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Royal Cornwall Hospitals NHS Trust

Adult Continence Care Policy

V5.0

December 2022

Summary

Category	Information and Details
Screening Level	This level is about improving access to continence care, which involves healthcare professionals encouraging discussion of the problem with patients and screen for it by asking: "Does your bladder or bowel ever/sometimes cause you problems?" (Essence of Care 2010) A positive response to the question requires the clinical team to review reversible factors for the incontinence.
Review of reversible factors Level (Pre-First Level)	Clinical team to review reversible factors to eliminate anything which could reverse the continence problems Fluid and food intake Constipation Medications (Inc. drugs) Urinary Tract Infection Environmental factors Constipation Undiagnosed or uncontrolled diabetes Atrophic vaginitis Where treatment to reverse any factor is unsuccessful and a continence problem continues, referral onwards is required.
First Level	This level involves the healthcare professional who is competent at offering a first-level assessment using a locally approved clinical assessment tool. Failure of treatment or doubtful diagnosis will determine referral to the second level.
Second Level	This level includes specialists such as the Bladder and Bowel Specialist Service, Physiotherapists specialising in continence, Urologists, Gynaecologists and Geriatricians Referral onto the third level will be for complex cases not resolved at this level.
Third Level	This level is a further step for highly specialised care, usually provided in centres of excellence.

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Data Protection Act 2018 (General Data Protection Regulation – GDPR) Legislation

The Trust has a duty under the Data Protection Act 2018 and General Data Protection Regulations 2016/679 to ensure that there is a valid legal basis to process personal and sensitive data. The legal basis for processing must be identified and documented before the processing begins. In many cases we may need consent; this must be explicit, informed, and documented. We cannot rely on opt out, it must be opt in.

Data Protection Act 2018 and General Data Protection Regulations 2016/679 is applicable to all staff; this includes those working as contractors and providers of services.

For more information about your obligations under the Data Protection Act 2018 and General Data Protection Regulations 2016/679 please see the Information Use Framework Policy or contact the Information Governance Team

Royal Cornwall Hospital Trust rch-tr.infogov@nhs.net

1. Introduction

1.1. This document sets out our organisational commitment for a high-quality integrated continence service across Cornwall in partnership with commissioners and other health and social care partners.

1.2. Further context on priorities for high quality bowel and bladder care can draw from The Francis Report (2010) which highlighted, in Mid Staffordshire NHS Trust, poor patient experience in bladder and bowel continence care, which gave the 'impression of continuous neglect'. Of 33 cases heard during the enquiry, there were significant concerns for 22 of the cases, most notably:

- Poor response to patients requesting assistance
- Patients being left in soiled sheets
- Patients being left on commodes
- Uncaring and unsympathetic attitude of staff

1.3. The document mirrors that of Cornwall-wide NHS partners but contains local Royal Cornwall Hospital NHS Trust reference to promote excellence in continence promotion and care in our hospitals, that put dignity in care at the heart of the service we deliver.

1.4. This policy is in line with NHS England 'Excellence in Continence Care' (2019) publication from an acute hospitals perspective.

1.5. This version supersedes any previous versions of this document.

2. Purpose of this Policy

2.1. The purpose of this policy is to define the clinical and professional expectations for continence promotion and care at RCHT.

2.2. This policy emphasises the need for clinical assessment and personalised care planning, delivered by skilled staff, across organisational and professional boundaries, and reinforces dignity in care being at the heart of the service given.

3. Scope

3.1. This policy applies to all Trust staff who are directly or indirectly involved in the care of people with continence problems, their carers and families, where applicable.

3.2. A number of national guidelines and quality standards exist that underpin this policy and are recommended reading. These include:

- NICE Clinical Guideline 49 – Faecal Incontinence in adults: management
- NICE Clinical Guideline 171 – Urinary incontinence in women: management

- NICE Clinical Guideline 97 – Lower urinary tract symptoms in men: management
- NICE Clinical Guideline 148 – Urinary incontinence in neurological disease: assessment and management
- NICE Quality Standard 54 – Faecal incontinence in adults
- NICE Quality Standard 77 – Urinary incontinence in women
- NICE Quality Standard 90 – Urinary tract infections in adults

4. Definitions / Glossary

4.1. **Continence care** is the total package tailored to meet the individual needs of patients with bladder and bowel problems (DH 2010).

4.2. **Lower urinary tract symptoms and faecal incontinence** has many possible causes. Urinary and faecal incontinence has been defined as 'the complaint of any involuntary leakage of urine or faeces' (Abrams et al 2002). Treatments are varied and it is therefore important to diagnose the cause(s) accurately. For further definitions of signs and symptoms, please refer to the standardisation documents at ICS Standards.

5. Ownership and Responsibilities

5.1. The Chief Executive and wider Trust Board have key roles and responsibilities to ensure the Trust meets requirements set out by statutory and regulatory authorities (for example: the Department of Health, Commissioners, and the Care Quality Commission). These responsibilities are delegated to an Executive Lead with supportive structures to ensure and assure standards and expectations are met. These are described below:

5.2. Role of the Executive Lead

The Director for Nursing, Midwifery and Allied Health Professionals is the nominated Executive Lead and will be responsible for ensuring structures and processes are in place to assure delivery of the organisation's commitment to an integrated continence service. The Executive Lead will report to Trust Board on progress as required.

5.3. Role of the Continence Lead

The Head of Nursing for the General Surgery and Cancer Care Group is responsible for the utilisation of this policy and for monitoring and reporting compliance.

5.4. Role of Care Group Management Teams

Care Group Management Teams (Clinical Director, General Manager and Head of Nursing/Midwifery/Allied Health Professionals (NMAHP)) are responsible for ensuring their care group drive up the standards of continence care. Effective mechanism for communication and dissemination of information to all clinical teams must be assured.

5.5. **Role of Ward and Department Sisters and Charge Nurses (and other Departmental Leads / Managers)**

Line managers are responsible for driving through changes and ensuring effective communication channels exist to the care group, encouraging dissemination of information and actions across the wider health care team.

5.6. **Role of Individual Staff**

All staff members are responsible to ensure they comply with Trust policy regarding continence care. They must meet the requirements set out regarding learning and development for their level of involvement with people with continence problems.

6. Standards and Practice

6.1. **The Context of Cornwall's Integrated Continence Service: Philosophy**

A person has the right to be continent, whenever this is achievable, and to the highest standards of available health and social care, to ensure an optimum quality of life, independence and personal dignity.

6.2. **Key Role for the Healthcare Professional**

- early identification of the continence status of the patient
- Activate a first level assessment where bladder and/or bowel continence dysfunction is identified
- Participate in education to increase knowledge and skill
- Take action to preserve and maximise privacy and dignity
- Comply with clinical care pathways and practice guidelines

6.3. **Key Role for the Bladder and Bowel Specialist Service**

- Provide advanced second level assessment to patients in the treatment and management of bladder and bowel continence problems via referrals from health and social care professionals or patients themselves
- Act as a resource for healthcare professionals in the pursuit of therapeutic continence care delivery
- Develop clinical care pathways and practice guidelines using best evidence where it exists; ensuring that they are implemented, regularly updated and available to relevant staff
- Monitor quality through clinical audit, taking into account comments and complaints

- Work in partnership with other organisations (Clinical Commissioning Groups; NHS Trusts; other statutory and voluntary organisations)
- Provide educational support and training programmes to the multidisciplinary team
- Deliver high quality and cost-effective services.
- Provide an education network of 'Continence Resource / Link Nurses'
- Hold current literature on the promotion of continence and management of incontinence.

6.4. **Treatment of Incontinence and Related Symptoms**

6.4.1. There is an increasing body of knowledge about the clinically effective treatments for most types of faecal and urinary incontinence, particularly through clinical guidance and quality standards (NICE 2007, 2008, 2010, 2012 and 2013; SIGN 2006).

6.4.2. National and international research is a continuing process, and the Bladder and Bowel Specialist Service will assist in keeping healthcare professionals up-to-date.

6.5. **Organisation of Care**

6.5.1. Continence problems will largely be identified and assessed in primary and community care settings. However, some people will present for the first time during a hospital admission (acute and community) and therefore healthcare professionals must be competent to carry out a first level clinical assessment.

6.5.2. Treatment and support for the patient will be offered at the following levels of care:

Category	**Information and details**
Screening Level	This level is about improving access to continence care, which involves healthcare professionals encouraging discussion of the problem with patients and screen for it by asking: *"Does your bladder or bowel ever/sometimes cause you problems?"* (Essence of Care 2010) A positive response to the question requires the clinical team to review reversible factors for the incontinence.
Review of reversible factors Level (Pre-First Level)	Clinical team to review reversible factors to eliminate anything which could reverse the continence problems. • Fluid and food intake • Constipation

Category	Information and details
	• Medications (Inc. drugs) • Urinary Tract Infection • Environmental factors • Constipation • Undiagnosed or uncontrolled diabetes • Atrophic vaginitis Where treatment to reverse any factor is unsuccessful and a continence problem continues, onward referral should be considered

Category	Information and details
First Level	This level involves the healthcare professional who is competent at offering a first-level assessment using a locally approved clinical assessment tool. Failure of treatment or doubtful diagnosis will determine referral to the second level.
Second Level	This level includes specialists such as the Bladder and Bowel Specialist Service, Physiotherapists specialising in continence, Urologists, Gynaecologists and Geriatricians Referral onto the third level will be for complex cases not resolved at this level.
Third Level	This level is a further step for highly specialised care, usually provided in centres of excellence.

6.6. **Professional Accountability**

6.6.1. Clinical decision-making should be enhanced by professionally recognised or evidence-based practice. Adopting this means accepting responsibility for the patient, while being able to justify those decisions to patients and peers (N&MC 2008).

6.6.2. Healthcare professionals should ensure that they are adequately prepared to undertake clinical assessments if it is within their scope of practice (N&MC 2015).

6.7. **Indwelling Urinary Catheterisations**

6.7.1. Indwelling urinary catheterisation should be avoided wherever possible. Staff should refer to the RCHT Catheter Policy for any planned catheterisation. Agreed local documentation tools should be used i.e., the catheter care plan with insertion record.

6.7.2. All staff should have completed local training before attempting catheterisation procedures. Non- medical healthcare professionals should not insert the first catheter via the urethra for patients where there is a known bladder or prostate cancer, recent pelvic surgery or injury, or significant haematuria. Subsequent catheterisations for such patients may need to be performed within a controlled environment. For all other patients, it will be the clinical judgment of the assessing healthcare professional to determine whether it is safe to perform a first-time male or female urethral catheterisation. Supra-pubic urinary catheters are initially inserted within secondary care. Subsequent supra-pubic catheter changes can be performed in community settings by competent healthcare professionals as and when it is safe to do so.

6.8. **First Level Assessment**

6.8.1. Individuals with bladder or bowel dysfunction will be assessed with skill and sensitivity. The key aims of assessment are to establish:

- The cause of the symptoms
- What is required in terms of further investigation or treatment
- How these objectives can be achieved
- How to help the patient achieve the best quality of life

6.8.2. Assessments will include:

- History
- Patient goals and expectation of treatment
- Physical examination
- Bladder diary
- Urinalysis
- Post-void urine measurement

6.8.3. Conservative treatment measures will include:

- Behavioural and lifestyle modifications
- Pelvic floor exercises
- Bladder retraining

- Medication
- Devices/products

6.8.4. A treatment/management plan should be agreed with the patient and a copy given to them (DH 2000).

6.9. First Level Reassessment

Patients/clients will be reviewed or reassessed depending on their individual need, considering treatment, management and plan of care. On-going reassessment will be documented for each individual patient/client. This will include any changes in symptoms. Reassessment dates must be documented in the patient's notes. The contact number of the assessing clinician will be available to the patient/client and carer.

6.10. Absorbent Hygiene Products

6.10.1. **For acute hospital patients** pad use is based on individual assessment and selection of the right product, if required. Each ward stock a core range and other products are available within each division to ensure individually assessed and fitting products are available.

6.10.2. Pad use should only be based on holistic assessment (clearly documented) and will often be supported by incontinence screening assessment.

6.10.3. Under no circumstances are 'procedural sheets' or 'bed squares' to be used to deal with incontinence – use reflects unacceptably poor practice and/or a lack of confidence of the healthcare professional's assessment and product selection, in which case senior support and advise should be sort.

6.10.4. Consideration in using the patient's own absorbent hygiene products in hospital, if supplied by the NHS, are encouraged - to maintain continuity of care.

6.10.5. If pad use is recommended on discharge communication to the district nursing service is essential.

6.10.6. For community-based patients' prescription of a product is made by the assessing healthcare professional following a first level assessment using a locally approved clinical assessment tool. No product should be prescribed for a patient without a first level clinical assessment. Should a patient/client refuse an assessment and/or treatment then the community service provider will have to reach local/individual agreement about provision of products.

6.10.7. It is important to acknowledge quality of life and cost-effectiveness rather than cost alone. Clinical need should determine the type and number of products to be allocated per 24 hours. However, in the community, authorisation is required by a team leader before the requisition of a product is activated, if the number within a 24-hour period exceeds 4 (from the age of 4 years upwards).

6.10.8. It is recommended that reassessment takes place six monthly for those receiving long-term supplies. This is to check that clinical needs have not changed or that there is not a newer product available that may be more suitable.

6.10.9. For patients with life-threatening disease and where end-of-life care is being delivered, enough products should be provided to maximise comfort and dignity. Products can be delivered as an urgent order providing, they are authorised by the Community Team Leader.

6.11. Admission to Hospital

6.11.1. For emergency admissions to secondary care, the assessing healthcare professional should undertake a screening level assessment, which should be documented, and appropriate action taken (see 3.5).

6.11.2. If prompted by the screening assessment on admission, the clinical team should review the seven reversible factors and take action.

6.11.3. Should continence symptoms become apparent during an in-patient stay, then a reversible factor screening should be commenced before, if necessary, moving on to any first level assessment.

6.11.4. The care plans for faecal and urinary incontinence should be completed as clinically required: CHA 2931 (faecal incontinence) and CHA 2930 (urinary incontinence).

6.11.5. Community nurses should liaise with secondary care where hospital admission is known. Suspension of a pad delivery may need to be considered.

6.11.6. The use of products within hospital should be preceded by an individual clinical assessment to ensure optimum and safe use of body-worn products.

6.11.7. The use of bed squares is unacceptable practice for the management of incontinence.

6.12. Discharge from Hospital

Key information needs to be passed onto community nurses or care homes, which includes:

- Copy of any reversible factor screening or first-level assessment and management plan (e.g., catheter insertion record).
- Referral onto Second and Third levels as required.
- Any equipment and level of supply (for example, specific details of urethral, supra- pubic or clean intermittent catheterisation; 7 days' supply of body worn pads and catheter urine drainage /collection systems).
- Patients with long term catheters inserted in hospital should leave with a 'My Urinary Catheter Passport', available from hospital guardian boxes.

- Any other appropriate information.

7. Dissemination and Implementation

7.1. This policy will be cascaded by Care Group Management Teams

7.2. This policy's implementation will be through Care Group Management Structures

7.3. Training and Support

7.3.1. Each hospital team should have the necessary skills to be able to undertake a screening and first level assessment.

7.3.2. All registered healthcare professionals with the responsibility for first level clinical assessment and support workers who contribute to continence care must have received educational preparation. To help equip and prepare staff, they can access local study days and the University Partnership module HEAC348 'Effective Promotion of Continence and Management of Incontinence'.

7.3.3. The Royal College of Nursing hosts educational materials on continence care https://rcni.com/hosted-content/rcn/continence/home

7.3.4. The Royal College of General Practice and Public Health England host a free e-learning course in managing urinary tract infections https://www.rcgp.org.uk/TARGETantibiotics

8. Monitoring compliance and effectiveness

Information Category	Detail of process and methodology for monitoring compliance
Element to be monitored	This policy underpins the Trust commitment to improve continence care across our services. National standards are established (NICE) and reflected in this Policy. A program of audit against these standards will be coordinated.
Lead	The Continence Lead takes responsibility for leading a structured audit programmer.
Tool	Audit into the NICE guidelines and quality standards
Frequency	A rotating audit programmer will be established, minimum frequency is two yearly.
Reporting arrangements	Reported to the Clinical Effectiveness Committee
Acting on recommendations and Lead(s)	Actions taken back through Clinical Effectiveness Committee routes to Care Groups.

Information Category	Detail of process and methodology for monitoring compliance
Change in practice and lessons to be shared	Via Clinical Effectiveness Committee and team activities.

9. Updating and Review

The policy will be kept under review by the author in line with Trust's strategic and operational developments and clinical practice changes. The minimum review period will be in three years' time, in line with Trust policy. Revision activity is recorded in the version control table at the beginning of this document.

10. Equality and Diversity

10.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the 'Equality, Inclusion and Human Rights Policy' or the Equality and Diversity website.

10.2. Equality Impact Assessment

The Initial Equality Impact Assessment Screening Form is at Appendix 2.

Appendix 1. Governance Information

Information Category	Detailed Information
Document Title:	Adult Continence Care Policy V5.0
This document replaces (exact title of previous version):	Adult Continence Care Policy V4.0
Date Issued/Approved:	November 2022
Date Valid From:	December 2022
Date Valid To:	December 2025
Directorate / Department responsible (author/owner):	Lorraine Sole- Head of Nursing, General Surgery and Cancer Care Group
Contact details:	01872 253086
Brief summary of contents:	The purpose of this policy is to define the clinical and professional expectations for continence promotion and care in RCHT.
Suggested Keywords:	Continence, Diseases, Incontinence, Incontinence services, Continence Promotion, Continence Care, Continence Management
Target Audience:	RCHT: Yes CFT: No CIOS ICB: No
Executive Director responsible for Policy:	Dual Chief Nurse Deputy CEO for RCHT
Approval route for consultation and ratification:	Clinical Cabinet
General Manager confirming approval processes:	Louise Dickinson, Deputy Director of Nursing, Midwifery and Allied Health Professionals
Name of Governance Lead confirming approval by specialty and care group management meetings:	Lorraine Sole- Head of Nursing, General Surgery and Cancer Care Group
Links to key external standards:	None
Related Documents:	NICE Clinical Guideline 49 – Faecal

Information Category	Detailed Information
Training Need Identified?	Incontinence in adults: management • NICE Clinical Guideline 171 – Urinary incontinence in women: management • NICE Clinical Guideline 97 – Lower urinary tract symptoms in men: management • NICE Clinical Guideline 148 – Urinary incontinence in neurological disease: assessment and management • NICE Quality Standard 54 – Faecal incontinence in adults • NICE Quality Standard 77 – Urinary incontinence in women • NICE Quality Standard 90 – Urinary tract infections in adults
Publication Location (refer to Policy on Policies – Approvals and Ratification):	Internet and Intranet
Document Library Folder/Sub Folder:	Clinical / Corporate Clinical

Version Control Table

Date	Version Number	Summary of Changes	Changes Made by
01 May 2010	V1.0	Initial issue	Frazer Underwood – Chief Divisional Nurse (Medicine)
31 October 2012	V2.0	Biannual review: Uploaded into new policy template and only minor changes made.	Frazer Underwood – Consultant Nurse/Associate Director of Nursing
31 October 2015	V3.0	Full review in line with CFT policy updates. Only minor changes made.	Frazer Underwood – Consultant Nurse/Associate

Date	Version Number	Summary of Changes	Changes Made by
			Director of Nursing
May 2019	V4.0	Full review. Only minor changes made.	Frazer Underwood – Consultant Nurse/Associate Nurse Director
November 2022	V5.0	Full review. Only minor changes made.	Lorraine Sole- Head of Nursing, General Surgery and Cancer Care Group

All or part of this document can be released under the Freedom of Information Act 2000

This document is to be retained for 10 years from the date of expiry.
This document is only valid on the day of printing

Controlled Document

This document has been created following the Royal Cornwall Hospitals NHS Trust Policy for the Development and Management of Knowledge, Procedural and Web Documents (The Policy on Policies). It should not be altered in any way without the express permission of the author or their Line Manager.

Appendix 2. Equality Impact Assessment

Section 1: Equality Impact Assessment (EIA) Form

The EIA process allows the Trust to identify where a policy or service may have a negative impact on an individual or particular group of people.

For guidance please refer to the Equality Impact Assessment Policy (available from the document library) or contact the Equality, Diversity and Inclusion Team rcht.inclusion@nhs.net

Information Category	Detailed Information
Name of the strategy / policy / proposal / service function to be assessed:	Adult Continence Care Policy V5.0
Directorate and service area:	Corporate Clinical
Is this a new or existing Policy?	Existing
Name of individual completing EIA (Should be completed by an individual with a good understanding of the Service/Policy):	Lorraine Sole, Head of Nursing, General Surgery and Cancer Care Group
Contact details:	01872 253086

Information Category	Detailed Information
1. Policy Aim - Who is the Policy aimed at? (The Policy is the Strategy, Policy, Proposal or Service Change to be assessed)	The purpose of this policy is to ensure the Trust meets strategic and clinical best practice standards in delivering its ambition to provide excellent continence care services.
2. Policy Objectives	Improve and standardise care
3. Policy Intended Outcomes	Improved patient and carer experience of continence care in hospital
4. How will you measure each outcome?	Annual review of services provided (clinical audit) and services received (i.e. absorbent product and catheter reviews)
5. Who is intended to benefit from the policy?	Patient, carers and staff

Information Category	Detailed Information
6a. Who did you consult with? (Please select Yes or No for each category)	• Workforce: Yes • Patients/ visitors: No • Local groups/ system partners: No • External organisations: No • Other: No
6b. Please list the individuals/groups who have been consulted about this policy.	**Please record specific names of individuals/ groups:** Clinical Cabinet
6c. What was the outcome of the consultation?	Clinical Cabinet – minor amendments to the version of the policy
6d. Have you used any of the following to assist your assessment?	**National or local statistics, audits, activity reports, process maps, complaints, staff or patient surveys:** No

7. The Impact

Following consultation with key groups, has a negative impact been identified for any protected characteristic? Please note that a rationale is required for each one.

Where a negative impact is identified without rationale, the key groups will need to be consulted again.

Protected Characteristic	(Yes or No)	Rationale
Age	No	Continence problems can be linked to an aging population, therefore a proactive agenda on improving continence care will have a positive impact on those aged in society generally
Sex (male or female)	No	
Gender reassignment (Transgender, non-binary, gender fluid etc.)	No	
Race	No	
Disability (e.g. physical or cognitive impairment, mental health, long term conditions etc.)	No	Continence problems can be linked to a disabled population, therefore a proactive agenda on improving continence care will have a positive impact on those with disability in society generally
Religion or belief	No	

Protected Characteristic	(Yes or No)	Rationale
Marriage and civil partnership	No	
Pregnancy and maternity	No	
Sexual orientation (e.g. gay, straight, bisexual, lesbian etc.)	No	

A robust rationale must be in place for all protected characteristics. If a negative impact has been identified, please complete section 2. If no negative impact has been identified and if this is not a major service change, you can end the assessment here.

I am confident that section 2 of this EIA does not need completing as there are no highlighted risks of negative impact occurring because of this policy.

Name of person confirming result of initial impact assessment: Lorraine Sole, Head of Nursing, General Surgery and Cancer Care Group

If a negative impact has been identified above OR this is a major service change, you will need to complete section 2 of the EIA form available here:
Section 2. Full Equality Analysis