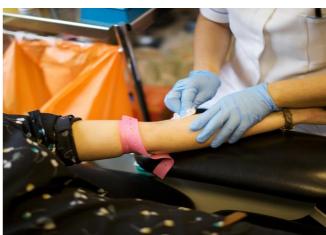


Getting it right: The current state of sepsis education and training for healthcare staff across England

Executive summary









Developing people for health and healthcare



Executive summary

Introduction

Health Education England (HEE) has a responsibility within its <u>Mandate</u> from the Department of Health to ensure that training is available so that healthcare staff are competent in the recognition of, and response to, sepsis. In response to this mandate, and on behalf of NHS England's cross-system programme board for sepsis, we carried out a scoping exercise in order to gain an understanding of the current state of sepsis education and training for healthcare staff across England.

The aims of this exercise were:

- 1. to identify the groups of healthcare workers currently receiving training in sepsis and the educational resources used to provide this training
- 2. to identify existing examples of good practice and high-quality training resources
- 3. to identify gaps in the training currently provided
- 4. to make recommendations for future work needed to improve the provision of sepsis education and training for healthcare staff in England.

Methodology

As part of this scoping exercise, information was collected about:

- learning materials in use or recommended by relevant stakeholders including the royal colleges and the UK Sepsis Trust
- learning resources currently in use in the clinical service sector that could be shared as good practice
- the impact of existing resources on sepsis awareness, clinical practice and patient outcomes
- staff groups currently receiving sepsis training
- methods to support and embed learning at ground level.

Results

Responses were received from the following stakeholders: 66 hospitals, 10 ambulance trusts, 12 of Health Education England's local teams, 9 academic health science networks, 4 royal colleges - the Royal College of Physicians, the Royal College of Obstetricians and Gynaecologists, the Royal College of Paediatrics and Child Health, the Royal College of Emergency Medicine, Registered Nursing Home Association, Skills for Care, UK Sepsis Trust and e-Learning for Healthcare. Of the 66 hospitals who responded to our scoping survey, only 25 (37.3%) responded to questions about the staff groups that are currently receiving training on sepsis.

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Most hospitals that responded to questions about staff groups receiving training indicated that they offer sepsis training to medical staff (23 of 25 trusts, 92%). 16 of these 25 hospitals (64%) stated that they provide sepsis training to all their medical staff. Most respondents to questions about sepsis training stated that their nursing staff receive training on sepsis (23 hospitals, 92%). The majority of these 23 hospitals stated that training was provided to nursing staff across all specialties (18 hospitals, 78.3%). 14 hospitals (56% of respondents) provide sepsis training to their pharmacy staff. 16 hospitals (64% of respondents) provide sepsis training to allied healthcare professionals. 14 hospitals (56% of respondents) provide sepsis training to all their staff. 10 of the 11 ambulance trusts contacted (90.9%) responded to questions about the sepsis training they provide for staff. All 10 ambulance trusts reported that they do provide sepsis training for their clinical staff, and all had developed resources to aid this training. Only one ambulance trust (9.1%) stated that they provide sepsis training to non-clinical call centre staff.

Conclusion

There is wide variation in the training that is offered to healthcare staff in different care settings across the country. However, due to the small number of respondents to questions about sepsis training received by their staff, this data represents only a guide. These results indicate that there are significant gaps in the provision of education and training in three key areas: primary care, community settings including residential and care homes, and management and executive teams within healthcare providers. Many healthcare providers utilise staff inductions and teaching sessions for healthcare staff in training to provide sepsis education and training, however such sessions are often not accessible for members of staff in permanent and non-training roles.

The next steps

Whenever a patient presents acutely unwell or with an acute deterioration in their condition, healthcare staff and within healthcare providers should be considering sepsis as part of their diagnosis - we should 'Think Sepsis'. To support this, NICE published its new guideline on sepsis recognition, diagnosis and early management in July, 2016 and the new materials developed by HEE have been aligned to this.

We need to work with partners to ensure that education and training is provided to all healthcare staff working in all sectors of the NHS. In order to embed this guidance into practice, this work should include ensuring that this training this is aligned with NICE guidance on sepsis recognition and management.

To help achieve these aims, we have set out a number of recommended actions targeted at ourselves, training providers and other stakeholders.

WHS Health Education England

Recommendations

Health Education England

- 1. Develop communication and dissemination strategies to maximise uptake and positive engagement with educational and training resources developed or endorsed by HEE.
- 2. Working with the cross-system sepsis programme board, develop a guide for training providers on updating educational and training resources to align to NICE guidance on sepsis.
- 3. Working with the Royal College of General Practitioner's (RCGP) clinical lead for sepsis and other relevant stakeholders, undertake the work necessary to ensure the availability of a sepsis educational package for residential and care home staff.
- 4. Drawing on existing HEE educational and training resources to produce a sepsis educational package targeted at management and executive teams.
- 5. Consider developing the HEE Quality Framework to encourage the training in relation to the management of acutely deteriorating patients, including patients with sepsis, within the core training of all healthcare staff.
- 6. Consider and develop methods for evaluating the resources for sepsis training.
- 7. Ensure that training resources and training strategies with proven effectiveness are promoted and shared across the system.
- 8. Work across HEE and with stakeholders to share information about the funding and development of educational and training resources for sepsis at both local and national level. This will help to reduce duplication and improve the quality of resources produced.

Healthcare providers

- 9. Update all sepsis educational and training resources in accordance with the <u>NICE guidance</u> for sepsis.
- 10. Develop strategies to ensure that all their staff members are trained in the recognition and management of sepsis to a level appropriate for their individual needs.
- 11. Ensure that training reaches all healthcare staff, not just those who are undertaking a formal training programme or attending regular staff inductions, for example consultants, staff grade doctors and associate specialists, nursing staff, allied health professionals and support staff.
- 12. Consider introducing 'sepsis champions' who take ownership of training strategies and are responsible for their maintenance, development and monitoring of effectiveness. Different Trusts will consider different models, for example, the sepsis champion could rotate to different departments on a six-monthly basis.
- 13. As part of sepsis training strategies ensure that methods are in place so that learning

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around sepsis is sustainable.

- 14. Monitor the effects of training strategies on outcomes for patients with sepsis within their organisations.
- 15. Where there is proven effectiveness, share good practice in relation to sepsis education and training, both locally and nationally with assistance from HEE.
- 16. Ensure that all staff take responsibility for their own learning needs in relation to sepsis and include this in staff appraisals.
- 17. Wherever possible, complement on-line sepsis training with interactive elements. For example, this could include encouraging staff to discuss e-learning undertaken at teaching sessions or with a supervisor.
- 18. Ensure that serious incidents which relate to sepsis are used as learning opportunities for individuals and departments, and that appropriate educational resources are used in response to such incidents.

Other stakeholders

- 19. All educational and training materials that have been produced about sepsis should be updated to reflect NICE guidance on sepsis
- 20. All education and training related to sepsis, including resources, should embed the concepts of antimicrobial resistance and antimicrobial stewardship.
- 21. Undergraduate courses for healthcare professionals delivered by higher education institutions should include training in the recognition and management of sepsis in a clinical context within their final year.