

# Sheffield Teaching Hospitals NHS Foundation Trust (STHFT) Head and Neck Inpatient FEES Service

## Background

Access to inpatient FEES for head and neck patients was restricted due to lack of timely availability of FEES inpatient slots, staffing capacity and no head and neck SLTs trained in FEES. Complex decannulation or swallow assessments for post-surgery head and neck inpatients benefit from access to FEES assessment and biofeedback. Timely SLT FEES assessments have an impact on length of hospital stay, patient progress (e.g. tracheostomy decannulation or return to oral intake) and well-being, ability to communicate and swallowing rehabilitation outcomes.

## Approach

- RCSLT FEES training competencies were completed for head and neck SLT, with support of existing STH FEES team and access to external training for FEES interpretation/ scoping at Wythenshawe Hospital
- Commenced FEES training for other head and neck SLTs, in the meantime, head and neck FEES scoping supported by existing FEES team and ENT consultants
- Identified weekly need for head and neck surgical patients based on collecting data on how many patients would have been referred if service was available
- Successful business case for improved portable FEES kit, allowing ward-based FEES without large stacker/ poor image quality of old kit
- Database to collect outcomes data on new service

## Challenges

- Time taken to complete training, including need to travel to different hospital site regularly to access FEES assessments/supervision
- Waiting for outcome of business case for FEES kit; FEES service had to temporarily pause as old equipment wasn't suitable to use
- Seeing patients outside of normal head and neck caseload for FEES during training, taking time away from head and neck clinical time (but improving depth of FEES clinical knowledge)

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## Outcome/Impact

- Positive impacts for patient rehabilitation and wellbeing have included ability to identify safest oral trials and effective swallow strategies to avoid silent laryngeal penetration/ aspiration, and expediate safe return to oral intake, removal of enteral feeding and faster hospital discharge. Commencing safest oral intake trials earlier post-surgery promotes better outcomes for swallowing rehabilitation and avoids complications e.g. chest infections/ HAP
- THIS FEES has been useful for complex decision making e.g. swallow assessments post-partial laryngectomy, or assessment of secretion management prior to decannulation
- FEES has been used to assess airway patency and inform tracheostomy decannulation via joint FEES with ENT consultants present

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***“Having access to joint FEES with ENT colleagues has resulted in joint decision making regarding decannulation and reduced length of hospital stay. It's also been a great training experience for the MDT team to watch live FEES”***  
***- Ceri, Speech and Language Therapist***

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## Top Tips

- FEES training requires time for regular supervision across a range of clinical areas, with support of FEES trained SLT supervisors. Training within a new FEES service may need to be staggered to allow FEES trainers to reach required levels of competency to train others (level 2b)
- MDT working e.g. with ENT team can facilitate FEES and benefit team decision-making
- Collect data on outcomes of FEES to evaluate service e.g. whether FEES informed decannulation decision, secretion management, commencing oral intake