S 18 Ymchwiliad i Sepsis Inquiry into Sepsis Ymateb gan Forwm Gofal Cymru Response from Care Forum Wales

Care Forum Wales response to the Health, Social Care and Sport Committee inquiry into sepsis

From the responses we received to the questions raised by Dr Dai Lloyd AM as Chair of the committee, it would appear that we are noticing an increasing awareness of Sepsis and its consequences, both amongst health care professionals and members of the public.

Clinical training for care homes is arranged through local health boards, but the offer is patchy across Wales. For instance, Caron Group who provide care home services across most of South Wales, report that there is no training offer in Swansea Bay HB, CTM, Cardiff and Vale or Powys. On the other hand, Aneurin Bevan HB have been offering training for a few years now and are currently completing another round. A member in North Wales has reported that they have been awaiting training from Betsi Cadwaladr HB which had been scheduled for February 2020 but had to be cancelled. Only one Registered Nurse in the care home has received health board training at present.

In this situation, care homes often provide their own in-house training or access training by other means for RNs to be able to recognise the signs and symptoms of sepsis and to enable them to take prompt action. Ultimately, the RN needs to make a clinical judgement on whether to have someone admitted to hospital, since the majority of residents will automatically score highly on the National Early Warning Scores (NEWS) due to their age, frailty and co-morbidities. It is therefore vital that health boards take responsibility for delivering clinical training.

It is also important that care workers in care homes providing personal care are able to identify symptoms and have the confidence to discuss any concerns with GPs and WAST, but it seems likely that there is even less in the way of official training for them, although we understand that RCT offer very good training in Sepsis. Aneurin Bevan have once again set the bar for other health boards, by providing sepsis training and distributing NEWS score cards to residential care homes (without nursing). A residential care home in Monmouthshire reported that sixteen care workers within the home benefitted from the training (compared with the one RN who received training in the North Wales nursing care home). This has inspired the home to recruit a new training manager whose remit includes embedding the resources provided by the health board.

One manager referenced the ALERT digital screening tool that is being piloted in some English hospitals, but said that this would need to be amended for care homes. The NEWS toolkit is probably the most used by care homes and gained excellent feedback when presented by 1000 Lives Plus (now Improvement Cymru) at Care Forum Wales' Essential Updates in 2019. Caron Group use NEWS in all their homes. There is, however, still work to be done in terms of rolling out to all health care professionals and, as highlighted above, it needs to be accompanied by clinical training for nurses to be able to use their judgement on interpreting the scores. In Betsi Cadwaladr it appears that care homes will call an ambulance if sepsis is suspected and it the ambulance service that decides whether

admission is necessary based on NEWS. Care homes are likely to record incidences of sepsis using SBAR.

Where a resident presents with an infection, homes will usually call in a GP to provide antibiotics to avoid sepsis developing. Where sepsis is suspected, the resident will be transferred to hospital for testament with intravenous fluids and antibiotics.

Regrettably, most residents who develop sepsis die because of existing frailty and comorbidities. For those who survive, the after effects can include immobility, becoming bed bound, an increase in personal care needs (help with eating and drinking) and recurrent infections. There is also, of course, an emotional impact on the family who need greater support and re-assurance from care staff at this time.

In summary, we would recommend the following as key priorities:

- Health Boards should be encouraged to follow the example of Aneurin Bevan Health Board in providing clinical sepsis training to registered nurses in care homes.
- Further support should be given to rolling out the NEWS system across health care.
- Awareness training should be provided to social care workers either through health boards or through a combined approach with local authorities following the principles of joint working through pooled funds and the joint health and social care workforce strategy.

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