Swansea Bay University Health Board.
Policy Framework for the Promotion of Continence and Management of Incontinence.

Policy Owner: Continence Steering Group

Approved by: Continence Steering Group

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1. INTRODUCTION

Swansea Bay University Health Board (SBUHB) aims to maximise the quality of life for those people accessing services with bladder and bowel dysfunction by providing good quality integrated continence services as outlined in National Institute of Clinical Excellence (NICE) guidelines (2015). The needs of the individuals with incontinence will be met, using research and education to promote continence and manage incontinence in an efficient, effective and comprehensive and compassionate way, adhering to the SBUHB values and in line with the principles of Prudent Healthcare.

SBUHB has a legal duty of care to all its service users as do each professional employed by the Health Board. Implicit in this duty of care is the necessity to comply with relevant legislation and consider the continence requirements of each individual regardless of age, race, gender or illness. Fundamental human rights to dignity, privacy and informed choice must be protected at all times and the care given must take into account the individuals wishes and abilities. Continence care should be appropriate and discreet and prompt assistance should be provided as necessary taking into account peoples' specific needs and privacy (Welsh Government (WG) 2012, 2015).

The aims of continence services should be focused on the promotion of continence and working towards 'healthy bladders and bowels'. Services should provide access, advice and support following assessment by a trained health care professional using the All Wales bladder and Bowel assessment tool (HB continence page) and ERIC assessment tool for children and young people. National guidelines recommend the use of a multi-disciplinary team approach and a focus on rehabilitation if patient outcomes are to be improved (Department of Health (DOH) 2000, 2001, NICE 2006, WG 2012). SBUHB is committed to working with partner organisations to develop and implement strategies to promote the improvement in continence management through adherence to the principles of the Social Service and Wellbeing Act 2014 (WG 2014).

Bladder and bowel dysfunction have many different causes of which incontinence may be a symptom (Norton 2006) (All Wales Bladder and Bowel) Incontinence and continence issues are a common and distressing issue and the embarrassment associated often prevents those who have symptoms from accessing National Health Services (NHS) that may help. Incontinence can affect every segment of the population including individuals with mental

health or learning disabilities, children, those with chronic diseases as well as otherwise healthy adults. The symptoms can have a serious detrimental impact on the quality of life for not only the individual but also their families and carers; it is frequently cited as a reason for admission to hospital or long-term care placement.
Approximately 10% of children and young people are affected by bladder and bowel continence problems (Paediatric Continence Forum, 2015). These problems occur at a sensitive time in children's physical and emotional development, and can influence their health and wellbeing (National Institute for Health and Care Excellence, 2010a; 2010b).
Paediatric continence issues cover a whole spectrum of bowel and bladder problems and can range from infants born with life threatening congenital bowel and bladder abnormalities to the adolescents with persistent wetting or soiling problems.

The Department of Health (2010) refers to continence as 'the most basic of needs'. Studies suggest that between 3-9 million people in the United Kingdom (UK) experience some form of incontinence, with the figures in Wales estimated at 150,000 (All Wales Continence Forum 2011, Bladder and Bowel Foundation 2015). In addition, NICE 2010 estimated that 900,000 children and young people in the UK live with the symptoms of bladder and bowel dysfunction.

Bladder and Bowel dysfunction lacks the same 'status' as more recognised chronic conditions, even though the effect of moderate continence problems on quality of life is similar to that of conditions such as diabetes, high blood pressure or cancer. Bladder and Bowel dysfunction can negatively affect an individual's independence, productivity, sleep and wellbeing (Bladder and Bowel Foundation 2015, WG 2016). Comorbidities such as depression, anxiety, neurological conditions, diabetes, sleep disorders are often associated with Incontinence (Coyne et al 2009).
There is often a lack of understanding in regard to the symptoms of incontinence; with an acceptance as an inevitable part of ageing and/or disease progress. Individuals living with Incontinence often find it extremely embarrassing and distressing and can become socially isolated. Due to this many people will delay seeking help for a manageable condition or assume that support is not available (WG 2016, NHS England 2015).

Despite the apparent reluctance to seek help, data from 2006 – 2007 has revealed that approximately 1.3 million people sought help for continence problems (WG 2016) with an escalation to 2.3 million in 2010 -2011(Eustice 2013). This maybe in part due to more people seeking help or could be a result of an ageing population (WG 2016). The demand on NHS services from individuals with continence issues is likely to intensify given the prevalence of

incidence of incontinence increasing with age (NHS England 2015). NICE (2007) estimated the cost to the NHS for treating adults alone with incontinence was approx £500 million.

Bladder and bowel dysfunction is common and mostly treatable, but it is poorly understood and often under-prioritised within Health Care (Royal College of Physicians (RCP 2010). Studies (WG 2016, NHS England 2015, NICE 2015, DOH 2000) have identified that the quality of care given to individuals experiencing incontinence is variable, with frequent under diagnosis of symptoms, a lack of high quality assessment resulting in poor treatment and management. Poor continence management is not only distressing and degrading for the individual negatively impacting on individual's outcomes and daily life experiences but can also lead to increased morbidity due to complications such as pressure ulcer, infection and falls which contributes to an increase in the use of NHS services (DOH 2000).

Norton (2006) identified that 90% of individuals under 65years and 75% of individuals over 65years can make significant health gains if their incontinence is properly diagnosed and managed. The RCP in 2010 identified that older patients (aged 65 years and above) are less likely to have evidence based assessment and management with regards to continence care (RCP 2010).

Evidence suggests that staff who undertake assessments often have little knowledge and training of the underlying causes of bladder and bowel dysfunction and will often follow a checklist and issue continence supplies without exploring the options for conservative or preventive treatments (Shine 2013, Continence care steering group 2014, Supyk & Vickerman 2004). Incontinence should not be accepted as inevitable regardless of age or existing health conditions.
Incontinence has many underlying causes and can be often cured or improved using conservative management such as lifestyle changes, pelvic floor exercises or pharmacology management when a competent practitioner undertakes a specialist assessment.

Within both Primary and Secondary care identification of continence issues and the implementation of treatment plans should be an integral part of the health improvements role of Health Care Professionals (HCPs) with HCPs taking a proactive approach to assessing continence status at every opportunity using the All Wales bladder and bowel tool (Health Board Continence Service). The adoption of the WG (2016) best practice guidance recommendations will support Health Boards to ensure a high quality approach to continence care is implemented for all service users at all times.

The Welsh Government and the Health Care Inspectorate for Wales requires there to be auditable systems in place to ensure the continence requirements of all patients/clients are met. In 2015 the Welsh Government published the Health and Care standards which act as a framework for improving the quality and safety of healthcare services in Wales by identifying strengths and highlighting areas for improvement. The 22 standards place the person at the centre promoting independence, providing choice and are based on a team philosophy of collaboration, audit is undertaken focused on patient outcomes in an attempt to measure the quality of care delivered (Health & Care Standards).

UTI's (NICE guidance)

Urinary Tract infections (UTI) account for approximately 19% of all healthcare associated infections (HCAIs). UTIs are defined by a combination of clinical features as well as the presence of bacteria in the urine. The incidence of UTIs increases with age for both male and females with an estimated 10% of men and 20% of women over the age of 65 years have asymptomatic bacteriuria (NICE 2015), UTI in Children (NICE 2017).

The use of a urinary catheter increases the likelihood of an individual developing a UTI with around 43%-56% of all UTIs associated with the use of a urethral catheter (WG 2016). It has been estimated, bacteriuria occurs at the rate of 3-10% per day and within a month almost all catheterised patients will have developed asymptomatic bacterial contamination (Healthcare Infection Control Practice Advisory Committee HICPAC 2009). Approximately 24% of all patients with bacteriuria develop a catheter associated urinary tract infection(CAUTI) of which up to 4% develop a severe secondary infection which can lead to life threatening conditions or death(Loveday et al 2014). Adherence to the SBUHB Catheterisation Policy Urinary Catheter Management Policy and principles of asepsis by all HCPs play a vital role in the preventing the transmission of infection in any environment. When catheterisation is being considered as a treatment option Intermittent Catheterisation should be the method of choice to drain retained urine wherever feasible(WG 2016). An indwelling catheter is the last resort and must not be used by HCP to manage incontinence routinely. If a long-term catheter is necessary, the reason for continued use of an indwelling catheter must be reviewed at every change, with consideration given to alternative management strategies wherever possible and the Patient Urinary Catheter Passport completed. In secondary care settings, the Short term Catheter Bundle must also be completed.

SKIN INTEGRITY.

Continuous contact with urine and/or faeces can damage the integrity of healthy skin and lead to the development of a moisture lesion. A moisture lesion is defined as superficial loss of the epidermis and/or dermis, which may be preceded by areas of erythema on intact skin (AWTVNF, 2014). An individual's vulnerability to developing moisture lesions is exacerbated when both faecal and urinary incontinence is present (Voegeli, 2010). Prolonged contact of the skin with urine, faeces or both can result in the skin becoming over-hydrated or macerated which can make skin more prone to bacterial infection (Beldon, 2008). The skin also becomes more susceptible to physical damage (Sivamani et al, 2006) leading to extremely painful areas of damage which can cause severe debilitation. In patients where bladder and/or bowel control is not possible, containment products need to be selected and appropriate skin care implemented All Wales-Moisture Lesions and Wound Care Guide
Individuals who develop moisture lesions while in the care of SBUHB need to be reported as a clinical incident on Datix.

The All Wales Bladder and Bowel Care Pathway was launched by the Welsh Assembly Government in 2006 and is recognised as the assessment documentation of choice (WG 2006). These pathways ensure a safe, fair, evidence based approach to continence care and this policy embraces their use and is committed to ensuring their implementation in both primary and secondary care. The All Wales Bladder and Bowel Care Pathway is accessed in its entirety via the HOWIS website or appendix

2. POLICY STATEMENT

SBUHB is committed to meeting the continence standards set out below by identifying departmental responsibilities from Executive Board Level to all departments involved in achieving the continence needs of all service users.

It is the policy of SBUHB to ensure, so far as is reasonably practicable that continence promotion and Incontinence management is of the highest quality and standard, and is equitable across the organization. The needs of the individuals with bladder and bowel dysfunction will be met, using research and education to promote continence and manage incontinence in an efficient, effective and comprehensive way.

This Policy Framework is an overarching document which must be considered whilst meeting the core elements of continence standards. This policy will be supported by other operational policies, procedures and protocols ratified by The Continence Steering Committee has been established to address specific continence issues.

3. AIM OF POLICY FRAMEWORK

The aim of this policy framework is to ensure that best practice approach to continence care is promoted with equal access and treatments for all service users within SBUHB taking into account their diverse needs. It has been written using local and national guidelines for good practice. (WG 2006, 2012, 2016, NICE 2006, 2007,DOH 2000, and RCP 2010)

By outlining the responsibilities and competencies necessary for HCP in relation to promotion of continence and management of incontinence the implementation of this policy framework will ensure that consistent high standards are the focus for all staff involved with individuals irrespective of age or gender. These high standards will be continued from assessment, through diagnosis to treatment, with high quality professional assessment as the cornerstone to high quality continence care.

The scope of this policy framework applies to all HCPs employed by SBUHB that are directly and indirectly involved in the care of all service users including children, young people, adults and the elderly living with bladder/bowel dysfunction and/or incontinence both in the acute and community settings.

4. STANDARDS

- The Health Board will ensure that an individual with bladder or bowel dysfunction will expect and have the right to a thorough individual assessment of their condition by the relevant HCPs who is knowledgeable in this aspect of care.
- All individuals will have all aspects of their continence management explained discussed and agreed with them.
- All individuals are treated with sensitivity and understanding.
- Become continent if clinically achievable, or be appropriately managed otherwise.
- Individuals have the right to expect to receive all the information they require to enable them to make informed choices about their continence care.
- A clear and understandable explanation of the continence management will be provided to the individual and/ or their family and carers by the appropriate HCPs.

- The Individual and/ or their family and carers will be appropriately advised and trained in the use of any products or equipment.
- The views of the individual and/ or their family, carers and other relevant health care professionals will be considered when continence management is planned. Decisions should be multidisciplinary.
- The Individual or their legally authorised representatives, have the right to accept or refuse continence support.
- Individuals are provided with a clear explanation of their diagnosis.
- Individuals may participate at an appropriate level in full discussion of treatment options, their advantages and disadvantages.
- Individuals have regular reviews or changes of treatment when clinically required.
- That the individual is provided with a personal contact point where they may continue to access advice and support.
- That the individual is provided with appropriate written information.

In addition, where continence products are used, Health Care Professionals (HCPs) will:

- Provide impartial information on relevant available products and how and where to obtain them.
- Expect products to have clear written instructions for use in the relevant language.

HCPs will ensure that:

- The professional standards are updated regularly.
- The outcome of the service is monitored in line with ABMU HB policy.

5. OBJECTIVES

The objective of this Policy Framework is to raise awareness of discipline specific services within SBUHB to meet the needs of individuals with continence needs and promote a proactive approach by all SBUHB staff to the treatment and management of bladder and bowel dysfunction using discipline specific pathways (Appendix 1)

6. RESPONSIBILITIES

The Chief Executive

Whilst each individual HCP has accountability to ensure they always act within their codes to provide high quality, individual centred evidence based care, The Chief Executive has overall accountability and responsibility for ensuring the delivery of both a good quality, safe, appropriate patient focused continence service across the Health Board.

Corporate

- The Director of Nursing and Patient Experience is the nominated Board Level Director with lead responsibility for Continence.

- A Lead Consultant will be nominated to have medical lead responsibility for Continence for the Health Board.

- The Continence Steering Committee is a senior multi-disciplinary/Inter-Directorate/Locality Health Board wide team with responsibility for co-coordinating continence care and continence services, developing strategy and monitoring performance against continence standards reporting at least annually to the Board and the Quality and Safety Forum as required. The group is chaired by the named individual with responsibility for Continence and will include members of ‘Community Health Council’, Third Sector and patient representation.

- For both in-house and contracted continence services the organisation must employ health care professionals with appropriate qualifications and experience in all matters relating to continence care and management.

- Assurance frameworks are in place for patients cared for by non NHS Registered Providers. These are in place within individual contracts which are pursuant to the regulatory body, CSSIW.

7. EVALUATION, AUDIT AND CLINICAL GOVERNANCE

SBUHB Quality assurance framework (2017) & The Heath & Care Standards Audit (2015) will be utilised to ensure effective monitoring of all services delivery, procedures and protocols that affect individuals with bladder and bowel dysfunction. This will ensure that ABMUHB standards are meeting the individual service user needs and are outcome focused, whilst demonstrating effective and measurable benefits based on clinical evidence and relate to national guidelines.

Identified risks, incidents and complaints will be dealt with following the appropriate ABMUHB and Multiagency Policies. The Health Board Continence Steering committee will be informed of those relating to Continence to identify and agree any actions required by the group or any subsequent sub groups.

Patient satisfaction will be monitored using the appropriate assessment tool e.g. Friends and Family surveys, All Wales patient surveys, Health & Care Standards user experience surveys.

Compliance with this framework will be monitored through the Continence Steering Committee and reported through to the Health Board via the Quality and Safety Committee.

8. TRAINING

It is the individual responsibility of all HCPs to ensure they comply with the relevant SBUHB policies and must take into consideration their professional body's Code. Individuals are responsible for identifying their learning and development needs which should be discussed at their annual PADR.

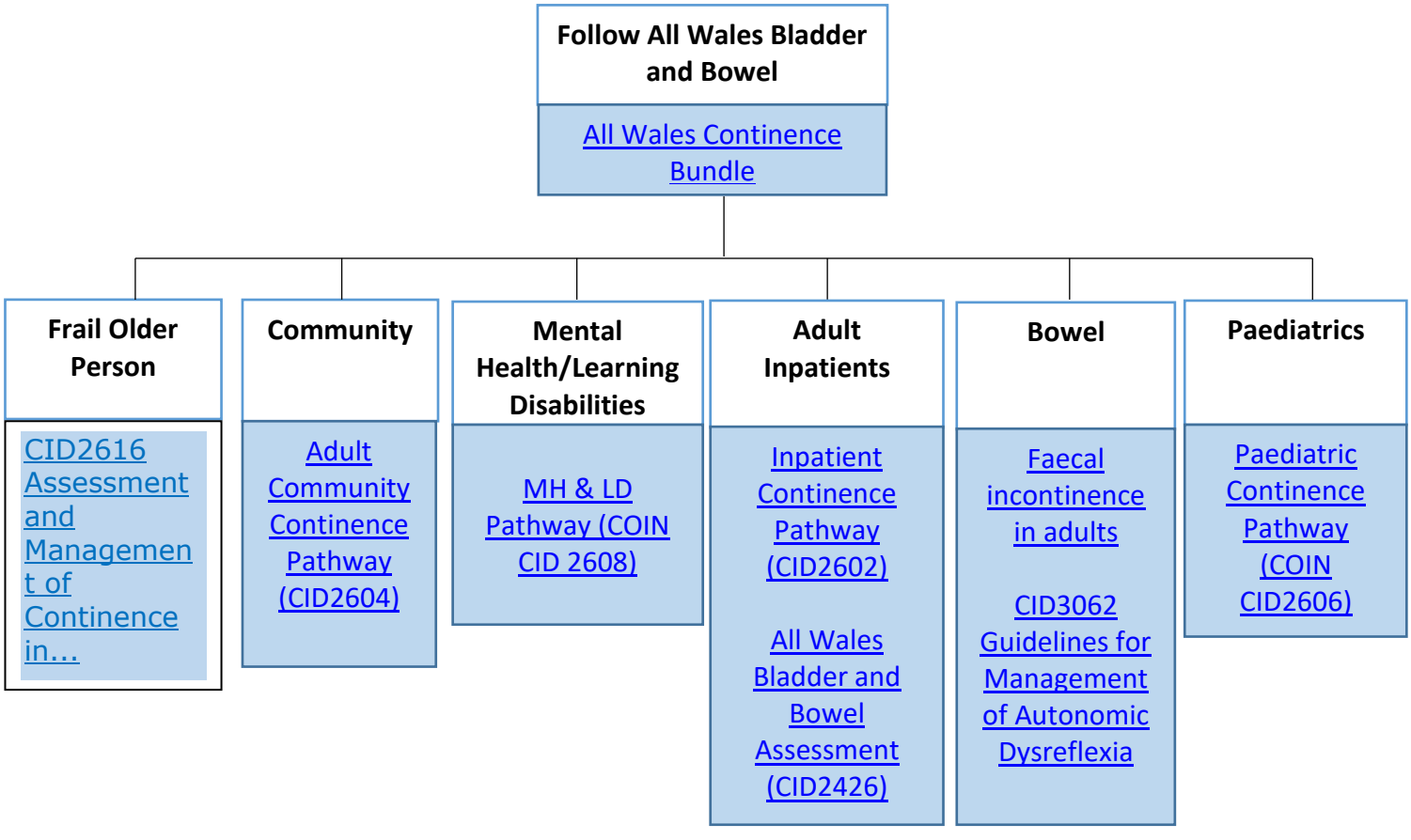
All staff involved in the provision of any aspects of continence care will be appropriately trained to carry out the duties and responsibilities effectively. SBUHB will create opportunities for enhancing knowledge and developing skills in continence through education and training. Individual staff, supported by management have a responsibility to identify their training needs and undertake relevant training. Training will be provided in house where possible (HB CONTINENCE PAGE)

Healthcare professionals should be aware of the National Occupational Standards relating to continence care and familiarise themselves with these competencies (Skills for Health)

In specifically identified settings registered HCPs may delegate in line with ABMUHB delegation policy, to non registered staff such as Health Care Support Workers (HCSW) aspects of continence care. In these circumstances the registered HCP maintains accountability for the delegated task and therefore, must be confident that the HCSW who is to perform the task can demonstrate the appropriate knowledge, training and competency.

APPENDIX 1

CONTINENCE PATHWAY



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Swansea Bay University Health Board

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