

Policy:

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

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Document type	Policy
Date of initial draft	Dec 2024, interim review May 2025
Date of ratification	July 2025
Ratified by	Quality Assurance Committee
Date of issue	May 2025
Date for review	June 2028
Target audience	Dysphagia Practitioners, all staff working directly with service users

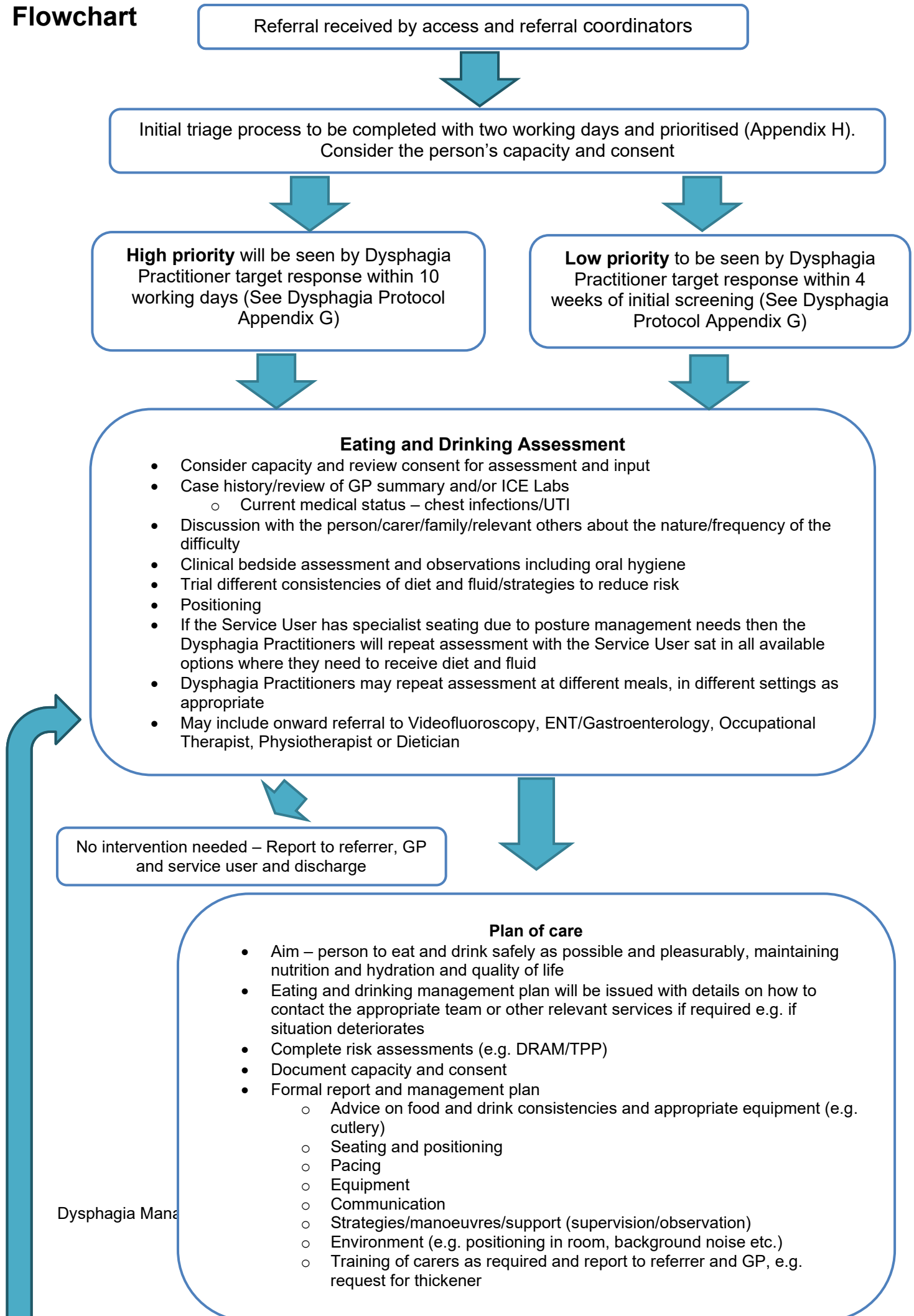
Keywords	Dysphagia, adults, learning, disability, disabilities, mental health, Neuro-disability
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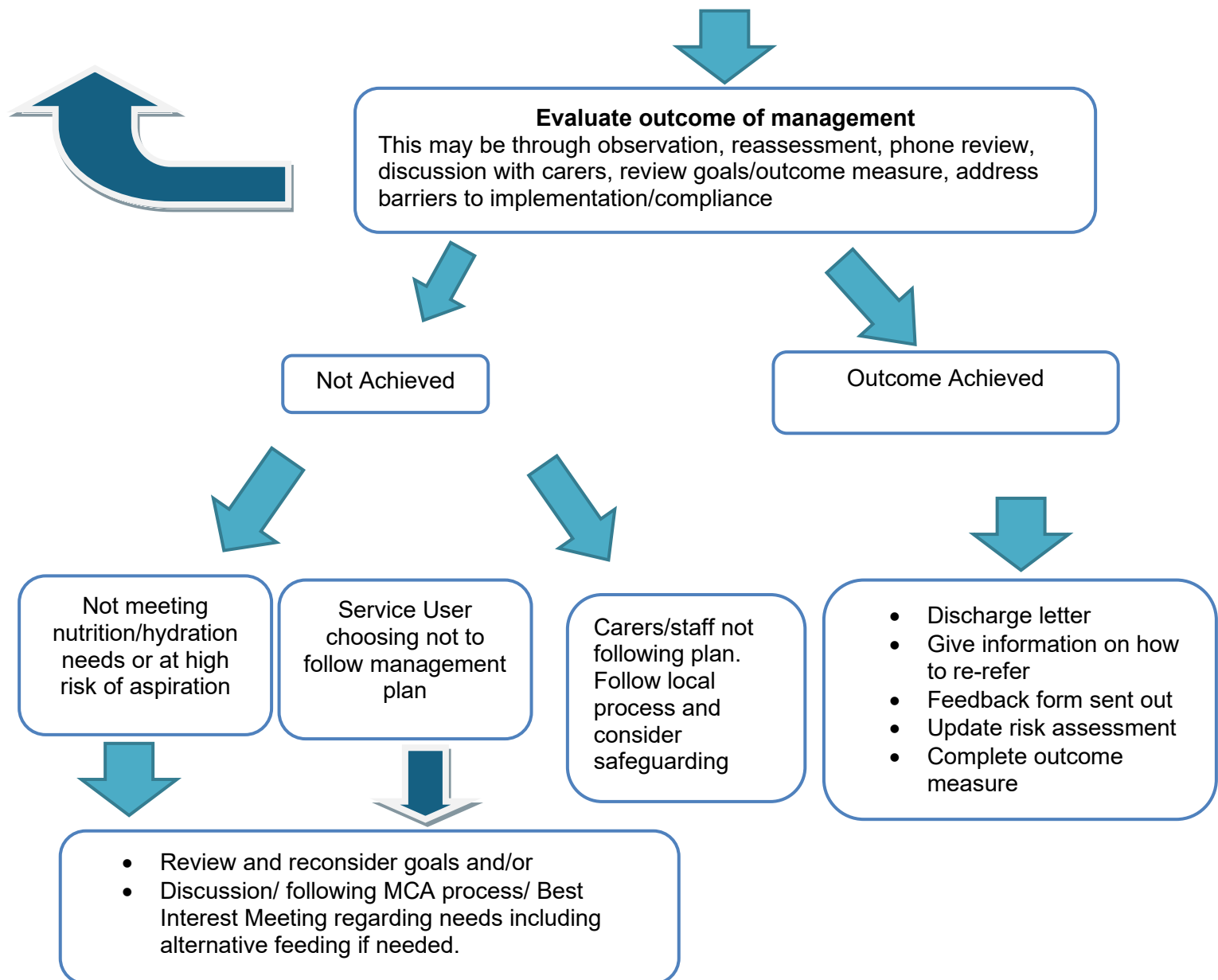
<p>Policy Version and advice on document history, availability and storage</p> <p>This is version 3 of this policy.</p> <p>This policy will be available to all staff via the Sheffield Health & Social Care NHS Foundation Trust Intranet and on the Trust’s website. The previous version will be removed from 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.</p> <p>Any printed or electronic copies of the previous version should be destroyed and if a hard copy is required, it should be replaced with this version.</p>
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Flowchart





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 and choking in adults with mental health difficulties compared to the general population (Aldridge & Taylor, 2012). 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). Kulkarni et al.'s 2017 research concluded swallowing disorders account for 'considerable morbidity and mortality' in people with Schizophrenia.

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

Service Manager

In this policy, a Service Manager is defined as the manager of service providing care for a service user that is eligible for support from one of SHSC's Dysphagia Teams. This can include (but is not limited to): residential settings, supporting living, domiciliary care teams, day services, respite services and inpatient wards.

2. Scope

This policy has been developed in relation to adults accessing the following services;

- Specialist Community Learning Disability Service
- Inpatients on SHSC Mental Health Wards (including older adults wards and care homes but excluding community mental health as SHSC are not commissioned for this service)
- Long Term Neurological Conditions:
 - NeuroEnablement Service
 - Sheffield Brain Injury Rehabilitation Team

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.

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 Practitioners (e.g. stroke), the Dysphagia Practitioner may have discussions and work collaboratively with other 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.

For 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 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
- 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.

Neurological Conditions –

A broad range of conditions that affect the brain, spinal cord, nerves, and/or muscles. They can be caused by a number of factors, including genetic, degenerative, or traumatic damage. Examples include: Cerebral palsy, muscular dystrophy, Parkinson's disease, motor neurone disease, multiple sclerosis. Symptoms may be stable, improving, relapsing/remitting or progressive in nature.

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 regarding the management of dysphagia
- Ensuring there is a nominated Executive Director leading on the Board's responsibilities regarding 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 regarding the management of dysphagia
- Ensuring staff receive relevant training and supervision regarding dysphagia, including mandatory dysphagia awareness training for inpatient staff
- 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 'Dysphagia checklist on admission' screening assessment (Appendix H2) is completed by ward staff for all service users on inpatient wards upon admission
- 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 outcome measures, supervision, audits, service user feedback 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/completion of relevant training by all staff members, including mandatory dysphagia awareness training for SHSC inpatient ward staff available on ESR

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 (including referral process), 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, including mandatory dysphagia awareness training for inpatient staff
- Undertake regular clinical supervision and seek advice on any areas of difficulty or complexity regarding the management of dysphagia
- Seek advice and report any concerns regarding colleagues' practice around the management of dysphagia to the appropriate manager or clinical supervisor

5.5 Dysphagia Practitioners

Dysphagia Practitioners 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

- For service users on inpatient wards, 'Dysphagia checklist on admission' screening assessment (Appendix H2) should be completed upon admission as part of the

inpatient admission paperwork. Service users should be referred to Inpatient Mental Health Dysphagia Team if concerns raised on the screening.

- 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 and /or serious chest infection. Medical advice or input must be sought immediately. Following this, a dysphagia review must be requested from the appropriate team
- If symptoms with fluids are identified, staff working with the service user can commence a trial of thickener prior to an assessment, if permission for this has been granted from the service user's consultant or General Practitioner (GP). This must be documented within the client's records. A referral to the dysphagia team must have been made immediately following this discussion with consultant/GP
- 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 as per Mental Capacity Act (2005)
- The Dysphagia Practitioner from Sheffield Health and Social Care Trust will complete a risk assessment (e.g. DRAM V3 Community/DRAM V3 Inpatient/ SystmOne Questionnaire) for each service user recording any risk due to dysphagia and Care Plans 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
- Attempts are made by a Dysphagia Practitioner to complete a screening assessment (Appendix H) on all referrals within two working days of receipt. All attempts to complete the screening assessment must be recorded on the service users record. If the Dysphagia Practitioner is unable to screen the referral due to no response from service user and/or staff team/carers then the referrer will be contacted. This must be documented on the service user's electronic patient record
- During screening assessment, referrals are triaged to ensure a timely response to urgent referrals; provide initial advice if appropriate and request recording of danger indicators if deemed necessary
- 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 4 weeks of screening
- See flow chart on pages 3-4 for assessment procedure
- The Dysphagia Practitioner 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 Practitioner 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 may also be discussed with the carer (and relevant others) and a record will be made on the electronic patient record with Risk Assessments updating
- It is the responsibility of the service manager (day services, residential setting, care homes, 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 Practitioners are part of Sheffield Health and Social Care Trust. Any contact with service users is recorded electronically on electronic patient records, in accordance with the local notes protocol and regulatory bodies guidance

6.3 Management of Dysphagia Need

- Managers of a service (including wards, residential homes, care providers external to SHSC) who support service users 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 Practitioner 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 Practitioner will ensure the written dysphagia management plan is provided to the service user, the service manager/carers
- If a Service User, their family/care team have any queries or support requirements around administration of medication (including covert administration or liquid medication), the Dysphagia Practitioner will direct them to discuss this with the prescriber of that medication
- If there are concerns around side effects of medication on dysphagia presentation the Dysphagia Practitioner should discuss concerns with prescriber directly and/or contact SHSC Trust Pharmacy for advice
- The Dysphagia Practitioner provides information and support to enable the service user, staff/carers to implement any relevant management plan relating to dysphagia need
- Modification of food and drink may include the use of thickening products. This will be prescribed by the service user's General Practitioner on the advice of the Dysphagia Practitioner
- 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 Practitioner the frequency of them will be agreed between the service user, service manager, staff/family/carers and the Dysphagia Practitioner. Once an effective management plan is in place, the service user will be discharged from the dysphagia pathway with clear guidance on how and when to re-refer

- On discharge from the dysphagia pathway, the Dysphagia Practitioner will send a summary of the management plan to the service user, all relevant professionals, GP and carers and a copy will be held on the electronic patient record for the service user
- The dysphagia management plan should be shared when there is any change in service i.e. new day service provider, new care provider or if they are discharged from an SHSC inpatient ward, by the service user's 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 Practitioner will have a discussion, where appropriate, with the service user, family/carers and all other relevant professional staff (i.e. inpatient ward staff, General Practitioner) to consider all options available including non-oral feeding. This may include a referral to the Enteral Feeding Team (STH) via the GP for an initial non-oral feeding suitability assessment to look at the practicalities and possibility of the procedure and to ensure the service user and family are fully informed about options. See Appendix K.
- Following the Enteral Feeding Team's assessment, there will be a discussion with the service user and any relevant people to the decision which 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
- 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 Practitioner may remain involved if a mixed feeding regime is introduced. They may become involved again if mixed feeding regime is considered at a later date through a referral to the appropriate SHSC Dysphagia Team
- If non-oral feeding is not agreed as the best course of action, the Dysphagia Practitioner will remain involved with the service user to advise on strategies for minimising the on-going risk and promoting/maintaining quality of life whilst the service user is eating and drinking with acknowledged risk (see Appendix I and K)

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 Practitioners within the general hospital
- The service provider/main carer must provide the general hospital with the relevant information on admission of the service user. For people with learning disability, the agreed admission protocol should be followed. (Appendix J)
- Where dysphagia management is an issue the general hospital Speech and Language Therapy Team, will contact the relevant SHSC Dysphagia Practitioner to ensure transfer of information and appropriate on-going management
- The general hospital Speech and Language Therapy Team will complete a full referral to relevant SHSC service on discharge if necessary (Appendix J).

6.6 End of Life Considerations

- For service users who are reported to be nearing the end of their life following medical assessment but who are not actively dying, specialist assessment and advice concerning swallowing and feeding should be sought if they have been identified as being at risk of dysphagia or of developing malnutrition
- People who are at the end of life may well not eat or drink enough to prevent malnutrition without support. The decisions on how to support Service Users with their food and drink should be communicated carefully with Service Users, relatives, carers, healthcare workers

and advocates to keep them informed and to discuss any difficulties in emotional and contentious areas of nutritional support

- For those Service Users who are actively dying then food & fluid should be offered for comfort, in liaison with the relevant medical teams
- Refer to SHSC End of Life Care Policy and Procedure

6.7 Training and Competencies

- The Dysphagia Practitioner has completed required training with competencies completed (Royal College of Speech and Language Therapists) and receives regular supervision in relation to dysphagia
- Service providers can request dysphagia awareness training for support staff/ via discussion with their appropriate Dysphagia Practitioner
- Dysphagia awareness training is mandatory for inpatient ward staff and available on ESR
- It is the responsibility of the service provider/ward manager 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

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

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< Clinical Leads	Directorates Speech & Language Therapists Dysphagia Meetings	Clinical Governance Group

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
- End of Life Policy

12. Contact Details

Title	Name	Phone	Email
Speech and Language Therapy Lead SCLDS	Phillipa Allen	2261562	phillipa.allen@shsc.nhs.uk
Speech and Language Therapist Inpatient Mental Health Dysphagia Team	Hannah O'Connell	2716899	Hannah.oconnell@shsc.nhs.uk
Professional Lead, Speech and Language Therapy (NES)	Alicia Mould	2711132	alicia.mould@shsc.nhs.uk

13. References

- Aldridge, KJ. & Taylor, NF. (2012) Dysphagia is a common and serious problem for adults with mental illness: a systematic review. *Dysphagia*. Mar;27(1):124-37.
- Adults with Learning Disabilities Royal College of Speech & Language Therapists Position Paper (2010)
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- 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
- Kulkarni, DP., Kamath, VD., & Stewart, JT. (2017) Swallowing disorders in Schizophrenia. *Dysphagia*. 32: 467-471
- 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)
- Royal College of Speech and Language Therapists (2021) Eating and Drinking with Acknowledged Risks: Multidisciplinary team guidance for the shared decision-making process (adults)
- Understanding the patient safety issues for people with learning disabilities (2004); National Patient Safety Agency

Appendix A – Version Control and Amendment Log

Version No.	Type of Change	Date	Description of change(s)
1.0	Requirement of full Trust dysphagia policy; September 2019 Policy to be reviewed and updated	March 2020	Review of current policy commissioned by EDG.
2.0	Full review	October 2022	Full review of policy
3.0	Interim Review	May 2025	<ul style="list-style-type: none"> • Minor wording adaptations to flowchart for clarity – (highlighted on draft) • References added to mental health section of introduction added -Aldridge & Taylor, 2012 • Definition of “service manager” added to introduction. • 2 – Scope – wording changed for clarity • 5.3 – inpatient ward screening assessment renamed document “dysphagia checklist” • Inpatient ward Dysphagia checklist added to appendix • 6.1 – document renamed as above • Mental Capacity Act (2005) reference added • System one questionnaire references as risk assessment used in LTNC • 6.2 Assessment – reworded to add clarity to screening process • 6.3 point one reworded to add clarity • Information regarding medication 6.3 point 5 added to SCLDS dysphagia management plan as seen in appendix • 6.4 non-oral feeding process for consideration updated in full further amended following consultation with PHG • Appendix K added– Eating and Drinking with Acknowledged Risks Standard Operating Procedure

Appendix B – Dissemination Record

Version	Date on website (intranet and internet)	Date of “all SHSC staff” email	Any other promotion/ dissemination (include dates)
V3	TBC		

Appendix C vEquality Impact Assessment Process and Record for Written Policies

Stage 1 – Relevance - Is the policy potentially relevant to equality i.e. will this policy potentially impact on staff, patients or the public? This should be considered as part of the Case of Need for new policies.

NO – No further action is required – please sign and date the following statement.
I confirm that this policy does not impact on staff, patients or the public.

I confirm that this policy does not impact on staff, patients or the public.
 Name/Date

YES, Go to Stage 2

Stage 2 Policy Screening and Drafting Policy - 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 and Flow Chart.

Stage 3 – Policy Revision - Make amendments to the policy or identify any remedial action required and record any action planned in the policy implementation plan section

SCREENING RECORD	Does any aspect of this policy 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	This policy refers only to adults as we are not commissioned to work with children . Other services are commissioned to completed assessments with children. There are local protocols regarding referrals received from under 18s. For example in LD we will review case notes and gather information, ensuring eligibility for the service at 17.5 years so we can action input immediately at 18 years . May include completing a transition clinic to inform service user family of support that could be offered.	No	
Disability	No – The policy is written to include reasonable adjustment to access services		

Gender Reassignment	No		
Pregnancy and Maternity	No		
Race	No – consideration made to food preferences for assessment and management plans.		
Religion or Belief	No – adjustments are made to accommodate religious holidays / diet which requires changes due to beliefs		
Sex	No		
Sexual Orientation	No		
Marriage or Civil Partnership	No		

Please delete as appropriate: - Policy Amended / Action Identified

Completed by : Phillipa Allen,

Appendix D - Human Rights Act Assessment Form and Flowchart

You need to be confident that no aspect of this policy breaches a person's Human Rights. You can assume that if a policy is directly based on a law or national policy it will not therefore breach Human Rights.

If the policy or any procedures in the policy, are based on a local decision which impact on individuals, then you will need to make sure their human rights are not breached. To do this, you will need to refer to the more detailed guidance that is available on the SHSC web site

<http://www.justice.gov.uk/downloads/human-rights/act-studyguide.pdf>

(Relevant sections numbers are referenced in grey boxes on diagram) and work through the flow chart on the next page.

1. Is your policy based on and in line with the current law (including case law) or policy?



Yes. No further action needed.



No. Work through the flow diagram over the page and then answer questions 2 and 3 below.

2. On completion of flow diagram – is further action needed?



No, no further action needed.



Yes, go to question 3

3. Complete the table below to provide details of the actions required

Action required	By what date	Responsible Person

Human Rights Assessment Flow Chart

Complete text answers in boxes 1.1 – 1.3 and highlight your path through the flowchart by filling the YES/NO boxes red (do this by clicking on the YES/NO text boxes and then from the Format menu on the toolbar, choose 'Format Text Box' and choose red from the Fill colour option).

Once the flowchart is completed, return to the previous page to complete the Human Rights Act Assessment Form.

1.1 What is the policy/decision title?	1
1.2 What is the objective of the policy/decision?	1
1.3 Who will be affected by the policy/decision?	1

Will the policy/decision engage anyone's Convention rights? 2.1

YES

Will the policy/decision result in the restriction of a right? 2.2

YES

Is the right an absolute right? 3.1

NO

Is the right a limited right? 3.2

YES

Will the right be limited only to the extent set out in the relevant Article of the Convention? 3.3

YES

Policy/decision **is** likely to be human rights compliant

BUT

Get legal advice

Regardless of the answers to these questions, once human rights are being interfered with in a restrictive manner you should obtain legal advice. You should always seek legal advice if your policy is likely to discriminate against anyone in the exercise of a convention right.

Flowchart exit

There is no need to continue with this checklist. However,

- Be alert to any possibility that your policy may discriminate against anyone in the exercise of a Convention right
- Legal advice may still be necessary – if in any doubt, contact your lawyer
- Things may change, and you may need to reassess the situation

4 The right is a qualified right

- 1) Is there a legal basis for the restriction? AND
- 2) Does the restriction have a legitimate aim? AND
- 3) Is the restriction necessary in a democratic society? AND
- 4) Are you sure you are not using a sledgehammer to crack a nut?

YES

NO

Policy/decision is not likely to be human rights compliant please contact the Head of Patient Experience, Inclusion and Diversity.

*Access to legal advice **MUST** be authorised by the relevant Executive Director or Associate Director for policies (this will usually be the Chief Nurse). For further advice on access to legal advice, please contact the Complaints and Litigation Lead.*

Appendix E – Development, Consultation and Verification

- Phillipa Allen, S< 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 & Nutrition and Hydration Group** following a total review on 29th January 2025 prior to being sent for ratification by the Executive Directors Group.

Appendix F – Policies Checklist

Appendix F –Policies Checklist

Please use this as a checklist for policy completion. The style and format of policies should follow the Policy Document Template which can be downloaded on the intranet.

1. Cover sheet

All policies must have a cover sheet which includes:

- The Trust name and logo
- The title of the policy (in large font size as detailed in the template)
- Executive or Associate Director lead for the policy
- The policy author and lead
- The implementation lead (to receive feedback on the implementation)
- Date of initial draft policy
- Date of consultation
- Date of verification
- Date of ratification
- Date of issue
- Ratifying body
- Date for review
- Target audience
- Document type
- Document status
- Keywords
- Policy version and advice on availability and storage

2. Contents page

3. Flowchart

4. Introduction

5. Scope

6. Definitions

7. Purpose

8. Duties

9. Process

10. Dissemination, storage and archiving (control)

11. Training and other resource implications

12. Audit, monitoring and review

This section should describe how the implementation and impact of the policy will be monitored and audited and when it will be reviewed. It should include timescales and frequency of audits. It must include the monitoring template as shown in the policy template (example below).

Monitoring Compliance Template						
Minimum Requirement	Process for Monitoring	Responsible Individual/group/committee	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
A) Describe which aspect this is monitoring?	e.g. Review, audit	e.g. Education & Training Steering Group	e.g. Annual	e.g. Quality Assurance Committee	e.g. Education & Training Steering Group	e.g. Quality Assurance Committee

13. Implementation plan



14. Links to other policies (associated documents)



15. Contact details



16. References



17. Version control and amendment log (Appendix A)



18. Dissemination Record (Appendix B)



19. Equality Impact Assessment Form (Appendix C)



20. Human Rights Act Assessment Checklist (Appendix D)



21. Policy development and consultation process (Appendix E)



22. Policy Checklist (Appendix F)



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 1
G1 Grenoside Grange
Burbage
Stanage
Dovedale 2
Maple
Endcliffe
Forest Close
Forest Lodge

- Referrals from other providers/care homes cannot be accepted. There is currently a gap in community 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. Not taken on letter should be sent to the referrer and CC'd to client and GP.
- Written referrals received by ARCs in Specialist Community Learning Disability Service SCLDS. 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 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 LD dysphagia team. Mental Health SLT will complete dysphagia prioritisation. Another dysphagia

clinician in LD team will complete the prioritisation in the absence of the Mental Health SLT.

- Mental health dysphagia referrals for Woodland View should also be forwarded via email to Dysphagia Trained Nurse (laura.smedley @shsc.nhs.uk.)

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

- Mental Health SLT to check emails daily and take any mental health dysphagia referrals for screening
- All dysphagia trained clinicians/nurses to check e-mails daily for dysphagia mental health referral alert and respond if Mental Health SLT is absent
- 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 their 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 Practitioner to attempt to complete screening with 2 working days of receipt to team and upload to Electronic Patient Record.
- Clearly record any advice given via phone on screening form.
- **Please record any failed attempts to contact for screening on Electronic Patient Record.**
- Fill in prioritisation section on spreadsheet.

High Priority	Low (routine) Priority
Acute onset Sudden deterioration Frequent coughing Choking Increased chest infections	Behavioural difficulties causing risk when eating and/or drinking Upgrades to consistencies – consider if this can be a high priority if a big downgrade has happened in hospital e.g. from regular to puree.
These are guidelines, prioritisation will be based on clinical judgement.	
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	

- If **high priority** (to be seen within 10 working days of prioritisation being completed)
- If **low (routine) priority** (to be seen within 4 weeks, in line with SHSC Dysphagia Policy)
- Appendix A depicts RCSLT response times for referrals
- Update dysphagia mental health caseload tab on referrals spreadsheet when any referral is allocated to clinician. This ensures clear communication amongst team members.

- In the absence of 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 Electronic Patient Record and/or record assessment observation/findings in Electronic Patient Record notes.
- If someone is unable to engage in formal dysphagia assessment this may be undertaken covertly and in discussions with client's carers and MDT. Following capacity assessment and best interest decision.
- Complete the Eating Assessment Tool (EAT-10) prior to assessment and input. This is to be completed with the service user, or staff team if service user unable to engage with this. This is to be repeated on discharge to evaluate efficacy of dysphagia input. Upload this form to Electronic Patient Record and add scores to EAT-10 tab on Dysphagia Spreadsheet.
- Inform ward staff of outcome of dysphagia assessment and plan for management verbally where possible before leaving ward and follow up with email
- All Electronic Patient Record notes must be written in line with the dysphagia notes protocol.
- 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 relevant Eating and Drinking Management Plans, including specific positioning information as needed. Inform ward by email that management plan is on Electronic Patient Record 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.
- Book review visit / offer telephone review, as required.
- Any changes to management plan to follow protocol as above.
- Any activity or correspondence relating to dysphagia input must be recorded on Electronic Patient Record and uploaded documents should be clearly referenced. Activity examples; videofluoroscopy appointments/best interest meetings/staff training.

----- **Videofluoroscopy protocol** -----

- If, following assessment, the Dysphagia Practitioner feels that a videofluoroscopy assessment is needed, the Dysphagia Practitioner must discuss this with the service user and/or carers, considering consent and capacity for this decision.

- If the service user consents to videofluoroscopy or the service user lacks capacity around this decision following MCA assessment but it is deemed to be within their best interest to have the assessment, the Dysphagia Practitioner will refer the service user for a videofluoroscopy assessment
 - the Community VF Referral form needs to be completed in full and sent to STH SLT email - sht-tr.sltgeneral@nhs.net
 - Consent is required from medic (GP/Consultant) to be able to expose the service user to xray
 - The email template to send to the medic is found W:\deptLearning Disabilities\CLDT\Shared CLDT\Dysphagia\Videofluroscopy\VF email to send to GP
 - The email to medic should be sent through an NHS.net email. It is the Dysphagia Practitioner's responsibility to ensure there is a response from the GP and that their signed letter is sent onto the STH SLT Team admin email - sht-tr.sltgeneral@nhs.net
 - The Dysphagia Practitioner should liaise with the ward team to ensure they are aware of the appointment so that the appropriate staffing and transport can be arranged.
- There is easy read information on videofluoroscopy that can be shared with the service user and/or carers once appointment is confirmed W:\deptLearning Disabilities\CLDT\Shared CLDT\Dysphagia\Videofluroscopy
- The Dysphagia Practitioner will attend the videofluoroscopy appointment with the service user and support the feedback of the findings to the service user and/or carers. They will collaboratively discuss the next steps and plan for eating and drinking recommendations
- There will be an agreed period of review following this appointment. The Dysphagia Practitioner will inform staff of this date.

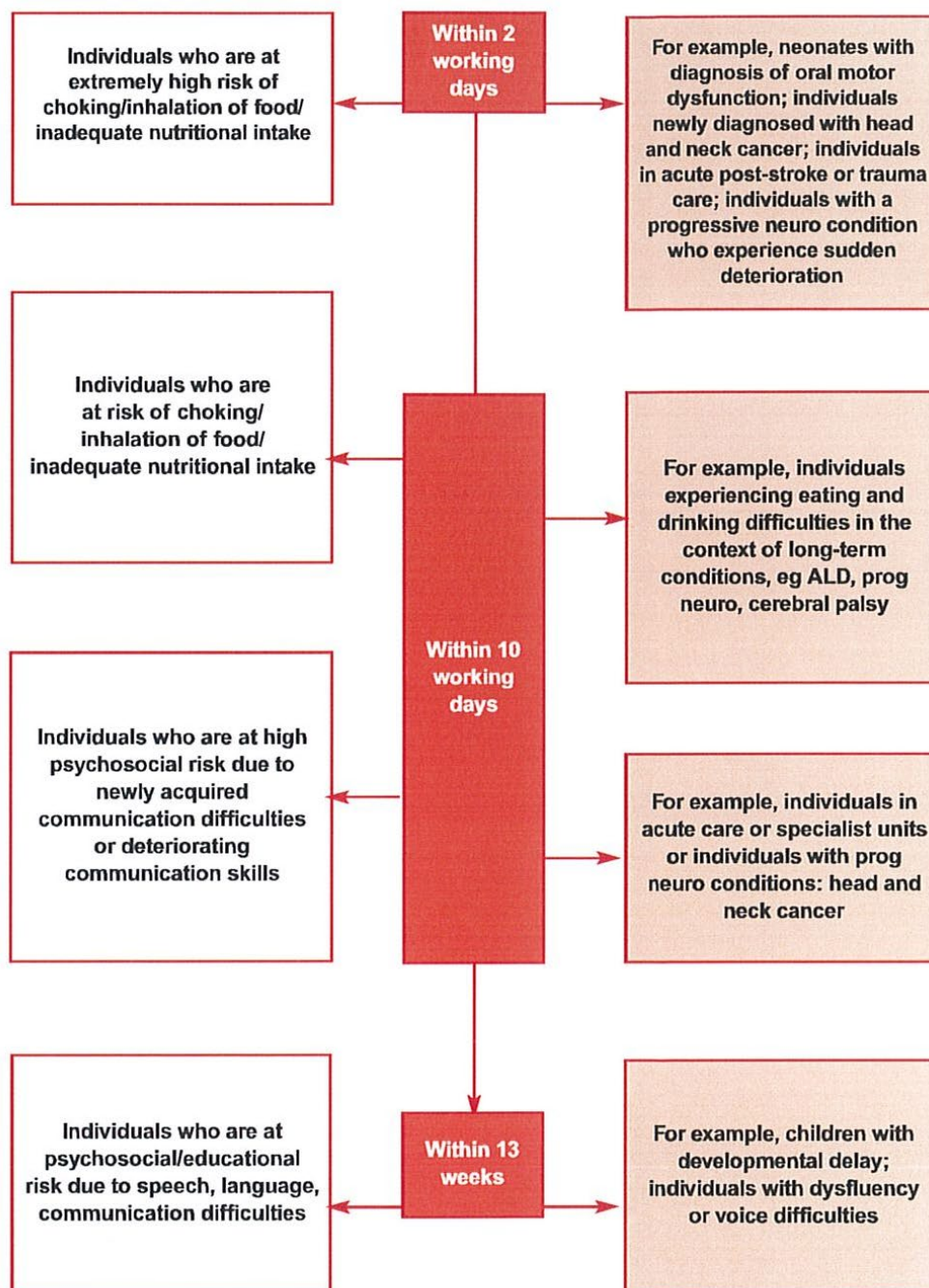
----- **Discharge protocol** -----

- Ensure current management plan is clearly labelled in Electronic Patient Record documents.
- On completion of input a discharge letter should be sent to client/staff team/GP/referrer/professionals involved, as appropriate. Ensure this is uploaded to Electronic Patient Record.
- Dysphagia Practitioners should complete EAT-10 with service user or staff team. Compare pre-intervention scores with post-intervention scores and document on

Electronic Patient Record note. Upload document to Electronic Patient Record and add scores to EAT-10 tab on Dysphagia Spreadsheet.

- Update DRAM
- Complete discharge column of spreadsheet, W:\deptLearning Disabilities\CLDT\Shared CLDT\Dysphagia\Dysphagia Referrals.
- 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.
 - Liaison with community SLT services regarding community referral, in cases where the service user is eligible for a community dysphagia service.
- If the patient is transferred to a private provider whilst still active on Dysphagia Practitioner caseload, practitioner 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



Appendix G2

Specialist Community Learning Disabilities Service (SCLDS) **Dysphagia Protocol**

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

- Referrals received by ARCs. Telephone requests should be 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 email the LD Dysphagia group email for screening and prioritisation process to be completed by Dysphagia Practitioner on dysphagia triage that day.

CLDT Dysphagia Practitioners: **Phillipa Allen, Hannah Gill, Mary Whittaker, Eve Shulyak, Sophie Lilleyman**

----- Dysphagia Triage -----

- SCLDS Dysphagia Team operate dysphagia triage Monday-Friday (excluding Bank Holidays) 9am-5pm.
- On each working day, a Dysphagia Practitioner will respond to all dysphagia queries received via telephone call or email to SCLDS Business Support. The Dysphagia Practitioner will also attempt to screen any LD dysphagia referrals received and processed by SCLDS Business Support
- All Inpatient Mental Health dysphagia referrals will be screened by the Inpatient Mental Health Dysphagia Lead
 - If the Inpatient Mental Health Dysphagia Lead is going to be on annual leave or is off sick then and there is no one else available in the Inpatient Mental Health Dysphagia Team to cover this due to sickness then they must email the LD Dysphagia Team so that all Inpatient Mental Health Dysphagia referrals can be screened by the SCLDS Dysphagia Practitioner on triage that day
- Dysphagia Practitioner will check the LD admission list sent by Sheffield Teaching Hospitals (STH) for any new admissions since the last working day.
 - If there are any new admissions then the Dysphagia Practitioner will check Patient Record System to see if the service user is known to the Specialist Community Learning Disability Service
 - If they are not, no further action taken

- If they are, the Dysphagia Practitioner will review Patient Record System for any previous dysphagia input and send this information on to the STH Learning Disability and Autism (LDA) Liaison Team
- The Dysphagia Practitioner must write a note on Patient Record System to say that they have sent the information across to the STH LDA Liaison Team and why (e.g. due to being admitted to hospital)

----- **Screening referrals** -----

- Dysphagia Practitioner on triage will screen any appropriate referrals that are received and prioritise according to criteria outlined below.
- Fill in referral tab on dysphagia spreadsheet on W:\deptLearning Disabilities\CLDT\Shared CLDT\Dysphagia\
- **NB. It is the responsibility of the Dysphagia Practitioner who completes the screening to fill in the initial domains on the spreadsheet.**
- Dysphagia Practitioner on triage must email LD Dysphagia Team group email to say what referrals have been screened and what priority they have been given at the end of the working day as well as confirming that the STH LD Admissions List has been checked and queries have been responded to
- If allocated Dysphagia Practitioner is not able to complete all screenings during their triage day they must email the LD Dysphagia Group to alert the person on triage the next day.
- Dysphagia Practitioner to attempt to complete screening with 2 working days of receipt to team and upload to Patient Record System. Record time spent as C83. Screening form can be found: W:\deptLearning Disabilities\CLDT\Shared CLDT\Dysphagia\Admin
- At point of screening follow capacity and consent protocol (confirm consent to referral)
- Clearly record any advice given via phone on screening form.
- GP summary with details of any issues relating to eating, drinking, choking, aspiration to be requested via SCLDS Business Support who will then upload this to Patient Record System once received
- **Record any failed attempts to contact for screening on Patient Record System.**
- **If screening is out of target date discuss with Clinical Lead or Senior Dysphagia Practitioner to review risk**
- Fill in prioritisation section on spreadsheet.

High Priority	Low Priority
Acute onset of risk signs when eating/drinking Sudden deterioration Frequent coughing when eating/drinking Choking Increased chest infections	Behavioural difficulties causing risk when eating and/or drinking Upgrades to consistencies – consider if this can be a high priority if a big downgrade has happened in hospital e.g. from regular to puree.
These are guidelines, prioritisation will be based on clinical judgement.	

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

- If a referral is assigned **high priority** then they must be seen within 10 working days of prioritisation being completed
- If a referral is assigned **low priority then they** must be seen within 4 weeks, in line with SHSC Dysphagia Policy
- Where appropriate to do so, summary of discussion in screening can be sent to service user/carer in a letter or email. Emails must be sent through the SCLDS Business Support email address
- If referrals breach the above timescales for assessment and no-one has caseload capacity to see the service user then this should be discussed with the Dysphagia Clinical Lead
- If a referral is allocated outside of the timescales above, then the Dysphagia Practitioner the referral is allocated to must complete an incident form and log it as the following:
 - **Type here to search for a category:** Regulation Breach – other
 - If typing this in does not automatically populate other fields you must select:
 - Incident type: Miscellaneous
 - Cause Group: Statutory/Regulation Breach
 - Cause 1: Regulation Breach – Other
- Dysphagia Practitioner must update the referrals spreadsheet with their initials next to the referral allocated to them and update their 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

----- **Referrals around issues with medication (including liquid medication)---**

-
- The SCLDS Dysphagia Team **do not** offer advice on medication administration
 - If a referral or query is received from a service user/carer around difficulties the service user is having swallowing medication when there are no identified issues swallowing diet and fluid, then the Dysphagia Practitioner on triage will request the referrer contacts the prescriber of the medication (e.g. GP/Pharmacist) to look into medication administration alternatives
 - If a referral or query is received around difficulties thickening liquid medication to the same consistency as fluid recommendations, then the Dysphagia Practitioner on

triage will direct the referrer to contact the prescriber of the medication (e.g. GP/Pharmacist) for advice and support around this

- The above referrals/queries and responses to these should be documented on Patient Record System with clear indication of who the referrer has been signposted to

----- 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 Patient Record System and/or record assessment observation/findings in Patient Record System notes.
- If someone is unable to engage in formal dysphagia assessment this may be undertaken covertly and in discussions with service user's carers. Following capacity and best interest decision.
- Complete the Eating Assessment Tool (EAT-10) prior to assessment and input. This is to be completed with the service user, or carer/staff team if service user unable to engage with this. This is to be repeated on discharge to evaluate efficacy of dysphagia input. Upload this form to Patient Record System and update EAT-10 tab on dysphagia spreadsheet.
- Inform service user/carer/staff team of outcome of dysphagia assessment and plan for management verbally before leaving.
- All Patient Record System notes must be written in line with the dysphagia notes protocol.
- Record time as C83; this includes face to face work and any discussions with family/staff following this
- Complete written management plan, send to service user and staff team with covering letter/email.
- Service user's main support team/family are responsible for ensuring information on dysphagia input is shared with their wider staff team/family and implemented.
- Complete DRAM
- Enclose monitoring sheets if necessary with clear instructions and time scale.
- Upload monitoring sheets if necessary to Patient Record System
- Eating and Drinking Plan Management plan to be uploaded to Patient Record and labelled 'Dysphagia Management- diet/fluid/diet and fluid' and tagged as 'careplan'
- 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 Patient Record System and uploaded documents should be clearly referenced. Activity examples; videofluoroscopy appointments/best interest meetings/staff training.

----- Videofluoroscopy protocol -----

- If, following assessment, the Dysphagia Practitioner feels that a videofluoroscopy assessment is needed, the Dysphagia Practitioner must discuss this with the service user and/or carers, considering capacity around the decision
- If the service user consents to videofluoroscopy or the service user lacks capacity around this decision following MCA assessment but it is deemed to be within their best interest to have the assessment, the Dysphagia Practitioner will refer the service user for a videofluoroscopy assessment
 - the Community VF Referral form needs to be completed in full and sent to STH SLT email - sht-tr.sltgeneral@nhs.net
 - Consent is required from GP to be able to expose the service user to xray
 - The email template to send to the GP is found W:\deptLearning Disabilities\CLDT\Shared CLDT\Dysphagia\Videofluroscopy\VF email to send to GP
 - The email to GP should be sent through an NHS.net email. It is the Dysphagia Practitioner's responsibility to ensure there is a response from the GP and that their signed letter is sent onto the STH SLT Team admin email - sht-tr.sltgeneral@nhs.net
- There is easy read information on videofluoroscopy that can be shared with the service user and/or carers once appointment is confirmed W:\deptLearning Disabilities\CLDT\Shared CLDT\Dysphagia\Videofluroscopy
- The Dysphagia Practitioner will attend the videofluoroscopy appointment with the service user and feedback the findings of this assessment to the service user and/or carers. They will collaboratively discuss the next steps and plan for eating and drinking recommendations
- There will be an agreed period of review following this appointment. The Dysphagia Practitioner will inform staff of this date

----- **Liaison with Enteral Nutrition Team** -----

- If a service user is assessed and it is felt that there needs to be consideration of non-oral feeding then the assessing Dysphagia Practitioner must contact the Service User's GP to discuss and ask the GP to refer to the Enteral Nutrition Team at STH for assessment
- Ahead of this appointment, the Dysphagia Practitioner must send the Enteral Nutrition Team a summary of the most recent dysphagia input with the service user: sth.EnteralNutrition@nhs.net

- Following the assessment by the Enteral Nutrition Team the Dysphagia Practitioner will attend a Best Interest Meeting as arranged by the service user's GP/care provider to discuss next steps
- If a service user with LD is a patient on a Sheffield Teaching Hospital ward (Northern General Hospital, Royal Hallamshire Hospital, Weston Park Hospital) and the ward has initiated contact to consider PEG insertion/non-oral feeding then the Enteral Nutrition Team will contact SCLDS Dysphagia Team
- The Dysphagia Practitioner who has most recently worked with the service user or the Dysphagia Practitioner on dysphagia triage will provide a written summary of dysphagia input with the service user and send it to the Enteral Nutrition Team
- The Dysphagia Practitioner who has most recently worked with the service user, or a representative from the LD Dysphagia Team (as chosen by Dysphagia Clinical Lead) will attend any best interest meetings arranged by the ward to discuss

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

- Ensure current management plans are clearly labelled in Patient Record documents; labelled 'Dysphagia Management- diet/fluid/diet and fluid' and tagged as 'careplan'
- On completion of input discharge letter should be sent to service user/staff team/GP/referrer/Practitioners involved, as appropriate. Ensure this is uploaded to Patient Record System.
- Dysphagia Practitioners should complete EAT-10 with service user or staff team. Compare pre-intervention scores with post-intervention scores and document on Patient Record System note. Upload document to Patient Record System and update EAT-10 tab on dysphagia spreadsheet.
- It is the responsibility of the service user's primary carer to inform any day service provision, college or recreational activity provider of management plan updates.
- Update DRAM
- Complete discharge column of spreadsheet and remove from referrals tab, W:\deptLearning Disabilities\CLDT\Shared CLDT\Dysphagia\Dysphagia Referrals
- Remove service user from caseload tab on spreadsheet

IMPACT on dysphagia management plan regarding other professional assessment

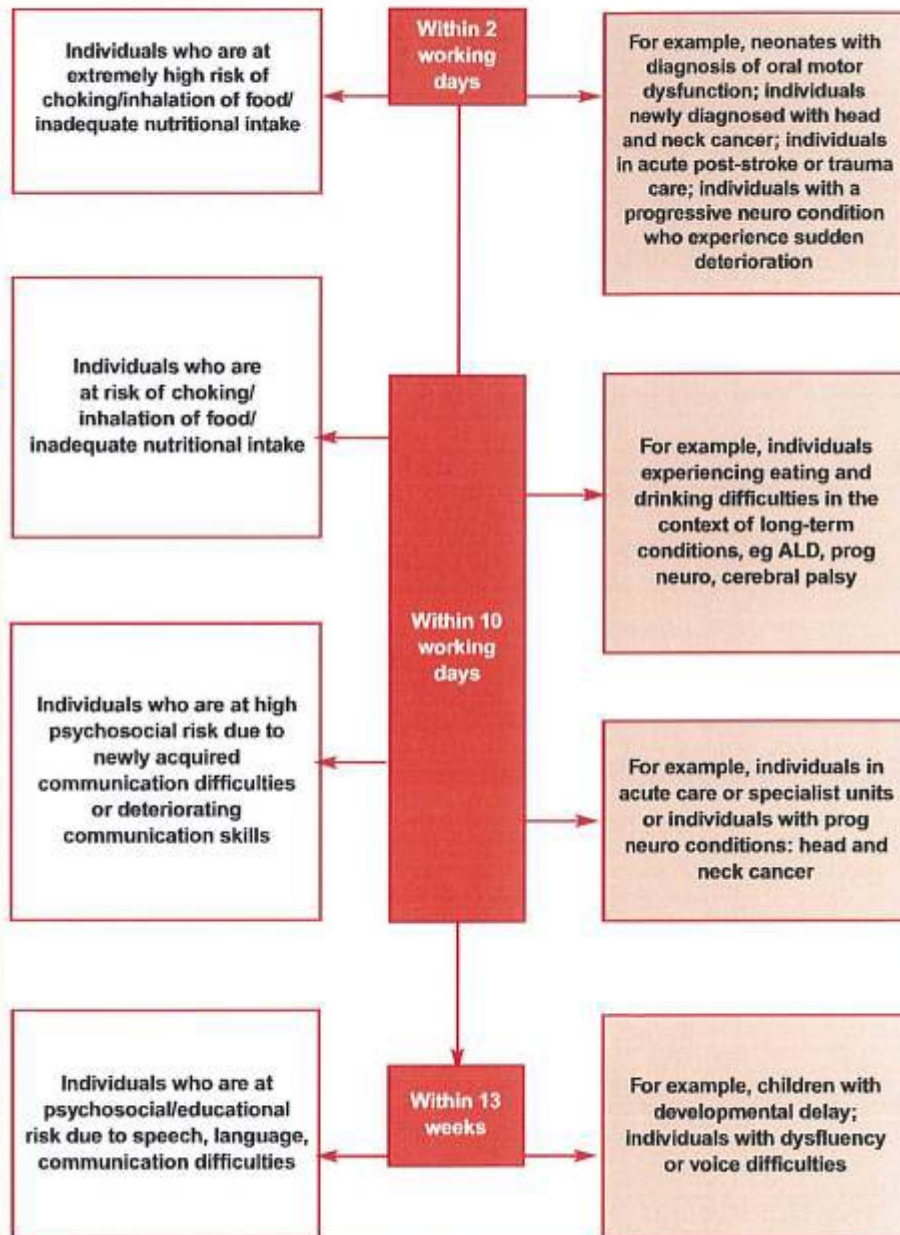
----- **Further Assessment**-----

- Should further assessment be carried out by SCLDS Professionals that impacts on completed dysphagia management plan or on-going dysphagia assessment this must be recorded on Patient Record System. Written management plan must be updated and re-sent. If the service user is still open to a Dysphagia Practitioner for ongoing work then it is the responsibility of the Dysphagia Practitioner working with the service user to complete this. If the service user is not currently open to a Dysphagia Practitioner the professional identifying the change should contact the Dysphagia Practitioner last

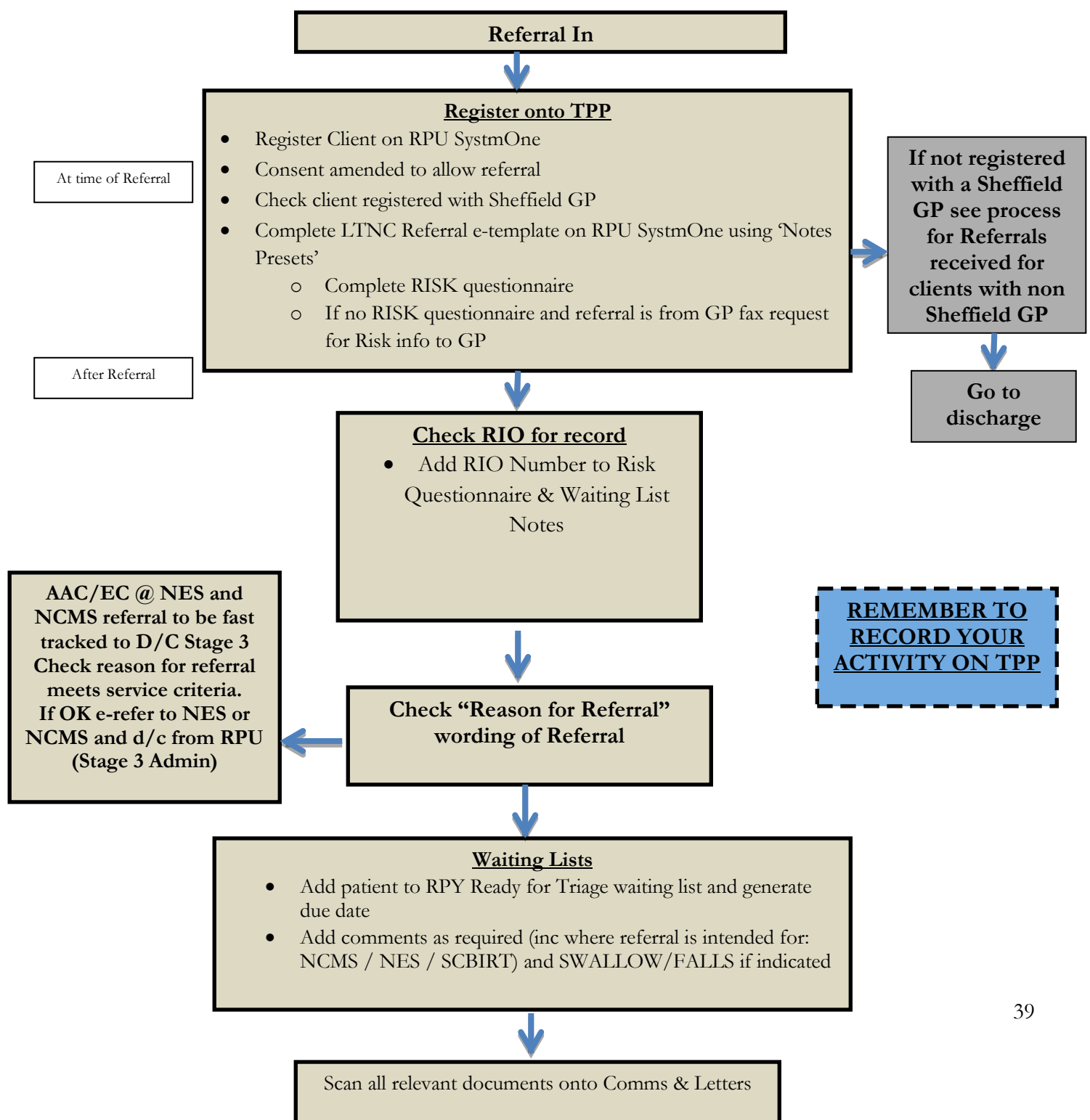
working with the client to make the change to management plan and /or consider re-assessment.

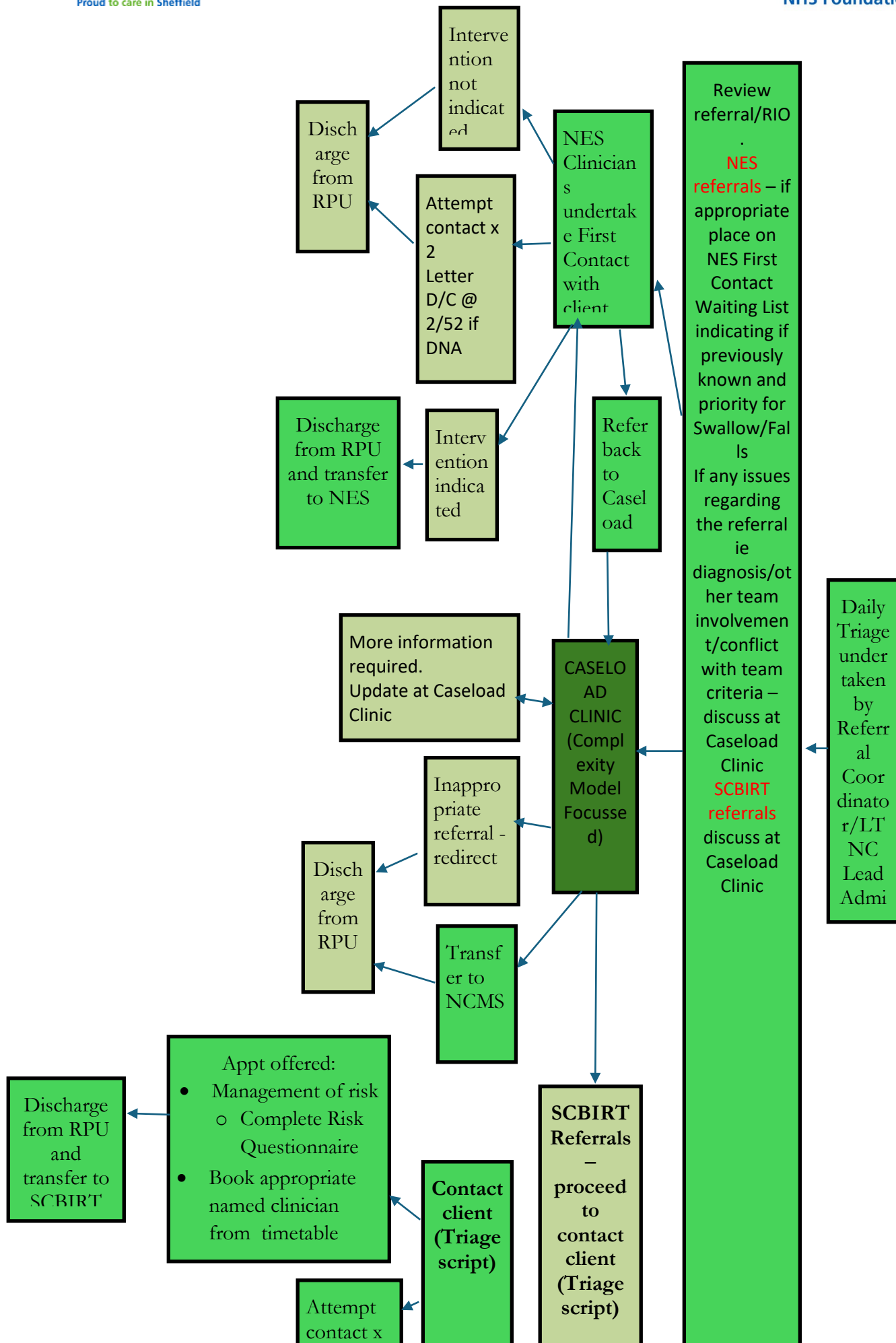
- Examples would be a positioning assessment completed by Physiotherapy recommending a specific chair for eating or an Occupational Therapy assessment is completed for specialist cutlery.
- If re-assessment is required a referral form must be completed and the protocol followed.

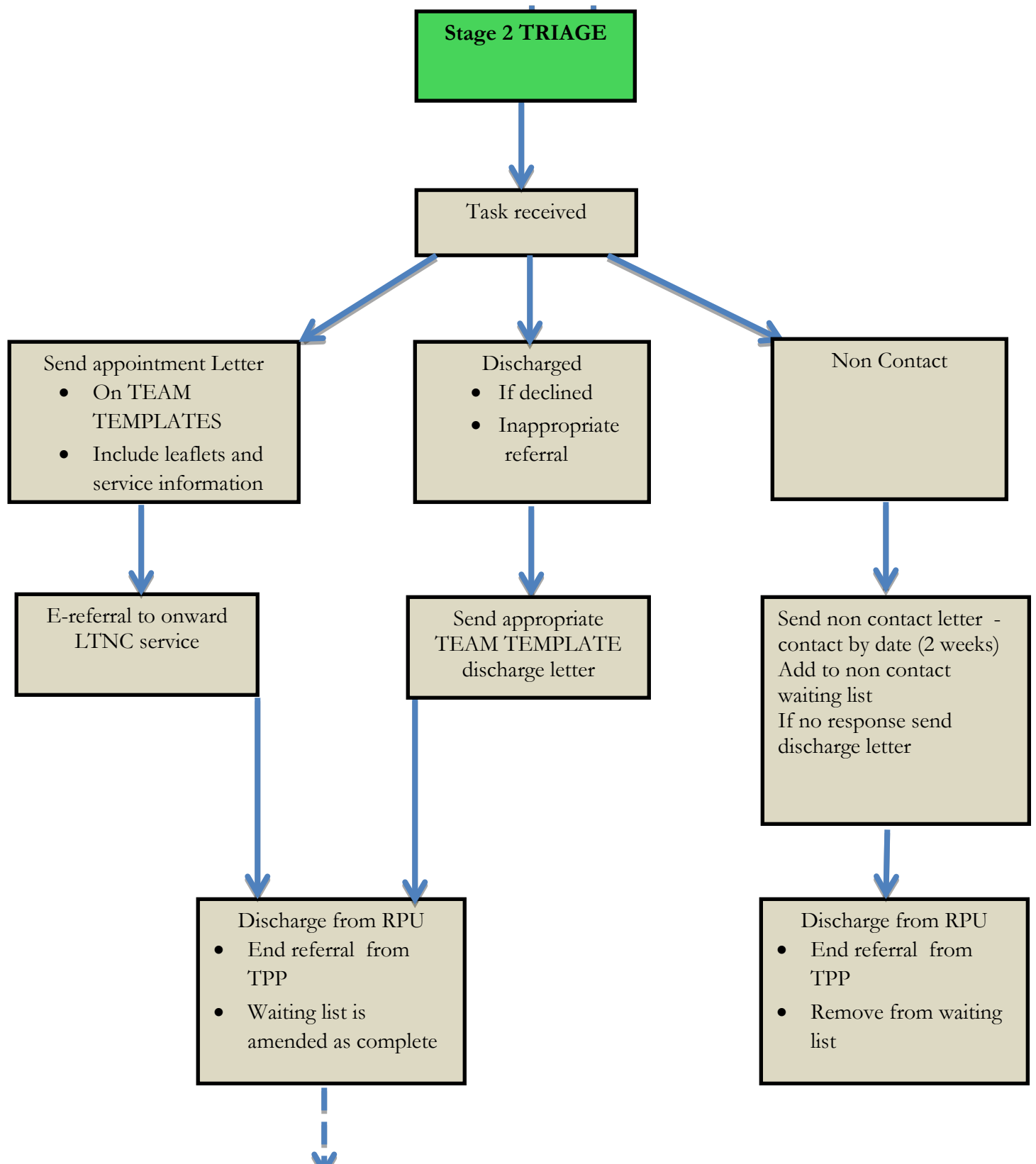
Figure 4: Recommended response times from receipt of referral



Appendix G3- LTNC Stage 1 Admin Register RPU







Neuroenablement Service

The Neurological Enablement Service is a specialist community based therapy team which provides support to people living with a long-term neurological condition.

Our aim is to enable our service users to live as full and independent life as possible. By building confidence, teaching new skills and making adaptations we empower the people we support to better manage their condition.

We support any adult aged 16 or above who is registered with a GP in Sheffield and living with a long-term neurological condition, such as Multiple Sclerosis, Parkinson's and other neuro-muscular conditions.

The team consists of physiotherapists, occupational therapists, speech and language therapists, a clinical psychologist, specialist assistive technologist, therapy assistants and administration staff.

Eligibility

The selection criteria for the service are applicable to:

- All adults irrespective of gender, age (16 years of age or over), ethnicity, sexuality, culture or physical abilities;
- Anyone with a long term neurological condition. The neurological condition may be from birth (eg Cerebral Palsy) or acquired later in life (eg Multiple Sclerosis);
- Complex cases requiring specialist advice, assessment or treatment;
- Provision of appropriate liaison, consultancy and joint working for adults with long term neurological conditions who have complex or competing service needs.

The referral process

Referrals can be initiated by any health or social care professional or by the service user or carer directly. The service user and their GP must be aware of and support the referral allowing access to appropriate medical information.

Sheffield Brain injury rehabilitation service:



The Sheffield Community Brain Injury Rehabilitation Team (SCBIRT) is a specialist community team working with people in Sheffield who have had a traumatic or acquired brain injury.

Our aim is to help our service users to lead a life that is as full and independent as possible, and achieve their aims in life.

That means working with our service users to achieve a quality of life that is satisfying and meaningful to them.

We work with service users to help re-establish themselves back into their community after a brain injury or a minor head injury, and build a support network around them.

Your appointments with us may be at the Long Term Neurological Conditions Building in Upperthorpe. The team also work with people directly in the community, in their homes, place of work or study or in local leisure facilities. Appointments are also being offered via video consultation and telephone calls

Our team includes a range of specialists who all have experience supporting people with brain injuries, including Physiotherapists, Occupational Therapists, Speech and Language Therapists, Specialist Therapy Assistants and a Clinical Psychologist.

Eligibility

The selection criteria for the above Service are applicable to:

- All adults irrespective of gender, age (16 years of age or over), ethnicity, sexuality, culture or physical abilities
- Anyone over the age of 16 who has sustained a traumatic or acquired brain injury, or minor head injury (fulfilling diagnostic criteria) and wishes to improve their participation and quality of life
- Medically stable
- Complex cases requiring specialist advice, assessment and/or treatment

Referral process

To make a referral just give us a call on 0114 271 1237 and one of our Referral Coordinators will help you fill in a [referral form](#). Once you've completed your referral form email it through to sct-ctr.ltnc@nhs.net



Appendix H1 – SCLDS Dysphagia Prioritisation Form

Dysphagia Prioritisation – Specialist Community Learning Disability Service

Name:	DoB:
Address:	Our Ref:
Referred by:	Date received:
Discussed with: Date:	
Name of Dysphagia Practitioner screening referral:	
Priority:	
Reasons:.	
Client Timetable:	
Any advice given:	

Prioritisation will depend on many factors and clinical judgement, but frequent or severe coughing associated with chest infections or of recent onset should automatically be regarded as high priority.

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

Ask the following questions:

1. If the client aware of the referral and have they given consent to the referral?
2. Does the client have the capacity to consent to assessment? (To have therapist observe them eating and drinking).
3. Does the service user have any signs of aspiration or choking during or after eating and/or drinking? (highlight below)

• Yes • No.

• Coughing

• Choking

• Gagging

- Watery eyes
- Wet gurgly voice
- Sweating
- Changes in breathing pattern
- Flushed/redness in face
- Vomiting

If yes, does the service user have signs of aspiration on: • Food • Drink

If yes, how long/when did the problems start?

4. Any reported choking incidents? • Yes • No

What happened? On what food? How many incidents? Did they need emergency response (e.g. back slaps, abdominal thrusts, paramedics)?

5. Does the service user... (highlight below)

- Cram food/ overfill mouth
- Reduced/insufficient chewing
- Hold food in the mouth
- Take longer to eat than in the past
- Experience difficulty swallowing tablets or certain foods
- other behaviours affecting E+D

6. What, if any, chronic or acute associated medical conditions do they have? (highlight below)

- COPD
- Asthma
- Deteriorating neurological condition
- GORD/acid Reflux
- Dementia
- TIA (mini stroke)
- Poor mobility
- Cerebral palsy
- Mental health disorder
- epilepsy

other (specify below)-

7. Oral health status? E.g. poor dentition, bleeding gums, coated tongue.

Do they allow oral care? • Yes • No

8. Is there a management plan in place? (if yes, when was it issued/descriptor/ supervision/observation/is it being adhered to).

If not- what strategies are currently used?

9. How concerned are staff?

10. How concerned is the client?

11. Is there concern re: nutrition/hydration (e.g. weight loss, dehydration risk)?

Ask how have bowels been?

12. Current medication Saliva Patches/Reflux/Diabetes/Epilepsy Meds

13. Any recent changes to medication? If yes what has been changed and did it coincide with changes/concerns re: eating, drinking swallowing?

14. What are client's physical abilities?

15. Where does the client eat? (List all chairs and environments e.g. wheelchair, dinning chair, bed, pea pod, dining room, bedroom, other)

16. Can they maintain an upright position when eating?

17. Respiratory Status:

a. Any chest infections in the last 6 months? • Yes • No

If yes, how many? When? How was it treated?

b. Do they sound chesty when they eat? • Yes • No

c. Does the service user have a strong cough? • Yes • No

d. Are they taking any medications for a chest infection or chest problem (antibiotics/ inhalers)?
• Yes • No

e. Has the client tested positive for COVID-19? (if yes did they require hospital treatment/ventilation)

High Priority	Low Priority
<p>Acute onset</p> <p>Sudden deterioration</p> <p>Frequent coughing</p> <p>Choking</p> <p>Increased chest infections</p>	<p>Behavioural difficulties causing risk when eating and/or drinking</p> <p>Upgrades to consistencies – consider if this can be a high priority if a big downgrade has happened in hospital e.g. from regular to puree.</p>
These are guidelines, prioritisation will be based on clinical judgement.	
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	

Appendix H2 Dysphagia checklist on admission

Dysphagia (swallowing problems) checklist on admission

Please complete form within 24hrs hours of a service user's admission to any SHSC Mental Health bed based service and save to electronic patient record.

Name:	D.o.B:	EPR No:
Does the service user have dysphagia (a swallowing difficulty)?		
No <input type="checkbox"/> Yes <input type="checkbox"/>		
Is there an eating and drinking management plan already in place that has been recommended by a dysphagia qualified clinician (e.g., Speech and Language Therapist, specialist trained nurse)?		
No <input type="checkbox"/> Don't know <input type="checkbox"/> Yes <input type="checkbox"/> (If yes, select recommended IDDSI levels)		
Food L7 Regular <input type="checkbox"/> L7 Regular Easy to Chew <input type="checkbox"/> L6 Soft and Bite-Sized <input type="checkbox"/> L5 Minced and Moist <input type="checkbox"/> L4 Puree <input type="checkbox"/>	Fluid L0 Thin <input type="checkbox"/> L1 Slightly Thick <input type="checkbox"/> L2 Mildly Thick <input type="checkbox"/> L3 Moderately Thick <input type="checkbox"/> L4 Extremely Thick <input type="checkbox"/>	
Does the person show any signs of aspiration or choking during or after eating and/or drinking?		
No <input type="checkbox"/> Yes <input type="checkbox"/> (If yes, please select all relevant options)		
Coughing <input type="checkbox"/> Choking <input type="checkbox"/> Gagging <input type="checkbox"/> Watery eyes <input type="checkbox"/> Wet gurgly voice <input type="checkbox"/> Sweating when eating/drinking <input type="checkbox"/> Changes in breathing pattern <input type="checkbox"/> Flushed/redness in face <input type="checkbox"/> Vomiting after food <input type="checkbox"/>		
Does the person need staff support when eating and drinking?		
No <input type="checkbox"/> Yes <input type="checkbox"/> (If yes, please select all relevant options)		
Full support <input type="checkbox"/> 1:1 or close supervision <input type="checkbox"/> Observation (within view) <input type="checkbox"/>		

Food to be cut up ☐ Verbal prompts ☐ Physical prompts ☐

Are any other factors or behaviours whilst eating and/or drinking affecting swallowing safety?

No ☐ Yes ☐ (If yes, please select all relevant options)

Cramming food ☐ Distracted ☐ Talking/shouting ☐
 Moving around when eating ☐ Poor positioning ☐ Fatigue ☐
 Medication side effects ☐ Taking a long time to eat ☐ Pouching/holding food ☐
 Avoiding certain textures due to difficulty chewing and/or swallowing ☐

Are there any current issues taking medication due to a swallowing difficulty? (e.g., can't manage tablets/ liquid medication requires thickening etc.)

No ☐ Yes ☐ (The dysphagia team cannot advise – please discuss with prescriber)

Does the service user require a dysphagia assessment? (i.e., this form has identified risks that are not currently managed by an eating and drinking management plan)

No ☐ Yes ☐ [Please complete the SHSC Mental Health Bed Based Services Dysphagia Referral form]

Appendix H3 Inpatient Mental Health Dysphagia Screening Form

Dysphagia prioritisation screen– Inpatient Mental Health Dysphagia referrals

Patient details <i>Name, d.o.b., ward, RIO/ rio number</i>	
Referral <i>Referrer & date</i>	
Screening <i>Who, when & how long known client</i>	
Expected discharge date <i>(if known)</i>	
Outcome of referral	Referral accepted <input type="checkbox"/> Referral declined <input type="checkbox"/> High Priority <input type="checkbox"/> Low priority <input type="checkbox"/>
Rationale	
Client timetable	
Any advice given?	

The purpose of this screening form is to ascertain whether a swallowing assessment is clinically indicated and if so, how urgently it should be undertaken. Any fields left blank were not discussed; this may be due to clinician judgement and/or limited time capacity when screening.

Further case history information can be sought during assessment.

Consent to referral	
1. Is the client aware of the referral and have they given consent to the referral?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Does the client have the capacity to consent to assessment? (To have therapist observe them eating and drinking).	Yes <input type="checkbox"/> No <input type="checkbox"/> Assessment deemed to be in best interests <input type="checkbox"/>
Description of current swallowing problems	
Tell me about the client's difficulties eating and drinking... any particular	

foods causing a problem?	
Does the client show signs of aspiration and/or choking when eating and/or drinking?	Yes <input type="checkbox"/> No <input type="checkbox"/> Eating <input type="checkbox"/> Drinking <input type="checkbox"/>
What are they?	Coughing <input type="checkbox"/> Choking <input type="checkbox"/> Gagging <input type="checkbox"/> Vomiting <input type="checkbox"/> Watery eyes <input type="checkbox"/> Wet voice <input type="checkbox"/> Sweating <input type="checkbox"/> Change to complexion <input type="checkbox"/> Change to breathing <input type="checkbox"/>
When did problems start?	
Any choking incidents? How many incidents? What happened (full/partial blockage)? What food? Emergency response required? (back slaps, abdominal thrust, paramedic)	Yes <input type="checkbox"/> No <input type="checkbox"/> Detail:
Mealtime behaviour	
Cram food / overfill mouth <input type="checkbox"/> Reduced/insufficient chewing <input type="checkbox"/> Hold food in mouth <input type="checkbox"/> Take a long time to eat <input type="checkbox"/> Food/drink refusal <input type="checkbox"/> Anxiety <input type="checkbox"/> Any other behaviours affecting mealtimes:	
Current management plan	
Has their swallow been assessed by a dysphagia practitioner before?	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/>
If yes, when? What advice was given? IDDSI levels? Is the plan still working or being followed?	
List any strategies trialed or currently in use (i.e., observation, supervision, full support, hand over hand)	
What medical conditions (chronic or acute) do they currently have?	
Mental health disorder <input type="checkbox"/> Learning Disability <input type="checkbox"/> Dementia <input type="checkbox"/> TIA (mini stroke) <input type="checkbox"/> Deteriorating neurological condition <input type="checkbox"/> Cerebral palsy <input type="checkbox"/> Epilepsy <input type="checkbox"/> COPD <input type="checkbox"/> Asthma <input type="checkbox"/> GORD/reflux <input type="checkbox"/> Poor mobility <input type="checkbox"/>	

Other:	
Oral health	
Do they complete/allow oral care?	Yes <input type="checkbox"/> No <input type="checkbox"/> Independent <input type="checkbox"/> Supported <input type="checkbox"/>
Document any concerns i.e., poor dentition, bleeding gums, coated tongue, loose dentures etc.	
Nutrition and Hydration	
Any concerns? Weight loss? Dehydration risk? Regular bowel/urine passed?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Medication	
Any problems swallowing medication?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Current medication and format?	
Have there been any recent changes to medication? If yes, what was changed and did it coincide with changes or concerns with swallowing	Yes <input type="checkbox"/> No <input type="checkbox"/>
Environment and positioning	
Where does client usually eat?	Shared dining area <input type="checkbox"/> Bedroom <input type="checkbox"/> Other:
Where do they sit?	Dining chair <input type="checkbox"/> Wheelchair <input type="checkbox"/> Bed <input type="checkbox"/> Other:
Can they maintain sitting upright when eating?	Yes <input type="checkbox"/> No <input type="checkbox"/>
What are their physical abilities?	Fully mobile <input type="checkbox"/> Reduced mobility <input type="checkbox"/>
Respiratory status	
How many/any chest infections in the last 6 months?	No <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3+ <input type="checkbox"/> Dates:
What was the treatment? (antibiotics, hospital admission)	Detail:
Are they currently taking	Yes <input type="checkbox"/> No <input type="checkbox"/>

medication for a chest infection?	
Medication need for chest problem (i.e., inhalers)?	Yes <input type="checkbox"/> No <input type="checkbox"/> Detail:
Do they sound chesty when they eat or drink?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do they have a strong cough?	Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure <input type="checkbox"/>
Has client tested positive for covid-19? Did they require hospital treatment or ventilation?	Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure <input type="checkbox"/>
Impact of swallowing problem on wellbeing	
How concerned is the client about their swallowing problem? Impact?	
How concerned are staff? Do staff consider the assessment to be urgent?	

Prioritisation guidance	
Prioritisation will depend on many factors and is ultimately based on clinical judgement. Frequent or severe coughing associated with chest infections or of recent/sudden onset should automatically be regarded as high priority.	
High Priority	Low Priority
Acute onset	Behavioural difficulties causing risk when eating and/or drinking
Sudden deterioration	
Frequent coughing	Upgrades to consistencies – consider if this can be a high priority if a big downgrade has happened in acute hospital e.g., from regular to puree.
Choking	
Increased chest infections	



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

Appendix H4 LTNC Swallowing (Dysphagia) Checklist

LTNC Swallowing (Dysphagia) Checklist

Client name:

DoB:

Date:

Interview conducted with:

(Name, role)

☐ At Referral

☐ At Triage

☐ At Initial Assessment

Do you live alone?

☐ Yes

☐ No

Have you been seen previously by SLT? If yes, what were the eating and drinking recommendations?

What are you eating now? (e.g. what sort of texture is the food, are there foods that you've stopped eating due to difficulty or foods that you're finding easier to swallow...?)

1. Do you have difficulty swallowing your tablets?

a) Yes

b) No

2. How often do you cough significantly on your food or drink?

a) Every meal

b) Daily

- c) Weekly
- d) Sometimes
- e) Not at all

3. How concerned are you about your eating/drinking/swallowing ?

- a) Very concerned
- b) Somewhat concerned
- c) Not concerned

4. Have you had more than one unexplained chest infection in the last 12 months that has required antibiotics?

- a) Yes
- b) No

5. Have you, unintentionally, lost more than 3kg/0.5 stone in weight in the last 6 months?

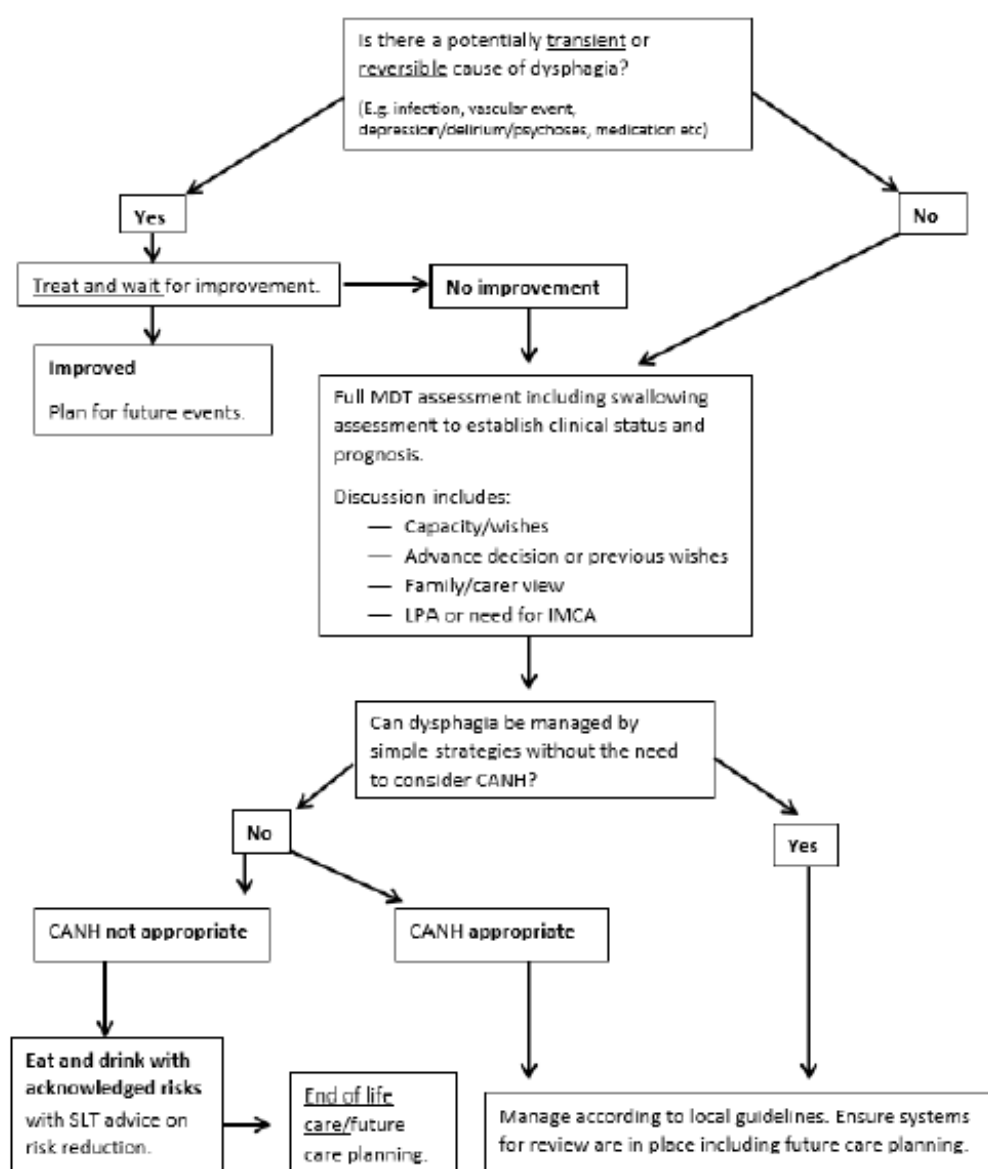
- a) Yes
- b) No

Appendix I Royal College of Speech and Language Therapists (2021)

Eating and drinking with acknowledged risks: Multidisciplinary team guidance for the shared decision-making process (adults)



Figure 1



See [appendix 1](#) for a plain text version of the flowchart.



Specialist Community Learning Disabilities Service (SCLDS)
LD Dysphagia and Inpatient Mental Health Dysphagia Teams
Protocol for communications and referrals between Sheffield Health and Social Care
LD and Inpatient MH and Sheffield Teaching Hospital Dysphagia Teams

Referral criteria for SCLDS Dysphagia Team

- An adult (aged 18+) with a confirmed diagnosis of a learning disability who is eligible for CLDT.
 - We **do not** accept referrals for service users who are autistic and do not have a diagnosis of a learning disability as well
 - We **do not** accept referrals for service users with a learning difficulty who do not also have a diagnosis of a learning disability
- We would consider referrals for adults with a confirmed diagnosis of learning disability who are over 65 if they are new to the service because they are new to Sheffield, we have seen them before or they have been missed by the service as they have previously had family care therefore not accessed our team.
- However, if the service user has a mild learning disability, the cause of the dysphagia is aging-related and their learning disability has no impact on presentation, the expectation would be for them to be treated in mainstream service if that service is available. This is in line with legislation regarding service access for people with LD and expectations of reasonable adjustments being made.
 - In the above circumstance, if the referral is passed onto SCLDS Dysphagia Team the Dysphagia Practitioner on dysphagia triage that day will decline the referral and signpost to STH SALT by emailing sht-tr.sltgeneral@nhs.net

Referral criteria Inpatient Mental Health Dysphagia Team

- An adult who is an inpatient on one of SHSC's inpatient mental health wards. These are:
 - Longley Centre: Endcliffe Ward, Maple Ward
 - Michael Carlisle Centre: Dovedale 1, Dovedale 2, Burbage, Stanage
 - G1 at Grenoside Grange
 - Woodland View
 - Birch Avenue
 - Forest Lodge
 - Forest Close

- We **do not** accept referrals for service users in the community who are open to a community mental health team. There is currently no commissioned service for dysphagia in community mental health. This needs raising with the ICB if you feel referral/input is needed in the community setting following discharge from general hospital (RHH/NGH)

When a service user with a learning disability is admitted to NGH/RHH/WPH

- If a service user with a learning disability has been admitted to NGH, RHH or WPH and is referred to your team for assessment, email LDDysphagiaTeam@shsc.nhs.uk
- Ask if the service user is known to the SCLDS Dysphagia Team/if they have an eating and drinking management plan/check last recommendations/let the Dysphagia Team know of the service user's admission
- Include in the email; the service user's name, D.O.B and reason for admission
- A Dysphagia Practitioner in the team will respond to you on the same day and will inform you of any previous input the SCLDS Dysphagia Team has had with the service user if known to the team
- If a Best Interest Meetings is held around non-oral feeding/other relevant complex issues whilst the service user known to SHSC is in hospital contact the Dysphagia Team so a representative can attend
- If a Best Interest decision is made regarding non-oral feeding/other relevant complex issues without your involvement, please forward the BI documentation/notes to our team ASAP

When a service user who is an inpatient on one of SHSC's mental health wards is admitted to NGH/RHH/WPH

- If a service user who is an inpatient on one of SHSC's inpatient mental health wards (see above) has been admitted to NGH, RHH or WPH and is referred to your team for dysphagia assessment, email LDDysphagiaTeam@shsc.nhs.uk
- Ask if the service user is known to the Inpatient Mental Health Dysphagia Team/if they have an eating and drinking management plan/check last recommendations/let the Dysphagia Team know of the service user's admission
- Include in the email the service user's name, D.O.B and reason for admission
- A Dysphagia Practitioner in the team will respond to you on the same day and will inform you of any previous input the Inpatient Mental Health Dysphagia Team has had with the service user if known to the team
- If any Best Interest Meetings are held around non-oral feeding/other complex issues whilst the service user know to SHSC is in hospital contact the Dysphagia Team so a representative can attend
- If a Best Interest decision is made regarding non-oral feeding/other relevant complex issues without your involvement, please forward the BI documentation/notes to our team ASAP

When discharging above service users follow process below:

- If the service user has an open referral to the SHSC Dysphagia Team on admission to general hospital email the team on LDDysphagiaTeam@shsc.nhs.uk to let them know the following:
 - What your diet and fluid recommendations are
 - Any strategies
 - Any handover to the service user/carers
 - Any other assessment completed when in hospital e.g. VF
- If the service user was not open to the SHSC Dysphagia Team on admission to general hospital you will need to complete a referral form to refer the service user back to the team for review in the community. This must be sent to CLDTBusinessSupport@shsc.nhs.uk
- When sending your referral you must request that SCLDS Business Support acknowledge receipt of this email
- **We do not have System One.** You cannot transfer service users to the LD or Inpatient MH Dysphagia Teams. You must complete a referral form with full details of your assessment, findings and other relevant information
- When you provide recommendations for a service user following assessment, please type/scan the recommendations sheets to forward to us
- Forward additional copies of written recommendations to the service user/their carers on discharge as frequently paperwork is not handed over at discharge from the ward
- If a service user has a mild learning disability, is over 65 years old and has never had specialist input from the SCLDS, the SCLDS may recommend they are referred to the Adult Community Team. This information, rationale for recommendation of referring to mainstream service and any applicable advice on reasonable adjustments should be given to the referrer at STH by the Dysphagia Practitioner on dysphagia triage that day.

Standard Operating Procedure (SOP) for Eating and Drinking with Acknowledged Risks.

SOP Version:	1
Date of Issue:	April 2025
Date for Review:	April 2026
Reference:	SHSC Dysphagia Policy
Related Documents:	EDAR-multidisciplinary-guidance-2021.pdf
SOP Owner:	
SOP Author(s):	Eve Shulyak (Speech and Language Therapist, SCLDS)
SOP Reviewer(s):	Phillipa Allen (head of speech and language therapy and occupational therapy, SCLDS), Alicia Mould (Speech and Language Therapist, LTNC), Hannah O'Connell (Speech and Language Therapist, Mental Health inpatients)
Groups/ People consulted:	All dysphagia practitioners with SHSC
Target Audience:	Dysphagia practitioners
Dissemination:	Via email.

Keywords	<i>Dysphagia, swallowing, quality of life, risk, aspiration, eating, drinking, choking</i>
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Storage & Version Control

This is the first version of this standard operation procedure and will be stored and available through the SHSC intranet/internet.

Version Control and Amendment Log (Example)

Version No.	Type of Change	Date	Description of change(s)
0.1	New draft SOP created		

Contents

Section		Page
	<i>Version Control and Amendment Log</i>	
	<i>Flow Chart</i>	1
1	<i>Introduction</i>	2
2	<i>Scope</i>	2
3	<i>Purpose</i>	2
4	<i>Definitions</i>	2
5	<i>Duties</i>	3
6	<i>Risks</i>	4

Definition:

Dysphagia is the medical term for difficulties eating, drinking and swallowing. Eating and Drinking with Acknowledged Risks (EDAR) relates to “The decision to continue to eat and drink despite the associated risks from having dysphagia including aspiration, malnutrition, dehydration and choking” (Royal College of Speech and Language Therapists (RCSLT) 2021). EDAR is also known as feeding at risk, risk feeding or eating and drinking at risk. SHSC will use the term ‘eating and drinking with acknowledged risks’ as per recommendations from RCSLT. People may be considered to be eating and drinking with acknowledged risks if they are deemed to be at risk of aspiration and at risk of significant associated health consequences, but there is a decision for them to continue to eat and drink orally or to have food/fluid that has an increased risk of choking or aspiration. This decision may be made by the person themselves or as a best interests decision if the person does not have capacity to make the decision themselves.

Purpose and Objective:

This SOP aims to support effective decision making following best practice guidance and a person-centred approach. This SOP will outline roles and responsibilities of different members of the multidisciplinary team and will outline an agreed pathway for decision making. This SOP should be used in conjunction with the following guidelines;

- RCSLT Eating and drinking with acknowledged risks: multidisciplinary team guidance for the shared decision making process (adults), September 2021.
- Royal Colleges of Physicians Supporting people who have eating and drinking difficulties, March 2021.

Scope:

This SOP is aimed at registered health care professionals within all areas of SHSC who are involved in decision making regarding eating drinking and swallowing. This may include dysphagia practitioners, dietitians and medical staff. This SOP should be used in conjunction with the following guidelines:

- RCSLT Eating and drinking with acknowledged risks: multidisciplinary team guidance for the shared decision making process (adults), September 2021.
- Royal Colleges of Physicians Supporting people who have eating and drinking difficulties, March 2021.

This guidance does not override the individual responsibility of health professionals to make appropriate decision according to the circumstances of the service user and in collaboration with them and/or their family/carer. Health care professionals must be Able to justify any decision making that differs from this guidance.

Definitions

<i>The Trust</i>	<i>Sheffield Health and Social Care NHS Foundation Trust</i>
Dysphagia Practitioner	Staff at SHSC who have completed post-basic dysphagia training
EDAR	Eating and drinking with acknowledged risks

Roles and responsibilities

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 Standard Operating Procedure 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 regarding the management of dysphagia
- Ensuring there is a nominated Executive Director leading on the Board’s responsibilities regarding 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 including eating and drinking with acknowledged risks
- Ensuring finances, personnel, training, care records and other resources are made available so that the requirements of this SOP can be fulfilled

- Maintaining on-going accountability for good practice regarding the management of dysphagia through management roles and responsibilities.

Heads of service and team managers

- Be aware of the SOP and implications for staff and service users
- Ensuring staff receive relevant training and supervision regarding eating and drinking with acknowledged risks.
- Ensuring the implementation of this SOP 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
- Signpost relevant staff to the SOP
- Support staff to follow the SOP and ensure there is adequate resources to allow this.
- Review and update this SOP regularly and as required

Dysphagia Practitioners

- Be aware of the SOP and implications for staff and service users
- Utilise the SOP to support decision making around EDAR and be able to justify deviations
- Conduct robust dysphagia assessments which highlight when consideration of EDAR may be appropriate including quality of life considerations and the service user's wishes
- Document all assessments and discussions related to EDAR on the electronic patient record
- Provide the service user and/or their carers with information regarding EDAR where this is being considered, including the risks of aspiration and the potential impact (positive and negative) on quality of life. Information should be provided in the most accessible way for the service user, taking into account reasonable adjustments and the Accessible Information Standard.
- Liaise with relevant colleagues including dietetics, GPs and specialist medical teams
- Consider the person's capacity to make the decision for themselves in line with the Mental Capacity Act (2005)

Senior medical practitioners

- Have overall responsibility for service user's healthcare
- Lead decisions and be decision maker in someone's best interests around EDAR vs and/or non-oral nutrition/hydration.
- Consider the need for advanced care planning and lead these discussions

Dietitians

- Assess risk of malnutrition and dehydration including if the person is able to maintain their nutrition and hydration status orally.
- Offer recommendations to support nutrition and hydration and discuss oral vs non-oral options for this with the MDT.

Physiotherapists

- Assess and consider support regarding positioning in relation to aspiration risk.
- Physiotherapists within Neuro-Respiratory and Integrated Community Therapy Teams can assess and advise regarding supporting respiratory health.

Team processes for managing referrals followed. Need for dysphagia assessment identified

Dysphagia Practitioner completes assessment including documented statement of risk, capacity and consent, service user wishes and quality of life implications. Assessment may include objective methods to confirm level of impairment/risk. Dysphagia Practitioner completes documentation, risks assessment and care plan as per team processes in SHSC Dysphagia Policy.

Risks cannot be managed without consideration of non-oral nutrition/hydration, including future known risks related to a person's progressive diagnosis. This includes where there is risk of aspiration and/or choking on all diet and fluid and where there are significant health implications associated with eating/drinking.

Dysphagia Practitioner to ensure all relevant parties are involved including IMCA, palliative care teams, dietitians or physiotherapists as appropriate. Dysphagia Practitioner to discuss with consultant/GP if assessment by Enteral Feeding team (STH) is appropriate. Enteral Feeding Team will consider if non-oral nutrition/hydration is feasible.

Information regarding risks and options to be discussed with service user and/or carers, including future risks. Communication regarding risks should be balanced, including that risk of aspiration is not eliminated with non-oral feeding.

Non-oral nutrition/hydration is not an option due to the stage of illness, for example advanced dementia.

Liaison with GP. **EDAR agreed.**
Recommendations for best tolerated food/drink consistencies and advice around oral care to be given by dysphagia practitioner. Best tolerated may be safest consistencies but may also include food/drink that is most comfortable or palatable to the service user. EDAR should be clearly documented on EPR and on care plan given to service user/carers/GP.

Risks can be managed without consideration of non-oral nutrition/hydration. Care continues as per SHSC dysphagia policy and clinical judgement.

Risks could be managed without consideration of non-oral nutrition/hydration however the service user is choosing to eat and drink with acknowledged risks, including choosing food/fluid that is not recommended by the dysphagia practitioner.

Dysphagia practitioner to consider if a mental capacity assessment is required and ensure the service user has been given information in an accessible way regarding the risks and recommendations. Follow mental capacity act and best interests processes as required.

Advice should be given to the service user and those supporting them on safer swallow strategies including positioning, oral hygiene, pacing, how to respond to a choking event or deterioration in respiratory health. If the service user cannot feed themselves and is choosing to eat and drink in a way that increases their risk of aspiration/choking, the dysphagia practitioner will advise paid carers to seek their own legal advice regarding feeding.

MDT to consider and action:

- Mental capacity assessment if there is reason to believe the service user may not have capacity.
- Any advance care plans or other legal powers such as lasting power of attorney.
- Does the person need an independent mental capacity advocate?
- Is the dysphagia likely to be transient?
- Service user wishes.
- Is non-oral feeding an option based on Enteral Feeding Teams assessment? If not, discuss EDAR.
- Any change since last decision including if service user has changed their mind.
- Impact of the risk on the service user – ie is the coughing unacceptable to the person, are they having multiple hospital admissions, is the enjoyment of food/drink impacted.
- Other protective and risk factors including oral hygiene, immunity, mobility
- The least restrictive option of the person's basic rights and freedoms (as per Mental Capacity Act guiding principles)

If service user does not have capacity regarding this decision AND enteral feeding team feel non-oral nutrition would be possible.

Best interests meeting to be convened with at least: consultant/GP, dysphagia practitioner, service user/family/carer/advocate to discuss options including the considerations detailed above.

Suitable for non-oral nutrition/hydration and wanted or in best interests.

GP to refer to gastroenterology.

If oral intake is to be part of the care plan, the dysphagia clinician will give guidance on consistencies, quantities, frequencies and other support techniques

Non-oral nutrition/hydration not possible, not wanted by service or not in service user's best interests. EDAR agreed.

Recommendations for best tolerated food/drink consistencies and advice around oral care to be given by dysphagia practitioner. Best tolerated may be safest consistencies but may also include food/drink that is most comfortable or palatable to the service user. Advice to be given by dietetics. Ceiling of care to be considered by senior medical practitioner including actions to be taken if suspected aspiration pneumonia. EDAR should be clearly documented on EPR and on care plan given to service user/carers/GP.

Monitoring and Audit:

This SOP will be audited by the author as part of the governance and reporting procedures, please detail relevant governance and reporting procedures.

Forward the SOP to policy.governance@shsc.nhs.uk for entering on the SOP register and for noting at the next Policy Governance Group. The SOP will be forwarded to communications@shsc.nhs.uk for storage on Jarvis.

Appendix A

Equality Impact Assessment Process and Record for Written Policies

Stage 1 – Relevance - Is the policy potentially relevant to equality i.e. will this policy potentially impact on staff, patients or the public? This should be considered as part of the Case of Need for new policies.

NO – No further action is required – please sign and date the following statement.
I confirm that this policy does not impact on staff, patients or the public.

I confirm that this policy does not impact on staff, patients or the public.
Name/Date

YES, Go to Stage 2

Stage 2 Policy Screening and Drafting Policy - 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 and Flow Chart.

Stage 3 – Policy Revision - Make amendments to the policy or identify any remedial action required and record any action planned in the policy implementation plan section

SCREENING RECORD	Does any aspect of this policy 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	This policy refers only to adults as we are not commissioned to work with children . Other services are commissioned to completed assessments with children. There are local protocols regarding referrals received from under 18s. For example in LD we will review case notes and gather information, ensuring eligibility for the service at 17.5 years so we can action input immediately at 18 years . May include completing a transition clinic to inform service user family of support that could be offered.	No	
Disability	No – The policy is written to include reasonable adjustment to access services		

Gender Reassignment	No		
Pregnancy and Maternity	No		
Race	No – consideration made to food preferences for assessment and management plans.		
Religion or Belief	No – adjustments are made to accommodate religious holidays / diet which requires changes due to beliefs		
Sex	No		
Sexual Orientation	No		
Marriage or Civil Partnership	No		

Please delete as appropriate: - Policy Amended / Action Identified(see Implementation Plan) / no changes made.

Completed by : Phillipa Allen,