

# Infection (Sepsis)

## Four key areas being worked on nationwide

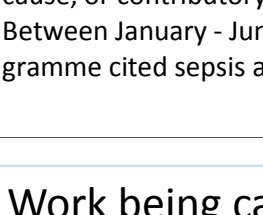
There is a lot of clinical work going on nationally to raise the profile of sepsis. In July, the NHS England sepsis programme helped to run a national workshop for health and social care professionals. The learning disability focus was on the better prevention, detection and treatment of sepsis. Nicola Spencer, NHS England's programme delivery manager at Clinical Policy Unit based at Quarry House in Leeds, has explained there are now four priority areas for NHS England, which all came out of that workshop. The key areas are:

1. To improve the sharing of important information, including electronically, about people with learning disabilities between health and care professionals across settings. Current examples of this type of work, includes:
  - Purple folder scheme** - used by care homes for people with learning disabilities. It contains important information about the individual to be used when they are admitted to hospital.
  - Red bag scheme** or 'snatch bag' - to be used in supported living. The bags contain key paperwork, medication and are sent with the patient to hospital.
  - Hospital passport scheme** - captures im-

- portant information about the health and care needs of a patient with learning disabilities.
2. To support health and care professionals to spot the signs of acute deterioration, including sepsis, in people with learning disabilities.
  3. To support carers to spot the signs of acute deterioration, including sepsis, in people with learning disabilities. Current examples of this, include:
    - Restore 2 tool** in Hampshire: A patient/carer facing safety netting tool containing visual representation.
    - Home Care Company** - a framework of soft signs which helps the carer to identify signs that a patient with learning disabilities may be deteriorating and provides advice on when to contact a nurse/GP.
  4. To facilitate the promotion and sharing of best practice.

Further work is now underway to map exiting work going on across these areas and to establish where there are gaps. An action plan will then be formed with leads identified from across the system.

## John Trevains, head of Mental Health and Learning Disability Nursing at NHS England



"The premature mortality programme has highlighted why sepsis is such an important issue for people with a learning disability and earlier this year we held a national workshop to share some of the great things happening on sepsis across the country. This includes how we get better at recognising when someone's health is getting worse and developing easy read information for people with a learning disability and their families and carers."

## Latest sepsis data from LeDeR programme

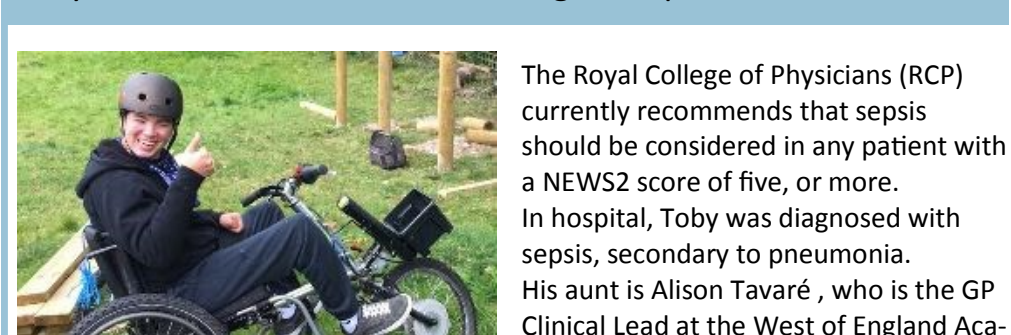
In 2017, 11 per cent of notified deaths to the LeDeR programme cited sepsis as a cause, or contributory cause, of death. Between January - June 2018, nine per cent of notified deaths to the LeDeR programme cited sepsis as a cause, or contributory cause, of death.

## Work being carried out locally to reduce sepsis deaths

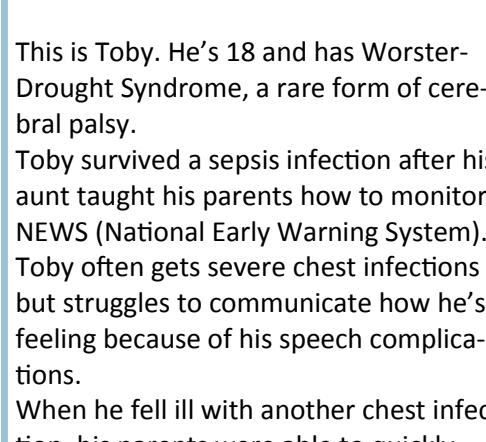
Here are some examples from around the country of best practice actions to reduce deaths from sepsis:

### West of England

The number of deaths from sepsis has dramatically fallen in the West of England since the area introduced NEWS (National Early Warning System) outside of a hospital setting. Across the region, it is now being used as a common language in primary care, out-of-hours services, mental health services, as well as hospital, acute hospital trusts and the region's ambulance trust. Clinically introducing NEWS across the whole healthcare system has reduced the number of deaths from sepsis. (Click on [video](#) below to watch how it was rolled out). Nationally, the SOS (Suspicion of Sepsis) dashboard shows that mortality from the SOS is lowest in the West of England, compared to the rest of the country, and that reduction in deaths has been directly attributed to the use of NEWS across the entire healthcare system. For further information, email: [alison.tavare@gmail.com](mailto:alison.tavare@gmail.com)



## Toby's life was saved after a GP taught his parents about NEWS



This is Toby. He's 18 and has Worster-Drought Syndrome, a rare form of cerebral palsy. Toby survived a sepsis infection after his aunt taught his parents how to monitor NEWS (National Early Warning System). Toby often gets severe chest infections but struggles to communicate how he's feeling because of his speech complications. When he fell ill with another chest infection, his parents were able to quickly take him to hospital having correctly identified that he had a NEWS score of six.

The Royal College of Physicians (RCP) currently recommends that sepsis should be considered in any patient with a NEWS2 score of five, or more. In hospital, Toby was diagnosed with sepsis, secondary to pneumonia. His aunt is Alison Tavaré, who is the GP Clinical Lead at the West of England Academic Health Science Network. Dr Tavaré also works as a GP based in Bristol and - luckily for Toby and his parents - happens to have a special interest in NEWS to improve the detection and management of deteriorating patients and sepsis. She successfully empowered Toby's parents to spot the signs themselves so they could access urgent hospital treatment for Toby - who was 16 at the time. She armed them with enough information by teaching them how NEWS works, which helped them take the urgent decision to rush him to hospital. Toby was treated for sepsis and was sent home from hospital a week later. The outcome could have been very different if his mum had not used NEWS.

## Hertfordshire

At East & North Herts NHS Trust, the sepsis nurses investigate the circumstances of all patients who either were not screened for sepsis, or did not received treatment, within one hour of being recognised as septic. Following several deaths of people with learning disabilities, the sepsis team now takes a proactive approach to caring for people with learning disabilities, regardless of their reason for admission, in recognition that they are at high risk of infection and therefore sepsis. In a trust with approximately 700 beds, they typically have between four to six in-patients with learning disabilities at any one time. The team monitors the patient's vital signs remotely via the electronic observations system, ready to intervene at the earliest sign of deterioration. The team also works closely with ward staff, learning disabilities liaison nurses, any carers involved and the safeguarding lead nurse to establish the patient's baseline and communicate any concerns, if assumptions appear to have been made, to guard against diagnostic overshadowing. The sepsis team has also been working with the Health Liaison Team at Herts County Council for the last year, teaching community learning disability staff about sepsis prevention and recognition and developing sepsis resources. The easy-read sepsis information leaflet has been used to explain sepsis to patients diagnosed with the condition and to help patients being discharged recognise the symptoms and know when to seek medical attention. Mindful of the death of a man with learning disabilities who was independent, the team is also currently working on a sepsis song with some young people with learning disabilities with the intention of raising awareness of the signs of sepsis amongst independent people with learning disabilities who are not currently in touch with health or other services to access these messages. Songs effectively convey and embed messages in our memory. The catchy tune and words are a collaboration between the creative practitioner of the health liaison team and sepsis nurses. For more information, email: [anne.hunt1@nhs.net](mailto:anne.hunt1@nhs.net)

## Derbyshire

As LeDeR reviews are highlighting that sepsis is affecting people with a learning disability and contributing to their early deaths, Derbyshire's public health representative has helped their LeDeR steering group identify actions taken across a number of organisations to raise awareness of sepsis. Derbyshire's Learning Disability Strategic Health Facilitation team has also been raising awareness of sepsis by including it a number of key areas, including:

1. Every Learning disability update for the Learning Disability Annual Health Check now mentions sepsis and the findings from the LeDeR reviews both local and national.
2. Medical Students and Adult Branch Student Nurses have learning disability awareness afternoons which include sepsis.
3. Working with local people with a learning disability and their families and carers to spot the signs of sepsis by sharing easy read information.
4. The area's Learning Disability Partnership Board Health sub group is having a dedicated 'sepsis' slot in October. The plans will then go to the area's Partnership Boards.
5. Sepsis awareness included in Health Action Planning and constipation training for social care providers and carers.
6. Sepsis has been highlighted within the specialist NHS Learning Disability Clinical Reference Group.

## West Suffolk

In line with most other trusts, West Suffolk NHS Foundation Trust has been running a number of initiatives to raise awareness about sepsis. However, until recently, none of these packages included anything about the sepsis risk in people with learning disabilities. Having seen the work of the LeDeR programme, this focus will now be changed, particularly for the trust's community training packages. Work is currently being carried out on a new package for sepsis awareness and management in the community. The trust will also be running a Sepsis Awareness Day on November 6. This year for the first time, it will link in with community colleagues and oncology nurse specialists to ensure that it covers sepsis screening and early management in the community, as well as neutropenic sepsis. Previously, the focus had only been on sepsis management in the acute hospital. Sepsis study days are run six times a year and cover the Surviving Sepsis Campaign, anatomy and physiology of sepsis, The Sepsis 6 care bundle and several case studies and scenarios. The trust also ensures that sepsis awareness and management is also covered in all its mandatory training, formal teaching sessions and trust inductions.

## Lancashire

Lancashire County Council's strategy for Lancashire care homes (2017-2020) was launched in July 2017. The aim of the strategy is to improve sepsis-related experiences and outcomes for care home residents across Lancashire. A key component of the strategy is the sepsis training and development sessions for both residential and nursing care homes. Staff from both elderly and learning disability care providers are eligible to attend two free training sessions. The training examines the importance of infection prevention, early identification and management of suspected sepsis cases, and post-sepsis syndrome. Care staff are trained to use NEWS2, identify signs of infection and the soft signs of sepsis in order to communicate and escalate residents for healthcare to either their GPs or North West ambulance service, as appropriate. Some of the benefits from implementing the approaches from the training include:

- early identification of deterioration of people with complex conditions
- improved communication with GPs and appropriate healthcare is provided

During autumn/winter 2018, further work is scheduled to develop resources with learning disability providers to help raise awareness of sepsis amongst people with learning disabilities, their carers and family members. For more information about this work, email: [jane.mastin@lancashire.gov.uk](mailto:jane.mastin@lancashire.gov.uk)

## London

Certitude, which provides support across the capital to people with learning disabilities and autism and their families and carers, has recently produced a well-being briefing for staff regarding sepsis. It's available [here](#).

## Useful links: further reading

- [NHS RightCare Scenario: Sepsis](#)
- [UK Sepsis Trust: Education Resources—The Sepsis Manual](#)
- [Sepsis: recognition, diagnosis and early management](#)
- [Improving outcomes for patients with sepsis: A cross-system action plan](#)
- [Reducing the impact of serious infections CQUIN 2017/18](#)
- [Sepsis frequently asked questions](#)
- [Blood tests for people with learning disabilities: making reasonable adjustments](#)
- [Sepsis trust video: The Sepsis Six](#)
- [RCGP: Sepsis toolkit](#)

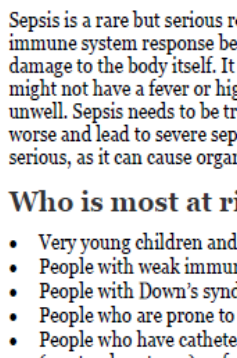
## Emerging topics:

In 2017, the other main individual causes of death notified to the LeDeR programme were 1) pneumonia other than aspiration pneumonia (26% of 'known' causes of death); 2) aspiration pneumonia (17%); 3) Epilepsy (6%). These figures are a snapshot of all notifications, including reviews not yet started, in progress, and completed at the end of 2017. The figures were similar for the first half of 2018, with 'other' pneumonias being cited in 29% of notified deaths, aspiration pneumonia (15%); and epilepsy (4%).

## Next issue:

In November's bulletin, we will be focusing on Early Warning Scoring. Please let us know about your best practice actions by emailing [chris.allen@bristol.ac.uk](mailto:chris.allen@bristol.ac.uk) by November 9, 2018.

## Briefing for Carers poster: PDF version [here](#)



**BRIEFINGS FOR CARERS**  
**INFECTION (including SEPSIS)**

**What is it?**  
Infections are caused by germs (such as harmful bacteria or viruses) invading a person's body and multiplying. Our bodies usually fight infections with our immune system, which causes inflammation. It is the inflammation that makes us feel ill when we have an infection, e.g. a swelling at the site of the infection or having a high temperature or skin rash.

Sepsis is a rare but serious reaction to an infection. Sepsis is when our immune system response becomes overactive and starts to cause damage to the body itself. It can be hard to tell if you have sepsis. You might not have a fever or high temperature, you may just feel very unwell. Sepsis needs to be treated urgently because it can quickly get worse and lead to severe sepsis or septic shock. Septic shock is very serious, as it can cause organ failure and death.

**Who is most at risk?**

- Very young children and older people.
- People with weak immune systems or who are having chemotherapy.
- People with Down's syndrome.
- People who are prone to infections.
- People who have catheters (e.g. a urinary catheter), breathing tubes (e.g. tracheostomy) or feeding tubes (e.g. PEG).
- People with wounds (e.g. following injury or surgery) or sores (e.g. pressure sores).
- People with existing health conditions such as diabetes.
- People already in hospital because of another serious illness.

**Signs of infection**  
Generally feeling unwell  
Unusually high or low temperature  
New/increased/continual pain  
Change in body functions e.g. new cough, vomiting etc

**Early signs of sepsis**  
Unusually high or low temperature  
Chills and shivering or centrally hot with cold hands and feet  
Fast heartbeat and/or breathing  
Rash  
Change in behaviour e.g. restless or lethargic

**Signs of severe sepsis**  
Change in skin colour  
Confusion, dizziness, slurred speech or collapse  
Not passing urine  
Severe muscle pain  
Severe breathlessness  
Diarrhoea and vomiting

**If someone shows signs of infection, call GP or out of hours service**

**If someone shows early signs of sepsis, get urgent advice from NHS 111**

**If someone shows signs of severe sepsis call 999**

**Always explain that you think the person may have sepsis**

**Reducing the risk:**

**Vaccinate:** vaccinate people against common infectious diseases, including flu.

**Wash:** wash your hands frequently, and after toileting, coughing, sneezing or using tissues. Encourage others to do so too.

**Isolate:** keep anyone with signs of infection away from others (so they do not spread the infection to other people).

**Treat quickly:** take anyone with signs of infection for medical attention.