Humber Teaching
NHS Foundation Trust

# STANDARD OPERATING PROCEDURE
# BLADDER AND BOWEL SERVICE – SPECIALIST NURSES
# HUMBER COMMUNITY SPECIALIST SERVICES

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| **Document Reference** | SOP24-006 |
| **Version Number** | 1.0 |
| **Author/Lead**<br>**Job Title** | Karen Nelson<br>Senior Specialist Nurse<br>Bladder and Bowel Service |
| **Instigated by:**<br><br>**Date Instigated:** | One Community Transformation Project Group / PID |
| **Date Last Reviewed:** | 21 February 2024 |
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| **Consultation:** | Locality Matrons<br>Service Managers<br>Community Services CNG<br>Community Services Business Meeting |
| **Ratified and Quality Checked by:**<br>**Date Ratified:** | Community Services Clinical Network Group<br>21 February 2024 |
| **Name of Trust Strategy / Policy / Guidelines this SOP refers to:** | One Community Transformation |

**VALIDITY – All local SOPS should be accessed via the Trust intranet**

**CHANGE RECORD**

| Version | Date | Change details |
|---|---|---|
| *1.0* | *Feb 2024* | *New SOP. Incorporates both the Bladder and Bowel Health Procedure Guidance (G378) and Community - Bladder and Bowel Dysfunction - Level 1 Adults SOP (SOP17-001).*<br>*Approved at Community Services Clinical Network Group (21 February 2024).* |
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## Contents

## 1. INTRODUCTION

Following the transformation work in 2022 to create a One Community approach, there has been a review of all community specialist services to ensure a standardised and equitable approach to patient care across the community.
This document enables identification of the processes within each of the specialist services, aligned to commissioned service delivery, and bringing together all relevant processes and resources for the specialist service.

## 2. SCOPE

This standard operating procedure (SOP) outlines the role and responsibilities of the staff within the Bladder and Bowel Service (level 1 and level 2) – Specialist Nurses Humber Teaching NHS Foundation Trust. This document also applies to students, bank or agency staff working within this service.

This service is provided across Scarborough, part of Ryedale, Whitby and Pocklington.

There is reference to the Bladder and Bowel Service (level 1) – which is provided by the district nursing service, and the band 4 who is under the remit of the Specialist Nurse Team.

## 3. DUTIES AND RESPONSIBILITIES

This clearly states the accountability and responsibility of staff at all levels including the standard operating procedure lead and as appropriate; heads of service, departmental heads, key personnel and Trust staff.

## 4. PROCEDURES

### 4.1. Patient referrals

All referrals into the bladder and bowel specialist service will be via the HTFT Community Single Point of Access (SPOC)

Adult Community Integrated Services (humber.nhs.uk)

The inclusion criteria for this service is:

Male and Female 18yrs or over: -

LEVEL 1: -
Non-complex bladder & bowel incontinence

- Patients unable to participate in treatment options such as bladder retraining etc
- Patients who require management of incontinence such as containment pads /aids
- Patients who require insertion and management of indwelling urinary catheters
- Patients who require planned bowel management regime e.g. spinal injuries patients

LEVEL 2: -

- Complex presenting symptoms of bladder and/or bowel dysfunction
- Individuals who are willing & able to actively participate in active treatment experiencing symptoms of: -
  - Stress Incontinence
  - Overactive bladder [urgency with or without urge incontinence]
  - Bladder symptoms without incontinence
  - Mixed stress & urge incontinence
  - Voiding difficulties

- Recurrent Urinary Tract Infections
- Neurogenic bladder dysfunction
- Chronic constipation
- Chronic bowel dysfunction
- Defecation difficulties
- Neurogenic bowel dysfunction
- Faecal incontinence

The exclusion criteria for this service is:

LEVEL 1: -

- Cancer specific red flag symptoms such as asymptomatic haematuria, blood in stools with altered bowel habit (refer back to GP)
- Acute retention with an unknown cause – direct to A&E
- Recurrent urine infection (level 2)
- Complex presenting symptoms and are able to participate in active treatment
- Bladder symptoms without incontinence
- Under 18 years of age

LEVEL 2: -

- Cancer specific red flag symptoms such as asymptomatic haematuria, blood in stools with altered bowel habit (refer back to GP)
- Individuals who are not willing to participate in active treatment (level 1)
- Patients who are currently under the care of Urology / Colorectal services etc for their bladder / bowel dysfunction, unless for management strategies.
- Previous pelvic radiation (level 1)
- Incontinence with associated pain (refer back to GP)
- Severe pelvic organ prolapse (referral to acute services)
- Acute retention symptoms (referral to acute services)

**4.1.1. The clinical triage process for referrals into this service are:**

- Referral is reviewed by triage clinician.
- Referral is accepted / declined (such as direct for level 1 assessment)
- If incorrect allocation of urgent / routine this is changed and clinical rationale is documented.
- Referral is allocated to specialist nurse caseload.
- Task is sent to specialist nurse for allocation of appointment.

**4.1.2. This service is a non urgent service, and the patient response options and times are as follows:**

- Urgent referrals – assessment completed within 2 weeks
- Routine referrals – assessment completed within 6 weeks

**4.1.3. Level 1 Assessment Procedure: -**

Test urine but do not rely on this alone for diagnosing urinary tract infection – if symptoms are present discuss with GP and also obtain MSU.

- Take accurate history and complete the continence assessment questionnaire on SystmOne
- Perform a Pre and Post void bladder scan if patient has any symptoms suggestive of voiding difficulty, rule out residual urine
- From the assessment, bladder/bowel chart and symptom profile determine the type of dysfunction
- If the patient has constipation this must be treated before proceeding with bladder treatment [constipation can cause or worsen bladder symptoms]
- Plan personalised care – offer conservative treatment in accordance with the type of dysfunction which may include fluid and/or diet modification, pelvic floor muscle exercises, bladder retraining, urge control techniques, bladder emptying techniques, medication review, individualised toilet regime, planned bowel management.

- Arrange a follow up plan to meet needs of the patient
- If the patient is following conservative treatment advice and their symptoms are not improving after a 6-week period, then consider referring patient for a level 2 assessment.
- If patient is unable to undertake basic conservative treatment then offer containment aids as appropriate [Sheath system, urinals, commodes, containment pads]
- Arrange follow up to ensure the containment aids are meeting the needs of the patient.

Complex presentation – Have a clinical discussion with the Specialist Nurse Team regarding possible referral on.

**4.1.4. Level 2 Assessment Procedure: -**

All of above plus: -

- Physical examination if add to assessment process.
- Specialist assessment, treatment and management programme for bladder and bowel symptoms, including catheter problems.
- Clients requiring a bladder scan to exclude a significant post void residual volume of urine and those with neurological problems, and associated advice on chronic residual of urine.
- Clients who require specific programmes eg teaching of self catheterisation, stricture therapy, bladder retraining, pelvic floor exercises.
- Clients with faecal incontinence, who require a specialised assessment and management programme including those who require rectal irrigation.
- Advice on related medication.

Note - Specialist Nurses do not only see patients, but also deliver a variety of speciality based work including health promotion, education programmes, managing the continence product home delivery service and involvement in wider aspects of this nursing specialism including reviewing guidelines, and ensuring practice is up to date and evidence based.

**Containment pads should not be allocated without a Level 1 assessment being performed and a reason for the incontinence being determined and documented.**

Containment pads, urinals and toileting aids should not be considered as a first line treatment option. They must only be used as coping strategy pending treatment; an adjunct to ongoing therapy; long term management only after treatment options have been explored.

Containment pads – home delivery service (HDS): -

- Inform the patient how the delivery service is conducted and how to activate orders
- Inform the patient how to fold & fit the product correctly
- Inform the patient to contact Customer Access Service for a review if their needs change. • Product requirement form completed in line with containment product formulary
- Email completed product requirement form to HDS; or ask for authorisation of continence products from Specialist Nurses as agreed.
- Close referral and discharge the patient from caseload Containment pads prescribed off formulary –
- Contact the Specialist Nurses to request authorisation; to send the patient samples of non-formulary products or advice

Once samples are tried and correct product identified to meet the patient's continence need – complete the product requirement form.

- Contact the Specialist Nurses and refer the patient into relevant caseload for product authorisation.
- Specialist Nurses will review the assessment questionnaire, bladder/bowel charts and the product requirement form.
- Authorisation Not agreed – Specialist Nurses will contact the assessing nurse informing them of the reason and any actions which need to be taken.
- Authorisation agreed – Specialist Nurses will forward the product requirement form to the delivery service and record it in the patient records.

Assessing nurse to: -

- Inform the patient how the delivery service is conducted and how to activate orders
- Inform the patient how to fold & fit the product correctly
- Inform the patient to contact Customer Access Service for a review if their needs change.
- Close referral and discharge the patient from caseload.

Criteria for provision of continence containment products: -

National Guidance is followed as below: -

National Clinical Guideline Template (bbuk.org.uk) – children

Guidance provision of incontinence products V19.march 2021 (bbuk.org.uk) - adults

With the following at the discretion of the Specialist Nurse: -

- Provision of continence products from the age of 4 years old, if clinically appropriate after assessment / review.
- Supply of up to 2 pairs of disposable pull up pants, if clinically appropriate after assessment / review (as part of the up to 4 products per 24 hours) in children and young people under the age of 18 years old.
- Supply of up to 2 pairs of disposable pull up pants, if clinically appropriate after assessment / review (as part of the up to 4 products per 24 hours) in adults.

### 4.2. Documentation

Documentation will be completed as per Community Services Assessment and Documentation SOP22-007.pdf (humber.nhs.uk)

Continence Assessment Questionnaires and Continence Reassessment Questionnaires are available on the clinical tree within patients records on S1.

Service information for patients and families – V:\PCC\Management\Public\COMMUNITY TRAINING RESOURCES\Bladder and Bowel Competencies

Service resources – V:\PCC\Management\Public\COMMUNITY TRAINING RESOURCES\Bladder and Bowel Competencies

Service information for other professionals / providers - Community Specialist Services (humber.nhs.uk)

### 4.3. Staff training

Band 4 and above staff who perform Level 1 assessments must have attended the Continence Assessment course.
Staff will be required to update their competence, skills and knowledge on a regular basis as per competency framework.
It is the responsibility of clinical employees of the Trust to ensure that they have undertaken the appropriate training and maintain their knowledge and skills in order to work competently and safely when undertaking any health care interventions.
This will include courses on: -

- Level 1 Continence Assessment.
- Bowel Care (including specific bowel management in relation to digital rectal examination and manual removal of faeces).
- Catheterisation and Catheter Care [intermittent and indwelling] including management and troubleshooting.

Following the above training all staff competencies will be assessed using the competency frameworks Clinical Competency Framework (humber.nhs.uk)

All practitioners will then be observed undertaking the procedures by a competent supervisor until competency is gained. Practitioners will then be able to perform the procedures without direct supervision.

For catheterisation training all staff will be given the opportunity to observed performing the procedure on a simulator model.

The registered nurse is accountable for ensuring that the delegation of any task is appropriate and in the best interest of the patient (RCN, 2011) therefore when a RN delegates the task to a HCSW it is the RN's responsibility to ensure that the HCSW is competent to undertake the procedures safely with each individual patient.

HCSW will only be able to undertake these procedures following patient assessment & risk assessment by the RN/Caseload Holder. Once the HCSW is formally competent the RN/Caseload Holder, will delegate, appropriate patients to the HCSW as per policy Community - Delegation of Care to Non Registrants SOP21-027.pdf (humber.nhs.uk)

Following any periods of one month absence or more the HCSW will be reassessed by the RN/Caseload Holder using the competency assessment tool.

This full process will be supported by regular supervision.

### 4.4. Patient Attendance

The HTFT SOP for patients not attending appointments must be followed Primary Care - DNA SOP21-010.pdf (humber.nhs.uk)

Community - Clinics Held at Prospect Road SOP22-035.pdf (humber.nhs.uk)

If patients on this service caseload are admitted to hospital, then the patient is discharged from caseload until patient is discharged home from hospital. It is up to patient / family / other health care professionals to refer back in.

### 4.5. Ongoing patient care and discharges

Patients in this service may require ongoing care and follow up appointments with this service, referral into other services. Patients may be discharged following assessment and intervention from this service.

**Patient Housebound** – allocated home visit on ledger Patient Non- Housebound – book into continence clinic (check available in locality by liaising with Specialist Nurses) For both Housebound and Non-Housebound patients consider whether a phone call assessment / review is appropriate.

**Continence Clinic Appointments** – New patients should be offered a 60-minute clinic appointment. Clinic sessions will be scheduled onto S1 on specific dates and locations in advance. When the appointment is allocated, the patient should be sent a letter to inform them the date and time. The bladder and bowel charts and symptom profile can be sent out with the letter for completion by the patient prior to their appointment.

**Non - Contact by New patient**

If the patient cannot be contacted; is not at home; fails to attend a clinic appointment a second appointment can be offered. If there is a second failed contact a letter should then be sent to the patient / referrer (copy patient in) to inform them that the patient has not responded and has been discharged from the service. Should the patient subsequently contact the service, a new episode of care will be opened, and the patient offered an appointment.

**Home Visits for Housebound** - If a home visit is agreed allocate date and time into ledger. Send the bladder and bowel charts and symptom profile to be completed prior to visit, or the patient is scheduled a visit on the caseload and taken the symptom profile, bladder and bowel chart to complete prior to the assessment. A 2nd home visit is then scheduled for the level 1 assessment and the patient informed of the date.

### 4.6. Staff wellbeing and safety

The Trust policy on lone working must be followed Lone Worker Policy F-004.pdf (humber.nhs.uk)

As we are a small team we know where each of us is working every day. We can see on S1 appointments that have been completed / visits that have been finished. If any of us have a visit late on / a visit that is not low risk / patient known to us, then we do check in with each other after the visit.

### 4.7. Patient feedback and outcomes, and service evaluation

This service has the following processes for evaluating and improving patient care:

Friends and Family Test (FFT)– This service FFT code is – SC002
The process for distributing FFT is when the patient leaves a clinic appointment / on leaving a home visit.
The service reviews FFT information on an ad hoc basis / when workload allows.

## 5. REFERENCES


- NMC (2010) Standard for Medicine
- Nursing & Midwifery Council (2015) The Code: Professional standards of practice and behaviour for nurses and midwives. London: NMC
- Skills for health (2006) www.skillsforhealth.org.uk
- Catheterisation & Catheter Management competency
- Management of lower bowel dysfunction including DRE & DRF workbook Humber Teaching NHS Foundation Trust
- Management of lower bowel dysfunction including DRE & DRF competency The Royal Marsden Hospital Manual of Clinical Nursing Procedures Guidelines for related procedures, as available on the Humber Intranet Royal Marsden Clinical Procedures (humber.nhs.uk)
- NICE (2019) Urinary incontinence and pelvic floor prolapse in women: management (NG123)
- NICE (2007) Faecal incontinence: the management of faecal incontinence in adults
- NICE (2015) The management of lower urinary tract symptoms in men DOH
- NICE (2012) Urinary incontinence in neurological disease; management of lower urinary tract dysfunction in neurological disease
- NICE (2012) Infection: Prevention & Control of healthcare- associated infections in primary & community care
- Royal College of Nursing [RCN] (2013) The management of diarrhoea in adults
- RCN (2012) Management of lower bowel dysfunction, including DRE and DRF
- RCN (2012, updated 2019) Catheter Care
- Multidisciplinary Association of Spinal Cord Injury Professional (2012) Guidelines for Management of Neurogenic Bowel Dysfunction in Individuals with Central neurological Conditions

## APPENDIX A: BLADDER AND BOWEL RELATED SOPS

Autonomic Dysreflexia SOP.pdf (humber.nhs.uk)

Community - Bladder Scanner SOP23-009.pdf (humber.nhs.uk)

Community - Trial Without Catheter - Adults SOP20-023.pdf (humber.nhs.uk)

Community - Urinary Catheterisation SOP20-024.pdf (humber.nhs.uk)

## APPENDIX B: EQUALITY IMPACT ASSESSMENT

**For strategies, policies, procedures, processes, guidelines, protocols, tenders, services**

1. **Document or Process or Service Name:** Bladder and Bowel Service – Specialist Nurses
2. **EIA Reviewer (name, job title, base and contact details):** Karen Nelson - Senior Specialist Nurse (Bladder and Bowel Service)
3. **Is it a Policy, Strategy, Procedure, Process, Tender, Service or Other?** SOP

| **Main Aims of the Document, Process or Service** |
|---|
| The Standard Operating Procedure outlines relevant rules, responsibilities and actions by which all inpatient and community settings within Humber Teaching NHS Foundation Trust will manage patients through their referral and treatment pathways for Level 1 and Level 2 Bladder & Bowel assessment and management. |
| Please indicate in the table that follows whether the document or process has the potential to impact adversely, intentionally or unwittingly on the equality target groups contained in the pro forma |

| Equality Target Group | Is the document or process likely to have a potential or actual differential impact with regards to the equality target groups listed? | How have you arrived at the equality impact score? |
|---|---|---|
| 1. Age<br>2. Disability<br>3. Sex<br>4. Marriage/Civil Partnership<br>5. Pregnancy/Maternity<br>6. Race<br>7. Religion/Belief<br>8. Sexual Orientation<br>9. Gender re-assignment | Equality Impact Score<br>Low = Little or No evidence or concern (Green)<br>Medium = some evidence or concern(Amber)<br>High = significant evidence or concern (Red) | a) who have you consulted with<br>b) what have they said<br>c) what information or data have you used<br>d) where are the gaps in your analysis<br>e) how will your document/process or service promote equality and diversity good practice |

| Equality Target Group | Definitions | Equality Impact Score | Evidence to support Equality Impact Score |
|---|---|---|---|
| **Age** | Including specific ages and age groups:<br><br>Older people<br>Young people<br>Children<br>Early years | Low | |
| **Disability** | Where the impairment has a substantial and long term adverse effect on the ability of the person to carry out their day to day activities:<br><br>Sensory<br>Physical<br>Learning<br>Mental health<br><br>(including cancer, HIV, multiple sclerosis) | Low | |
| **Sex** | Men/Male<br>Women/Female | Low | |
| **Marriage/Civil Partnership** | | Low | |
| **Pregnancy/ Maternity** | | Low | |
| **Race** | Colour<br>Nationality<br>Ethnic/national origins | Low | Interpreter services are used where appropriate |
| **Religion or Belief** | All religions<br>Including lack of religion or belief and where belief includes any religious or philosophical belief | Low | |

| Equality Target Group | Definitions | Equality Impact Score | Evidence to support Equality Impact Score |
|---|---|---|---|
| **Sexual Orientation** | Lesbian<br>Gay men<br>Bisexual | Low | |
| **Gender Reassignment** | Where people are proposing to undergo, or have undergone a process (or part of a process) for the purpose of reassigning the person's sex by changing physiological or other attribute of sex | Low | |

**Summary**

| | |
|---|---|
| All clinical staff working to the standard operating procedure will be following guidance to ensure that they manage referral to treatment pathways, provide safe Level 1 and Level 2 assessment & reviews, signpost patients to the appropriate service, manage referrals and waiting times to ensure that each patient's journey is managed fairly and consistently. | |
| EIA Reviewer: Karen Nelson | |
| Date completed: 7.11.23 | Signature:  |