Our ref: IG/FOI/19.R.134

17 June 2019

Sent via email to: Tim Nicholson <request-578386-c5d7d1e4@whatdotheyknow.com>

Dear Mr Nicholson

Request under the Freedom of Information Act 2000

I write further to your request for information which was received on 23 May 2019, to confirm, in accordance with S.1(1)(a) of the Freedom of Information Act 2000, that Powys Teaching Health Board (PTHB) holds the information that you require.

For ease of reference your request is set out below and our response follows:

Your Freedom of Information (FOI) Request:

As a request under the Freedom of Information Act, please provide the following information about the recent NHS Wales Patient Safety Notice “Resources to support safer bowel care for patients at risk of autonomic dysreflexia” (October 2018)(Ref: PSN 046)

I would emphasise that spinal cord injured people may need such in-patient or community bowel care at any time in their lives. Indeed, such care may be required many, many years after their original spinal cord injury and rehabilitation. Also, the primary reason why a spinal cord injured individual is a patient at any given time might not be related directly to their original spinal cord injury.

It would be greatly appreciated if you could copy your WhatDoTheyKnow response to t.nicholson@spinal.co.uk

Q1. Does the Board 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
Q2. Following recommendation of this patient safety notice, did the Board “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

Q3. Is your policy based on the Spinal Injuries Association’s template?

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

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

(a) Yes  
(b) No

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

(a) Yes  
(b) No

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

(a) Yes  
(b) No

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

(a) Yes  
(b) No

Q8. Has the Board reviewed local education and training provision for interventional bowel management, as recommended in the Patient Safety Notice?

(a) Yes  
(b) No

Q9. Has the Board shared “reviewed local guidance, advice on how to identify staff who can provide DRF, and the key messages in this note with medical, nursing and other relevant clinical staff”? 
(a) Yes  
(b) No

Q10. Does the Board 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

Q11. As recommended in the Patient Safety Notice, have you identified “an appropriate clinical leader to co-ordinate implementation of this notice”?

(a) Yes   (please answer Q12, but ignore Q13)  
(b) No   (please answer Q13, but ignore Q12)

Q12. What are the contact details for the “appropriate clinical leader”(ie name, position, telephone and email)?

Q13. Why has your Board not appointed an “appropriate clinical leader”?

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

Powys Response

Questions 1-13 – Please refer to our response below which was provided by our Continence Nurse Advanced Practitioner Service:

I can confirm that PTHB has recently updated its policy for Digital Rectal Examination and the Digital Removal of Faeces. The original policy was developed nationally based on the SCI guidelines. Two of our Continence Nurse Advanced Practitioners are members of the All Wales Continence Forum and supported the development of the policy. One of our Continence Nurse Advanced Practitioners is the lead for Bowel Management within the service, and part of their role is that of policy review and update every 3 years.

Discussions have taken place recently with national colleagues about compliance with the safety notice. Our belief is that this issue has much more impact for acute health boards (which PTHB is not) and that our current policy and training adequately meets the needs of patients within PTHB who require interventional bowel care.

Two Continence Nurse Advanced Practitioners provide training on DRE/DRF and work is currently underway to establish areas where training is outstanding. It is worth noting training has been available regularly for at least 15 years within the Health Board.
Trans anal irrigation is taught to patient’s where their assessment dictates it is appropriate. It is not suitable for all SCI/ neurogenic patients. In the community the majority perform their own irrigation, but we have many patients whose carer’s, PA’s or family have been taught the procedure. If these community patients were to be admitted to one of our community hospitals, a re-assessment of their bowel management would need to take place to ensure their reason for admission did not impact on the safety, efficacy or appropriateness of irrigation. For example, the majority of forms of irrigation require the patient to sit over a toilet or to be hoisted over a toilet or bed pan. If this was clinically contraindicated due to a change in their health condition then digital removal would need to be considered. It is equally important to ensure all patients have their bowels managed as they would at home to prevent Autonomic Dysreflexia as it is to not proceed with interventions contraindicated due to a change in Health.

We do believe that our Community Hospital staff currently do not need to be trained in irrigation due to lack of need and practice to maintain their competence. Certainly, assessing for irrigation is a specialist role only in PTHB. I am not aware of a situation where hospital staff have needed to support a patient with irrigation. Specialists are available to support staff if this became necessary. Our policy does not specify that carers, family and PA’s could continue to support their client or relative in Hospital, but we would encourage this, again dependent on patient condition and individual circumstances. Within the Community, District Nurses are called upon occasionally to support patients with irrigation due to a care package change. Training is provided on an ‘as required’ basis for this particular skill.

All registered nurses in the Community and Community Hospitals should be able to perform DRE, DRF, DRS (digital examination, removal, stimulation). In addition Band 3 and 4 Health Care Support Workers in the Community only can be trained to undertake low risk interventions following the same training as the registered nurse. Specific details are documented in PTHB Policy. Whilst some staff I appreciate may require an update, I believe staff are available 7/7 to provide an interventional bowel service excluding irrigation as previously explained.

In summary, we believe PTHB has in place appropriate measures to maintain the safety and clinical management of patients requiring interventional bowel care, with or without a risk of Autonomic Dysreflexia and over the next few months any additional training required will be arranged/delivered.

Should you need any further assistance, please do not hesitate to contact me at the address below.

If you are dissatisfied, with the way your request has been dealt with by PTHB, you have the right to request a review in which case you should write to:

Chief Executive
Powys Teaching Health Board Headquarters
Glasbury House
Bronllys Hospital
If you are still dissatisfied at the end of the review, you may complain to the Information Commissioner, who can be contacted at the following address:

Information Commissioner’s Office - Wales
2nd Floor,
Churchill House,
Churchill Way,
Cardiff, CF10 2HH
Tel: 029 2067 8400 Fax 029 2067 8399
www.ico.org.uk twitter.com/iconews

Yours sincerely

Rhiannon Jones
Director of Nursing