

Dysphagia Standard operating procedures for students in education services who receive commissioned speech and language therapy.

Procedure Name: Dysphagia Standard operating procedures for students in education services who receive commissioned speech and language therapy.	Issue Date: October 2026	Version No: 4
Status: Approved	Next Review Date: October 2028	Page 1 of 12

Procedure Control/Monitoring

Approved by: (Position in Organisation)	Director of Education
Date (dd/mm/yyyy):	06/10/2026
Accountability: (Position in Organisation)	Dysphagia Lead
Revision Cycle:	Biennial
Brief details of amendments made	Removed repetition of dysphagia policy Updated guidance on sharing documentation with relevant parties

Equality Impact Assessment

The Foundation’s commitment is to create a positive culture of respect for all staff and service users and to identify, remove or minimise risks of unlawful discrimination and disadvantage in its policies, functions and activities. As part of its development this document has been assessed in line with The Foundation’s equality impact assessment procedure.

Version Control Tracker

Version Number	Date
1	February 2023
2	April 2024

Procedure Name: Dysphagia Standard operating procedures for students in education services who receive commissioned speech and language therapy.	Issue Date: October 2026	Version No: 4
Status: Approved	Next Review Date: October 2028	Page 2 of 12

Version Number	Date
3	September 2025
3(a)	February 2026
4	October 2026

Procedure Name: Dysphagia Standard operating procedures for students in education services who receive commissioned speech and language therapy.	Issue Date: October 2026	Version No: 4
Status: Approved	Next Review Date: October 2028	Page 3 of 12

1. Introduction

These Dysphagia Procedures apply to students in education services who receive commissioned speech and language therapy.

2. Purpose

A reference point for staff concerning Dysphagia Procedures that apply to the criteria as described in the *Introduction* Section above.

3. Scope

See Introduction Section.

4. Definitions

Dysphagia – eating, drinking and swallowing difficulties. These procedures refer to oropharyngeal (mouth and throat) dysphagia only.

5. Principles

General points relating to service delivery

Refer to Dysphagia Policy for details

Assessment for a service user with a commissioned service

- a) All service users will be screened on transition into the service by the MDT and referred to a dysphagia qualified SaLT for further in-depth assessment if deemed necessary by the MDT. Written details of the assessment will be kept in the speech and language therapy notes.
- b) Service users with dysphagia will be fully assessed by an MDT as appropriate. The core team member will be a dysphagia trained SaLT. They will be supported by physiotherapy and/or occupational therapy as indicated, to support with positioning, equipment and sensory needs. Other professionals e.g. dietitians, nurses, GP, Consultant will be consulted where appropriate. Service users', parents' and carers' views will also form part of the assessment.
- c) Following clinical assessment all people we support who require ongoing input and monitoring will have a written MMP which includes details of their physical needs and equipment support (as advised by physiotherapists and occupational

Procedure Name: Dysphagia Standard operating procedures for students in education services who receive commissioned speech and language therapy.	Issue Date: October 2026	Version No: 4
Status: Approved	Next Review Date: October 2028	Page 4 of 12

therapists as appropriate), dysphagia diet and drinking needs, support needs and communication. This MMP is shared electronically/hard copy with all PHF staff supporting with eating and drinking, as well as relevant family, carers, respite provision, residences and medical and healthcare professionals. The Information Sharing Duty under section 16LA of the Children Act 2004 came into force on 30th September 2026 and states that information should be shared 'to promote the welfare of the child'.

- d) All people we support with commissioned speech and language therapy who have a MMP are seen for an annual screening assessment by SaLT regardless of whether a referral has been made in the past year. Plans may be reviewed more frequently if there is clinical need. Following this screening the MMP will be updated and circulated to appropriate staff.
- e) Referrals to outside agencies will be made as necessary e.g. to external SaLT services, videofluoroscopy, ENT, gastroenterology, dietitian etc. The SaLT dysphagia team will be responsible for these referrals in liaison with medical services.
- f) If a non-oral feeding route is considered necessary and actioned by medical staff, staff must be trained by a relevant professional to deliver feeds. Please refer to the separate policy on Nutrition and Hydration to be read in conjunction with this dysphagia policy. SaLT staff will remain involved in these cases only if the service user continues to have some oral intake or tastes.

Liaison with other professionals

- a) It is expected that there will be close liaison between all members of the MDT.
- b) Effective team management requires close liaison and co-operation with all professionals involved. It must be ensured that for those people we support with commissioned speech and language therapy the allocated SaLT has sufficient time and capacity available to attend meetings, provide ongoing monitoring and review and discuss service user progress.
- c) It is important that the person we support and their family/carers are kept fully informed and involved in decision making as appropriate.

Procedure Name: Dysphagia Standard operating procedures for students in education services who receive commissioned speech and language therapy.	Issue Date: October 2026	Version No: 4
Status: Approved	Next Review Date: October 2028	Page 5 of 12

- d) The MDT, including the General Practitioner (GP) of the person we support will be kept informed of relevant details of dysphagia management.

Training

See dysphagia policy for details.

- a) All staff involved in mealtime management will attend an introduction training session delivered by a dysphagia trained SaLT or external specialist with appropriate knowledge. Staff will not be able to fulfil duties relating to eating and drinking of their job role until this training has been completed.
- b) Once basic training has been completed, staff will be eligible to assist people we support with eating, drinking and swallowing difficulties. Staff practice will be monitored by their line manager who may flag concerns observed in daily practice.
- c) For people we support who have complex eating, drinking and swallowing needs further in-depth training will be provided for staff with additional close liaison with families. Staff will be unable to assist in these cases unless trained specifically for that individual by SaLT. This will be clearly documented on the MMP.
- d) A refresher training session is mandatory every 2 years.

Additional Training

A trained First Aider will always be working within the environment when meals are being taken. First Aid training will be updated at regular intervals.

All foundation staff involved in the preparation of IDDSI modified diets have received texture modification training. Staff cannot modify any food without this enhanced training.

The Organisational Development team will keep accurate and contemporary records for all staff who have undertaken dysphagia training and work with the dysphagia steering group to ensure compliance to training standards across the Foundation.

Procedure Name: Dysphagia Standard operating procedures for students in education services who receive commissioned speech and language therapy.	Issue Date: October 2026	Version No: 4
Status: Approved	Next Review Date: October 2028	Page 6 of 12

Reporting of choking incidents

- a) All choking incidents should be reported using incident reporting systems in use at each site. The Health and Safety Manager will track these so the incident can be investigated appropriately. In addition, and dependant on initial fact finding, notifications to the Regulator or Local Authority safeguarding team may be required.
- b) A referral will be made to the SaLT service. This may result in changes to the MMP, further staff training or onward referral.
- c) Incidents where the service user suffers harm must be reported to the designated safeguarding lead who will take appropriate action. This will include reporting to the operations manager.
- d) Any incidents of sudden death, including death by choking must be reported to the police and the H&S manager who will inform the HSE under RIDDOR regulations.

Consent to intervention

- a) For young people aged 16 and 17, consent and capacity will be considered in accordance with the Mental Capacity Act 2005, relevant children's legislation and current statutory guidance. Where there is uncertainty or disagreement, advice will be sought through safeguarding and/or legal governance arrangements.
- b) If a child under the age of 16 is unable to give consent due to understanding (i.e. Gillick competent) then the consent would fall to parent or guardian. This could be:
 - a. Parent or Guardian
 - b. Legally appointed guardian
 - c. Person with a residence order concerning the child
 - d. A local authority designated to care for the child
 - e. A local authority or person with an emergency protection order for the child
- c) Before assessment or intervention, the SaLT will obtain the consent of the person we support and /or MDT. People will be involved in the decision-making process wherever

Procedure Name: Dysphagia Standard operating procedures for students in education services who receive commissioned speech and language therapy.	Issue Date: October 2026	Version No: 4
Status: Approved	Next Review Date: October 2028	Page 7 of 12

possible, depending on their capacity to understand the implications, but safety will be the key factor.

- d) Consent may be expressed in written, oral, non-verbal, implied, or best interest forms and will be documented in the SaLT case notes on every contact.
- e) Where people we support, parents or their legal representative withhold consent for assessment or intervention but there are clear dysphagia needs, the issue will be taken to the Senior Management Team, internal and external MDT and/or GP for urgent consideration. Each case will be considered on an individual basis in order to achieve a resolution.
- f) In the event that a resolution cannot be achieved, the foundation are able to escalate matters to the court of protection as the final arbiter. This may result in the decision to serve notice on the child's placement. However, decisions of this type must only be made in close conjunction with senior management and PHF legal teams.

Action in the event of a disagreement

Where there is a disagreement between the SaLT, other Foundation staff and other professionals and families regarding the nature of intervention the following procedures will be followed:

- a) The principles of the Mental Capacity Act 2005 will be followed for everyone over the age of 16 years.
- b) For children under 16 years of age as well as those aged 16 and 17 years, the Children Act 1989 states that Parental Responsibility (PR) refers to the 'rights, duties, powers, responsibilities and authority which by law a parent has in relation to a child'. People with PR for a young person may make decisions on behalf of that young person in their best interests.
- c) With support of professional line management, the SaLT will attempt to resolve the situation through multi-disciplinary discussion, including the person we support and/or family as appropriate. These discussions will be documented, and written copies given to all involved.

Procedure Name: Dysphagia Standard operating procedures for students in education services who receive commissioned speech and language therapy.	Issue Date: October 2026	Version No: 4
Status: Approved	Next Review Date: October 2028	Page 8 of 12

- d) If there are differences of opinion which cannot be resolved, the SaLT will make their line manager and Dysphagia Lead aware of the dispute. They may then decide to intervene to facilitate a resolution.
- e) If the dispute cannot be resolved by negotiation this should be communicated in writing to the consultant responsible for the child's care.
- f) Where the SaLT and multi-disciplinary team feel that following family or service user wishes would compromise safety for the person we support, it will be stated that SaLT advice will be followed within the Foundation's services until a resolution is reached.
- g) Where there is disagreement amongst the team, particularly between the consultant responsible for the service user's care and other team members, every effort should be made to resolve it through discussion. Where the consultant chooses a course of action contrary to the advice of the SaLT and the clinician believes that such an action may cause the service user harm, the SaLT must record their opinion in writing to the doctor, professional line manager, the Foundation Health and Safety Manager and Head of Service.
- h) Should resolution not be reached in a way the foundation feel is appropriate and safe, then this will be dealt with on a case-by-case basis engaging with full MDT, the person and their family and our legal representatives to find a resolution. This could see a variety of approaches including serving notice on the individual, however each situation will be reviewed on a case-by-case basis.
- i) Foundation staff will not be asked to assist people we support with eating and drinking where there is acknowledged risk of aspiration and/or choking if they express concerns about doing this, regardless of the outcome of multi-disciplinary discussions supporting this plan of action.

Cover for absence

- a) Issues of capacity and specialisms mean that SaLTs cannot automatically provide cover for vacant posts, annual leave or in cases of long-term sickness within education services or for other parts of the Foundation. In these instances, the cover will be decided using a risk-based approach.

Procedure Name: Dysphagia Standard operating procedures for students in education services who receive commissioned speech and language therapy.	Issue Date: October 2026	Version No: 4
Status: Approved	Next Review Date: October 2028	Page 9 of 12

- b) Heads of Service must ensure strategies are in place to provide appropriate cover wherever possible in these situations.
- c) If there are long term issues regarding cover then the Head Teacher or Principal of each site must inform the local authorities involved and their commissioning teams and invoicing for services should only be made for actual therapy delivered as opposed to what is commissioned. A recovery plan should be communicated to each authority and the SaLT team would refer into NHS services.

Transfer and discharge planning

- a) In the event of a service user leaving Percy Hedley Foundation, transferring to other services within the Foundation or going into a care or hospital setting, the SaLT will ensure that information regarding dysphagia management is shared with the relevant personnel.
- b) Copies of MMPs and risk assessments will be made available if requested. In the event of a person we support leaving Percy Hedley Foundation, a written discharge summary will be sent to the receiving speech and language therapy service where this is in place.
- c) The procedure for contact with the receiving speech and language therapy department will be made clear to the person we support and their carers.
- d) Final discharge from the service implies an end to the duty of care from the Percy Hedley Foundation.

Supervision and continued professional development (CPD)

- a) SaLTs completing a postgraduate training course or inhouse dysphagia training in dysphagia will be supported by a dysphagia qualified therapist during their period of supervised work. This can take up to a year to complete. All training will be mapped onto the RCSLT EDS competency framework.
- b) All SaLTs regardless of level of experience must take responsibility for seeking regular clinical supervision in order to maintain and update their skills. They will take responsibility for identifying their own clinical supervision needs in conjunction with their

Procedure Name: Dysphagia Standard operating procedures for students in education services who receive commissioned speech and language therapy.	Issue Date: October 2026	Version No: 4
Status: Approved	Next Review Date: October 2028	Page 10 of 12

supervisor and line manager. It is expected that all dysphagia trained SaLTs will access supervision with the Dysphagia Lead in addition to 1:1 clinical supervision either with a more experienced SaLT or peer.

- c) CPD may take the form of peer review and support groups, one to one discussion with other professionals, shadowing, joint visits, case presentations, journal access, attendance at Clinical Excellence Network (CEN) meetings, external training courses and webinars. All SaLTs are expected to shadow another SaLT in a different area of the Foundation at least once a year.
- d) CPD will be logged as part of each SaLT's ongoing professional CPD record. This is the responsibility of each individual SaLT in line with the standards of the HCPC and RCSLT.
- e) SaLTs will work within the limitations of their own professional knowledge and recognise when it is necessary to seek advice from more experienced advanced SaLT's or other professionals.

Record keeping and audit

Records will be kept in line with Percy Hedley Foundation Records Management and Information policy, Data Protection Policy, Data retention and HCPC guidelines.

6. Monitoring and Compliance

This procedure will be reviewed on an annual basis or sooner should the Foundation's Dysphagia Steering Group deem this necessary.

7. Associated Policies and References

Policy for the Management of Dysphagia (Eating, Drinking and Swallowing difficulties).

Dysphagia Standard Operating Procedures for Service Users over the age of 18 who have commissioned Speech and Language Therapy.

Dysphagia Procedure for non-commissioned services.

Procedure Name: Dysphagia Standard operating procedures for students in education services who receive commissioned speech and language therapy.	Issue Date: October 2026	Version No: 4
Status: Approved	Next Review Date: October 2028	Page 11 of 12

Record Management and Information policy.

Data protection policy.

Data Retention policy.

Procedure Name: Dysphagia Standard operating procedures for students in education services who receive commissioned speech and language therapy.	Issue Date: October 2026	Version No: 4
Status: Approved	Next Review Date: October 2028	Page 12 of 12