Regulating Sepsis Detection and Management to Improve Patient Outcomes

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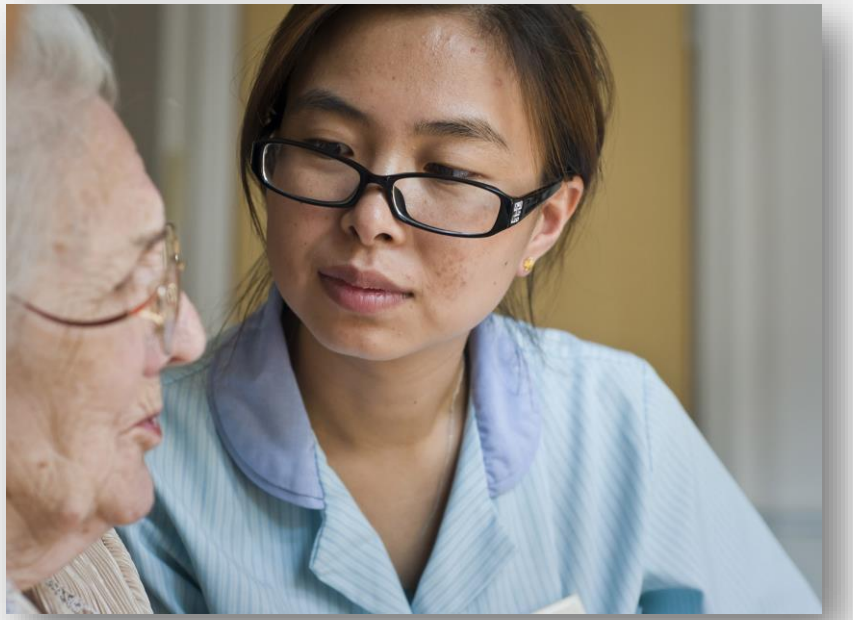


The Sepsis Patient Care Conference 2022: Ensuring Early Detection and Effective Treatment
21 September 2022

Our role and purpose

The Care Quality Commission is the independent regulator of health and adult social care in England.

We make sure health and social care services provide people with safe, effective, compassionate, high-quality care and we encourage care services to improve

Unique oversight of care

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive?
- Is it well-led?

23,215 adult social care services
138 NHS acute hospital trusts
294 independent acute hospitals
83 community health providers or locations
10 NHS ambulance trusts
129 independent ambulance services
199 hospices
49 NHS mental health trusts
227 independent mental health locations
10,944 dental practices
6,430 GP practices
165 urgent care and out-of-hours

Regulation 12 Health and Social Care Act Safe Care and Treatment

•12 (1) Care and Treatment must be provided in a safe way for service users (Providers should consult nationally recognised guidance about delivering safe care and treatment and implement this as appropriate)

•12(2) (b) doing all that is reasonably practicable to mitigate any such risks; Staff must follow plans and pathways. Medicines must be administered accurately, in accordance with any prescriber instructions and at suitable times to make sure that people who use the service are not placed at risk

Regulation 17 Health and Social Care Act Good Governance

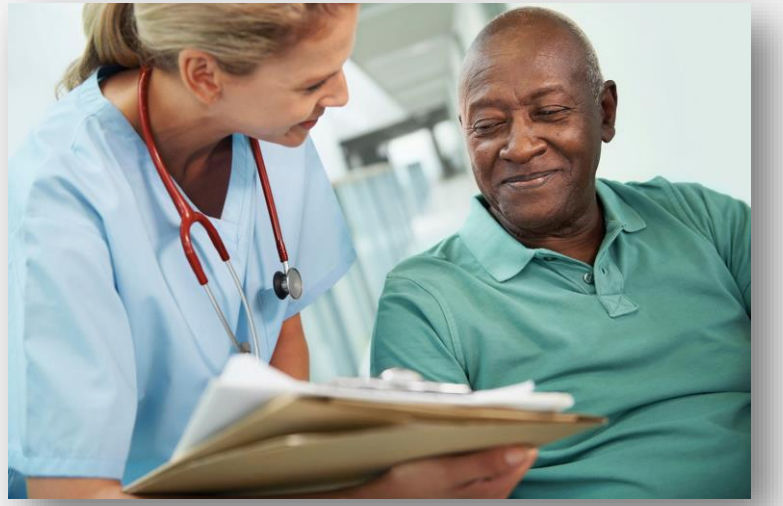
a. Assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services);

b. Assess, monitor and mitigate the risks relating to the heal safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity;

c. Maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided;

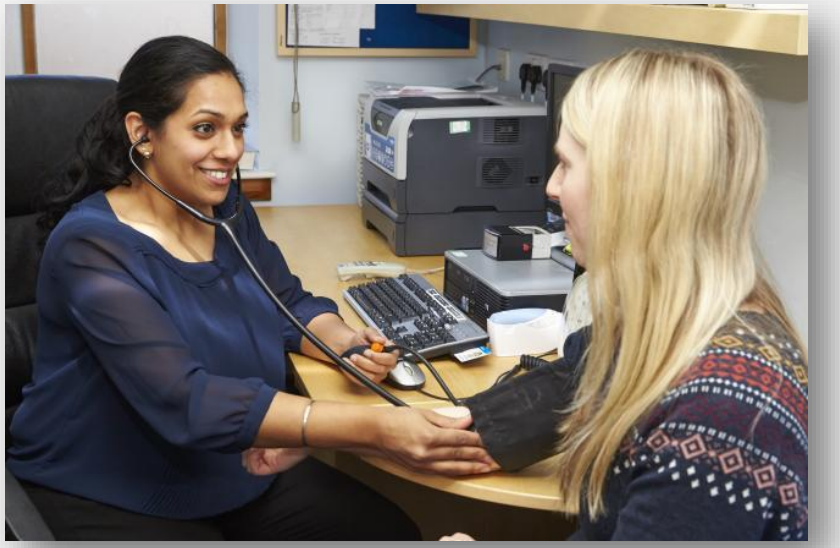
What are we looking for on inspection?

- Are there sepsis screening tools in use and are they widely available?
- Pathway tracking, have they used the sepsis screening tool? Is it fully completed?
- Has the patients score been appropriately calculated
- Was the patient escalated if they triggered through the scoring system?
- Are observations being performed at the correct frequency, as specified by the scoring system.
- If they were on identified as having possible sepsis, how long did it take to get their antibiotics?



What are we looking for on inspection?

- What's the safety narrative on sepsis? Is it on the agenda?
- Have staff had training on the management of sepsis?
- Are outcomes for patients monitored? How proactively?
- Can leaders tell you about their sepsis performance?
- Are receptionists aware of ‘red flag’ (severe) symptoms that might be reported by patients and how to respond?



What are we looking for on inspection? Primary care

- Is there evidence that up to date local antibiotic guidelines are in use?
- Do all clinical staff have access to local microbiologist for advice?
- Does the practice have access to diagnostic microbiology and virology laboratories?
- Has the practice audited their use of antimicrobials and have the results been discussed at a clinical meeting?

Prosecution by CQC

In 2021, we prosecuted an NHS trust for failing to provide safe care and treatment to two young patients who developed sepsis. Sadly this led to their deaths within a few weeks on each other back in March 2018.

- The first patient was a 33 year old mother of six, who was admitted to hospital after suffering a week of pain and swelling in her foot. She died two days later from multiple organ failure caused by severe infection.

- The second was a 14 year old girl who was admitted with D&V. She died five days later due to a build up of fluid on her brain and sepsis.

CQC is changing

- To have a greater focus on care across local areas or systems
- To use our new regulatory powers effectively to improve people's care
- To make our regulation less complex and more efficient
- To regulate in a smarter way
- To work better with the sector as it changes and recovers

Our new strategy

People and communities

Smarter regulation

Health and care systems

Reducing inequalities

Safety through learning

Accelerating improvement

What will change?

Our new approach will fall into four main areas:

- **New technology** – we'll be able to harness what we hear from people using services through new data and insight skills and technology
- **New policy** – we'll use a single quality assessment framework for all service types and at all levels
- **New ways of organising** – we'll be working in multidisciplinary teams to make sure we can look at quality better across an area
- **New powers** – we'll build on our previous activity looking at how services work together across a local area with new powers to look at Integrated Care Systems and local authorities

Provider Bulletin

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