Introduction:
The Advancing Quality Sepsis Programme is an established approach to reducing variation and improving outcomes in the North West of England. It aims to improve clinical care by producing and implementing evidence-based bundles of care across a collaborative network of hospitals. Data is collected, analysed and fed back enabling monitoring and comparison of quality of sepsis care in the form of an Appropriate Care Score (ACS), mortality rate and length of stay.

Methods:
Between September 2014 and 2016 data from 25,358 patients who generated an inpatient sepsis code (ICD10) were collected. Of these 11,301 patients had confirmed sepsis (Sepsis 2 criteria) at presentation. 5207 patients were either hypotensive (SBP <90mmHg) or hyperlactataemic (Lactate >4mmol/L) at presentation. ACS, mean time to antibiotics, blood cultures and lactate measurement were calculated for each day of the week. Mortality and length of stay were measured, enabling comparison of weekday and weekend presentation. Data was analysed using SPSS software.

Results:
Comparing weekend to weekday presentation did not reveal any significant differences in ACS, time to antibiotics, blood cultures or lactate measurement. Mortality rates and length of stay were not significantly different between the groups. There does not appear to be a weekend effect in sepsis care for this cohort of patients. There were more patients with hypotension and/or hyperlactaemia presenting on a Monday.

Conclusion:
Quality of sepsis care was not significantly different between weekend and weekday presentation for patients in this cohort. There were no significant differences in mortality or length of stay when comparing weekday or weekend presentation. There were more septic patients with hyperlactataemia and/or hypotension presenting on a Monday, which may indicate a reluctance of septic patients to present over the weekend.