



Acacium Group

NEWS2 Policy

Policy Reference | CLIN 51

Version | V3.1

Policy Name	NEWS2 Policy
Purpose of Document	This policy aims to improve detection and response of clinical deterioration for patients/clients/service use
Target Audience	All Acacium Group Staff
Version	V3.1
Author	Joanna Cousins
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Risk and Resource Implications	Training costs
Associated Strategies and SOPs	CLIN 06 Consent Policy CLIN 13 Record Keeping CLIN 14 Health Record Management CLIN 50 Sepsis Policy CORP 11 Risk Management Strategy Policy IG 13 Collection and Recording of Client Data SOP GEN 23 Vital Signs and Observations Policy
Equality Impact Assessment (EIA) Form	Acacium Group is committed to Equality, Diversity and Inclusion and in line with our values, we strive to ensure that everyone that is part of the Acacium community is not disadvantaged or discriminated against given their individual need or characteristics. To support this, an Equality Impact Assessment has been undertaken on this policy/procedure. This information is held centrally and can be requested from the Clinical Governance Team.
About Acacium Group	Details of all Acacium Group trading companies that this policy applies to are detailed within Appendix A
Legislation	Legislation and Guidance pertinent to this policy can be found within Appendix B

Document History			
Version	Date	Changes made/comments	By whom
V1	Aug 2019	First draft of new policy	JMC
V1.1	Mar 2020	Review of Draft policy	Clinical Advisory Group
V1.2	Dec 2020	Review	Clinical Advisory Group
V1.3	Jan 2021	Update re Rebrand 2	CC
V1.4	Apr 2021	Added CHS brand	CC
V2	Dec 2022	Reviewed and updated	Clinical Advisory Group
V3	Jan 2024	Rebrand	Clinical Advisory Group
V3.1	Nov 2024	Reviewed and updated	Clinical Advisory Group

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1. Introduction

- 1.1 To ensure that every health care worker who is trained and is required as part of their role can undertake NEWS2 observations, calculate the score and understand the thresholds and triggers.

2. Definitions

- 2.1 NEWS2 is a tool developed by the Royal College of Physicians which improves the detection and response to clinical deterioration in adult patients and is a key element of patient safety and improving patient outcomes. NHS England and NHS Improvement have approved and endorsed use of the NEWS2 as the recommended early warning scoring system for use in adults across the NHS in England, to standardise the approach to detecting and grading the severity of acute illness.
- 2.2 The NEWS2 has also been endorsed as the recommended early warning system to detect acute clinical illness/deterioration due to sepsis in patients with an infection or at risk of infection.
- 2.3 NEWS2 is the latest version of the National Early Warning Score (NEWS), first produced in 2012 and updated in December 2017, which advocates a system to standardise the assessment and response to acute illness.
- 2.4 The NEWS2 is based on a simple aggregate scoring system in which a score is allocated to physiological measurements, already recorded in routine practice, when patients present to, or are being monitored in hospital. Six simple physiological parameters form the basis of the scoring system:
1. Respiration
 2. Oxygen saturation
 3. Systolic Blood Pressure
 4. Pulse Rate
 5. Level of consciousness or new confusion
 6. Temperature
- 2.5 Failure to recognise or act on signs that a patient is deteriorating is a key patient safety issue. It can result in missed opportunities to provide the necessary care to give the best possible chance of survival.

3. Roles & Responsibilities

- 3.1 The following table outlines the responsibilities of the key people involved in this Policy.

Job Title	Responsibilities
Global Clinical Director/Group Chief Nurses	Responsible for ensuring that all policies, standard operating procedures (SOPs), protocols, training, and competencies, are in place to support workers or care in the safe delivery of safe and effective care provision.
Line Managers / Appropriate Others	Are responsible for: <ul style="list-style-type: none"> ensuring that any relevant equipment is provided ensuring the workers access training, supervision, and support, relevant to their roles and responsibilities

	<ul style="list-style-type: none"> • monitoring compliance with this Policy.
Individual Workers	<p>Must:</p> <ul style="list-style-type: none"> • be aware of, and comply with, the Acacium Group NEWS2 policy • record any NEWS2 scores on relevant system/charts • take part in training, including attending updates so that they maintain their skills and competence and are familiar with NEWS2 • keep a personal record of any training attended • maintain an environment that minimises the risk of infection to clients.
Clinical Advisory Group (CAG)	Review policies and clinical documents for the Group in order to safeguard and improve quality in line with the Groups vision, strategic aims and in a context in which diversity is recognised and widely celebrated

4. General Guidelines

4.1 Assessment of risk

4.1.1 Assessment of risk and planning are integral to safe management of resuscitation and all workers will be expected to contribute to these processes. See the Acacium Group Clinical Risk Management Policy.

4.2 Consent

4.2.1 Whilst undertaking observations, the health care worker providing care must make decisions based on the best interests of the client/patient/service user. Carers and relatives are not in a position to make decisions based on the best interests of the client/patient/service user unless there is an LPA health and wellbeing though they may be consulted. See also the Acacium Group Consent Policy for Adults and Children.

5. NEWS2 Procedure

- 5.1 This policy recommends that the NEWS2 be used to standardise the assessment of acute-illness severity when patients present acutely to hospital and in prehospital assessment, e.g. by the ambulance services.
- 5.2 NEWS2 should also be used in emergency departments and as a surveillance system for all patients in hospitals, to track their clinical condition, alert the clinical team to any clinical deterioration and trigger a timely clinical response.
- 5.3 Recognising and responding to patient deterioration relies on a whole systems approach and the revised NEWS2, published by the Royal College of Physicians in December 2017, reliably detects deterioration in adults, triggering review, treatment and escalation of care.
- 5.4 Track and trigger systems (NEWS2 has been endorsed by NHS England) should use multiple-parameter or aggregate weighted scoring systems, which allow a graded response. These scoring systems should:
 - define the parameters to be measured and the frequency of observations
 - include a clear and explicit statement of the parameters, cut-off points or scores that should trigger a response (see chart in Appendix D).
- 5.5 Physiological parameters to be used are a multiple-parameter or aggregate weighted scoring systems used for track and trigger systems and should measure the following vital signs:

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- **Respiratory Rate** – Tachypnea – rapid breathing rate and bradypnea abnormally slow breathing rate.
- **Oxygen Saturation** – via pulse oximetry using the appropriate scale 1 or 2 which measures how much oxygen the haemoglobin in your blood is carrying.
- **Heart Rate** - The measurement of heart rate is an important indicator of a client's clinical condition. Tachycardia is a raised pulse rate. Bradycardia is a low pulse rate.
- **Systolic Blood Pressure (BP)** - BP is made up of systolic pressure and diastolic pressure (Systolic / Diastolic). For the purpose of NEWS2 we score the systolic blood pressure.
- **Level of consciousness** - Level of consciousness is an important indicator of acute-illness severity. The indicators are - “Alert, Confusion, responsive to Voice, responsive to Pain and Unresponsive” (ACVPU).
- **Temperature** - High temperature (pyrexia) and low temperature (hypothermia).

5.6 In specific clinical circumstances, additional monitoring should be considered; for example:

- hourly urine output
- biochemical analysis, such as lactate, blood glucose, base deficit, arterial pH
- pain assessment.
- Physical Intervention i.e. removal of bed clothing, fan therapy

6. Documenting Client Vital Signs

6.1 NEWS2

6.1.1 To facilitate a standardised and nationally unified approach to recording vital signs data, a colour-coded clinical chart (the NEWS2 chart) was developed for use across the NHS to record routine clinical data and track a patient's clinical condition. This has been widely deployed.

6.1.2 The purpose of this tracking system is to alert the clinical team to any untoward clinical deterioration and to monitor clinical recovery. The NEWS should determine the urgency and scale of the clinical response required. It also assists when communicating the clinical condition and level of deterioration when summoning assistance.

Chart 1: The NEWS2 scoring system

Physiological Parameter	3	2	1	0	1	2	3
Respiration Rate (per minute)	≤ 8		9-11	12-20		21-24	≥ 25
SpO2 Scale 1 (%)	≤ 91	92-93	94 -95	≥ 96			
SpO2 Scale 2 (%)	≤ 83	84–85	86-87	88-92 ≥ 93 on air	93-94 on oxygen	95-96 on oxygen	≥ 97 on oxygen
Air or Oxygen		Oxygen		Air			

Systolic Blood Pressure (mmHg)	≤ 90	91-100	101-110	111-219			≥ 220
Pulse (per minute)	≤ 40		41-50	51-90	91-110	111-130	≥ 131
Consciousness				Alert			CVPU
Temperature (°C)	≤ 35.0		35.1-36	36.1-38	38.1-39	≥ 39.1	

- The SpO2 Scale 1 is used for patients with normal target oxygen saturations 94%-98%.
- The SpO2 scale 2 will only be used if the target range is 88%-92% in diagnosed hypercapnic respiratory failure such as COPD. The decision to use Scale 2 will be made by a medical lead and be recorded in the patient notes and care plan.

For the avoidance of doubt and patient safety the SpO2 Scale not being used must be clearly 'crossed out' on the chart. See document and recording keeping policy.

- 6.1.3 A score is allocated to each parameter as they are measured, with the magnitude of the score reflecting how extremely the parameter varies from the norm. The score is then aggregated. The score is uplifted by 2 points for people requiring supplemental oxygen to maintain their recommended oxygen saturation.
- 6.1.4 This is a pragmatic approach, with a key emphasis on system-wide standardisation and the use of physiological parameters that are already routinely measured in NHS hospitals and in prehospital care, recorded on a standardised clinical chart – the NEWS2 chart.

Chart 2: NEWS Thresholds and Triggers

NEWS2 Score	Clinical Risk	Acute Response	Community Response
Score 0-4	Low	Ward Based Response	Monitor at home
Red Score of 3 in any individual parameter	Low – Medium	Urgent Ward Response*	Urgent GP Referral

Score 5 – 6	Medium	Key Threshold for urgent response*	Urgent response – Call 999
Score 7 or above	High	Urgent Response or emergency response**	Urgent Response – Call 999

* Response by a clinician or team with competence in the assessment and treatment of acutely ill patients and in recognising when the escalation of care to a critical care team is appropriate.

** The response team must also include staff with critical care skills, including airway management.

6.1.5 An elevated NEWS2 score does not provide a diagnosis; it helps identify a sick patient who requires urgent clinical review in a standardised way.

6.1.6 The Royal College of Physicians (RCP) recommend that sepsis should be considered in any patient with a NEWS2 score of 5 or more – ‘think sepsis’. However, NEWS2 should be used alongside clinical judgement as a high score for some individuals, i.e. those at the end of their life may need to be interpreted differently.

7. Training

- 7.1 All workers with clinical responsibilities to perform NEWS 2 must participate in NEWS2 training to ensure that they are competent and have reached an agreed standard of proficiency. This is a core skill required upon commencement of employment. The training will be proportionate, and relevant, to the roles and responsibilities of each worker. This is a core skill for all acute settings.
- 7.2 It is the responsibility of the central training team to organise and publicise educational sessions, and to keep records of attendance.
- 7.3 All workers that care for adults are expected to be proficient in undertaking observations and understanding the early warning score thresholds.
- 7.4 The NEWS2 provides the basis for standardising the training and credentialing of all staff engaged in the care of patients in hospitals and the prehospital assessment of patients. We recommend that this should be extended to undergraduate education for all medical, nursing and allied healthcare professionals. The NEWS2 is supported by an online training module and certification of completion of training (link to eLearning module).

8. Associated Policies / SOPs

Policies

CLIN 06 Consent Policy

CLIN 13 Record Keeping

CLIN 14 Health Record Management

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CLIN 50 Sepsis Policy
CORP 11 Risk Management Strategy Policy
IG 13 Collection and Recording of Client Data

SOPs

SOP GEN 23 Vital Signs and Observations Policy

9. References

- Royal College of Physicians. *National Early Warning Score (NEWS) 2: Standardising the assessment of acute-illness severity in the NHS*. Updated report of a working party. London: RCP, 2017.
- NHS Improvement: Resources to support the safe adoption of the revised National Early Warning Score (NEWS2) 25th April 2018. Updated 16th January 2019.
- NHS England website. <https://www.england.nhs.uk/ourwork/clinical-policy/sepsis/nationalearlywarningscore/>
- NICE Guidelines Acutely ill adults in hospital: recognising and responding to deterioration; updated April 2019 <https://www.nice.org.uk/guidance/cg50>
- NEWS score systems that alert to deteriorating adult patients in hospital February 2021
- [National Early Warning Score \(NEWS\) 2 | RCP London](#)

Appendix A: About Acacium Group

Acacium Group consists of a number of trading companies, each providing services within core niche areas of the health and social care industries. Therefore, as this document is a Group Policy, the Policy herein applies to all trading companies detailed below:

 Part of Acacium Group	 Part of Acacium Group	 Part of Acacium Group
		 multistaffing one solution
 Part of Acacium Group	 Part of Acacium Group	 Part of Acacium Group
 Part of Acacium Group	 Part of Acacium Group	 Part of Acacium Group
 Part of Acacium Group	 Part of Acacium Group	 Part of Acacium Group
 DUNN REGULATORY ASSOCIATES Part of Acacium Group		

Appendix B: Legislation

- This Policy is based on the Resuscitation Council guidance for basic life skills, support, legislation and national guidance, as set out in the table below.

Act, National Policies, Guidance and Legislation	Explanation
Mental Capacity Act (2005) (MCA)	Provides a statutory framework to empower and protect vulnerable people who are not able to make their own decisions. It makes it clear who can take decisions, in which situations, and how they should go about this. It enables people to plan ahead for a time when they may lose capacity. A client who does not have the necessary mental capacity to take a treatment decision must receive treatment that is in his / her best interests.
Human Rights Act (1998) (HRA)	All UK national legislation is underpinned by the Human Rights Act 1998, which came into full effect in 2000. The Human Rights Act has implications for providers of healthcare. Human rights are about ensuring that clients and workers are safe in healthcare settings, have their privacy and confidentiality safeguarded, and are treated with fairness, dignity and respect.
Health & Safety at Work Act 1974 (HASAWA)	Acacium Group has a duty to ensure the health and safety of its workers who in turn must ensure they make full use of the provisions made by Acacium Group for their health and safety.
Social Care Act (2018)	The relevant part of the HSCA to this Policy is the introduction of the Care Quality Commission which is an integrated regulator for health and adult social care, bringing together existing health and social care regulators under one regulatory body. The CQC has new powers to ensure safe and high-quality services.
Control of Substances Hazardous to Health (COSHH)	Latex is classed as a hazardous substance which is covered by the Health and Safety Executive's Control of Substances Hazardous to Health (COSHH) Regulations 2002. Under the regulations, organisations have a duty to assess the risk, eliminate, substitute, and limit and control exposure to latex, unless there is a need to use it.
RIDDOR (The Reporting of Injuries, Diseases and Dangerous Occurrences) Regulations 1995	There is a requirement to report diagnosed cases of Occupational dermatitis (schedule 3) to RIDDOR (The Reporting of Injuries, Diseases and Dangerous Occurrences) Regulations 1995.

2. Equality and diversity

Under the Race Relation (Amendment) Act 2000 Acacium Group has a statutory duty to 'set out arrangements to assess and consult on how their policies and functions impact on race equality', in effect to undertake Equality Impact Assessments (EIA) on all policies and SOPs. The Equality Act

October 2010 demands a similar process of Equality Impact Assessment in relation to disability. An EAI must be completed by the author of this policy using the checklist provided in Appendix A. See also Acacium Group Equality and Diversity policy.

Appendix C: NEWS 2 Chart

Chart 1: The NEWS2 Scoring System

Physiological parameter	3	2	1	Score 0	1	2	3
Respiration rate (per minute)	≤8		9–11	12–20		21–24	≥25
SpO ₂ Scale 1 (%)	≤91	92–93	94–95	≥96			
SpO ₂ Scale 2 (%)	≤83	84–85	86–87	88–92 ≥93 on air	93–94 on oxygen	95–96 on oxygen	≥97 on oxygen
Air or oxygen?		Oxygen		Air			
Systolic blood pressure (mmHg)	≤90	91–100	101–110	111–219			≥220
Pulse (per minute)	≤40		41–50	51–90	91–110	111–130	≥131
Consciousness				Alert			CVPU
Temperature (°C)	≤35.0		35.1–36.0	36.1–38.0	38.1–39.0	≥39.1	

Chart 2: NEWS2 thresholds and triggers

NEWS score	Clinical risk	Response
Aggregate score 0–4	Low	Ward-based response
Red score Score of 3 in any individual parameter	Low–medium	Urgent ward-based response*
Aggregate score 5–6	Medium	Key threshold for urgent response*
Aggregate score 7 or more	High	Urgent or emergency response**

* Response by a clinician or team with competence in the assessment and treatment of acutely ill patients and in recognising when the escalation of care to a critical care team is appropriate.

**The response team must also include staff with critical care skills, including airway management.

NEWS key		FULL NAME	
0	1	2	3
DATE OF BIRTH		DATE OF ADMISSION	
DATE	TIME	DATE	TIME
A+B Respirations Breaths/min	≥25		3
	21-24		2
	18-20		
	15-17		
	12-14		1
	9-11		3
≤8			
A+B SpO ₂ Scale 1 Oxygen saturation (%)	≥96		1
	94-95		2
	92-93		3
	≤91		
SpO ₂ Scale 2 [†] Oxygen saturation (%) Use Scale 2 if target range is 88-92%, eg in hypotensive respiratory failure [†] ONLY use Scale 2 under the direction of a qualified clinician	≥97... O ₂		3
	95-96... O ₂		2
	93-94... O ₂		1
	≥93... air		
	88-92		1
	86-87		2
	84-85		3
	≤83%		
Air or oxygen?	A=Air		2
	O ₂ U/min		
	Device		
C Blood pressure mmHg Score uses systolic BP only	≥220		3
	201-219		
	181-200		
	161-180		
	141-160		
	121-140		1
	101-110		2
	91-100		3
	81-90		
	71-80		
	61-70		
	51-60		
≤50			
C Pulse Beats/min	≥131		3
	121-130		2
	111-120		
	101-110		1
	91-100		
	81-90		
	71-80		
	61-70		
	51-60		
	41-50		1
	31-40		3
	≤30		
D Consciousness Score for 15 sec onset of confusion (no score if chronic)	Alert		
	Confusion		3
	V		
	P		
	U		
E Temperature °C	≥39.1°		2
	38.1-39.0°		1
	37.1-38.0°		
	36.1-37.0°		1
	35.1-36.0°		3
	≤35.0°		
NEWS TOTAL			TOTAL
Monitoring frequency			Monitoring
Escalation of care Y/N			Escalation
Initials			Initials

National Early Warning Score 2 (NEWS2) © Royal College of Physicians 2017

Chart 3: Clinical Response to the NEWS2 triggers thresholds

NEW score	Frequency of monitoring	Clinical response
0	Minimum 12 hourly	<ul style="list-style-type: none"> Continue routine NEWS monitoring
Total 1–4	Minimum 4–6 hourly	<ul style="list-style-type: none"> Inform registered nurse, who must assess the patient Registered nurse decides whether increased frequency of monitoring and/or escalation of care is required
3 in single parameter	Minimum 1 hourly	<ul style="list-style-type: none"> Registered nurse to inform medical team caring for the patient, who will review and decide whether escalation of care is necessary
Total 5 or more Urgent response threshold	Minimum 1 hourly	<ul style="list-style-type: none"> Registered nurse to immediately inform the medical team caring for the patient Registered nurse to request urgent assessment by a clinician or team with core competencies in the care of acutely ill patients Provide clinical care in an environment with monitoring facilities
Total 7 or more Emergency response threshold	Continuous monitoring of vital signs	<ul style="list-style-type: none"> Registered nurse to immediately inform the medical team caring for the patient – this should be at least at specialist registrar level Emergency assessment by a team with critical care competencies, including practitioner(s) with advanced airway management skills Consider transfer of care to a level 2 or 3 clinical care facility, ie higher-dependency unit or ICU Clinical care in an environment with monitoring facilities