

Response of RCN Wales to NAW Health Social care and Sport Inquiry into Sepsis



Response from the Royal College of Nursing Wales to the Health, Social Services & Sport Committee's inquiry into Sepsis

The Royal College of Nursing Wales is grateful for the opportunity to respond to this consultation.

[What understanding is there about sepsis incidence, how sepsis is presenting to services, and outcomes from sepsis?](#)

Terrence Canning¹, Executive Director from Wales Sepsis Trust has stated that the public are beginning to be aware of sepsis but that increased public awareness and education are required. The Sepsis Trust state that 40% of patients are readmitted within 90 days of discharge and that 25% of those that survive sepsis have a life changing condition that will require treatment for the rest of their life.

For the past 8 years in Wales, Public Health Wales' 1000 Lives Improvement², has provided the *Rapid Response for Acute Illness Learning Set* (RRAILS). This has instigated an integrated approach to the treatment of sepsis and acute kidney injury (AKI) and has potentially reduced harm and death. This training is provided as part of during resuscitation training of which the Immediate Life Support Course is 'mandatory' on an annual basis for nurses. However, it should be noted that the 2019 RCN Employment Survey revealed that across the UK 85% of all nursing staff indicated that they had completed all their mandatory training but this fell to 70% in Wales. Across the UK 54% said they had completed their last mandatory training in normal working time but in Wales this falls further to a disturbing 29%.

RRAILS has also developed five e-learning modules available on Wales NHS electronic staff record but these are not compulsory. The number of staff accessing this e-learning is increasing, especially since the NEWS score has been introduced to the district nurses and primary care team. The NEWS score stands for National Early Warning System. The score indicate how serious the condition of the patient is and this should trigger certain clinical actions for the professional.

RCN Wales believes that the NHS should have clear targets to improve uptake of CPD and these should be measurable by professional group (e.g. nursing) and topic (e.g. Sepsis) to encourage mapping of education against quality improvement outcomes for patients.

Since 2013 there has been a reduction in sepsis mortality of 20% and although it is likely that this is due to the RRAILS initiative, there is a lack of robust data to demonstrate with certainty the cause and affect. Since 2016 Sepsis 6 care bundle data (which is the care pathway commenced when sepsis is suspected) has been reported to the Welsh Government on a monthly basis by acute setting.

¹ Terrence Canning in talk on RRAILS conference October 2019.

² <http://www.1000livesplus.wales.nhs.uk/ad-in-hospital>

However, RCDN Wales is concerned this is not done in a consistent manner. For example, some health boards are reporting 100% compliance with sepsis 6 but it is not clear if this compliance is based on 1 patient or 20 patients.

Across the UK efforts have been made to introduce sepsis screening to primary care³. In Wales community nurses are undertaking NEWS calculation and e-based learning on the deteriorating patient. This, along with clinical judgement, will improve the recognition of the deteriorating patient including those with possible sepsis. Professor Jean White, Chief Nursing Officer and Nurse Director of NHS Wales has stated “I am determined that, in accordance with the principles of ‘A Healthier Wales’, patients in their own homes and community settings receive the same benefits of NEWS as those in Hospital” (March 2019). In Cardiff and the Vale UHB, sepsis education is being rolled out across primary and community care and professional awareness is being raised.

Public and professional awareness of sepsis

Professional awareness has been addressed in the point above.

Every year in Wales there are 2,000 to 2200 deaths in Wales from a population of all ages. Earlier in this year there was a public petition to the Welsh Government asking for a *Sepsis Public Awareness Campaign*⁴.

RCN Wales support this call. The ACT FAST campaign for stroke has been reported as a success and state that there has been a 24% rise in stroke related 999 calls and 16% of stroke victims being seen more quickly since 2011⁵.

It may also be worth the Committee considering the whether this awareness could be including into the health knowledge of the school curriculum.

Identification and management of sepsis in out-of-hospital settings, including use of relevant screening tools/guidance, and the referral process between primary/secondary care.

The timeliness of health care provision is very challenging in all out of-hospital settings. Some patients are reporting that it can take up to 250 phone calls⁶ to get through to their practice to attain an appointment⁷. Others report that even if they do get through, they are unable to get an appointment on that day. This makes early identification of sepsis challenging.

The Welsh Ambulance Service Trust (WAST) ability to deliver a timely service can be extremely compromised when acute hospitals are unable to discharge patients. WAST priorities an emergency 8 minute response when a patient has stopped breathing or has no pulse. Potential or actual sepsis patients are allocated an amber priority. WAST statistics show that the Median for attendance across Wales is 13:40 minutes (the range of medians for health boards are between 11:36 to 16:04 minutes) and the mean is 26:09 minutes (range of means across health boards is 14:47 to 33:02).

³ RCGP. Sepsis Toolkit. Royal College of General Practitioners. <https://www.rcgp.org.uk/clinical-and-research/resources/toolkits/sepsis-toolkit.aspx> [accessed 23/10/19]

⁴ <http://senedd.assembly.wales/mgIssueHistoryHome.aspx?Id=24484>

⁵ <https://www.networks.nhs.uk/news/government-claims-success-for-2018act-fast2019-stroke-campaign>

⁶ <https://www.walesonline.co.uk/news/health/we-call-gp-surgery-250-15838387>

⁷ <https://www.walesonline.co.uk/news/health/we-call-gp-surgery-250-15838387>

To enable a set of vital signs to be recorded, it is imperative the Health Boards' supply the community nursing teams with the equipment so that they can calculate the NEWS score and trigger necessary action.

Eve Lightfoot, District Nurse and RCN Wales Nurse of the Year 2018 has championed change in Hywel Dda HB. All patients have their NEWS score calculated on admission to the community nursing service. Should the score trigger, the patient is referred directly to their own GP, WAST or secondary care as indicated by the tool. As communication between these multi-professional teams is paramount, SBAR⁸ communication tool has been adopted. Eve is now working to ensure that the NEWS score is documented in the discharge information. With this initiative both primary care and secondary care will have baseline information about their patient thus reducing clinical risk and early identification of the sick patient.

Identification/management of sepsis in acute (hospital) settings.

In the hospital setting – acute or non-acute, patients can present to emergency departments, outpatient departments or as a pre-planned admission with potential or actual sepsis. It is of vital importance that nurses, doctors, dentists or allied health professionals are able to recognise the signs and symptoms at first consult. It is therefore imperative that all staff are competent in the use of NEWS trigger and sepsis 6 care bundle.

It has been shown that wards with lower nurse to patient ratios have a 26% higher mortality rate. These deaths will include patients with sepsis. It is therefore essential that safe staffing levels are reached and maintained in both acute and non-acute wards.

Patient who are transferred into an emergency department by WAST should see an experienced clinician with a target of 15 minutes from arrival to hand over. For patients who self-present, although there is a target of 15 minutes, many emergency departments in both acute and non-acute settings are unable to meet this target due to low staffing levels with the resultant delay in identification of the patient in sepsis. Emergency departments are not subject to Section 25B of Nurse Staffing Levels (Wales) Act 2016

The 1000 Lives Plus Programme held a conference specifically on RRAILS in October 2019, the results of a peer review for identifying, escalating and responding to the deteriorating patient in Welsh acute hospitals were discussed. Exemplars of practice were identified and it was agreed that the following objectives would be of great benefit in managing the deteriorating patient included those with sepsis and that these initiatives would positively impact on both morbidity and mortality

- All health boards should have an acute deterioration operational lead identified and steering group set up. All health boards in Wales have now appointed a senior nurse as a strategic lead in the community to implement NEWS. The RRAILS Acute Deterioration Team are supporting this quality initiative.
- The 24/7 rapid response services comprising of critical care outreach, rapid response or acute intervention team should be available to support the deteriorating patient.
- That daily safety huddles & shift handovers at which patients at risk of deterioration were discussed would help to ensure appropriate patient management to reduce potential harm
- That Health Boards should agree on a common dashboard to monitor compliance of escalation and treatment for acute deterioration, sepsis and acute renal failure. An exemplar is Cardiff and Vale UHB who have reported that they have an electronic 'Sepsis Star' which feeds into a clinical

⁸ <https://webcache.googleusercontent.com/search?q=cache:Umxn02-d94J:https://improvement.nhs.uk/resources/sbar-communication-tool/+&cd=13&hl=en&ct=clnk&gl=uk> [accessed 30/10/19].

dashboard at ward level. This allows ward staff to view their compliance in real time and will allow the Sepsis Leads to understand the associated mortality.

- That weekly multidisciplinary meetings should be held to review and generate data on treatment of sepsis

To ensure that NEWS 2 is reliably used in all adult areas (except maternity) in and out of hospitals and that sepsis is considered and managed for any NEWS greater than 3 where there is a possibility of infection.

The physical and mental impact on those who have survived sepsis, and their needs for support.

The impact of sepsis and post sepsis syndrome on survivors is still poorly understood, especially in terms of psychological impact. Terrence Canning⁹, Executive Director from Wales Sepsis Trust reports that survivors of sepsis have had little health education of what to expect on discharge and that he provides support through bringing sepsis survivors together. Last year, Terrance worked with Cardiff and the Vale UHB to develop a Sepsis Survivors Booklet '*Recovery after Sepsis*'¹⁰ and is being produced by the UK Sepsis Trust and is available on their website for anyone to access.

Part of this problem is because GPs are not always informed of the patient having developed sepsis in an acute setting and until now there was little material to support the GPs to sign-post patients to support services. At the RRAILS conference this was recognised and will be considered as part of discharge planning.

RCN Wales recommends the following:

1. The Welsh Government launch a public campaign advising of the signs and symptoms of sepsis and from whom that individual should seek assistance.
2. The Welsh Government should ensure Health Boards purchase necessary equipment for community nurses to be able to record appropriate vital signs to enable a NEWS calculation and triggering of action for deteriorating patients which includes sepsis.
3. The Welsh Government should ensure the appropriate modules of RRAILS e-based learning be made mandatory in the NHS for registered nurses and health care support workers who record vital signs. Completion rates should be monitored by Health Board to ensure clinicians are given time in work to complete this training.
4. The Welsh Government should establish a work stream to extend the section 25B of the Nurse Staffing Levels (Wales) Act 2016 to emergency departments and that part of this work should consider the need for an effective and timely initial clinical assessment .
5. The Welsh Government should set an improvement target for NHS Wales on the uptake of mandatory professional training. NHS Wales should ensure that Specialist professional activity (SPA) (training) time is built into the job descriptions of registrant and support workers. This will facilitate time for clinical supervision and development

⁹ Terrence Canning in talk on RRAILS conference October 2019.

¹⁰ <https://sepsistrust.org/wp-content/uploads/2019/05/Recovery-After-Sepsis-Brochure-for-Web-Compressed-Final.pdf>

of competencies that are paramount to delivering safe patient care, which includes those critically ill from sepsis.

6. The Welsh Government should review the dashboard data set for sepsis compliance to ensure consistency and provide relevant information to enable the determination of the outcome of the care.
7. The Welsh Government undertake an evaluative study of the timeliness of care for sepsis patients with a focus on a) time first contact was attempted and with whom, and b) time that they commenced treatment and from whom.
8. The Welsh Government should continue to monitor and enforce compliance with the Nurse Staffing Levels (Wales) Act 2016 for each health board.
9. All Health Boards should have an acute deterioration operational lead identified and steering group set up. These should review opportunities for, implement and monitor safety huddles & shift handovers at which patients at risk of deterioration are discussed and appropriate action taken and report to the Health Boards's Quality and Safety Committee.
10. That all health boards should ensure that 24/7 rapid response team is available in the acute hospital setting to support the rapidly deteriorating patient.

About the Royal College of Nursing (RCN)

The RCN is the world's largest professional organisation and trade union of nurses, representing around 435,000 nurses, midwives, health visitors, healthcare support workers and nursing students, including over 25,000 members in Wales. RCN members work in both the independent sector and the NHS. Around two-thirds of our members are based in the community. The RCN is a UK-wide organisation, with its own National Boards for Wales, Scotland and Northern Ireland.

The RCN represents nurses and nursing, promotes excellence in nursing practice and shapes health and social care policy.