

A photograph of the Pinderfields Hospital at night. The building is illuminated, and the words 'THE RIDINGS BUILDING' are visible on the upper part of the facade. The entrance area is brightly lit, showing some outdoor seating.

Let's talk sepsis 2026: Targeting quality improvement through sepsis screening

A photograph of a man, John Hodson, smiling. He is wearing a blue short-sleeved shirt and has a black bag slung over his shoulder. He is standing outdoors.

*By John Hodson RN
Bsc Hons*

Who am I- My background



- John Hodson RN Bsc Hons
- Worked at MY 25yrs
- 18yrs in spinal cord injury
- 1yr discharge team
- 6yrs quality team (focus on sepsis)
- 1yr programme manager (secondment)

Improving sepsis screening through quality improvement



Audience questions:



Is sepsis screening important?



Why?

Improving sepsis screening through quality improvement

Our starting point:
inpatient screening
routinely not completed
(0-4%)

Inpatient Abx
administration routinely
below 50%

Nursing staff unaware of
the screening process
and who the
responsibility sits with

Medical teams not
engaging with screening
stating paper screening
tool ineffective until
moved to EPR system

Background work before QIP



Initial screening conversation with senior leaders within trust



Activated the electronic screening tool within our EPR



Asked nursing staff from wards how they wanted to use screening tool



Developed sepsis education packages for all new starters in the trust

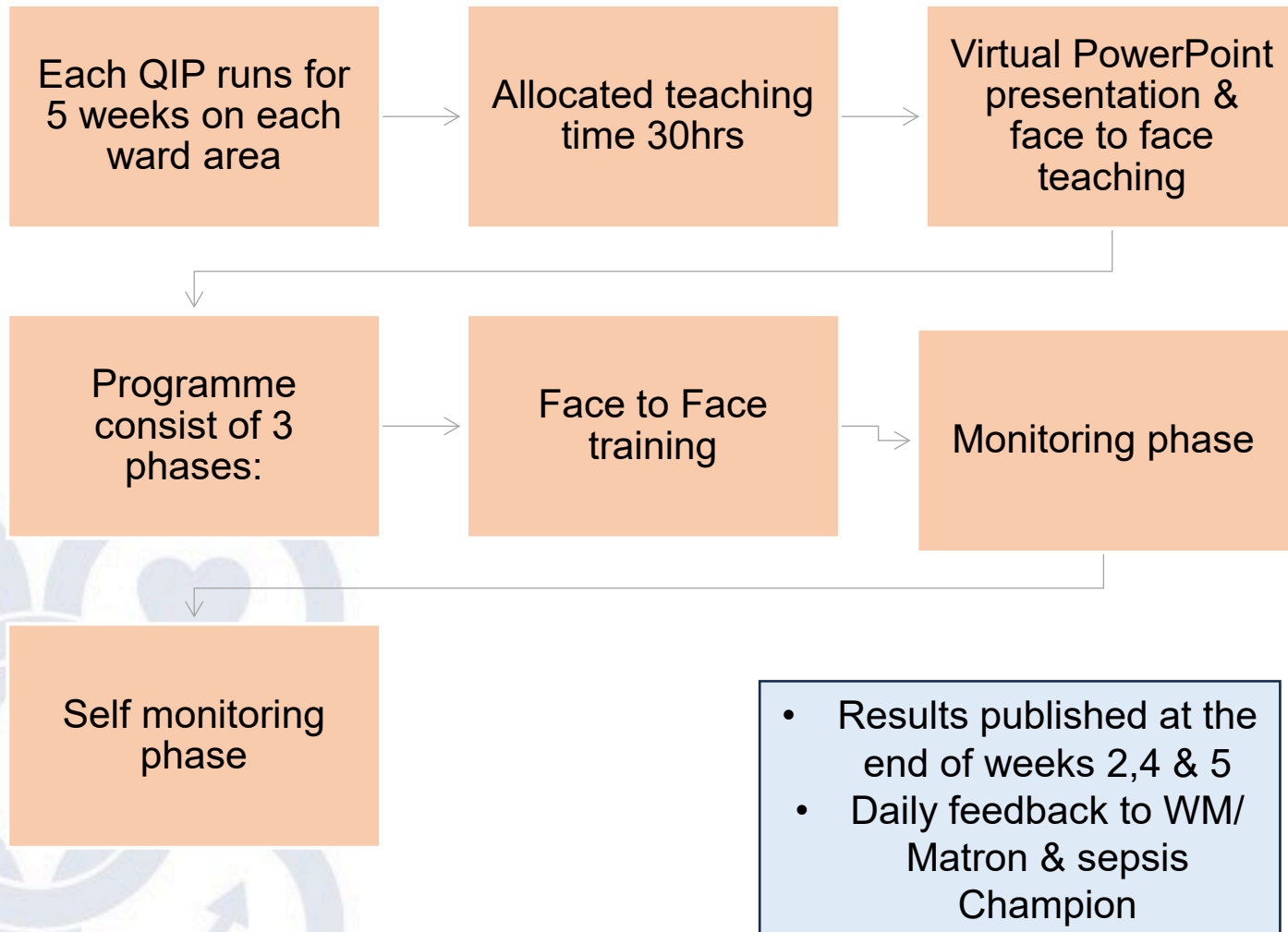


Developed sepsis core competencies both in the new induction booklet and as stand alone for existing staff



Developed e-learning package on our NLMS (requirement every 3 years)

The QIP



G32a QIP results : End of week 2

specialty	Date	NEWS	Screening completed	Location	Comments
ger medicine	12.02.24	6	Y	32A	screened on treatment/ now moved to palliative care
ENT	12.02.2024/18.36pm	5P	NA	32A	02 SATS check
ENT	12.02.2024/23.34pm	5	N	32A	plan is to change to scale 2 as per PERT but not changed as yet/now palliative care /fast track home
T&O	12.02.2024/22.49pm	5	N	32A	pt escalated to medical team via alertive and seen by doctor/due anti hypertensive medication
med	12.02.2024/23.08pm	3 in 1 (O2)	Y	32A	screened as high risk
ENT	13.02.2024/10.02am	5	Y	32A	screened as high risk
Urology	15.02.2024/15.18pm	4 (3 in1 BP)	Y	32A	screened as high risk
Medicine	15.02.2024/12.14pm	6	N	32A	Patient not screened. ? If NEWS 6 was escalated.Patient on IV abx. Plan to d/w micro re-changing abx
T&O	16.02.2024/07.25am	1 (Temp 38)	Y	32A	screened as moderate risk temp trigger 38
T&O	16.02.2024/13.56pm	2 (HR 93 + Temp 38.6	Y	32A	Screened as moderate risk; temp + HR triggers. ATSP from Dr in notes, and plan document. No written escalation plan documented by RN
ENT	18.02.2024/10.26am	3 in 1 BP	Y	32A	screened as low risk/ already on IVAB
medicine	16.02.2024/23.32pm	5	N	32A	nursing documentation does not mention NEWS 5
medicine	17.02.2024/05.55am	7 (RESP=2?)	NA	32A	to exclude/ respiratory rate incorectly submitted on PPM+ as 2/ NEWS should have been 4
medicine	17.02.2024/09.50am	5	N	32A	nursing documentation does not mention NEWS 5
surgery	17.02.2024/16.55pm	4 (3 in 1/O2 sats 6?)	NA	32A	to exclude O2 recorded as 6%/ incorrectly inputted in PPM+ observations/ NEWS should have been 1
medicine	18.02.2024/17.17pm	NEWS 1 (Temp trigger)	Y	32A	temp trigger 38.2/screened as moderate risk/ IV paratamol given escalated to Dr 17.17pm/seen 17.58pm imp fever?/ obstruction? For bloods & PCT
ENT	19.02.2024/22.52pm	3 in 1 (BP)	Y	32A	screened as high risk/ escalated to medical team- no medical team entry overnight. Already on IVAB
medicine	19.02.2024/13.22pm	5	Y	32A	screened as high risk/ escalated to medical for ECG same done and NAD
ger medicine	19.02.2024/14.10pm	2	Y	32A	screened as low risk
ger medicine	20.04.2024/04.39am	5	N	32A	No sepsis RED flags/ combination of 2's & 1 in the NEWS/no nursing entry specific to NEWS 5
ENT	20.02.2024/15.04pm	3 in 1 (BP)	Y	32A	screened as moderate risk/encouraged to drink more
ger medicine	20.02.2024/09.55am	5	Y	32A	screened as low risk/on oral Abx medical team informed/ weaning from o2/ IECOPD on treatment
T&O	21.02.2024/21.59pm	3 in 1 (HR)	Y	32A	screened as moderate risk/ blood tranfusion Knee cultures -ve
surgery	22.02.2024/20.38pm	4 (3 in 1) BP>	Y	32A	screened as low risk
medicine	22.02.2024/01.29pm	4 (3 in 1) BP	Y	32A	screened as moderate risk
ENT	23.02.2024/0019pm	2	Y	32A	screened as moderate risk/ >temp
medicine	25.02.2024/ 23.32pm	3 (3 in 1) sats	Y	32A	Screened as Low risk
T+O	23.02.2024/12.47pm	2	Y	32A	screened as moderate risk temp trigger 38
T+O	23.02.2024/16.15pm	0	Y	32A	Screened as low risk
ger medicine	25.02.2024/14.16pm	3(3 in 1) sats	Y	32A	screened as low risk, sats 68% - Fio2 not insitu at time obbs taken- sats improved with o2 insitu
Total screens completed:	21	Total Triggers:	27		Screening rate: 78%

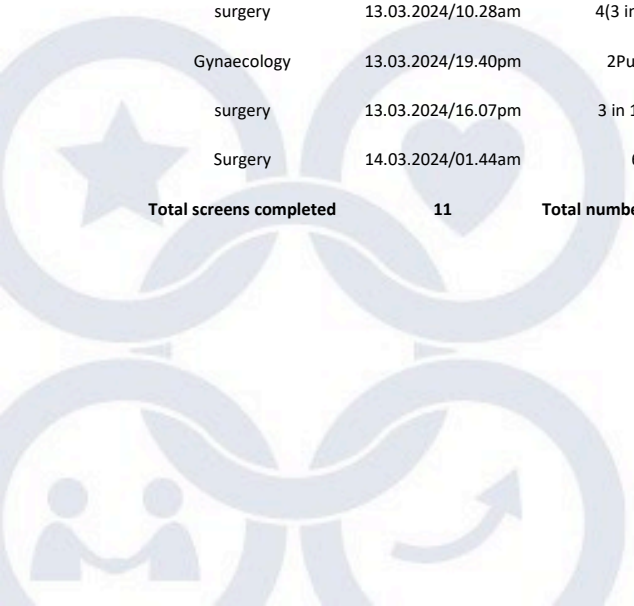
G32a QIP results : end of week 4

urology	26.02.2024/18.21pm	4 (3 in 1)/HR	N	32a	ECG performed and escalated to medics, Missed opportunity to screen
ENT	27.02.2024/10.05am	4(3 in 1) / BP↓	N	32a	BP <90 systolic, obbs rechecked 10.14am- NEWS = 1
Medicine	28.02.2024/ 05.23am	4 (3 in 1) BP↑	Y	32a	screened as low risk
ENT	01.03.2024/ 02.18am	3 in1 / BP↓	Y	32a	Screened as high risk
Medicine	02.03.2024/ 00:58	3 (3 in 1) BP ↓	Y	32a	screened as high risk
Medicine	03.03.2024/ 16:41	9 (3 in 1 x2)	Y	32a	screened as high risk (screened as NEWS 7)
Surgery	02.03.2024/13.:39	4 (3 in 1) BP ↓	Y	32a	screened as high risk
Medicine	04.03.2024/18:18	3 in 1 BP ↓	Y	32a	screened as high risk
Medicine	04.03.2024/ 15:56	3 in 1 BP ↓	Y	32a	screened as moderate risk; no documentation regarding NEWS, escalation following screening or medical review
ENT	04.03.2024/ 23:45	3 in 1 BP ↑	Y	32a	screened as low risk
ENT	05.03.2024/18:45	4 (3 in 1) HR ↑	Y	32a	Screened as moderate risk
ENT	05.03.2024/23:18	Nurse concern	Y	32a	Screened as moderate risk ? Screened based on 20:32 obs (NEWS 3. HR 125 Temp 38.9) documentation reflective of this within PPM+ and pt escalated
Surgery	06.03.2024/ 04:49	3 in 1 BP ↓	Y	32a	screened as moderate risk
ENT	06.03.2024/22:08	4	Y	32a	Screened as moderate risk following NEWS 4 (Temp 39.3 HR 124) escalated and documented
Medicine	06.03.2024/ 23.09	5	Y	32a	Screened as high risk
Surgery	07.03.2024/ 02:18	3	Y	32a	Screened as low risk following NEWS 3 (HR 118 Temp 38.5) @ 00:42 Dr r/v at 00:53
Surgery	08.03.2024/05.02am	2 temp trigger	Y	32a	screened as low risk /temp trigger
Surgery	08.03.2024/16.45pm	4 (3 in 1)BP	Y	32a	screened as high risk
medicine	10.03.2024/04.23am	4(3 in 1)BP	Y	32a	screened as moderate risk
Total completed screens	17	Total number of triggers	19	screening rate 89%	

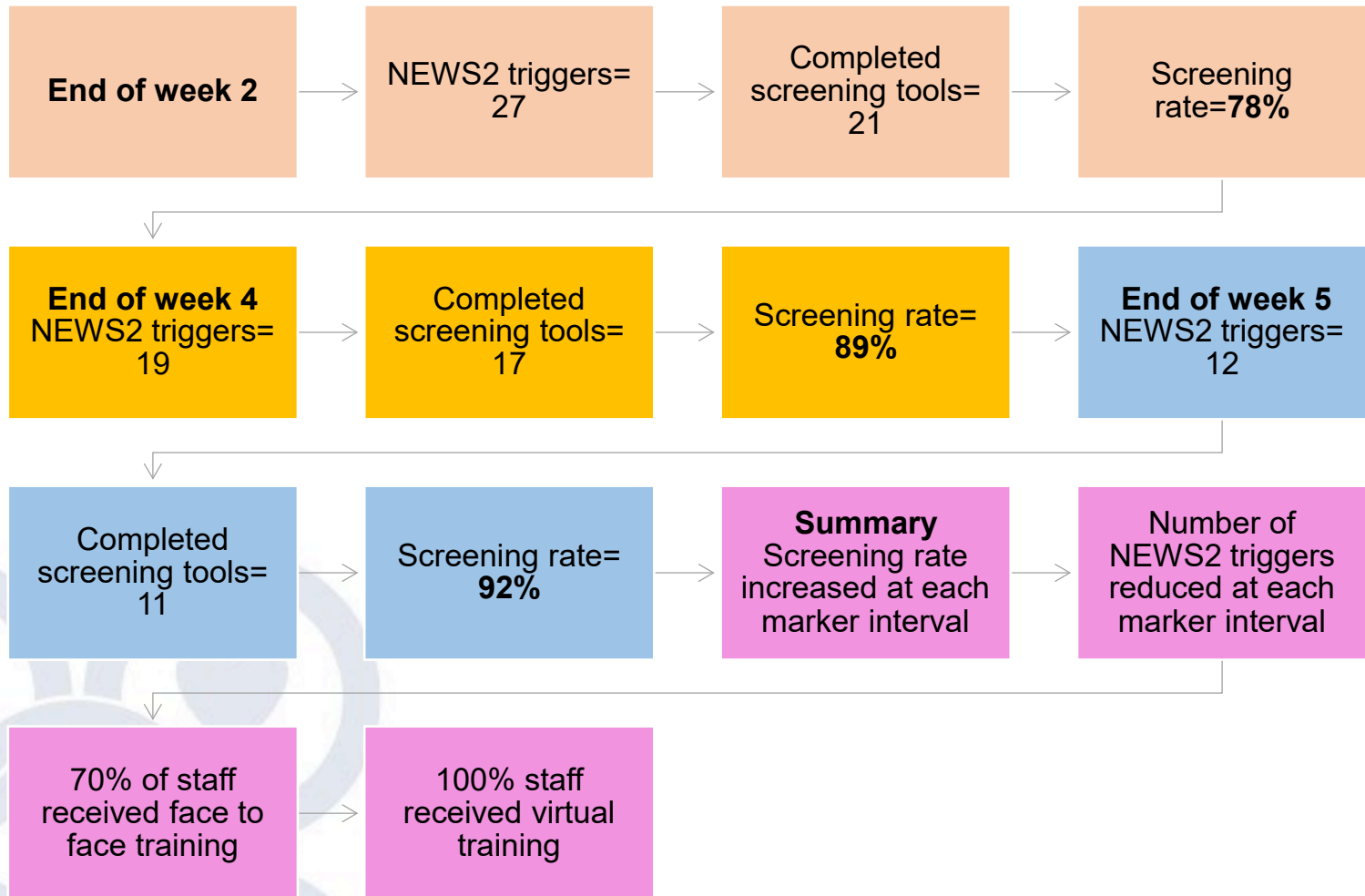


G32a QIP results : End of week 5

Surgery	11.03.2024/16.38pm	3 in 1 (BP)	N	32a	not screened/no countersign
Surgery	11.03.2024/21.28pm	5	Y	32a	screened as low risk/ screened retrospectively/ o2 sats trigger Pt on supplemental o2
surgery	12.03.2024/05.52am	4 (3 in 1)BP	Y	32a	screened as high risk/ moved wards after 02.00am to accomdate another patient who needed a side room
surgery	12.03.2024/08.47am	5	Y	32a	screened as high risk/ Pt NBM Awaiting theatre? No IVI prescribed/ not had oral medications/FBC commenced/pt escalated via alertive- to give fluid bolous and Dr will review
medicine	12.03.2024/10.30am	3 in 1 (BP)	Y	32a	screened as low risk/
ENT	13.03.2024/05.56am	3 in 1 (BP)	Y	32a	screened as high risk
surgery	12.03.2024/13.41pm	4 (3 in 1)BP	Y	32a	screened as low risk
Plastic surgery	12.03.2024/20.32pm	2 Temp trigger>	Y	32a	screened as moderate risk
surgery	13.03.2024/10.28am	4(3 in 1)BP	Y	32a	screened as high risk
Gynaecology	13.03.2024/19.40pm	2Pulse>	Y	32a	screened as moderate risk
surgery	13.03.2024/16.07pm	3 in 1 (BP)	Y	32a	screened as high risk
Surgery	14.03.2024/01.44am	6	Y	32a	screened as high risk/escalated to Dr's and DART/ patient seen and treatment administered
Total screens completed		11	Total number of triggers	12	Screening rate 92%



Gate 32a example results



Monthly observation trigger/sepsis screening Audit

expected target 90%

2025-26

DOM	April	May	June	July	August	September	October	November	December	January
A4	86% sample size 22	67% sample size 6	83% sample size 6	100% sample size 7	60% sample size 5	100% sample size 4	100% sample size 7	63% sample size 8	100% sample size 5	
G32	100% sample size 2	100% sample size 1	100% sample size 2	66% sample size 3	100% sample size 5	no data submitted	100% sample size 2	no data submitted	100% sample size 1	
G41	67% sample size 15	67% sample size 15	68% sample size 19	80% sample size 15	90% sample size 10	93% sample size 15	90% sample size 10	88% sample size 8	100% sample size 12	
G42	91% sample size 11	80% sample size 10	88% sample size 8	80% sample size 5	100% sample size 7	100% sample size 6	100% sample size 9	100% sample size 7	88% sample size 8	
G20	75% sample size 8	78% sample size 9	86% sample size 7	88% sample size 8	100% sample size 9	75% sample size 8	No data submitted	100% sample size 6	86% sample size 7	
G43	100% sample size 4	100% sample size 4	100% sample size 4	100% sample size 4	100% sample size 4	100% sample size 4	100% sample size 4	100% sample size 4	100% sample size 4	
G44	100% sample size 5	100% sample size 3	75% sample size 4	86% sample size 7	78% sample size 9	80% sample size 5	66% sample size 9	100% sample size 1	80% sample size 5	
G21	95% sample size 20	100% sample size 20	90% sample size 20	100% sample size 13	100% sample size 21	91% sample size 11	100% sample size 11	100% sample size 11	100% sample size 15	
G45a	100% sample size 28	100% sample size 23	100% sample size 24	100% sample size 31	80% sample size 23	100% sample size 26	100% sample size 27	100% sample size 28	100% sample size 25	
G45b	100% sample size 19	86% sample size 21	100% sample size 5	No data submitted	85% sample size 13	no data submitted	No data submitted	No data submitted	No data submitted	
G31A& b	No Triggers	no triggers	100% sample size 1	100% sample size 1	100% sample size 1	no triggers	No triggers	No triggers	no triggers	
A2	100% sample size 4	83% sample size 6	100% sample size 6	100% sample size 7	100% sample size 3	100% sample size 4	83% sample size 6	100% sample size 6	100% sample size 6	
G23/ discharge lounge	100% sample size 10	100% sample size 1	no triggers	No data submitted	100% sample size 1	100% sample size 3	100% sample size 1	100% sample size 3	No data submitted	
A1/medical stepdown	No data submitted	no triggers	100% sample size 6	100% sample size 3	100% sample size 7	100% sample size 7	100% sample size 6	100% sample size 7	100% sample size 7	
wd 5/6	88% sample size 8	100% sample size 5	no data submitted	71% sample size 7	100% sample size 9	80% sample size 10	100% sample size 5	50% sample size 8	100% sample size 2	
Wd 2	100% sample size 5	no triggers	100% sample size 1	no triggers	no triggers	no triggers	100% sample size 2	no data submitted	No data submitted	
Wd 15	NA	NA	QIP result 67%	100% sample size 7	100% sample size 2	100% sample size 3	80% sample size 5	no triggers	100% sample size 3	
Wd 11	NA	NA	NA	NA	NA	NA	In QIP	100% sample size 3	No data submitted	
Wd 10	NA	NA	NA	QIP result 65%	100% sample size 8	no data submitted	82% sample size 28	No data submitted	No data submitted	
Wd 8	NA	NA	NA	NA	NA	NA	In QIP	60% sample size 5	66% sample size 3	
Wd1	NA	NA	NA	NA	NA	NA	NA	In QIP	100% sample size 4	
wd 9	100% sample size 3	100% sample size 6	no data submitted	No Triggers	100% sample size 2	100% sample size 5	100% sample size 7	100% sample size 5	No data submitted	

2025-26

DOS	April	May	June	July	August	September	October	November	December	January
G33	100% sample size 3	100% sample size 4	100% sample size 6	no triggers	100% sample size 2	no data submitted	100% sample size 1	no data submitted	66% sample size 6	
G33A	100% sample size 4	100% sample size 5	100% sample size 4	100% sample size 2	100% sample size 3	no data submitted	100% sample size 1	no data submitted	50% sample size 4	
G28	No triggers	no triggers	100% sample size 2	100% sample size 4	100% sample size 3	100% sample size 1	No Triggers	100% sample size 3	no triggers	
G34	100% sample size 5	100% sample size 6	100% sample size 7	75% sample size 4	88% sample size 8	80% sample size 5	100% sample size 3	86% sample size 7	needs new sepsis champion	
G36/7	No triggers	100% sample size 1	100% sample size 4	100% sample size 2	100% sample size 1	100% sample size 1	No Triggers	100% sample size 5	100% sample size 1	
G38	100% sample size 5	89% sample size 9	100% sample size 11	88% sample size 8	100% sample size 11	100% sample size 5	No triggers	94% sample size 17	89% sample size 9	
G29	75% sample size 4	100% sample size 3	100% sample size 1	100% sample size 9	100% sample size 4	100% sample size 2	100% sample size 1	100% sample size 1	100% sample size 2	
G32A	100% sample size 5	100% sample size 5	100% sample size 3	100% sample size 3	100% sample size 5	100% sample size 10	100% sample size 11	100% sample size 5	100% sample size 1	
MY Ortho suite	In QIP	100% sample size 5	no triggers	100% sample size 3	No data submitted	80% sample size 6	66% sample size 6	100% sample size 5	100% sample size 2	
G46 Burns	No Triggers	no triggers	no data submitted	no triggers	0% sample size 1	No triggers	66% sample size 3	100% sample size 3	100% sample size 2	
Wd 12	100% sample size 11	92% sample size 12	83% sample size 6	100% sample size 9	100% sample size 8	100% sample size 4	90% sample size 10	100% sample size 7	100% sample size 12	

2025-26

ACD	April	May	June	July	August	September	October	November	December	January
G12	73% sample size 11	71% sample size 17	94% sample size 16	79% sample size 14	75% sample size 16	technical issue	75% sample size 20	85% sample size 13	68% sample size 19	

2025-26

FACSS	April	May	June	July	August	September	October	November	December	January
G18a	100% sample size 1	40% sample size 5	100% sample size 1	100% sample size 1	66% sample size 3	100% sample size 2	100% sample size 1	25% sample size 4	17% sample size 6	
CAU PGH/	92% sample size 12	no data submitted	no data submitted	no triggers	no data submitted	no data submitted	No data submitted	Needs new training	Needs new training	
G46/cluster B	No Data submitted	0% sample size 2	100% sample size 1	100% sample size 2	80% sample size 10	69% sample size 13	90% sample size 10	no data submitted	82% sample size 11	
G46/ cluster C	No data submitted	no data submitted	no triggers	100% sample size 1	100% sample size 3	60% sample size 5	No triggers	no data submitted	66% sample size 3	
G46 Cluster A	No data submitted	no data submitted	0% sample size 1	no triggers	66% sample size 3	66% sample size 3	100% sample size 3	100% sample size 2	100% sample size 2	
CAU/ DDH	N/A	100% sample size 3	no triggers	No data submitted	no triggers	No triggers	100% sample size 8	no data submitted	100% sample size 4	

Monthly screening data review

All wards complete monthly audit following QIP

Results are RAG rated with Red requiring action plan from sepsis champion

Top performing areas:

G45a 100% in audit for all of 2025-26

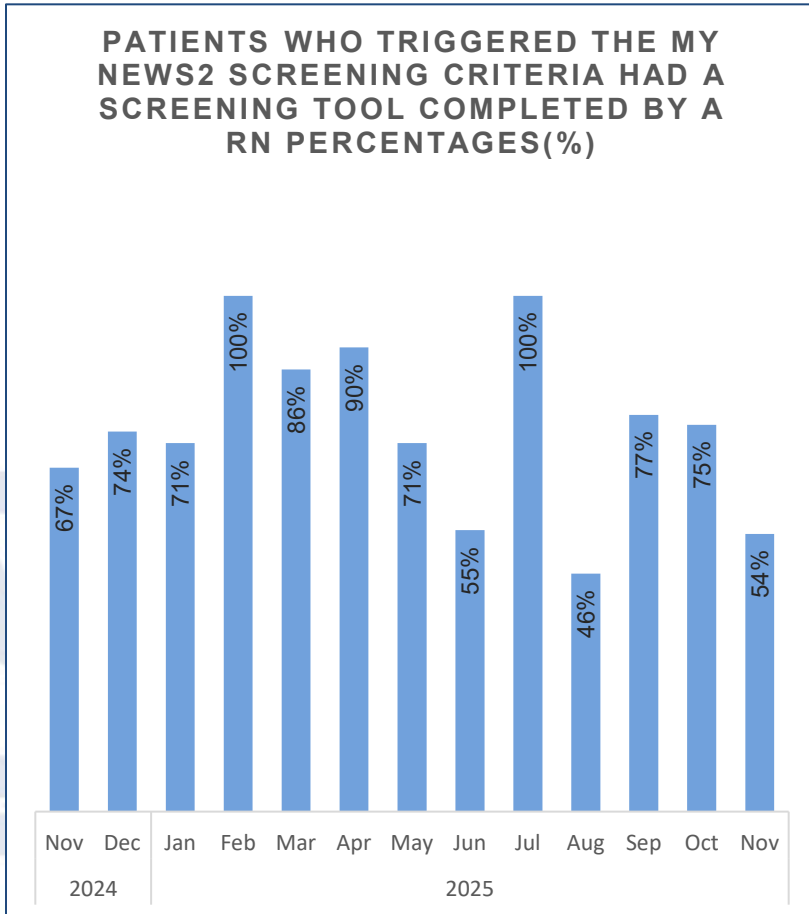
G21 100% in audit for all of 2025-26

G43 100% in audit for all of 2025-26

G32a 100% in audit for all of 2025-26

MY orthopaedic needed action plan since has had 4 months of 100% 2025-26

NEWS2 trigger/sepsis screening data



- 3 in 1, 5 or above is the trigger point for the RN to complete the sepsis screening tool and escalate.
- The RN is responsible for screening for the risk they see on their shift
- MY trust is averaging 70% screening compliance from a NEWS2 trigger
- Data is taken from the monthly sepsis trust audit

Risk Stratification Information Summary

**Trust Wide
31 Patients**

**23 (74%) Patients
Were Treated
Appropriately in
Time**

High Risk Stratification (Within 1Hr) = 8 Patients

- Had within 1Hr = 6 **(75%) Treated appropriately)**
- Had between 1Hr and 3Hrs = 1
- Had between 3Hr and 6Hrs = 1
- Had over 6Hrs = 0
= 2 (25%) treated outside of appropriate time

Moderate Risk Stratification (Between 1 and 3 Hrs) = 7 Patients

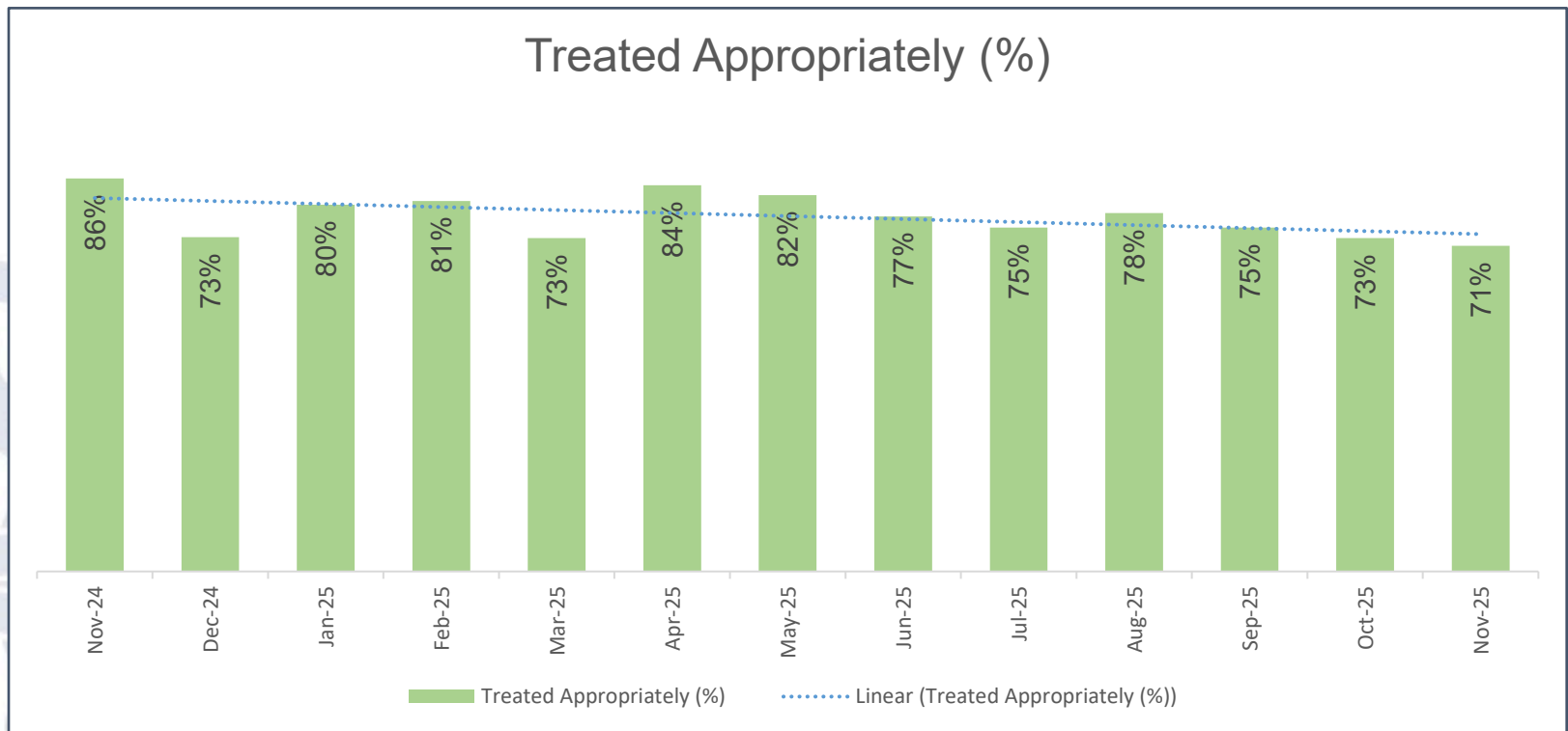
- Had within 1Hr = 1
- Had between 1Hr and 3 Hrs = 3
= 4 **(57%) Treated Appropriately**
- Had between 3 and 6 Hrs = 1
- Had over 6Hrs= 2
= 3 (43%) treated outside of appropriate time)

Low Risk Stratification (Between 3 and 6 Hrs) = 16 Patients

- Had within 1Hr = 1
- Had between 1Hr and 3Hrs = 6
- Had between 3Hr and 6Hr = 6
= 13 **(81%)Treated appropriately**
- Had over 6 Hrs = 3
= 3 (19%) treated outside of appropriate time)



Treated Appropriately According to Risk Stratification



- Any Questions?

