

People-led escalation and response - Martha's Rule in NHS Scotland

Welcome

Dr Lara Mitchell

Strategic National Clinical Lead (Acute)
Healthcare Improvement Scotland



Aims of the breakout

- Hear the voice of a person with lived experience whose story highlights why the patient voice matters
- Understand how teams are applying the three components of Martha's Rule in practice
- Explore how the people-led principles of SPSP Essentials of Safe Care provide the foundation for Martha's Rule in Scotland
- Provide opportunities for discussion and networking with colleagues



Agenda

Time	Title	Lead
1.40pm	Welcome	Dr Lara Mitchell, Healthcare Improvement Scotland (chair)
1.45pm	Speakers	Dr Oonagh Thin, NHS Highland Nicola Caffrey, Bolton NHS Foundation Trust Lise Axford & Dr Austin Rattray, NHS Lanarkshire
2.35pm	Coffee break	
2.50pm	Networking activity	Joan-Marie Sutherland, Healthcare Improvement Scotland
2.55pm	1 – 2 – 4	All
3.15pm	Speed networking	All
3.25pm	Feedback	Dr Lara Mitchell
3.35pm	Closing remarks and evaluation	Dr Lara Mitchell

Essentials of Safe Care

Our Vision	Delivered through...	Which requires...
The delivery of safe care, improving outcomes for every person, every time across health and care	A people-led approach to the planning and delivery of safe care	People and professionals are equal partners in shared decision making
		Care and support is shaped to meet the needs of people
		People, families, carers and staff are systematically listened to, and concerns are acted upon
	Effective and inclusive communication	Communication tailored to individual needs and preferences
		People and teams feel safe and able to speak up
		Team communication and collaboration
	Leadership at all levels to support a culture of safety	Leadership is compassionate and inclusive
		Staff feel supported and valued
		Learning system for continuous improvement
		Everyone has the opportunity to learn and develop
	Safe clinical and care processes	Safe staffing and skill mix
		Care is up to date and evidence based
		Clinical and care governance structures support safety
		Information systems that work together

Martha's Rule in Scotland



People, families, carers, and staff are systematically listened to, and concerns are acted upon

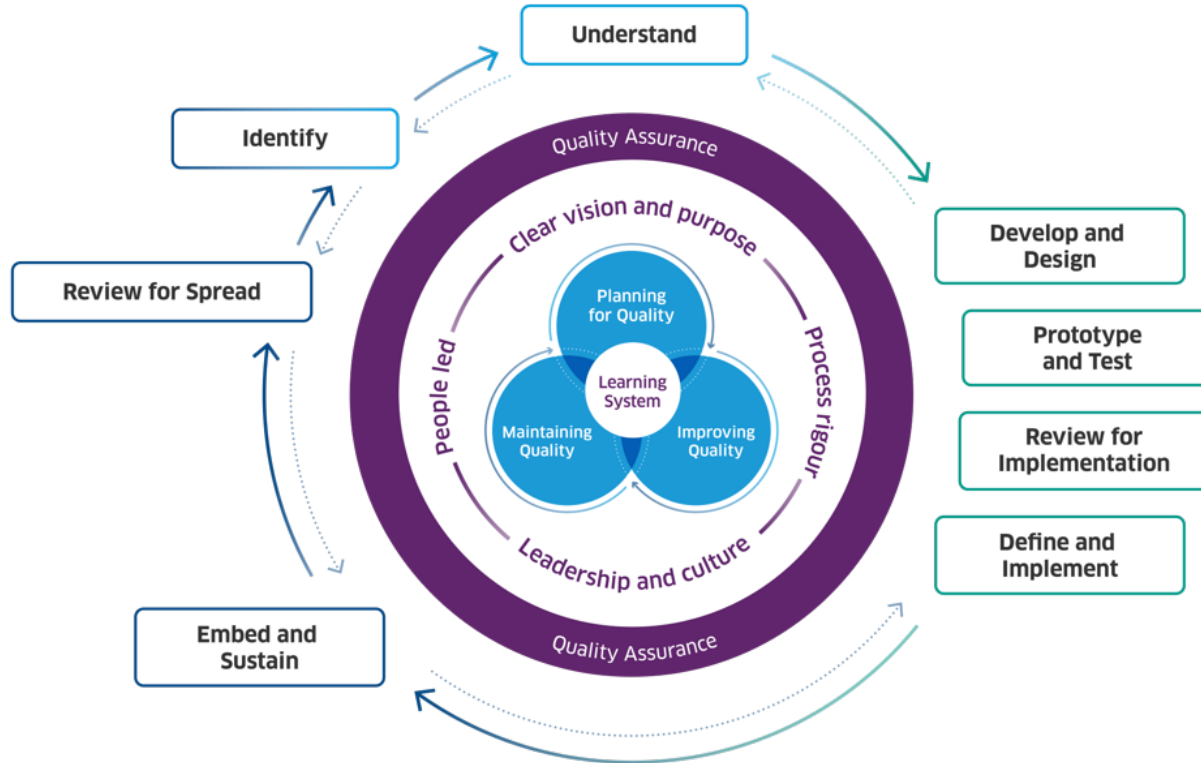
Practitioner	Team	Organisation
The views and concerns of people receiving care, families, carers and staff are regularly sought and recorded	The views and concerns of people, families, carers and staff inform person centred care planning	Process for people, families, carers or staff to request a review, escalate concerns and receive a timely response



Patient wellness question

- Access to escalation and rapid clinical review
- Patient, families and carers
- Staff

Scottish Approach to Change



My Experience of Deteriorating in Hospital: As a patient and a doctor

And how it can inform **Martha's Rule**

Acute compartment syndrome

Elective Surgery

For bone disease

High Risk Patient

- Tibia Osteotomy
IM nail
- Young, Active



Red Flag Symptoms



- 10/10 opiate resistant pain
- Reduced sensation and motor function

**Voiced concern of
Compartment Syndrome**

What happened? *Dismissal of concerns*



09:00 Pain onset

Junior Doctor

12:00 Ortho Registrar

Nurses

Advanced Nurse Practitioner

Phone call Ortho

Phone call Anaesthetics

Anaesthetics outwith

By chance

18:00 A different Ortho Registrar

On-call Consultant

My Consultant

21:00 Fasciotomy

No formal escalation
pathway for patients/family



The impact

Physical

- 75% debridement
anterior compartment
- permanent foot drop

Psychological

- powerlessness
- gaslighting



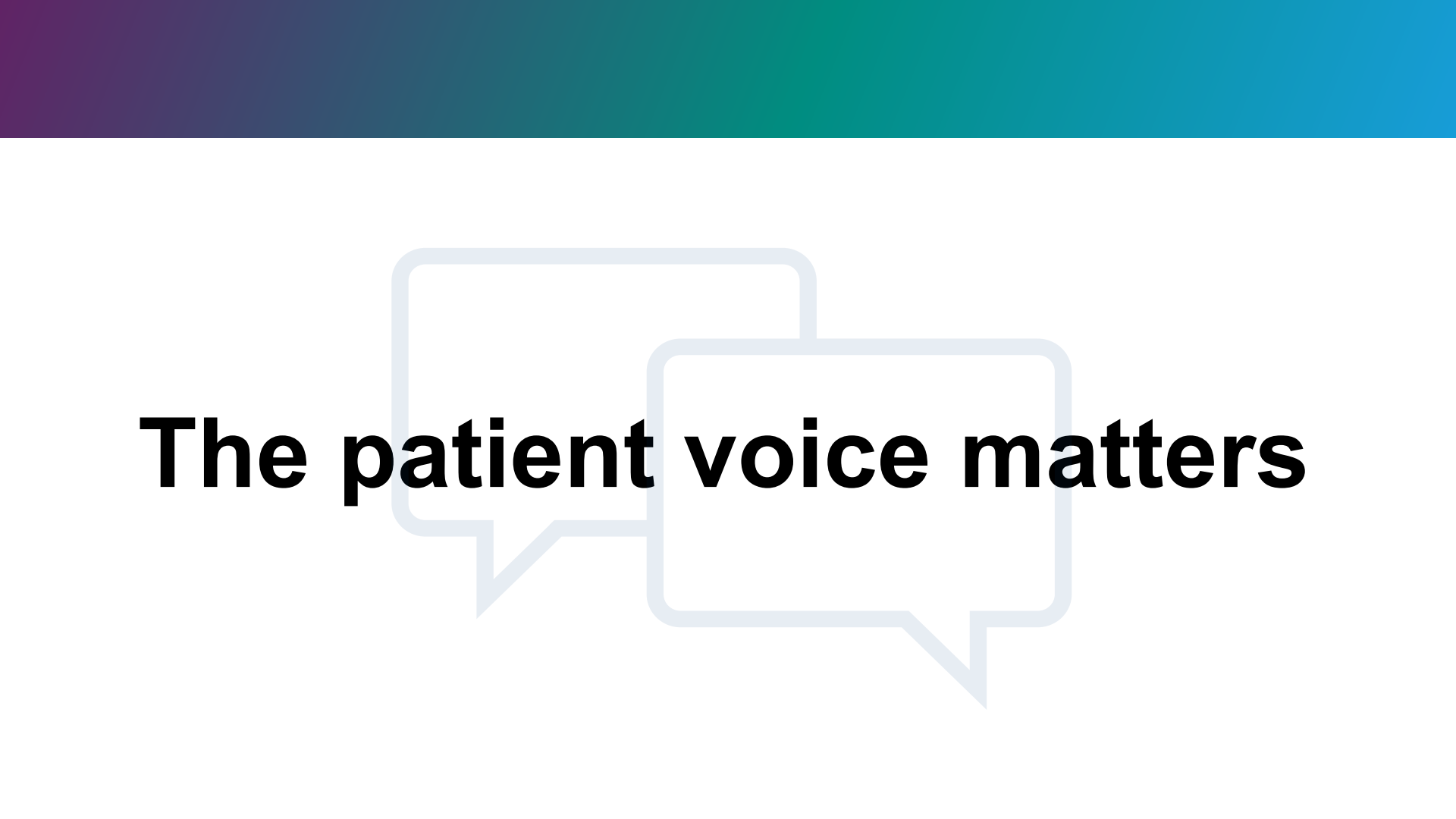
Why this happens?

Human Factors

- Human Error
- Overconfidence
- Bias
- Hierarchy
- Lack of Psychological Safety

Why Martha's Rule matters?

- Empower patients and families
- Close the escalation gap
- Change in culture
- Safe care for everyone



The patient voice matters

Welcome

Nicola Caffrey

Corporate Business Manager
Bolton NHS Foundation Trust



SPSP National Learning Event 2026: The Essentials of Safe Care in action

Martha's Rule:

People-led escalation and response

... for a **better** Bolton

Nicola Caffrey
nicola.caffrey@boltonft.nhs.uk

The Ethos of Martha's Rule

“Martha's Rule is a major patient safety initiative for inpatient hospital care providing patients and families with a way to seek an urgent review if their or their loved one's condition deteriorates and they are concerned this is not being responded to”



Remembering all patients and families



**“Evie” Le Masurier
O’Sullivan**

Parental concerns about Evie's breathing and crying were neither elicited nor given an opportunity to be expressed which contributed to her death.



Evan Smith

Evan called 999 while in hospital because nurses refused him oxygen.



Maddy Lawrence

Maddy's family raised concerns, but these were not listened to or acted up on.



Kane Gorny

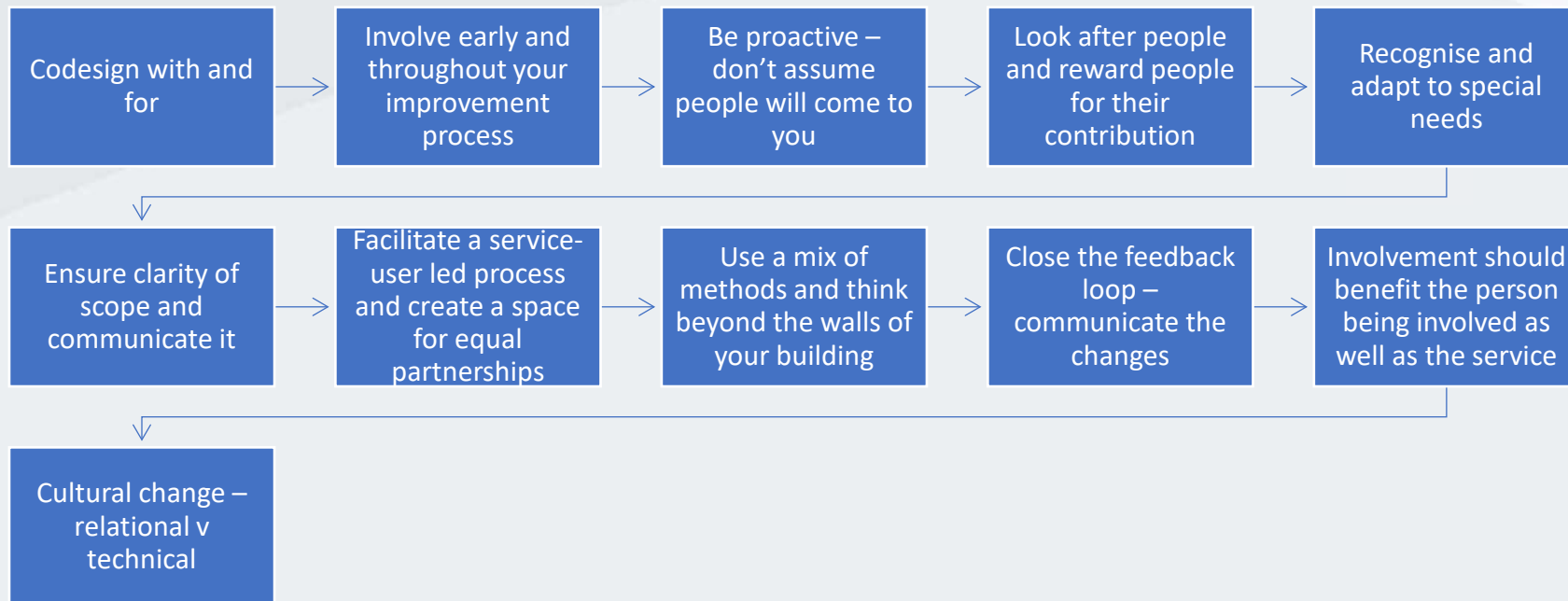
Kane called 999 while in hospital because he was so thirsty and later died from dehydration.

What is Martha's Rule?

A patient safety initiative to support patients, families, carers and staff to feel empowered to question if they have any worries or concerns about the treatment of a patient, and to escalate those concerns if they feel that a patient is deteriorating. There are 3 components to Martha's Rule:

1. Patients will be asked, at least daily, about how they are feeling, and if they are getting better or worse, and this information will be acted on in a structured way.
2. All staff will be able, at any time, to ask for a **review*** from a different team if they are concerned that a patient is deteriorating, and they are not being responded to.
3. This escalation route will also always be available to patients themselves, their families and carers and advertised across the hospital.

Principles of the Model



The NHS England Picture

17,490	Total Martha's Rule calls		72%	Family / carer
			15%	Patients
			13%	Staff
5,299	Acute deterioration calls	12,191	Non acute deterioration calls	
685	Transfers of care	4,642	Clinical concern	
2,489	Other change in treatment	4,470	Communication issue	

(Figures up to June 20

(Figures up to June 2026)

Our Bolton Journey



Patient Wellness Questionnaire

Component 1 - Patients will be asked, at least daily, about how they are feeling, and if they are getting better or worse, and this information will be acted on in a structured way.

National Evidence Based Development

✓ PWQ developed, tested and evaluated within the National Worry & Concern Collaborative and subsequent evidence-based research

Key Findings

- ✓ Earlier identification of deterioration
- ✓ Patients often identify deterioration before objective observations change
- ✓ Supports recognition of "soft signs" and validation of 'gut feelings'
- ✓ Stronger patient and family voice
- ✓ Increased confidence to escalate concerns
- ✓ Builds relationships and connections
- ✓ Positive staff, patient, family and carer feedback

... for a better Bolton

Bolton Model of PWQ Escalation

How are you feeling today?

☐ Good ☐ OK ☐ Bad

How are you feeling compared to the last we asked you (or compared to yesterday)?

☐ Better ☐ Same ☐ Worse

		How do you feel compared to the last time we asked you or since you came into hospital?		
		Better	Same	Worse
How are you feeling now?	Good	Continue	Continue	Monitor
	OK	Continue	Monitor	Act Now
	Bad	Monitor	Act Now	Act Now
Actions based on the outcomes of the PWQ (Patient Wellness Questionnaire)				
Continue		Continue with current plan of care		
Monitor		Repeat NEWS2, Tell nurse in charge, Assess patients for pain, Repeat PWQ in 2 hours		
Act Now		Tell nurse in charge and complete the **RECOGNITION** document and follow actions		

Martha's Rule Phone Escalation

Component 2 - All staff will be able, at any time, to ask for a review from a different team if they are concerned that a patient is deteriorating, and they are not being responded to.

Component 3 - This escalation route will also always be available to patients themselves, their families and carers and advertised across the hospital.



my martha's rule
detecting deterioration

Martha's Rule: Detecting Deterioration

Worried a health condition is getting worse? Talk to us.

Martha's Rule phone number is 07776 670739
This service is available 24 hours a day, 7 days a week.

SCAN HERE

Improving care, transforming lives...for a better Bolton

Martha's Rule - Bolton NHS Foundation Trust

Martha's Rule - Patient introduction
Bolton NHS FT

From a UK healthcare provider

Watch on YouTube

Martha's Rule - Patient Wellness Questionnaire
Bolton NHS FT

From a UK healthcare provider

Watch on YouTube



my martha's rule
detecting deterioration

Martha's Rule: Detecting Deterioration

Worried a health condition is getting worse? Talk to us.

You know yourself or your loved one better than anyone. You may notice small changes before they show up in our routine measurements. Telling us about these changes can help us detect deterioration early, so we can take action to prevent more serious health problems.

Tell us when a change worries you

- If you notice changes which could suggest a health condition is getting worse, please tell any of the staff looking after you or your loved one.
- If, after speaking to the care team, you remain worried and feel your concerns are not being addressed, call for a rapid review.

• Phone or text **07776 670739**



We see you as a partner in the care we are providing. You are not bothering us - we want to hear from you.

Improving care, transforming lives...for a better Bolton




my martha's rule
detecting deterioration

Martha's Rule: Detecting Deterioration

You know your child better than anyone. If you're worried about a health condition getting worse, talk to us.

Do you think your children's condition is getting worse?

Do you think they will need help straight away?

Have you spoken to your child's clinical team, but still have concerns?

If so, you can ask for a rapid review under 'Martha's Rule'

Phone or text **07776 670739**

SCAN HERE For more information

Improving care, transforming lives...for a better Bolton

Finally...

Don't be
afraid to start
small

Hold fidelity
to the model

Involve your
staff from the
beginning

Involve
patients,
families and
carers from
the beginning

Form a
coalition of
the willing

Learn from
challenges

Share
successes

Remember
the why

... for a **better** Bolton



Welcome

Dr Austin Rattray

Consultant in Anaesthesia and Intensive Care Medicine, and
Deputy Chief of Medical Services UHH, NHS Lanarkshire

Lise Axford

Chief of Nursing Services UHH, NHS Lanarkshire



Call 4 Concern

University Hospital Hairmyres

A 24/7 route when staff, patients or families remain worried.

LISTEN

RESPOND

ESCALATE

Stay with the concern until it is
resolved

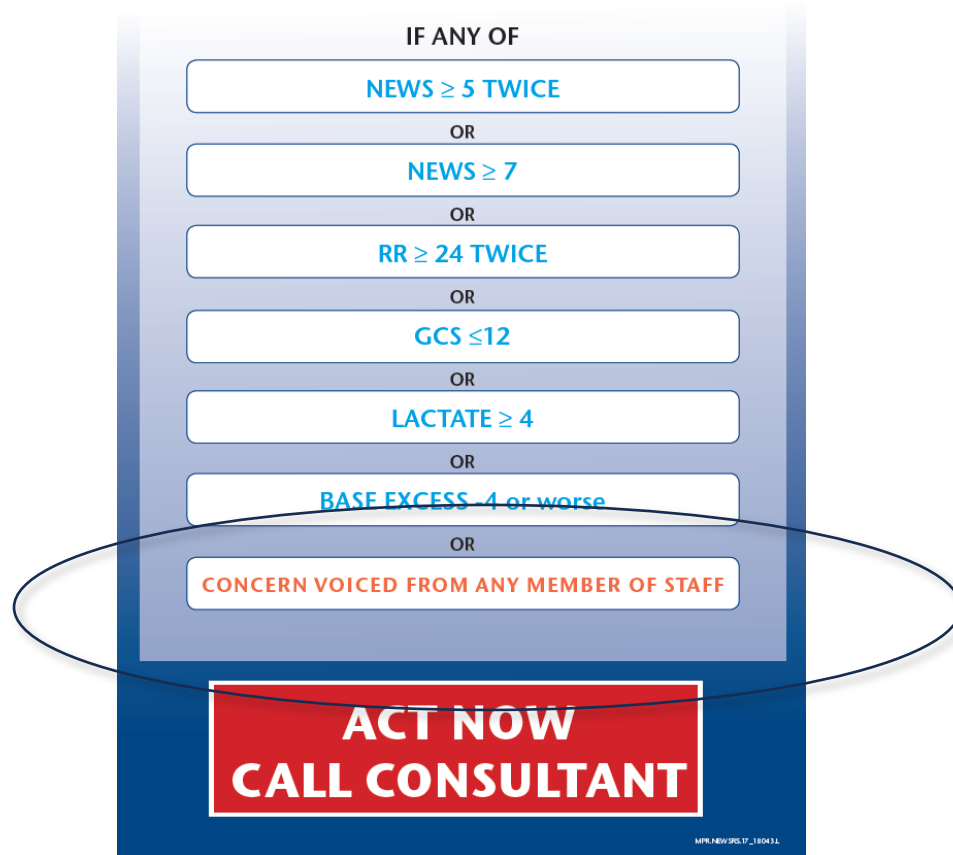
Martha's Rule Component 2 & 3

All staff will be able, at any time, to ask for a review from a different team if they are concerned that a patient is deteriorating, and they are not being responded to.

This escalation route will also always be available to patients themselves, their families and carers and advertised across the hospital.

RESPOND

Empowering Staff to Escalate



Why we introduced Call 4 Concern

A local response to Martha's Rule

The ask

Martha's Rule

Deteriorating Patient Group ask

Critical Care Delivery Group

The concerns

Workload

Second opinions

Second opinions *out of hours*

No critical care outreach team

The decision

Royal Berkshire

Adapt Components 2 & 3

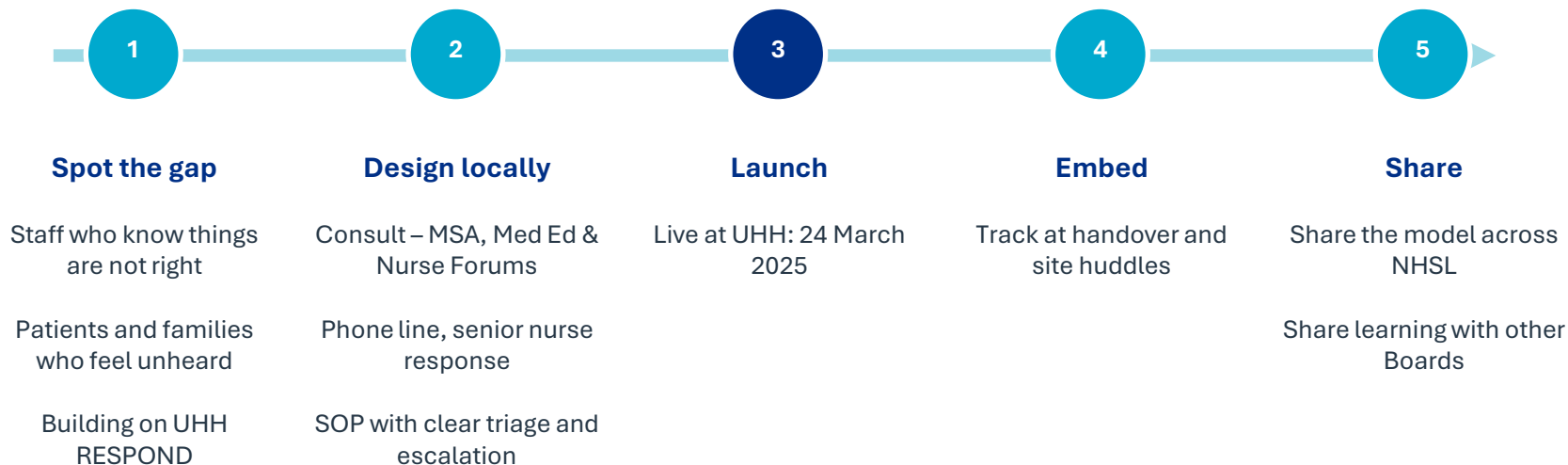
A workable 24/7 route

Test, learn and adapt

“It’s not about questioning care. It’s about partnership and vigilance.”

From idea to everyday practice

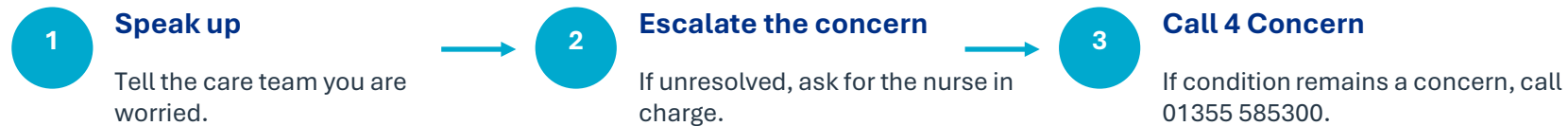
Five steps to a live service



Now: an active local service, backed by a formal SOP, rolling out across NHSL

Three steps to raise a concern

Speak up → escalate → call



01355 585300

Dedicated Call 4 Concern number

Available 24/7

It is always OK to speak up.

Comms



Call4Concern (C4C)

C4C helps to support health care teams who are caring for very ill patients. Patients, families and carers can contact a senior member of hospital staff if they feel that their own or a loved one's condition is getting worse and concerns have not been resolved.

The team can be contacted directly if:

- A noticeable change in a patient's condition occurs and you feel that the health care team is not recognising your concern.
- You feel there is confusion over what needs to be done for a patient and you need clear information about what is happening.



Please discuss with the ward healthcare team in the first instance, if you remain concerned C4C can be contacted to provide support. Please do not worry, this will not affect care in any way.

We understand that patients and their families often know best when something is wrong.

If you are concerned, follow these 3 steps

- Speak to the patient's healthcare team about your concerns.
- If you're not satisfied with the response you have received, ask to speak to the nurse in charge.
- If you are still not satisfied that your concerns have been addressed and the patient's condition risks getting worse, place a Call4Concern by calling 01355 585300.

Call4Concern is available 24/7

Call us on
01355 585300



Call4Concern (C4C)

Worried a patient is getting worse?

If you have any concerns about a patient's condition please...

Step 1 - Speak to the healthcare team

Step 2 - Ask to speak to the nurse in charge

Step 3 - Still worried?

Call Call4Concern – 01355 585300

Call4Concern connects you to a senior colleague if concerns haven't been resolved.

Call4Concern is available 24/7.



It's always OK to speak up.

Every call follows five steps

Capture → review → assess → act → close

1

Capture

Concern, patient, location and callback details.

2

Review

Review the patient, records and current plan. Go to the ward.

3

Assess

Triage urgency. Decide if rescue or a second opinion is needed.

4

Act and escalate

Escalate to HECT, medical team, patient's consultant or critical care.

5

Close the loop

Update the caller. Document. Handover. Keep open until resolved.

Match the response to the need

Triaging clinical urgency and the caller's unmet need

Immediate deterioration

Peri-arrest response. HECT and medical team. Low threshold for ICU.

Stable but concerning

Medical review within an hour. Clear plan. Escalate if worse. Low threshold for ICU.

No immediate concern

Hand to the nurse in charge and medical team. Document and hand over.

Second opinion

Senior discussion. Second opinion if needed. Agree a timescale.

What the calls tell us

How many

30 calls first year

1/3 of English experience

Frequency Increasing

Who called

Mostly Relatives & Carers

Patients

Staff

Fewer staff than predicted

Themes

Logistical

Clinical concerns

Deterioration & Rescue

2nd Opinion

most resolved at senior nurse level

MOST RECURRING

Discharge

Treatment Plan

fluids
fasting
medications
clarity

Communication

Transfer

Meet with Consultant

families most often called about discharge or treatment plans

Deterioration & Second Opinion

Relative – deterioration.. CT Scan.. transfer to HDU

Staff – sepsis 2nd opinion – immediate rescue – transfer to ICU

Staff – respiratory failure 2nd opinion - transfer to ICU

relatives & staff recognised deterioration, before the parent teams

Our Experience

Valuable Calls

**Complaints
Avoided**

Callers Reassured

Low Workload Overall

Patients Rescued

**Medical Staff
Supportive**

low cost, high value return

Acute deterioration calls are lower than expected

○

Lower volume than expected

One response did not follow the pathway.

What might explain this?

1 Visibility

People may not know the service or how to call.

2 Uncertainty about calling

Deterioration may still be treated as ward-only escalation.

3 Recording gaps

Some concerns may not be logged as Call 4 Concern.

4 Our readiness

Gaps in training

awareness, activation, recording and response.

Four things we would change

01

Comms

Visibility

02

Ongoing Training

Senior nursing team

03

Measure early

Set call, response and outcome measures before go-live.

04

**Launch
Coordination**

Align patient materials, staff briefings and handover prompts.

Make it simple for families — and clear for staff.

UHH Components that Work

Access, records, handover, escalation and oversight

Reliable 24/7 access

Senior nurse phone route;
switchboard diverts if 5300 is
engaged.

One record

Concern, assessment, action,
outcome and caller update.

Active handover

Track open calls at morning and night
huddles until resolved.

Wide team awareness.

Clear escalation SOP

HECT, medical, consultant and ICU
routes match urgency.

Organisational Learning

Turn calls into learning.....

Four priorities now

Make the service visible, measurable and consistent

01

Visibility

Display posters and information in every patient area.

Promote to staff

02

Data quality

Log every call, concern, action and outcome.

03

Learning

Share the learning through structured processes

04

Consistency

Training

100% success rate

Final safety net

Success: every concern is heard, reviewed and followed through.

Putting patient and staff voices at the heart of safety

“

Families, carers, patients, and any member of staff should feel empowered to say, ‘I’m worried,’ and know that there is a clear process in place to act on that concern.

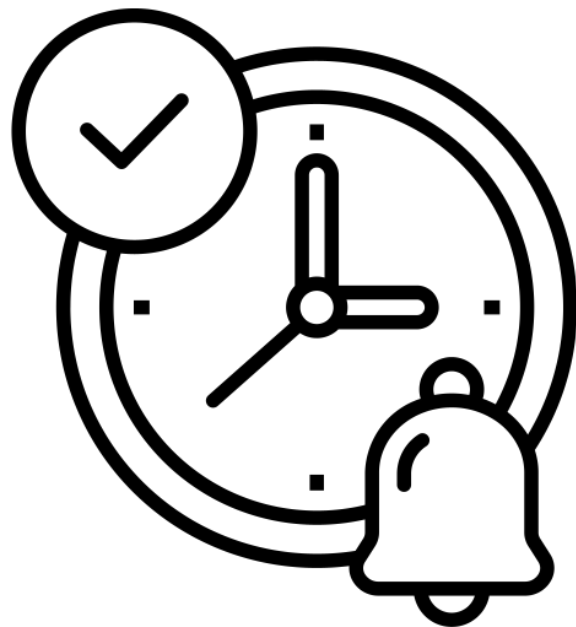
That’s what Call 4 Concern is all about – putting patient and staff voices at the heart of safety.”

STAFF VOICE

LISTEN • RESPOND • ACT

Comfort break: 15 minutes

We will restart
at 2.50pm



Welcome back

Martha's Rule in Scotland



People, families, carers, and staff are systematically listened to, and concerns are acted upon

Practitioner	Team	Organisation
The views and concerns of people receiving care, families, carers and staff are regularly sought and recorded	The views and concerns of people, families, carers and staff inform person centred care planning	Process for people, families, carers or staff to request a review, escalate concerns and receive a timely response



Patient wellness question

- Access to escalation and rapid clinical review
- Patient, families and carers
- Staff

Components of Martha's Rule

Patients will be asked, at least daily, about how they are feeling, and if they are getting better or worse, and this information will be acted on in a structured way.

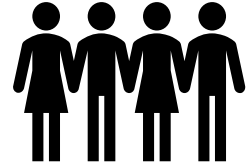
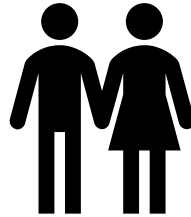
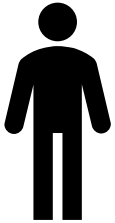
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1 – 2 – 4

Consider the three components of Martha's Rule within your care setting:

- What current work in your area aligns with the components?
- What processes can you identify that may need strengthened?
- What is one action you can take back to discuss with your team?



1 - Consider these questions on your own for 2 minutes

2 - Share your answers with the person next to you for 5 minutes

4 - Share answers with the couple next to you for 10 minutes

1 – 2 - 4

Patients will be asked, at least daily, about how they are feeling, and if they are getting better or worse, and this information will be acted on in a structured way.

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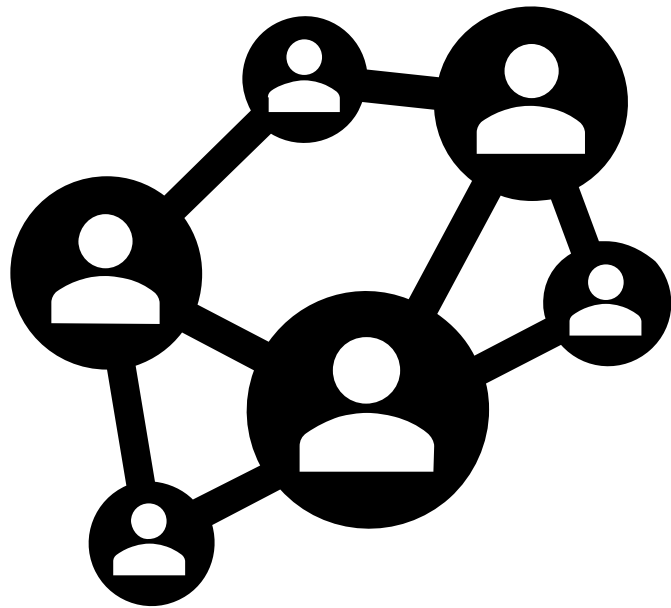
- What current work in your area aligns with the components?
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Speed networking

Find someone you don't know

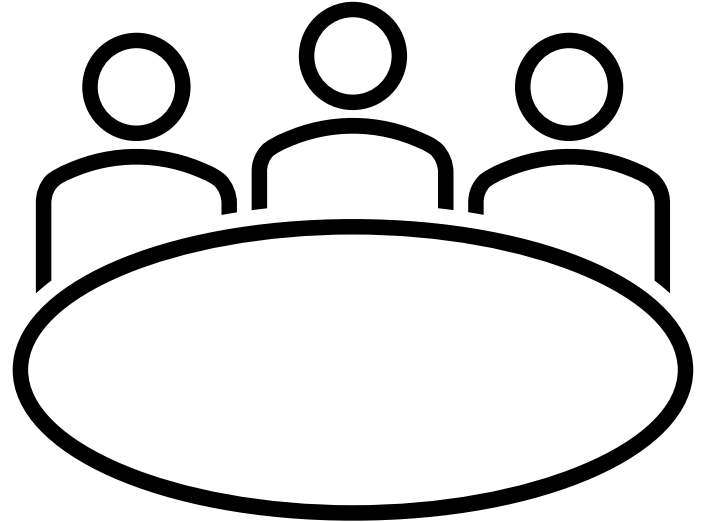
Share:

- Your reflections
- Examples of good practice
- What you want to find out more about



Feedback

- What are your reflections?
- Did you learn anything new?
- Have you thought of change ideas that you can test in your team/ organisation/ system?





SPSP National Event Breakout Survey

Keep in touch

Bluesky: [@healthimprovescot.bsky.social](https://bsky.social/@healthimprovescot)

Email: his.pspcontact@nhs.scot

Web: healthcareimprovementscotland.scot

Thank you