

NEWS2 and Clinical Observations Policy

Introduction

Quality statements are the commitments that providers, commissioners and system leaders should live up to. Expressed as 'we statements', they show what is needed to deliver high-quality, person-centred care.

When they refer to 'people' we mean people who use services, their families, friends and unpaid carers. This includes:

- people with protected equality characteristics
- those most likely to have a poorer experience of care or experience inequalities.

Elizabeth Finn Homes (EFH) will commit to the following quality statements for:

Learning culture

We have a proactive and positive culture of safety based on openness and honesty, in which concerns about safety are listened to, safety events are investigated and reported thoroughly, and lessons are learned to continually identify and embed good practices.

Safe systems, pathways and transitions

We work with people and our partners to establish and maintain safe systems of care, in which safety is managed, monitored and assured. We ensure continuity of care, including when people move between different services.

Safe environments

We detect and control potential risks in the care environment. We make sure that the equipment, facilities and technology support the delivery of safe care.

Safe and effective staffing

We make sure there are enough qualified, skilled and experienced people, who receive effective support, supervision and development. They work together effectively to provide safe care that meets people's individual needs.

Involving people to manage risks

We work with people to understand and manage risks by thinking holistically so that care meets their needs in a way that is safe and supportive and enables them to do the things that matter to them.

Assessing needs

We maximise the effectiveness of people's care and treatment by assessing and reviewing their health, care, well-being and communication needs with them.

Delivering evidence-based care and treatment

We plan and deliver people's care and treatment with them, including what is important and matters to them. We do this in line with legislation and current evidence-based good practice and standards.

How staff, teams and services work together

We work effectively across teams and services to support people. We make sure they only need to tell their story once by sharing their assessment of needs when they move between different services.

Monitoring and improving outcomes

We routinely monitor people's care and treatment to continuously improve it. We ensure that outcomes are positive and consistent, and that they meet both clinical expectations and the expectations of people themselves.

Consent to care and treatment

We tell people about their rights around consent and respect these when we deliver person-centred care and treatment.

Kindness, compassion and dignity

We always treat people with kindness, empathy and compassion and we respect their privacy and dignity. We treat colleagues from other organisations with kindness and respect.

Treating people as individuals

We treat people as individuals and make sure their care, support and treatment meets their needs and preferences. We take account of their strengths, abilities, aspirations, culture and unique backgrounds and protected characteristics.

Responding to people's immediate needs

We listen to and understand people's needs, views and wishes. We respond to these in that moment and will act to minimise any discomfort, concern or distress.

Person-centred care

We make sure people are at the centre of their care and treatment choices and we decide, in partnership with them, how to respond to any relevant changes in their needs.

Care provision, integration, and continuity

We understand the diverse health and care needs of people and our local communities, so care is joined-up, flexible and supports choice and continuity.

Listening to and involving people

We make it easy for people to share feedback and ideas or raise complaints about their care, treatment and support. We involve them in decisions about their care and tell them what's changed as a result.

Partnerships and communities

We understand our duty to collaborate and work in partnership, so our services work seamlessly for people. We share information and learning with partners and collaborate for improvement.

Learning, improvement and innovation

We focus on continuous learning, innovation and improvement across our organisation and the local system. We encourage creative ways of delivering equality of experience, outcome and quality of life for people. We actively contribute to safe, effective practice and research.

Scope

This policy enables EFH to adhere to the Royal College of Physicians National Early Warning Score (NEWS 2) standardising the assessment of acute illness severity in the NHS (2017) & NICE guidance NG51 'Sepsis recognition', diagnosis & early management July 2016.

The document will set out to improve the quality of resident baseline observation and monitoring allowing for timely intervention or hospital admission.

The policy supports a multi-disciplinary team approach to ensure residents receive the right treatment at the right time in the right place.

Definitions

National early warning score (NEWS 2) is most commonly used for the assessment of unwell residents – by using these simple observations it is possible to detect if a residents' condition requires a more intense escalated approach to observation and should act as a trigger for further investigation as early intervention can reduce mortality in unwell individuals (NICE 2007).

This tool promotes an integration of care – acting as a method for assessing the effectiveness of medical interventions and can ultimately reduce the need for unnecessary hospital admissions. The NEWS 2 tool is based upon physiological parameters and these observations should be recorded at an initial assessment, for unwell patients, or where a patient's medical status dictates i.e. heart rate, respiratory rate, altered level of consciousness and fluctuations in temperature (NICE 2007).

Equality Statement

EFH is committed to equal rights and the promotion of choice, person-centred care and the promotion of independence. This policy demonstrates our commitment to creating a positive culture of respect for all individuals. The intention is, as required by the Equality Act 2010, to identify, remove or minimise discriminatory practice in the nine named protected characteristics of age, disability, sex, gender reassignment, pregnancy and maternity, race, sexual orientation, religion or belief, and marriage and civil partnership. It is also intended to reflect the Human Rights Act 1998 to promote positive practice and value the diversity of all individuals.

Policy Statement

NEWS 2 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.

Since the launch of NEWS2 in 2019 there has been a widespread uptake across community settings such as community hospitals and residential care environments

In response to this national directive Elizabeth Finn Homes have recognised the need to support a Community NEWS 2 scoring tool. This will support the clinicians who oversee the residents regularly or acute teams in the event of a resident deteriorating in an EFHL home.

EFHL homes also recognise the benefit of supporting the NEWS2 (Some of the geographical areas of EFHL homes utilise RESTORE2 Recognise Early Soft Signs, Take Observations, Respond, Escalate - which has NEWS2 embedded within this process) in conjunction with the 'Community Nursing Sepsis Screening and Action Tool' (UK Sepsis Trust) within the NEWS 2 tool to act as a prompt and to raise awareness of early Sepsis detection and management.

The Policy

Aim of NEWS2 and Clinical Observation Policy

EFH NEWS2 and Clinical Observations Policy

This Policy has been produced in order to provide Elizabeth Finn Homes best practice guidance to Registered Nurses and Senior Care staff in determining and identifying residents within our care who are at risk of becoming unwell or presenting with abnormal physiological status or in the early detection of sepsis.

Key Principals

- NEWS 2 can be used in all adults aged 16 or over and across all healthcare settings.
- It is particularly useful when residents are transferred from one setting to another – to ensure there is a consistent clear understanding of the residents clinical state, risk of deterioration and prognosis.
- The NEWS 2 score is most useful when repeated measurements are taken over time to detect deviation from an established baseline.
- Clinical judgement by the Registered Nurse should always be used, even if the NEWS 2 is normal. EFHL staff should escalate deteriorating patients for review whenever they are concerned, even if the NEWS 2 appears to be reassuring. In addition the recommended frequency of observations and review/escalation should be increased if there is clinical concern that the resident appears to be more unwell than the recorded NEWS 2 Score or there is a delay in emergency assistance to the home.
- The frequency of observations and review/escalation should be increased / escalated if there is concern (or 'gut feel') that the resident is deemed more unwell than they appear.
- For residents in an EFHL home – if they do not trigger the need for observation within the month should have observations taken as part of the resident of the day audit.

The following residents may be considered high risk of developing abnormal observations and it should be considered best practice to commence these residents on a NEWS 2 tool at the earliest opportunity: -

- Unstable medical condition
- Diagnosed / suspected infection
- Recent fall/s, or sudden reduced mobility
- Sudden Altered mental state
- Acute / Sudden deterioration
- Clinical judgement that the patient is medically unwell

If residents are requiring neurological observations (neuro obs) these will be documented on the appropriate Glasgow Coma Scale Chart located on ICARE. This must be used alongside NEWS 2.

When should NEWS 2 not be used?

- End of life residents as part of an MDT decision

The frequency of observations should be consistent with the clinical situation and history of the patient

In the EFH the minimum standard for the assessment of vital signs, utilizing the NEWS 2 parameters, NEWS 2 should be:

- On initial admission to the home
- Return from hospital admission
- Monthly as part of resident of the day
- Any changes to residents "normal" condition – e.g. wounds, Infection, Fall, increased lethargy or confusion, medication error or changes
- At the request of GP / AHP

The frequency of patient observations must be reconsidered and modified according to changes in the residents clinical condition by the medic or at the request of GP / Emergency services.

These variances will be clearly documented on the NEWS 2 chart and the residents care plan. This clear plan needs to specify any changes in variance that maybe appropriate.

This needs to take into account:

- The patient's diagnosis
- Presence of co-morbidities
- Treatments prescribed e.g. medication administration
- This will then initiate an agreed treatment plan which will be documented within the residents care plan / progress notes / Professional visit form.
- Trigger thresholds are nationally set and clearly set out on the NEWS 2 chart on ICARE.
- These escalation triggers **MUST** always be actioned without delay.
- A graded response strategy for residents identified as being at risk of clinical deterioration is an integral part of the NEWS 2 chart.

When residents NEWS 2 score requires a response that triggers an escalation of care, any action taken will be clearly documented within the care plan and on the NEWS 2 chart if there is any doubt of the residents condition escalate to an appropriate Registered Nurse / Senior carer and always refer to the emergency services.

Training

Registered Nurses and Senior Care staff caring for residents must be competent in the monitoring, measurement interpretation and prompt response to the acutely ill resident appropriate to the level of care they are providing. All new Registered Nurses and Senior Care staff employed within the EFH will be familiarised with NEWS2 and policy as part of the induction process.

Seeking Feedback about

EFH will seek feedback from people, families, staff, involved professionals and volunteers about their experiences of Emergency Procedures of a resident where it is appropriate to do so. We will seek feedback in person during conversations and via surveys and meetings. We will respond to feedback and tell people about changes and improvements we make as a result of their feedback.

References

National Institute for Health and Clinical Excellence (2007) acutely ill patients in hospital: Recognition of and response to acute illness in adults in hospital.
www.nice.org.uk
 NHS England » National Early Warning Score (NEWS)
<https://www.england.nhs.uk/nationalearlywarningscore/>
 Royal Marsden Guidelines for Neurological Observations.
 Royal Marsden Manual of Clinical Nursing Procedures 10th edition (2020)

Review date	Next Review Date
May 2024	May 2027