

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

**Thursday 19th May 2016
MINUTES**

Present:

RIE

Gillian Currie	Stroke education facilitator, NHS Lothian & Borders
Trish Elder-Gracie	Outreach, stroke education, RIE
Gillian McComiskie	Physiotherapist, SJH
Morag Medwin (minutes)	Stroke MCN co-ordinator
Andrew Moss	Deputy charge nurse, (201) RIE
Dr Marion Murray	Clinical neuropsychologist
Mark Smith (chair)	Consultant physiotherapist
Lynn Stewart	Clinical nurse manager, RIE

WGH

Laura Smith	Deputy charge nurse, stroke unit (50), WGH
Claire Stirling	Charge nurse, stroke unit (50), WGH

action

1. Welcome & apologies

Apologies noted from: Pauline Halliday, Jackie Sloan, Elizabeth Eadie, Deirdre Elphinstone, Mirriam Ramaboa, Lynne Gray, Caroline Allan, Sheena Borthwick, Billie Flynn, Mags Morrow, Susan Cameron

2. Minutes of the meeting of 1st February 2016

These minutes were approved without change.

3. Actions/updates from previous meeting

Morag noted that an update on item 5.2.i in relation to the cardiac monitoring study day had been received from Caroline Allan:

Anne Petherick (Team Lead EED) and myself had a meeting last week with Billie, Lynn, Miriam and Stephen Chang to discuss how best to meet the educational requirements required for RGN staff to work in a monitored area as it has been problematic to fulfil these requirements to date. Billie has kindly agreed to provide backfill in order to release approx x30 RGN staff from wards 201 and 101 to take up the required training days/shadow shifts required to ensure staff have the basic educational input required for working within a monitored area, as staff from both areas will be rotating through both 201 and 101. Once Miriam and Stephen have identified staff who are ready for this level of responsibility, a timescale for completion of the training/commissioning of monitored beds can be put in place.

4. CHSS update

4.1 Completed training

CCIS 1

24/25 February: 17 registered and 15 attended. Two DNA from W101.

4/5 May: 20 registered and 16 attended. Two DNA from W101.

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Stroke Awareness

26 April: 18 registered and 13 attended. Five DNA

CCIS 2

16/17 March: 11 registered and 9 attended. Two apologies.

Overall there is better uptake for the courses from NHS staff but last minute DNAs are frustrating, particularly from W 101. Lynn Stewart confirmed that staff and managers are given adequate notice for study days, so they shouldn't be pulled back to the ward at short notice.

GC

Gillian agreed that it may be valuable to plot the attendance on the courses to see if the overall trend for attending is improving, or not.

4.2 Future training sessions

There is a CCIS 2 next week (24/25 May) and there are 12 registrations, including three from W201 and 2 from W101. Confirmation of their attendance is still forthcoming. However, two of these nurses didn't attend the CCIS 1 event in Feb/March so will not be able to attend on 24/25 May and will need to be rescheduled to the autumn CCIS 1 course.

Post meeting note: three staff from 201 attended and two staff from 201 attended, and all had completed CCIS1 prior to attending.

4.3 Single study days

13th April – care homes from CEC

There were 17 registrations for this session, but due to issues with sickness and staff cover unfortunately only six attended on the day. Those staff who did attend found the session extremely helpful but noted that getting staff released was extremely challenging. They noted that there is a need for care home training on stroke. Further discussions with Jackie Sloan would be helpful to ensure these staff can access Stroke Awareness Days.

21st June

This session will be postponed until the autumn. There were plans for Charlie Chung (NHS Fife) to facilitate a session on executive functioning, but he is now unable to attend on this date. Gillian is liaising with Charlie to confirm an alternative date. The next proposed single study day on 30th November will not suit Charlie so another date will be arranged - as this date now clashes with UK Stroke Forum.

4.4 Speakers

Gillian raised the ongoing problem of getting speakers for the various training sessions. There had initially been problems getting nursing staff to assist with sessions, but with the kind assistance of Caroline Allan and Maria Pilcher the pressure care and continence care sessions were now covered.

However, getting therapy speakers is now challenging, particularly for physiotherapy, occupational therapy and dietetics, because of the new working patterns of five days over seven.

Gillian noted that Dietetics have offered a student to present a portion of

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the CCIS 1 Nutrition talk. This worked in practice but only with the presence of supervising dietician to answer questions.

It was agreed that the therapy leads on this group should co-ordinate the speakers for the presentations. Mark to contact Anne Lamb with regards to speakers for the dietetics sections to ensure that if they wish a student dietician to present a supervising clinician must always be present. This will ensure competencies for the session can be met.

PH, MS
SB

5. Acute site training

5.1 Site updates

i. RIE

Update on the completion of the cardiac monitoring training is noted in item 3. Lynn Stewart confirmed that shadow shifts for ISU nurses in CCU will start week commencing 23rd May. This will ensure senior stroke nurses are competent with monitored level 1 beds. She noted that there has been a high turnover of staff in the unit, and there has been a focus on completing mandatory e-learning and for increasing the skill level for the nursing staff transferred from Liberton Hospital. She advised that compliance with STARS online modules for registered nurses was 80%, and Gillian confirmed this should be validated by the feedback from the national benchmarking exercise (see item 9.2).

Trish Elder-Gracie advised that she continues to run training sessions to new cohorts of staff both in the stroke unit and at the front door.

ii. SJH

There was no update from SJH.

iii. WGH

Claire confirmed there was no further update on the transferring of stroke patients into a single ward at WGH and the hospital was still running with two integrated stroke units with stroke and MoE patients in wards 50 and 55. There have been further new starts in the units and swallow screen training has been completed.

5.2 STAT

Trish reported that there had been mixed attendance at the STAT sessions so far in 2016:

26th February – 6 attendees (2 SJH A&E, 1 RIE AMU, 3 WGH ISU)

22nd April - 9 attendees (2 SJH A&E, 2 WGH ISU, 2 RIE A&E, 3 101)

The programme of sessions has been confirmed for the remainder of 2016 (28th June, 26th August, 21st October and 25th November), and with now only one medical doctor available to deliver training, it is anticipated that there will be more nursing staff facilitating the sessions. There will be some changes to the content and simulation exercises to more accurately show the processes at RIE, and with the option of clot retrieval (thrombectomy) this needs to be also included. Gillian confirmed that it would be appropriate to ask other health boards for assistance with leading these sessions.

Trish commented that she is now responsible for the printing of the course materials, marking of the post-course questionnaires and

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feedback to the participants, following the end of the national funding for these tasks. However Gillian proposed that she would ask Lynne Reid (CHSS) for some of these tasks to be covered by her administration support, as she had funding for this.

Gillian confirmed that there are no SAS-specific sessions. She noted that Katrina Brennan had been involved with training with student paramedics at GCU and there had been one course run in Lanarkshire.

5.3 Swallow screen training

It was agreed from both RIE and WGH that many of the recent cohorts of swallow screen trained staff from their sites had now moved on to other positions, so the training is ongoing for new recruits. Trish noted that Sheena Borthwick had agreed she could undertake Train the Trainer role for swallow screening at RIE. The national standard has changed from 1st April 2016 and 100% of patients now have to be swallow screened within four hours.

It was agreed that in order to meet this challenging target, front door teams need to be trained and available to carry out this screen. Both WGH and RIE are focusing on upskilling these staff groups. Trish noted that the RIE have trained four ED lead nurses to be trainers – but not specifically for stroke swallow screening. Agreed that the techniques of screening would be different for patient groups but the follow-up would be similar in that either patients would be NBM, commenced on diet and fluids or referred to SLT for further assessment.

WGH staff have been working with the SLT team to initiate a slash/prompt command for use in TRAK notes. However, it becomes problematic when there is no bedside tablet computer that can be used for direct inputting of responses.

[post-meeting note: SJH front door teams have been trained for swallow screening and they are responsible for carrying it out.]

6. Ad hoc courses / initiatives

6.1 Sensory champions

The CHSS nurses, staff within ECSS and therapists at AAH have all been trained and are aware that Gillian is available for support and/or training to maintain this resource for auditory/visual awareness. She noted that she has all the training materials but would need assistance and support from appropriate sources, eg RNIB to deliver training. Mark agreed that it could be worthwhile to maintain links with RNIB as Campbell Chalmers is now their Director and would no doubt be keen to work with Lothian stroke MCN again.

7. NHS Borders – training & funded projects

7.1 NHS Borders training

There were no comments received from Sandi Haines, and Gillian noted that predominantly there are registrations from the community OTs to attend CCIS 1 and 2 courses.

7.2 Emotional distress and mood screening post-stroke resource pack

Marion Murray led discussion on the roll-out of this resource pack. It's

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now available electronically and she is keen for training to take place on the acute sites so that nursing and therapy staff can use it with patients. She has met nursing staff at RIE and is arranging to meet WGH staff, to agree how best to train their teams. Several options were discussed:

- Gillian Currie to assist training and become emotional distress champion
- Charge nurses to mentor their teams
- Introductory session to be included in CCIS 2
- Half-day training sessions to be arranged

It was suggested that an ELHF (Edinburgh & Lothians Health Foundation) small grant could be applied for, to assist with costs for a prompt roll-out. Post-meeting note: upcoming submission deadlines are 26th May and 25th August.

Agreed that Marion will contact nursing and therapy staff on the acute sites to discuss how this training can be rolled out.

MMu

8. Stroke modules at Napier & QMU

There was no feedback.

9. Any other business

9.1 Stroke Improvement Plan (SIP)

There have been several amendments to the self-assessment of the priorities with training implications:

i Visual assessment and rehabilitation

Noted that the recently amended self-assessment may have some training requirements for the proposed pathway to be instigated. Rhona Smyth has been reminded that there are resources available to support this.

ii Links with SAS, primary care and hospital emergency departments

Agreed that our self-assessment for this priority should be amended to advise that there is adhoc training delivered to most of these groups (amber). This will be formally submitted for the SSCA (Scottish Stroke Care Audit) annual report.

MMe

9.2 National Stroke Training Issues

Gillian updated the group. Results of the audit undertaken by SIP looking at the training templates across Scotland as at March 2016, will be published shortly by Heather Bryceland (national stroke education facilitator). This will look at compliance rates for swallow screening, core competencies, STAT, SCoT, CCIS attendance and IPC training.

[post-meeting note: Details of the audit were published on 22nd May and will be circulated to each of the acute sites. There are details of the previous priority areas and new priorities for each stroke unit, based on their March 2016 training audit.]

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Gillian confirmed that Sarah Florida-James will return to her post (national stroke education facilitator) in September.

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9.3 Stroke training & education budget

Morag confirmed that budgets (acute £9,800 and community £4,300) are available again in 2016/17 so staff should be encouraged to apply for course fees for training events. As before, they are signed off by Catriona Rostron (acute services) and Sheena Muir (community services). There was a considerable underspend in 2015/16, and unfortunately the request for the balance to be split between the acute stroke units was not made in time.

Details of the process and application forms are available on the stroke intranet page, and staff should be reminded that they should leave plenty of time for any course fees etc to be paid as they must be paid by the Travel Team as staff cannot be reimbursed for payments made by them. [<http://intranet.lothian.scot.nhs.uk/NHSLothian/Healthcare/A-Z/Stroke/Pages/Stroke.aspx>]

There was brief discussion around staff who are jointly employed by the health and social care partnerships and their eligibility to apply for funding. There had been some requests during 2015/16 and they had been advised to seek funding from their local authorities.

9.4 IPC training

Gillian informed the group that compliance against IPC training was part of the training template and had recently been audited nationally (see item 9.2). The recommendation is:

All staff applying IPC stockings in stroke units complete training within 3 months. The training is one of the following:

- *Completion of STARs IPC module*
- *Training from COVIDIEN*
- *Attendance at SIP IPC workshop*
- *Training from local 'champion'*

Morag noted that she had downloaded the STARs module data (up to 17th May) and would circulate this to the charge nurses on each unit for their information. Data on the additional training or attendance would need to be obtained for the training templates to be updated accurately.

MM

10. Dates of future meetings

Thursday 25th August, 2 – 4pm

Venues: telepresence suites, RIE, SJH & WGH

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