All change ...!

The word “change” is used so frequently in health care that people really do get fed up and simply want to be left alone to savour a little normality.

Change, as we all know, can be both positive and negative ... planned or unplanned ... welcomed or rejected with passion. However, while change is unfortunately inevitable, at some stage or other we need to make sure we take charge and make it work for us.

Emergency nurses over the last few months have certainly seen their fair share of change.

We have seen some NHS trusts, crippled with debt, being forced to take drastic steps and implement “turnaround” processes or draconian financial recovery plans. This has led to many colleagues being redeployed, downgraded or even made redundant. Many emergency departments are now not only working with reduced staffing levels, but also have minimal financial resources for training and developing their nursing teams.

Many of us are also witnessing a name change, from emergency care to urgent care or unscheduled care. It never fails to amaze me, this perception that a name change will address issues that have been highlighted over and over again. Personally, “emergency care” is just fine with me and I would much rather time and efforts were devoted to addressing crucial issues which actually will make a difference to both patients and staff.

The new Health Minister, Professor Ari Darzi, has a bold vision for health care provision in London – so too is his talk of polyclinics and their historical link to the USA. What is clear is that emergency nurses will need to be central to planning such bold reconfigurations if they are to have any chance of success.

The RCN is witnessing its own changes

We are all aware of one key change, a new leader at the top of the organisation. How effective this change is and what impact Dr Peter Carter will have on emergency nurses is yet to be seen. Early reports suggest he is frank and forthright. That’s a good start: most emergency nurses can identify with this.

Another noticeable change is the restructuring of the RCN’s professional specialist forums and the way the RCN delivers professional services to its members. This is happening under the banner of the Professional Development Framework (PDF) (www.rcn.org.uk/pdf).

This work has caused a huge amount of angst among many of the RCN’s specialist nursing forums. There are worrying proposals to change the way that many national specialist forums work. There is talk of forums being dissolved and virtual networks being created. There is no doubt that many of the national forums, ours included, needed better ways of working, but such a radical change feels a little like throwing the baby out with the bath water.

The Emergency Care Association has approximately 4,500 members and this enables the RCN to draw on the expertise of our speciality. The ECA Committee responded to the RCN’s formal consultation...
Get active, get involved
Emergency Care committee election 2007

The RCN works closely with its members and key stakeholders. The Emergency Care Association (ECA) is one of 76 specialist forums which help shape the RCN’s work and our committee is charged with ensuring the voice of emergency nursing is heard at all levels.

With the current restructuring work under the guise of the Professional Development Framework (PDF) changing the traditional way we’ve worked with specialist groups, now is an excellent time to get more involved and help shape this new future. There is an opportunity for four RCN ECA members to be elected to the national steering committee and this is an exciting chance to make sure your ideas and opinions make a difference.

Although the ways of working for RCN forums are under review, the national steering committee currently meets formally four times a year to discuss and move forward the emergency care agenda. The role of committee member is an excellent way to develop professionally, personally and politically. There are opportunities to attend courses on media training and political leadership. Plus, some committee members are fully funded to attend the RCN annual Congress and represent the views of emergency care colleagues.

The existing committee wants enthusiastic, knowledgeable and passionate new members to stand in the forthcoming national election. For full details of the process and nomination forms, follow the links to the ECA pages at http://www2.rcn.org.uk/aboutus/gov/ecaelections or contact Pat Stroud on 020 7647 3528 (email pat.stroud@rcn.org.uk).

The whole election process is managed by the Electoral Reform Society. The timetable for the 2007 election is:
- Nominations close at 4.30pm on Friday, 28 September.
- Ballot papers will be prepared and sent out by Friday, 12 October.
- The ballot closes at 12 noon on Thursday, 15 November.
- Candidates will be advised and results announced on Friday, 16 November.

If you think you’ve got what it takes to make a difference, fill in a nomination form and return it before the close of nominations.

And even if you choose not to stand for election yourself, make sure you use your vote when the ballot paper is sent to you. Remember, the ECA members who get elected this autumn will be your voice and your representatives at a national level.

CONTINUED FROM PAGE ONE

and raised many concerns on your behalf. However, emergency nurses need to ask themselves what it is we want from the RCN:

■ Is the PDF the right approach for our membership? If not, what have we done about it?
■ Have we been vocal enough to make ourselves heard?
■ Have we lobbied en masse?
■ Have we spoken to our RCN Council members?
■ Have we even taken the time to read what the RCN is proposing and to challenge what we don’t like?

The ECA itself has also been experiencing change. Recent RCN internal audits highlighted things that many forum committees need to do differently and formal processes that need to be adhered to. The committee has listened and embraced these changes proactively. With the support of Mike Hayward, our Professional Nurse Adviser, we are now moving forward into what we see as an exciting time with lots of great new opportunities.

One particularly exciting change is that within the next few months we plan to have four new ECA members joining the committee. This will bring new blood and new ideas, enabling us to identify a new strategy, a new vision and a new way forward.

We hope this will produce a committee that’s more responsive to member needs. A committee which listens to what you say and, more importantly, acts upon what you say. So now is the time to come forward and help make this change happen. Nominate yourself for election to the national steering committee, volunteer to be link members – or just drop us a line and tell us about the issues you feel need to be addressed.

Finally, the ECA committee would like to formally recognise the professional response that was provided by all our emergency care colleagues in Glasgow following the recent bomb attack at Glasgow airport. To have continued to deliver high quality emergency care services in a difficult and potentially dangerous ongoing situation is highly commendable.

Rabina Tindale
ECA Newsletter Editor

Not a member of the ECA yet?
If you’re an RCN member, you can become a member of the Emergency Care Association as well. Benefits include a free newsletter, conference updates and eligibility to stand for election to the national steering committee. Just phone RCN Direct on 0845 772 6100 and ask to join forum 2102.

Spread the news
When you’ve finished with it, why not take this newsletter to work and leave it in the coffee room for your colleagues to read!
ECA feeds into NHS Workforce Review Team

Representatives of the RCN and the ECA recently attended an important NHS Workforce Review Team meeting, looking at the future needs of multi-professional emergency services. The purpose was to inform and influence NHS workforce planners in their strategic thinking. Discussions centred on the changing face of emergency care and the move towards more locally delivered services, including the roles of emergency nurse practitioners and emergency care practitioners. The wide diversity of knowledge, skills and role was also highlighted as a potential concern.

The RCN stated the importance of commissioning the correct number of training courses at university to prepare nurse practitioners – also, of ring-fencing training budgets to allow nurses to develop advanced skills such as non-medical prescribing, autonomous practice and advanced life support. The role of emergency nurse consultants was highlighted as well.

RCN lobbies for greater nurse involvement in emergency care reconfigurations

During the recent Department of Health (England) quarterly Emergency Care Team meeting, the RCN raised its concerns at the lack of senior emergency care nurse involvement in both policy and strategy development around reconfiguration of services.

At the meeting, Sir George Alberti, the DH emergency care “tsar”, announced the formation of a national expert clinical reference group to help oversee local reconfigurations of emergency care services. The team is made up entirely of senior medical staff from various specialties with the exception of one nurse, Liz Nixon, who is not an emergency care nurse.

Following the meeting, Dr Peter Carter, RCN General Secretary, wrote to Professor Chris Beasley, Chief Nursing Officer for England, to raise the RCN’s concerns around the lack of emergency nurse involvement. As a result, Sir George Alberti has written to Dr Carter, offering to meet and discuss their issues.

What’s in a name?

Well, how about a free subscription to Emergency Nurse Journal!

“Change” is the buzzword throughout this newsletter. We have a new editor and the Steering Committee has decided that we need a new name for the newsletter as well.

That’s where you come in. Get your creative hat on and send your ideas to the Editor at rabina.tindale@midyorks.nhs.uk

If the name you suggest is judged the best and most suitable by the committee, you will win a year’s free subscription to emergency nursing’s leading monthly journal.

Rules: Closing date for entries is 31 October 2007 and the winner will be notified. Decision of the judges is final and no correspondence will be entered into.

FROM THE FCO

Guidance to help you deal with cases of forced marriage

The Foreign and Commonwealth Office has launched guidelines to assist health professionals who suspect cases of forced marriage. Each year around 300 such cases are reported to the Government’s Forced Marriage Unit, but many more come to the attention of the police, social services, health, education and voluntary services.

The guidelines are aimed at frontline practitioners such as emergency department staff. Evidence suggests many victims assume that health professionals cannot help them and they may not feel confident in expressing their concerns. Feedback from health professionals showed that they would like to do more, but were not always sure how.

The guidelines provide practical advice on how to recognise the warning signs and what to do if a patient discloses that they have been, or are about to be, forced to marry.

Dealing with cases of forced marriage: Practice guidance for health professionals is at www.fco.gov.uk/Files/kfile/Health%20Guidelines%20FINAL.pdf

FROM THE RCN

Guidance on clinical imaging requests being amended

The RCN in conjunction with a number of other professional bodies has developed a much-needed guideline for clinical imaging requests for non-medically qualified professionals. However, as a result of a number of concerns raised by the ECA, the document is currently under review.
FROM THE NPSA

An important report covers medication errors

The National Patient Safety Agency has published *Safety in doses: medication safety incidents in the NHS* to present learning about medicine safety, drawn from almost 60,000 medication incidents reported to the NPSA via the National Reporting and Learning System (NRLS) between January 2005 and June 2006.

This report reviews the 92 reported medication incidents of severe harm in detail (38 of them resulting in death). These 92 incidents included errors in the administration and prescribing of medicines. The medicines most frequently associated with severe harm were opioids, anticoagulants, anaesthetics, insulin, antibiotics (allergy related), chemotherapy, antipsychotics and infusion fluids.

The full report is at [www.npsa.nhs.uk/site/media/documents/2806_RevisedPSOforweb.pdf](http://www.npsa.nhs.uk/site/media/documents/2806_RevisedPSOforweb.pdf)

FROM SKILLS FOR HEALTH

Emergency care practitioner competencies launched

Skills for Health is the UK health sector’s skills council. They help the health sector develop solutions that deliver a skilled and flexible UK workforce to improve health and health care. At the recent national ambulance conference, AMBEX 2007, they launched two key documents outlining a competency and curriculum framework for the development of the emergency care practitioner (ECP) role.

An ECP may be defined as a health care professional who works to a medical model, with the attitude, skills and knowledge base to deliver holistic care and treatment within the pre-hospital, primary and acute care settings and with a broadly defined level of autonomy. The RCN responded to the national ECP competency consultation exercise and helped shape the final documents.

More information is at [www.skillsforhealth.org.uk](http://www.skillsforhealth.org.uk) or email jan.caulfield@skillsforhealth.org.uk

FROM NICE

Guidance published on feverish illness in children

*Feverish illness in children – assessment and initial management in children younger than five years* is important guidance which provides recommendations made by the National Institute of Health and Clinical Excellence to the NHS.

The key priorities for implementation are:

- detection of fever
- clinical assessment of the child with fever
- management by remote assessment
- management by the non-paediatric practitioner.

The guidelines were produced by the National Collaborating Centre for Women’s and Children’s Health. The recommendations were finalised after public consultation and are available at [www.nice.org.uk](http://www.nice.org.uk)

FROM THE DH AND NPSA

Here’s how to handle concerns about health care professionals

This is an excellent document launched by the Department of Health and the National Patient Safety Agency. It brings together common principles for handling performance concerns for all health care practitioners in England, demonstrating that a common approach can be applied across all practitioners and in all settings where health care is offered. It promotes a constructive and supportive approach wherever possible.

Emergency nurses were well represented by the ECA at this year’s Congress. The event returned to Harrogate and majority of the committee members were present at some point or other throughout the whole week. Lots of interesting topics were debated, including a ban on selling fireworks to the general public (see box). We also held a well-attended fringe event supporting a campaign which is outlined here.

**Hot water burns like fire!**

The Emergency Care Association has been supporting the Hot Water Burns Like Fire campaign through the RCN Political Leadership Programme, working hard to get the Government to change the law to protect some of society’s most vulnerable people.

For many, the simple act of taking a bath can be fatal. Each year 20 people die as a result of scald injuries, thousands more need months of treatment and skin grafting, and tens of thousands require treatment by an emergency department or practice nurse.

There is no compulsion in law to ensure that a simple safety value is fitted to taps in the UK. Hot water in most house tanks is heated to 60-plus degrees and this comes straight out of the tap and into the bath. If you have forgotten to put on the cold water or are distracted when your child is playing with the taps, it takes only five seconds of contact to cause serious damage that may need treatment.

We are committed to this campaign to reduce these injuries and deaths. It was started by Mary Creagh, MP for Wakefield, and supported by many organisations in the UK – for example, the National Society for the Prevention of Cruelty to Children, the Burnt Children’s Trust and RoSPA, the Royal Society for the Prevention of Accidents.

By changing the law we really can make a difference. The campaign supports fitting a thermostatic value which would control the heat of the water to less than 48 degrees to every new home in the UK.

If you want to be involved, can help out or simply want more information, contact Brian Boag on 07912218765 or email brboag@hotmail.com

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**NO MORE BANGERS FOR CASH**

The ECA was also busy in the main hall at Congress, seconding a resolution submitted by the RCN Swansea Branch. “No more bangers for cash” urged RCN Council to lobby government to ban the sale of fireworks to the general public, a move which would help reduce the annual number of serious injuries.

Donna McGeary, a former ECA Committee member, shared statistics with the audience on the numbers of injuries seen from fireworks and the motion was carried. For more about this, contact mike.hayward@rcn.org.uk
Here's your invitation to join us at this year’s RCN National Emergency Care Conference.

CHANGE MAKERS: 
Ringing the changes in emergency care

23–24 November 2007

The RCN Emergency Care Association has teamed up with Emergency Nurse Journal, Smith and Nephew Healthcare and RCN Events to host this year’s annual emergency care conference.

The theme for 2007 is “change makers” and, as usual, the conference will take place in the Daresbury de Vere Hotel, near Warrington in Cheshire.

Change in emergency care is constant and fast moving. As you’ve seen in the editorial on page two, the RCN and the ECA are undergoing a degree of proactive change on many fronts and the look and feel of the national conference is one of them. We have listened to our members and made some changes which we believe deliver greater value for money and more accessibility for staff at all grades.

You told us that funding is becoming increasingly difficult in a cash-strapped health service. In response, we’ve worked hard to secure sponsorship and subsidy to allow us to deliver an affordable conference. This year it’s priced at only £99 (early bird rate) for two packed days and that includes a black tie conference dinner. We’ve also managed to negotiate a great rate for accommodation at the de Vere Hotel of £76 single or £86 for double occupancy per night.

You also told us that study leave has been banned in many NHS trusts or is becoming difficult to negotiate. In response we’ve reduced the conference from two and a half days down to two. And we’re holding it on a Friday and Saturday to give greater flexibility to delegates in terms of ability to attend either or both days according to their personal, family or work situation.

For details or a booking form, contact: Kathryn Clark, RCN, 20 Cavendish Square, London W1G 0RN. Telephone: 020 7647 3585. Fax: 020 7647 3411. Email: emergencycare@rcn.org.uk

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