

Speech and Language Therapy Functional Assessment of Voice using Flexible Nasendoscopy

Department / Service:	Speech and Language Therapy
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Approved by:	ENT Directorate Governance Meeting
Date of Approval:	4 th July 2022
Review Date:	14 th May 2026
This is the most current document and is to be used until a revised version is available	
Target Organisation(s):	Worcestershire Acute Hospitals NHS Trust
Target Departments:	Clinical
Target staff categories:	All

Policy Overview:

SLT nationally have developed a role in therapy led clinics to assess the functional aspects of a patient's voice disorder. The SLT scoping clinic at Worcester Royal Hospital and Alexandra Hospital would run in parallel with a Consultant Ear Nose and Throat (ENT) clinic in order that appropriate medical input can be accessed if required to ensure patient safety.

Key amendments to this Document:

Date	Amendment	By:
March 2016	Document extended for 12 months as per TMC paper approved on 22 nd July 2015	TMC
August 2017	Document extended for 6 months as per TMC paper approved 22 nd July 2015	TMC
December 2017	Document extended for 3 months as per TLG recommendation	TLG
Jan 2019	Document reviewed and revised to cover voice assessment only	
April 2021	Document extended for 6 months as per Trust agreement 11.02.2021	
July 2021	Document review date amended as per the Key Documents policy 3 year approval update.	Trust policy

May 2022	Document reviewed and accepted. Minimal changes.	MI/MR
14 th November 2025	Document extended for 6 months to allow time for review and update	Andrea Milton

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1. Introduction

Aims: SLT have developed extended roles in the use of Flexible Nasendoscopy (FNE) in order to functionally assess voice disorders both in terms of passing the FNE and interpreting the images obtained. The intervention will also evaluate the effectiveness of rehabilitative techniques and provide bio-feedback to the patient. In turn this will guide the treatment plan leading to improved outcomes for the patient.

2. Scope of this document

Eligible patients will be inpatients and outpatients, over 16, who are under the care of ENT employed by Worcester Acute Hospitals Trust (WAHT). This will not include patients who are under the care of consultants in other specialties. Patients must have been fully assessed and diagnosed previously by an ENT consultant, be under follow up for their condition and have had the FNE examination carried out previously by a member of the medical team.

3. Definitions

Dysphonia= disorder of voice
FNE= flexible nasendoscope
Functional assessment = focus being on functional performance of upper GI tract and laryngeal structures rather than obtaining a medical diagnosis.

Responsibility and Duties

The clinic will be led by SLT. Ideally two members of staff will be present during the assessment: one who will carry out the flexible nasendoscopic examination and one who will conduct the session with the patient and interpret the images obtained during the session.

A photograph and /or digital recording will be made of each examination and these will be reviewed by an ENT consultant within 5 working days of the investigation if medical opinion is indicated. Patients will be examined in ENT clinic with support staff available.

The patient will remain under the care of their referring consultant.

A report will be generated following each clinic attendance.

Admission to the clinic will at the discretion of SLT unless contraindicated. Contraindications are:

- Presence of active H&N cancer
- Unable to tolerate the procedure without administration of local anaesthetic

- Undergoing active treatment ie undergoing radiotherapy treatment or during first 6 weeks following completion of radiotherapy for H&N cancer
- Bleeding disorders/history of epistaxis

4. Protocol

- Skills/Competencies: to be competent to pass the nasendoscope and carry out the examination, the SLT will attend in-house training provided by ENT consultant and/or external training in use of FNE, and be supervised for the examination of 10 patients using FNE. The competencies for interpretation of images obtained will be acquired as prescribed in SLT professional guidelines;
- Referral process: additional written referral is not required as long as patient meets criteria for referral as outlined above and has previously been referred to SLT;
- Patient Information: written information is presented prior to examination in the form of a leaflet;
- Consent: inferred following receipt of patient information;
- Reporting/documentation: findings will be recorded in the medical notes or in Ez notes for out-patients. A report will be written to the patient's consultant and copied to their GP
- Incident reporting: via Datix;
- Review: to be completed annually to include patient safety and key benefits and outcomes;
- Health & Safety: it is the responsibility of the assessing clinician to ensure that medical backup, suction and resuscitation equipment are readily available as per the Royal College of Speech and Language Therapists (RCSLT) FEES Policy 2008

5. Implementation

- Consultation with ENT/ Maxillofacial team
- Presentation to Quality meeting in H&N Directorate
- Submitted to Clinical Governance lead in ENT Directorate and Trust
- Adoption as policy
- Complete training
- Deliver service

6. Monitoring and compliance

SLT will produce data for each patient which can be reported annually via the H&N Directorate Quality meetings, to include: patient demographics, diagnosis, need for ENT input, change of management, adverse incidents and clinical outcomes.

7. Policy Review

SLT with support from Clinical Governance lead (ENT) will review every 2 years.

8. References

References:

Code:

Royal College of Speech and Language therapists: speech and language therapy Endoscopy for voice disordered patients (position paper 2007)	
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9. Background

9.1 Consultation

Comments will be sought from H&N team through Directorate Clinical Governance meetings prior to submitting to ENT Clinical Governance lead for approval.

9.2 Approval process

Once approved within ENT, the policy will be submitted through Trust Clinical Governance committee for their approval.

9.3 Equality requirements

There are no predicted impacts on equality of service.

9.4 Financial risk assessment

There is no financial outlay predicted in order to implement this policy.

Supporting Document 1 - Equality Impact Assessment Tool

To be completed by the key document author and included as an appendix to key document when submitted to the appropriate committee for consideration and approval.

Please complete assessment form on next page;



Herefordshire & Worcestershire STP - Equality Impact Assessment (EIA) Form

Please read EIA guidelines when completing this form

Section 1 - Name of Organisation (please tick)

Herefordshire & Worcestershire STP		Herefordshire Council		Herefordshire CCG	
Worcestershire Acute Hospitals NHS Trust	x	Worcestershire County Council		Worcestershire CCGs	
Worcestershire Health and Care NHS Trust		Wye Valley NHS Trust		Other (please state)	

Name of Lead for Activity	Morag Inglis
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Details of individuals completing this assessment	Name	Job title	e-mail contact
	Morag Inglis	SLT Manager	Morag.inglis1@nhs.net
	Mirjana Rasovic	Clinical professional lead SLT	Mirjana.rasovic@nhs.net
Date assessment completed	25th May 22		

Section 2

Activity being assessed (e.g. policy/procedure, document, service redesign, policy, strategy etc.)	Title: SLT functional assessment of voice using flexible nasendoscopy		
What is the aim, purpose and/or intended outcomes of this Activity?	Guideline for SLT extended practice using flexible nasendoscopy		
Who will be affected by the	<input type="checkbox"/>	Service User	x Staff

development & implementation of this activity?	<input checked="" type="checkbox"/> Patient <input type="checkbox"/> Carers <input type="checkbox"/> Visitors	<input type="checkbox"/> Communities <input type="checkbox"/> Other _____ <input type="checkbox"/>
Is this:	<input checked="" type="checkbox"/> Review of an existing activity <input type="checkbox"/> New activity <input type="checkbox"/> Planning to withdraw or reduce a service, activity or presence?	
What information and evidence have you reviewed to help inform this assessment? (Please name sources, eg demographic information for patients / services / staff groups affected, complaints etc.)	Review of related activity in SLT	
Summary of engagement or consultation undertaken (e.g. who and how have you engaged with, or why do you believe this is not required)	No changes required	
Summary of relevant findings		

Section 3

Please consider the potential impact of this activity (during development & implementation) on each of the equality groups outlined below. **Please tick one or more impact box below for each Equality Group and explain your rationale.** Please note it is possible for the potential impact to be both positive and negative within the same equality group and this should be recorded. Remember to consider the impact on e.g. staff, public, patients, carers etc. in these equality groups.

Equality Group	Potential positive impact	Potential neutral impact	Potential negative impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Age		X		This activity can be available to all patient groups apart from to patients with known contraindications
Disability		X		
Gender Reassignment		X		
Marriage & Civil Partnerships		X		
Pregnancy & Maternity		X		
Race including Traveling Communities		X		
Religion & Belief		X		
Sex		X		

Equality Group	Potential <u>positive</u> impact	Potential <u>neutral</u> impact	Potential <u>negative</u> impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Sexual Orientation		X		
Other Vulnerable and Disadvantaged Groups (e.g. carers; care leavers; homeless; Social/Economic deprivation, travelling communities etc.)		X		
Health Inequalities (any preventable, unfair & unjust differences in health status between groups, populations or individuals that arise from the unequal distribution of social, environmental & economic conditions within societies)		X		

Section 4

What actions will you take to mitigate any potential negative impacts?	Risk identified	Actions required to reduce / eliminate negative impact	Who will lead on the action?	Timeframe
How will you monitor these actions?				
When will you review this EIA? (e.g in a service redesign, this EIA should be revisited regularly throughout the design & implementation)	3 years when guidelines are reviewed			

Section 5 - Please read and agree to the following Equality Statement



1. Equality Statement

1.1. All public bodies have a statutory duty under the Equality Act 2010 to set out arrangements to assess and consult on how their policies and functions impact on the 9 protected

characteristics: Age; Disability; Gender Reassignment; Marriage & Civil Partnership; Pregnancy & Maternity; Race; Religion & Belief; Sex; Sexual Orientation

1.2. Our Organisations will challenge discrimination, promote equality, respect human rights, and aims to design and implement services, policies and measures that meet the diverse needs of our service, and population, ensuring that none are placed at a disadvantage over others.

1.3. All staff are expected to deliver services and provide services and care in a manner which respects the individuality of service users, patients, carer's etc, and as such treat them and members of the workforce respectfully, paying due regard to the 9 protected characteristics.

Signature of person completing EIA	
Date signed	24 th May 2022
Comments:	
Signature of person the Leader Person for this activity	
Date signed	24 th May 2022
Comments:	



Supporting Document 2 – Financial Impact Assessment

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

	Title of document:	Yes/No
1.	Does the implementation of this document require any additional Capital resources	No
2.	Does the implementation of this document require additional revenue	No
3.	Does the implementation of this document require additional manpower	No
4.	Does the implementation of this document release any manpower costs through a change in practice	No
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff	No
	Other comments:	This service development may lead to cost savings due to improved patient outcomes and skill mix (SLT extended roles v ENT consultant)

If the response to any of the above is yes, please complete a business case and which is signed by your Finance Manager and Directorate Manager for consideration by the Accountable Director before progressing to the relevant committee for approval

Appendix one –

Fibreoptic Endoscopic Evaluation of Voice and/or Swallowing Patient Information Sheet

<http://www.worcsacute.nhs.uk/EasysiteWeb/getresource.axd?AssetID=44828&serviceType=Attachment>

Appendix two –

Royal College of speech and language Therapist- Endoscopy for voice disordered patients: Position paper 2-007

<http://www.worcsacute.nhs.uk/EasysiteWeb/getresource.axd?AssetID=44827&serviceType=Attachment>

Appendix three –

Fees Assessment Report

<http://www.worcsacute.nhs.uk/EasysiteWeb/getresource.axd?AssetID=44833&serviceType=Attachment>

Appendix four –

Speech and Language Therapy Functional Assessment of Voice and Swallowing using Flexible Nasendoscopy

<http://www.worcsacute.nhs.uk/EasysiteWeb/getresource.axd?AssetID=44836&serviceType=Attachment>

Appendix five –

Flexible Nasendoscope Training

<http://www.worcsacute.nhs.uk/EasysiteWeb/getresource.axd?AssetID=44838&serviceType=Attachment>