

Request title: Sepsis recognition and management

Date of Response: 8th September 2015

Further to your Freedom of Information request, the Trust has answered your questions in the order they appear in your request.

Request and reply

- 1) How many whole time equivalent clinical staff (nurses, doctors, AHPs) are contracted specifically to:
 - a) acute response to stroke?
The Trust has a 'team' of clinical staff who are responsible for 'acute response to stroke', however, they also undertake other duties such as covering clinics and wards, not all of their time is taken with acute response to stroke work.
 - b) acute response to heart attack/ acute coronary syndrome?
The Trust has a 'team' of clinical staff who are responsible for 'acute response to heart attack / acute coronary care', however, they also undertake other duties such as covering clinics and wards, not all of their time is taken with 'acute response to heart attack / acute coronary care' work.
- 2) What % of medical and nursing staff can evidence being trained in sepsis recognition and management?
The Trust does not record this information.
- 3) How many hours in total are a) medical and b) nursing staff expected to receive training in sepsis recognition and management per annum?
As above, please see the answer to question 2.
- 4) If no specific training on sepsis is expected, how many hours in total are all medical and nursing staff expected to receive training in recognition and management of deterioration? Does this include sepsis training?
All staff undertake Basic Life Support Training and Early Warning Scoring System training which includes sepsis training. This is 1-2 hours in duration.
- 5) Does your Trust have a:
 - a) dedicated Sepsis team? (dedicated means resourced specifically as part or whole of job plans)
No.
 - b) dedicated Thrombolysis team for stroke?
Yes.
 - c) dedicated interventional team for heart attack/ acute coronary syndrome
Yes.
- 6) How much time in total are clinical staff (nurses, doctors, AHPs) contracted specifically to the management of sepsis (sepsis being specifically a part of their job plans)?
Job plans do not detail specific tasks.
- 7) Do you have a Clinical Director with direct responsibility for sepsis?
The Head of Safety, Risk & Patient Experience, a senior nurse, is the Trust Lead for Sepsis and sepsis is an integral part of the Trust's Patient Safety Programme.

8) In total, how many overall cases of severe sepsis, red flag sepsis or septic shock did you deal with in 2014/15?

Please see the table below:

Admission Month	Streptococcal septicaemia	Other septicaemia excluding Septic shock	Septic shock
Apr-14	2	13	42
May-14	7	20	32
Jun-14	3	27	51
Jul-14	2	16	40
Aug-14	5	13	53
Sep-14	4	11	47
Oct-14	2	8	35
Nov-14	4	11	39
Dec-14	5	22	54
Jan-15	4	14	42
Feb-15	0	12	37
Mar-15	2	16	25
Grand Total	40	183	497

9) How much will be invested via existing or new budgets in the next 12 months n (a) sepsis, 0 (b) stroke and (c) cancer?

- a) The Trust does not collect financial data in this way.
- b) The budget for stroke is subsumed within the overall budget for Healthcare for Older People and so a specific sum cannot be identified, or would exceed the threshold cost for an FoI request to attempt to newly identify.
- c) The cancer services cluster spends approximately £25.6million in a financial year. This includes haematology, oncology, medical physics and all associated costs.

10) Are you seeking to deliver the 2015/16 Sepsis CQuIN?

Yes

11) What level of payment do you expect to receive from the CQuIN in Q1 - Q4?

£872k

12) How many sets of blood cultures are taken for each patient in order to detect if they have sepsis?

Each patient will have 2 sets of blood cultures taken from 2 sites pre-antibiotic administration.