journey to change

NHS
Tees, Esk and Wear Valleys
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Title: Eating, Drinking and Swallowing (EDS) Management (Dysphagia) Procedure

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Contents

1 Introduction

This procedure describes to staff how to identify patients who have difficulties with eating, drinking and swallowing (also known as dysphagia) and to make sure patients are able to access high-quality, person-centred support when needed.

Effective management of eating, drinking and swallowing (EDS) difficulties requires close collaboration between Speech and Language Therapists (SLTs), the multi-disciplinary team (MDT), the patient, their families and carers. By reducing the risks and complications associated with eating, drinking and swallowing difficulties (such as chest infections, pneumonia, choking, dehydration etc) we can help improve physical health and quality of life, while supporting safer transfer of care between services.

This procedure aligns with and supports the delivery of Our Journey To Change: the next chapter. By providing early and accurate identification of eating, drinking and swallowing difficulties and working in partnership with our patients, families/carers and multi-disciplinary team colleagues to co-create effective and person-centred eating, drinking and swallowing plans we hope to support people to lead their best possible lives and to improve the health of our communities.

2 Purpose

Following this procedure will help the Trust to ensure that staff have:-

- an awareness of the signs, symptoms, risks and consequences of eating, drinking and swallowing difficulties.
- information about who to ask for help
- resources to make referrals in partnership with, or on behalf of, patients

3 Who this procedure applies to

- This procedure applies to all staff working in clinical areas, where patients may present with eating, drinking and swallowing difficulties.

4 Related documents

This procedure describes what you need to do to implement the Physical Health Assessment and Ongoing Monitoring section of the Physical Health and Wellbeing Policy.

The Physical Health and Wellbeing Policy defines ongoing monitoring for physical health and wellbeing which you must read and understand before carrying out the procedures described in this document.

This procedure also relates to:-

- ✓ Procedure for Using the National Early Warning Score (NEWS) 2 for the Early Detection and Management of the Deteriorating Patient in Adults (aged 16 and above)
- ✓ End of Life Care Provision and Care After Death Policy
- ✓ Dementia pathways
- ✓ Enteral Feeding (PEG) Procedure (Adults)
- ✓ Enteral Feeding Jejunostomy (JEJ): Procedure for Learning Disabilities Adult and Children
- ✓ Nasogastric Insertion & Management for Adult Eating Disorders (In-Patients)
- ✓ Consent to examination or treatment policy
- ✓ Interpreting and Translation Policy (to support decision making for those patients whose first language is not English)
- ✓ Interpreting and Translation Procedure
- ✓ Physical Health and Wellbeing policy

5 Purpose

The purpose of this procedure is to ensure:

- Patients with eating, drinking and swallowing difficulties have their needs identified by trust staff
- Patients with eating, drinking and swallowing difficulties receive the right assessment and treatment for their eating, drinking and swallowing difficulties, at the right time.
- The health and safety of patients who have eating, drinking and swallowing difficulties is supported.

This policy applies to all community and inpatient staff within the Trust.

6 What is Dysphagia?

Dysphagia is the medical term for an ‘eating, drinking and swallowing’ problem. To improve understanding of this condition and reduce the risk of confusion, or inappropriate or delayed referrals, this will now be referred to as eating, drinking and swallowing (EDS) difficulties.

6.1 What are the signs and symptoms of eating, drinking and swallowing difficulty?

If the signs and symptoms of eating, drinking and swallowing difficulties are placing the patient at significant risk, i.e. choking or severe coughing at every mealtime, refer to the Trust Incident Reporting procedure.

Signs and symptoms may include:

- ✓ coughing during and after consuming food or drink
- ✓ recurrent chest infections or pneumonia
- ✓ unexplained weight loss
- ✓ difficulties chewing
- ✓ choking
- ✓ breathing difficulties at mealtimes
- ✓ food sticking or feeling that it is sticking in the throat
- ✓ holding food in the mouth without being chewed or swallowed
- ✓ nasal regurgitation
- ✓ changes to voice quality during mealtimes

Other signs which may be of concern:

- ✓ rushing food
- ✓ mealtimes taking longer than usual
- ✓ food refusal
- ✓ changes in behaviour around mealtimes
- ✓ food/drinks falling from mouth

Refer to the trust eating, drinking and swallowing difficulties warning signs (appendix 1)

6.2 Health risks associated with eating, drinking and swallowing difficulties

Health risks associated with eating, drinking and swallowing difficulties can be severe, chronic and may result in death.

- ✓ Chest infections and pneumonia
- ✓ Choking
- ✓ Dehydration
- ✓ Severe weight loss and malnutrition

Eating, drinking and swallowing difficulties may be distressing to patients and their families and have a significant impact on quality of life and wellbeing. It may also be distressing for other patients who witness distress of individuals with eating, drinking and swallowing difficulties. All individuals should be offered support as appropriate.

6.3 Oral hygiene

Poor oral hygiene can mean that the consequences of eating, drinking and swallowing difficulties are much more severe because the lungs can be colonised with harmful bacteria that develop in the mouth. People with learning disabilities or mental health difficulties are less likely to have the good

dental and oral health that are essential to more general health and wellbeing. Poor oral health can reduce self-confidence and increase the likelihood of cardiovascular ill-health.

There are many factors to consider when thinking about a person's oral health. It is important to acknowledge the barriers people may face, and work together with patients and carers to ensure they have access to the resources they need to have and maintain a clean, comfortable and healthy mouth. More information on oral hygiene can be found in Section 4.4.7 of the Physical Health and Wellbeing Policy.

7 Screening

In line with the Physical Health and Wellbeing policy, ward staff admitting or transferring patients to TEWV wards should establish the following information as part of their admission questionnaire, ideally within the first 4 hours of the patient's admission and before offering them food or drink:

- Are there any eating, drinking and swallowing plans or restrictions in place to reduce a known risk of choking or aspiration?
- Have staff observed any concerns about the person's eating, drinking or swallowing?

This is shown as a flowchart in Appendix 2. Admitting staff should document in the patient's electronic patient record that the admissions checklist has been completed.

Any existing eating, drinking and swallowing plan or advice must be incorporated into the patient's care plan and signposted/flagged in the safety summary. Where concerns have been raised or the plan does not appear to reduce the identified risks, please contact SLT for advice or to make a referral.

8 Referral

Appendix 1 gives some of the warning signs that someone is experiencing eating, drinking and swallowing difficulties and that a referral to SLT is indicated.

Referrals to SLT should be completed as soon as a concern is identified or raised. Referrals are screened on receipt and are triaged to ensure a timely response to urgent referrals.

The Royal College of Speech and Language Therapy (RCSLT) recommends eating, drinking and swallowing difficulties are assessed within 2 working days of receipt of completed referral form for urgent referrals and 10 working days for routine referrals. Patients within TEWV are unlikely to meet the criteria to be considered an urgent referral as those who are nil by mouth or acutely physically compromised are more likely to be in receipt of urgent care from acute hospital team.

TEWV SLT will endeavour to meet these timescales whenever possible. Contact may be made via email, telephone, MS Teams or face to face visit and will usually be made to the referrer in the first instance to gather initial information, prioritise and offer interim advice.

TEWV SLT is not able to provide an emergency or out of hours service (including weekends, bank holidays). If the referrer feels the referral represents an emergency due to risk of choking and/or chest infections they should be directed to their GP (community)/medical team (inpatients) or emergency services.

Community care:

If you are concerned your patient may have eating, drinking and swallowing difficulties, discuss making a referral with the individual and/or their family or carers, and with their consent, refer to speech and language therapy team for an assessment of their swallowing as soon as possible.

If the person does not consent to assessment but concerns remain, please discuss with the SLT, MDT, the individual and/or their family or carers to address any concerns about assessment. A formal Mental Capacity Act assessment may be required before proceeding to make a referral.

Where the person's capacity to consent to referral is unclear, the decision to proceed should be well documented as being made in the person's best interests.

Inpatient care:

If you are concerned your patient may have eating, drinking and swallowing difficulties, discuss the need for referral with the individual and/or their family or carers, and refer to speech and language therapy team for an assessment of their swallowing as soon as possible.

If a person believed to have capacity advises that they do not want to be assessed, a referral should still be made and alternative, less intrusive methods of assessment or monitoring discussed with the client or their proxy, the SLT and wider MDT.

Where the person's capacity to consent to referral is unclear, a referral should still be made as above and be documented as made in the person's best interests. A formal MCA1 meeting is not required as identification of risk is necessary for those receiving inpatient care.

Identification of EDS difficulties could indicate a serious risk requiring intervention to avoid preventable harm. Any intervention will be co-created with the patient as expert in their lifestyle, preferences and wishes while managing the risk as much as possible while they are receiving inpatient care from TEWV.

8.1 Patients living in the community:

For adults with a learning disability, please follow the local referral process for SLT in your team.

- For those living in Durham, please email referrals to tewv.durhamldslt@nhs.net
- In Tees Valley, please email referrals to tewv.teesldslt@nhs.net
- In North Yorkshire, please email referrals to tewv.nyldreferrals@nhs.net

For all other adults receiving input from MHSOP, Health and Justice or AMH community teams, please refer to local hospital SLT service with consent from the patient and/or their carer. TEWV SLT may be able to offer advice or support to SLT colleagues from partner organisations if the person's mental health or autism presents a barrier to their ability to access mainstream services.

For CAMHS, please refer to local paediatric community SLT service (often via local hospital Child Development Centre).

8.2 Patients in TEWV inpatient services:

Please contact the SLT for your specialty/service to make a referral.

- For MHSOP services in Durham Tees Valley email: tewv.mhsopdtvslt@nhs.net
- For MHSOP and AMH services in North Yorkshire, email: tewv.mhsopnyysltservice@nhs.net
- For AMH services in Durham Tees Valley, email: tewv.slt.amh.dtv@nhs.net

- For the Secure Inpatient Service, please send an electronic referral form via email to tewv.sltforensics@nhs.net. The referral form can also be requested from this email address. As per SIS SLT process, the referral will be subject to a basic triage with ward staff and patient if possible/ appropriate to determine any other pertinent information relating to the referral and to support the response time for initial contact (listed below).

8.3 Patients in prison

If an eating, drinking and swallowing need is identified, the referrer should complete the dysphagia referral form on SystmOne and discuss this with the SLT in post to confirm this is an appropriate referral, or send the completed referral form via email to tewv.offenderhealthslt@nhs.net.

Once a referral is deemed to be appropriate, the referrer should bring the referral through IMP for the patient to be added to the SLT SystmOne waiting list. The SLT will triage the referral and add the referral to the H&J SLT shared spreadsheet.

9 Assessment

Assessment will take place in partnership with the patient, their family and/or carers, in settings that are familiar and comfortable wherever possible. All assessment and intervention will take into account the protected characteristics, privacy and dignity needs of the individual and their involvement will be clearly documented within the electronic patient record. Information will be summarised within physical health, care plan and safety plan with more detailed information given in progress notes.

Assessment will also consider immediate risks related to choking, aspiration, and nutritional compromise, and any urgent concerns must be escalated in line with local safety procedures.

9.1 Methods

Assessment is likely to involve observations of the patient eating and drinking, including trials of different food and drink. The SLT may also palpate (detect swallow movements using fingertip touch to the throat), or use cervical auscultation (listening to swallow with stethoscope) or pulse oximetry (via fingertip pulse oximeter).

Additional instrumental assessment may also be required, such as videofluoroscopy (x-ray footage of the person eating and drinking different items that have been mixed with a radio-opaque substance) at an acute hospital. These assessments usually require the involvement of families, advocates, care staff, multidisciplinary team and partner organisations which may involve waiting times in accordance with their referral procedures.

9.2 Practitioners

Assessment of eating, drinking and swallowing difficulties should only be undertaken by practitioners having the appropriate dysphagia qualification attained from post-graduate training. In TEWV, this is limited to Speech and Language Therapists who have completed the appropriate qualification, providing evidence of supervised practice and continued professional development.

Speech and Language Therapists work within their own scope of practice and adhere to their profession specific clinical competency (Royal College of Speech and Language Therapy, and

Health and Care Professions Council) and have a leading role in assessing and advising on eating, drinking and swallowing difficulties. Some of the interventions suggested to minimise the impact of eating, drinking and swallowing difficulties may require referral to other professional groups, for example to Occupational Therapy for advice on equipment. The SLT is responsible for coordinating the involvement of other professionals and for co-creating an appropriate eating drinking and swallowing support plan. It may be the responsibility of other professionals to enact elements of the plan, for example nursing staff to provide required supervision and mealtime support.

SLTs complete their assessments and co-create an eating, drinking and swallowing plan with the patient, their family/carers and staff where possible. The overall implementation of this plan should be shared with the MDT and integrated into the patient's wider care plan. SLTs hold professional responsibility for assessing, identifying risks and advising on the management of eating, drinking and swallowing difficulties. The Consultant (inpatients) or GP (community) has overall responsibility for the patient's care.

SLT students and those completing their post-graduate eating, drinking and swallowing competencies may undertake some tasks within assessment under the close supervision of and being responsible to the qualified SLT.

9.3 Other members of the multi-disciplinary team

Other members of the multi-disciplinary team whose specialist advice may contribute to the Speech and Language Therapist's assessment include:

9.3.1 Other members of the SLT team

- Associate Practitioners and SLT Assistants are likely to be involved in screening, reviewing, observing and documenting assessments.

9.3.2 Medical staff/Consultant/GP

- Medical staff/Consultant/GP - with regard to the individual's physical and mental health and any contributing factors such as impact of medications and other health conditions.

9.3.3 Physiotherapist

- Physiotherapist – advising on optimal positioning and use of appropriate seating or other postural supports for safer eating and drinking. Advising on issues such as muscle tone, chest health and respiratory system.

9.3.4 Nursing

- Nursing – screening and observing patients for eating, drinking, swallowing difficulties, supporting and/or supervising mealtimes, making appropriate referrals, being aware of and sharing updated or changed recommendations, promoting oral hygiene by supporting the patient to keep their mouth and teeth clean, management of alternative means of nutrition and hydration, providing handover to teams on transfer and monitoring of food and fluid intake.
- Where an eating, drinking and swallowing plan recommends the texture of foods or fluids be modified, this will be in line with the IDDSI (International Dysphagia Diet Standardisation Initiative) categories – see Appendix 3. Responsibility for checking food and drinks meet

the textures set out in the IDDSI framework prior to being given to patients, sits with the nurse in charge or they may delegate an appropriate deputy.

9.3.5 Healthcare Assistants/non-registered nursing team

- Healthcare Assistants/non-registered nursing team – as nursing but under the supervision of qualified nursing staff.

9.3.6 Dentists/Oral health promotion team

- Dentists/Oral health promotion team – maximising oral and dental health

9.3.7 Housekeeping/non-clinical ward staff

- Housekeeping/non-clinical ward staff – procurement of texture modified meals and awareness of individual's allergens, dietary requirements and cultural/religious requirements in relation to food and drink.

9.3.8 Dietitian

- Dietitian – assess nutrition and hydration status, provide individualised advice to ensure nutrition and hydration requirements are met, provide guidance around nutritional supplements if and when appropriate, liaise with patient, carers and multi-disciplinary team if nutritional needs cannot be met orally and alternative methods of feeding need to be considered.

9.3.9 Occupational Therapist

- OT – advising on optimum seating/positioning for mealtimes, adapted equipment to promote independence during mealtimes and advising on environmental adaptations
- Occupational Therapists carrying out cooking/baking activities as part of assessment or intervention should familiarise themselves with the eating, drinking and swallowing plans of the service users they are working with.

9.3.10 Pharmacist

- Pharmacist – advising on potential impact of current medications on eating, drinking and swallowing function; advising on alternative formulations, methods, and/or routes of medication administration.

9.4 Record keeping

When a patient has been assessed by SLT for eating, drinking and swallowing difficulties, this will be documented in the primary electronic patient record. For TEWV inpatient care this information will be summarised in the safety summary, eating, drinking and swallowing plan and signposted in the progress notes.

9.5 Identification of eating, drinking and swallowing plan

If appropriate, a one-page profile (also known as a 'mealmat') may be produced giving a summary of advice and recommendations in an easy to read format. This information can also be provided in another language or format if requested for the patient and their family or carers. Patients with an

eating and drinking plan in place should be easily identifiable to ward/housekeeping staff by appropriate signage or flagging on ward systems.

10 Intervention

SLTs work to reduce the risks associated with eating, drinking and swallowing difficulties through the following interventions which may require joint working with the multi-disciplinary team.

- Changes to positioning to promote a safer swallow and reduce potential reflux (usually in conjunction with Physiotherapist or Occupational Therapist).
- Enhancing the sensory experience of eating and drinking by recommending cold, fizzy, sweet or strong flavours to increase perception of bolus to be swallowed.
- Adapting the way the person is supported at mealtimes, e.g. advice to support staff who are feeding or supervising patients, provision of training.
- Adapting the environment to enhance the person's focus on mealtime
- Advising on adapted utensils or other equipment, usually in conjunction with OT.
- Changing food or fluid textures.
    - Meals and drinks should only be adapted by staff who have accessed appropriate training. Texture modification is described in the Trust's e-learning package but additional face to face training may be required. This can be sourced through discussion with your supervisor, the nurse in charge or their delegated deputy or from SLT. It is strongly recommended that clinical staff complete the Trust e-learning. All staff involved in supporting mealtimes for people with eating, drinking and swallowing difficulties should be aware of IDDSI (International Dysphagia Diet Standardisation Initiative) categories – see Appendix 3.
    - Responsibility for checking food and drinks meet the textures set out in the IDDSI framework prior to being given to patients, sits with the nurse in charge or a delegated deputy.
    - Texture modification of food and drink should be one of the last considered interventions used due to its potential to reduce enjoyment of food and drink, which can lead to reduced intake, dehydration etc. (Langmore, 1998).
    - A copy of the TEWV SLT outlining benefits and burdens of using artificial thickeners is attached in Appendix 4.
- In severe or complex cases, the provision of non-oral nutrition and/or hydration, in conjunction with dietetics.

Underlying health concerns or other conditions may mean it is not possible to eradicate the health risks posed by eating, drinking and swallowing. This will be discussed with the patient, their family/carers and multi-disciplinary team, with advice given to reduce the risk as much as is possible.

10.1 Documentation

Following assessment, interim eating, drinking and swallowing advice is handed over to patient, their family/carers or staff and added to the electronic patient record. The safety summary will be updated by the SLT if the risk level or advice has changed. The SLT will work with the individual, their family and carers, to create a plan that involves and supports them to have the food and drink they enjoy in the safest way possible.

The agreed eating, drinking and swallowing plan will be saved in the primary electronic patient record. For TEWV inpatient care this will be summarised and signposted in the care plan goals and safety summary. Copies will be sent to the patient's GP, home address and other relevant agencies for reference. This information should be handed over to another health or care provider with consent from the patient should they be admitted or transferred following input from TEWV SLT.

Where patients are discharged with no onward address or nominated GP, SLT will endeavour to give information to the patient and the last known GP. Where other support agencies are in place, for example homelessness teams, we would seek to gain consent to share information with the appropriate team.

11 Professional accountability

It is essential that the eating, drinking and swallowing plan provided by SLT is adhered to by all staff. The potential consequences associated with patients having food and drinks outside of the options described within the eating, drinking and swallowing plan include choking, pneumonia and death. It is the professional responsibility of staff providing food and drink for oral intake to ensure that these meet the descriptions as agreed in the eating, drinking and swallowing plan. Non-adherence to recommendations must be documented via InPhase.

12 Transfer of care

12.1 From in-patient services

In cases where a patient is being discharged or transferred from a unit within the Trust, and requires ongoing intervention for eating, drinking and swallowing difficulties, a named representative from the MDT, in collaboration with the Care Coordinator/keyworker will document this intervention in the discharge plan.

Where ongoing assessment or support is required on discharge to their home, an acute hospital or community setting, SLT input to date will be shared with the team responsible to continue this work, for example SLTs working within the appropriate acute or community service.

If the patient’s eating, drinking and swallowing difficulty is related to their learning disability or mental ill-health, this work may transfer to another TEWV SLT team who will be able to access progress notes on the electronic patient record.

12.2 Patient transfer of care from speech & language therapy

Once intervention for a patient’s eating, drinking and swallowing difficulty is complete, the SLT will review this with those agencies directly involved in the patient’s care and discharge the patient from their caseload, transferring them back to the GP or Consultant involved in overseeing their care.

Patients who have been transferred from SLT are not reviewed as a standard process following transfer to another agency. Should new concerns be identified, or if the existing eating, drinking and swallowing plan is no longer managing the risks effectively, a new referral to SLT should be made.

13 Eating and Drinking with Acknowledged Risk (EDAR)

The RCSLT is producing formal guidance on Eating and Drinking with Acknowledged Risk (EDAR) which is due to be published in Spring 2027, this procedure will be reviewed following release of this information.

13.1 Managing risk

Eating, drinking and swallowing difficulties increase the risk of adverse physical health outcomes including death. TEWV SLTs co-create eating, drinking and swallowing plans with their patients and carers as much as possible to support people to have the food and drinks they enjoy in the safest possible way. Our SLTs complete their assessments and produce information for patients, families and carers on the risks associated with eating, drinking and swallowing and how to manage these to an acceptable level.

For some patients with eating, drinking and swallowing difficulties, there may be no method of feeding that can be identified that would reduce the risk of aspiration or choking to acceptable levels. This is especially pertinent for those at end of life or for whom non-oral routes of feeding (ie. Percutaneous Endoscopic Gastrostomy (PEG) etc) would be inappropriate.

In these instances, the SLT focus remains the provision of nutrition, hydration and the foods/drinks that give comfort or pleasure in the safest acceptable way. The patient's wishes, those of their family/carers, the opinion of the multi-disciplinary team and other agencies involved in care should all be documented carefully in the electronic patient record and advice sought from the GP or Consultant with responsibility for the patient's care.

Where TEWV is providing inpatient care, the identification of eating, drinking and swallowing difficulties may represent a serious risk requiring appropriate management. The Trust has a duty of care to prevent avoidable harm to those staying in our facilities and supported by our staff.

SLT make decisions to inform an eating, drinking and swallowing plan discussed and shared with the MDT to manage this risk. Any intervention will be co-created with the patient as expert in their lifestyle, preferences and wishes while managing the risk as much as possible while they are receiving inpatient care from TEWV.

Staff providing food and drink to inpatients should be aware of both the risk and how this should be managed by following the eating, drinking and swallowing plan to reduce the risk of avoidable harm.

13.2 EDAR plans

Some health organisations utilise an EDAR or Eating and Drinking with Acknowledged Risk process that places responsibility for decision-making with patients (or their nominated proxy where they lack capacity) regarding eating and drinking items outside of those recommended in their eating, drinking and swallowing plan.

If a patient whose recommendations are guided by an Eating and Drinking with Acknowledged Risk plan is referred to our community service, the new referral indicates the patient's eating, drinking and swallowing difficulties require further assessment and so the Eating and Drinking with Acknowledged Risk plan is no longer appropriate.

If a patient with Eating and Drinking with Acknowledged Risk plan in place is admitted to our inpatient facilities, contact should be made with SLT as soon as the Eating and Drinking with Acknowledged Risk plan is identified. The SLT will support the team to find those strategies that provide nutrition, hydration and the foods/drinks that give comfort or pleasure in the safest acceptable way. The patient's wishes, those of their family/carers, the opinion of the multi-disciplinary team and other agencies involved in care should all be documented carefully in the electronic patient record and advice sought from the GP or Consultant with responsibility for the patient's care.

There may be occasions when a patient does not wish to follow the eating, drinking and swallowing plan produced by SLT. For patients living in the community, this should lead to formal discussion between the patient, their family or carers, their GP or Consultant, the SLT and the MDT supporting them.

For those receiving inpatient care from the Trust, our duty of care to prevent avoidable harm is paramount and so eating, drinking and swallowing plans form part of the patient's care plan which must be followed.

Eating and Drinking with Acknowledged Risk and SLT practice under the Mental Capacity Act is a changing and complex field within dysphagia management. Where there are concerns or queries, advice should be sought through clinical supervision, TEWV SLT Leadership team and/or Mental Health Legislation office.

14 Definitions

Term	Definition
Dysphagia	An eating, drinking and/or swallowing (EDS) difficulty. These can result from many conditions and are often secondary to a primary psychological, emotional, neurological, physical and/or developmental condition. Eating, drinking and swallowing difficulties can result in, or contribute to, malnutrition and dehydration, respiratory infections, weight loss etc sometimes resulting in serious adverse health effects and death. They can also result in reduced wellbeing and quality of life for the individual and their wider families.
Dehydration	The loss of water and salts essential for normal body function
EDAR	Eating and Drinking with Acknowledged Risk - some organisations use an EDAR plan that places responsibility for decision-making with patients who can demonstrate an understanding of the risks and consequences associated with eating and drinking items outside of those recommended in their eating, drinking and swallowing plan.

	TEWV SLT does not currently use EDAR plans but our SLTs work closely with patients, families and carers to co-create an eating, drinking and swallowing plan that supports patients to have their preferred food and drinks in the safest possible way. The Royal College of SLT is producing guidance on the use of EDAR (anticipated release date Jan 2027) and this procedure will be updated following this information being released.
Malnutrition	When the body does not get the right amount of the vitamins, minerals, and other nutrients it needs to maintain healthy tissues and organ function
Utensils	A tool used for eating or drinking, such as knife, fork, spoon or cup.

15 How this procedure will be implemented

- This procedure will be published on the Trust's intranet and external website.
- Inpatient Modern Matrons, Ward Managers, and Team Managers will disseminate this procedure to their staff through management briefing.

15.1 Training needs analysis

Although there is no training required to implement this specific guideline, staff are expected to undertake the appropriate training and education to fulfil the requirements of their role. E-learning in identifying needs and supporting people with eating, drinking and swallowing difficulties is available on ESR and it is highly recommended all staff involved in supporting mealtimes complete this. Where patients have more complex eating and drinking needs or require full support, more individualised training may be required. Please liaise with your SLT if you feel additional training is needed.

This training is also identified as part of:

Physical Health Core Skills Training: whereby clinical staff are expected to participate and undertake knowledge and skills training programmes appropriate to their clinical role. Training is available for staff to access by contacting Coursebookings.

NEWS and the Early Detection and Management of the Deteriorating Patient age 16 and above: whereby all clinical staff who undertake, document, report and respond to any interventions outlined as part of NEWS, complete the required training as standard, with an aim of ensuring patient safety by recognising physical health deterioration and acute illness.

Resuscitation Policy: whereby resuscitation training is monitored on the Electronic Staff Record (ESR) System by the Education and Training Department.

Staff/Professional Group	Type of Training	Duration	Frequency of Training

All inpatient staff involved in supporting mealtimes are strongly recommended to complete this training	e-learning	Approx 1 hour	Once
Identified staff supporting patients with eating, drinking and swallowing difficulties	Individualised face to face training	According to patient/staff need but usually approx. 2-3 hours	As needed

Individualised face to face training may be offered for those staff supporting someone with eating, drinking and swallowing difficulties. Please discuss this with your SLT team as part of the eating, drinking and swallowing referral.

16 How the implementation of this procedure will be monitored

Number Auditable Standard/Key Performance Indicators		**Frequency/Method/Person Responsible**	**Where results and any Associate Action Plan will be reported to, implemented and monitored; (this will usually be via the relevant Governance Group).**
1	Procedure visible on trust intranet	Policy Coordinator	Physical Health Group
2	E-learning completed by inpatient staff involved in supporting mealtimes	Frequency = monthly check Method = report on ESR/ dashboard on IIC Responsible = ward managers	Reported into Physical Health Group Routine audits/monitoring are part of normal operational management responsibilities.
3	Admissions checklist completed with 2 x EDS questions asked	Annual Audit	Physical Health Group

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18 Document control (external)

To be recorded on the policy register by Policy Coordinator

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This document was ratified by	n/a
This document was ratified	n/a
An equality analysis was completed on this policy on	12 February 2026
Document type	Public
FOI Clause (Private documents only)	n/a

Change record

Version	Date	Amendment details	Status
5	07 Sep 2021	Changes to wording in sections throughout document. Additional sections added throughout document. Updated hyperlinks throughout document and updated cross-referenced documents. Additional reference documents added. Transferred to new template.	Withdrawn
v6	26 Aug 2026	Full revision with extensive changes to practice especially to the following sections: 8 Referral 9 Assessment 10 Intervention 12 Transfer of care (was Discharge) Additional sections added: 6.3 Oral hygiene 7 Screening 11 Professional accountability	Approved

		13 Eating and Drinking with Acknowledged Risk	

Appendix 1 - Warning Signs of an Eating, Drinking and Swallowing Difficulty (EDS) or Dysphagia

- Choking event/s
- Excessive or increased coughing or throat clearing when eating, drinking or taking medication
- Frequent chest infections.
- Changes in breathing, e.g., wheezing, chestiness, breathing faster or becoming short of breath, change in colour when eating, drinking or taking medication
- Signs of distress, e.g. grimacing, eye watering, becoming hot, sweating, change in colour when eating, drinking or taking medication
- Wet / gurgly voice when eating, drinking or taking medication
- Difficulties chewing or changes in textures they can eat.
- Food and drink left in the mouth after swallowing.
- Feeling of food getting stuck.
- Not wanting to eat and drink/ eating and drinking less.
- Longer mealtimes, with slow and effortful eating.
- Needing more support to eat and drink.

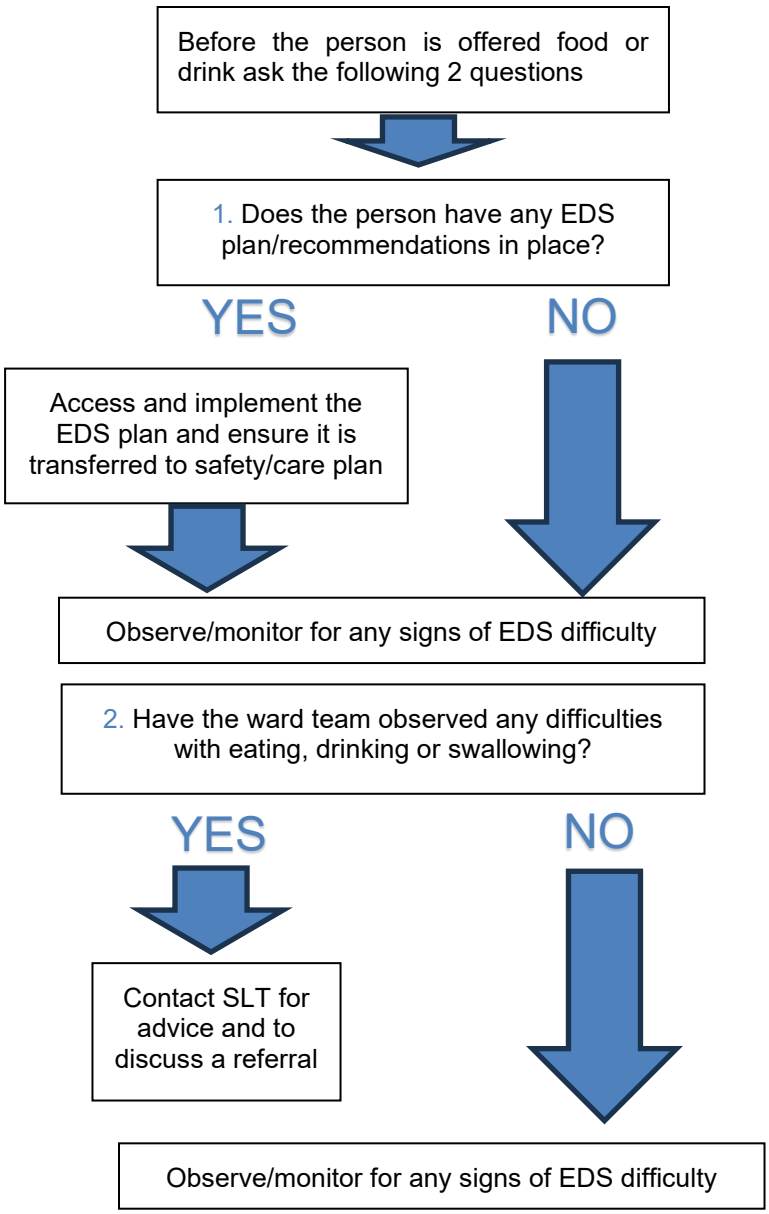
If you notice any of these signs, please contact the Speech and Language Therapy team for further advice.

Appendix 2 – Screening for eating, drinking and swallowing difficulties on admission

Following an inquest in September 2024, it became apparent that there are issues with handover of eating, drinking and swallowing guidance between NHS Trusts. Patients with eating, drinking and swallowing difficulties need to be identified as soon as possible following admission to TEWV wards so that existing guidance can be incorporated into safety and care plans, or concerns discussed with Speech and Language Therapy (SLT) as early as possible.

People with eating, drinking and swallowing difficulties may require supervision during eating and drinking, modified foods, adapted equipment or other interventions to be in place to reduce distress and the risk of choking and/or aspiration-related ill-health and increase patient enjoyment of eating and drinking.

Therefore the two questions given below are to be asked as early as possible during the admission process, ideally within the first 4 hours and before the patient is offered any food or drink. The following flowchart should help guide actions:



Should ward staff have any concerns, TEWV SLT will endeavour to respond as soon as possible. However, we are mindful that this is a limited resource offering cover 9am-5pm, Monday-Friday only. Interim advice should be sought from ward medic, GP or medical consultant as appropriate.

An e-learning package is being produced to be uploaded to the essential training matrix for all TEWV inpatient staff to support their awareness and ability to identify ED&S difficulties. Most common signs of difficulty are given below:

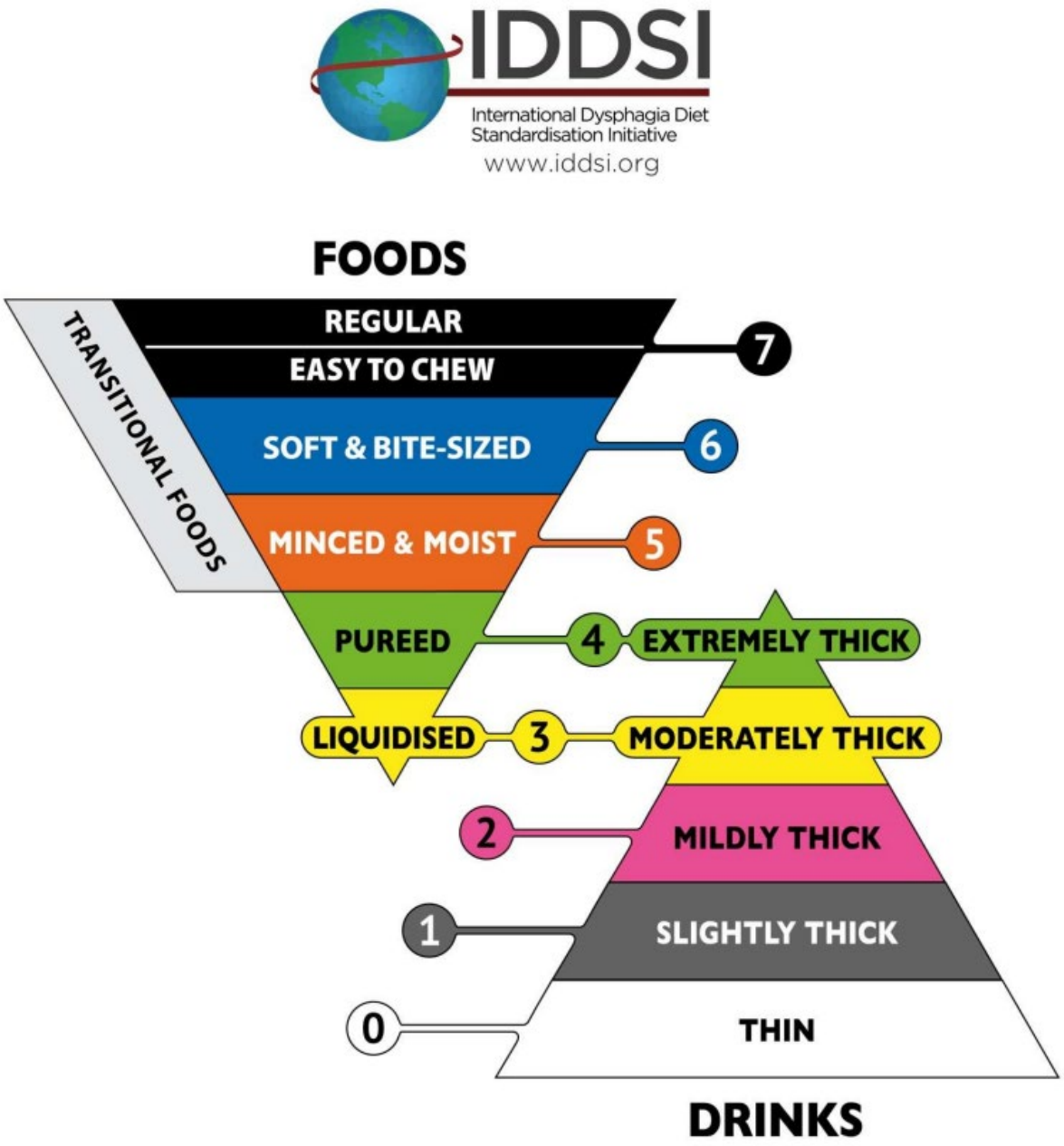
- coughing while consuming food or drink
- recurrent chest infections or pneumonia
- unexplained weight loss
- difficulties chewing
- choking
- breathing difficulties at mealtimes
- food sticking or feeling that it is sticking in the throat
- holding food in the mouth without being chewed or swallowed
- nasal regurgitation
- changes to voice quality during mealtimes

Other signs which may be of concern:

- rushing food
- long mealtimes
- food refusal
- changes in behaviour around mealtimes
- food/drinks falling from mouth

Sam Bradley, Professional Head of Speech and Language Therapy, TEWV
Matthew Ford-Huggins, Speciality Development Manager, MHSOP, TEWV

Appendix 3 - IDDSI Framework



Appendix 4 – Leaflet describing costs/benefits of artificial thickener

NHS
Tees, Esk and Wear Valleys
NHS Foundation Trust

Thickened drinks:

Information for service users and carers

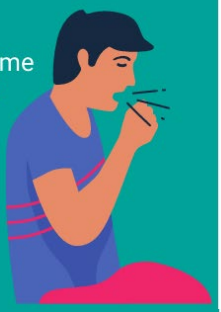
'Thickeners' are powders that are added to drinks to make them thicker. They are sometimes recommended for people who have trouble swallowing drinks. This is because 'thickened drinks' move more slowly down the throat, giving more time to coordinate a swallow.

When can thickener help?

Coughing is the body's natural way to protect the airway

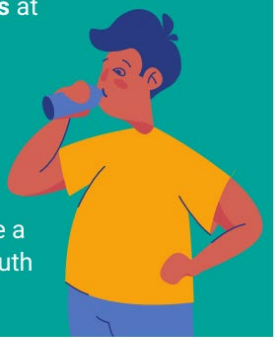
If coughing lasts for a long time and is **distressing**, thickened drinks might make drinking:

- more **comfortable**
- less **tiring**
- less **worrying** for you and those around you

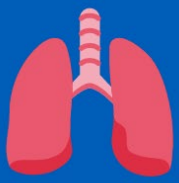


Other ways to make drinking safer:

- Eat and drink only when **fully alert** and **sitting upright**
- Take **small**, **single sips** at a **slow rate**
- Try **naturally thick** drinks like smoothies, milkshakes and hot chocolate
- **Brush your teeth** twice a day and keep your mouth **clean**



Other things to think about:



- Thickener does not always stop drinks from going down the **wrong way**
- It can sometimes make **chest infections** more serious and last longer

- Thickener might stop some **medicines** from working properly
- Some thickeners can cause some people to have an **upset stomach**

- Thickener can lead to more **urinary tract infections** (UTI) and **fevers**
- Thickened drinks make some people feel full, so they **drink and eat less**

- Some people say that thickened drinks give them a **dry mouth**
- Some people find that thickened drinks are **less enjoyable** than normal drinks

Please speak to your speech and language therapist if you have any questions or concerns about your swallowing. They can talk to you about your personal swallowing needs to help you decide what is right for you.

For more information please contact your speech and language therapist.

Appendix 5 - Equality Analysis Screening Form

Please note: The Equality Impact Assessment Policy and Equality Impact Assessment Guidance can be found on the policy pages of the intranet

Section 1	Scope
Name of service area/directorate/department	All TEWV inpatient and community services
Title	Eating, Drinking and Swallowing Procedure
Type	Procedure
Geographical area covered	Trustwide
Aims and objectives	Following this procedure will help the Trust to ensure that staff have:- • an awareness of the signs, symptoms, risks and consequences of eating, drinking and swallowing difficulties. • information about who to ask for help • resources to make referrals in partnership with, or on behalf of, patients
Start date of Equality Analysis Screening	10 February 2026
End date of Equality Analysis Screening	12 February 2026

Section 2	Impacts
Who does the Policy, Procedure, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan benefit?	Patients experiencing or at risk of experiencing eating, drinking and swallowing difficulties and staff supporting them.
Will the Policy, Procedure, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan impact negatively on any of the protected characteristic groups? Are there any Human Rights implications?	• **Race** (including Gypsy and Traveller) **NO** • **Disability** (includes physical, learning, mental health, sensory and medical disabilities) **NO** • **Sex** (Men and women) **NO** • **Gender reassignment** (Transgender and gender identity) **NO** • **Sexual Orientation** (Lesbian, Gay, Bisexual, Heterosexual, Pansexual and Asexual etc.) **NO** • **Age** (includes, young people, older people – people of all ages) **NO** • **Religion or Belief** (includes faith groups, atheism and philosophical beliefs) **NO** • **Pregnancy and Maternity** (includes pregnancy, women / people who are breastfeeding, women / people accessing perinatal services, women / people on maternity leave) **NO** • **Marriage and Civil Partnership** (includes opposite and same sex couples who are married or civil partners) **NO** • **Armed Forces** (includes serving armed forces personnel, reservists, veterans and their families) **NO** • **Human Rights Implications NO** (Human Rights - easy read)
Describe any negative impacts / Human Rights Implications	n/a
Describe any positive impacts / Human Rights Implications	All patients at risk of eating, drinking and swallowing difficulties will benefit from this procedure, regardless of any protected characteristics

Section 3	Research and involvement
What sources of information have you considered? (e.g. legislation, codes of practice, best practice, nice guidelines, CQC reports or feedback etc.)	Please see reference list
Have you engaged or consulted with service users, carers, staff and other stakeholders including people from the protected groups?	Yes
If you answered Yes above, describe the engagement and involvement that has taken place	SLT leadership and governance group Consultation with Trust AHP+ colleagues Six week Trust wide consultation
If you answered No above, describe future plans that you may have to engage and involve people from different groups	

Section 4	Training needs
As part of this equality impact assessment have any training needs/service needs been identified?	Yes
Describe any training needs for Trust staff	Inpatient staff to access e-learning
Describe any training needs for patients	n/a
Describe any training needs for contractors or other outside agencies	n/a

Check the information you have provided and ensure additional evidence can be provided if asked.

Appendix 6 – Approval checklist

To be completed by lead and attached to any document which guides practice when submitted to the appropriate committee/group for consideration and approval.

	Title of document being reviewed:	Yes/No/ Not applicable	Comments
1.	**Title**		
	Is the title clear and unambiguous?	Y	
	Is it clear whether the document is a guideline, policy, protocol or standard?	Y	
2.	**Rationale**		
	Are reasons for development of the document stated?	Y	
3.	**Development Process**		
	Are people involved in the development identified?	Y	
	Has relevant expertise has been sought/used?	Y	
	Is there evidence of consultation with stakeholders and users?	Y	
	Have any related documents or documents that are impacted by this change been identified and updated?	Y	
4.	**Content**		
	Is the objective of the document clear?	Y	
	Is the target population clear and unambiguous?	Y	
	Are the intended outcomes described?	Y	
	Are the statements clear and unambiguous?	Y	
5.	**Evidence Base**		
	Is the type of evidence to support the document identified explicitly?	Y	
	Are key references cited?	Y	
	Are supporting documents referenced?	Y	
6.	**Training**		
	Have training needs been considered?	Y	
	Are training needs included in the document?	Y	Inpatient staff to access e-learning
7.	**Implementation and monitoring**		

	Title of document being reviewed:	Yes/No/ Not applicable	Comments
	Does the document identify how it will be implemented and monitored?	Y	
8.	**Equality analysis**		
	Has an equality analysis been completed for the document?	Y	
	Have Equality and Diversity reviewed and approved the equality analysis?	y	
9.	**Approval**		
	Does the document identify which committee/group will approve it?	y	Fundamental standards of holistic care meeting 26.08.26
10.	**Publication**		
	Has the document been reviewed for harm?	Y	
	Does the document identify whether it is private or public?	Y	public
	If private, does the document identify which clause of the Freedom of Information Act 2000 applies?	n/a	