

Item: 11

REPORT CLASSIFICATION	✓	CATEGORY OF PAPER	✓
Official		Proposes specific action	
Official: Sensitive Commercial		Provides assurance	✓
Official: Sensitive Personal		For information only	

BOARD

26 MARCH 2024

Report Title:

Martha's Rule

Purpose of report

- To give an understanding of Martha's Rule
- Identify the 3 requirements organisations need to have in place.
- Review of the provider Trusts progress towards Martha's Rule.

Key points

Martha Mills died in 2021 after developing sepsis in hospital. Martha's family's concerns about her deteriorating condition were not responded to promptly, and in 2023 a coroner ruled that Martha would probably have survived had she been moved to intensive care earlier.

The Secretary of State for Health and Social Care and NHS England (NHSE) committed to implement 'Martha's Rule'; to ensure the vitally important concerns of the patient and those who know the patient best are listened to and acted upon.

The implementation of Martha's Rule in the NHS will take a phased approach, beginning with at least 100 adult and paediatric acute provider sites who already offer a 24/7 critical care outreach capability. NHSE have asked Trusts for expressions of interest to be part of the first phase of the programme.

This first phase will take place during 2024/25 and will focus on supporting participating provider sites to devise and agree a standardised approach to all three elements of Martha's Rule, ahead of scale up to the remaining sites in England in the following years.

County Durham and Darlington Trust have been an early adopter and will be in a position to apply for additional NHSE support from April 2024.

Risks and issues

The provider Trusts are in different places as to the readiness of implementation. It is important that all three requirements of the rule are embedded in practice.

It is important that we learn from the pilot sites for this vitally important safety initiative, which ensures relatives who know the patient best are listened to and their concerns acted upon.

Assurances

The rule is to be fully implemented in 2025/26 and during 2024/25 over 100 sites will be supported to have the 3 elements in place. The ICB will oversee the Trust plans and learn from the early adopter sites. All of our providers have submitted a position statement and the ICB is working with them to support their plans.

Recommendation/action required						
To note the current position of providers against the 3 elements of Martha's rule.						
Acronyms and abbreviations explained						
ICB - Integrated Care Board NHSE – NHS England						
Sponsor/approving executive director	David Purdue Executive Chief Nurse, AHP and People Officer. Deputy Chief Executive					
Date approved by executive director	18.03.2024					
Report author	David Purdue Executive Chief Nurse, AHP and People Officer.					
Link to ICP strategy priorities (please tick all that apply)						
Longer and Healthier Lives						✓
Fairer Outcomes for All						✓
Better Health and Care Services						✓
Giving Children and Young People the Best Start in Life						✓
Relevant legal/statutory issues						
Note any relevant Acts, regulations, national guidelines etc						
Any potential/actual conflicts of interest associated with the paper? (please tick)	Yes		No	✓	N/A	
If yes, please specify						
Equality analysis completed (please tick)	Yes		No		N/A	
If there is an expected impact on patient outcomes and/or experience, has a quality impact assessment been undertaken? (please tick)	Yes	✓	No		N/A	
Key implications						
Are additional resources required?	Organisations to assess their internal plans					
Has there been/does there need to be appropriate clinical involvement?	Clinical engagement has been vital to the production of Martha's Rule.					
Has there been/does there need to be any patient and public involvement?	Yes Communication with the public and clear messaging is one of the fundamental components of the rule.					
Has there been/does there need to be partner and/or other stakeholder engagement?	Providers to work with the ICB and NHSE to develop their plans.					

Martha's Rule

The first phase of the introduction of Martha's Rule will be implemented in the NHS from April 2024. Once fully implemented, patients, families, carers and staff will have round-the-clock access to a rapid review from a separate care team if they are worried about a person's condition.

Martha Mills died in 2021 after developing sepsis in hospital, where she had been admitted with a pancreatic injury after falling off her bike. Martha's family's concerns about her deteriorating condition were not responded to promptly, and in 2023 a coroner ruled that Martha would probably have survived had she been moved to intensive care earlier.

In response to this and other cases related to the management of deterioration, the Secretary of State for Health and Social Care and NHS England committed to implement 'Martha's Rule'; to ensure the vitally important concerns of the patient and those who know the patient best are listened to and acted upon.

What does Martha's Rule involve

The three proposed components of Martha's Rule are:

- All staff in NHS trusts must have 24/7 access to a rapid review from a critical care outreach team, who they can contact should they have concerns about a patient.
- All patients, their families, carers, and advocates must also have access to the same 24/7 rapid review from a critical care outreach team, which they can contact via mechanisms advertised around the hospital, and more widely if they are worried about the patient's condition. This is Martha's Rule.
- The NHS must implement a structured approach to obtain information relating to a patient's condition directly from patients and their families at least daily. In the first instance, this will cover all inpatients in acute and specialist trusts.

Implementation of Martha's Rule

The implementation of Martha's Rule in the NHS will take a phased approach, beginning with at least 100 adult and paediatric acute provider sites who already offer a 24/7 critical care outreach capability. NHSE have asked Trusts for expressions of interest to be part of the first phase of the programme.

This first phase will take place during 2024/25 and will focus on supporting participating provider sites to devise and agree a standardised approach to all three elements of Martha's Rule, ahead of scale up to the remaining sites in England in the following years.

Criteria for participation will include the requirement that the provider sites taking part in the first phase have an existing 24/7 critical care outreach infrastructure. The document will also outline the support offer from NHS England; this will include additional funding for project resources, and access to specialist implementation support and expertise from the Health Innovation Network's Patient Safety Collaboratives.

Further developments

The focused approach at the initial provider sites will inform the development of wider national policy proposals for Martha's Rule that can be expanded in a phased way across the NHS from 2025/26. We will also identify ways to roll out an adapted Martha's Rule model across other settings including community and mental health hospitals where the processes may not apply in the same way.

Other measures to improve the identification of deterioration

Martha's Rule will build on the evaluation of NHS England's Worry and Concern Improvement Collaborative which involves seven regional pilots and began in 2023. They have been testing and implementing methods for patients, families and carers to escalate their concerns about deterioration and to input their views about their illness into the health record.

The introduction of Martha's Rule comes alongside other measures to improve the identification of deterioration, including the rollout last November of a new early warning system for staff treating children, built on similar systems already in place for adult, newborn, and maternity services.

To ensure that Martha's Rule is effective as it can be, it will be implemented as part of an integrated programme to improve the management of deterioration using the 'PIER' framework, which helps systems to Prevent, Identify, Escalate and Respond to physical deterioration. This work will improve how the NHS supports staff to manage deterioration and encourage greater involvement from patients, families, and carers.

Implementation in the North East and North Cumbria

As part of the expression of interest the following 5 questions have been asked

1. When (if not already) will Martha's Rule be adopted by The Trust?
2. How does The Trust propose that this option will be communicated to patients/ their families?
3. Will The Trust record such events for the purpose of audit and CQC inspection?
4. What steps/ difficulties are envisaged to ensure out-of-hours availability of a senior clinician for a second opinion?
5. Given the additional NHS funding, is this development expected to impact The Trust 2024 budget?

Martha's Rule applies primarily to Acute and Specialist Trusts but we have requested that our Mental Health Trusts also review the rule to apply to their organisations.

There is variation across the Trusts as to their readiness to adopt Martha's rule. County Durham and Darlington Foundation Trust have established Call 4 Concern and the team has been in place for over 2 years.

The concept Call 4 Concern (C4C) was inspired by the University of Pittsburgh Medical Centre in 2005 (Greenhouse et al., 2006). They structured a similar service after the case of Josie King an 18 month old child, who was an avoidable death in 2001 (Josie King Foundation, 2016). C4C was then later implemented by Royal Berkshire National Health Service (NHS)

Trust in 2010 (Odell, 2019) due to on-going missed deterioration in patients and failure to rescue instances.

The C4C service is important as an additional safeguard to prevent patient deterioration. The service is valuable in promoting patient safety, improving HCP practice through education and improving the patient journey.

Three other Trusts have adopted Call 4 Concern, which provides a structured approach to deteriorating patients.

All Trusts have a plan in place to meet the requisites but County Durham and Darlington will be the only Trust able to apply to have support in 24/25. The ICB will monitor the plans of all providers to meet the requirements of Martha's rule.