

29 March 2019

Our Ref: RFI 27597

Dear

**Freedom of Information Act 2000
Information in relation to Bowel Management Patient Safety Alert**

I am writing to confirm that the South Eastern Health & Social Care Trust (the Trust) has now completed its search for information relating to the above which you requested on 26 February 2019.

A response to each of the questions raised has been provided by the Nursing, Primary Care and Older People Directorate and is attached in Appendix A.

If you are unhappy as to how this request has been handled, you have the right to seek a review within the Trust in the first instance. You should write to the Information Governance Department, Lough House, Ards Community Hospital (informationgovernance@setrust.hscni.net) within two months of the date of this response and your complaint will be considered and a response provided, within 20 working days of receipt.

If, after receiving a response, you remain unhappy, you can refer your complaint to the Information Commissioner at The Information Commissioner's Office –Northern Ireland, 3rd Floor, 14 Cromac Place, Belfast, BT7 2JB. It is important to note that if you refer any matter to the Information Commissioner, you will need to show evidence of having gone through the Trust's internal review procedure to try to resolve the matter with the Trust in the first instance.

If you have any queries about this letter, please do not hesitate to contact me. Please remember to quote the reference number above in any future communications.

Yours sincerely

**Catherine Treanor
Information Governance Assistant**

As a request under the Freedom of Information Act, please provide the following information about the recent NHS Improvement (NHSI) Patient Safety Alert “Resources to support safer bowel care for patients at risk of autonomic dysreflexia 25 July 2018”, Alert reference number: NHS/PSA/RE/2018/005

Technical Note – Relevant annexe reads:-

“Annexe B

6: Use evidenced based, best practice approaches for meeting needs for care and support with bladder and bowel health

6.5: Administer enema, suppositories and undertake manual evacuation when appropriate.”

Q1. Does the Trust have a formal written policy for digital rectal examination, digital rectal stimulation and the digital removal of faeces in spinal cord injured and other patients with neurogenic bowel dysfunction?

- (a) Yes**
- (b) No**

A1. Yes

Q2. Following recommendation of this patient safety alert, did the Trust “review your local clinical policy and guidance relating to bowel assessment and management”?

- (a) Yes – produced a new policy**
- (b) Yes - revised an existing policy**
- (c) Yes – retained existing policy**
- (d) No – did not review an existing policy**
- (e) No – no bowel assessment and management policy in place**

A2. Yes – retained existing policy

Q3. Is your policy based on the policy template that the Spinal Injuries Association circulated to your trust in August 2018?

- (a) Yes**
- (b) No**
- (c) No bowel assessment and management policy in place**

A3. Yes every policy has referenced guidance from MASCIP.

Q4. If admitted to the Trust will a person with neurogenic bowel dysfunction receive the following bowel care intervention – Digital removal faeces?

(a) Yes

(b) No

A4. Within the community setting, most teams have staff who are trained and competent in the provision of Digital Removal of Faeces (DRF) / Digital Removal of Stool (DRS).

If a patient with neurogenic bowel dysfunction who receives DRF as part of their bowel care routine is admitted to the Ulster Hospital, their admitting Consultant, at their discretion will decide if the patients should be referred to the Colorectal or Gastroenterology team for assessment and provision of DRF. This service is not a 24 hour service and would not be available in the Downe Hospital or Lagan Valley Hospital.

Q5. If admitted to the Trust will a person with neurogenic bowel dysfunction receive the following bowel care intervention –Digital rectal stimulation?

(a) Yes

(b) No

A5. Please see response to Q4 above.

Q6. If admitted to the Trust will a person with neurogenic bowel dysfunction receive the following bowel care intervention –Trans anal irrigation?

(a) Yes

(b) No

A6. Three of the colorectal nurses based at the Ulster Hospital have received training in trans and irrigation and can provide this service for patients already established on this bowel management system at home. This would be provided following discussion and with consent from the patients admitting Consultant. This is not a 24 hour service and would not be available in the Downe Hospital or Lagan Valley Hospital.

Q7. Are staff available seven days a week to undertake these bowel care interventions?

(a) Yes

(b) No

A7. Yes within the community settings, but not within acute settings.

Q8. Has the Trust “reviewed your local education and training provision for interventional bowel management” as recommended in the Patient Safety Alert?

- (a) Yes**
- (b) No**

A8. Yes

Q9. As requested by the Patient Safety Alert, has the trust developed “an action plan to ensure patients have adequate and timely access to staff who are trained appropriately to carry out these procedures, including in the evening and at weekends”?

- (a) Yes**
- (b) No**

A9. Yes

Q10. Has the Trust “shared your reviewed local guidance, advice on how to identify staff who can provide Digital Removal of Faeces, and the key messages in this alert with medical, nursing and other relevant clinical staff”?

- (a) Yes**
- (b) No**

A10. Yes

Q11. Does the Trust have a policy that allows for the personal care assistants/carers of spinal cord injured patients to assist with this element of the patient's care?

- (a) Yes**
- (b) No**

A11. No, the Trust take the view that all rectal interventions should be conducted by a first level trained nurse who has had the required training and is competent in these procedures.

Q12. As recommended in the Patient Safety Alert, have you identified “an appropriate clinical leader to co-ordinate implementation of this alert”?

- (a) Yes (please answer Q13, but ignore Q14)**
- (b) No (please answer Q14, but ignore Q13)**

A12. Yes

Q13. What are the contact details for the “appropriate clinical leader”(ie name, position, telephone and email)?

A13. Angela Patterson, Lead Clinical Nurse specialist for bladder and bowel dysfunction. Telephone: 02891 450952 or email angela.patterson@setrust.hscni.net

Q14. Why has your Trust not appointed an “appropriate clinical leader”?

- (a) Alert implemented without appointment of a clinical leader**
- (b) Took no action following Patient Safety Alert, as policy already in place**
- (c) Took no action. No existing policy in place**
- (d) Other**

A14. Not applicable.

Q15. Are your newly registered nurses able to demonstrate the nursing procedures as required in Annexe B, section 6.5 of the Nursing and Midwifery Council’s document ‘Future Nurse: Standards of Proficiency for Registered Nurses’?

- (a) Yes**
- (b) No**

A15. Yes, in administration of enemas and suppositories. However digital rectal interventions are not within the nursing curriculum, and would require additional post graduate training and supervised practice to gain competence.