

A decorative graphic consisting of a horizontal row of five colored squares (purple, green, pink, teal, orange) above a larger pink rounded rectangle containing the text 'Maternity and Neonatal'.

Maternity and
Neonatal

NEWTT2 Pilot Testing

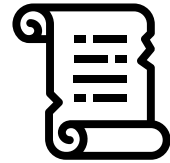
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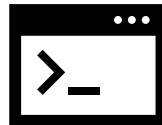
Welcome and Housekeeping



Please could you add your name and organisation you are representing



The webinar will be recorded



There will be time to answer any questions you may h

Design ambitions

- Build on learning since initial framework
- Reflect design principles in MEWS/NEWS to support consistency

Design processes

- Tool refined and adapted to reflect changes in practice based on finding from large on-line survey by group
- Change to total score versus single component escalation
- Used standardised consensus building techniques for developing cut-offs for a graduated escalation response process

Neonatal Deterioration

Newborn Early Warning Track and Trigger (NEWTT 2)

Hospital sticker with patient details



NEWTT2 score		0	1	2	A score for each vital sign is required at each entry	
ANY critical (PURPLE) observation = immediate escalation. Consider 2222						
Reason for observations		Signed		Print name & GMC/NMC No.		
Frequency & duration						
Date						
Time						
Temperature °C	39.0					2
	38.0					1
	37.0					0
	36.0					0
	36.0					2
Temperature alert: Thermal control measures = Amber (score of 1) if any other triggers or no better in 30 minutes						
Respirations Breaths/min	80					2
	70					1
	60					1
	50					0
	40					0
Grunting present?						
Heart rate Beats/min	180					2
	170					1
	160					1
	150					0
	140					0
SpO2 -<90% (or very pale / Blue)						1
						0
						0
						0
						0
Unroutable / Floppy / Seizure						1
						0
						0
						0
						0
Not feeding						2
						1
						0
						0
						0
High parental concern						2
						1
						0
						0
						0
T1.0 - 1.9 mmol/l						2
						1
						0
						0
						0

Newborn Early Warning Trigger & Track 2 (NEWTT2)

National Patient Safety Improvement Programmes



How to use the NEWTT2 trigger and track tool to determine the level and timelines of escalation

Calculate and document the total NEWTT2 score for a set of observations by adding together the individual scores (0-2) for every individual observation entered in a single column of the chart.

Check the total against the NEWTT2 escalation tool and follow instructions in the escalation table for that set of observations.

Healthcare professional concern can initiate a neonatal review at any time regardless of the zone colour of an observation or total score.

For a score of zero continue routine care

Thresholds and Triggers					
<ul style="list-style-type: none"> The grade of team member indicated as the primary contact for each level of clinical concern is a guide and may need to be adapted depending on the local skill mix within that care setting or organisation. 					
	Score 1	Score 2-3	Score 4-5	Score ≥6	Any critical observation
Inform shift leader - Consider SpO2 +/- blood glucose if not done already					
Primary escalation and response (use SBAR framework)	Repeat observations in <1 hour.	Refer to paediatric/neonatal Tier 1 doctor/ANNP.	Refer to paediatric/neonatal Tier 1 doctor/ANNP.	Refer to paediatric/neonatal Tier 1 doctor/ANNP. The Tier 2 doctor/ANNP should be informed.	Refer to paediatric/neonatal Tier 1 doctor/ANNP AND Tier 2 doctor/ANNP.
Review timings	Escalate as for score 2-3 if the repeat score remains 1.	Request a review within 1 hour.	Request a review within 15 minutes.	Request immediate review.	Immediate review and consider neonatal emergency call (2222).
Take steps to manage/address any obvious concerns/problems					
Secondary contact	If no review within expected time frame, escalate to Tier 2 doctor/ANNP and inform shift leader.			If no review within expected time frame, escalate to consultant and inform shift leader.	
<ul style="list-style-type: none"> When the primary team member(s) contacted is unable to attend or fails to attend within the expected time for the level of clinical concern, escalation to the secondary contact is required The secondary contact would be expected to attend within the initial review timing, calculated from the documented time of primary escalation. 					

SBAR Handover	
S	Situation
B	Background
A	Assessment
R	Recommendation
Document all actions and discussions in patient record	

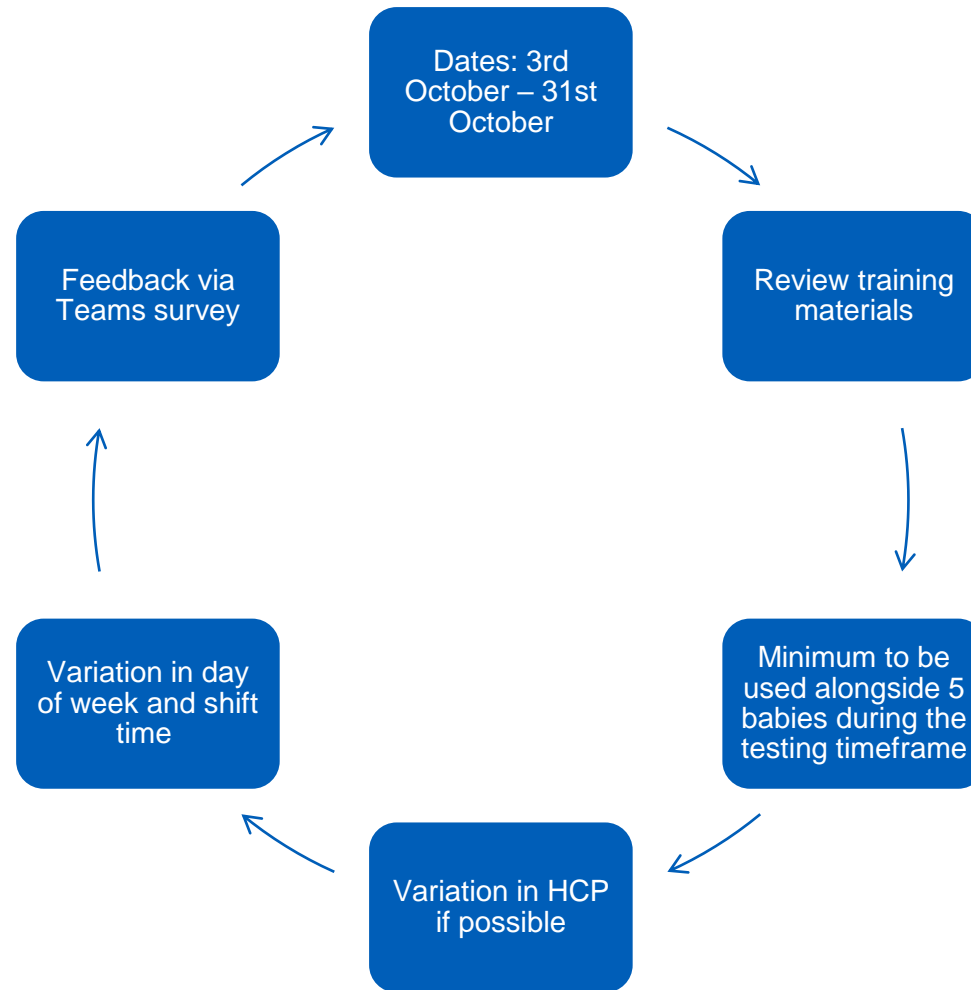
Rationale

- NEWTT2 has not been tested under real time conditions
- Refreshed content within NEWTT2 that requires more insight
- Further understanding required ahead of the BAPM publication that NEWTT2 sits within
- Paper-based organisations ahead of digital considerations

Approach

- Testing phase from Monday 3rd October to Monday 31st October
- Training materials to be reviewed ahead of participation
- Minimum **5** babies during this timeframe, the more information the better
- Variety of HCPs and variety of shift times and days required
- During the testing period the chart to be used **alongside**, **not** instead of existing chart
- The postnatal ward or transitional care ward are the areas of focus during this time
- A feedback mechanism is in place via Teams survey
- Regular touchpoints
- 1:1 feedback sessions

Summary



Thank you
@MatNeoSIP

Head of Patient Safety Improvement

Phil Duncan | philduncan@nhs.net

National Clinical Advisor for MatNeoSIP

Tony Kelly | tony.kelly6@nhs.net

Senior Programmes Lead (Improvement)

Heather Prichard | heather.pritchard1@nhs.net

Senior Improvement Manager

Charlie Merrick | charlie.merrick@nhs.net

Hannah Rutter | hannah.rutter@nhs.net

Programme Engagement Manager

Sarah Speck | sarah.speck@nhs.net

Programme Manager

Ian Snelling | i.snelling@nhs.net

Programme Officer

Alyson Banks-Davis | alyson.banks-davies@nhs.net