National Services Division (NSD) Gyle Square 1 South Gyle Crescent Edinburgh EH12 9EB www.nsd.scot.nhs.uk



minutes

Imaging Nurses Special Interest Group

27th February 2020, Room GS 2.12, Gyle Square

Author: Veronica Mesquita

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Imaging Nurses

In attendance:

Fiona Cullen

Fiona Hawke (Chair) **NHS Borders**

Mairi Anderson **NHS** Grampian Sheena Clampett NHS Fife Robert Cockburn NHS Grampian

NHS Lothian Mary Godfrey NHS Ayrshire and Arran

Pat Grieve **NHS Borders** Craig Hurnauth NHS Lothian Louise McDonald **NHS Borders**

Veronica Mesquita NHS NSS

NHS Greater Glasgow & Clyde Angela Mitchell

Jane Neill NHS Tayside **Lorraine Parsons** NHS Forth Valley

Craig Stewart NHS Greater Glasgow & Clyde

Apologies:

Wendy Hamilton

Clare Hunter NHS Lothian Anne Kelly NHS Lanarkshire

Claire Mcbean

Fiona McDonald **NHS Borders**

Karen McGugan

NHS Greater Glasgow & Clyde

Jenna Carver

Graham Whyte NHS Lanarkshire

1 Welcome, Apologies & Introductions

Dr Hawke welcomed everyone to the first meeting of the Imaging Nurse Special Interest Group. Apologies were noted as above.

Governance of this Group

Dr Hawke highlighted to the group the difference between Special Interest Groups (SIGs) and subgroups of the Scottish Clinical Imaging Network (SCIN). She emphasised that SIGs were not SCIN subgroups, and governed their own matters independently. It was also explained by Dr Hawke that SIGs were not subject to the SCIN Terms of Reference (ToR), meaning they were not required to have a workplan, or to report to SCIN on the progress of projects, or to get prior approval from the SCIN Steering Group for approval of work. However, she caveated this by stating that they must arrange their own meetings following this one.

Dr Hawke also clarified that SCIN can assist with booking of rooms in Gyle Square or Meridian Court, can host or advertise material on the SCIN website, and can distribute adverts for study days and courses via the network's distribution groups.

3 Group Setup, Terms of Reference, and Discussion Around the Format





Chief Executive

Keith Redpath Colin Sinclair Fiona Murphy

NHS National Services Scotland is the common name of the Common Services Agency for the Scottish Health Service

Dr Hawke then took the group through the draft ToR document.

The group agreed to the proposed background rationale and remit of the group. It was decided that membership would begin with imaging nurses in Scotland.

With regards to governance, Ms Pat Grieve (NHS Borders) volunteered to act as the group's secretary for a term of one-year. No chair or vice-chair were nominated, but many in the group had suggestions for people who were not at the meeting that may be interested in these roles.

The group did not appear in favour of using social media platforms, but were content with the idea of using an email distribution list. Due to GDPR, all emails must be sent to the secretary for distribution. Ms Veronica Mesquita would forward along a distribution list and the minutes to Ms Grieve.

Action: Ms Mesquita

The group agreed that in person meetings would be best, but did not agree on a frequency. The first meeting was set for 21 May 2020 in Forth Valley. At this meeting, they would decide the meeting frequency and nominate a chair and vice-chair. Ms Lorraine Parsons offered to book the room and Ms Grieve would send out the invite list.

Action: Ms Parsons and Ms Grieves

It was acknowledged that this group could do great work to raise the profile of imaging nurses in Scotland. The Interventional Radiology workstream had realised that they did not have an imaging nurse representative. They had heard about this group's formation and asked for a representative. Mr Robert Cockburn (NHS Grampian) volunteered to be the representative depending on the required commitments. Ms. Mesquita would put Karen Grieve from the IR workstream in touch with Mr Cockburn.

Action: Ms Mesquita

4 Presentation by Fiona Cullen

Ms Fiona Cullen presented on The Evolution of the Imaging Nurse.

She had spent 40 years in radiology, both in the NHS and in industry. Interventional radiology had been in its infancy when she had begun working. She provided examples of how things had been done in those days, such as they had not had non-ionic contrast medium, which meant most patients would get sick. They also used to have to reuse catheters, as their budget for catheters was quite low. Nothing at the time had been digital, it had all been hard copies and cassettes. Angiography had also been a big part of their role, but most was now covered by CT.

Outwith Radiology staff did not know what imaging nurses did. Ms Cullen highlighted this as one of the main reasons she was pushing for imaging nurses to be able to input on their own job descriptions. Imaging nurses were the best poised to describe their roles.

She commended the purpose of this group. It would be good to raise the profile of the service and receive some recognition from their nursing and radiographer colleagues. A better understanding of the role would also make it easier for them to get time off for CPD. She had seen some great changes throughout her time in the field, but acknowledged that there was still much room for improvement.

5 Next Steps

There was plenty of discussion around the matters that the group felt that they would like a national approach to, such as raising the profile of the Imaging Nurse and recruitment to the Imaging Nurse role. It was agreed that the group could also provide support and information around protocols, equipment and consumables.

Items for the next meeting's agenda were also suggested. At the next meeting in May, they would discuss the following:

- Nominating and approving office bearers
- Frequency of future meetings
- Site of future meetings
- Recruitment: Job descriptions
- Training opportunities
- How to raise profile of the service: best practices

The members of the group were excited to move forward and help raise the profile of imaging nurses in Scotland.