



HEALTHCARE RIGHTS, COMMUNICATION & PATIENT SAFETY

Martha's Rule

Raising concerns when a patient
may be getting worse

The key idea

Martha's Rule is an NHS patient-safety initiative designed to help patients, families, carers and staff raise concerns about deterioration. A central component is access to a rapid review by a critical-care team from elsewhere in the hospital when concerns are not being responded to.

What is Martha's Rule?

Martha's Rule is a patient-safety initiative in the NHS in England, developed following the death of 13-year-old Martha Mills and other cases involving deterioration. Its purpose is to strengthen the recognition of deterioration and make sure concerns raised by patients, families, carers and staff are listened to and acted upon.

In everyday language

If you are worried that you or someone you care for is becoming more unwell and you do not feel those concerns are being responded to, Martha's Rule provides an additional route to ask for an urgent clinical review.

The three core components

Martha's Rule has three core components. First, staff must have a structured way to record observations and concerns about a patient's condition. Second, patients and families should be asked at least daily for their views about how the patient is feeling and whether they think the patient is getting better or worse, with this information recorded. Third, patients, families, carers and staff must be able to request a rapid review by a critical-care team from elsewhere in the hospital when they are worried about deterioration.

Key distinction

Martha's Rule is not only a telephone number for families. The rapid-review route is one part of a wider approach that also expects routine clinical observations and active listening to patients and families.

Why patient and family concerns matter

People who know the patient well may notice subtle changes before they are obvious during a brief clinical assessment. A patient may also recognise that something feels seriously wrong even when observations have not yet changed markedly. These concerns are additional safety information and should be considered alongside clinical assessment and observations.

When might someone use the rapid-review route?

It may be appropriate when a patient appears to be deteriorating, the patient or someone close to them is seriously worried, and they do not feel their concerns are being adequately recognised or acted upon by the team providing care. Local hospitals should explain how their Martha's Rule process is accessed.

What this might look like

A relative notices that a patient is much more confused and sleepy than usual. They raise this with the ward team but remain worried that the change is not being addressed. At a hospital where Martha's Rule is operating, they can use the advertised route to request a rapid review.

What happens after a request?

The exact local process can differ. The core model provides access to a critical-care team from elsewhere in the hospital, which can assess the patient's condition and advise on whether care needs to change or escalate. Hospitals should make information about accessing the service visible and understandable.

You do not need to prove deterioration

Patients and families are not expected to make a diagnosis or demonstrate medically that deterioration is occurring before raising a concern. Their role is to describe what they are seeing, feeling or noticing. Clinical assessment remains the responsibility of healthcare professionals.

Practical language

You can be specific: 'This is a significant change from how they normally are', 'I am worried they are getting worse', 'I have raised this concern but I still do not feel it has been addressed', or 'How do I request a Martha's Rule review here?'

What Martha's Rule does not replace

Martha's Rule does not replace ordinary communication with the ward team, emergency clinical escalation by staff, complaints processes, safeguarding procedures or emergency treatment. If immediate emergency action is needed, staff should respond through the appropriate emergency pathway rather than waiting for a Martha's Rule request.

Important to know

The purpose is to add a safety net, not create a barrier. A person should not be told that they must use Martha's Rule before staff will respond to an urgent clinical concern.

Accessible information and reasonable adjustments

Information about the local route should be accessible to the people who may need it. Patients and families may require interpreters, Easy Read information, British Sign Language, alternative communication, support to make a call or other reasonable adjustments. Communication needs should not prevent a concern from being heard.

Where is Martha's Rule available now?

Implementation has been expanding in stages. NHS England completed a 2024/25 pilot at 143 sites. For 2026/27, the NHS Standard Contract requires NHS trusts and foundation trusts to implement all three core components by 31 March 2027. NHS planning guidance describes this as full implementation across acute inpatient settings.

Current position

Because the national deadline is 31 March 2027, implementation may still vary between hospitals and inpatient areas during 2026/27. Ask the hospital how Martha's Rule currently operates locally and what rapid-review route is available.

What about mental health and other settings?

The current national contract requirement applies to NHS trusts and foundation trusts in acute services. NHS England's 2026/27 contract consultation response states that Martha's Rule is being tested in mental health trusts, with possible future extension considered after testing. It should not therefore be assumed that the same national process is already available in every mental health, community or independent setting.

For professionals

Martha's Rule supports existing deterioration systems rather than replacing them. Staff concerns are part of the model too. Implementation should make escalation routes clear, respond to concerns without defensiveness and combine physiological observations with information from the patient and people who know them.

Key distinction

A family member's concern is not a substitute for clinical observations, and normal observations do not automatically make a family concern irrelevant. The safety value comes from bringing these sources of information together.

If you cannot find the local Martha's Rule information

Ask the nurse in charge or ward team how patients and families can request an urgent independent or critical-care review for deterioration. Hospitals implementing Martha's Rule should communicate the local access route. If the concern is urgent, continue to tell staff clearly that you believe the patient is getting worse.

Why it is called Martha's Rule

The initiative is named after Martha Mills, who died in 2021 after developing sepsis in hospital. Her family had raised concerns about her deterioration. The rule was developed following campaigning by Martha's parents and wider work on failures to recognise and respond to deterioration.

Practical check

Are you worried the patient is getting worse? Have you told the clinical team clearly? Do you feel the concern has been acted upon? Is Martha's Rule operating in this hospital or ward? What number or local route requests the rapid review? Do you need a communication adjustment or support to use it?

References & Further Resources

Martha's Rule is being implemented nationally but local access arrangements can differ. The hospital providing care should therefore be checked for its current rapid-review route.

NHS England - Martha's Rule	The main national resource explaining the initiative, implementation and the three core components.
NHS Standard Contract 2026/27	Service Condition 33.13 requires NHS trusts and NHS foundation trusts to implement the three core components of Martha's Rule by 31 March 2027.
NHS Standard Contract technical guidance	Explains the national requirement, the 143-site pilot and the role of rapid review when concerns about deterioration are not being responded to.
NHS medium-term planning framework	Requires continued implementation of all three components in acute inpatient settings and links Martha's Rule with wider NHS patient-safety priorities.
Local NHS trust information	Hospitals implementing Martha's Rule publish their own access arrangements, including the local telephone number or route for requesting a rapid review.

How to use these resources

Use NHS England information for the national model and your hospital's own information for the practical access route. Because the full national implementation deadline is 31 March 2027, local arrangements may still differ during 2026/27. If someone appears to be deteriorating, raise the concern directly with staff rather than delaying while searching for information.