagia;
- Ensuring all staff follow Trust policy and any relevant professional regulatory body guidance on the management of dysphagia (e.g. RCSLT – Royal college of Speech and Language Therapists).

- Ensuring that staff are conversant with the policy and associated procedures and documentation and that they understand the importance of complying with its requirements;
- Ensuring practice around the management of dysphagia is monitored through audits, staff surveys, service user surveys and any other appropriate way of monitoring and taking active steps to remedy any deficiencies found;
- Allocating the necessary resources to achieve the goals of this policy; including attendance at any required training by all staff members.

#### **5.4 Individual Employees**

All health and social care staff working for the Trust have a responsibility to:

- Always be mindful of the importance of the management of dysphagia
- Become familiar with and abide by this policy and all associated procedures, management plan and documentation;
- Abide by the code of ethics and practice and any associated guidelines on the management of dysphagia defined by their professional regulatory body e.g. GMC, NMC, RCSLT;
- Undertake relevant training about the management of dysphagia as required by the Trust;
- Undertake regular clinical supervision and seek advice on any areas of difficulty or complexity with regard to the management of dysphagia;
- Seek advice and report any concerns with regard to colleagues' practice around the management of dysphagia to the appropriate manager or clinical supervisor.

#### **5.5 Dysphagia Accredited Professionals**

Dysphagia accredited professionals within Sheffield Health and Social Care provide:

- Dysphagia assessment, advice and management
- Training around dysphagia awareness
- Access to training for other stakeholders.

### **6. Process: Management of Dysphagia**

#### **6.1 Identification**

- Staff who work with clients eligible for an SHSC service must alert their manager of any service user who is showing symptoms of dysphagia. These symptoms must be recorded in the service user's notes.
- If symptoms are identified (refer point 3 above for definitions) a referral should be made to the appropriate team.
- For medical emergencies e.g. choking, serious chest infection, medical advice or input must be sought immediately. Following this, a dysphagia review must be requested from the appropriate team.
- It is the service provider's responsibility to ensure a risk assessment is completed for any service user identified as being at risk of dysphagia. The risk assessment will be written in line with the service provider's local risk management policies and procedures and should include the dysphagia management plan.
- For non-emergency situations, referral for further specialist assessment must be made via the appropriate team.
- The service provider must always obtain consent from the service user prior to the dysphagia referral being sent to the appropriate team. Where a service user is unable to consent the Best Interests Decision process must be followed.

- The dysphagia trained professional from Sheffield Health and Social Care Trust will complete a risk assessment for each service user recording any risk due to dysphagia and amend Collaborative Care Plans where these are in place.

## 6.2 Assessment

- Referrals must be submitted using the appropriate referral form attaching any additional screening and risk assessment forms that have been carried out locally. This should be completed immediately as a concern is identified or raised.
- All referrals are screened on receipt.
- During screening referrals are triaged to ensure a timely response to urgent referrals; provide initial advice; and to comply with Royal College of Speech and Language Therapists recommended response times. (see Appendix for detailed protocols)
- Prioritised referrals are passed to an accredited Dysphagia Trained Professional
- All referrals are acknowledged according to the appropriate team standards.
- The service user is seen for their initial dysphagia assessment as follows:
  - High priority referrals (e.g. acute onset, sudden deterioration, coughing / choking where no previous care plan in place) target response within 10 working days of screening.
  - Low priority referrals (e.g. requests to upgrade and behavioural issues) target response within 6 weeks of screening.
  - Assessment includes: case history/review of GP summary, observation of the service user, clinical bedside assessment, discussion with the carers, family members and relevant others, Cervical Auscultation if appropriate to support other forms of assessment. Cervical Auscultation should only be used by Dysphagia Trained Professionals who have received appropriate post graduate training.
  - Assessment considers issues such as differing consistencies, trial of strategies, positioning, hydration and alternative feeding, general medical status and history of chest infections, service users, family/carer or staff team's perception and understanding of the problem.
  - Where a service user accesses multiple settings, the assessment period may extend over several weeks to consider issues relating to consistency of approach, service user's relationships etc.
- The Dysphagia Trained Professional will liaise with other professionals within their team to ensure a holistic approach to assessment and management, including Speech & Language Therapy, Physiotherapy, Occupational Therapy, Community Nursing, Psychology, Dietician and medical staff.
- Where appropriate the service user will be referred on for further investigations e.g. ENT/gastroenterology/Videofluoroscopy/FEES. The Dysphagia Trained Professional will liaise with health colleagues and provide the service user and carer/family/staff with appropriate information and support.
- Where an individual is identified as having dysphagia and therefore an on-going risk, a dysphagia management plan will be provided. These will be discussed with the carer (and relevant others) and a record will be made on Insight/TPP with Risk Assessments updating.
- It is the responsibility of the service manager (day services, inpatient wards etc.) to ensure that local care plans are up-to-date and new information is shared with all staff working with the individual. All other relevant services must also be informed and provided with a copy of the dysphagia management plan by the service manager; including on discharge from SHSC inpatient wards.
- Dysphagia Trained Professionals are part of Sheffield Health and Social Care Trust. Any contact with service users is recorded electronically on Insight/TPP, in accordance with the dysphagia notes protocol.

### 6.3 Management of Dysphagia Need

- Service managers who support clients who are eligible for an SHSC service are responsible for ensuring appropriate risk assessments are completed for developing and overseeing the implementation of appropriate care plans.
- Staff must ensure on-going records are maintained in the service user's support plan in accordance with their organisations' protocol.
- Developing the service users' overall support plan and risk management plan is the responsibility of the service manager but must include the dysphagia management plan completed by the Dysphagia Trained Professional who assessed the individual and/or gave further advice. The support plan must reflect the views and cultural needs of the individual and his/her family in relation to eating and drinking where possible.
- Following assessment and any further investigations, the Dysphagia Trained Professional will ensure the written management plan is provided to the service manager/carer.
- The management plan may include recommendations regarding:
  - Appropriate equipment (i.e. utensils, crockery, suction etc.)
  - Environmental considerations (i.e. positioning in the room, background noise, others present etc.)
  - Observation or supervision needs
  - Strategies to reduce risk
  - Maintaining hydration and nutrition
  - Seating and positioning both during and after the meal
  - Modification of food and/or drink
  - Type of assistance required and any special feeding techniques
  - Administration of medication
  - Oral hygiene
  - Processes for on-going monitoring
  - Details of how to contact the Dysphagia Trained Professionals and other relevant services if required e.g. if the situation deteriorates
- The Dysphagia Trained Professional provides information and support to enable staff/carers to implement any relevant management plan relating to dysphagia need.
- Modification of food and drink may include the use of thickening products. These will usually be prescribed by the service user's General Practitioner on the advice of the Dysphagia Trained Professional or as provided by SHSC ward staff.
- The service manager is responsible for ensuring that staff have the necessary skills to implement the management plan and that these training needs are met. This may require the involvement of other services and agencies outside of Sheffield Health and Social Care Trust.
- If on-going reviews are required by a Dysphagia Trained Professional the frequency of them will be agreed between the service manager, staff/family/carers and the Dysphagia Trained Professional.
- Once the situation is stable and an effective management plan is in place, the service user will be discharged with clear guidance on how and when to re-refer.
- On discharge, the Dysphagia Trained Professional will send a summary of the management plan to all relevant professionals, GP and carers and a copy will be held in the Insight/TPP record of the service user.
- The dysphagia management plan should be shared when there is any change in service i.e. new day service provider or if they are discharge from an SHSC inpatient ward, by the service users main care provider/ward manager.

## **6.4 Non-oral Feeding**

- When continued oral feeding is assessed as posing a significant risk to the service user's health, the Dysphagia Trained Professional will have a discussion with the service user, family/carers and all other relevant professional staff (i.e. inpatient ward staff, General Practitioner) to consider all of the options available including non-oral feeding. This may include a referral to the Home Enteral Feeding dieticians for an initial non-oral feeding information session to ensure the service user and family are fully informed about options.
- The discussion will take into account risks and quality of life issues. Where a service user is unable to consent the Best Interests Decision process must be followed for any referral made due to assessed lack of capacity.
- If there is agreement, referral to Gastroenterology colleagues will be made by the medical practitioner for an opinion about whether alternative methods of feeding are advisable.
- When non-oral feeding is being introduced, care regarding non-oral feeding becomes the responsibility of the Home Enteral Feeding dieticians Team at the Sheffield Teaching Hospital NHS Foundation Trust and in line with their pathway. The Dysphagia Trained Professional may remain involved if a mixed feeding regime is introduced or considered at a later date.
- If non-oral feeding is not agreed as the best course of action, the Dysphagia Trained Professional will remain involved with the service user to advise on strategies for minimising the on-going risk. If the service user lacks capacity a further best interest meeting must be held and the Dysphagia Trained Professional will remain involved while strategies are agreed, following the Dysphagia Protocol to minimise on-going risk.

## **6.5 Admission to Acute Hospital**

- Following admission to general hospital (Northern General/Royal Hallamshire), regardless of cause, dysphagia management becomes the responsibility of ward staff and Dysphagia Trained Professionals within the general hospital.
- The service provider/main carer must provide the general hospital with the relevant information on admission of the service user, in line with the agreed admission protocols for people with learning disabilities.
- Where dysphagia management is an issue the general hospital Speech and Language Therapy Team, will contact the relevant SHSC Dysphagia Trained Professional to ensure transfer of information and appropriate on-going management.
- The general hospital Speech and Language Therapy Team, will contact the relevant SHSC Dysphagia Trained Professional to refer on discharge if necessary.

## **6.6 Training and Competencies**

- The Dysphagia Trained Professional has completed an accredited post-graduate level course (Royal College of Speech and Language Therapists) and receives regular supervision in relation to dysphagia.
- Assistant dysphagia practitioner has received specific training from the dysphagia team in-line with the Royal college of Speech and Language Therapists Dysphagia Competency Framework.
- Service providers can request dysphagia awareness training for support staff/inpatient ward staff via discussion with their appropriate Dysphagia Trained Professional.
- It is the responsibility of the service provider to ensure staff are up-to-date with their training and knowledge regarding dysphagia and eating and drinking safety.
- The Dysphagia Awareness Training covers the nature of swallowing problems, general good practice and danger signals to be aware of, as well as referral routes.

## 7. Dissemination, Storage and Archiving

### 7.1 Trust

- A copy of the policy will be placed on the trust intranet within seven days of ratification and the previous version removed by Corporate Governance team.
- A communication will be sent to all trust employees informing them of the revised policy.
- Managers are responsible for ensuring the hard copies of the previous versions are removed from any policy/procedure manual or files stored locally.
- A copy of the policy will also be issued to the employment agencies with which the SHSC recruits agency workers.
- The Corporate Governance team will hold archives of previous version(s).

### 7.2 Directorate

- The policy will be shared with staff via professional meetings and supervision sessions to reinforce understanding and compliance with the policy.
- The policy will also be discussed at regular intervals by dysphagia managers and will be reviewed and updated periodically.
- The policy will also be stored on individual teams' shared drives, in the Standard Operating Protocols Folder and a paper copy will be stored in the Standard Operating Protocols Folder.

#### Dissemination Record

Version	Date on website (intranet and internet)	Date of "all SHSC staff" email	Any other promotion/ dissemination (include dates)
V1	March 2021	March 2021	See above.

## 8. Training and Other Resource Implications

- Training implications will be reviewed on a regular basis and immediately should any dysphagia trained staff leave the SHSC staff team.
- Training will be made available where necessary to maintain staffing levels at the national standard required.

## 9. Audit, Monitoring and Review

Monitoring Compliance Template						
Minimum Requirement	Process for Monitoring	Responsible Individual/ group/committee	Timescale/ Frequency of Monitoring	Review of Results process (e.g. who does this?)	Responsible Individual/ group/ committee for action plan development	Responsible Individual/ group/ committee for action plan monitoring and implementation
All Directorate to be assured that policy is being followed in their service	Audit: application of policy and training compliance	Service/Clinical Directors	Bi-annually	S&LT Clinical Leads	Directorates Speech & Language Therapists Dysphagia Meetings	Clinical Governance Group

Policy Documents should be reviewed every three years or earlier where legislation dictates or practices change. The Policy review date is 30 November 2022.

## 10. The Implementation Plan

Action / Task	Responsible Person	Deadline	Progress update
New policy to be uploaded onto the Intranet and Trust website.	Director of Corporate Governance	Within 5 working days of ratification	
A communication will be issued to all staff via the Communication Digest immediately following publication.	Director of Corporate Governance	Within 5 working days of issue	
Managers are responsible for ensuring the hard copies of the previous versions are removed from any policy/procedure manual or files stored locally.	<i>SHSC Managers</i>	Within 5 working days of issue	

## 11. Links to Other Policies, Standards and Legislation (Associated Documents)

- Mental Capacity Act (2005)
- Capacity to Consent to Care and Treatment Policy

## 12. Contact Details

<i>Title</i>	<i>Name</i>	<i>Phone</i>	<i>Email</i>
Speech and Language Therapy Lead CLDT	Phillipa Allen	2261562	phillipa.allen@shsc.nhs.uk
Speech and Language Therapist	Hannah Gill	2261562	hannah.gill@shsc.nhs.uk
Operational Team Manager (NES) Professional Lead, Speech and Language Therapy (LTNC)	Lynn Burscough	2711132	lynn.burscough@shsc.nhs.uk

## 13. References

- Adults with Learning Disabilities Royal College of Speech & Language Therapists Position Paper (2010)
- Communicating Quality 3 (2006); Royal College of Speech & Language Therapists guidance on best practice in service organisation and provision
- Easterling, CS & Robbins, E. 2008. Dementia and Dysphagia. Journal of Geriatric Nursing, 29(4), 275-85
- Ensuring safer practice for adults with learning disabilities who have dysphagia (2009); National Patient Safety Agency
- Mental Capacity Act (2005)
- Regan, J., Sowman, R., & Walsh, I. 2006. Prevalence of Dysphagia in Acute and Community Mental Health Settings. Dysphagia, 21(2), 95-101
- RCSLT Manual for commissioning and planning services for SCLN – mental health (2009)
- Understanding the patient safety issues for people with learning disabilities (2004); National Patient Safety Agency



# Appendix A – Stage One Equality Impact Assessment Form

## Equality Impact Assessment Process for Policies Developed Under the Policy on Policies

**Stage 1** – Complete draft policy

**Stage 2 – Relevance** - Is the policy potentially relevant to equality i.e. will this policy potentially impact on staff, patients or the public? If **NO** – No further action required – please sign and date the following statement. If **YES** – proceed to stage 3

This policy does not impact on staff, patients or the public (insert name and date)

**Stage 3 – Policy Screening** - Public authorities are legally required to have ‘due regard’ to eliminating discrimination , advancing equal opportunity and fostering good relations , in relation to people who share certain ‘protected characteristics’ and those that do not. The following table should be used to consider this and inform changes to the policy (indicate yes/no/ don’t know and note reasons). Please see the SHSC Guidance on equality impact assessment for examples and detailed advice. This is available by logging-on to the Intranet first and then following this link [https://www.xct.nhs.uk/widget.php?wdg=wdg\\_general\\_info&page=464](https://www.xct.nhs.uk/widget.php?wdg=wdg_general_info&page=464)

	Does any aspect of this policy actually or potentially discriminate against this group?	Can equality of opportunity for this group be improved through this policy or changes to this policy?	Can this policy be amended so that it works to enhance relations between people in this group and people not in this group?
AGE	No specific impact identified.	No further action identified.	Due consideration given in developing policy, particularly in relation to the Mental Capacity Act 2015.
DISABILITY	No specific impact identified.	No further action identified.	Due consideration given in developing policy, particularly in relation to the Mental Capacity Act 2015.
GENDER REASSIGNMENT	No specific impact identified.	No further action identified.	Due consideration given in developing policy, particularly in relation to the Mental Capacity Act 2015.
PREGNANCY AND MATERNITY	No specific impact identified.	No further action identified.	Due consideration given in developing policy, particularly in relation to the Mental Capacity Act 2015.
RACE	No specific impact identified.	No further action identified.	Due consideration given in developing policy, particularly in relation to the Mental Capacity Act 2015.
RELIGION OR BELIEF	No specific impact identified.	No further action identified.	Due consideration given in developing policy, particularly in relation to the Mental Capacity Act 2015.
SEX	No specific impact identified.	No further action identified.	Due consideration given in developing policy, particularly in relation to the Mental Capacity Act 2015.
SEXUAL ORIENTATION	No specific impact identified.	No further action identified.	Due consideration given in developing policy, particularly in relation to the Mental Capacity Act 2015.

**Stage 4 – Policy Revision** - Make amendments to the policy or identify any remedial action required (action should be noted in the policy implementation plan section)

Please delete as appropriate: Policy Amended / Action Identified / no changes made.

Impact Assessment Completed by (insert name and date)

Phillipa Allen, S&LT Clinical Lead – 6 March 2020

## **Appendix B – Development, Consultation and Verification**

- **Phillipa Allen, S&LT Clinical Lead Adult Learning Disabilities, wrote the policy.**
- **The policy was taken to the Specialist Dysphagia Group for consultation and contribution to the formulation of the policy.**
- **The draft policy was verified by the Specialist Dysphagia Group following a total review in March 2020 prior to being sent for ratification by the Executive Directors Group.**

## Adult Learning Disabilities Service

### Dysphagia Protocol for Mental Health Referrals

----- **Business support protocol** -----

Referrals can only be accepted for the following SHSC wards/nursing homes.

Woodland View  
Birch Avenue  
Dovedale  
G1 Grenoside Grange  
Burbage  
Stanage  
Maple  
Endcliffe  
Firshill ATS  
Forest Close  
Forest Lodge

- Referrals from other providers/care homes cannot be accepted. There is currently a gap in provision for people whose primary need is their mental health. These referrals should be sent to Amanda Jones (Director of AHP) for logging for consideration of future service provision. NTO letter should be sent to the referrer and CC'd to client and GP.
- Written referrals received by ARCs in CLDT. Telephone requests should be faxed or emailed through with written referral information ASAP. All requests for input including from hospital therapists must be on a referral form.
- We do **NOT** provide an emergency service, if the referrer feels it is an emergency because of choking and or chest infections they should be directed to their GP or emergency services
- Concerns regarding nutritional intake should be referred to SHSC Mental Health Dietetics (Libby Johnson) and joint working as appropriate.
- NB: for recognition referrals may contain words such as swallowing problems/coughing or choking when eating, dysphagia, repeat chest infections, high risk behaviours such as rushing/cramming/overfilling/oral holding.
- ARC to process referral as soon as possible with priority and pass to Band 6 Mental Health SLT (Hannah Gill) for dysphagia prioritisation to be completed.
- Mental health dysphagia referrals for Woodland View should also be forwarded via email to Band 6 Mental Health Dysphagia Trained Nurse (laura.smedley@shsc.nhs.uk.)
- If Hannah isn't available to take the referral, place it in the yellow folder in SLT lead's pigeon hole and email the whole Dysphagia Team, Phillipa Allen, Mel Long, Carol Ann Windle, Lindsay Scott, Mary Whittaker and Zoe Wheeler to cover in the event of leave/sickness.

----- **Clinical allocation protocol** -----

- All Dysphagia Trained Professionals to check e-mails daily for dysphagia mental health referral alert and respond if Band 6 Mental Health SLT is absent and/or no email has been received from Laura Smedley actioning Woodland view referrals.
- Band 6 Mental Health SLT to check yellow file daily and take referral for screening
- Band 6 Mental Health SLT to fill in mental health referral tab on dysphagia spreadsheet on W:\deptLearning Disabilities\CLDT\Shared CLDT\Dysphagia\Dysphagia Referrals. For all Mental health referrals received. In her absence the dysphagia team member screening should complete this.
- **NB. It is the responsibility of the person who picks up the screening to fill in the initial domains on the spreadsheet.**
- Dysphagia Trained Professional to attempt to complete screening with 2 working days of receipt to team and upload to insight. Record time spent as C83.Screening form can be found: W:\deptLearning Disabilities\CLDT\Shared CLDT\Dysphagia\ADMIN\screeningform
- At point of screening follow capacity and consent protocol (confirm consent to referral) complete insight dropdown capacity and consent tab.
- Clearly record any advice given via phone on screening form.
- **Please record any failed attempts to contact for screening on Insight.**
- Fill in prioritisation section on spreadsheet.

<b>High Priority</b>	<b>Low Priority</b>
Acute onset/Sudden deterioration Choking Complete food refusal Coughing during or after eating/drinking Increased chest infections	Ongoing Difficulties/Gradual Deterioration Follow up from hospital discharge Oral tasters (where nutrition met non orally)
We do <b>NOT</b> provide an emergency service, if the referrer feels it is an emergency because of choking and or chest infections they should be directed to their GP or emergency services Concerns regarding nutritional intake should be referred to SHSC Mental Health Dietetics (Libby Johnson) and joint working as appropriate.	

- If **high priority** (to be seen within 10 working days of prioritisation being completed)
- If **low priority** (to be seen within 4 weeks, in line with SHSC Dysphagia Policy)
- Appendix A depicts RCSLT response times for referrals
- Person picking up (including Dysphagia Trained Mental Health Nurse) should respond by e-mail copying in all clinicians so that everyone is aware the referral has been picked up. Update dysphagia mental health case-load tab on spreadsheet
- In the absence of Band 6 Mental Health SLT and or Mental Health Dysphagia Nurse if referral exceeds the priority times the referral should be passed to SLT Lead for allocation.

----- **Assessment/Intervention protocol** -----

- Follow capacity and consent pathway prior to carrying out initial assessment/management plan/onward referrals (see flowchart)
- If initial assessment form is completed, W:\deptLearning Disabilities\CLDT\Shared CLDT\Dysphagia\Dysphagia Initial Assessment, scan to insight and/or record assessment observation/findings in Insight notes.

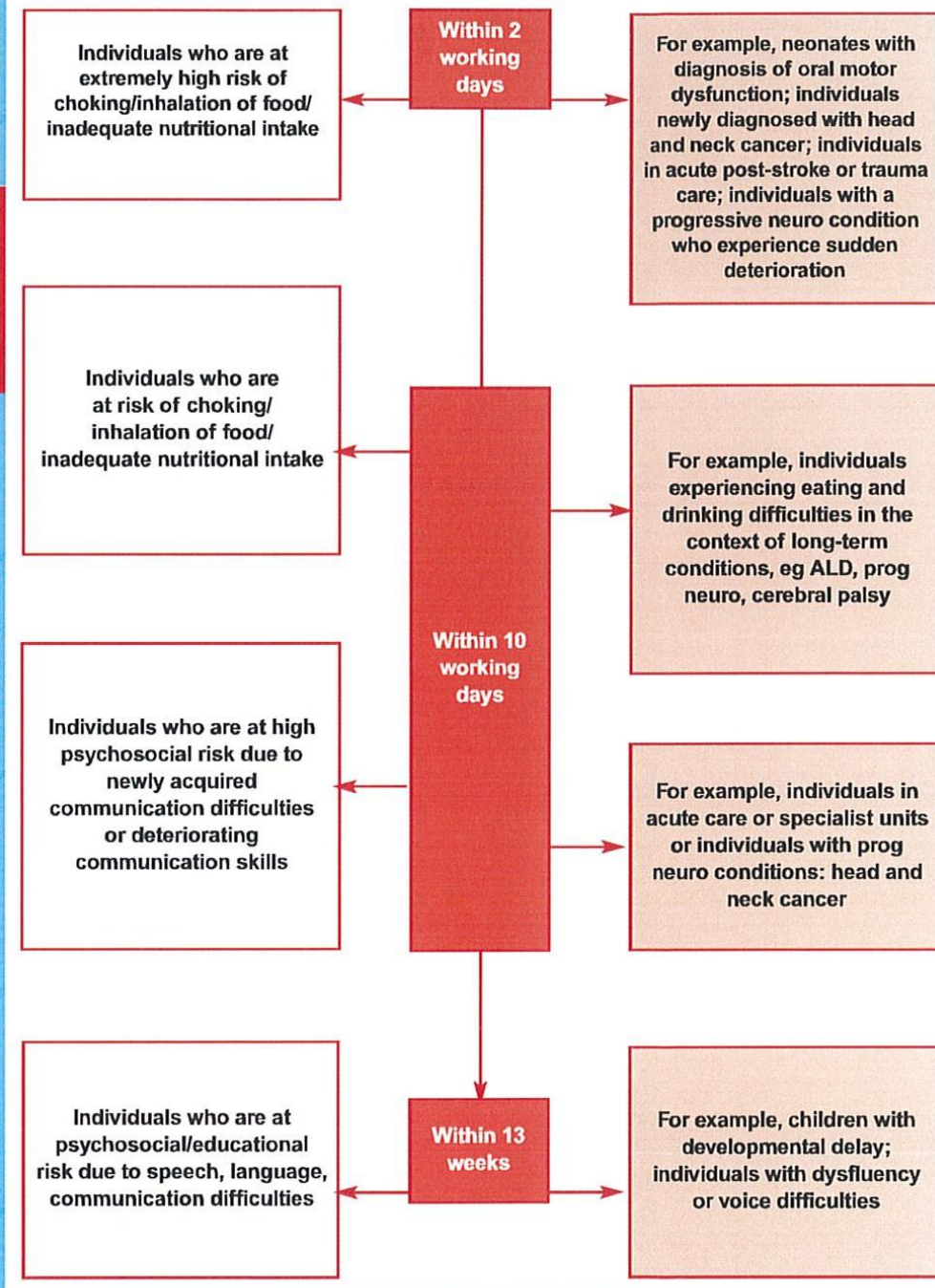
- If someone is unable to engage in formal dysphagia assessment this may be undertaken covertly and in discussions with client's carers. Following capacity and best interest decision.
- Inform ward staff of outcome of dysphagia assessment and plan for management verbally where possible before leaving ward and follow up with email
- All insight notes must be written in line with the dysphagia notes protocol.
- Record time spent face to face as C83 and discussion/advice with carer as P01 on Insight activities.
- If identified postural needs or poor positioning which affect safety of swallow, referral should be made to Mental Health Physiotherapy for assessment/joint working.
- Adaptive cutlery/equipment needs should be met by ward staff and Occupational Therapy working collaboratively with Dysphagia Team.
- Complete IDDSI Management sheets, including specific positioning information as needed. Inform ward by email that management plan is on Insight to be followed immediately. Any concerns or questions should be addressed by ward staff via email.
- Ward Managers are responsible for ensuring information on dysphagia input is shared with the staff team and implemented.
- Complete DRAM and Collaborative Care-plan (Nutrition/Eating and drinking) as appropriate.
- Upload monitoring sheets if necessary with clear instructions and time scale.
- Record contact/admin time as C83/P01/N01.
- Book review visit / Offer telephone review.
- Any changes to management plan to follow protocol as above.
- Any activity or correspondence relating to dysphagia input must be recorded on insight and uploaded documents should be clearly referenced. Activity examples; videofluoroscopy appointments/best interest meetings/staff training.

----- **Discharge protocol** -----

- Ensure current management plan is clearly labelled in Insight documents.
- On completion of input discharge letter should be sent to client/staff team/GP/referrer/professionals involved, as appropriate. Ensure this is uploaded to insight.
- W:\deptLearning Disabilities\CLDT\Shared CLDT\Dysphagia\ADMIN\Dischargeletter
- Update DRAM
- Dysphagia Trained Professional should complete goal sheet, upload to insight and upload a copy into the outcomes folder in the dysphagia file on the w drive.
- Complete discharge column of spreadsheet, W:\deptLearning Disabilities\CLDT\Shared CLDT\Dysphagia\Dysphagia Referrals. OR inform Band 6 Mental Health SLT to complete if you cannot gain access.
- If patient is discharged from the SHSC ward into the community whilst active dysphagia input is occurring there is currently no commissioned service for mental health community dysphagia.
  - Liaison with GP should occur with regard to managing health consequences of dysphagia.
  - Liaison with CMHT to complete joint follow up community visit if consent gained.
- If the patient is transferred to a private provider whilst still active Dysphagia Trained Professional should share management plan and any pertinent dysphagia information before discharging. One followed up visit to ensure understanding of management plan may be arranged if necessary. No face to face assessment can occur as the team is not commissioned for this work.

- If re-assessment is required whilst still in SHSC ward after discharge from the Dysphagia Team a referral form must be completed and the pathway followed.

**Figure 4: Recommended response times from receipt of referral**



## Adult Learning Disabilities Service

### Dysphagia Protocol

#### ----- Business support protocol -----

- Written referrals received by ARCs. Telephone requests should be faxed or emailed through with written referral information ASAP. All requests for input including from hospital therapists must be on a referral form.
- NB: for recognition referrals may contain words such as swallowing problems/coughing or choking when eating, dysphagia, repeat chest infections.
- ARC to process referral as soon as possible with priority and pass to a dysphagia trained professional or assistant dysphagia practitioners for screening and prioritisation process to be completed.

Dysphagia Trained Professionals: **Phillipa Allen, Mel Long, Carol Ann Windle, Lindsay Scott, Mary Whittaker.**

Assistant Dysphagia Practitioner: **Zoe Wheeler**

- If there isn't someone available to take the referral, place it in the orange folder in SLT lead's pigeon hole and e-mail all Dysphagia Trained Professionals and Assistant Dysphagia Practitioners to inform them, tagging e-mail as high priority.

#### ----- Clinical allocation protocol -----

- All Dysphagia Trained Professionals and Assistant Dysphagia Practitioners to check e-mails daily for dysphagia referral alert.
- Dysphagia Trained Professional to check orange file and take referral for screening, send e mail to other Dysphagia Trained Professionals and Assistant Dysphagia Practitioners to inform you have taken on the screening and have the paperwork.
- Fill in referral tab on dysphagia spreadsheet on W:\deptLearning Disabilities\CLDT\Shared CLDT\Dysphagia\Dysphagia Referrals
- **NB. It is the responsibility of the professional who picks up the screening to fill in the initial domains on the spreadsheet.**
- Dysphagia Trained Professional or Assistant Dysphagia Practitioners to attempt to complete screening with 2 working days of receipt to team and upload to insight. Record time spent as C83. Screening form can be found: W:\deptLearning Disabilities\CLDT\Shared CLDT\Dysphagia\Dys Prioritisation form Sept 2014
- At point of screening follow capacity and consent protocol (confirm consent to referral)
- Clearly record any advice given via phone on screening form.
- **Please record any failed attempts to contact for screening on Insight.**

- **If screening is out of target date discuss with Clinical Lead or Senior Dysphagia Trained professional to review risk**
- Fill in prioritisation section on spreadsheet.

High Priority	Low Priority
Acute onset Sudden deterioration Increased coughing Choking Increased chest infections No previous care plan in place	Behavioural difficulties causing risk when eating and/or drinking Upgrades to consistencies
We do <b>NOT</b> provide an emergency service, if the referrer feels it is an emergency because of choking and or chest infections they should be directed to their GP or emergency services	

- If **high priority** (to be seen within 10 working days of prioritisation being completed) and person screening has caseload capacity they should pick up. If they have no capacity or are not trained to carry out assessments they should e-mail other dysphagia trained professionals to request pick up. Referral paperwork should be past to dysphagia trained professionals picking up.
- If no-one has caseload capacity referral should be past to SLT lead to allocate.
- If **low priority** (to be seen within 4 weeks, in line with SHSC Dysphagia Policy) inform SLT clinical lead by e-mail and place referral information and copy of initial prioritisation form in orange folder, in SLT Lead's pigeon hole, for allocation.
- If swallowing risk is caused by behaviour sent out behavioural strategies information and letter.
- Person picking up should respond to e-mail copying in all relevant professionals so that everyone is aware the referral has been picked up.
- Update dysphagia caseload tab on spreadsheet

*RCSLT guidelines regarding response times to dysphagia referrals; general response time from receipt of referral is 10 working days (not including weekends or bank holidays) See appendix A*

----- **Assessment/Intervention protocol** -----

- Follow capacity and consent protocol prior to carrying out initial assessment/management plan/onward referrals
- If initial assessment form is completed, W:\deptLearning Disabilities\CLDT\Shared CLDT\Dysphagia\Dysphagia Initial Assessment, scan to insight and/or record assessment observation/findings in insight notes.
- If someone is unable to engage in formal dysphagia assessment this may be undertaken covertly and in discussions with client's carers. Following capacity and best interest decision.
- Inform client/carer/staff team of outcome of dysphagia assessment and plan for management verbally before leaving.
- All insight notes must be written in line with the dysphagia notes protocol.
- Record time spent face to face as C83 and discussion/advice with carer as P01 on Insight activities.
- Complete written management plan, send to client and staff team with covering letter/email.
- Client's main support team/family are responsible for ensuring information on dysphagia input is shared with their wider staff team/family and implemented.
- Complete Risk Assessment



- Enclose monitoring sheets if necessary with clear instructions and time scale.
- Upload management plan and monitoring sheets if necessary to Insight and record time spent as **C83/P01/N01**.
- Book review visit / Offer telephone review.
- Any changes to management plan, follow protocol as above.
- Any activity or correspondence relating to dysphagia input must be recorded on insight and uploaded documents should be clearly referenced. Activity examples; videofluoroscopy appointments/best interest meetings/staff training.

----- **Discharge protocol** -----

- Ensure current management plans are clearly labelled in Insight documents.
- On completion of input discharge letter should be sent to client/staff team/GP/referrer/Professionals involved, as appropriate. Ensure this is uploaded to insight.
- It is the responsibility of the client's primary carer to inform any day service provision, college or recreational activity provider of management plan updates.
- Update Risk Assessment
- Dysphagia Trained Professionals should complete goal sheet, upload to insight and upload a copy into the outcomes folder in the dysphagia file on the w drive.
- Complete discharge column of spreadsheet, W:\deptLearning Disabilities\CLDT\Shared CLDT\Dysphagia\Dysphagia Referrals.

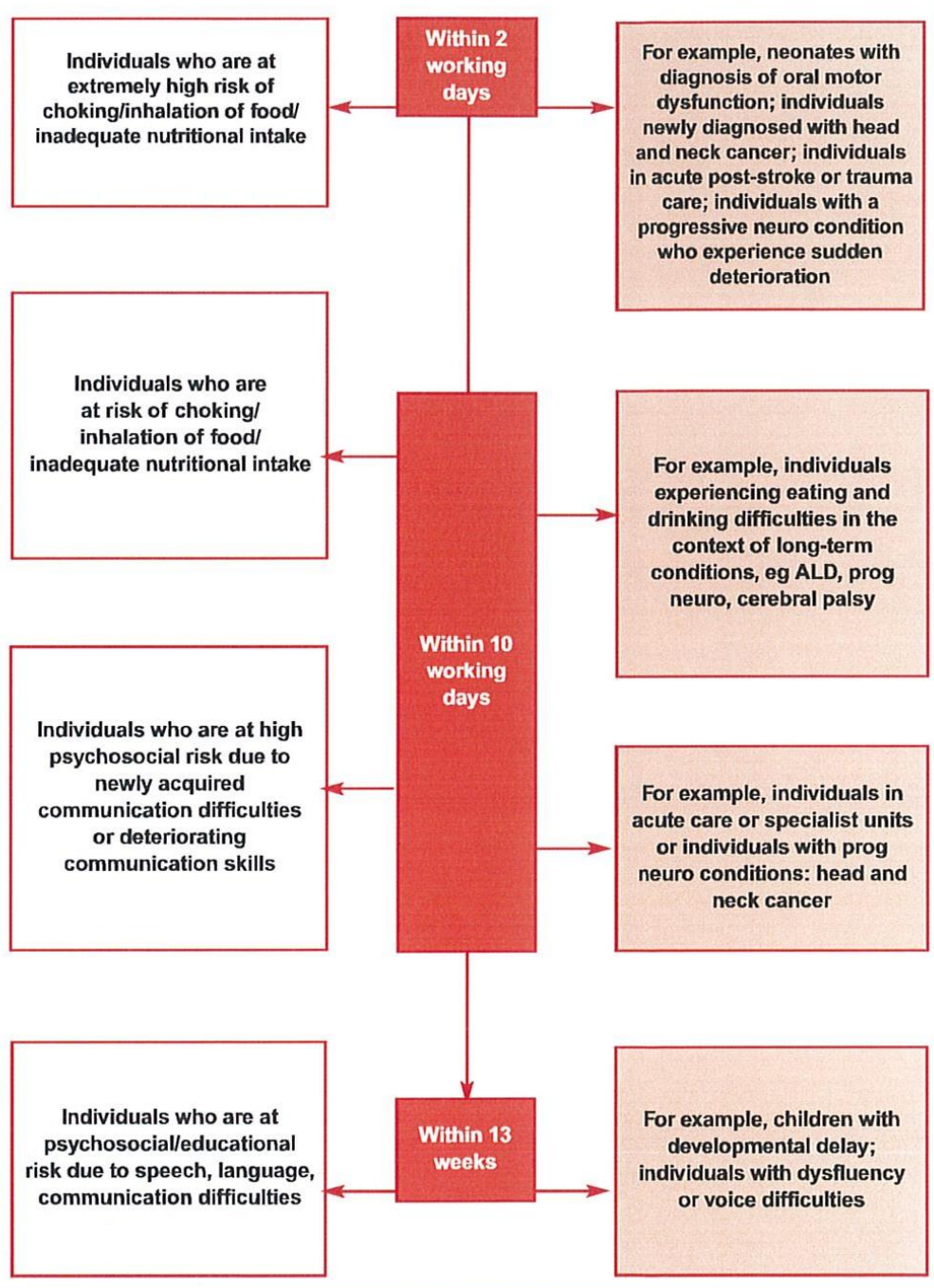
**IMPACT on dysphagia management plan regarding other professional assessment**

It is the responsibility of any professional identifying a change in client need to consider if this would impact of their eating and drinking, examples being a change in seating/positioning need or specialist cutlery use. This will be recorded on insight and feedback to the Dysphagia Trained Professional involved or last involved in the client care. If after discussion this is viewed as a significant change related to dysphagia care the Dysphagia Trained Professional will follow the protocol below. If after discussion it's decided the change doesn't impact on the dysphagia management this discussion should be recorded on insight.

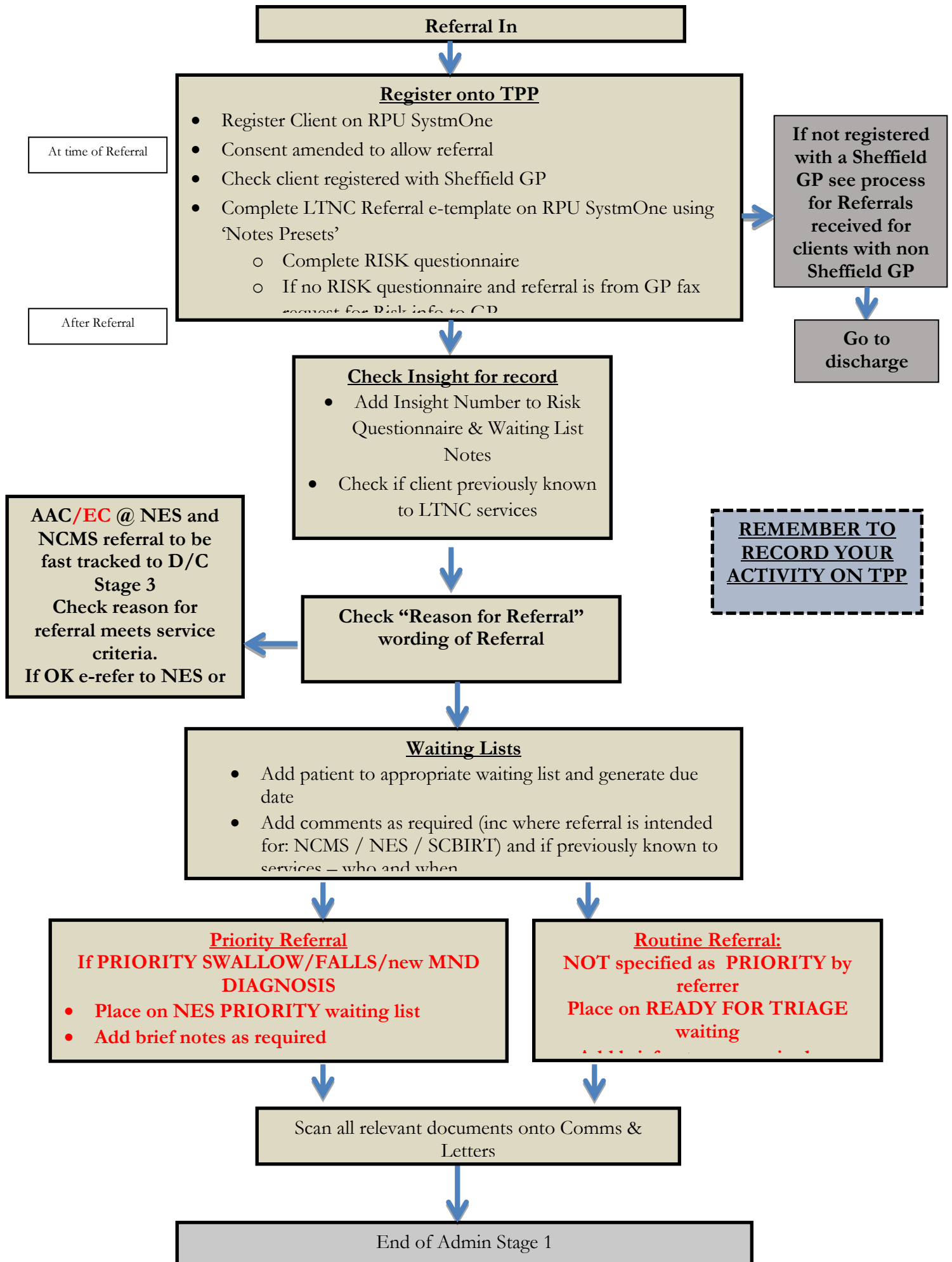
----- **Further Assessment**-----

- Should further assessment be carried out that impact on completed dysphagia management plan or on-going dysphagia assessment this must be recorded on insight. Written management plan must be updated and re-sent to appropriate client/carers. If the client is open on the dysphagia protocol it is the responsibility of the dysphagia trained professional working with the client to complete this. If the client is not currently open to a dysphagia trained professional the professional identifying the change should contact the Dysphagia Trained Professional last working with the client to make the change to management plan and /or consider re-assessment.
- Examples would be a positioning assessment completed by Physiotherapy recommending a specific chair for eating or an Occupational Therapy assessment is completed for specialist cutlery.
- If re-assessment is required a referral form must be completed and the protocol followed.

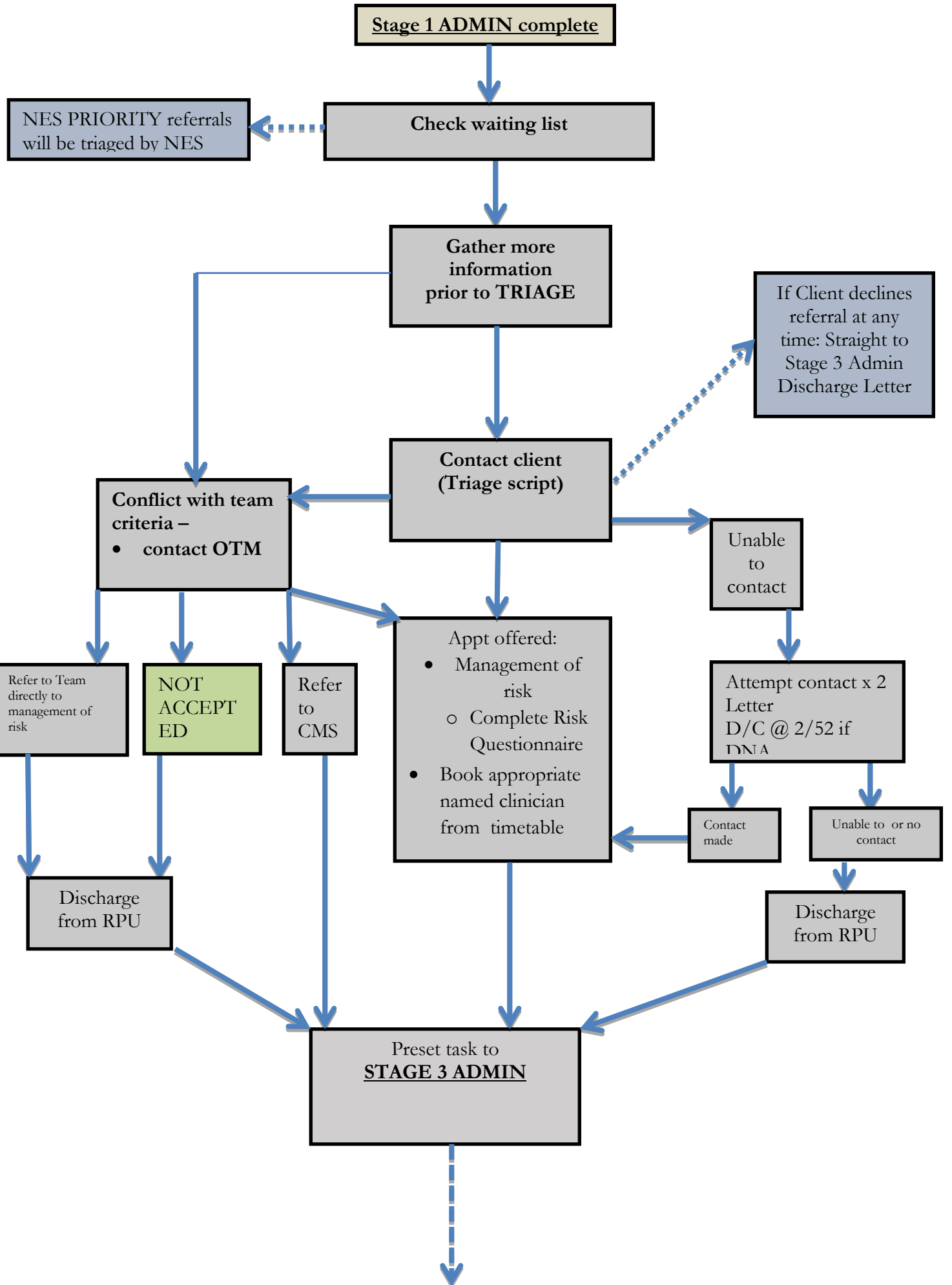
**Figure 4: Recommended response times from receipt of referral**



# Appendix C3- LTNC Stage 1 Admin Register RPU



# Appendix C4- LTNC Stage 2 Coordinator Triage RPU



## Appendix C5- Referral Information for Neurological Enablement Service

### Referral Information for the Neurological Enablement Service (NES):

The main purpose of the NES is to address client's goals around their social participation, independence and quality of life. By definition these clients tend to be younger and more active/independent in society and/or striving to be so. This may involve direct work on their physical impairments. Psychological support within the team is used to support therapists and clients to achieve these goals and often includes adjustment to the neurological condition. Most work is done as a Multi-disciplinary/Inter-disciplinary Team but some referrals are uni-disciplinary for Speech and Language Therapy (SLT) e.g. MND clients managed by Neuro Outreach Therapy Service (NOTS) or Integrated Care Therapy Team (ICTT) for physiotherapy and Occupational Therapy; clients in care homes where Physiotherapy may be provided in-house eg Willowbeck.

NES also includes Augmentative and Alternative Communication (AAC) and Environmental controls (EC) specialists – referrals for these services taken for adults with any diagnosis and any location, co-working with other teams.

NES is at the later stage of the pathway – meaning that the service continues work done by other services at a more acute and intermediate stage e.g. Intermediate Care Therapy Teams / Active recovery; Assessment and Rehab Centre (ARC), Spinal injuries unit; Osborne 4 ward (Northern General Hospital). However, we do not see clients in parallel with these services.

#### Indications of referral to NES would be:

- Change in condition (may be newly diagnosed) that NES may be able to support – most clients have a progressive neurological condition.
- Most commonly neurological diagnosis of: MS, Parkinson's inc. MSA/PSP, MND, Huntington's, Cerebral palsy (without significant learning disability), Ataxia, Neuromuscular disorders, Brain tumour – palliative, spinal cord injury
- The neurological diagnosis is causing present difficulties i.e. where co-morbidity exists other services may be more appropriate.
- Usually requiring MDT input – except SLT/AAC and EC.

#### Not usually for NES:

- **By diagnosis:** Progressive aphasia; brain surgery; CVA; dementia.
- **By location:** clients in nursing/residential homes other than Mickley Hall, Haythorne Place, Willowbeck – homes for younger clients.
- **By setting:** require uni-disciplinary input allied to a more acute setting e.g. SLT dysphagia clinic /Neuro outpatient physiotherapy (NOPS). Require a more group setting with additional nursing cover eg ARC.
- **By need:** equipment and adaptations only > social services, general exercise and/or information & support e.g. MS therapy centre and Parkinson's groups.

June 2020

Dysphagia Screening/Prioritisation Form

<b>Name:</b>	<b>DoB:</b>
<b>Address:</b>	<b>Insight No:</b>
<b>Referred by:</b>	<b>Date received:</b>
<b>Discussed with:</b>	<b>Date:</b>

Prioritisation will depend on a number of factors but frequent or severe coughing associated with chest infections or of recent onset should automatically be regarded as high priority. If there are no management plan in place this would support prioritisation as high.

**A GP summary to be requested for a current medication list and any information regarding chest infections and reflux issues including dates of treatment.**

The following questions should be asked.

**If the client aware of the referral and have they given consent to the referral?**

**Does the client have the capacity to consent to assessment? (To have therapist observe them eating and drinking)**

**Can you describe the clients eating and drinking difficulty?**

**When did the problem start?**

**Does the client have any behavioural difficulties when eating and drinking?**

**Is coughing frequent or severe?**

**Is intervention ever needed?**

**Is a management plan in place? (descriptor/ supervision/observation).**

**Was it being followed?**

**If not- what strategies are currently used?**

**How concerned are staff?**

**How concerned is the client**

**Is there concern re: nutrition/hydration (e.g. weight loss)?**

**Current medication (any recent changes?)** Salivia Patches/Reflux/Diabetes/Epilepsy Meds

**What are client’s physical abilities?**

**Where does the client eat? (List all e.g. wheelchair, dining chair, bed, pea pod)**

**Can they maintain an upright position when eating?**

**Chest infections (current/history of)**

**Rattle / change in vocal quality during or after meals?**

**Priority:**

**Reasons:**

**Client Timetable:**

**Any advice given:**

**Name:**

**Date:**

**Appendix D2  
LTNC Swallowing (Dysphagia) Checklist**

Client name:

Date:

Date of Birth:

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**Interview conducted with:**

(Name, role, date)
--------------------

- At Referral                       At Triage                       At Initial Assessment

1. Is this an onward referral by a Speech and Language Therapist/Therapy team who have made recommendations re:swallowing?

- Yes               No – go to 3

Does this client have alternative feeding methods in place e.g. Peg or NG tube?

- Yes               No

If the answer to either/both of these questions is YES, the client is likely to only require a STANDARD response. However, please continue with checklist for information to support referral.

2 Has the client previously been seen by an SLT in NES/hospital/other team?

- No – go to 3
- Yes - Does client/carer feel that swallowing has deteriorated since last seen?
- Yes               No – Ask: “what consistency food/drink are you having at present?”

--

3. Do you cough when taking tablets?

- Yes               No

If YES, do you ONLY cough when taking tablets?

- Yes               No

If YES and no other swallowing concerns, client to be advised by clinician to see their GP about alternative forms of medication go to OUTCOME.



## Review/New Policy Checklist

This checklist to be used as part of the development or review of a policy and presented to the Policy Governance Group (PGG) with the revised policy.

		Tick to confirm
<b>Engagement</b>		
1.	Is the Executive Lead sighted on the development/review of the policy?	√
2.	Is the local Policy Champion member sighted on the development/review of the policy?	√
<b>Development and Consultation</b>		
3.	If the policy is a new policy, has the development of the policy been approved through the Case for Need approval process?	√
4.	Is there evidence of consultation with all relevant services, partners and other relevant bodies?	√
5.	Has the policy been discussed and agreed by the local governance groups?	√
6.	Have any relevant recommendations from Internal Audit or other relevant bodies been taken into account in preparing the policy?	√
<b>Template Compliance</b>		
7.	Has the version control/storage section been updated?	√
8.	Is the policy title clear and unambiguous?	√
9.	Is the policy in Arial font 12?	√
10.	Have page numbers been inserted?	√
11.	Has the policy been quality checked for spelling errors, links, accuracy?	√
<b>Policy Content</b>		
12.	Is the purpose of the policy clear?	√
13.	Does the policy comply with requirements of the CQC or other relevant bodies? (where appropriate)	√
14.	Does the policy reflect changes as a result of lessons identified from incidents, complaints, near misses, etc.?	√
15.	Where appropriate, does the policy contain a list of definitions of terms used?	√
16.	Does the policy include any references to other associated policies and key documents?	√
17.	Has the EIA Form been completed (Appendix 1)?	
<b>Dissemination, Implementation, Review and Audit Compliance</b>		
18.	Does the dissemination plan identify how the policy will be implemented?	√
19.	Does the dissemination plan include the necessary training/support to ensure compliance?	√
20.	Is there a plan to i. review ii. audit compliance with the document?	√
21.	Is the review date identified, and is it appropriate and justifiable?	√