Failure to recognise or act on signs that a patient is deteriorating, for example changes in systolic blood pressure or pulse rate, is a key patient safety issue. In 2017, the National Reporting and Learning System (NRLS) received 100 reports where deterioration may not have been recognised or acted on and the patient died. Although these patients may not have survived even with prompt action, the care provided did not give them the best possible chance of survival.

A typical incident reads: “Patient transferred from AMU at 21:00 and found unresponsive at 21:15. Patient had scored 8 at 14:00 on AMU and no review ....... documented in the medical or nursing documentation. Next observations recorded at 16:30 as MEWS 2 urine scored as 0 but no urine output recorded on fluid balance. No further observations recorded until cardiac arrest.”

Recognising and responding to patient deterioration relies on a whole systems approach and the revised National Early Warning Score (NEWS2), published by the Royal College of Physicians in December 2017, reliably detects deterioration in adults, triggering review, treatment and escalation of care where appropriate. NEWS2 is an improvement on the original NEWS, in use since 2012, in key areas including:

• better identification of patients likely to have sepsis
• improved scoring for patients with hypercapnic respiratory failure
• recognising the importance of new-onset confusion or delirium.

Currently, around two-thirds of healthcare providers use the original NEWS for adult patients, with the rest using adapted versions or locally devised early warning scores. Harm could result from having different scoring systems in use across the NHS when patients or staff move between services. The adoption of NEWS2 is vital to standardise how adult patients who are acutely deteriorating are identified and responded to, and to streamline communication across the NHS.

NHS England's aim is for all acute hospital trusts and ambulance trusts caring for adult patients to fully adopt NEWS2 by March 2019. This alert is issued to highlight the resources that support adoption of NEWS2 and to signpost additional support to ensure trusts can adopt NEWS2 as promptly, safely and effectively as possible. This support will be provided through the establishment of a virtual community network of NEWS2 champions who will: receive regular bulletins including information on the latest training; have opportunities to share challenges and best practice via regular webinars; and be given access to resources via an online repository. The implementation of NEWS2 is also associated with a new CQUIN indicator published by NHS England.

This focused support for the adoption of NEWS2 links to the wider support for improving recognition and response to patient deterioration provided by the Patient Safety Collaboratives.
NRLS search dates and terms
Incidents reported to the NRLS with an incident date between 1 January 2017 and 31 December 2017, if reported to the NRLS by 31 January 2018 and extracted on 9 March 2018, where routine clinical review had categorised as adult deterioration and the original reporter had reported with degree of harm of ‘death’.

Note
*The RCP states that NEWS2 “should not be used in children (ie aged under 16 years) or in women who are pregnant” and “may be unreliable in patients with spinal cord injury.”

References
5. National Early Warning Score (NEWS) online training resource https://tfinews.ocbmedia.com

Stakeholder engagement
• NHS England medical directorate Clinical Policy Unit
• National Patient Safety Response Advisory Panel (for a list of members and organisations represented on the panel, see improvement.nhs.uk/resources/patient-safety-alerts/)

Advice for Central Alerting System officers and risk managers
This alert asks for a systematic approach to deciding how your organisation identifies an appropriate NEWS2 champion and therefore needs co-ordinated implementation rather than separate action by individual teams or departments. The NEWS2 champion is likely to be selected by your medical director or director of nursing, so you should ensure this alert reaches them with this requirement highlighted. If you are unsure which individuals have a ‘leadership role in responding to deteriorating patients’, in acute hospital trusts seek initial advice from the critical care outreach team leader, and in ambulance trusts from clinical training leaders; they will be able to identify the key individuals needed to lead and co-ordinate implementation.