

Lothian & Borders Stroke MCN - Training & Education Subgroup

Monday 13th November 2017,
via video-conference from RIE, SJH & WGH
MINUTES

Present:

RIE

Sheena Borthwick (SB)	Service Lead, Adult Community and Rehabilitation S< Services; representing speech & language therapy service
Gillian Currie (GC)	Stroke Education Facilitator, NHS Lothian & Borders
Julie Dixon (JD)	Assistant Service Manager, MoE & Stroke, RIE
Trish Elder-Gracie (TEG)	Outreach, stroke education, RIE
Lorraine Gordon (LG)	Charge nurse, 201
John Hodge (JH)	Deputy Charge Nurse, 101
Jackie Johnston (JJ)	Napier University
Morag Medwin (minutes)	Stroke MCN co-ordinator
Anne Rowat (AR)	Lecturer, Edinburgh Napier University
Jackie Sloan (JS)	Learning & Development Advisor, CEC
Mark Smith (MS) (chair)	Consultant physiotherapist
Lynn Stewart (LS)	Clinical Nurse Manager, MoE & Stroke, RIE (part meeting)

WGH

Claire Stirling (CS)	Charge Nurse, W50 (part meeting)
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action

1. Welcome & apologies

Apologies were received from: Simon Hart, Elizabeth Eadie, Amy Mulroue (new neuropsychologist), Billie Flynn and Gilliam McComiskie (now on maternity leave).

Introductions were made around the room.

MS took this opportunity to inform the group of the successful annual review taking place on 7th November – chaired by Katrina Brennan (national Stroke Improvement Plan lead). She confirmed the green status for Lothian in respect of their training template.

2. Minutes of the meeting of 26th January 2017 and 29th May at RIE

These minutes are taken as correct.

3. Actions/updates from previous meeting

Noted within the agenda.

4. CHSS update

4.1 Completed training

Gillian gave a brief update on the training that has taken place this year.

1. Stroke awareness days: 42 staff have been trained over four sessions, and feedback from participants has been excellent. There was a high DNA rate at one of the sessions but following discussions with JS, it was agreed that sessions would be run outwith summer holiday period.

JS explained how the changes to the community management have meant some difficulties with GC advising teams of available training. However, JS is now advertising training centrally on the council system and engagement has increased, and she will send a list of the hub co-ordinators to GC.

JS

2. CCIS 1: Three sessions have been run so far, with 45 participants.

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There is a further session running this week. GC checked with JH and LG that the six staff they have booked on will be attending.

3. CCIS 2: Three sessions have been run so far, with 35 participants.

4.2 Future training sessions

GC advised there is a CCIS1 course running this week on 15/16 November. There are six staff booked on from RIE wards and confirmation was sought from LG and JH for these staff still attending.

4.3 Single study days

26th April at SJH

Ten staff (therapists, nurses and student nurses) attended this training. See item 5.2.

30th October at RIE

The purpose of the day was to capture new nursing staff who had recently joined the units, and those who are still to commence employment. Eleven staff were booked onto the session but only eight attended - four established staff and four newly qualified/due to a start employment.

GC thanked the professionals who took time out of their days (and annual leave) to help deliver the sessions to the nursing staff.

JD advised that senior staff attended this training to get exposure and become competent in running similar sessions.

4.4 2018 training dates

A list of the 2018 training dates was circulated to the group. There was discussion regarding getting appropriate speakers for each of the sessions. It was agreed that there are opportunities for band 5 and 6 therapy and nursing staff to be encouraged to deliver these presentations. RIE are planning to train Band 6 nurses to help with the STAT training.

GC confirmed that dietetic speakers are confirmed and the psychology team is engaged with delivering training at these sessions.

5. Site updates

5.1 RIE

GC thanked the RIE team for the recent one day training for new staff. There was good support from the clinical team and a combination of new staff and experienced nursing staff attended (see 4.3).

There was discussion on the orientation document that JH has developed to guide stroke-specific education within the stroke unit. The hospital-wide orientation document is very general, and it was felt there was a need for stroke-specific training. This is being piloted with several of the new staff in 201. He spoke about the requirement to slowly instil in staff the need to work their way through the advancing competencies, and regular reminders to them seems to be effective. He noted that the MoE team is planning to adapt his booklet for their staff.

There was discussion on the national requirements for stroke education and how the training template had recently been amended and SCoT was no longer part of the 'essential' elements. It was agreed that although this is the

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case, it is a good tool for staff to use for revalidation purposes, but it is time intensive to use. It was highlighted that any stroke-specific training programme on the site needs to be in alignment with the national template.

TEG confirmed that the stroke liaison nurse workbook is still in draft format.

5.2 SJH

There was no representation from SJH at this meeting, due to the CN being involved in a training day for the stroke audit. GC confirmed that the core competency training held there in April had been well attended by nursing and therapy staff. There may be opportunity for it to be repeated in 2018, and invite REACT staff to the session as well.

5.3 WGH

GC and CS confirmed that two half days of training have been arranged for the stroke unit staff, following the restructured stroke unit in September. These will take place on Wednesday 6th and 13th December.

GC noted that the new Chief Executive of CHSS (Jane-Claire Judson) has asked for some stroke training and would like to attend one of these sessions to participate and also see how the training takes place. CS confirmed she was happy with this.

5.4 AAH

MM noted that with the recent ward moves at AAH, there are now stroke patients within the Charles Bell Pavilion and very occasionally admitted to East Pavilion. The national Stroke Improvement Annual Report has outlined that staff within rehabilitation units that take stroke patients also need to be core competent.

GC outlined how she had visited AAH site on a couple of occasions recently to liaise with the nursing staff on the Charles Bell Pavilion regarding their stroke competencies. There are well established staff, as well as newer ones, and although they are trained for neuro and brain injury, there is a requirement that they also have stroke-specific training. She confirmed that the charge nurses are keen that the teams are made aware of the core and advancing modules so that they can offer the best care for the stroke patients on the unit. Nursing staff reported to GC that they often forget and step in and assist stroke patients with ADLs (as they do this with brain injury patients) It's a shift in practice for them to promote independence in stroke patients and to be mindful to do so.

6. Stroke Improvement Plan

6.1 Education template

The updated national education template was circulated to the group.

There was discussion on the national requirements for stroke education and how they have recently been amended and SCoT was no longer part of the 'essential' elements. It was agreed that although this is the case, it is a good tool for staff to use for revalidation purposes, but it is time intensive to use.

Also noted, from discussion at the annual review meeting on 7th November, that it's not necessary for staff to repeat the advancing modules. However, there is a requirement to demonstrate further learning and MS will ask Katrina

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Brennan (lead for national Stroke Improvement Plan) how further evidence can be quantified. Agreed that the reporting of this needs to be not too labour-intensive. Noted that in years past we have arranged single study day topics for the stroke services, and these topics were planned to provide extended learning for staff. Recently, however, this has proved difficult as the requirements of the service has been towards delivering general stroke training on a site-specific basis.

i Swallow screen training

SB directed discussion on the current issues for this training. There had been quite a few people trained as trainers, but many have since left and it was agreed that further training sessions would be helpful to increase the pool of trainers on the sites. She noted that recent discussions at NACS (national advisory committee for stroke) had been around how to deliver swallow screening training to ensure the quality of swallow screens taking place. The current stroke standards measure whether a screen has been done, but there is no specification around training or measure of the quality. NACS have been asked to consider providing funding for a national learning pack to be written.

She explained that Lothian SLT staff delivered training to a pool of senior nurses who could then supervise and support nurses gain their competency. The attendees at the train the trainers reported on the difficulty ensuring everyone had fully understood all the key information, and the challenges in maintaining the quality of swallow screens. There is an ongoing confusion about the difference between screening and assessment and she reported that some nurses are being asked to perform a swallow screen for non-stroke patients. Examples of issues included:

- screening being carried out with cases with pre-existing dysphagia – suggesting poor understanding of purpose of test
- datixes being submitted because of poor documentation.
- NG placed after swallow screen and no referral made for full swallow assessment which might have eliminated need for feeding tube placement.
- nurses from stroke unit being asked to go to complete swallow screens on other wards for non-stroke patients – again suggesting poor understanding of the limits of the procedure, however not necessarily a concern about safety of stroke patients.
- care plans being implemented from swallow screening e.g. modifying diets which again suggests lack of understanding of limits of procedure.
- screening being re-done after SLT involved.

It was agreed that further Train the Trainer sessions are required, and GC agreed to schedule a couple of these into the 2018 training programme.

GC

SB reported that the self-directed training pack (published in 2005) used to be available via the intranet stroke pages, but this link is no longer working since the intranet was upgraded. MM will look into this.

MM

ii IPC training

GC confirmed that the training for this can be done in a variety of ways:

- completions of STARs module
- training from the supplier (Covidien)
- attendance at the ICP workshop (2015)
- training from a local champion

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However, it was noted that there are fewer local champions (with staff having moved on), the supplier has now changed, and the ICP workshop took place in 2015 – so it would be ideal to have another single study day (or several half days) to build up the number of trained staff and champions.

MM advised that the new suppliers (Cardinal Health) had been in touch at a national level to introduce themselves as the new supplier of the IPC kit and for ongoing support. However, they were still recruiting to positions that would be providing support and training, and health boards would be informed when a trainer came into post.

TEG advised that the patient information leaflet for IPC is currently out for comments and once this is finalised it can be shared between sites.

iii STAT

There was discussion on the sustainability of delivering STAT training with only one trainer (TEG) and medic (Richard O'Brien). TEG noted there was one final STAT day planned for this year, and JH and Shona Scott (DCNs in 101/201) would be attending this session to shadow and potentially be able to deliver this training at future courses. GC suggested that the trainers could see how NHS Fife and Lanarkshire deliver their training. She will also confirm the process for validating a new trainer to deliver training.

There are four STAT days booked for 2018, and these are noted on the training programme already circulated.

6.2 **Clinical neuropsychology services**

MS advised that Amy Mulroue is the new clinical neuropsychologist, working part-time. She is planning to roll out the Distress Thermometer training that has been developed by their service. It is currently being used at AAH, but GC and Amy will be in touch with other sites to arrange some training sessions. It was agreed that it will be a valuable tool for staff to use, as the neuropsychology resource is very limited and this will empower stroke unit staff to signpost patients to the most appropriate service.

7. **NHS Borders training**

No update from Sandi Haines. GC noted that there are often community OTs attending the CCIS1 and 2 training sessions.

8. **Stroke modules at Napier & QMU**

MS confirmed there was no update from Gillian Baer at QMU.

AR noted that Edinburgh Napier University (ENU) is planning to run an AF study day(s), arranged by Prof Lis Neubeck, and targeting attendance from primary care staff and nursing. It is hoped this two day event will take place in late spring 2018, but more sponsorship is being sought, and dates are still to be confirmed.

9. **Any other business**

9.1 **National stroke training issues**

The group was informed that STARs modules will have issues with interactive

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videos from 2020 with flash player no longer supported after then. Katrina Brennan and others are in discussions with NACS. MS confirmed that the latter modules should be ok as they are using Vimeo, rather than flash player.

MS noted that the spasticity module is now available online.

9.2 Training fund

MM noted that there is the training fund to be used for conferences and training. Currently there are seven staff (nursing, PT and OT from RIE, and OT from WGH) who have been approved to attend the annual UK Stroke Forum in Liverpool later this month.

9.3 National SIP training days

Feedback from the SIP days offered during the year was sought after.

Goal setting (30th May): JH confirmed he attended this day and explained that the aim of the day was for more patient-centred goal setting on the units, which would guide their MDT sessions.

10. Dates of future meetings

Agreed for Monday 5th March, 2 – 4pm.

However there are no video-conferencing facilities available for this time, so it has been rescheduled to **Thursday 8th March, 2 – 4pm.**

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