Essex Partnership University
NHS Foundation Trust

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| **Related Trust documents** (to be read in conjunction with) |
|---|
| CG58 – Slips, Trips & Falls Clinical Guideline<br>CLP14 – CPR Policy & Procedure<br>HR21 – Induction & Mandatory Training Policy |

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| 2.0 | Nick Archer (Head of Deteriorating Patient Pathways and Resuscitation Training Officer) and **[I/S]** [I/S] (Nurse Consultant Physical Health) | Various changes to reflect move to use of NEWS2 throughout Trust, rather than mixture of MEWS and NEWS2 previously employed | 01 June 2022 |
| 2.1 | Nick Archer (Head of Deteriorating Patient Pathways and Resuscitation Training Officer) | Addition of updated UK Sepsis Trust 'Sepsis screening Tool Acute Assessment' documents (Appendices 3-7) – old Appendices rescinded<br>Text amendments to pages 4 (s2.1) and 10 (s7.5) and inclusion of Royal College of Physicians (2017) NEWS2 and Improving outcomes from Sepsis reference | 18 December 2023 |
| sV 1.0 | Nick Archer (Head of Deteriorating Patient Pathways and Resuscitation Training Officer) | First upload to SOPHIA Document Library 3 year review of document. Author name amended. Addition of appendices 2,7,14 & 15. Removal of reference to grab bag training. Guidance provided in relation to the use of appendix 2, 7, 14 & 15. Exclusion criteria amended. Removal of 'Normal physiological parameters for adolescents as compared to adults' table. Reference list review and update. | 12 March 2025 |
| | | | Date |

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## Policy at a Glance Template

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# 1 Introduction

1.1 Essex Partnership University NHS Foundation Trust (EPUT) provides community health, mental health and learning disability services for a population of approximately 2.5 million people in a variety of settings ranging from in-patient wards to the patient's own home. A holistic approach is essential to all aspects of good physical and mental health care and this includes the active identification and management of physical health needs. Physiological observations are required for all patients as part of their baseline assessment.

1.2 In mental health and learning disability inpatients setting the Modified Early Warning System (MEWS) was used for initial assessment on admission and for continuous monitoring of physical observation throughout patients' stay in hospital / unit. Community Health Services (CHS) use National Early Warning Score 2 (NEWS2) which, like the MEWS, is a track and trigger monitoring and escalation system based on a simple aggregated scoring system in which a score is allocated to physiological measurements.

1.3 The MEWS escalation trigger points for systolic blood pressure and temperature are lower than of NEWS2 however, by using NEWS2 in mental health and learning disability settings will ensure that patients who are acutely ill or at risk of physical deterioration receive prompt care and decisions to transfer to acute setting are made in a timely manner.

1.4 Clinical deterioration can occur at any stage of a patient's illness, although there will be certain periods during which a patient is more vulnerable. These periods of vulnerability occur at the onset of illness therefore patients who are at risk of deteriorating may be identified and treated before a serious adverse event occurs.

# 2 Background

2.1 **National Early Warning System (NEWS)**

The Royal College of Physicians (2012) originally developed NEWS to standardise the assessment of acute – illness severity across the NHS. NEWS is also used as a surveillance system for all inpatients, tracking their clinical (physical) condition, alerting the clinical team to any clinical (physical) deterioration and triggering a timely clinical response.

NEWS2 is the latest version of the National Early Warning Scores (NEWS), first produced in 2012 and updated in December 2017 which advocates a system to standardise the assessment and response to acute illness.

NEWS2 is used to improve the following:

- The assessment of acute illness
- The detection of clinical deterioration, and
- The initiation of a timely and competent clinical response

This procedure supports the use of NEWS2 (and where this is not possible non-contact physical health observations) and UK Sepsis Trust 'Sepsis screening Tool Acute Assessment' to aid clinicians in the timely recognition and response to clinical (physical) deterioration. To support this, the use of a nationally recognised communication tool Situation, Background, Assessment, Recommendation and Decision (SBARD) is in place across EPUT

The NEWS2 has been endorsed by NHS England and NHS Improvement to become the early warning system for identifying acutely ill patients - including those with sepsis - in hospitals in England (Royal College of Physicians December 2017). Please see Appendices 3, 4, 5, 6 and 7 for UK Sepsis Trust 'Sepsis screening Tool Acute Assessment'.

2.2 These Clinical Guidelines relate to the decision made by the Trust, to move to NEWS2 in its entirety, in all areas within the Organisation (Appendix 1).

2.3 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.

2.4 There are six simple physiological parameters that form the basis of the scoring system: respiration rate; oxygen saturation; systolic blood pressure; pulse rate; level of consciousness or new confusion and temperature.

2.5 For guidance on how to complete NEWS2, refer to the following Royal College of Physicians link:

[ HYPERLINK "https://www.rcplondon.ac.uk/projects/outputs/national-early-warning-score-news-2" ]

2.6 The Trust approved neurological observation tool / chart must be used to assess neurological condition.

## 3 Scope

3.1 The purpose of this document is to provide all staff with a clear framework for the identification and management of patients at risk of physiological deterioration. The framework will give a consistent approach across the Trust in the recognition and management of the deteriorating patient. Purpose 1 - just type over this text.

3.2 The guideline allows the Trust to adhere to Department of Health recommendations NCEPOD (2005), 'Optimising Early Warning Scoring Systems', NICE (2007), Clinical Guideline 50 ' Acutely Ill Patients in Hospital' and Patient Safety First (2008), 'Reducing Harm from Deterioration' and NICE 2024 NG51 – Suspected sepsis: recognition, diagnosis and early management.

3.3 The guideline includes all patients, where a decision has been made to admit the patient to hospital.

3.4 The guideline applies to all health care professionals who measure, record and act on the findings of patient physiological observations.

3.5 This guideline is to be read and used in conjunction with the Trust CPR Policy and Procedure (CLP14).

## 4 Roles and Responsibilities

4.1 **The Trust Board** is responsible for ensuring:

- That the principles of this clinical guideline and other associated policies are implemented across the organisation.
- The necessary financial resources.

4.2 **The Executive Nurse will ensure that:**

- This clinical guideline is embedded within clinical practice.
- The guidelines are reviewed and updated regularly, in accordance with recommended best practice and national guidance.

4.3 **The Senior Operational Managers will ensure that:**

- All NEWS2 charts are audited and reported on a regular basis to the Resuscitation & Deteriorating Patient Group.

4.4 **The Trust's Resuscitation and Deteriorating Patient Group:**

- Advise the Trust on all aspects of issues relating to the Deteriorating Patient.
- Provide assurance to the Trust Board via the Clinical Governance and Quality Sub-Committee that clear standards for the Deteriorating Patient are in place and monitored effectively.
- Monitor programmes of work in relation to the Deteriorating Patient through regular review of training and implementation of NEWS 2.
- Review incidents requiring deteriorating patient to ensure standards are adhered to and to identify any wider learning for dissemination across the Trust.

4.5 **The Trust's Workforce Development Team:**

- Will ensure the provision of training and education to meet identified needs.
- Resuscitation Council UK 'Immediate Life Support' (RCUK ILS) training is delivered, as required, by the individual clinical services within EPUT. Previously grab bag mentioned

4.6 **Matrons** are responsible for:

- Maintaining an overview of the effectiveness of care through the review of audit findings.
- Supporting ward managers and staff in the implementation of this guideline.
- Monitoring the implementation and compliance of this guideline.
- Ensuring staff access training in line with their roles and responsibilities.

4.7 **Ward Managers** are responsible for:

- Implementing this guideline within their clinical area.
- Ensure all their staff understand their accountability and responsibility in relation to complying with this guideline.
- Ensure staff have the knowledge, skills and competence commensurate with their role and responsibilities to assess the acutely ill patient within their clinical area.

4.8 All staff are responsible for practicing in accordance with the clinical guidance set out in this guideline.

## 5 The Process of Completing the NEWS2 Chart

5.1 NEWS 2 must be used for all inpatients or when a decision has been made to admit.

5.2 Staff caring for patients and using the NEWS2 should have competencies in monitoring, measurement and interpretation of observations and respond promptly to the acutely ill patient appropriate to the level of care they are providing.

5.3 Training and assessment is provided, as required, by individual clinical services to ensure staff have these competencies.

5.4 Resuscitation Council UK 'Immediate Life Support' (RCUK ILS) training is delivered, as required, by the individual clinical services within EPUT and additional training relating to NEWS2 and physical health deterioration, can be assed via the OLM platform. Previously grab bag mentioned and reference to new reference to OLM training

5.5 All patients should have:

- Physiological observations recorded at the time of their admission or initial assessment.
- A clear written monitoring plan that specifies which physiological observations should be recorded and how often. The plan should take account of the:
  - Patients diagnosis
  - Presence of co-morbidities
  - Agreed treatment plan.

5.6 Physiological observations should be recorded and acted upon by staff that have been trained to undertake these procedures and understand their clinical relevance.

5.7 As a minimum, the following physiological observations should be recorded at the initial assessment and as part of routine monitoring:

- Heart rate
- Respiratory rate
- Blood pressure
- Level of consciousness and assessment of new or pre-existing confusion (using ACVPU)
- Temperature
- Oxygen saturations

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Each set of observations must be accompanied by a calculated NEWS2 score and include the initials of the staff member undertaking those observations.

5.8 The frequency of observations should be increased or decreased as indicated by clinical need, by the doctor or nurse responsible for the patient. This should be documented both on the observation chart and in the patient record/notes.

5.9 The frequency of observations should be increased if abnormal physiology is detected, as indicated on the chart.

5.10 The escalation procedure for patients identified as being at risk of clinical deterioration, should be triggered by either physiological track of a single parameter of 3 and/or the total score of 4 and above, or clinical concern of the NEWS2 score.

5.11 The trigger threshold for implementing the escalation procedure is clearly stated at the front of the NEWS2 Observation chart.

5.12 An escalation procedure for patients identified as being at risk of clinical deterioration is an integral part of the observation chart and is detailed in**.**

5.13 When a patient's NEWS2 score or clinical condition requires action, the SBARD communication tool is used, to ensure clear and effective communication methods are utilised, in order to recognise and prevent further deterioration of a physically unwell patient**.**

5.14 Once the escalation procedure has been initiated, the patient must be seen within 30 minutes.

5.15 With a total NEWS2 score of 1 and above, the nurse in charge of the ward area must be informed as soon as possible. It is their responsibility to decide whether the patient needs the frequency of their observations increased. They also need to consider if increasing clinical care may be required. The identified doctor is required to attend urgently and the patient must be highlighted, as part of the nursing and medical handover process."

5.16 With NEWS2 single parameter of 3 or total NEWS2 score of 4, the medical team responsible for the care of that patient must be informed urgently. The identified doctor is required to attend urgently.

5.17 If the patient's condition becomes life-threatening, a call should be made immediately via 999.

5.18 All patients with a NEWS2 score of ≥4 (or 3 in one parameter) must always be highlighted as part of the handover process for both nursing and medical staff.

5.19 All patients being transferred to a new ward area with a NEWS2 score ≥ 4 must have been reviewed by a doctor and must have a clearly documented robust plan of care.

5.20 Whilst use of NEWS2 facilitates the assessment, early recognition and response to the deteriorating patient, it should not deter clinicians from exercising their clinical judgement.

5.21 The NEWS2 chart and its efficacy in relation to track and trigger processes, should be reviewed on an annual basis to ensure the tools are fit for purpose and meet local needs.

## 6 Adjusting the NEWS2 Parameters

6.1 Patients with conditions such as Atrial Fibrillation or Chronic Obstructive Pulmonary Disease (COPD) often have abnormal physiological observations, which are outside 'normal' parameters and do not compromise the patient or cause distress; however they may trigger the NEWS2 score.

6.2 Also, in some circumstances, a patient may continue to trigger the NEWS2, despite appropriate treatment being in place. In this situation it may be appropriate to alter specific parameters, within levels applicable to the patient's condition. This will highlight changes in the patient's physical state, should an acute event occur.

6.3 Alterations to NEWS2 parameters may only be completed by a doctor.

6.4 The doctor may adjust these parameters, which could, in turn, alter the trigger and the escalation procedure of the NEWS2.

6.5 Where the NEWS2 parameter is reset:

a. The level should ensure sufficient sensitivity to alert nursing and medical teams to further deterioration.
b. The adjusted parameters and NEWS2 score should be documented in the patient's records along with a clear treatment plan.
c. Reset parameters for pre-existing medical conditions should be reviewed at least every 24 hours.

The patient should be closely monitored and any increase above the new parameter level must be reported immediately to the medical team. The date, time and value of reset parameter should be documented on the observation chart to ensure that it is reviewed at least every 24 hours.

The resetting of the parameter threshold should be on an individual patient basis and should not pass onto possible subsequent readmissions or transfer without reassessment.

All patients with parameters reset must be communicated to the Ward Manager or most senior nurse on duty and in handover meetings.

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## 7 Neurological Observations and Trigger System/ Clinical Response to NEWS2

7.1 Following a fall, when a fracture or other injury is suspected, the patient must be reviewed:

- In mental health services - by a registered nurse or physiotherapist and should notify the doctor as soon as practicable.
- In community health services - a competent nurse or physiotherapists may review the patient and decide on further action.

7.2 Assessment of the patient's neurological condition must be recorded and must include use of the Glasgow Coma Scale (GCS) to determine whether any neurological impairment has resulted from the fall. GCS must be recorded by a qualified member of staff and recorded on the appropriate neurological chart. (See CG58 - Slips, Trips & Falls Clinical Guideline for additional information).

7.3 Staff must use the neurological observation chart which has been approved together with this clinical guideline:

7.4 The NEWS2 trigger system aligned to the scale of clinical risk

The table below defines the thresholds for the triggering of a response, by the patient's clinical team:

**Table 1: The National Early Warning Score (NEWS2) Thresholds and Triggers.**

| NEW2 score | Clinical risk | Response |
|---|---|---|
| Aggregate score 0-4 | Low | Ward-based response |
| Score of 3 in single parameter | Low-medium | Urgent ward-based response |
| Aggregate score 5-6 | Medium | Key threshold for urgent response* |
| Aggregate score 7 or more | High | 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

7.5 Clinical response to NEWS2

An extreme variation in a single physiological parameter (i.e., a score of 3 on the NEWS2 chart), is highlighted in red to aid identification and represents an extreme variation in a single physiological parameter.

Extreme values in one physiological parameter (e.g., heart rate <40 beats per minute, a respiratory rate of <8 per minute or a temperature of <35°C) must not be ignored and requires urgent clinical evaluation.

These triggers will determine the urgency of the response and the clinical competency of the responder/s.

Consider sepsis and ask the question 'Could this be Sepsis', if the NEWS2 score is 5 or more and refer to UK Sepsis Trust 'Sepsis screening Tool Acute Assessment' documents (Appendix4 - 10). Whilst there is escalation guidance highlighted on the screening tools, escalations to relevant Medic i.e. GP or allocated Ward Doctor, must be made via the existing escalation pathway. New Appendix and escalation pathway added

Depending on location, staff competency and equipment, it may not be possible to commence every element of the 'Sepsis six' care bundle. The initial escalation of concern is essential and an informed decision made, in relation to treatment which can be immediately initiated and the potential for urgent transfer to an acute Trust. Sepsis six care bundle detail added

Any score over '0' is not normal and must prompt a clinical response. Depending on the NEWS2 score, the adapted clinical response to NEWS2 triggers for inpatients (see Table 2 below), provides recommendations for the frequency of physical monitoring, the urgency of clinical review and the competency requirements of the clinical team needed to undertake that review.

7.6 'Assessing a Critically Unwell Patient' and 'Non-Contact Physical Observation' tools Added new documents

The 'Assessing a Critically Unwell Patient' aide memoir tool (Appendix 14) is embedded within the 'Management of Physical Deterioration on Inpatient Wards/Clinical Areas Electronic Standard Operating Procedure' (eSOP) and can be accessed via the Sophia platform. The aide memoir tool supports staff in carrying out a structured and robust, top-to-toe physical health assessment of a patient. This structure follows the A to E assessment process, which is taught within the Resuscitation Council UK 'Immediate Life Support' training and the information gained can be shared with the use of the SBARD communication tool.

The 'Non-Contact Physical Observation' tools can be utilised whenever it is not possible to complete a full set of NEWS2 physical observations i.e. a patient in seclusion or post rapid tranquilisation. If a patient declines to have their physical health observations carried out, the use of the tool must be documented on the NEWS2 observation chart (in addition to the fact that the patient declined) and additional

information, such as utilisation of the tool and specific escalations (if applicable) must be recorded in the patients care plan.

**Table 2: Clinical Response to NEWS2 Triggers for Inpatient Service Users**

| NEWS2 Score | Frequency of monitoring | Clinical response |
|---|---|---|
| **0** | Minimum 12 hourly | Continue routine NEWS2 scoring with every set of physical health observations. |
| **Total 1-4** | Minimum 4-6 hourly | Inform Registered Nurse, who must assess the patient<br><br>Registered Nurse decides whether increased frequency of monitoring and/or escalation of care is required<br><br>Physical Observations<br><br>Check for symptoms such as vomiting/diarrhoea/pain/bleeding<br><br>Consider checking blood glucose level |
| **3 in single parameter** | Minimum 1 hourly | Registered Nurse to inform medical team caring for the patient, who will review and decide whether escalation of care is necessary<br><br>**Refer to post-falls protocol if appropriate** |
| **Total 5 or more**<br><br>**Urgent response threshold** | Minimum 1 hourly | Registered Nurse to immediately inform the<br><br>medical team caring for the patient<br><br>Registered Nurse to request urgent assessment by a clinician or team with core competencies in the care of acutely ill patients<br><br>Provide clinical care in an environment with monitoring facilities<br><br>Monitor using ABCDE assessment method (if competent) utilising the 'Assessing a Critically Unwell Patient' aide memoir tool and record on NEWS2 chart and consider calling (9)999.<br><br>**Consider sepsis and refer to UK Sepsis Trust 'Sepsis screening Tool Acute Assessment' documents (Appendix 4 - 10).** |

| | | |
|---|---|---|
| **Total 7 or more**<br><br>**Emergency response threshold** | Continuous monitoring<br><br>of vital signs | Registered Nurse to immediately inform the medical team caring for the patient – this should be at least specialist registrar level<br><br>Call (9)999 for emergency ambulance to transfer patient to nearest acute hospital site, using SBARD communication tool<br><br>Monitor using ABCDE assessment method if competent (record on NEWS2 chart)<br><br>**Use SBARD to handover to ambulance crew** |

*When calling (9)999 for an ambulance, the caller must provide a NEWS2 score

7.7 Exclusion Criteria

NEWS2 is designed for use in adults aged 16 years and above. NEWS2 is not recommended for use in children, during pregnancy or spinal cord injury. Amended to reflect PEWS and spinal cord injury-NHSE guidance. For pregnant women/ those who have given birth within the past 6 weeks (who are under the care of EPUT inpatient services), advice must be sought from the patient's midwife.

## 8 PEWS chart Added

8.1 The PEWS Observation and Escalation Chart (Appendix 15) has been collaboratively developed by clinical teams across England, with the aim of standardising the approach of tracking the deterioration of children within in hospital. The chart covers the age range between ≥13 and 16 years. The PEWS Observation and Escalation Chart has been implemented within the Trust's Child and Adolescent Mental Health Services.

## 9 References

National Institute for Health and Care Excellence (2007) Clinical Guideline 50
'Acutely Ill Patients in Hospital'
Available at:
[ HYPERLINK "https://pathways.nice.org.uk/pathways/acutely-ill-patients-in-hospital" \l "path=view%3A/pathways/acutely-ill-patients-in-hospital/acutely-ill-patients-in-hospital-overview.xml&content=view-index" ]

Royal College of Physicians (2017) National Early Warning Score (NEWS)2
Available at:

[ HYPERLINK "https://www.rcplondon.ac.uk/projects/outputs/national-early-warning-score-news-2" ]

Royal College of Physicians (2017) NEWS2 and improving outcomes from sepsis. Available at:

[ HYPERLINK "https://www.rcpjournals.org/content/clinmedicine/22/6/514" ]

NHS England (2023) National Paediatric Early Warning System (PEWS) observation and escalation charts. Available at:

[ HYPERLINK "https://www.england.nhs.uk/publication/national-pews-observation-and-escalation-charts/" ]

UK Sepsis Trust (2024) Clinical Tools. Available at:
[ HYPERLINK "https://sepsistrust.org/healthcare-professionals/clinical-tools/" ]

National Institute for Health and Care Excellence (2024) NICE Guideline 51 'Suspected sepsis: recognition, diagnosis and early management'. Available at:
[ HYPERLINK "https://www.nice.org.uk/guidance/NG51" ]

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## Appendix 1: The NEWS2 Chart

[ HYPERLINK "https://input.eput.nhs.uk/DocumentCentre/Policies/Clinical%20Guidelines/CG87%20-%20Use%20of%20National%20Early%20Warning%20Systems%20(NEWS2)/%5bsV%201.0%5d%20CG87%20-%20Appendix%201%20-%20The%20NEWS2%20Chart.pdf" ]

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## Appendix 2: Non-Contact Physical Observations

[ HYPERLINK "https://input.eput.nhs.uk/DocumentCentre/Policies/Clinical%20Guidelines/CG87%20-%20Use%20of%20National%20Early%20Warning%20Systems%20(NEWS2)/%5bsV%201.0%5d%20CG87%20-%20Appendix%202%20-%20Non-Contact%20Physical%20Observations%20EPUT%20Poster.pdf" ]

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## Appendix 3: EPUT Neurological Observation Chart

[ HYPERLINK "https://input.eput.nhs.uk/DocumentCentre/Policies/Clinical%20Guidelines/CG87%20-%20Use%20of%20National%20Early%20Warning%20Systems%20(NEWS2)/%5bsV%201.0%5d%20CG87%20-%20Appendix%203%20-%20EPUT%20Neurological%20Observation%20Chart.pdf" ]

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## Appendix 4: UK Sepsis Trust 'Sepsis screening Tool Acute Assessment' UNDER 5 YEARS

[ HYPERLINK "https://input.eput.nhs.uk/DocumentCentre/Policies/Clinical%20Guidelines/CG87%20-%20Use%20of%20National%20Early%20Warning%20Systems%20(NEWS2)/%5bsV%201.0%5d%20CG87%20-%20Appendix%204%20-%20UKST%20'Sepsis%20Screening%20Tool%20Acute%20Assessment'%20UNDER%205%20YEARS.pdf" ]

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## Appendix 5: UK Sepsis Trust 'Sepsis screening Tool Acute Assessment' AGE 5-11

[ HYPERLINK "https://input.eput.nhs.uk/DocumentCentre/Policies/Clinical%20Guidelines/CG87%20-%20Use%20of%20National%20Early%20Warning%20Systems%20(NEWS2)/%5bsV%201.0%5d%20CG87%20-%20Appendix%205%20-%20UKST%20'Sepsis%20Screening%20Tool%20Acute%20Assessment'%20AGE%205-11.pdf" ]

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## Appendix 6: UK Sepsis Trust 'Sepsis screening Tool Acute Assessment' AGE 12+

[ HYPERLINK "https://input.eput.nhs.uk/DocumentCentre/Policies/Clinical%20Guidelines/CG87%20-%20Use%20of%20National%20Early%20Warning%20Systems%20(NEWS2)/%5bsV%201.0%5d%20CG87%20-%20Appendix%206%20-%20UKST%20'Sepsis%20Screening%20Tool%20Acute%20Assessment'%20AGE%2012+.pdf" ]

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## Appendix 7: UK Sepsis Trust 'Sepsis Acute Assessment Mental Health' AGE 16+

[ HYPERLINK "https://input.eput.nhs.uk/DocumentCentre/Policies/Clinical%20Guidelines/CG87%20-%20Use%20of%20National%20Early%20Warning%20Systems%20(NEWS2)/%5bsV%201.0%5d%20CG87%20-%20Appendix%207%20-%20UKST%20'Sepsis%20Screening%20Tool%20Acute%20Assessment%20Mental%20Health'%20AGE%2016+.pdf" ]

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## Appendix 8: UK Sepsis Trust 'Sepsis screening Tool Acute Assessment' AGE 16+

[ HYPERLINK "https://input.eput.nhs.uk/DocumentCentre/Policies/Clinical%20Guidelines/CG87%20-%20Use%20of%20National%20Early%20Warning%20Systems%20(NEWS2)/%5bsV%201.0%5d%20CG87%20-%20Appendix%208%20-%20UKST%20'Sepsis%20Screening%20Tool%20Acute%20Assessment%20AGE%2016%20+.pdf" ]

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**Appendix 9: UK Sepsis Trust 'Sepsis screening Tool Acute Assessment' PREGNANT OR UP TO 6 WEEKS POST PREGNANCY**

[ HYPERLINK "https://input.eput.nhs.uk/DocumentCentre/Policies/Clinical%20Guidelines/CG87%20-%20Use%20of%20National%20Early%20Warning%20Systems%20(NEWS2)/%5bsV%201.0%5d%20CG87%20-%20Appendix%209%20-%20UKST%20'Sepsis%20Screening%20Tool%20Acute%20Assessment'%20PREGNANT%20OR%20UP%20TO%206%20WEEKS%20POST%20PREGNANCY.pdf" ]

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**Appendix 10: UK Sepsis Trust 'Sepsis screening Tool Acute Assessment' COMMUNITY NURSING 12+**

[ HYPERLINK "https://input.eput.nhs.uk/DocumentCentre/Policies/Clinical%20Guidelines/CG87%20-%20Use%20of%20National%20Early%20Warning%20Systems%20(NEWS2)/%5bsV%201.0%5d%20CG87%20-%20Appendix%2010%20-%20UKST%20'Sepsis%20Screening%20Tool%20Acute%20Assessment'%20COMMUNITY%20NURSING%2012+.pdf" ]

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## Appendix 11: Sepsis Pathway – End of Life Care

[ HYPERLINK "https://input.eput.nhs.uk/DocumentCentre/Policies/Clinical%20Guidelines/CG87%20-%20Use%20of%20National%20Early%20Warning%20Systems%20(NEWS2)/%5bsV%201.0%5d%20CG87%20-%20Appendix%2011%20-%20Sepsis%20Pathway%20-%20End%20of%20Life%20Care.pdf" ]

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## Appendix 12: Early Warning System Decision Support Tool - EOLC

[ HYPERLINK "https://input.eput.nhs.uk/DocumentCentre/Policies/Clinical%20Guidelines/CG87%20-%20Use%20of%20National%20Early%20Warning%20Systems%20(NEWS2)/%5bsV%201.0%5d%20CG87%20-%20Appendix%2012%20-%20NEWS2%20Decision%20support%20tool%20eolc%200823.docx.pdf" ]

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## Appendix 13: Assessing a Critically Unwell Patient aide memoir tool

[ HYPERLINK "https://input.eput.nhs.uk/DocumentCentre/Policies/Clinical%20Guidelines/CG87%20-%20Use%20of%20National%20Early%20Warning%20Systems%20(NEWS2)/%5bsV%201.0%5d%20CG87%20-%20Appendix%2013%20-%20Assessing%20a%20critically%20unwell%20patient.pdf" ]

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## Appendix 14: PEWS observation and Escalation Chart

[ HYPERLINK "https://input.eput.nhs.uk/DocumentCentre/Policies/Clinical%20Guidelines/CG87%20-%20Use%20of%20National%20Early%20Warning%20Systems%20(NEWS2)/%5bsV%201.0%5d%20CG87%20-%20Appendix%2014%20-%20PEWS%20observation%20and%20escalation%20chart%2013%20years.pdf" ]

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## Appendix 15: Initial Equality Impact Assessment analysis

**This assessment relates to: CG87 – Clinical Guidelines on the use of NEWS2**
(Please tick all that apply)
Link to Full Equality Impact Assessment can be found in InPut Here:

| Does this Policy/Service/Function effect one group less or more favourably than another on the basis of: | Yes / No | What / where is the evidence / reasoning to suggest this? |
|---|---|---|
| **Race, Ethnic Origins, Nationality** (including traveling communities) | No | All patients within the Trust are treated equally and fairly as per Trust values, beliefs and CP24 'Equality, inclusion & human right Policy'. Guidance relating to the use of the NEWS2 form is taken from The Royal College of Physicians. NICE Clinical guideline [CG50] 'Acutely ill adults in hospital: recognising and responding to deterioration' provides additional guidance as does the Resuscitation Council UK and the UK Sepsis Trust. |
| **Sex** (Based on Biological Sex; Male, Female or Intersex) | No | All patients within the Trust are treated equally and fairly as per Trust values, beliefs and CP24 'Equality, inclusion & human right Policy'. Guidance relating to the use of the NEWS2 form is taken from The Royal College of Physicians. NICE Clinical guideline [CG50] 'Acutely ill adults in hospital: recognising and responding to deterioration' provides additional guidance as does the Resuscitation Council UK and the UK Sepsis Trust. |
| **Age** | No | All patients within the Trust are treated equally and fairly as per Trust values, beliefs and CP24 'Equality, inclusion & human right Policy'. Guidance relating to the use of the NEWS2 form is taken from The Royal College of Physicians. NICE Clinical guideline [CG50] 'Acutely ill adults in hospital: recognising and responding to deterioration' provides additional guidance as does the Resuscitation Council UK and the UK Sepsis Trust. |

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| Does this Policy/Service/Function effect one group less or more favourably than another on the basis of: | Yes / No | What / where is the evidence / reasoning to suggest this? |
|---|---|---|
| **Sexual Orientation**<br>Including the LGBTQ+ Community | No | All patients within the Trust are treated equally and fairly as per Trust values, beliefs and CP24 'Equality, inclusion & human right Policy'. Guidance relating to the use of the NEWS2 form is taken from The Royal College of Physicians. NICE Clinical guideline [CG50] 'Acutely ill adults in hospital: recognising and responding to deterioration' provides additional guidance as does the Resuscitation Council UK and the UK Sepsis Trust. |
| **People who are Married or are in a Civil Partnership** | No | All patients within the Trust are treated equally and fairly as per Trust values, beliefs and CP24 'Equality, inclusion & human right Policy'. Guidance relating to the use of the NEWS2 form is taken from The Royal College of Physicians. NICE Clinical guideline [CG50] 'Acutely ill adults in hospital: recognising and responding to deterioration' provides additional guidance as does the Resuscitation Council UK and the UK Sepsis Trust. |
| **People who are Pregnant or are on Maternity / Paternity Leave** | No | All patients within the Trust are treated equally and fairly as per Trust values, beliefs and CP24 'Equality, inclusion & human right Policy'. Guidance relating to the use of the NEWS2 form is taken from The Royal College of Physicians. NICE Clinical guideline [CG50] 'Acutely ill adults in hospital: recognising and responding to deterioration' provides additional guidance as does the Resuscitation Council UK and the UK Sepsis Trust. |
| **People who are Transgender / who have had gender reassignment treatments**<br>As well as gender minority groups | No | All patients within the Trust are treated equally and fairly as per Trust values, beliefs and CP24 'Equality, inclusion & human right Policy'. Guidance relating to the use of the NEWS2 form is taken from The Royal College of Physicians. NICE Clinical guideline [CG50] 'Acutely ill adults in hospital: recognising and responding to deterioration' provides additional guidance as does the Resuscitation Council UK and the UK Sepsis Trust. |

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| Does this Policy/Service/Function effect one group less or more favourably than another on the basis of: | Yes / No | What / where is the evidence / reasoning to suggest this? |
|---|---|---|
| **Religion, Belief or Culture**<br>Including an absence of belief | No | All patients within the Trust are treated equally and fairly as per Trust values, beliefs and CP24 'Equality, inclusion & human right Policy'. Guidance relating to the use of the NEWS2 form is taken from The Royal College of Physicians. NICE Clinical guideline [CG50] 'Acutely ill adults in hospital: recognising and responding to deterioration' provides additional guidance as does the Resuscitation Council UK and the UK Sepsis Trust. |
| **Disability / Mental, Neurological or Physical health conditions**<br>Including Learning Disabilities | | All patients within the Trust are treated equally and fairly as per Trust values, beliefs and CP24 'Equality, inclusion & human right Policy'. Guidance relating to the use of the NEWS2 form is taken from The Royal College of Physicians. NICE Clinical guideline [CG50] 'Acutely ill adults in hospital: recognising and responding to deterioration' provides additional guidance as does the Resuscitation Council UK and the UK Sepsis Trust. |
| **Other Marginalised or Minority Groups**<br>Carers, Low Income Families, people without a fixed abode or currently living in sheltered accommodation. | | All patients within the Trust are treated equally and fairly as per Trust values, beliefs and CP24 'Equality, inclusion & human right Policy'. Guidance relating to the use of the NEWS2 form is taken from The Royal College of Physicians. NICE Clinical guideline [CG50] 'Acutely ill adults in hospital: recognising and responding to deterioration' provides additional guidance as does the Resuscitation Council UK and the UK Sepsis Trust. |

**Guidance on Completing this Document**

This screening tool asks for evidence to ensure that these considerations are done in collaboration with groups that may be affected. Listed below are the ways that this evidence can be gathered to support this decision:

- Reviews with Staff who may be impacted by these changes
- Service User / Carer feedback or focus groups
- Guidance from national organisations (CQC / NHS Employers)

- The Equality and Inclusion Hub (on the Staff Intranet)
- Input from Staff Equality Networks or the Equality Advisor
- Reviewing this against good practice in other NHS Trust

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| Initial Screening Question | Response |
|---|---|
| If you have identified no negative impacts, then please explain how you reached that decision. please provide / attach reference to any reasoning or evidence that supports this: (Nature of policy, service or function, reviews, surveys, feedback, service user or staff data) | Appropriate and relevant regulatory guidance has been followed. |
| Is there a need for additional consultation? (Such as with external organisations, operational leads, patients, carers or voluntary sector) | No |
| Can we reduce any negative impacts by taking different actions or by making accommodations to this proposed Policy / Service / Function? | No |
| Is there any way any positive impacts to certain communities could be built upon or improved to benefit all protected characteristic groups? | No |
| If you have identified any negative impacts, are there reasons why these are valid, legal and/or justifiable? | N/A |

**Please complete this document and send a copy to EPUT's Compliance, Assurance & Risk Assistant / Trust Policy Controller) at** [ HYPERLINK "mailto:epunft.risk@nhs.net" ] **as part of the Approval Process, if this proposal / policy etc. has no positive or negative impacts on protected characteristic groups, a Full Equality Impact Assessment will not need to be completed**

| To be completed by the Trust Policy Controller | | | | |
|---|---|---|---|---|
| **Is a Full Equality Impact Assessment Required for this Policy, Service or Function?** | **Yes** | | **No** | |
| **Name:** | | | | |
| **Date:** | | | | |

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