

**Lothian & Borders Stroke MCN
Training & Education Subgroup**

Monday 9th November 2015 (via video-conference)

MINUTES

Present:

Sheena Borthwick	Service Lead, Adult Community and Rehabilitation S< Services; representing speech & language therapy service
Gillian Currie	Stroke education facilitator, NHS Lothian & Borders
Trish Elder-Gracie	Outreach nurse, stroke education, RIE
Morag Medwin (minutes)	Stroke MCN co-ordinator
Jackie Sloan	Learning & Development Advisor, City of Edinburgh Council
Mark Smith (chair)	Consultant physiotherapist

Apologies:

Gillian McClure	Physiotherapist, SJH
Elizabeth Eadie	Sonographer, WGH
Anne Rowat	Lecturer, Edinburgh Napier University
Dr Deborah Tinson	Clinical neuropsychologist

In attendance, via VC:

Katrina Brennan	Lead, Stroke Improvement Team
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action

- 1. Welcome & apologies**
Apologies as noted above. Welcome to Katrina Brennan joining the meeting via video-conference.
- 2. Minutes of the meeting of 28th July 2015**
These minutes were approved without change.
- 3. Actions/updates from previous meeting**
Mark noted that he was still to speak to Linda Gibson at ECSS regarding the visual rehabilitation pathway (item 4.1) but had spoken with Cait Sweeney, OT at ECSS, and at present they still do not have a fully developed pathway. However, this area of work will now be followed up after the upcoming Stroke Improvement Plan workshop: Access to specialist services – visual assessment, on Tuesday 17th November. Linda, together with four other OTs and a physiotherapist from Lothian, will be attending this workshop.
- 4. CHSS update**
 - 4.1 Completed training**
Stroke awareness days for CEC
26th August: 14 staff attended
7th October: 16 staff attended

CCIS 1: 2/3 September
RIE 101/201 - 4 staff
WGH 50/55 - 3 staff
14 staff in total but fewer numbers than hoped due to a few last minute non-attendees that were unable to be filled by waiting list staff.

CCIS 2: 20/21 October

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RIE 101/201 – 3 staff

WGH 50/55 – 2 staff

19 staff attended overall but a few staff only attended one day due to illness/bereavement/errors with dates of course so they will need to be rebooked to attend the days that they missed.

There was an attempt to use the video conference for Anne Kinnear from RIE to WGH for the medicines section. However the VC system at RIE wasn't working and it was not able to be fixed, despite the involvement of the video conference department. Hopefully by having two CCIS2 courses at RIE next year this won't be an issue again. Sarah Keir returned to present on medic session and was gratefully welcomed back.

Training for carers – VOCAL – 28th October

Gillian provided a one day training course to carers in conjunction with VOCAL, based on the model used in NHS Fife. A more generic one-day training format was trialled to five carers and one patient (with their carer). This worked fairly well but due to the level of discussion it proved difficult to cover all the topics in a four hour session. Following the evaluation Gillian may return in 2016 to offer another shortened top up session to those who attended.

National Stroke Improvement – education template

Katrina Brennan reported that she had attended a Scottish Executive Nurse Director Forum meeting and had shared the stroke education template with them for each of the health boards. She noted that the nurse directors at the meeting were disappointed with the level of stroke-specific training undertaken by the stroke units. She confirmed that the template for 2016 will also include a record of those nursing staff who have completed IPC training, but the elements for benchmarking this are still to be agreed.

4.2 Future training sessions – 2015 programme, strategic approach

CCIS 1: 11/12 November

Currently there are registrations for six staff from WGH and five from RIE stroke units, with 17 staff expected to attend on the day. There have been two last minute cancellations from AAH nursing so these places are available to RIE and WGH for first refusal. Trish agreed to ask the charge nurses at RIE.

TEG

East Lothian – training for care homes – 19th November

This day has been arranged for the Doughty Centre, Haddington and is based on the CEC model with a shorter psychology advisory session and a session on end of life care. Val Reid, Care Home Nurse Advisor, has been collating names and Gillian has physiotherapy and hopefully OT representation from Roodlands Hospital. 20 staff expected to attend.

Jackie asked if the Edinburgh care homes could get a similar session as this, and she will make enquiries with them to gauge interest. Gillian noted that care home staff are welcome to access Stroke Awareness and CCIS 1 and 2 training if spaces are available. It would prove challenging to provide multiple sessions to care homes and if a need was identified a larger care home study day could be run similar to the model used in NHS Lanarkshire which Katrina provided an outline on.

JS

Mark noted that the Stroke Association has developed a two day training course for trainers that private care homes can access. There is a fee payable for this two day course, and those trained can then deliver short sessions to

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colleagues and volunteers.

Katrina outlined the Lanarkshire model whereby they run two sessions per year and upwards of 60 staff from private and local authority care homes attend. Five facilitators provide assistance with the workshops during the session.

Gillian noted that she has received a request from Edinburgh Council for a session with volunteers on communication issues.

4.3 Single study days

i 25th November: Sensory awareness – visual & hearing loss

A further single study day has been offered following the success of the Sensory Champion training in partnership with Katharine Jackson. This will focus on pre-existing sight and hearing loss and its impact on stroke. The day has been offered in several formats:

- all day attendance
- morning only - vision
- afternoon only - hearing

By offering these different attendance options it is hoped that some nursing staff will attend as to date no nurses from either acute or rehabilitation sites have accessed sensory awareness training. However at the moment numbers registered are still quite low sitting at around eight staff, and there needs to be 15 staff to make it worthwhile. Details have been widely circulated, but the registration numbers are low and it was agreed to re-circulate and to include the front door nursing teams.

MM

ii **Swallow screening – train the trainers**

Two half day sessions were offered on Thursday 10th September to accommodate attendance of nursing staff.

Morning session: 13 staff registered (10 attended on the day)

RIE A&E – 3 staff
 RIE 101/201 – 2 staff (1 sick and 2 DNA)
 RIE AMU – 2 staff
 RIE Gen Medicine (208) – 2 staff
 WGH MOE – 1 staff

Afternoon session: 9 staff registered (4 attended on the day)

RIE AMU – 2 staff
 RIE 101/201 – 2 staff (1 arrived late due to mix up with times)

Following discussion at the study day, the swallow screen documentation has been updated (now using V6), to identify if the patient has a pre-existing dysphagia.

Gillian also noted that Ros Todd (S< at WGH) has drawn up a quick reference guide to display the difference between swallow screening and swallow assessment. This will be shared around the clinical areas and available on the intranet – as there are still references to swallow assessment being made in patient notes, when clearly the instruction is for a swallow screen.

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There was discussion on the training of nursing staff and how the screen is

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being more widely used as a generic tool at the front door, which is impacting on its usefulness and value. Hopefully with the quick reference guide, this will direct staff to use it appropriately. However, it was pointed out that the current document doesn't have 'stroke' mentioned on it at all.

Sheena spoke about the current self-directed training programme and the issues with the reluctant learner not undertaking the full programme. In order to be signed off, trainers need to be confident the learner has understood the content and there have been suggestions that a certificate would help with sign-off. A LearnPro module has been suggested but this would have cost implications and Katrina also noted there is no resource available to put such a module onto STARS. This topic will be discussed further at NACS.

4.4 2016 training dates

Dates for 2016 training are now booked but the electronic online booking form and flyer are still being worked on. Dates will be circulated to the stroke units to enable forward planning. There will be:

- four CCIS 1 courses all to be held at WGH.
- three CCIS 2 courses: 1 at WGH and 2 at RIE to accommodate attendance by medics.
- three Single Study Days at RIE
- four Stroke Awareness Days

Jackie Sloan agreed that two can be held in CEC premises and she will arrange presenters. The other two will be held at WGH.

It has hoped that by having two of the CCIS 2 courses at the RIE this will make it easier for the medics and pharmacists to teach on the course. Sarah Keir has already offered to support the courses if she can in 2016 and Simon Hart has agreed to present on CCIS 1 in Feb 2016.

Following on from discussions with Christine Hazelton she has agreed to come back to NHS Lothian to deliver another Visual Loss study day following the success of the study day run in June 2015. There was significant appetite particularly from stroke staff working in the community.

Katrina asked if nursing staff from SJH attended the training days, and Gillian confirmed that the SJH team are mainly accessing the online training and attending single study days. Their nursing staff are quite static and they run in-house sessions.

5. Acute site training

5.1 Stroke Improvement Plan – review (9th December 2015)

The group was reminded that the Education template will be discussed at the annual review meeting on 9th December with the Stroke Improvement Team. Training done as at Friday 13th November will be included on this template and Morag and Gillian will collate the updates in the next weeks.

5.2 RIE stroke unit training programme

Trish advised that there has been good uptake of the STAT sessions and another one will be held on 27th November for RIE staff. Swallow screen training is continuing to be rolled out on the stroke units and Trish anticipates that all staff will be trained by December.

Noted that following the previous Training & Education meeting Caroline Allan

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had circulated an orientation booklet for MoE/Stroke services at RIE. Some stroke-specific edits had been requested, but a final copy of this booklet is still to be seen. Trish advised that she wasn't involved in its development or use.

5.3 WGH stroke unit training programme

Currently the physiotherapists on Wards 50/55 are providing on site buzz training sessions to nursing staff and this is working well with SLTs planning to continue to use this format in due course.

Stroke Education Facilitator (Gillian) and SLTs ran a Swallow Screen in-service on 30th October. SLTs are working with nursing staff to sign off staff as competent and this is being recorded on training spreadsheet. It is hoped to also run a swallow management in-service and physiological monitoring session for nursing staff.

There has been some confusion though with the use of swallow screen document to non-stroke patients at the WGH in ARU and this has proved challenging. Following training that the SLTs provided, addition of the word 'stroke' to the screen document was requested. This will be amended for the next print run.

MM

A prompt card that refers to the Stroke Care Bundle is also now in use by the outreach team with front door clinicians, as noted by Viv McKay at the SPMT last week. Morag noted that she has asked for a copy of this so we can share across the other sites.

MM

5.4 STAT

Trish noted that the STAT days have been very well attended and there will be another one on 27th November specifically for RIE staff. There had been suggestions from the facilitators that some of the content be modified, but Katrina advised that changes to ensure it has local content are appropriate, but for any amendments beyond this they would need to liaise with Lynn Gray at CHSS.

There has been a loss of medical input in Lothian with another doctor about to move away from Lothian. However, Lynn Gray has agreed that a senior nurse, who has already done the session, can sit through it (from a trainer perspective) and once they have passed the module test they will be able to facilitate on future sessions.

It was suggested that the registrars should be encouraged to facilitate the sessions also, with their training being done similarly to senior nurses mentioned above. An ANP who has been STAT trained, and works in ARU at WGH has also agreed to help deliver the training and will be slotted into slots during 2016. This will need to be confirmed with her line manager.

Dates for 2016 have been agreed and rooms booked. Trish noted that eight to 10 people is ideal for the sessions.

- Friday 26th February
- Friday 22nd April
- Tuesday 28th June
- Friday 26th August
- Friday 21st October
- Friday 25th November

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A flyer will be updated and circulated to all sites.

6. Ad hoc courses / initiatives

6.1 Sensory champions

Katharine Jackson will remain in post till March 2016 and has collated a report to feedback on the Sensory Champions Project. A festive gathering has been arranged for 9th December at Deaf Action to report on the findings of the project and to thank those involved for their contribution. Gillian has reported to the Stroke Vision and Hearing Network on the success of the project and lessons learned that can be disseminated to other areas across Scotland.

There are currently 10 clinical staff in Lothian that have been trained as sensory champion for stroke: including the CHSS liaison nurses, a physiotherapist from AAH, OT from Midlothian Council, a support worker from ECSS at Firhill and an OT at SJH. There were originally 12 staff trained but due to staff changes these individuals have subsequently moved on.

Katrina agreed that this overall project is not widely known and its achievements should be promoted further for recognition of its success.

7. NHS Borders – training & funded projects

7.1 NHS Borders training

Gillian reported that NHS Borders stroke staff (mostly OTs) continue to book themselves onto the CCIS 1 & 2 courses on an ad hoc basis. Two nursing staff have also registered for CCIS 1 in February 2016.

7.2 Emotional Distress post-stroke resource pack

Morag reported that she has met with Deborah Tinson and the content for this resource pack has been agreed. Once formatted, the resource pack will be used by the clinical team in West Pavilion, AAH, before further training is rolled out to other sites.

8. Stroke modules at Napier & QMU

No updates from Anne Rowat and Gill Baer.

Gillian reported that she has given presentations at QMU on their interprofessional days and the students, particularly OTs and nurses, are engaging with STARS. The lecturers are encouraging students to do the modules before their placements.

9. Any other business

9.1 National Stroke Training Issues

A post-meeting updated was received from Lynn Gray:

National STAT – the project will complete at the end of December and 481 staff will have attended nationally over the three years. All NHS Boards have now engaged to some degree with STAT. The project has come in on budget and met all proposed deliverables.

Mark noted that he has attended the first implementation meeting for the Person Centred Activities for people with Respiratory, Cardiac and Stroke conditions (PARCS) project, co-developed between CHSS, British Heart Foundation and British Lung Foundation, and he is putting in a co-application to train more REPS level 4 instructors.

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9.2 Stroke training & education budget

Because of the difficulties for finance teams to transfer backfill money to wards on an adhoc basis, it had been suggested that money from the training budget be transferred to the teams on an annual basis, based on their nursing establishment. However, Morag outlined the request from Catriona Rostron, chief nurse and signatory for the acute services training budget, to maintain the current method of splitting available funds at the end of the year to the sites on a non-recurring basis.

Nursing teams are requested to complete backfill applications for staff attending training so that the available resource could be split according to staff who have attended training.

9.3 Scottish Stroke Improvement Plan (SSIP)

Katrina noted that Heather Bryceland will be taking on the task of updating the baselines for training uptake across all health boards. The templates will be requested in February, and will ask for therapy as well as nursing staff. Katrina suggested that boards also include the therapists in their community teams, and this may expose gaps in community provision.

Heather is also working with Katrina to look at national educational events and has just supported training in Forth Valley, with Gillian, to which other NHS Boards were offered places but were not able to use them. Several presentations and workshop materials kindly shared by NHS Lothian presenters helped the format of the day.

9.4 Stroke board game – stroke journey learning tool

Gillian outlined the recent publication of the 'stroke game'. This has been developed by NHS Lanarkshire and CHSS and it has been suggested that it could be incorporated into the various stroke training sessions. Gillian advised that these programmes are already at capacity and it would be difficult to schedule in this activity so it will be used as an add-on to complement existing stroke training days as time permits. There had been public comment that stroke is not a 'game', and the name has been adapted to Stroke Journey Learning Tool. Gillian noted she has three copies of this that can be borrowed and it could perhaps be used as part of in-service training on the stroke units.

10. Dates of future meetings

Monday 1st February 2016, 14.00 -16.00hrs
(via video-conference from RIE, SJH & WGH)

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