Philomena Vallance is passionate about ensuring her staff provide patients with the fundamentals of care they deserve when in hospital.

It is for this reason that Ms Vallance, head of nursing for emergency services and patient access at Frimley Park Hospital NHS Foundation Trust, Surrey, has signed up to the Care campaign, a joint approach by Nursing Standard and the Patients Association (PA) to improve the basics of patient care across the UK.

Ms Vallance says the campaign outlines ‘the bare essentials of care that every one of our patients should be able to assume they will receive’. She adds: ‘It is no more than I would expect for my family and that is what everyone should receive. As a trust, we are fully committed to the campaign.’

Ms Vallance is one of many nurse managers who have voiced their commitment to the campaign to drive up standards of patient care.

Launched at the end of last year, the Care campaign is based on the four most common concerns patients and relatives raise with the PA about hospital care:

- C – Communicate with compassion.
- A – Assist with toileting, ensuring dignity.
- R – Relieve pain effectively.
- E – Encourage adequate nutrition.

These four essentials can be used as a checklist by patients and relatives to pinpoint shortcomings in care, and by nurses to motivate other staff and argue for more support, for example.

A ten-point action plan has also been drawn up by senior nurses, academics and representatives of the regulators and royal colleges to pinpoint causes and solutions to the problem of poor care (see box).

Frimley Park chief executive Andrew Morris says: ‘Hospital management seems to be getting ever more complex but, if we don’t get the basics right, we fail.’

Staff nurses, ward managers, matrons, midwives, clinical nurse specialists, as well as heads of infection control, quality and patient safety at the trust have also signed up to the challenge.

At County Durham and Darlington NHS Foundation Trust, director of nursing Laura Robson is making the campaign part of the trust’s nursing strategy. ‘I want to make sure we are providing the best care for our patients,’ she says.

‘We have been discussing the campaign with our matron group. We are encouraging all nurses to sign up to the dignity challenge as well and see the Care campaign as a pledge to our patients.’

Yvonne John, ward sister at Barts and the London NHS Trust, plans to endorse the campaign in her area of care, to improve care, particularly in ‘the present climate of recession and limited resources’.

And at West Suffolk NHS Foundation Trust, the chair, chief executive and chief executive nurse have all signed up. Executive nurse Nichole Day says it mirrors the trust’s values and its ongoing Patients First programme, which sets out expectations of how staff should behave through ten service standards.

For emergency nurse practitioner and sister at University Hospital of North Tees Julie Fenwick, one of the strengths of the campaign is that its aims are easy for everyone to understand. ‘These are basic, fundamental issues that need addressing – issues that nurses have been concerned about for a long time,’ she says.

Too much red tape

‘Nurses are under so much pressure at times, trying to do their own job as well as taking on more responsibilities traditionally taken on by doctors. There are often too many red-tape and tick-box exercises going on – let’s get the basics right first.’

Commissioners are also coming on board: NHS Tees board nurse Beverley Reilly says the commissioning organisation will work with its provider organisations to encourage them to sign up to the campaign. ‘As a commissioner, it is vital we listen to the views of our patients and act on them accordingly,’ she says.

‘The Care campaign has clearly listened to patients, carers, health workers and the public, and identified four absolutely fundamental areas of concern that together we must address.’

Staff sign up to show their support for care campaign

Nurse leaders are backing a drive to focus on the most fundamental of healthcare issues, writes Sophie Blakemore
Guidelines introduced to tackle group A streptococcal infections

The HEALTH Protection Agency (HPA) last month published guidelines for the investigation, control and prevention of group A streptococcal (GAS) infection in acute healthcare settings, including maternity units.

The guidelines have been produced with the GAS Working Group, made up of healthcare specialists from across the UK.

Group A Streptococcus is a bacterium found in the throat and on the skin, and may be carried for long periods without causing illness. It is usually spread by direct contact with an infected or colonised person, and can cause a range of infections, from mild sore throats and skin infections to rare but life-threatening invasive diseases such as severe respiratory tract infections and necrotising fasciitis. Most severe infections are acquired in the community and only around one in ten in a hospital setting.

Evidence-based advice

General guidelines for controlling infections in healthcare settings exist, of course, but the HPA’s are said to give secondary care staff clear, evidence-based advice on how to minimise the risk of GAS infection in hospitals and maternity settings such as midwife-led units.

Working group chair Joe Kearney says: ‘These new recommendations are specifically aimed at assisting healthcare workers in controlling the spread of these infections. They have been drawn up with expert colleagues from a wide range of organisations, including a patient support group, to ensure we have developed comprehensive advice for managing GAS infections in hospitals and other acute healthcare settings.

‘Although cases of hospital-acquired GAS infection are rare, it is important that appropriate control measures are implemented quickly if a case is identified to reduce the risk of further spread to other patients.’

The guidance recommends that hospital staff investigate every inpatient with a GAS infection to determine how he or she was infected. The guidance also suggests that GAS infections diagnosed in women who have recently given birth or patients discharged within the previous seven days should be similarly investigated.

Where infection is acquired in hospital or as result of contact with healthcare services – after a home birth, for example – further investigations are recommended to find the source infection.

There are three main routes of transmission of GAS infections in healthcare settings: between patient and patient, between healthcare worker and patient, and through the immediate hospital environment.

The HPA says implementing a targeted investigation to locate the source of an infection can help hospital staff to eliminate it and to safeguard patient care.

The guidance also recommends how hospital staff should manage and investigate outbreaks: for example, by determining which healthcare workers are linked to cases, identifying signs or symptoms of GAS infection in close contacts, and recommending appropriate antibiotic treatment if necessary.