

Adult Modified Early Warning Score (MEWS) Policy and Escalation Pathway Version 3.0

Policy Statement:

The purpose of this policy is to provide clear guidance and instruction to staff with regard to the Trust's approach to the use of the adult Modified Early Warning Score & Escalation Pathway.

Key Points:

- This policy applies to all staff required to undertake patient observations which form part of the Modified Early Warning Score (MEWS) at Heart of England NHS Foundation Trust, employed on a substantive or temporary contract by the Trust including Bank & Agency.
- MEWS must be used for all adult in-patients, including those located in maternity areas and the Emergency Department
- If a patient scores MEWS of 4 or more all staff MUST be aware of their roles and responsibilities in relation to the escalation pathways.

Key Changes:

- Revision of MEWS escalation pathway

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- If you are reading a printed copy of this document you should check the Trust's Policy website (<http://sharepoint/policies>) to ensure that you are using the most current version.

Ratified Date: August 2011

Ratified By: Deteriorating Patient Recognition Group (DPRG)

Review Date: August 2013

Accountable Directorate: Corporate Nursing

Corresponding Authors: Sarah Quinton, Yvonne Higgins

Meta Data

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Related documents	<ul style="list-style-type: none"> • Risk Management Policy • Resuscitation Policy • Risk Management Strategy • Paediatric Observation & Monitoring Policy • Obstetric MEWS (MEOWS) Procedure • Bleep Policy • Consent to Examination & Treatment Policy • Hospital @ Night Referral Pathways • Nursing Guidelines for recording - Blood Pressure, Oxygen Saturations, Respiration, Temperature
Superseded documents	Adult Modified Early Warning Score (MEWS) Policy V 2.0 & Escalation Pathway
Relevant External Standards/ Legislation	NICE C G 50; Care of the Acutely Unwell Patient CEMACH Report; NPSA Alert PSO/5; DH Competencies for recognising and responding to acutely ill patients in hospital (March 2009).
Key Words	MEWS observations monitoring policy

Revision History

Version	Status	Date	Consultee	Comments	Action from Comment
1.0	Retired	June 2009	Sarah Quinton, Yvonne Higgins, Caroline Maries-Tillott	Policy developed to outline procedures and responsibilities relating to MEWS	
2.0		June 2008	Sarah Quinton, Yvonne Higgins, Caroline Maries-Tillott	Minor amendments to clarify detail of the monitoring and evaluation process.	
3.0	Approved	August 2011	Sarah Quinton, Yvonne Higgins	Amendments to escalation pathway and policy	

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1. Circulation

This policy applies to all staff required to undertake patient observations or who are required to respond to the escalation pathway as part of the Modified Early Warning Score (MEWS) at Heart of England NHS Foundation Trust, employed on a substantive or temporary contract by the Trust including bank, agency & locum staff.

2. Scope

2.1 Includes

- MEWS should be used for all adult in patients, including those located in maternity areas and the Emergency Department
- A range of MEWS charts are available within the Trust. The Adult MEWS chart should be the default chart for adult patients.
- In addition to the adult MEWS chart the following charts are available and should be selected based on the clinical need of the patient:
 - Adult “Neuro” MEWS observation chart (for patients requiring neurological observations)
 - Maternity MEWS observation chart (for obstetric patients >18 weeks gestation)
 - Patient controlled analgesia MEWS observation chart (for patients on PCA infusions)
 - Epidural MEWS observation chart (for patients on epidural infusions)
 - NIV (Non Invasive Ventilation) MEWS observation chart (for patients on NIV)
- A MEWS trigger threshold may be reset for an individual patient depending on clinical condition. This decision must be discussed with the multidisciplinary team and documented in patient multidisciplinary record and clearly indicated on the MEWS observation chart. Any change in the MEWS threshold must be authorised by SPR or consultant
- For some patients MEWS scoring may be deemed to be inappropriate. In these situations this must be discussed within the multi disciplinary team (MDT) and decisions must be authorised by SpR or Consultant. A decision must be documented in patient multidisciplinary record and clearly indicated on the MEWS observation chart by the medical team.

2.2 Excludes

- Paediatric patients (located in paediatric unit) - please refer to the separate paediatric observation & monitoring policy. If any paediatric patients nursed in adult ward areas please use the adult MEWS observation chart but ensure that the patient is reviewed by the Paediatric Team.
- Patients on end of life care pathway, where treatment is limited.

3. Definitions

MEWS: Early warning scoring tools are used to aid recognition of deteriorating patients, and are based on physiological parameters, which are taken when recording patient observations. The observations incorporated in this scoring system should include: temperature, pulse, blood pressure and respiratory rate, with oxygen saturations, level of consciousness and urine output. An aggregated score is then calculated from all seven parameters. There is an identified threshold score which, when reached, then activates an escalation pathway. The escalation pathway outlines actions required for timely review ensuring appropriate interventions for patients.

4. Reason for Development

Observation taking is fundamental to patient care and is arguably one of the most significant clinical skills undertaken by nurses. However in recent years it appears to have become less of a priority for nurses with the skill often being delegated to junior nurses or support workers. It is well documented nationally that recognition of deteriorating patients is poor and that the significance of ward-based observations are often overlooked (NCEPOD, 2007; NICE, 2007).

Early warning scores were devised to assist in the early detection of deteriorating patients. They are based on the premise that there is a common physiological pathway for deterioration in acutely unwell patients. Accurate and timely observations and adherence to early warning scoring systems are crucial in identifying those patients at risk of deterioration. Failure to do so has potentially devastating consequences not only for patients but for Trusts in terms of reputation and litigation.

The Department of Health has recommended the use of early warning systems as best practice since the publication of Comprehensive Critical Care (DH 2000). The National Confidential Enquiry into Patient Outcome & Death (NCEPOD, 2005) further endorsed this recommendation emphasising that every in-patient should have an early warning score recorded. This has now been re-iterated for in-patients in maternity areas (CEMACH, 2007). Also NICE (2007) states that 'staff caring for patients in acute hospital settings should have competencies in monitoring, measurement, interpretation and prompt response to the acutely ill patient and they should be assessed to ensure that they can demonstrate them'.

Early warning scoring tools are used to aid recognition of deteriorating patients, and are based on physiological parameters, which are taken when recording patient observations. The observations incorporated in this scoring system should include: temperature, pulse, blood pressure and respiratory rate, with oxygen saturations, level of consciousness and urine output. An aggregated score is then calculated from all seven parameters. There is an identified threshold score which, when reached, then activates an escalation pathway. The escalation pathway outlines actions required for timely review ensuring appropriate interventions for patients. **It should be remembered that MEWS is an aid to good clinical judgement, not a substitute for it.**

This policy is designed to provide evidence-based guidance on best practice when undertaking, documenting and responding to MEWS, to minimise the risk of patient deterioration and ensure appropriate response and patient review takes place.

5. Aims and Objectives

5.1 Aims

The aim of this policy is to ensure the safe monitoring, appropriate review and timely management of all inpatients.

5.2 Objectives

The objectives of this policy are:

- Provide staff with an evidence base to support the undertaking and recording of accurate patient observations required for MEWS.
- Provide clarity on roles and responsibilities in relation to MEWS.
- Provide blended learning approaches to education training and assessment of all staff required to use the MEWS system which includes face to face and e-learning methods.
- Promote a standardised approach across the organisation
- Ensure patient safety by appropriate monitoring of MEWS and response to MEWS
- Ensure that the Trust complies with national guidance

NB: All staff have a responsibility to ensure that they develop and maintain the knowledge and skills to undertake the duties and responsibilities of their post.

6 Standards

- MEWS observations must be taken and recorded **within 1 hour** of a patient's admission to a ward/transfer to any other clinical area
- MEWS observations must be repeated **at least 12 hourly** thereafter (NICE, 2007)
- On admission/transfer of in-patients the frequency of MEWS observations being carried out must be clearly documented on the MEWS observation chart (NICE 2007)
- If any changes occur in the patient's clinical condition, the frequency of MEWS observations must be reassessed and any changes in frequency clearly documented
- All seven parameters must be clearly recorded. Scores must be added together and totalled in the Red **MEWS TOTAL** box then refer to the Escalation Pathway.

If a patient scores a MEWS of 4 or more:-

- It is the responsibility of the registered nurse to follow the escalation policy. When appropriate, inform the appropriate medical team and Critical Care Outreach Team and repeat the observations within 30 minutes, unless otherwise advised by a member of Critical Care Outreach Team or patients own medical team.
- It is the responsibility of the medical team to follow the escalation policy and review patients within the appropriate timeframe and inform senior medical staff if appropriate.
- If the frequency of repeating observations is altered this must be documented in the medical notes. The frequency of repeating observations can only be changed by the medical team or the Critical Care Outreach Team.
- If there is no urinary catheter in place ensure the patient has passed urine in the last 6 hours and complete urine section on MEWS chart.
- If MEWS trigger is reset for an individual patient this must be authorised by SPR/Consultant and documented by the SPR/Consultant on the observation chart and in the patient's multidisciplinary record.
- If MEWS scoring or observations are NOT appropriate for the patient the decision must be discussed with the Consultant /SpR of the medical team and documented on the observation chart and in multidisciplinary record.
- Out of hours staff should follow the site specific Hospital @ Night referral pathway.
- Patients can be transferred between wards and departments if MEWS is more than 4,, as long as this is communicated to the receiving area.

7. Responsibilities

7.1 Individual Responsibilities

7.1.1 Chief Executive

The Chief Executive has overall responsibility for the implementation, monitoring and renewal of this policy. This responsibility is delegated to the Medical Director and Chief Nurse.

7.1.2 Medical Directors

It is the responsibility of the Medical Directors to oversee the monitoring and application of this policy and to report as necessary to Trust Board via Operations Committee.

7.1.3 Chief Nurse

The Chief Nurse is responsible for monitoring compliance with the MEWS policy & escalation pathway. The Chief Nurse will delegate this operational responsibility to the Heads of Nursing Team.

7.1.4 Heads of Nursing

The Heads of Nursing are responsible for monitoring compliance with the policy on behalf of the sites.

7.1.5 Clinical Directors

Clinical Directors are responsible for ensuring that Consultants within their Directorates understand the policy and ensure that it is applied within their practice. This includes adherence to medical responsibilities within the escalation pathway.

7.1.6 Directorate Management Team

The Directorate Management Team is responsible for implementing and communicating the MEWS Policy & Escalation Pathway in their Directorate areas.

7.1.7 Matrons

Matrons are responsible for ensuring that all nursing staff within their remit comply with the MEWS policy. They are also responsible for ensuring that nursing staff are competent to undertake patient observations and use the MEWS system in a manner which is appropriate to their roles and responsibilities. Matrons may delegate day to day responsibility of training & competency assessment to the line manager of the individual healthcare worker. This includes student nurses, bank & agency staff in their area.

7.1.8 Individual Staff Responsibilities (Nurses / Doctors / Allied Health Professionals)

- Individuals have a responsibility for their own development. All staff are required to demonstrate that they possess the knowledge, skills and abilities required for lawful, safe and effective practice without direct supervision.
- Health Care Assistants and Support Workers should only undertake MEWS observations if it is deemed appropriate to their duties by their line manager. Those individuals must have completed **both** an observation taking competency and MEWS competency.
- Undergraduates should only undertake MEWS observations if it is deemed appropriate to their duties by their clinical mentor or department/ward manager. These individuals should have received underpinning theory during their academic programme and have received MEWS training from their mentor and be deemed competent by their mentor.

- Medical staff should ensure they are familiar with and adhere to the MEWS escalation policy.

7.2 Board and Committee Responsibilities

7.2.1 Deteriorating Patient Recognition Group (DPRG)

The Deteriorating Patient Recognition Group (DPRG) are responsible for co-ordinating efforts to improve the safety of patients who are vulnerable to unexpected deterioration.

Nursing metrics audits are conducted on a monthly basis by the corporate nursing team. Within the Metrics there are specific nursing care indicators for patient observations. The DPRG group will review the results of the patient observations nursing care indicators on a quarterly basis (refer to nursing metrics audit tool for detail of specific content). Nursing metric indicator results are reported by the Chief Nurse to Trust Board.

The DPRG will also monitor trends in MEWS incidents reported via the Trust Incident Reporting System. Any recommendations will be reported via the safety committee.

Any local amendments to the MEWS chart or policy must be ratified by this group.

7.2.2 Safety Committee

The DPRG will provide 6 monthly reports to safety committee.

8. Training Requirements

Appropriate training/education and resources on MEWS will be available to ensure that staff are familiar with the policy and procedure at HEFT. This will be agreed between the line manager and the health care professional. These are delivered in a variety of formats e.g.:

- Induction Programmes
- One off sessions/refresher training
- Teaching in the clinical area and supervised practice
- Training within individual directorates or departments
- Safety Manual
- Vital – Patient Observations MEWS & SBAR Module
- iSkills Video – Observations & Monitoring.

9. Monitoring and Compliance

9.1 Compliance

Criteria	Mechanism	Frequency	Responsible	Monitoring Committee
MEWS system in place	<ul style="list-style-type: none"> Compliance will be monitored by nursing metric care indicator audits on patient observations 	Monthly	Corporate nursing team	DPRG Also reported to Trust Board
	<ul style="list-style-type: none"> Head Nurses will monitor local compliance against nursing metric audit and action poor compliance 	Monthly	Head Nurses Corporate nursing team	Trust board
	<ul style="list-style-type: none"> Deterioating patient scorecards will be produced to monitor overall Trust and site compliance and monitor improvements following local interventions 	Quarterly	Patient safety team	Site Nursing quality and safety committees
		Biannually		Safety committee

- All staff required to undertake MEWS observations are expected to comply with this policy. Monitoring of compliance of training will be through Line Managers.
- All patient areas will be able to access real time results in relation to compliance with MEWS from the intranet site.

9.2 Non Compliance

Incidents of failure to comply with MEWS policy and escalation pathway should be reported in accordance with the Trust's incident reporting policy.

It is the responsibility of all health care providers/professionals to report via the Trust's incident reporting system failures to comply with policy.

Dependent on the severity and grade, MEWS incidents will be investigated at ward/department level to identify why the incident occurred.

Failure to comply with MEWS and escalation policy has potentially serious patient safety implications though lack of appropriate monitoring and review.

Examples of when an incident form should be completed include:

- Failure to comply with MEWS standards
- Miscalculation of MEWS score
- Lack of appropriate escalation and review.

Incidents will be reported via the Trust incident reporting system and trends will be monitored on a quarterly basis by the DPRG. These will be reported to safety committee bi annually by the chair of the DPRG.

10. References

CEMACH Report (2007)

Saving Mothers' Lives: Reviewing Maternal Deaths to Make Motherhood Safer 2003-2005

The seventh report on Confidential Enquiries into Maternal Deaths in the United Kingdom

Lewis, G (ed) Maternal & Child Health (CEMACH), London

Department of Health (2000)

Comprehensive Critical Care: A Review of Adult Critical Care Services, London, DoH

Department of Health (2009)

Competencies for Recognising and Responding to Acutely Ill Patients in Hospital. London, DoH

NCEPOD (2005)

An Acute Problem?: A Report of the National Confidential Enquiry into Patient Outcome & Death, NCEPOD, London

NICE (2007)

Acutely Ill Patients in Hospital: Recognition of & Response to Acute Illness in Adults in Hospital

NICE Clinical Guideline 50, London

NPSA (2007)

Safer Care for the Acutely Ill Patient: Learning from Serious Incidents

PSO/5, National Patient Safety Agency, London

11. Appendices

Appendix 1: MEWS Parameters

Appendix 2: MEWS Competency

Appendix 3: MEWS Escalation Pathway

12. Attachments

Attachment 1: Equality Impact Assessment (EIA)

Attachment 2: Equality Action Plan / Report

Appendix 1: MEWS Parameters

Score Categories	3	2	1	0	1	2	3
Respirations		8 or less		9 -16	17 - 20	21 - 29	30 or more
O² SATs				94% or more	90 – 93%	85 – 89 %	84% or less
SBP	70 or less	71 - 80	81 - 100	101 - 199		200 or more	
Pulse				51 - 100	101 - 110	111 - 129	130 or more
AVPU			New Confusion / Agitation	Alert	Voice	Pain	Unresponsive
Temperature		35 or less	35.1 - 36	36.1 – 37.5	37.6 – 38.1	38.2 or more	
Urine				No Concerns	21 - 35	1 - 20	Nil

Appendix 2: MEWS Competency

MEWS COMPETENCY

1. Summary	For all Practitioners who undertake observations to demonstrate competence in MEWS calculation and recording through skill, knowledge and application. All Practitioners working in adult in-patient areas are expected to achieve and demonstrate competence. This competency must be achieved within 3 months of qualification or if new to the Trust.
2. Scope	For recording a temperature, blood pressure, heart rate, respiration, conscious level, oxygen saturations and urine measurement within the MEWS framework.
3. Applicable	All Practitioners who are expected to undertake MEWS scoring as part of their role.
4. KSF Dimension	Will be applicable to Core 1 Communication Core 2 Personal and People Development Core 3 Health Safety and Security Core 5 Quality HWB1 Promotion of Health and Wellbeing HWB5 Provision of care to meet health and wellbeing needs
5. Related Policy and Legislation	HEFT CSAR Standard 1, Royal Marsden Clinical Nursing Procedures (2005). Skills for Health CHS19 undertake physiological measurements. DH. Comprehensive Critical Review of Adult Critical Care Services, HEFT Assessment of Clinical Competence Policy (2007). NMC Reporting Lack of Competence, A Guide for Employers and Managers (2004). NICE guidelines – An Acutely Unwell Patient (2007).
6. Eligible to Assess	Qualified Assessor with either a formal Assessor course or as a minimum a recognised University based study regarding assessing. Staff who have undertaken the Core Trainer study session provided by Critical Care Outreach Team in relation to MEWS.
7. Standard to be Achieved	The Practitioner must be able to perform the skill and demonstrate the underpinning knowledge to support it (Internalisation Steinaker and Bell 1997). The Assessor must be able to perform the skill but also be able to teach and role model the stated skill (dissemination Steinaker and Bell 1997) – See Appendix 1 of Assessment of Clinical Competence Policy.
8. Training Required	Supervised practice in clinical setting with a core trainer.
9. Training Available	MEWS Competency Workshop monthly, Band 5 Foundation Clinical Skills Module, NVQ Level 3 programme for HCA's.
10. Author	Critical Care Outreach Team 2007

Practitioner Name.....
Ward.....
Trust ID No.....

Appendix 3: Escalation Pathway

Criteria for achieving Competence To demonstrate Competence the Practitioner must be able to:-	Assessment of Competence (please indicate pass/ fail against each statement)	Core questions for knowledge evidence an additional 2 questions must be asked from the given list
<ul style="list-style-type: none"> ▪ State the Trust Standard for observation training ▪ Identify the seven observations for the seven observations recorded ▪ State the action to be taken in relation to abnormal observations ▪ Demonstrate knowledge of MEWS system ▪ Articulate the score for a MEWS trigger ▪ Demonstrate continuity of care following a MEWS trigger in relation to:- <ul style="list-style-type: none"> - Medical Review - Involvement of Critical Care Outreach - Reviewing observations - Documentation of actions - State local standard for observation times ▪ Apply NMC and Trust Standards for documentation and record keeping in relation to recording ▪ Demonstrate correct calculations of a MEWS score in at least two of the scenarios 		<p>Questions for assessing competence are based on scenarios which are available in the e learning pack or from the Critical Care Outreach Team</p>

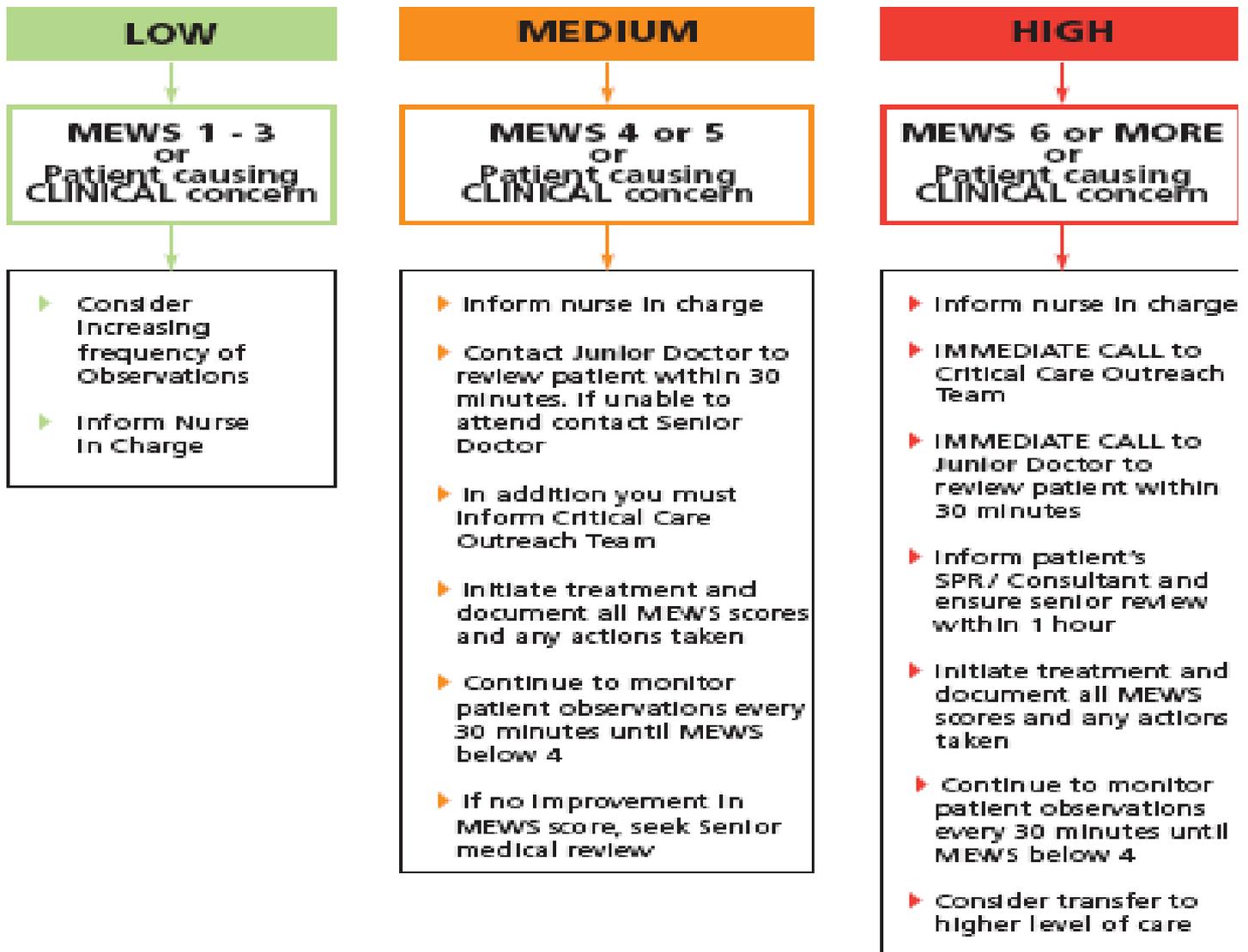
Practitioner Name..... **Trust I.D No**.....

Assessor Name..... **Trust I.D No**.....

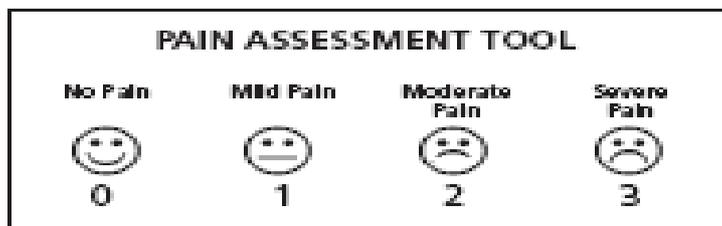
COPY TO BE PLACED ON THE PRACTITIONER'S PERSONAL FILE

Appendix 4: Escalation Pathway

Escalation Pathway



IF SUSPICIOUS OF INFECTION REFER TO SEPSIS SCREENING TOOL



Attachment 1: Equality Impact Assessment (EIA)

Policy/Service Title: Adult Modified Early Warning Score (MEWS) Policy & Escalation Pathway v3.0	Directorate: Corporate Nursing
Name of person/s auditing/developing/authoring a policy/service: Sarah Quinton, Yvonne Higgins	
Aims/Objectives of policy/service: to define a systematic approach and required standards for the development, ratification, implementation, monitoring, review and retirement of Policies and associated Procedures.	

Policy Content:

- For each of the following check the policy/service is sensitive to people of different age, ethnicity, gender, disability, religion or belief, and sexual orientation?
- The checklists below will help you to see any strengths and/or highlight improvements required to ensure that the policy/service is compliant with equality legislation.

1. Check for DIRECT discrimination against any group of SERVICE USERS:

Question: Does your policy/service contain any statements/functions which may exclude people from using the services who otherwise meet the criteria under the grounds of:	Response		Action required		Resource implication	
	Yes	No	Yes	No	Yes	No
1.1 Age?		No				
1.2 Gender (Male, Female and Transsexual)?		No				
1.3 Disability?		No				
1.4 Race or Ethnicity?		No				
1.5 Religious, Spiritual belief (including other belief)?		No				
1.6 Sexual Orientation?		No				
1.7 Human Rights: Freedom of Information/Data Protection		No				

If yes is answered to any of the above items the policy/service may be considered discriminatory and requires review and further work to ensure compliance with legislation.

2. Check for INDIRECT discrimination against any group of SERVICE USERS:

Question: Does your policy/service contain any statements/functions which may exclude employees from operating the under the grounds of:	Response		Action required		Resource implication	
	Yes	No	Yes	No	Yes	No
2.1 Age?		No				
2.2 Gender (Male, Female and Transsexual)?		No				
2.3 Disability?		No				
2.4 Race or Ethnicity?		No				
2.5 Religious, Spiritual belief (including other belief)?		No				
2.6 Sexual Orientation?		No				
2.7 Human Rights: Freedom of Information/Data Protection		No				

If yes is answered to any of the above items the policy/service may be considered discriminatory and requires review and further work to ensure compliance with legislation.

TOTAL NUMBER OF ITEMS ANSWERED 'YES' INDICATING DIRECT DISCRIMINATION =

3. Check for DIRECT discrimination against any group relating to EMPLOYEES:

Question: Does your policy/service contain any conditions or requirements which are applied equally to everyone, but disadvantage particular persons' because they cannot comply due to:	Response		Action required		Resource implication	
	Yes	No	Yes	No	Yes	No
3.1 Age?		No				
3.2 Gender (Male, Female and Transsexual)?		No				
3.3 Disability?		No				
3.4 Race or Ethnicity?		No				
3.5 Religious, Spiritual belief (including other belief)?		No				
3.6 Sexual Orientation?		No				
3.7 Human Rights: Freedom of Information/Data Protection		No				

If yes is answered to any of the above items the policy/service may be considered discriminatory and requires review and further work to ensure compliance with legislation.

4. Check for INDIRECT discrimination against any group relating to EMPLOYEES:

Question: Does your policy/service contain any statements which may exclude employees from operating the under the grounds of:	Response		Action required		Resource implication	
	Yes	No	Yes	No	Yes	No
4.1 Age?		No				
4.2 Gender (Male, Female and Transsexual)?		No				
4.3 Disability?		No				
4.4 Race or Ethnicity?		No				
4.5 Religious, Spiritual belief (including other belief)?		No				
4.6 Sexual Orientation?		No				
4.7 Human Rights: Freedom of Information/Data Protection		No				

If yes is answered to any of the above items the policy/service may be considered discriminatory and requires review and further work to ensure compliance with legislation.

TOTAL NUMBER OF ITEMS ANSWERED 'YES' INDICATING INDIRECT DISCRIMINATION = 0

Signatures of authors / auditors:

Date of signing:

**Adult Modified Early Warning Score (MEWS)
Policy and Escalation Pathway**
Version 3.0



Attachment 2: Equality Action Plan / Report

Directorate: Corporate Nursing

Service/Policy: Adult Modified Early Warning Score (MEWS) Policy & Escalation Pathway

Responsible Manager: Sarah Quinton, Yvonne Higgins

Name of Person Developing the Action Plan: Sarah Quinton, Yvonne Higgins

Consultation Group(s):DPRG

Review Date: August 2013

The above service/policy has been reviewed and the following actions identified and prioritised.
All identified actions must be completed by: _____

Action:	Lead:	Timescale:
Rewriting policies or procedures		
Stopping or introducing a new policy or service		
Improve /increased consultation		
A different approach to how that service is managed or delivered		
Increase in partnership working		
Monitoring	Corporate nursing	Monthly- ongoing
Training/Awareness Raising/Learning		
Positive action		
Reviewing supplier profiles/procurement arrangements		
A rethink as to how things are publicised		
Review date of policy/service and EIA: this information will form part of the Governance Performance Reviews	Sarah Quinton, Yvonne Higgins	August 2013
If risk identified, add to risk register. Complete an Incident Form where appropriate.		

When completed please return this action plan to the Trust Equality and Diversity Lead; Pamela Chandler or Jane Turvey. The plan will form part of the quarterly Governance Performance Reviews.

Signed by Responsible Manager:

Date: