

Freedom of Information request 014677

21/3/19

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

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

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

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

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

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 ✓

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 ✓

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

- (a) Yes ✓
- (b) No

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

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 – Lead nurses for Ward areas have nominated staff to undertake DRE training.

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

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 ✓

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)

Q13. What are the contact details for the “appropriate clinical leader”(ie name, position, telephone and email)? - Clinical Service Lead for General Surgery, can be reached via switchboard 01384 456111

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

- (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

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’? -

Partially – all RN’s are competent in enema and suppository administration; however further training needs to commence for senior nurses in respect to DRE.

- (a) Yes
- (b) No - partially

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.”