



Healthcare
Improvement
Scotland



National Maternity Early Warning Score (MEWS) implementation webinar

Wednesday 29 April

Leading quality health and care for Scotland





Welcome and introductions

Chair

Jacqui Laurie

Strategic National Clinical Lead for Women's Health

Healthcare Improvement Scotland

Aims for the webinar

- Update the clinical community in NHSScotland on the implementation of the national MEWS in Scotland.
- Share insights and learning from other regions across the UK.
- Outline next steps for the implementation of the national MEWS in Scotland.



Background and context

Jo Thomson

Senior Improvement Advisor

Healthcare Improvement Scotland

HIS safety bulletin – November 2024

- Produced in response to clinical and technical challenges relating to the use and local adaptation of Scottish MEWS
- Included a questionnaire for territorial NHS boards to share insights and challenges



Safety Bulletin
November 2024

Healthcare Improvement Scotland is the national improvement agency for health and care in Scotland. We assess and share intelligence and evidence which supports the design, delivery and assurance of high-quality health and care services.

The purpose of safety bulletins is to share and triangulate intelligence about known and emerging patient safety risks across NHS Scotland.

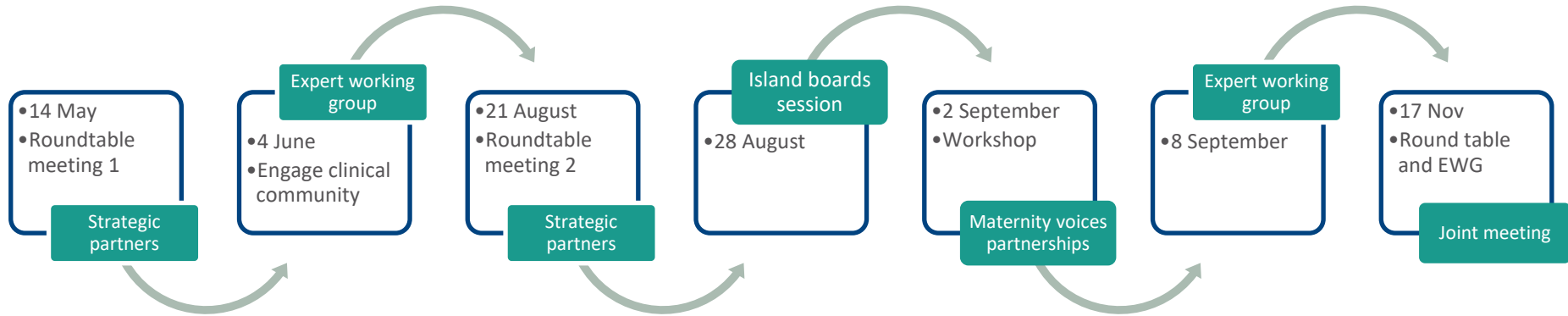
Maternity and Paediatric Early Warning Scores and Postpartum Haemorrhage (PPH) risk assessment

This bulletin outlines the intelligence Healthcare Improvement Scotland currently holds on potential risks relating to Maternity Early Warning Score (MEWS),

Understanding MEWS in Scotland a summary



Co-design of future of MEWS in Scotland



Stakeholder engagement



- Emergency department representation
- Digital midwives



Health and Social Care
in Northern Ireland



National MEWS Chart

Maternity Early Warning Score (MEWS)

Hospital sticker with patient details

MEWS score	0	1	2	A score for each vital sign is required at each entry	
	DATE	TIME		DATE	TIME
Respirations Breaths/min	>=25		2	>=25	
	12-24		1	12-24	
	18-21		0	18-21	
	13-17		0	13-17	
	9-12		0	9-12	
SpO ₂ (Oxygen saturation %)	<=92		2	<=92	
	93-94		1	93-94	
	>=95		0	>=95	
	>=97.5		0	>=97.5	
	>=98.5		0	>=98.5	
Temperature °C	<=35.6		2	<=35.6	
	35.7-36.1		1	35.7-36.1	
	36.2-37.2		0	36.2-37.2	
	37.3-37.4		0	37.3-37.4	
	>=37.5		0	>=37.5	
Pulse Beats/min	<=50		2	<=50	
	51-57		1	51-57	
	58-98		0	58-98	
	99-107		0	99-107	
	>=108		0	>=108	
Pulse - from 48 hours post birth ONLY Beats/min	<=50		2	<=50	
	51-57		1	51-57	
	58-70		0	58-70	
	71-88		0	71-88	
	>=89		0	>=89	
Systolic blood pressure mmHg	<=93		2	<=93	
	94-100		1	94-100	
	101-135		0	101-135	
	136-144		0	136-144	
	>=145		0	>=145	
Diastolic blood pressure mmHg	<=56		2	<=56	
	57-61		1	57-61	
	62-88		0	62-88	
	89-96		0	89-96	
	>=97		0	>=97	
MEWS TOTAL				MEWS TOTAL	
Additional concerns - Please see overview for additional concern table. If one or more additional concerns is present, consider escalation and review.					
Healthcare professional concerned					
Woman/family concerned					
Significant additional therapies (e.g. Oxygen)					
Severe Hypertension (greater than or equal to 160/110mmHg)					
Increased pain (analgesic requirement)					
Significant vaginal bleeding					
Reduced urine output					
Altered level of consciousness/responsiveness					
Monitoring frequency					
Escalation of care: YES/NO					
Initial					
Refer to back page for thresholds and triggers					

Maternity Early Warning Score (MEWS)

Taking the total MEWS score generated, escalate according to the threshold and trigger table.

Vital Sign	Score				
	2	1	0	1	2
Respirations Breaths/min	<=6	7-8	9-21	22-24	>=25
SpO ₂ Oxygen saturation (%)	<=92	93-94	>=95	-	-
Temperature °C	<=35.6	35.7-36.1	36.2-37.2	37.3-37.4	>=37.5
Pulse Beats/min	<=50	51-57	58-98	99-107	>=108
Systolic blood pressure mmHg	<=93	94-100	101-135	136-144	>=145
Diastolic blood pressure mmHg	<=56	57-61	62-88	89-96	>=97

Additional concerns	
<p>If one or more of these additional concerns are present, consider:</p> <ol style="list-style-type: none"> Increasing the frequency of observations to a minimum of every 30 minutes Escalate in line with a low-medium level of concern even if MEWS less than 2 Where MEWS is greater than 2 raising the level of concern to the next category. 	<p>Healthcare professional concerned</p> <p>Woman/family concerned</p> <p>Significant additional therapies (e.g. Oxygen)</p> <p>Severe Hypertension (greater than or equal to 160/110mmHg)</p> <p>Increased pain (+/- or analgesic requirement)</p> <p>Significant vaginal bleeding</p> <p>Reduced urine output</p> <p>Decreased level of consciousness/responsiveness</p>

Thresholds and triggers				
<p>* The grade of medical 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</p>				
Level of concern	Low	Low-medium	Medium	High
MEWS	0-1	2-4	5-7	8 or more
Primary escalation & response (i.e. SBAR framework)	Review by midwife/nurse in charge	Request review by ST1/2 or equivalent	Urgent review by midwife/nurse in charge	Immediate review by midwife/nurse in charge
Medical review timing	Within 30 minutes	Within 30 minutes	Within 15 minutes	Immediate
Minimal vital signs recording until medical review/ongoing plan	Continue with current observation frequency	Reassess observations within 30 minutes & document ongoing plan	Reassess observations within 15 minutes & document ongoing plan	Continuous observations
Secondary contact	ST3+ or equivalent	Consultant or equivalent	Consultant or equivalent	Clinical outreach team or equivalent
<p>* 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</p> <p>* The secondary contact would be expected to attend within the initial medical review timing, calculated from the documented time of primary escalation</p> <p>* The section pulse (from 48 hours after birth) cut-offs should be used for all women from 48 hours after birth. The time and date from which these values should be used should be entered on the front of the chart.</p>				

Differences between Scottish MEWS and national MEWS

Scottish MEWS	National MEWS
Colour scoring	Numerical scoring (in line with other early warning scores, for example National Early Warning Score (NEWS) used in the general adult population)
Same physiological parameters since 2018	Change in physiological parameters
Woman/ birthing person / 'family' concern not included as a trigger	Woman / birthing person / 'family' concern captured and included in escalation
Different parameters compared to other systems	Same parameters used by Scottish Ambulance Service and Birmingham Symptom-specific Obstetric Triage System (BSOTS)
	Developed as part of a large-scale research and statistical modelling and evaluation via the National Institute for Health and Care Research (NIHR)

Recommendations from EWG and strategic partners

Key considerations	Groups recommendation
Adopt the English MEWS completely or consider a Scottish adaptation?	Adopt the national MEWS developed in NHS England
Shift from colour to aggregate numerical scores	A positive move and in line with other early warning scores
MEWS outwith an inpatient maternity setting	Important consideration in implementation
Frequency of observation guidance	Not within the scope of this phase
Digital specifications	NHS England have developed
Teaching package	NHS England have developed

Review of Scottish MEWS, timeline overview

Challenges
identified with
MEWS

Nov 2024

Expert working
group &
strategic
partners

May – Nov 2025

Engaging
groups &
organisations

Recommendation
to implement
national MEWS

Nov 2025

Implement
national MEWS

2026

Evidence & Intelligence



England

Maternity Early Warning Score (MEWS) in England

Tony Kelly
National Speciality Advisor, NHSE

Hannah Rutter
Lead for Perinatal Deterioration, NHSE

Context

- Deterioration is an ongoing issue in maternity
- It is a 'socio-technical' problem
- We have developed a national tool based on population data with stakeholders through consensus building



OPEN ACCESS

ORIGINAL RESEARCH

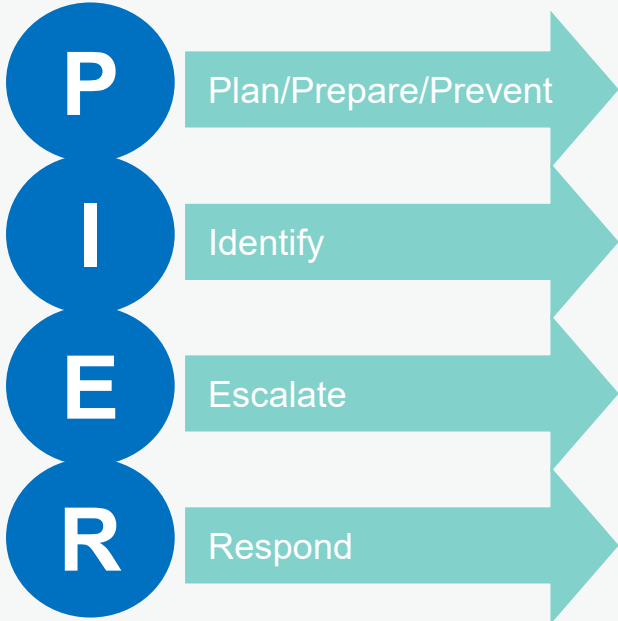
bmjmedicine



Development of national centile based maternal early warning score: mixed methods and Delphi study

Stephen Gerry ¹, Jonathan Bedford,^{2,3} Oliver Redfern,² Hannah Rutter,⁴ Mae Chester-Jones,¹ Marian Knight ⁵, Tony Kelly,⁴ Peter J Watkinson ^{2,6}

How we are approaching deterioration?



Care pathways, risk assessments, safety huddles

Early warning score tools

Critical communication tools

Timely interventions, Enhanced maternity care

Maternity Early Warning Score (MEWS)

Hospital sticker with patient details

MEWS score		0	1	2	A score for each vital sign is required at each entry	
Respirations	Respirations	12-20	21-24	25-30	31-34	35-40
SpO ₂	Oxygen saturation (%)	96-100	94-95	92-93	90-91	88-89
Temperature	Temperature (°C)	36.1-37.4	37.5-38.0	38.1-38.5	38.6-39.0	39.1-40.0
Pulse	Pulse	101-110	111-120	121-130	131-140	141-150
Pulse - from 48 hours post birth ONLY	Bradycardia	101-110	111-120	121-130	131-140	141-150
Systolic blood pressure	Systolic blood pressure (mmHg)	110-119	120-129	130-139	140-149	150-159
Diastolic blood pressure	Diastolic blood pressure (mmHg)	70-79	80-89	90-99	100-109	110-119

Vital Sign	Score	Score				
		2	1	0	1	2
Respirations	Respirations	<=4	5-8	9-21	22-24	>=25
SpO ₂	Oxygen saturation (%)	<=92	93-94	=95	-	-
Temperature	Temperature (°C)	<=35.6	35.7-36.1	36.2-37.2	37.3-37.4	>=37.5
Pulse	Pulse	<=60	61-70	71-112	113-121	>=122
Pulse (from 48 hours post birth)	Bradycardia	<=50	51-57	58-98	99-107	>=108
Systolic blood pressure	Systolic blood pressure (mmHg)	<=93	94-100	101-135	136-144	>=145
Diastolic blood pressure	Diastolic blood pressure (mmHg)	<=56	57-61	62-88	89-96	>=97

Additional concerns - Please also consider for additional medication a physician concerned

- Healthcare professional concerned
- Woman/family concerned
- Increased pain (w/ or w/out analgesic requirement)
- Significant vaginal bleeding
- Reduced urine output
- Decreased level of consciousness/ responsiveness
- Other

Maternity Early Warning Score (MEWS)

Taking the total MEWS score generated, escalate according to the threshold and trigger table.

Level of concern	Low	Low-medium	Medium	High
MEWS	0-1	2-4	5-7	8 or more
Primary clinician & response time (SAR timescale)		Review by midwife in charge	Urgent review by midwife in charge	Immediate review by midwife in charge
Medical review timing	Continue with current observation frequency	Review observations within 30 minutes & document ongoing plan	Review observations within 15 minutes & document ongoing plan	Immediate
Secondary contact		27% or equivalent	Consultant or equivalent	Clinical outreach team or equivalent

Thresholds and triggers

- The grade of medical 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 risk within that care setting or organisation
- It is also advised that early staff from specialist team members is also considered when escalation is indicated

Additional concerns

- Healthcare professional concerned
- Woman/family concerned
- Increased pain (w/ or w/out analgesic requirement)
- Significant vaginal bleeding
- Reduced urine output
- Decreased level of consciousness/ responsiveness
- Other

Additional notes:

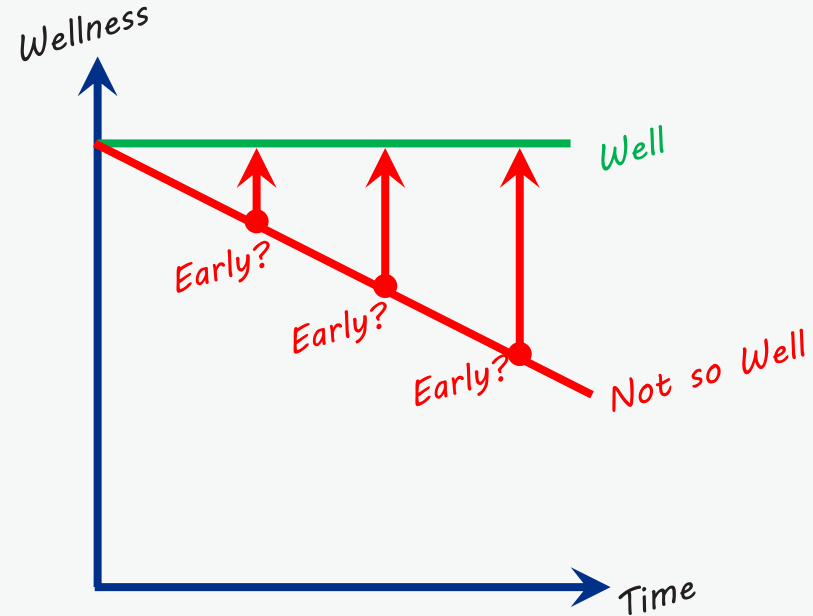
- When the primary team member(s) contacted is unable to attend or fails to attend within the expected time for the level of clinical concern, escalation to the next team member is required
- The entire **score (from 48 hours after birth)** cut-off should be used for all women from 48 hours after birth. The time and date from which these values should be used should be entered on the front of the chart.

How we are approaching deterioration?

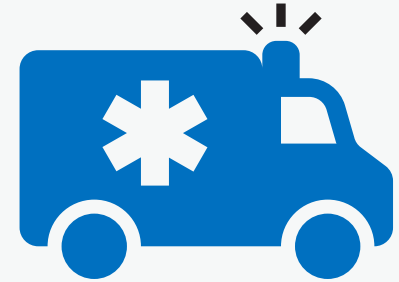
		Score				
		2	1	0	1	2
Vital Sign	Respirations Breaths/min	<=6	7-8	9-21	22-24	>=25
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	Pulse Beats/min	<=62	63-70	71-112	113-121	>=122
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How we are approaching deterioration?



The tool follows the woman in any care setting from conception to four weeks post natal

What have been some of the key considerations?

Scale

**Adoption
vs
Implementation**

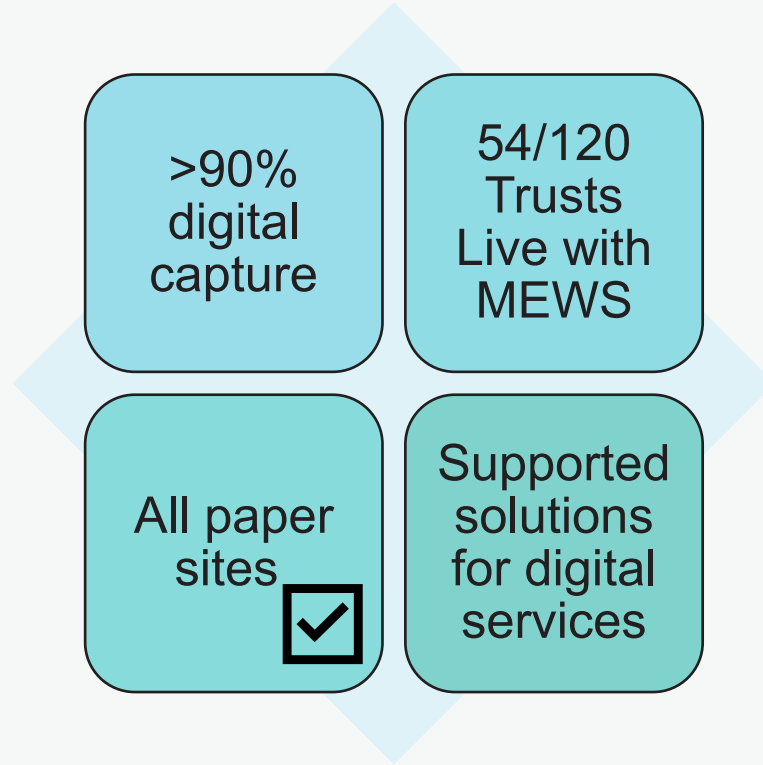
**Paper
Vs
Digital**

**Competing/
Aligning
Processes**

Implementation in Partnership



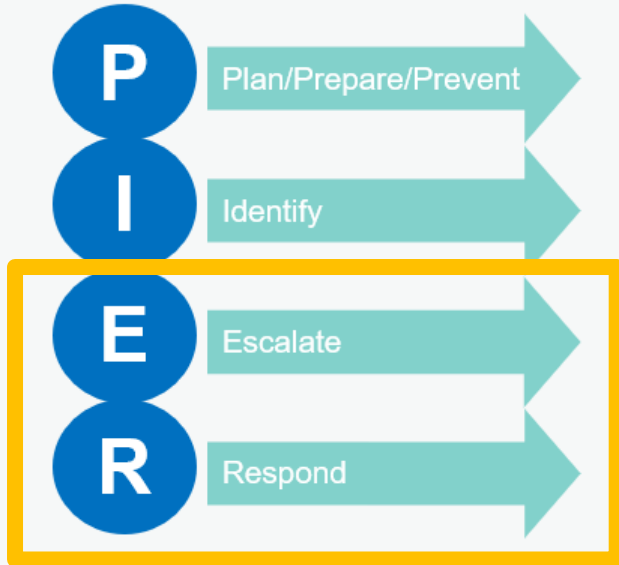
Implementation to date.....



What have been some of the key considerations?



Escalation and Response



Culture underpinning Escalation and Response

- Recognising the importance of culture
- Recognising the barriers to both escalation and response
- Alignment with Perinatal Culture and Leadership Programme including MOMENTS sessions

Case for change – examples from implementation

When a score triggers and escalation, it has made even the most experienced practitioner question findings and undertake a full assessment

Clear escalation positively impacting perinatal working.

Aligning to PCLP and understanding barriers to escalation and response has been eye opening

No incidents in maternity related to missed deterioration following implementation of national MEWS

Healthcare profession and woman and family concern a welcome inclusion

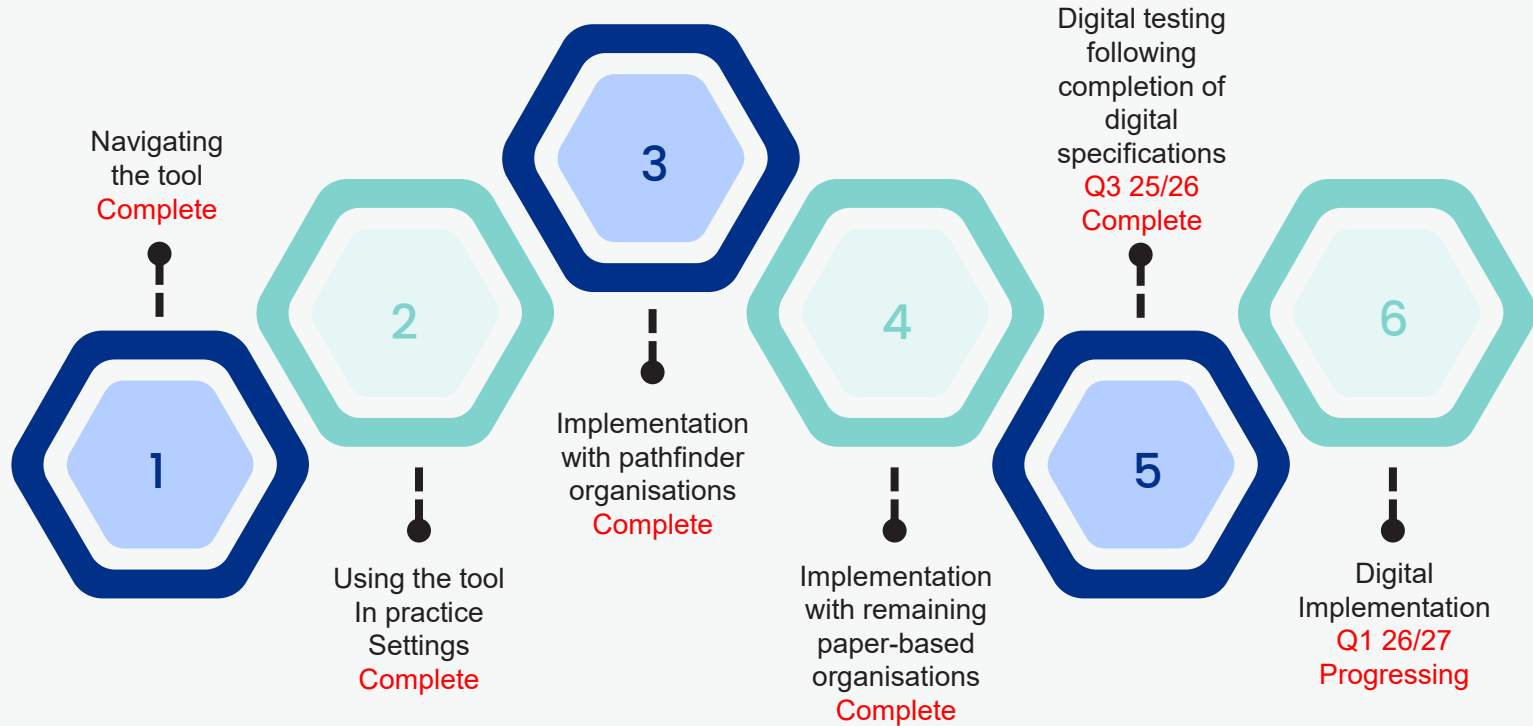
Shared learning valued

Due to secondary escalation, staff report to feel empowered to take my concerns further

One trusts reports a reduction in sepsis readmissions to high-risk area

Focus on deteriorating woman has been well received. MEWS parameters initially worrying but the importance of early recognition

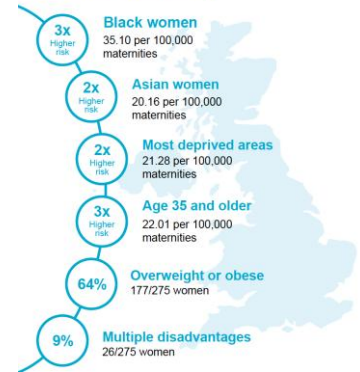
How have we been implementing MEWS?



What are some of the challenges?



Inequalities in maternal mortality





Resources

Podcasts:

- [Podcast 1](#): please share widely.
- [Podcast 2](#): please share widely.
- [Podcast 3](#): please share widely.

Training:

<https://www.e-lfh.org.uk/programmes/maternal-and-neonatal-deterioration/>

BMJ Medicine paper:

<https://bmjmedicine.bmj.com/content/3/1/e000748>

[MOMENTS – follow hyperlink](#)

[RCOG – Each Baby Counts Learn and Support
EBC Learn and Support – follow hyperlink](#)

Thank you

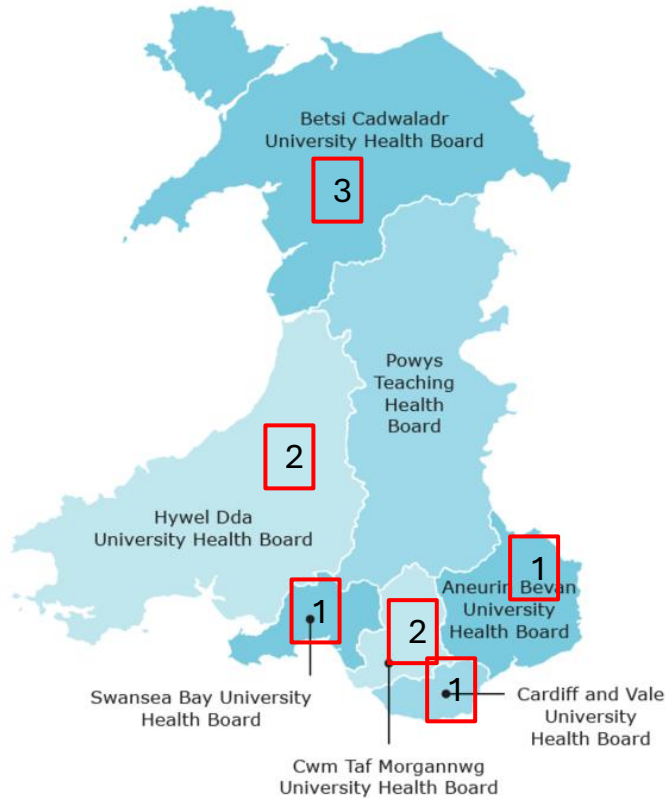
Implementing MEWS in Acute Maternity Services in Wales

Chris Hancock, Acute Physical Deterioration
Implementation Network Manager

Elinore Macgillivray, Clinical Lead Maternity and
Neonatal Safety Support Programme
Implementation Network

29th April 2026

The Welsh Context

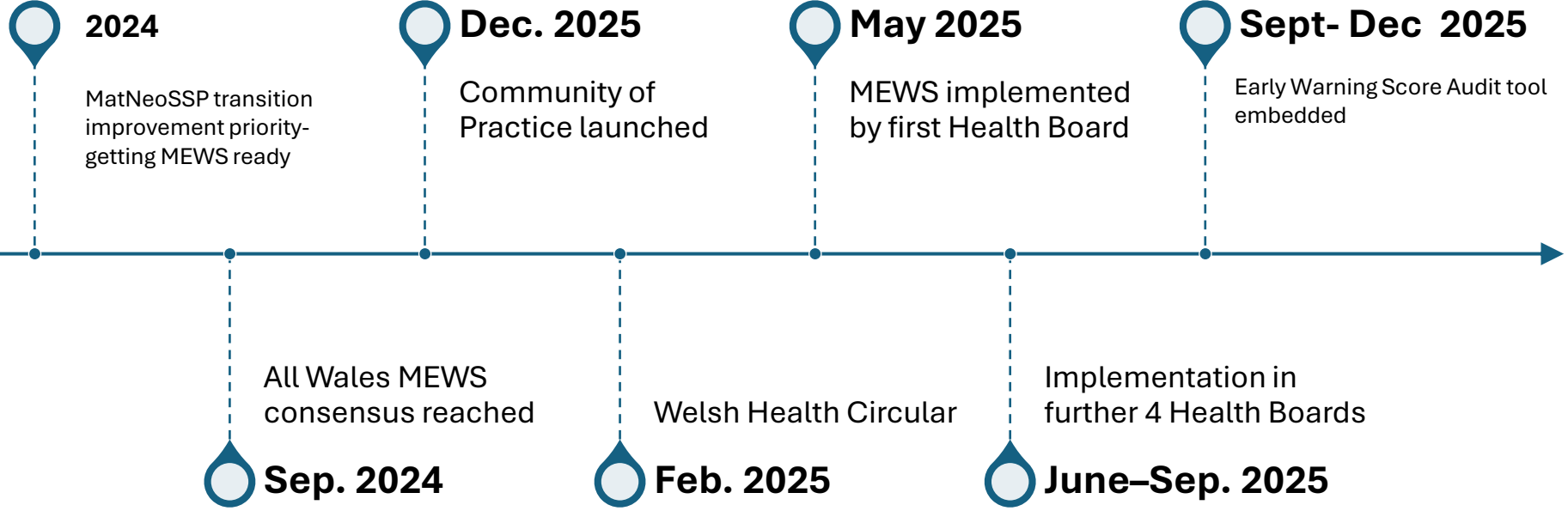


- 7 Health Boards
- 6 with acute maternity services
- 1- midwifery led services only
 - 10 obstetric led units

Maternity and Neonatal Safety Support Programme- EWS key priority for 25-26

- 7 Perinatal Improvement Leads
- 7 Maternity Improvement Leads
- Support as needed from APDIN EWS implementation leads

Timeline



Getting MEWS ready

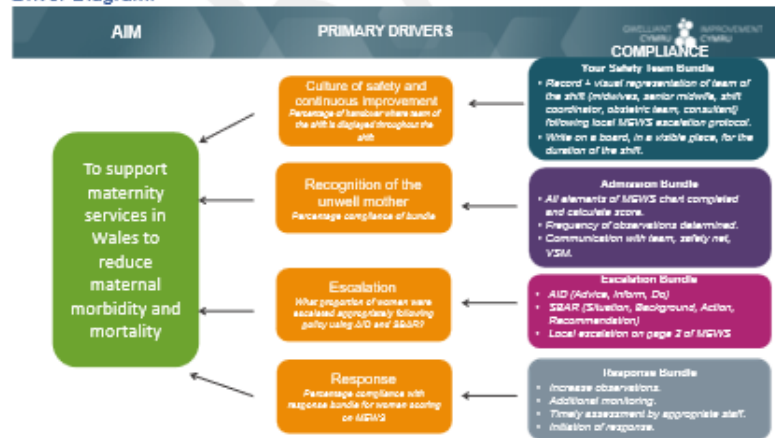
MEWS Ready: Supporting maternity services in Wales to reduce maternal morbidity and mortality How-to-Guide

Background, Action, Recommendation) (Royal College of Obstetricians and Gynaecologists, 2022) is evident and evidence of local escalation on page 2 of MEWS chart.

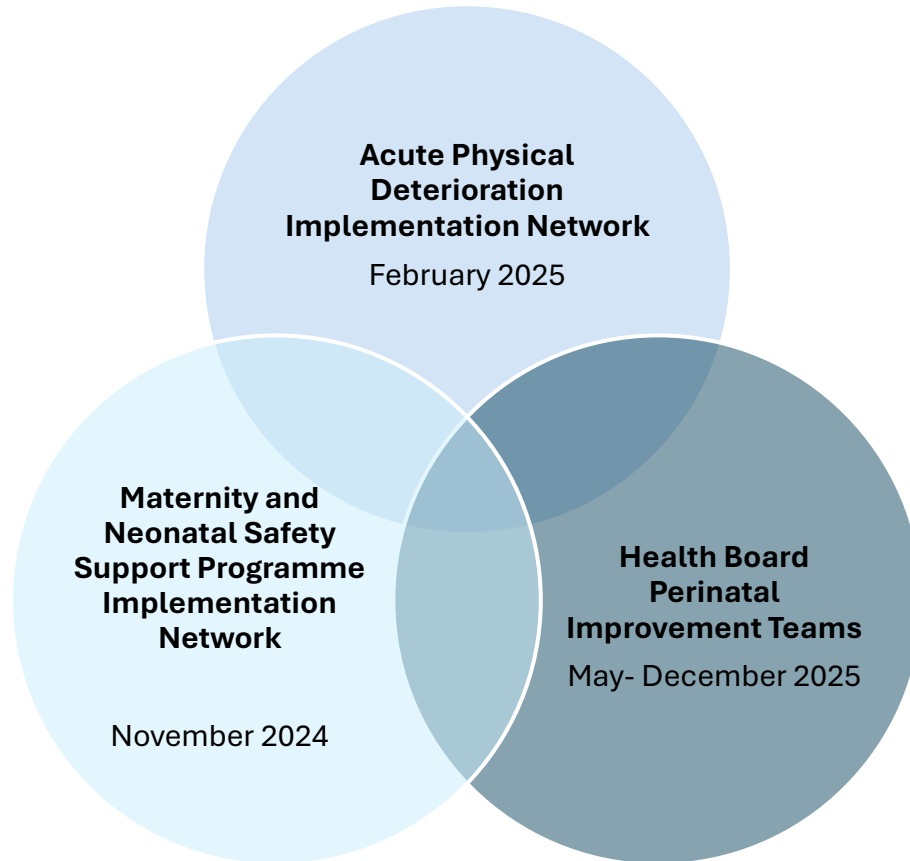
- Response Bundle – evidence of increase observations, additional monitoring, and timely assessment by appropriate staff with the initiation of response

This can be seen to have similarities to the NHS England PIER model (NHS England, 2024) which includes the four elements Prevention, Identification, Escalation, and Response.

Driver Diagram:



Collaboration



Community of Practice

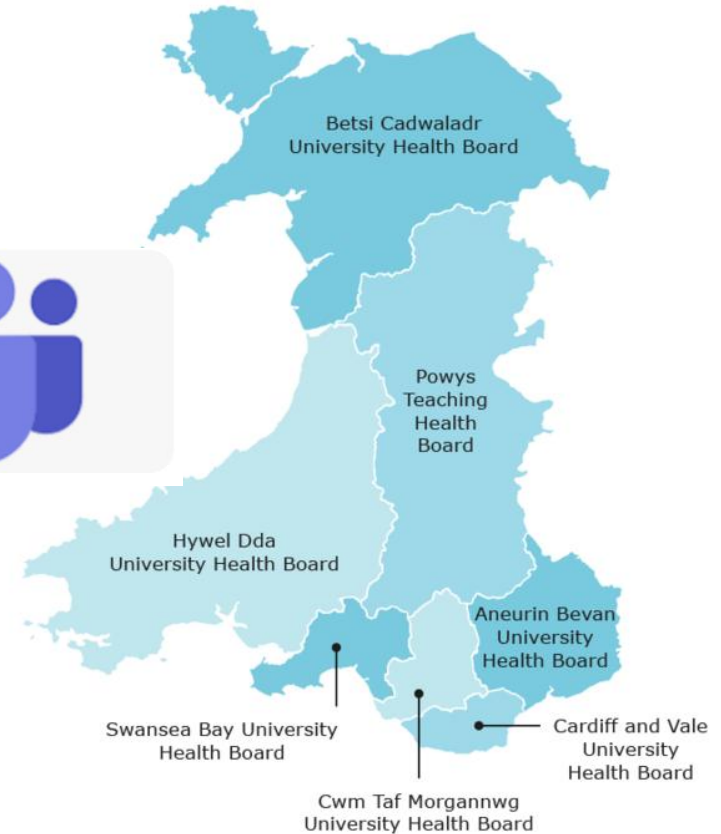
Monthly from January 2025

Multiprofessional Health Board teams:

- Midwives
- Neonatal nurses
- Obstetricians
- Neonatologists
- Anaesthetists
- Acute deterioration leads

Plus

- Network team
- APDIN support



APDI Network purpose – to support health boards and trusts to deliver on requirements of Welsh Health Circulars.

- Standardising the management of acute deterioration (WHC/2024/035)
- Adopting a patient and family-initiated escalation approach (WHC/2024/040)
- Timelines and Responsibilities for the Implementation of Early Warning Scores (EWS) to identify Acute Deterioration (WHC/2025/002)



POLICY AND STRATEGY DOCUMENT
Standardising the management of acute deterioration (WHC/2024/035)

A national approach for identifying when care should increase if a patient's condition worsens.

First published: 17 September 2024

Last updated: 17 September 2024



POLICY AND STRATEGY DOCUMENT

Adopting a patient and family-initiated escalation approach (WHC/2024/040)

Letter to health professionals about enabling patients and families to escalate their concerns.

First published: 4 October 2024

Last updated: 4 October 2024

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WHC (2025) 002

WELSH HEALTH CIRCULAR

Status: ACTION

Category: Quality & Safety

Title: Timelines and Responsibilities for the Implementation of Early Warning Scores (EWS) to identify Acute Deterioration

Date of Expiry / Review: N/A

Action by: Local health boards, NHS trusts and primary care providers

Required by: September 30, 2025

Sender: Professor Purninder Mehta, Deputy Chief Medical Officer, Health Services Professor Sue Tixia, Chief Nursing Officer, Nurse Director NHS Wales

Welsh Government Contacts: Tom Warren, Quality and Safety, Quality and Nursing Directorate. Tel: 0300 281019 Email: QualityAndNursing@gov.wales

Enclosures: None

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Effective implementation of the EWS chart involves six key elements

- 1. Leadership and Stakeholder Engagement:** Strong leadership with a nominated lead and a multidisciplinary implementation team to drive the process;
- 2. Education/training Plan:** A comprehensive education/training plan that includes thorough training and ongoing education to ensure staff competence ;
- 3. Standard Operating Procedures (SOPs) and care bundles:** Alignment of standard operating procedures and care bundles with the EWS chart, and processes for recognition, escalation and response to acute deterioration;
- 4. Resources:** Ensuring the availability of necessary resources such as documentation, training materials and monitoring equipment;
- 5. Spread Plan:** A phased spread plan for rollout and continuous support, ultimately embedding the tool/practice into routine care; and
- 6. Measurement Plan:** Robust measurement plan to demonstrate effective implementation of the new EWS chart, and reliability in the recognition, escalation and response to acute deterioration.

Implementation Toolkit and Checklist

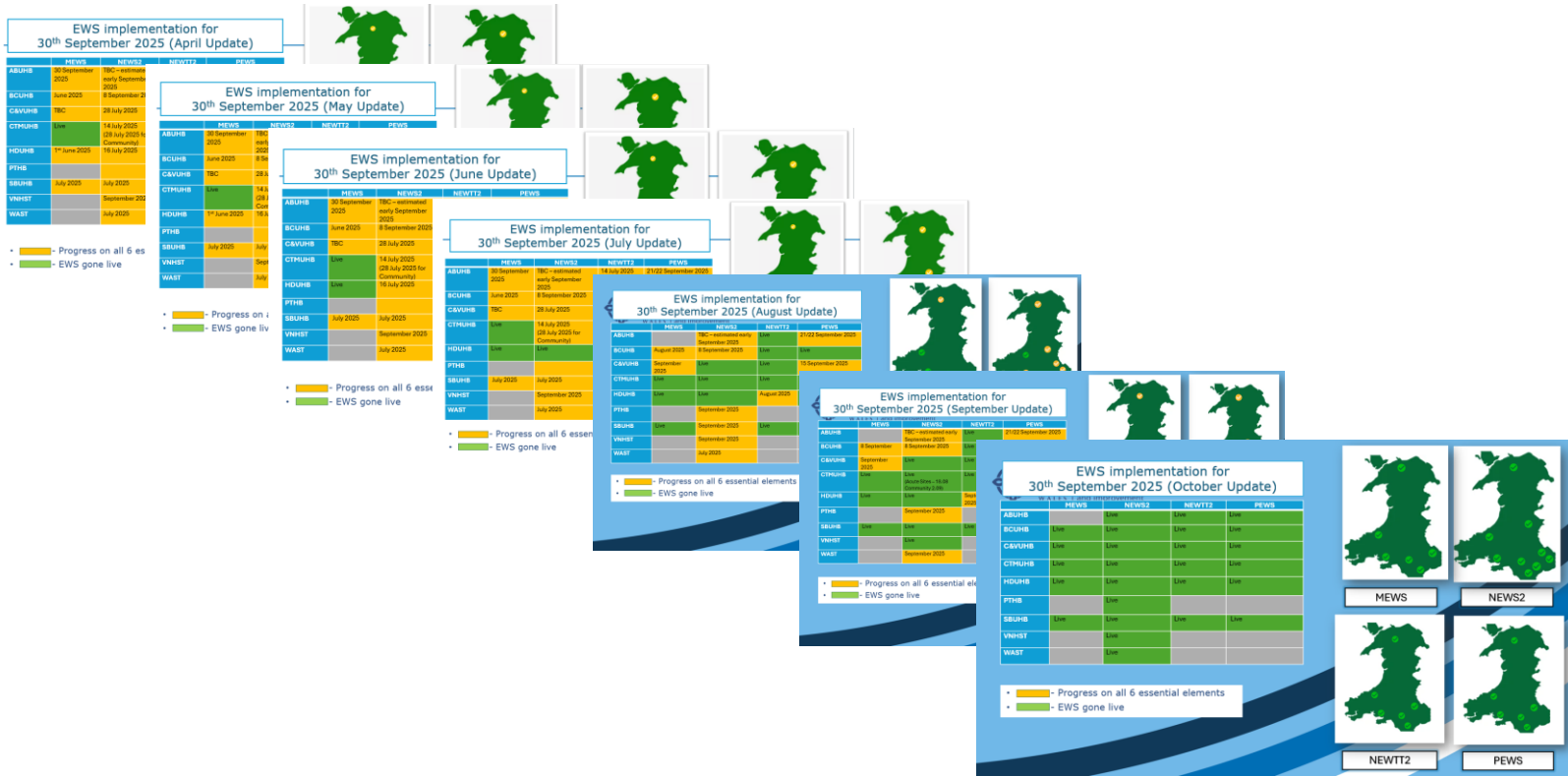
Early Warning Score Implementation Plan

Project Start: Mon, 25/11/2024
 Display Week: 1

Nov 25, 2024 Dec 2, 2024
 25 26 27 28 29 # 1 2 3 4 5 6 7

Ref	Commencement Date	Activity	Lead	Status	Progress	Plan Start	Plan End	Notes
2.20		Identify local implementation plan incorporating:						
2.30		1. Leadership						
2.40		2. Educational Plan						
2.50		3. Standard Operating Procedures and Care Bundles						
2.60		4. Resources						
2.70		5. Spread Plan – Rollout of All Wales EWS Chart						
2.80		6. Data Collection/ Measurement Plan						
2.90		AND/OR Implementation Plan Standards:						
3.00		1. Standard One – Determination of staff and areas that require EWS support.						
3.10		2. Standard Two – Develop a standardised education package to support EWS Implementation						
3.20		3. Standard Three – Adequate resources are available.						
3.30		4. Standard Four – Measurement plan for the use of EWS chart						

Effective implementation of the EWS chart involves six key elements:	Questions for consideration	Your notes
1. Leadership and Stakeholder Engagement: Strong leadership with a nominated lead and a multidisciplinary implementation team to drive the process.	Who are the key stakeholders involved in the implementation of the EWS chart?	
2. Educational/Training Plan: A comprehensive education/training plan that includes thorough training and ongoing education to ensure staff competence.	How can we develop a clear communication strategy to present a clear vision and ensure stakeholder buy-in?	
3. Standard Operating Procedures (SOPs) and care bundles: Alignment of standard operating procedures and care bundles with the EWS chart, and processes for recognition, escalation and response to acute deterioration.	How can we establish an effective Patient/Implementation Team for the EWS chart?	
4. Resources: Ensuring the availability of necessary resources such as documentation, training materials and monitoring equipment.	What components should be included in a comprehensive training plan for the EWS chart?	
5. Spread Plan: A phased spread plan for rollout and continuous support, ultimately embedding the tool/practice into routine care; and	How can we measure staff competencies in using the EWS chart and associated escalation procedures?	
6. Measurement Plan: Robust measurement plan to demonstrate effective implementation of the new EWS chart, and reliability in the	What ongoing education plans should be established to ensure sustained competence in using the EWS chart?	
1.1 Leadership and Stakeholder Engagement	How should local SOPs, protocols, care bundles and procedures be reviewed to align with the EWS chart?	
1.2 Leadership and Stakeholder Engagement	What are the best practices for integrating the EWS with existing patient records and clinical information systems?	
1.3 Leadership and Stakeholder Engagement	How can we ensure that the EWS chart standardised escalation tool is effectively implemented across all relevant healthcare settings?	
2.1 Education/Training Plan	What resources are necessary for the successful implementation of the EWS chart?	
2.2 Education/Training Plan	How can we ensure the availability of training materials and equipment for monitoring vital signs?	
2.3 Education/Training Plan	What considerations should be made for digital implementation?	
3.1 Standard Operating Procedures (SOPs) and care bundles	What should be considered in a phased implementation plan for the EWS chart?	
3.2 Standard Operating Procedures (SOPs) and care bundles	How can ongoing support be provided during the rollout?	
3.3 Standard Operating Procedures (SOPs) and care bundles		
4.1 Resources		
4.2 Resources		
4.3 Resources		
5.1 Spread Plan		
5.2 Spread Plan		



Successes and Challenges



Experiences from first Health Board provided reassurance to others.

Each Health Board felt there was an initial increase in escalation- although no data to support.

This settled within a few weeks in all cases.

Highlighted lots of pre-existing issues with MEWS:

- Not escalating with score of 2-3
- Not completing total score
- Patient Wellness Score not completed when MEWS score low

Feedback

- Despite concerns, staff feedback was largely positive.
- Learning from each other was invaluable.
- The anticipation of the change was harder than the change itself.
- Having one chart in use across Wales is helpful for communication and cross-boundary working.

Post EWS Implementation Embedding and Evaluation

- Feedback and sharing audit tool measurement of EWS consolidation.
- Work to assimilate EWS audit into digital and routine surveillance such as AMaT and the Burden of Acute Illness audit.
- Awaiting Badgernet module- 1 Health Board not implemented.
- Targeted improvement work ongoing.
- MEWS incorporated into PROMPT training.
- Implementing in non-maternity settings



Acute Deterioration Audit Tool



Organisation	
MEWS Form	MEWS Table
NEWS2 Form	NEWS2 Table
NEWS2T Form	NEWS2T Table
PEWS Form	PEWS Table
Problems	

Dashboard

Please select the chart dashboard that you wish to load.

MEWS

Main Page MEWS NEWS2 NEWS2T PEWS Dropdowns

tendable



It Takes a (Welsh) Village



Health Board Perinatal Improvement Leads



Maternity and Neonatal Improvement Specialists



Diolch!





Next steps for implementation

Jo Thomson

Senior Improvement Advisor

Healthcare Improvement Scotland

National MEWS Implementation Group

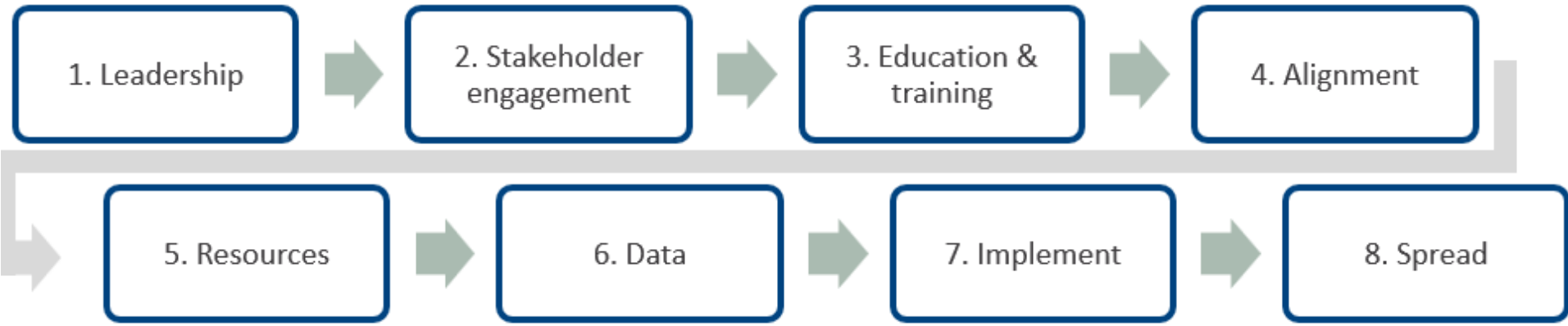
Remit of the group:

- agree a cohesive approach to implementation of the national MEWS, and
- share progress, challenges and enablers to facilitate the implementation of the national MEWS.



Support for implementation

- Scottish Digital Midwives and digital provider
- Implementation plan (elements below)
- Core slide set
- Progress update report template
- Lanyards



Training and education

- A link to the training hosted on the NHS [Learning Hub - Home](#) will be provided (currently hosted on elearning for healthcare)
- Public Services Delivery Scotland will signpost to this training on their [SMMDP Learning Resources and eLearning Modules | Turas | Learn](#) page.
- Access will be available for any NHSScotland staff who request a login

How to find out more / get involved in your board

- Link with your NHS board MEWS implementation lead to find out about work in your board.
- Contact us to find out more about the national work his.spsppp@nhs.scot
- Access the resources shared today.



Keep in touch

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