



The National Early Warning Score ***From Concept to NHS Implementation***

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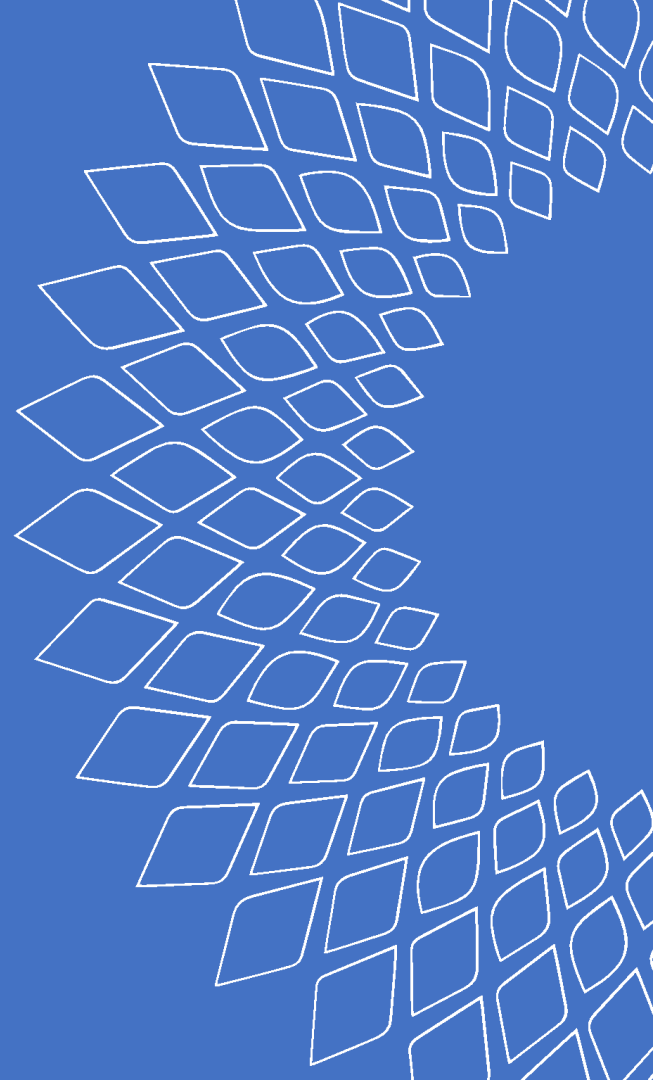
RCP Regional Conference Loughborough

October 10th 2024

Declaration for Bryan Williams

*I was the Chairman of the RCP NEWS/NEWS2
Development Groups*

*I have no financial interests to disclose with regard to
the subject matter of this presentation*



Launch of NEWS July 27th 2012



Home > News > New National Early Warning Score could save 6,000 lives

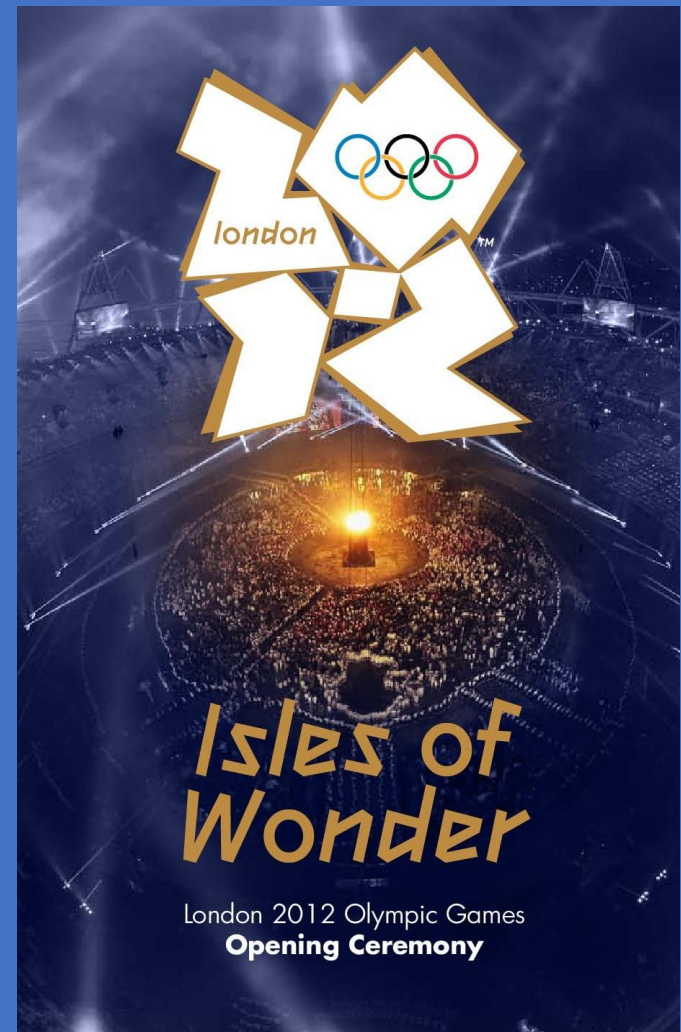
New National Early Warning Score could save 6,000 lives

A new working party report from the Royal College of Physicians (RCP) says there should be a national system for recognising very sick patients whose condition is deteriorating and who need more intensive medical or nursing care. The working party also developed and piloted a National Early Warning Score for this purpose, which if implemented across the NHS, would result in a step-change upwards in patient safety.

[Visit the NEWS pages of the RCP website to download the report and resources](#)

Speaking at a press conference to launch the National Early Warning Score, Professor Bryan Williams, chair of the working party, estimated that 6,000 lives could be saved by its use.*

The report, *National early warning score (NEWS); standardising the assessment of acute-illness severity in the NHS*, was produced by a multidisciplinary working group including doctors, nurses and managers. Clinical observation charts and elearning materials were also produced by the NEWS educational programme, a collaborative project funded by the RCP, the Royal College of Nursing (RCN), the National Outreach Forum, and NHS Training for Innovation.



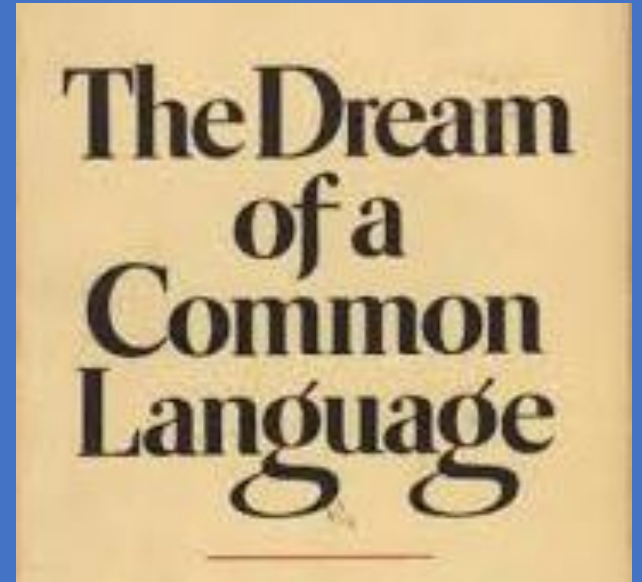
Why a National Early Warning Score ?

- > **A standardised method** to characterise **acute illness severity**
- > **A standardised method** to detect **patient deterioration**
- > **A common language** of illness severity **for the NHS**
- > **System-wide unitary documentation** - instantly recognisable
- > **A standardised system** for **education, training and accreditation** for all staff in the NHS

National Early Warning Score

NEWS

*Everyone in the NHS
speaking a common
language*



NEWS | The Levers for Change

“A number of basic assessment tools or early warning scores are currently in use nationwide

... there is no justification for the continued use of multiple different early warning scores to assess illness severity”...

Professor Bryan Williams

Chairman | RCP Acute Medicine Task Force 2007



Acute medical care

The right person,
in the right setting – first time

Report of the Acute Medicine Task Force

October 2007

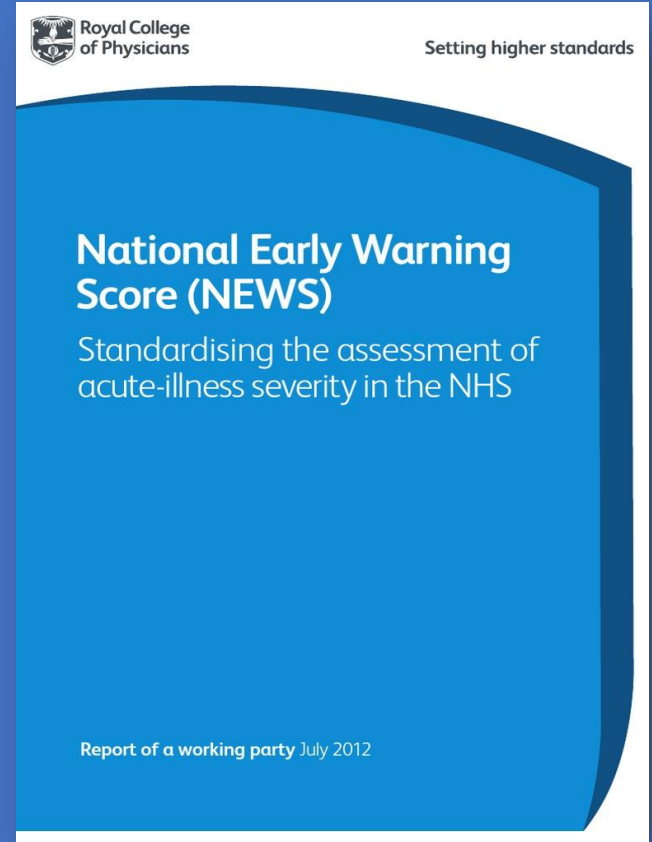


Royal College of Physicians Acute Medicine Task Force
London 2007

National Early Warning Score (NEWS)

*The NEWS was created to
standardise the process of recording,
scoring and responding to changes in
routinely measured physiological
parameters in acutely ill patients.....*

*The key principle
underpinning the NEWS is
standardisation*



Original NEWS report July 2012

Standardisation

“Systems operating with similar levels of risk use universal means of communication to reduce the chance of failure.....

Air traffic control systems the world over adhere to common standards and language to prevent disasters....Imagine what would happen if each airport pursued its own way of working?...”

Sir Bruce Keough
National Medical Director NHS England

Introduction to NEWS2 Report December 2017



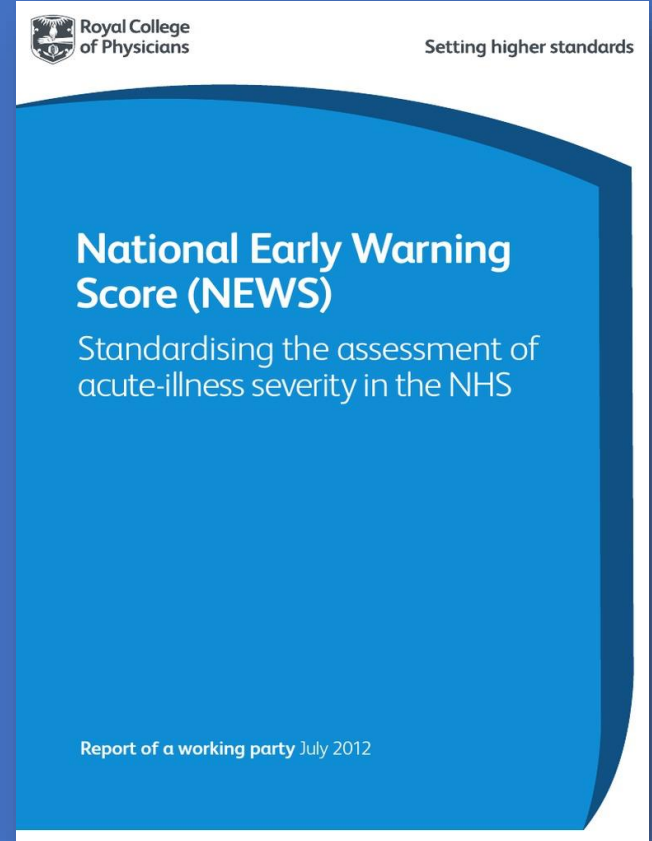
Sir Bruce Keough
National Medical Director NHS England 2017

Principles of the NEWS

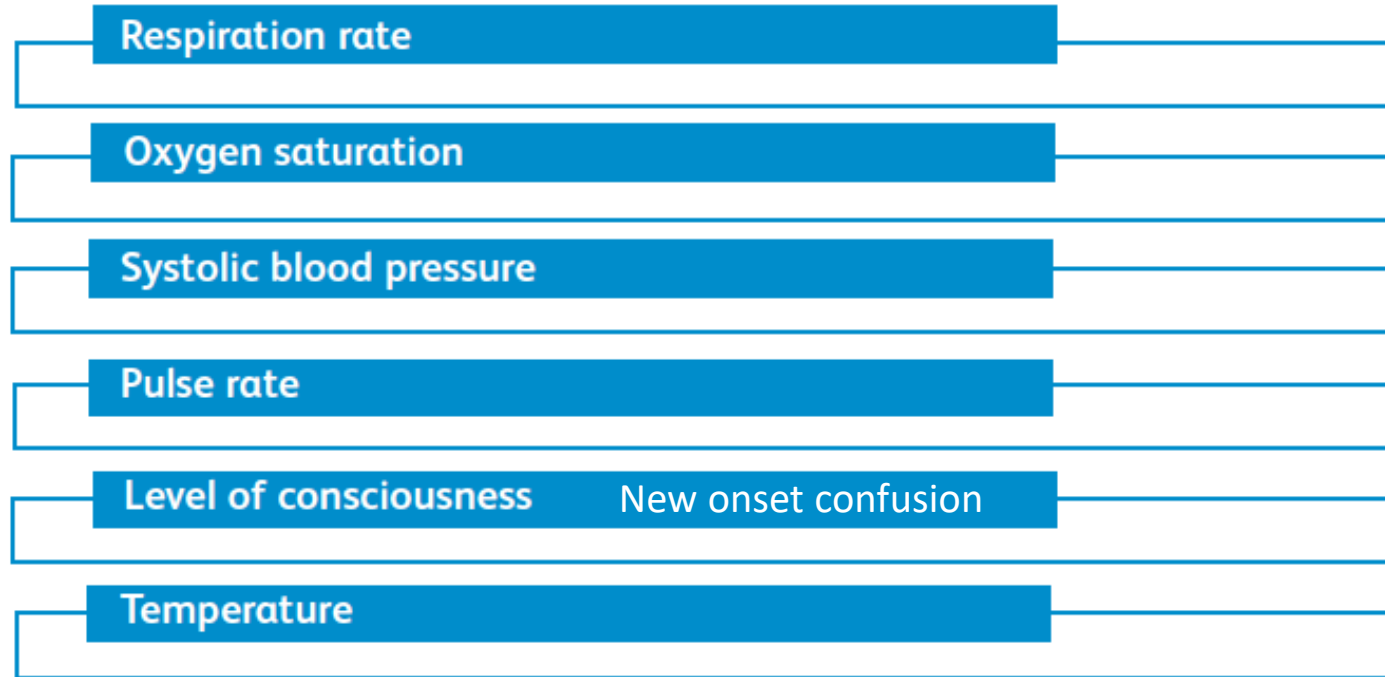
In patients with acute illness or clinical deterioration, time is of the essence

A key Triad - determines clinical outcomes

- ❖ Early detection
 - ❖ Speed of response
 - ❖ Competencies of the responder/s
- ❖ Frequency of clinical monitoring
 - ❖ Most appropriate setting for ongoing clinical care



Physiological Parameters included in the NEWS / NEWS2



NEWS2 Physiological Parameter Score Chart

Physiological parameter	Score						
	3	2	1	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	

Using NEWS / NEWS 2

Measure and record the score for each physiological parameter

Add up the score and add 2 for any use of oxygen to derive the final NEWS2 score

Use the NEWS2 score to define and record:

- Whether escalation of clinical care is required
- The urgency of the escalation of care
- The competency level of the clinical responders
- The frequency of monitoring required
- The most appropriate setting for ongoing clinical care

NEWS key		FULL NAME	
0	1	2	3
		DATE OF BIRTH	DATE OF ADMISSION
	DATE		DATE
	TIME		TIME
A+B Respirations (involutions)	≥25		≥25
	21-24	-1	21-24
	18-20	-2	18-20
	15-17		15-17
	12-14		12-14
	9-11	1	9-11
	<8	3	<8
A+B SpO ₂ Scale 1 (Oxygen saturation (%))	≥96		≥96
	94-95		94-95
	92-93	2	92-93
	<91	3	<91
SpO₂ Scale 2¹ Oxygen saturation (%) Use Scale 1 if target range is 95-96% 95-96% O ₂ 93-94% O ₂ <93% on air respiratory failure	≥97 on O ₂	3	≥97 on O ₂
	95-96 on O ₂	2	95-96 on O ₂
	93-94 on O ₂	1	93-94 on O ₂
	<93 on air		<93 on air
	88-92		88-92
	86-87	1	86-87
	84-85	2	84-85
	<83%	3	<83%
Air or oxygen?	A=Air		A=Air
	O ₂ Limit Device	-2	O ₂ Limit Device
C Blood pressure (mmHg)	≥220		≥220
	201-219		201-219
	181-200		181-200
	161-180		161-180
	141-160		141-160
	121-140		121-140
	111-120		111-120
	101-110		101-110
	91-100	-1	91-100
	81-90	-2	81-90
	71-80		71-80
61-70	3	61-70	
51-60		51-60	
<50		<50	
C Pulse (beats/min)	≥131		≥131
	121-130	-1	121-130
	111-120	2	111-120
	101-110		101-110
	91-100	1	91-100
	81-90		81-90
	71-80		71-80
	61-70		61-70
	51-60		51-60
	41-50	1	41-50
31-40	3	31-40	
<30		<30	
D Consciousness (score by NEWS or level of confusion (0=alert, 1=disorient))	Alert		Alert
	Confusion		Confusion
	V		V
	P	3	P
E Temperature (°C)	≥39.1°		≥39.1°
	38.1-39.0°		38.1-39.0°
	37.1-38.0°	-1	37.1-38.0°
	36.1-37.0°		36.1-37.0°
	35.1-36.0°	1	35.1-36.0°
<35.0°	3	<35.0°	
NEWS TOTAL			TOTAL
Monitoring frequency			Monitoring
Escalation of care (NHS initials)			Escalation
			Initials

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

NEWS 2 Observations Chart

Clinical response to the NEWS2

NEWS < 5
Ward-based Care

High scoring single parameter
Odd - Why?

NEWS 5 or more
Concern
“Think Sepsis”

NEWS 7 or more
Major Concern
Immediate Response
Blue light from the
community

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

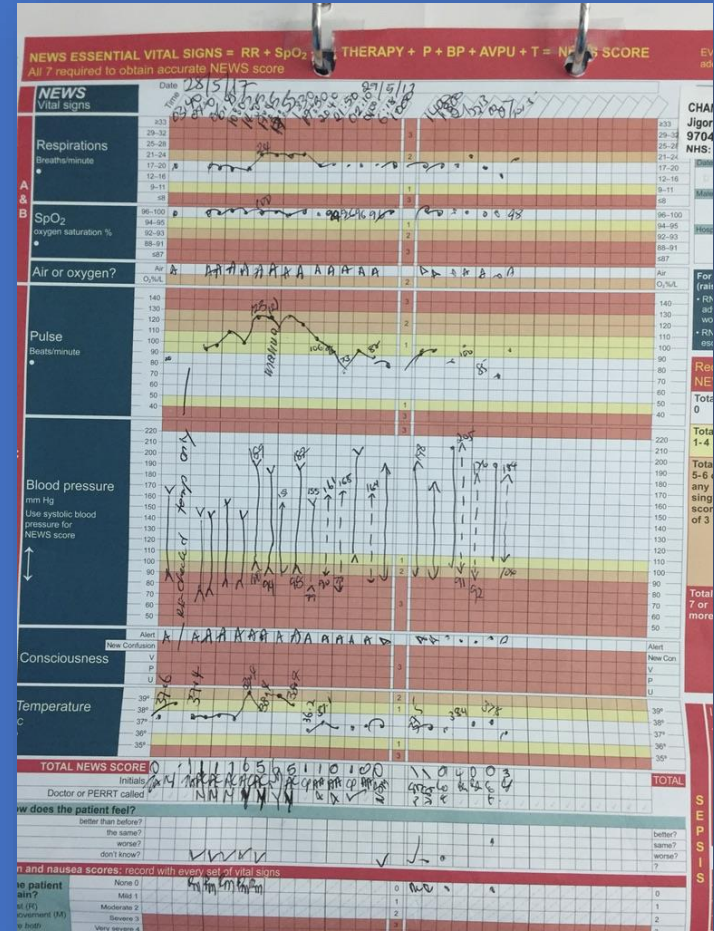
NEWS Scoring system

Aggregate Score

vs.

Single High score

“Aggregated scores are vastly superior for early detection of clinical deterioration...”



NEWS2 is only part of the assessment....

“...Concern about a patient’s clinical condition should always override the NEWS if the attending healthcare professional considers it necessary to escalate care....”

“NEWS is not a substitute for clinical experience...”

“This is not medicine by numbers.....”



If you get that gut feeling that something isn't right about a person or situation, trust it.

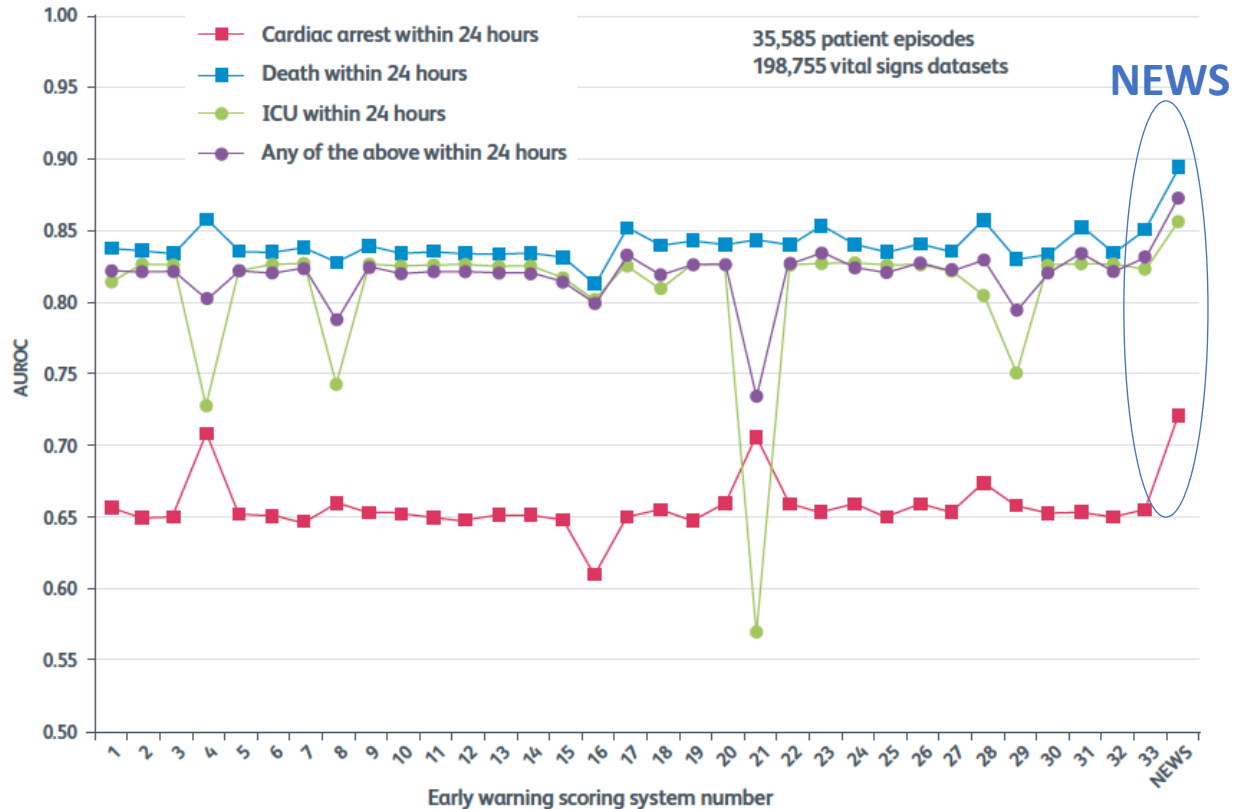
NEWS does not replace disease-specific validated scoring systems.....

The NEWS should be used alongside validated scoring systems such as the Glasgow Coma Scale or disease-specific systems as dictated by patient need.

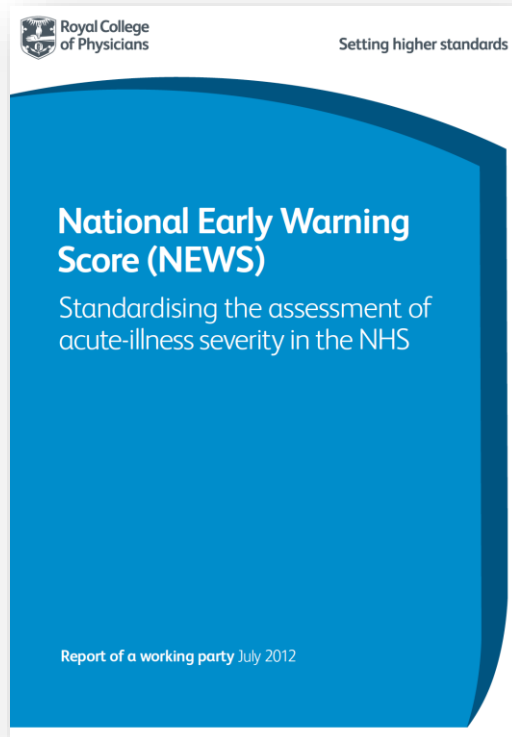
Glasgow coma scale		Score
Eye opening	spontaneously	4
	to speech	3
	to pain	2
	none	1
Verbal response	orientated	5
	confused	4
	inappropriate	3
	incomprehensible	2
Motor response	none	1
	obeys commands	6
	localises to pain	5
	withdraws from pain	4
	flexion to pain	3
Maximum score	extension to pain	2
	none	1
		15



Comparing 33 EWS systems with the NEWS



Progression of NEWS to NEWS2



NEWS2 launched December 2017

What's New in NEWS2 ?

- > Observation chart re-ordered to reflect the **resuscitation council ABCDE format**
- > **Chart colours changed** from red/amber/green
- > **New section for scoring oxygen saturations for patients with hypercapnic respiratory failure**
- > **“New confusion / delirium” added and scores 3**
- > Strong emphasis **use of NEWS to raise suspicion of potential sepsis as a cause for a NEWS score of 5 or more**

National Early Warning Score (NEWS) 2

Standardising
the assessment
of acute-illness
severity in the NHS

Updated report of a working party
December 2017

Using NEWS2 in COPD with Hypercapnic Respiratory failure - safer oxygen use

A+B SpO₂ Scale 1 Oxygen saturation (%)	≥96											
	94–95											1
	92–93											2
	≤91											3
SpO₂ Scale 2[†] Oxygen saturation (%) Use Scale 2 if target range is 88–92%, eg in hypercapnic respiratory failure Only use Scale 2 under the direction of a qualified clinician	≥97 on O ₂											3
	95–96 on O ₂											2
	93–94 on O ₂											1
	≥93 on air											
	88–92											
	86–87											1
	84–85											2
	≤83%											3

Using NEWS2 in COPD - safer oxygen use



Arterial blood gas on Air

Measure	Value
pH	7.51
pO ₂	7.2
pCO ₂	3.7
SpO ₂	90%

Hypoxic with hyperventilation

Use NEWS scale 1

Treatment with Oxygen to increase sats to normal range



Arterial blood gas on Air

Measure	Value
pH	7.27
pO ₂	7.2
pCO ₂	7.8
SpO ₂	90%

Hypercapnic Respiratory failure

SpO₂ in target range

NEWS scale 2

Does not need Oxygen

Target Sats 88-92

NEWS2 and Sepsis



NEWS score
of 5 or more?
Think sepsis!

In a patient with a NEWS score of 5 or more and a known infection, signs and symptoms of infection, or at risk of infection, think 'Could this be sepsis?' and escalate care immediately.

**SEPSIS
KILLS**



**Suspect
SEPSIS**

Save Lives

NEWS2 and Sepsis

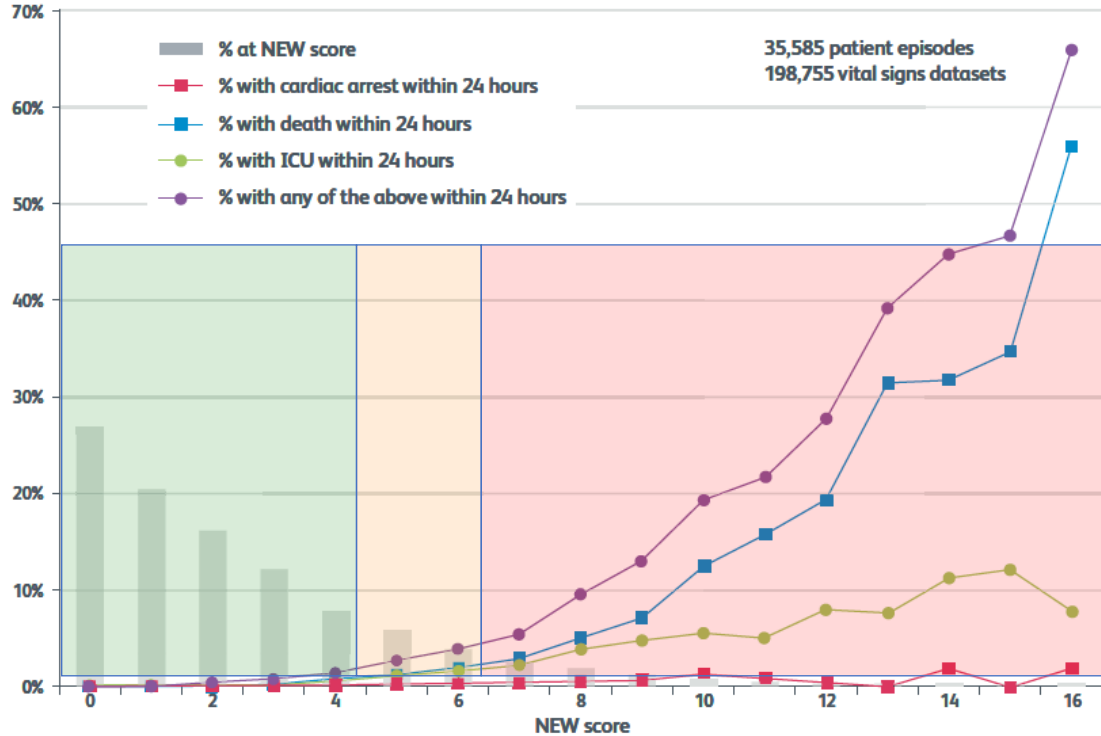
Initial NEWS score	ICU admission and/or mortality (%)
<5	8
5-6	23
7-8	27
9-20	35

Data from 20 UK Emergency Departments - first NEWS in patients with sepsis and subsequent outcomes (n = 2,003)



NEWS Score versus Outcomes

“It is not just Sepsis”



Danger of just Improving Physiology but not the Underlying Disease

- > Improving an initially high NEWS score usually reflects emergency remedial measures that corrects abnormal physiology, e.g. rehydration, oxygen supplementation, temperature control, pain control
- > It doesn't fix the underlying cause of the deterioration
- > The patient still needs a diagnosis and definitive treatment
- > Handover the NEWS score on admission to emphasise the illness severity at presentation

NEWS key	FULL NAME	DATE OF BIRTH	DATE OF ADMISSION
A+B Respirations breaths/min			
A+B SpO ₂ Scale 1 (oxygen saturation %)			
SpO₂ Scale 2 Oxygen saturation % (oxygen saturation %) Use Scale 2 if patient receives O ₂ via Nasal Cannula or Venturi Mask			
Air or oxygen?			
C Blood pressure mmHg systolic diastolic mean BP only			
C Pulse beats/min			
D Alert Consciousness level (using Glasgow Coma Scale)			
E Temperature °C			
NEWS TOTAL			
Monitoring frequency			
Escalation of care (1/2/3)			
TOTAL			

NEWS2 Additional Implementation Guidance 2020

- > **Enhanced guidance on new confusion**
- > **Enhanced guidance assessment times**
- > Within 60mins if NEWS2 5 or 6
- > Within 30 mins if NEWS2 is 7 or more
- > by a clinician competent in the assessment of acute illness
- > **Using spO2 Scale 2 (hypercapnic Respiratory failure**
- > Decision must be made by a competent decision-maker
- > Not to be used for COPD without hypercapnic respiratory failure
- > **Incomplete Physiological Scores**
- > Still record the score but mark as incomplete
- > Values unrecordable should trigger an immediate review
- > **NEWS2 and Covid (April 2020)**

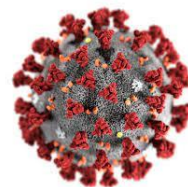
National Early Warning Score (NEWS) 2

Standardising
the assessment
of acute-illness
severity in the NHS

Additional
implementation
guidance

Update: March 2020

NEWS and Covid



Methods: Using an area under the receiver operating curve (AUROC) analysis, evaluating NEWS or NEWS2 to discriminate the combined outcome of either death or ICU admission within 24hrs of a vital sign set, in 5 cohorts; (i) Covid-19 +ve, n=405, Covid-19 not detected, n = 1716, Covid-19 not tested, n = 2686, Controls 2018, n= 6273, Controls 2019, n=6523.

Conclusions: The finding that NEWS or NEWS2 performance was good and similar in all five cohorts (AUROC range=0.842 - 0.894) suggests that amendments to NEWS or NEWS2, such as the addition of new covariates or the need to change the weighting of existing parameters, are unnecessary when evaluating patients with COVID-19. Our results support the national and international recommendations for the use of NEWS or NEWS2 for the assessment of acute-illness severity in patients with COVID-19.

RESCUSITATION 158 (2021) 156–167

Available online at www.sciencedirect.com

 **Resuscitation** 

Journal homepage: www.elsevier.com/locate/resuscitation

Rapid response systems

The performance of the National Early Warning Score and National Early Warning Score 2 in hospitalised patients infected by the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)

Ina Kostakis^a, Gary B. Smith^{b,*}, David Prytherch^a, Paul Meredith^c, Connor Price^a, Anoop Chauhan^a, On behalf of the Portsmouth Academic Consortium For Investigating COVID-19 (PACIFIC-19)

^a Centre for Healthcare Modelling & Informatics, University of Portsmouth, Portsmouth, UK
^b Centre of Postgraduate Medical Research & Education (CoPMRE), Faculty of Health and Social Sciences, Bournemouth University, Bournemouth, BH1 3LT, UK
^c Research & Innovation Department, Portsmouth Hospitals University NHS Trust, Portsmouth, UK
^d Portsmouth Technologies Trials Unit, Portsmouth Hospitals University NHS Trust, University of Portsmouth, Portsmouth, UK

Abstract

Introduction: Since the introduction of the UK's National Early Warning Score (NEWS) and its modification, NEWS2, coronavirus disease 2019 (COVID-19), has caused a worldwide pandemic. NEWS and NEWS2 have good predictive abilities in patients with other infections and sepsis, however there is little evidence of their performance in COVID-19.

Methods: Using receiver-operating characteristic (ROC) analysis, we used the area under the receiver operating characteristic (AUROC) curve to evaluate the performance of NEWS or NEWS2 to discriminate the combined outcome of either death or intensive care unit (ICU) admission within 24 h of a vital sign set in five cohorts: (COVID-19 POSITIVE, n=405; COVID-19 NOT DETECTED, n=1716; COVID-19 NOT TESTED, n=2686; CONTROL 2018, n=6273; CONTROL 2019, n=6523).

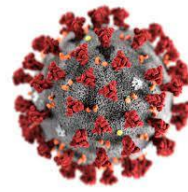
Results: The AUROC values for NEWS or NEWS2 for the combined outcome were: COVID-19 POSITIVE, 0.882 (0.868–0.896); COVID-19 NOT DETECTED, 0.875 (0.861–0.889); COVID-19 NOT TESTED, 0.876 (0.85–0.902); CONTROL 2018, 0.894 (0.884–0.904); CONTROL 2019, 0.842 (0.829–0.855).

Conclusions: The finding that NEWS or NEWS2 performance was good and similar in all five cohorts (range=0.842–0.894) suggests that amendments to NEWS or NEWS2, such as the addition of new covariates or the need to change the weighting of existing parameters, are unnecessary when evaluating patients with COVID-19. Our results support the national and international recommendations for the use of NEWS or NEWS2 for the assessment of acute-illness severity in patients with COVID-19.

Keywords: Early warning scores, Adverse events, Rapid response systems, Mortality, Intensive care unit admission

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E-mail address: gsmith@bournemouth.ac.uk (G.B. Smith).
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0900-9572/2020 Elsevier B.V. All rights reserved.

NEWS and Covid



Home > News > NEWS2 and deterioration in COVID-19

NEWS2 and deterioration in COVID-19

This guidance emphasises the place of NEWS2 in managing patients with COVID-19.

NEWS2 should be used when managing patients with COVID 19. The use of NEWS2 will ensure that patients who are deteriorating, or at risk of deteriorating, will have a timely initial assessment by a competent clinical decision maker. NEWS2 should supplement clinical judgement in assessing the patient's condition.

The NEWS2 scoring system for oxygen supplementation is binary (yes/no). In patients with COVID-19 infection, once hospitalised and treated with oxygen, their oxygen requirement might increase rapidly if their respiratory function deteriorates but **this may not result in any additional significant increase in the NEWS2 score**. Therefore, in patients with COVID 19, all staff should be aware that **ANY** increase in oxygen requirements should trigger an escalation call to a competent clinical decision maker. This should be accompanied by an initial increase in observations to at least hourly until a clinical review happens, if this has not already happened as a result of NEWS2.

For further information on the use of NEWS2 see our [NEWS2 resource page](#) and [implementation guidance](#).



NEWS scoring for supplemental oxygen is binary
Score does not increase with increasing oxygen requirement, which could occur rapidly in patients with Covid-19

All staff should be aware that ANY increase in oxygen requirement should trigger an escalation

NEWS Uptake by the NHS



95% of Acute Hospitals

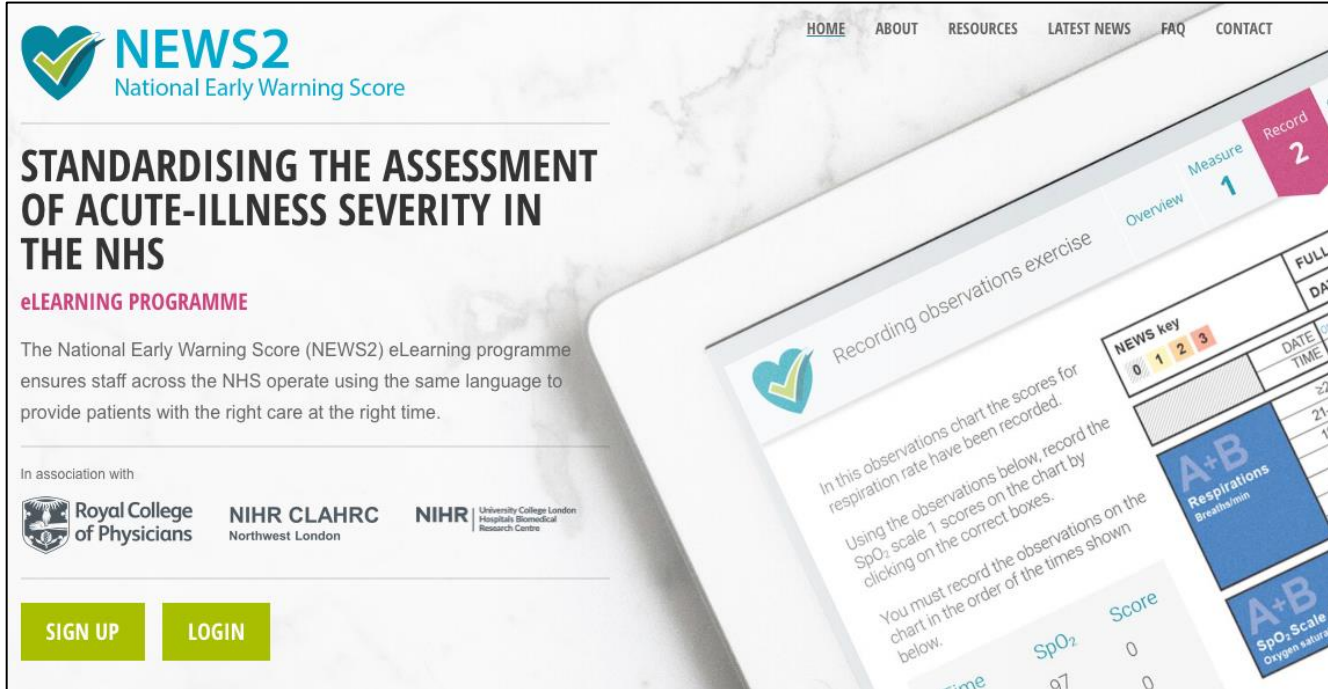


100% of Ambulance Services

NEWS2 Resources

The screenshot shows the Royal College of Physicians website. The top navigation bar includes 'Donate', 'Join', 'Login', and a search icon. The left sidebar contains a menu with 'Home', 'Education & Practice', 'Events', 'Guidelines', 'Projects' (highlighted), 'Video', 'My RCP', 'News', 'Blogs', and 'About us'. The main content area features the title 'National Early Warning Score (NEWS) 2' in purple. Below the title is a paragraph: '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.' A list of statistics follows: 'Consistently highest viewed page on RCP website', '830,000 views since 2018', '150,000 downloads of NEWS docs since May 2020', '75,000 unique page views', '50,000 unique downloads', '80% UK', and '20% Rest of World'. To the right, a 'Details' section lists 'Type: Working party report', 'Status: Current', and 'Date: 19 December 2017'. Below this is a thumbnail image of the NEWS2 report cover, which includes the RCP logo, '500 years of medicine', and the title 'National Early Warning Score (NEWS) 2 Standardising the assessment of acute-illness severity in the NHS'. At the bottom of the thumbnail, it says 'Updated report of e-working party December 2017'. A purple button below the thumbnail says 'Access the NEWS2 e-learning tool'. At the bottom of the page, there is a 'Contact details' section. A red circular icon with a hand pointing to the right is overlaid on the bottom right of the screenshot.

NEWS2 eLearning Platform



The image shows a screenshot of the NEWS2 eLearning Platform website on the left and a tablet displaying the 'Recording observations exercise' on the right. The website features the NEWS2 logo (a heart with a checkmark) and the text 'National Early Warning Score'. The main heading is 'STANDARDISING THE ASSESSMENT OF ACUTE-ILLNESS SEVERITY IN THE NHS' followed by 'eLEARNING PROGRAMME'. A paragraph explains that the programme ensures staff across the NHS operate using the same language to provide patients with the right care at the right time. Below this, it lists associated organizations: Royal College of Physicians, NIHR CLAHRC Northwest London, and NIHR University College London Hospitals Biomedical Research Centre. There are 'SIGN UP' and 'LOGIN' buttons. The tablet screen shows a 'Recording observations exercise' with instructions: 'In this observations chart the scores for respiration rate have been recorded. Using the observations below, record the SpO₂ scale 1 scores on the chart by clicking on the correct boxes. You must record the observations on the chart in the order of the times shown below.' It includes a 'NEWS key' (0, 1, 2, 3) and a table with columns for 'Time', 'SpO₂', and 'Score'. The table shows a time of 19:00, an SpO₂ of 97, and a score of 0. There are also buttons for 'Overview', 'Measure 1', and 'Record 2'.

NEWS2
National Early Warning Score

STANDARDISING THE ASSESSMENT OF ACUTE-ILLNESS SEVERITY IN THE NHS
eLEARNING PROGRAMME

The National Early Warning Score (NEWS2) eLearning programme ensures staff across the NHS operate using the same language to provide patients with the right care at the right time.

In association with

Royal College of Physicians | NIHR CLAHRC Northwest London | NIHR University College London Hospitals Biomedical Research Centre

SIGN UP **LOGIN**

Recording observations exercise

NEWS key: 0 1 2 3

In this observations chart the scores for respiration rate have been recorded. Using the observations below, record the SpO₂ scale 1 scores on the chart by clicking on the correct boxes. You must record the observations on the chart in the order of the times shown below.

Time	SpO ₂	Score
19:00	97	0

Overview Measure 1 Record 2

A+B Respirations Breath/min

A+B SpO₂ Scale 1 Oxygen saturation

NEWS learners and completions since programme launch

(01/05/2012)

450000

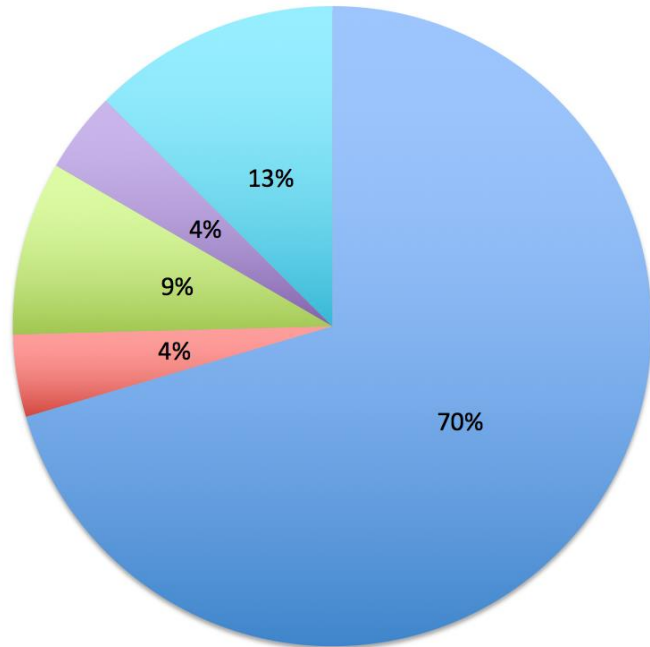
Headlines

- NHS platform is now approaching 400,000 completed modules.
- 3,000 - 4,000 NHS staff are currently completing modules per month.
- The completion rate is now hovering around the 86% mark.
- There is an increase in users using the Mental Health (10%) and Community (5%) variants, equivalent to ~46,000 users.
- 55 NHS Trusts have now 'graduated' from the NHS platform and are using the NEWS2 modules directly through their local Learning Management Systems or ESR/OLM.

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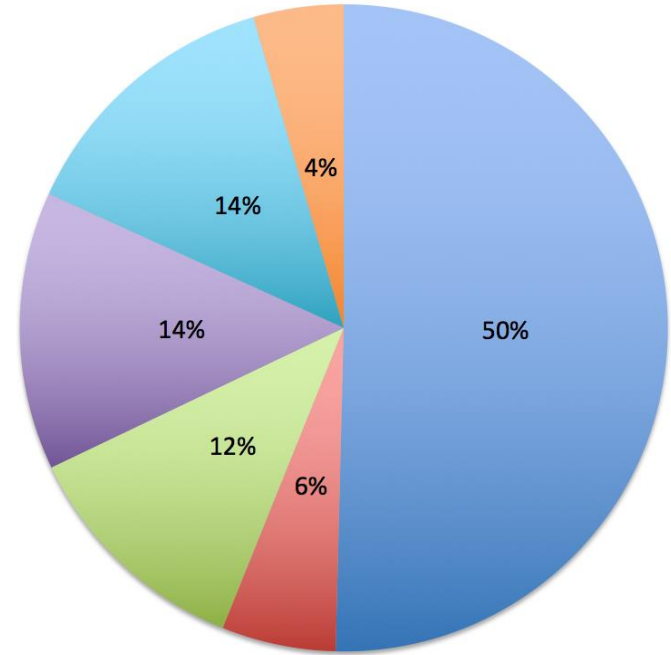
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NEWS2 Educational Module Completions by Area of Practice

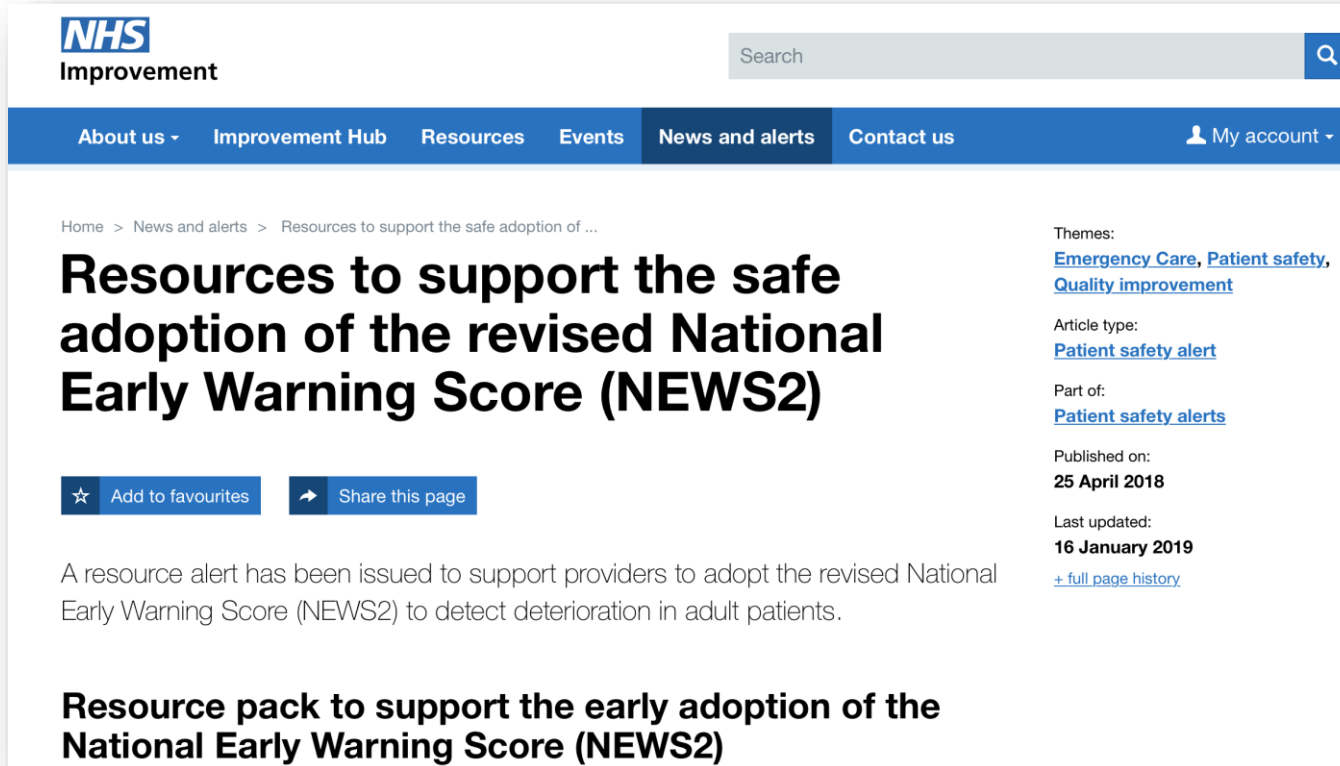


2020

- Acute
- Ambulance
- Community
- Mental Health
- Primary Care



2021



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Home > News and alerts > Resources to support the safe adoption of ...

Resources to support the safe adoption of the revised National Early Warning Score (NEWS2)

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A resource alert has been issued to support providers to adopt the revised National Early Warning Score (NEWS2) to detect deterioration in adult patients.

Resource pack to support the early adoption of the National Early Warning Score (NEWS2)

Themes: [Emergency Care](#), [Patient safety](#), [Quality improvement](#)

Article type: [Patient safety alert](#)

Part of: [Patient safety alerts](#)

Published on: **25 April 2018**

Last updated: **16 January 2019**

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NHSE NEWS2 Video on youtube



Professor Bryan Williams
University College London Hospitals

National Early Warning Score (NEWS2)

9,869 views

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NHS England
Published on 26 Sep 2018

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Free NEWS2 APP iOS and Android

NEWS2 CALCULATION APP RELEASED

DEC 18, 2018



NEWS Calculator 17+

National Early Warning Score

OCB Media

Uptake of the NEWS

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NEWS

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Healthcare Improvement Scotland



1000 LIVES O FYWYDAU

The Good NEWS for Wales

Implementation by NHS Wales of the National Early Warning Score (NEWS)

GIG CYMRU NHS WALES

Llywodraeth Cymru Welsh Government

NEWS across the healthcare system

Ambulance Services



Primary Care



Hospital Care



Community Care



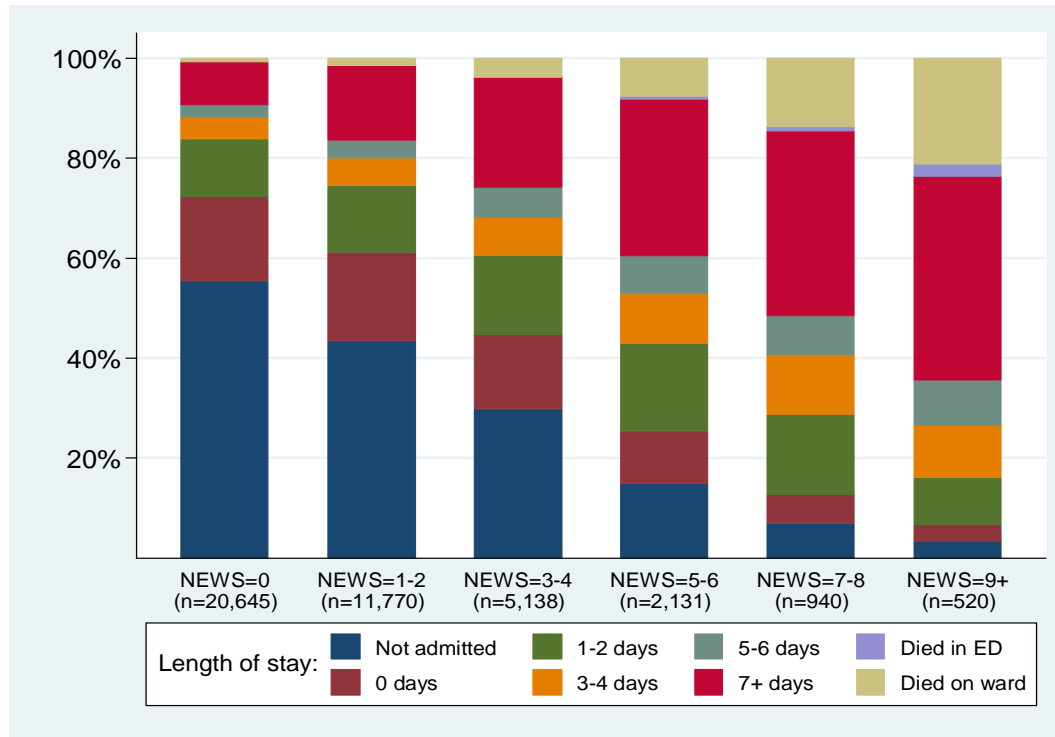
Impact of the NEWS / NEWS2



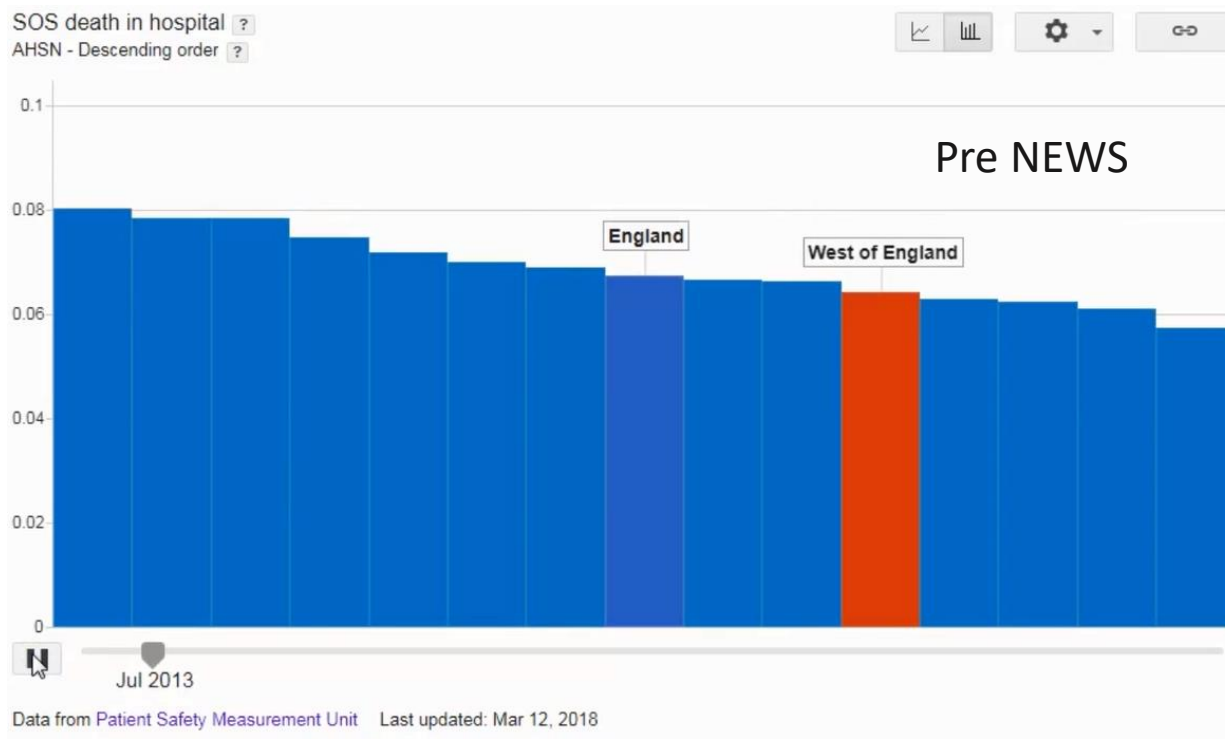
- > Increased focus on documenting vital signs
- > Prompting system redesign - ensuring a 24/7 response to the NEWS2 to improve patient safety and outcomes
- > Reports from many regions of significant reductions (20%) in mortality from sepsis and acute illness after implementation of the NEWS
- > Reports of major (50%) reductions in cardiac arrest rates in hospitals
- > Reports of reduced hospital length of stay
- > Emerging reports of benefits from use in Primary and Community Care

NEWS in the Emergency Department

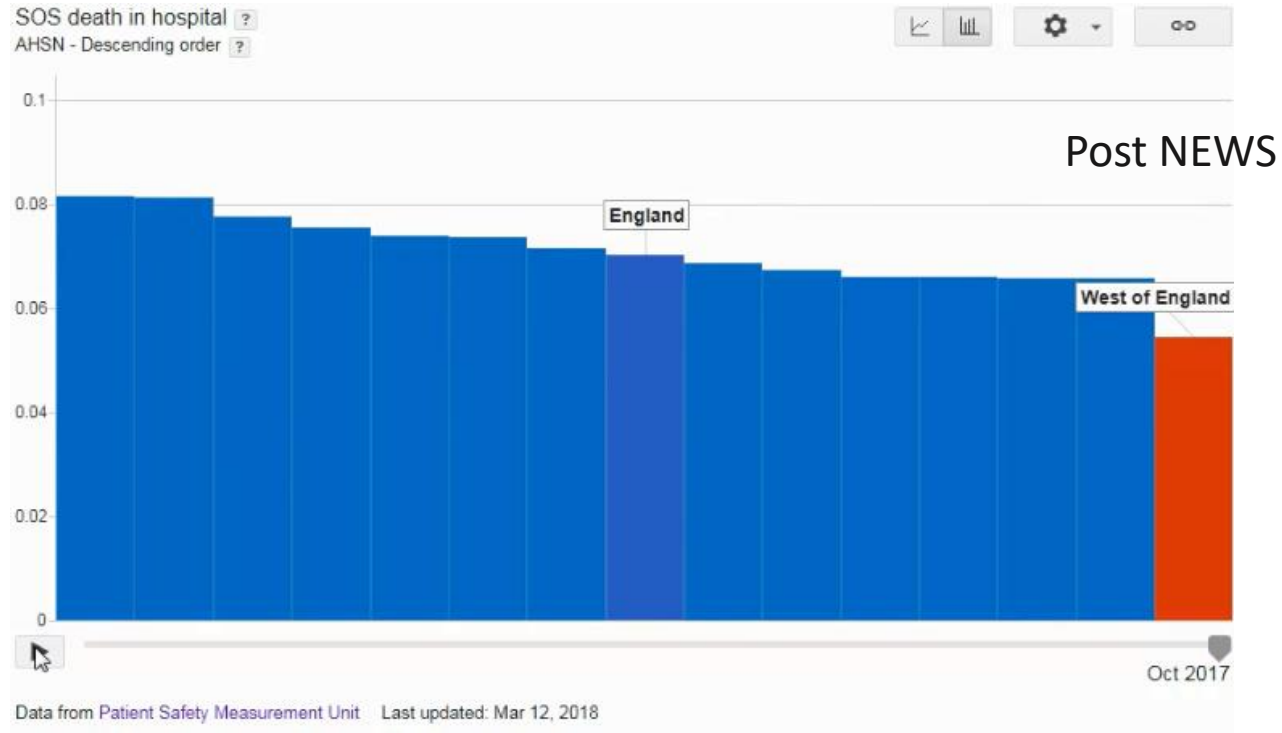
Outcomes and Length of Hospital Stay



System Wide Implementation of the National Early Warning Score Reduces Mortality in Patients with Suspicion of Sepsis



System Wide Implementation of the National Early Warning Score Reduces Mortality in Patients with Suspicion of Sepsis



NEWS Completes the Implementation Cycle



CCG3: Recording of NEWS2 score, escalation time and response time for unplanned critical care admissions

Applicability:

Acute

CQUIN goal:

20% to 60%

Supporting ref:

NICE CG50⁶
Royal College of Physicians (RCP)
London guidance⁷

The NEWS2 protocol is the RCP and NHS-endorsed best practice for spotting the signs of deterioration, the importance of which has been emphasised during the pandemic. This measure would incentivise adherence to evidence-based steps in the identification and recording of deterioration, enabling swifter response, which will reduce the rate of cardiac arrest and the rate of preventable deaths in England.

As many as 20,000 deaths in hospitals each year could be preventable and this CQUIN aims to reduce that figure by 4,000. Deterioration is linked to 90% of NHS bed days. Reducing the need for higher levels of care will free up capacity particularly in ICU by avoiding admissions and reducing lengths of stay, both of which are significant factors in the NHS's recovery efforts.

Classification: Official

Publication approval reference: PAR1477_1



Commissioning for Quality and Innovation (CQUIN): 2022/23

Guidance

Version 1.2, 17 March 2022

NEWS Driving System Transformation

- > Enhanced profile for clinical deterioration
- > Provision of, or reorganisation of 24/7 care
- > Improved recording of vital signs
- > Clearer expectations around response times
- > Driving decision making and Treatment escalation plans
- > Development of national Maternity and Paediatric Early Warning Scores (MEWS and PEWS)



Conclusions

The NEWS set out to standardise

- > **Standardised assessment, recording and response**
- > **Standardised education and training**
- > **A common language for illness severity** across the NHS
- > **Nationally improved standards** of recognition and response to acutely ill and deteriorating patients
- > **NEWS is validated** and outperforms other systems
- > **NEWS is recognised** by **NICE** as the national early warning score **endorsed** by **NHSE** and **NHSI** and is already deployed in the devolved nations
- > **NEWS is improving patient outcomes**

NEWS and the NHS

The NHS is the first health care system in the world to have a system-wide common language for acute clinical illness severity and clinical deterioration....

