

1) How many whole time equivalent clinical staff (nurses, doctors, AHPs) are contracted specifically to:

a) acute response to stroke?

We don't have an acute stroke response team as the Royal London Hospital, (Barts Health) is our local HASU

b) acute response to heart attack/ acute coronary syndrome?

Again Barts Health is our local heart attack centre

2) What % of medical and nursing staff can evidence being trained in sepsis recognition and management?

Within the Emergency Department all clinical staff are trained in sepsis as it is part of ED induction (15 minute talk including sepsis lighthouse) and mandatory nursing training – 30 minutes.

Rest of the hospital:

**Sepsis Policy launched 22<sup>nd</sup> July 2014**

- Public and Staff Awareness Campaign
- Sepsis Recognition & Treatment
- 1-hour Care Bundle (Sepsis Six)
- 3 hour Care Bundle
- 6 hour Care Bundle

**Training - 1<sup>st</sup> May 2014 – 30<sup>th</sup> June 2015**

**Nurses Annual Mandatory Update (40 minutes)**

Sepsis Recognition and Treatment (Sepsis 6) – 173

**Registered Nurses Preceptorship (90 minutes)**

Early Recognition of Deteriorating Patients (including Sepsis Recognition and Treatment (Sepsis 6) 108

**Simulation Training**

1612 staff across disciplines have gone through at least one scenario covering sepsis recognition and management

200 staff across disciplines have had in-situ simulation training covering sepsis recognition and treatment

All departments have made Sepsis training a part of new doctors induction as part of departmental induction as of 5<sup>th</sup> August 2015.

Following the launch of ACE ( New paperless electronic patient records system), all clinical staff in the hospital were trained in NEWS and Sepsis light house (automatic electronic alert system).

- This involved interpretation of NEWS and SIRS and escalation and treatment as per the NEWS and sepsis policy.

3) How many hours in total are a) medical and b) nursing staff expected to receive training in sepsis recognition and management per annum?

Currently there is no mandatory time period. We are currently developing e-modules to make sepsis training a part of clinical staff mandatory training. Please also see above.

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?

Please see above about ACE which involves NEWS and sepsis as part of deteriorating patient recognition.

5) Does your Trust have a:

a) dedicated Sepsis team?

No

b) dedicated Thrombolysis team for stroke?

No

c) dedicated interventional team for heart attack/ acute coronary syndrome.

No

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)?

None

7) Do you have a Clinical Director with direct responsibility for sepsis?

No, but I am the trust lead for Sepsis and I am an ED consultant (Manab Mohanty)

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

907 discharges coded with sepsis (A40 – A41 and R572)

**9)** How much will be invested via existing or new budgets in the next 12 months n

- a) Sepsis – there is no dedicated sepsis budget this is absorbed within A&E and ward staffing.
- b) Stroke – the stroke unit is fully funded within budget, there are no plans for new investment in this area.
- c) Cancer – cancer budgets are spread across many specialties, I'm not aware of any new investment proposed for this area.

**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?

100%

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

Two sets of cultures.