



# A YEAR OF MARTHA'S RULE

A SOAR Approach to Reflecting on this years successes and next year's aspirations



## WHAT DID WE DO?

We used the SOAR template to facilitate reflection and explore what pilot sites have learned after the first year of implementing Martha's Rule. We invited key stakeholders from the 10 Martha's Rule pilot sites as well as interested parties for sites enrolling in Phase 2 to our community of practice celebration event. We facilitated discussion and captured insights into the successes and opportunities Martha's Rule has given organisations this year. We also considered future aspirations for the year ahead.

## SUCCESSES

Key themes emerged from discussions around the benefits Martha's Rule implementation has afforded organisations.

- Many sites reflected Martha's Rule implementation has encouraged careful **ASSESSMENT** of existing deterioration pathways and particularly consider how accessible and rigorous they are. It also prompted one site to consider barriers to using these pathways with their staff before adapting existing pathways to meet Martha's Rule criteria.
- All sites commented that Martha's Rule implementation has prompted significant staff **ENGAGEMENT** work. Working to understand staff perspectives of Martha's Rule processes and using nurse educators to raise awareness and support roll out within ward teams.
- All sites felt that Martha's Rule has supported **COLLABORATION** and has broken down intra-organisational silo working. There were examples given of new working relationships forming with Quality Improvement teams as well as building on established work-streams for example bringing the sepsis and PEWs groups together to form a larger deteriorating patient group.
- Many sites reflected that Martha's Rule has improved **COMMUNICATION** within their organisations. Some reflected that this work has supported the way they listen to their staff, taking a more visible face-to-face approach. Whilst others indicated this has given their patients and families a voice. One site has already received positive feedback from a family member who has used the service.

## AT A GLANCE

### SUCCESSES & OPPORTUNITIES

- Greater insight into local deterioration processes
- Collaboration & co-production
- Staff Engagement
- Visible leadership
- Intra-organisational working
- Improving communication
- Consideration of workplace/organisational culture

### ASPIRATIONS

- Wider roll out: all inpatient specialties, maternity, NICU, A&E
- Extracting learning
- Improving co-production

National Patient Safety  
Improvement Programmes

Managing  
Deterioration


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## OPPORTUNITIES

We asked sites to consider what opportunities Martha's Rule has given their organisations and what opportunities remain potentially unexplored.

- One site indicated that Martha's Rule has given them an opportunity to both explore their current workplace **CULTURE**, undertaking a safety culture survey and implementing culture training and support for staff. They feel this has raised awareness of the importance of workplace culture and given staff strategies they can implement to improve it.
- Many sites commented that Martha's Rule as given them a platform to **ENGAGE** senior leaders in deterioration processes. This has increased the **VISIBILITY OF LEADERS** within organisations and facilitated **IMPROVEMENTS** in staff numbers, deterioration training, resources and in one case advanced the implementation of nPEWS.
- Some sites indicated Martha's Rule has given them a push to do more **CO-DESIGN** work. Particularly working with staff groups on the PWQ and understanding the parent and patient perspective when considering the family/carer initiated component of Martha's Rule.
- One site indicated that Martha's Rule has supported lots of **INTER-ORGANISATIONAL WORKING** and resource sharing which they feel has improved the quality of the initiatives put in place to meet the 3 components on a national footprint.



*"Ultimately we want to make it unnecessary because we have used Martha's as a platform to inspect and improve our existing deterioration pathways and the way we listen to patients"*

## ASPIRATIONS

Looking to the year ahead we asked sites to consider what they want to achieve going into phase 2.

### 1. Wider Roll Out

All sites reflected they wanted to roll Martha's Rule out more widely within their trusts. Some sites are starting to considering how this might work in different specialties particularly maternity and A&E.

Other sites reflected they hoped Martha's Rule would become "business as usual" by the end of next year.

### 2. Learning for Improvement

All sites reflected that they want to extract narrative learning from Martha's Rule escalations. Trying to identify common themes to improve the delivery and safety of care. Central to this is clearly defining what a Martha's Rule escalation is and how this differs from the usual escalation processes. Defining when a Martha's Rule escalation process ends is equally important. All sites want to consider how best to extract learning in a way that supports a just culture with many considering SJR and AARs. In this way sites also hope to build or add to the evidence base for the PWQ and demonstrate how Martha's Rule can improve patient outcomes.

### 3. Improved Co-production

It was noted that sites need to compassionately involve their medical staff groups with Martha's Rule. Some sites have voiced how important it has been to make doctors feel like part of the solution rather than "the problem". This was particularly notable with junior members of the medical team who felt Martha's Rule could significantly impact their medical practices making them more defensive.



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