NHS Lothian Acute Services NEWS2 Escalation Policy

Title: NHS Lothian Acute Services NEWS2 Escalation Policy			
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Policy Owner:	Nurse Director, Acute Services		
Executive Lead:	Executive Nurse Director		
Target Audience:	Acute Adult Medical Sites, Royal infirmary of Edinburgh (RIE), Western General Hospital (WGH), St John Hospital (SJH).		
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Version Control

Date	Author	Version	Reason for change
Jan 2025 - Mar 2026	NEWS2 Escalation Policy SLWG	v0.1-17	New policy under development. Amendments at request of Policy Approval Group.
Mar – July 2026	NEWS2 Escalation Policy SLWG	v0.17-21	Approved by Policy Approval Group (subject to further amendments)
July 2026	NEWS2 Escalation Policy SLWG	v1.0	Approved by Policy Approval Group

Executive Summary

The focus of the 'Scottish Patient Safety Programme (SPSP) Acute Adult: Deteriorating Patient' is on recognition, response, review and reassessment to prevent further harm. The aim is to improve recognition and timely intervention for deteriorating patients.

This policy establishes a standardised framework for the timely recognition, escalation and management of the deteriorating adult in-patient across NHS Lothian's acute sites. It aligns local practice with national guidance (NEWS2, SIGN 167, SPSP) to ensure consistent, person-centred care and optimal outcomes for patients experiencing clinical decline.

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Contents

1.0 Purpose

The purpose of this policy, and its associated materials, is to provide guidance for healthcare staff on the identification, escalation and response processes for deteriorating patients within their acute site, and on supporting and promoting safe deteriorating patient practice throughout NHS Lothian.

This document sets out to align NHS Lothian care of deteriorating practice with national practice guidance published by:

- Healthcare Improvement Scotland, Scottish Patient Safety Programme (SPSP) for Acute Adults
- SIGN 167: Care of deteriorating patients (2023)
- Royal College of Physicians, National Early Warning Score (NEWS) 2

2.0 Policy statement

Timely identification and escalation of patients who are at risk of deterioration, or who are actively deteriorating, is vital in providing timely care interventions which support optimal individual patient outcomes. This policy outlines best practice guidance for NHS Lothian that supports the provision of safe, effective and person-centred deteriorating patient care.

3.0 Scope

This policy applies to the acute adult services of NHS Lothian, delivered on the Royal Infirmary of Edinburgh, Western General Hospital, and St John's Hospital sites, and includes all clinical staff, including substantive, students, bank and agency staff working within these services.

This policy applies to adult (16+ years of age) in-patients who are managed using a NEWS2 chart to record physiological observations within general ward or level one areas.

Key elements of the policy will be common to all areas. Certain specific elements can be adapted by each directorate for specialist clinical areas. The policy is based on and consistent with the NEWS2 guidance published by the Royal College of Physicians.

4.0 Definitions

Escalation is the process of seeking a medical (or appropriately trained advanced practitioner) opinion from a member of the medical/surgical team. Escalation can occur within the medical team which may include doctors, advanced practitioners, and medical associate professionals. Initial escalation will usually involve communication

between a registered nurse and resident doctor. Senior escalation may involve communication between resident doctor and senior resident doctor or consultant.

NEWS2: The National Early Warning Score developed by the Royal College of Physicians to standardise and improve detection and response to clinical deterioration experienced by patients in acute clinical settings.

Deteriorating Patient: A patient who shows worsening critical signs, symptoms, or level of consciousness, suggesting their condition may become life threatening if not promptly recognised and treated

General Ward: An adult, in-patient area providing standard (level 0) nursing and medical care

Level One Area: An adult, in-patient area providing enhanced (level 1) nursing and medical care including but not limited to invasive line monitoring, continuous cardiac monitoring.

NEWS Deteriorating Patient Overview Board: The NHS Lothian location within the NEWS on TRAK functionality which displays all patients within an acute site who are having their physiological observations recorded via the NEWS on TRAK functionality. Their most recently documented NEWS2 score will be listed on the deteriorating patient overview board to guide site level awareness of deteriorating patient acuity, location and be used to support timely reviews.

HaN: Hospital at Night.

Safety Huddle: The site-based activity and acuity meetings that occur at prescribed time intervals over the day to promote and record acute site safety.

Resident doctor: previously this grade of doctor would be referred to as a 'trainee' or 'junior' doctor. It encompasses all training grades of doctor, as well as some non-training grades such as Clinical Fellows and non-consultant career grade roles.

First responder: this may be any grade of resident doctor from foundation year (FY) 1 or 2 or Advanced Nurse Practitioner (ANP).

Senior resident doctor: This is defined as IMT2/CT2/ST2/GPST2 or above. If their attendance is not possible then there must be a discussion with a more senior doctor. FY year 1 or 2 doctors cannot undertake the role of senior resident doctor.

Continuous monitoring: for the purpose of this policy, continuous monitoring is defined as recording NEWS2 observations at least 30 minutes frequency.

Treatment Escalation Plan (TEP): 'a tool which records and communicates the personalised and realistic goals of treatment. It should reflect the values and preferences that are important to the person receiving care if their condition should deteriorate' (MED).

Martha's Rule: Martha's Rule is intended to empower patients, their families and/or carers to seek an urgent review if the patient's health or condition deteriorates.

5.0 Implementation roles and responsibilities

5.1 Use of NEWS2 Deteriorating Patient Overview Board

Each Acute site should use their site-specific NEWS2 Deteriorating Patient Overview Board to identify deteriorating patients. The Overview Board should be used by any group who wish to assess the acuity across a site or specific area. Best practice would be to use the Overview board at each site's Safety Huddle and by each site's Hospital at Night (HaN) team to promote timely, 24/7 awareness of deteriorating patients on site.

All patients that have a NEWS2 of 7 or more should be discussed at each site Safety Huddle. The escalation status of each patient should be confirmed. Any additional patients that are causing clinical concern should also be discussed. Each site should have a local policy that outlines which patients are routinely discussed at each Safety Huddle.

5.2 When to Escalate an individual patient

A registered nurse should escalate any patient with a **new NEWS2 score of 5 or more or 3 in a single physiological parameter.** While NEWS2 scoring does identify many sick patients it does not identify all patients at risk of deterioration.

Regardless of NEWS2 score, any patient should be escalated when there is concern from either clinical staff, the patient, or their carer/s.

Each individual directorate or ward area may use specific protocols of when to escalate the care of certain patients. This may include specific patient groups (such as those with neutropenia) or patients in a specific phase of their care (such as the immediate post operative phase). These documents should highlight what should be done if the identified first responder is unavailable (such as resident surgeon unavailable as operating).

Additional reasons to escalate, as defined by NEWS2 on TRAK include:

5.2.1 Clinical Concern (C)

The NEWS2 may not be raised but the registered nurse assesses that the patient is deteriorating.

5.2.2 Escalating Oxygen Therapy

Any patient who has escalating oxygen therapy is at risk of deterioration. Even if the NEWS2 score is not raised, any patient who is requiring an FiO2 of 60% or more to maintain target saturations should prompt clinical concern.

5.2.3 Suspected Sepsis (S)

The patient has signs of infection, and the NEWS is raised (usually 5 or more).

5.2.4 High Lactate (H)

The measured blood lactate is greater than 4mmol/L.

5.2.5 Staff/Carer concern (SC)

A non-registered staff member (such as a nursing or medical student) or carer can escalate concerns. Each clinical area should have available information to patients, relatives and carers about how they can raise concerns. Sites and clinical areas should consider additional measures to ensure all groups can easily raise concerns in line with the NHS Scotland Patient's Charter.

Escalation arising from family, carer or staff concern should reflect the principles underpinning Martha's Rule. While Martha's Rule is not formally implemented within NHS Scotland, national work is underway in this area led by Health Improvement Scotland, and any emerging learning will be incorporated into future updates of this policy.

5.3 How to Escalate

The registered nurse should escalate using the NEWS on TRAK 'Escalation' tab. They should also contact the member of the medical team as per the ward's local policy and inform the nurse in charge of ward/shift appropriately. It is recommended to use the SBAR-D format. This may be by direct face to face conversation or via the hospital pager system.

5.4 Response to Escalation

The response to escalation will depend on the level of the NEWS2 score. The responder should document their response either using the structured 'Escalation' tab on NEWS on TRAK or directly into the 'Clinical Notes' section using the TRAK shortcode **\depat**

5.5 Specific Response Actions

The main medical response actions based on NEWS2 Score are outlined below.

5.5.1 New NEWS2 5-6 or 3 in a single parameter

In hours:

- Inform registered nurse and nurse in charge.
- Urgent assessment by first responder within 60 minutes.
- The first responder should discuss their plan with their senior resident doctor (this will only be necessary if the first responder is an FY doctor or ANP).
- The first responder should confirm the TEP with their senior resident doctor and document this on the 'TEP' tab on TRAK.
- Complete 'Escalation' tab response.
- Initiate 'Sepsis 6' if infection is thought to be likely as per current Sepsis recommendations.

Out of hours (escalation protocols may vary in certain clinical areas):

- Inform registered nurse and nurse in charge.
- Urgent assessment by HaN first responder within 60 minutes.
- If the HaN member is an ANP or FY grade, then the plan should be discussed with the next level of senior resident available.
- The first responder should confirm the TEP with their senior resident and document this on the 'TEP' tab on TRAK.
- Complete 'Escalation' tab response.
- Initiate 'Sepsis 6' if infection is thought to be likely as per current Sepsis recommendations.

5.5.2 New NEWS2 of 7 or more

In hours:

- Inform registered nurse and nurse in charge.
- Immediately inform the doctor caring for the patient, who must then escalate to the next level of senior resident doctor available. They should review within 30 minutes.
- If unable to attend, they must identify a suitable alternative to review the patient.
- The patient should initially receive 'continuous monitoring'. This is defined as recording NEWS2 observations at least 30-minute frequency. The senior review should determine the ongoing level of monitoring frequency and level of care.
- If the patient is felt to be at risk of imminent Cardiac Arrest and/or help is required urgently, a Medical Emergency call should be placed via 2222.

5.5.3 Responder actions:

- The TEP must be confirmed or reaffirmed at this stage by the senior responder and documented on TRAK using the TEP tab.
- The need for continuous monitoring should be reviewed by the senior responder.
- If continuous monitoring is deemed not to be appropriate the medical team should record this in the 'Special instructions' tab on NEWS on TRAK.
- Complete 'Escalation' tab response.
- The triage decision should be explicitly stated within the review, either 'remain on ward' or 'escalate to Critical Care'.

5.5.4 Following review if the NEWS2 remains 7 or more following intervention or clinical concern remains:

- The patient should be discussed with the responsible consultant.

- If escalation to Critical Care is appropriate and clinical concern remains, Critical Care referral can be undertaken at this stage.
- The need for continuous monitoring should be reviewed at this stage.

5.5.5 Out of hours (escalation protocols may vary in certain clinical areas):

- Inform registered nurse and nurse in charge.
- Immediately inform the doctor caring for the patient who must then escalate to the next level of senior doctor available. The senior resident doctor should review within 30 minutes.
- If unable to attend, they must identify a suitable alternative to review the patient.
- The patient should initially receive 'continuous monitoring'. This is defined as recording NEWS2 observations at least 30-minute frequency. The senior review should determine the ongoing level of monitoring frequency and level of care.
- If the patient is felt to be at risk of imminent Cardiac Arrest and/or help is required urgently a Medical Emergency call should be placed via 2222.

5.5.6 Responder actions:

- The TEP must be confirmed or reaffirmed at this stage by the senior responder and documented on TRAK using the TEP tab.
- The need for continuous monitoring should be reviewed by the senior responder.
- If continuous monitoring is deemed not to be appropriate the medical team should record this in the 'Special instructions' tab on NEWS on TRAK.
- Complete 'Escalation' tab response.
- The triage decision should be explicitly stated within the review, either 'remain on ward' or 'escalate to Critical Care'.

5.5.7 Following review if the NEWS2 remains 7 or more following intervention or clinical concern remains:

- The patient should be discussed with the responsible consultant.
- If escalation to Critical Care is appropriate and clinical concern remains, Critical Care referral can be undertaken at this stage.
- The need for continuous monitoring should be reviewed at this stage.

5.6 Further Medical Reassessment

- Any patient who has been reviewed for a high NEWS2 should be re-reviewed to ensure the NEWS2 has reduced following intervention.

- If the NEWS2 remains high or clinical or carer concern remains, the patient should be re-escalated to the senior member of the medical team.
- The triage decision should again be explicitly stated within the review, either 'remain on ward' or 'escalate to Critical Care'.
- If care has not yet been escalated to Critical Care, but escalation to Critical Care is appropriate and clinical concern remains, Critical Care referral can be undertaken at this stage.
- The TEP should be updated.

5.7 Local Adaptation

Each directorate should consider local adaptation of the core policy detailed above. These may include specific triggers relating to specialised patient groups including specific measured lactate level or a specific GCS. These may also include specific criteria to notify the supervising consultant such as a patient with NEWS2 of 7 or more who fails to improve following senior resident review. Escalation may be adapted for Level 1 areas.

6.0 Associated materials

NEWS2 Chart, 2019

NEWS 2 Chart Guidance, produced by NHS Lothian Clinical Education Team and Quality Improvement Support Team, 2018

Scottish Patient Safety Programme (SPSP) SBAR-D Poster, produced by Quality Improvement Support Team and Clinical Education and Training Team, 2017

Trak Deteriorating Patient Backslash

Clinical escalation for the physically deteriorating patient SOP, NEWS on Trak Implementation Board/Acute CMG, June 2025

NEWS2 Deteriorating Patient (Adult Acute) Escalation Board

Level 1/Enhanced Care observations SOP, January 2026

NEWS2 on Trak User Guide, approved by TBC, date TBC

7.0 Evidence base

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 (updated: March 2020)

Scottish Intercollegiate Guidelines Network (SIGN). Care of deteriorating patients 2023. (SIGN publication no. 167). [June 2023]. Available from URL: http://www.sign.ac.uk

Healthcare Improvement Scotland; Scottish Patient Safety Programme; Deteriorating Patient | Scottish Patient Safety Programme (SPSP) | ihub - Deteriorating Patient

Healthcare Improvement Scotland; Scottish Patient Safety Programme; Deteriorating Patient: SPSP Acute Adult Programme Sepsis Change Package 2023

NHS Scotland Patient Charter; The Charter of Patient Rights and Responsibilities My health, my rights, my NHS, revised: June 2022

8.0 Stakeholder consultation

Discussions with specific stakeholder groups and individuals have taken place during the development of this policy and associated materials. These stakeholder groups include Team Leads in Clinical Education, Medical Consultants, Surgical Consultants, Intensivist Consultants, Associate Nurse Directors, Clinical Nurse Managers, Lothian Accredited Care Assurance Standards (LACAS) Team, Quality Directorate, Hospital at Night (HaN) advanced practice and medical staff, and Chief Registrars.

The policy was developed by a Short Life Working Group commissioned by the Acute Services Nurse Director. The Short Life Working Group met throughout 2025 and membership was requested via each site's nursing and medical managerial leads, as well as via relevant cross site directorates. Emergency Department colleagues were invited to join the group to ensure continuity with separate processes within their area.

The Short Life Working Group's membership included the following NHS Lothian staff: Intensive Care Medicine Consultant, Quality Improvement and Standards Lead Nurse, ICU and Anaesthetics Consultant, Emergency Medicine Consultant, Chief Registrar (Acute Medicine), Consultant (Acute Medicine), Deputy Associate Nurse Director (Acute), Clinical Nurse Manager (Acute), Advanced Nurse Practitioner (HaN), Consultant Physician (Acute Medicine), Site Medical Director (SJH), Senior Charge Nurse (Respiratory Medicine), Quality Improvement Advisers, Consultant Physician (D, HaN team, Deteriorating Patient Lead, Consultant MoE, and Consultant General Surgeon (RIE).

9.0 Monitoring and review

Acute Services, through Acute Clinical Management Group, will monitor and review this policy. The effectiveness of this policy will be monitored and evaluated using the outputs from:

- Cardiac Arrest Reviews
- Adverse Event Reviews including Significant Adverse Event Reviews (SAERs)
- Complaint investigations/improvement plans
- Patient Experience Feedback
- Staff experience feedback

This policy will be reviewed, as a minimum, every three years, but may be subject to earlier review in the event of changes in best practice, guidance or legislation, results from performance reviews and audits, or any other factors that may render the policy in need of review.