Action on sepsis: Publishing a cross-system action plan

Purpose

1. The profile of sepsis (caused by the body's immune response to a bacterial or fungal infection - a time-critical condition that can lead to organ damage, multi-organ failure, septic shock and eventual death) has been rising over the last few months and years, and is now widely recognised as key patient safety issue and cause of avoidable death and lasting ill health. It is estimated that there are around 37,000 deaths from sepsis per year, around 11,000 of which are thought to be preventable.

2. The Parliamentary Health Service Ombudsman (PHSO) has published reports into the failings in care that can lead to avoidable deaths from sepsis over the last two years, and the Secretary of State has also taken a keen interest in sepsis. In January 2015 he announced a number of actions that would be taken across the health and care system to improve the recognition and treatment of sepsis. NHS England has also identified improving outcomes in patients with sepsis as the greatest opportunity we have to reduce premature mortality over a 5 year timeframe. This initiative also has strong support from NHS England's Chief Executive.

3. Delivering this improvement will require cross-system collaboration given the multiplicity of factors involved (professional education, clinical practice, clinical coding, financial incentives, communication and public awareness). In January 2015, NHS England therefore established a cross-system programme board co-chaired by Celia Ingham Clark and Mike Durkin to advise on the approach needed to drive improvement in outcomes and reduce mortality in patients with sepsis. Had the National Quality Board (NQB) been meeting at that time, it is likely that we would have sought to undertake this work under its supervision, using a similar approach to that undertaken for venous thromboembolism (VTE), or more recently, work on human factors and patient experience.

4. The cross-system group convened has now made several recommendations (given below), and organisations represented on the Board are expected to commit to a number of actions to improve the recognition and treatment of sepsis. We hope to outline these in a short report/action plan to be published at the end of November/early December 2015, to coincide with the publication of an NCEPOD report on sepsis (24 November 2015). Our intention is that the report will be co-branded with all organisations represented on the group (Terms of Reference and membership are given at Annex A).

5. This paper asks NQB members to:

- Note the findings and recommendations of the cross-system programme board and provide any comments they may have;
- Advise on which organisation should monitor implementation; and
- Agree that the report should be published in late November/early December 2015, and that it should be co-branded.

Possible recommendations

6. Through the cross-system programme board, a number of recommendations/actions have been identified, to be taken forward by organisations represented. These are still subject to some further work and agreement, but are likely to fall into the following four themes:

- Enabling prompt recognition and treatment (in primary and secondary care);
- Increasing public awareness;
- Promoting professional education; and
- Improving the evidence base.

6. These are summarised below:

Theme	Justification	Proposed action
Enabling prompt recognition and treatment	Rapid diagnosis of sepsis and commencement of treatment are vital to improve survival and limit complications. Diagnosing sepsis can be very challenging given that symptoms could be indicative of many other illnesses. In primary care there are high numbers of consultations, and very small numbers of patients with sepsis, leading to a low suspicion of sepsis during routine consultations. NCEPOD report will show that GPs often do not record vital signs when assessing acutely unwell patients. NCEPOD will also show an	Development of voluntary audit tool to help GPs assess and improve care provided to children with fever (can be indicative of sepsis) – almost completed by NHS England. Health Education England (HEE) to develop an e-learning module for primary care NHS England working on extension of CQUIN for 2016/17, incentivising early detection and treatment of sepsis, both for emergency admissions and for patients who deteriorate on wards. Further consideration is required as to: o the proposal to encourage Trusts to adopt electronic early warning systems, observation systems and e-prescribing systems to aid in identification and prompt treatment of deteriorating patients with sepsis.

	avoidable delay in commencement of treatment in hospital – 29% of patients experienced a delay in administration of IV antibiotics (one element of sepsis 6 care bundle)	○ RCGP initial proposal to appoint 'sepsis champion' to provide national level leadership ○ Development of acronym/clinical score system for use across the patient pathway, (similar to FAST used in stroke)
Increasing public awareness	Sepsis is not generally well understood by the public. NCEPOD report will show that patient failure to present to a clinician was the main cause of delayed admission to hospital. Numerous high profile cases e.g. Sam Morrish death – have pointed to the need for the public to be more informed about the signs and symptoms of sepsis.	Public Health England (PHE) is expected to produce a report on the evidence base for a public awareness campaign on sepsis, which the programme board strongly supports. HEE will incorporate principles of communication with and educating the public within any educational/training resources that are developed.
Improving the evidence base	Inconsistencies in clinical coding mean that current figures on sepsis are likely to be a underestimation of true incidence/prevalence and mortality More definitive evidence and guidance is required for uniform treatment of sepsis across NHS	Global Sepsis Alliance to publish international consensus on sepsis definitions in 2016 HSCIC to produce resources on sepsis coding and documentation, including significant terms/phrases for use by clinicians in clinical notes , and SNOWMED code sets representing standard clinical phrases for sepsis. NICE due to publish Clinical Guideline on Sepsis in July 2016 (consultation due in January 2015) NHS England to consider inclusion of sepsis as a future topic for Right Care programme to examine potential for improvements in outcomes and value
Promoting professional education	There are a range of educational materials available in different formats, however there is a need to gather evidence of the impact these have made, and in particular whether they have led to a change in practice	In addition to developing an e-learning module for primary care, HEE are undertaking a scoping report to identify areas of good practice and determine where gaps exist. They will then make recommendations about the commissioning of new educational materials as well as disseminating examples of good practice for promotion across the system

Do NQB members have any comments on the themes and actions outlined above?

7. Members of the programme board remain accountable to the organisations they represent, and we are in discussion about which organisation would be best placed to monitor implementation of actions after publication of the report. NHS Improvement may be one option and we are in discussion with Mike Durkin about this possibility.

Do NQB members have views on which organisation would be best placed to monitor implementation of actions?

Do NQB members agree that we should publish a short report/action plan at the end of November 2015?

Celia Ingham Clark MBE

Director, Reducing Premature Mortality

NHS England

October 2015

Terms of Reference: Cross-system Sepsis Programme Board

1 Purpose

1.1 The purpose of the cross-system sepsis programme board is to drive the change required for quality improvement in the prompt identification and treatment of sepsis to occur, with the aim of improving patient outcomes and reducing mortality and morbidity currently associated with sepsis.

1.2 The group will provide a forum for collaboration across key partners from the health and care landscape, providing:

- The opportunity to coordinate actions across organisations to drive quality improvement;
- The opportunity to consider where current gaps lie and how these should be addressed; and
- A shared view of the issues and opportunities for improvement currently associated with sepsis.

2 Objectives

2.1 The objectives of the group will be to:

- Provide clinical expertise and advice on the current barriers and issues to driving quality improvement, and how these can be overcome;
- Advise on the overall strategy required to drive improvement in the identification and treatment of sepsis, drawing on work underway across NHS England and the wider system. This includes the use of financial and non-financial tools and levers required to drive improvement; and
- Identify those areas in which efforts need to be targeted in the short, medium and long-term, making decisions and/or recommendations about those tools and levers needed to drive improvement in 2015/16, 2016/17, and beyond.

3 Scope

3.1 The group will consider the identification and treatment of sepsis across and between different settings including acute services, primary care, out of hours services, community care and ambulance services.

3.2 The group will also consider specific needs of different groups and those particularly at risk, for example, children and older people. Overall, the group will provide advice on effective management of sepsis in all ages.

4 Membership

4.1 The group will need to draw on the expertise of a range of different partners from time to time. The Programme Board consists of the following representatives:

Organisation	Member & role
NHS England	Celia Ingham Clark, Joint Chair, Director, Reducing Premature Morality
NHS England	Mike Durkin, Joint Chair, Director, Patient Safety
Representative of patients, carers and the public	Graham Prestwich
NHS England	Damian Riley, Regional Medical Director, North
NHS England	Jacqueline Cornish, National Clinical Director, Children, Young People & Transition to Adulthood
NHS England	Martyn Diaper, Head of Patient Safety (Primary Care)
NHS England	Jonathan Benger, National Clinical Director
UK Sepsis Trust	Ron Daniels, Chief Executive
Department of Health	Jason Yiannikkou, Deputy Director, Quality Improvement Team
Care Quality Commission (CQC)	Edward Baker, Deputy Chief Inspector of Hospitals
National Institute for Health and Care Excellence (NICE)	Mark Baker, Director of the Centre of Clinical Practice
Health and Social Care Information Centre (HSCIC)	Martin Severs, Chief Executive
NHS Improving Quality	Hilary Walker, Head of Programmes, Living Longer Lives
NHS Trust Development Authority	Kathy McLean, Medical Director
Monitor	Hugo Mascie-Taylor, Medical Director
Health Education South London	Andrew Frankel, Postgraduate Dean
Public Health England	Isabel Oliver, Director of the Field Epidemiology Service
Expert clinician	Richard Jennings, Infectious Diseases Specialist, Whittington Hospital
Expert clinician	Derek Bell, Acute Physician, Chelsea & Westminster Hospital NHS Foundation Trust
Expert clinician	Jeremy Tong, Consultant Paediatric Intensivist, University Hospitals of Leicester NHS Trust

CCG representative	Jacqueline Barnes, Chief Nurse, Coventry and Rugby CCG & Warwickshire North CCG
Royal Pharmaceutical Society	Philip Howard, Consultant Pharmacist in Antimicrobials at the Leeds Teaching Hospitals NHS Trust
Ambulance services representative	Tracy Nicholls, Head of Clinical Quality, East of England Ambulance Service NHS Trust
Ambulance services representative	Karen Warner, Associate Director of Quality & Nursing, Yorkshire Ambulance Service
Royal College of Emergency Medicine	Jeff Keep, Consultant and Honorary Senior Lecturer in Emergency Medicine & Major Trauma, King's College Hospital, London
Royal College of Nursing	Rose Gallagher, Professional Lead, Infection Prevention and Control
Royal College of Physicians	Gerard Phillips, Senior Censor, Vice President for Education & Training, RCP London
Royal College of General Practitioners	Simon Stockley, General Practitioner
Academy of Medical Royal Colleges	Alastair Henderson, Chief Executive
Royal College of Pathologists	Ian Gould
Royal College of Paediatrics and Child Health	Ian Maconochie, Consultant in Paediatric Accident & Emergency Medicine
Royal College of Pathologists	Ian Gould, Consultant Microbiologist

5 Working arrangements

5.1 Initially, the group will meet once every two months, and the frequency of meetings will be considered every six months. Work will be undertaken between meetings, and members will contribute to, and approve work, via email correspondence.

5.2 The Secretariat (Quality Strategy Team, NHS England) will be responsible for circulating papers and minutes of meetings. Papers for meetings will be circulated no later than 3 working days before meetings, and minutes will be circulated no later than 2 weeks after meetings.

5.3 The group will be quorate if at least one of the Co-Chairs and a third of total membership are present.

5.4 Members of the cross-system steering group will be accountable to the individual organisations that they represent and will report through the relevant organisation's governance structures.