

COMMUNICATION UPDATE

From Andrea Parkin, Director of Nursing and AHPs

NMC Newsletter – March 2024

Newsletter

Includes:

- Living by #OurCode
- Review of culture
- Review of practice learning
- Temporary register closing
- OSCE testing centre capacity increase

Nurse BEST Event

Next Meeting:

Wednesday 22 May 2024
1.00-5.00 pm - online
Book [here](#)

Agenda TBC.

Vaccinations and Immunisation Lead Nurses

Emma Nebard (Screening and Immunisation Place Lead, NHS England) and Louise Darwin (Primary Care Transformation Manager, ICB) are working together to improve vaccination and immunisations rates across Barnsley. They are keen to gain support of local practitioners who have enthusiasm and would be interested in potentially attending events in local areas to promote vaccination and immunisations if they arise.

To give an example, the next event planned is My Big Voice on 11th April at Barnsley Metrodome. It is aimed at adults and their families attending with a learning disability for them to shape future plans of care delivery. This event is organised by Alison Rumbol from BMBC.

Emma and Louise are happy to have further discussions but would be grateful if you could forward your details to them at emma.nebard@nhs.net by close of play Friday 5th April 2024.

Many thanks.

Emma and Louise

Contact Details:

Emma Nebard, Screening and Immunisation Place Lead, 07736 484253, emma.nebard@nhs.net

Louise Darwin, Primary Care Transformation Manager, 07765581045, louise.darwin@nhs.net

National Guidance for Acute Trusts

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:

- 1) 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
- 2) 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
- 3) 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. We will soon ask 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 be set out in an expression of interest document and 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 **P**revent, **I**dentify, **E**scalate and **R**espond to physical deterioration. This work will improve how the NHS supports staff to manage deterioration and encourage greater involvement from patients, families, and carers.