

Reference:	FOI.18778.25
Subject:	Sepsis
Date of Request:	7 November 2025

Requested:

1. Do you follow the NICE NG 51 Guideline – incorporating Sepsis 6, NEWS 2 and other similar scores for other patient populations in assessing for Sepsis at all your hospitals?
2. Is sepsis awareness training mandatory and completion audit undertaken for all clinical staff at all your hospitals?
3. How many, or what percentage, of clinical staff at all your hospitals have completed sepsis awareness training? For 2023/24 and 2024/25.
4. Is Sepsis safety netting mandatory at all your hospitals?
5. Do you have Martha’s Rule or equivalent – Martha's Rule being a well-advertised escalation pathway for both staff and patients/families/carers, to ask for a review from a different team if they are concerned that a patient is deteriorating – at all your hospitals?

Response:

1. Hywel Dda University Health Board (UHB) confirms that the National Institute for Health and Care Excellence (NICE) NG51 Guideline has been updated and replaced with the guidelines provided overleaf:
NG253 - [NICE's guidelines on suspected sepsis in people aged 16 or over](#)
NG254 - [suspected sepsis in under 16s](#)
NG255 - [suspected sepsis in pregnant or recently pregnant people](#) .

The UHB can confirm that it has had a Sepsis screening tool in place for ten (10) years, however, in July, the UHB adopted the UK Sepsis Trust screening tool in line with NICE guidance. A link to the Clinical Tools available on the Sepsis Trust website has been provided below:

[Clinical tools - The UK Sepsis Trust](#)

In June 2025, the UHB implemented the Maternity Early Warning Score (MEWS) and during July 2025 the National Early Warning Score 2 (NEWS2) was implemented across all areas within the UHB, along with the Paediatric Early Warning Score (PEWS).

The UHB’s NEWS2 chart has an escalation pathway at the bottom guiding staff to consider sepsis on any increasing NEWS as per NICE Guidance.

2. The UHB confirms that Sepsis training is incorporated into Basic Life Support (BLS), Immediate Life Support (ILS) and Paediatric Immediate Life Support (PILS) training courses which are mandatory for all healthcare staff. At Doctor induction, a full explanation of the system and processes around Sepsis is delivered, with regular training sessions at Medical Education days. Completion of mandatory training is always collated and reported on.
3. The UHB does not hold the information exactly as requested as it is not recorded by financial year. However, the UHB can confirm that it’s mandatory training compliance reported in

November 2024 was 40% for the previous twelve (12) month period and the compliance reported in November 2025 was 55% across the UHB.

4. Sepsis Safety Netting as a named practice is not mandatory within the UHB. However, within Primary Care, the Community Health Pathways platform aims to raise awareness of Sepsis in both adults and children.

Additionally, the UHB's intranet is accessible to all staff and holds information on Sepsis, NEWS2 and Febrile illness in children. There are condition specific pages relating to infection which will highlight sepsis awareness along with appropriate safety netting advice and patient resources where appropriate.

5. The UHB has not adopted Martha's Rule. However, the UHB participated in an initial national scoping exercise in February 2024, to identify the arrangements in place for Critical Care Outreach Teams (CCOT) across the UHB.

Two (2) out of the four (4) acute hospitals, namely Glangwili General Hospital (GGH) and Withybush General Hospital (WGH) currently have a CCOT. There is a concern that adopting the Call for Concern (C4C) model utilising CCOT would be unachievable across all sites on a 24/7 basis.

A working group has been established to consider how the UHB could develop a patient and family initiative escalation process, with representation from Emergency and Acute Medicine, Paediatrics, Maternity, Critical Care, Heads of Nursing and Resuscitation and Acute Patient Deterioration Teams. The first meeting was held in April 2024 and the importance of good communication between clinical teams and patients and their families was acknowledged as essential to preventing the need for escalation, but where there was a need for such a model, consideration would be needed to ensure that there was a standardised approach across the UHB.

The first phase of C4C has been implemented in GGH during February 2025 and WGH during June 2025. The Task & Finish Group are currently exploring how the system can be implemented in on sites without CCOT. Initial discussions are underway with Mental Health and Paediatric services.