

<b>Reference:</b>	FOI.819.19
<b>Subject:</b>	Safer bowel care for patients at risk of autonomic dysreflexia
<b>Date of Request:</b>	23 May 2019

**Requested**

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)

1. 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?
2. Following recommendation of this patient safety notice, did the Board “review your local clinical policy and guidance relating to bowel assessment and management”?
3. Is your policy based on the Spinal Injuries Association’s template?
4. If admitted to the Board will a person with neurogenic bowel dysfunction receive the following bowel care intervention – Digital removal faeces?
5. If admitted to the Board will a person with neurogenic bowel dysfunction receive the following bowel care intervention –Digital rectal stimulation?
6. If admitted to the Board will a person with neurogenic bowel dysfunction receive the following bowel care intervention –Trans anal irrigation?
7. Are staff available seven days a week to undertake these bowel care interventions?
8. Has the Board reviewed local education and training provision for interventional bowel management, as recommended in the Patient Safety Notice?
9. 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”?
10. 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?
11. As recommended in the Patient Safety Notice, have you identified “an appropriate clinical leader to co-ordinate implementation of this notice”?
12. What are the contact details for the “appropriate clinical leader”(i.e. name, position, telephone and email)?
13. Why has your Board not appointed an “appropriate clinical leader”?

**Response:**

1. Hywel Dda University Health Board's (UHB) written policy for digital rectal examination, digital rectal stimulation and digital removal of faeces is currently under review following the recommendations included within the NHS Wales Patients Safety Notice "Resources to support safer bowel care for patients at risk of autonomic dysreflexia" (October 2018).
2. Please see response to question 1.
3. No, the policy is being written independently by the UHB and is based upon National Institute for Health and Care Excellence (NICE) guidelines and will be evidence based.
4. No, there is no guarantee that a patient with neurogenic bowel dysfunction would receive digital removal of faeces should they be admitted to a UHB hospital. Training for this procedure is not currently delivered Health Board wide.
5. No, there is no guarantee that a patient with neurogenic bowel dysfunction would receive digital rectal of stimulation should they be admitted to a UHB hospital. Training for this procedure is not currently delivered Health Board wide.
6. No, there is no guarantee that a patient with neurogenic bowel dysfunction would receive trans anal irrigation should they be admitted to a UHB hospital. Training for this procedure is not currently delivered Health Board wide.
7. No, the UHB does not currently deliver training on these procedures to all staff, and is therefore unable to provide staffing levels sufficient to deliver these interventions 7 days a week.
8. Yes, the UHB is scheduling bowel dysfunction training days in each of it's three counties and where required will arrange bespoke additional training days.
9. No, the UHB is unable to proceed with training and assessing those suitable for training until the new policy is completed and approved.
10. While a patient is at home and in the care of their family or carers then family involvement is encouraged. However, whilst in an acute hospital setting the nursing staff adopt this responsibility.
11. The UHB is currently considering all recommendations within the Patient Safety Notice alongside the review of its policy.
12. Please see response to question 11.
14. Please see response to question 11.