

Rapid Action Placement Oversight Group

Tuesday 27 October 2020, 10.00 – 12.00

Shortened meeting notes

Agenda Item	Discussion
1.	Welcome, introductions and Apologies
2.	<p>Review of action notes 15.09.20 and matters arising</p> <p>The note was accepted as an accurate record of the meeting.</p> <p>Action log was reviewed, and most actions completed, a few actions ongoing as follows:</p> <p>5.1 Explore options for sharing good practice database 5.2 Continue working with SG Workforce and SG Primary Care on GPN placements 6. Explore development of communication plan</p> <p>Action 4.2 Discussion with colleagues in workforce directorate around life assurance provision for FEC students and students on placement out with Scotland is taking place this week.</p> <p>Action 5.8 Confirmed that MEGS through LMEs have pulled together action plan which have been taken to Heads of Midwifery. This looks at their flows, peak and troughs, where there is capacity and HEIs/health boards can support each other and innovative solutions such as near me and any barriers with this type of approach.</p>
3.	<p>Deployment of student nurses/midwives in extended paid placements – COVID-19 lessons learned</p> <p>Overview of paper given and the process undertaken through questionnaires and regional workshops to capture feedback and lessons learned. The report will help in future planning should there be a second wave of COVID-19. Access to the paper via this link Deployment of Student Nurses and Midwives in Extended Paid Placements - Covid-19: Lessons Learned [PDF]</p> <p>KW advised that the Scottish Government overarching group – Healthcare Student Strategic Group has met for the first time and meets monthly. RAPOG will report to this group.</p>
4. 4.1	<p>Updates</p> <p>Council of Deans</p> <p>There is a huge amount of work going on and it is an ever-changing picture. Key issues to highlight:</p> <p>i) Car sharing and students using their own cars</p> <p>This is becoming a growing concern and there is disparity between health boards and professional groups. Guidance on this matter is urgently required. This will have detrimental impact if community placements cannot continue. Confirmed that this is particularly challenging for midwifery as vast amount of care requires to be undertaken in the</p>

community. If students cannot complete required community placements that means there will not be sufficient registered practitioners.

Public Health Scotland's Primary Care Cell Co-lead is pulling together a meeting to look at this issue and development of guidance for professionals as opposed to the use of general public guidance around car sharing.

(ii) Technology, placements at distance and simulation

Looking at how to define what can be done in simulation based on the technology available.

Problems around technology and encrypted access. If looking at alternative types of placement then technology is a key issue.

Advised that access to IT has been raised with Head of Digital at Scottish Government and this has been remitted to Head of Digital NES and the e-Health Leads to progress

Student practice learning experiences - CoD is trying to collate good practice but a lot of the work at present is trying to address local issues. The preference would be to focus on a risk assessment approach as opposed to collection of hard data due to the fluidity of the situation.

College Development Network

Key issues to highlight:

i) Indemnity insurance

Health boards are not accepting college students on placements as not covered by indemnity insurance. Guidance and solutions are required. Meeting with SG Workforce colleagues is scheduled.

ii) HNCs

Working proactively with SSSC around what would be acceptable and what could be done in different way. Looking at opportunities for placements in volunteering organisations.

iii) SQA – need to complete graded unit

Clarity is awaited. SQA have stated there is flexibility with regards to placements for example, where there may be difficulty in securing placements and hours required (288), the placement may be completed based on achievement of competencies rather than competencies achieved by attending full 288 hours (non-endorsed route). The importance of FEC and HEI dialogue and a consistency in interpretation and application of the changes was highlighted.

4.2

AHP Practice Based Learning Stakeholder Strategic Group

i) Placement cancellations

There is an existing process for placement cancellations where the guidance sets out the team leader can cancel the placement and then notify the AHP Director. This has been changed so that the AHP Director authorises the cancellation.

ii) PEEP

<p>4.3</p>	<p>HEI teams have been invited to participate in a funded pilot to explore use of PEEP for placements across AHP professional groups. There are 10 teams taking part in the education session next week.</p> <p>iii) Essential learning for all AHP students</p> <p>This has now been pulled together on Turas Learn and is due to go live very soon.</p> <p>iv) Data collection</p> <p>There are multiple requests for data which on the surface seem straightforward but, are quite complex due to the granularity of details required across professions, programmes, academic years and levels of risk in geographical areas. AHP Placement Recovery Group are suggesting that a better system would be for risk approach based on a RAG status.</p> <p>iv) Community of practice placement recovery</p> <p>AHP Community of Practice has section in relation to COVID-19 practice placements recovery. This is a forum for sharing information and examples of innovative placements. Can be accessed at http://www.knowledge.scot.nhs.uk/ahppe/practice-placements.aspx</p> <p>v) Paramedics</p> <p>Adopted an approach of funding 2-days a week for six months of NES PELs to identify and secure placements for new paramedic students.</p> <p>Strategic Group for Practice Learning</p> <p>Has not met since the last RAPOG meeting and is due to meet later today.</p> <p>Local feedback indicates that solutions for nursing and midwifery placements are in place up until Christmas. Work is being undertaken on a semester basis and the next peak is expected February 2021. Placement concerns noted for midwifery, child, learning disabilities, mental health and community across all fields.</p> <p>A concern relates to the COVID-19 risk assessment guidance which is not clear regarding cover for students under the age of 18. Guidance is required on this issue.</p>
<p>5.</p>	<p>Future focus and contingency planning</p> <p>Key areas discussed that RAPOG should look to take forward:</p> <ul style="list-style-type: none"> • Forward planning for student deployment • Car sharing • IT access issues • Internship and other contingency models for getting students into employment quickly • RAG/risk-based approach to data collection <p>Concerns raised by CoD around implications of phased return of student post-Christmas and the knock-on effect to placement opportunities. All nursing students across the years go out on placement after Christmas and need guidance on how this will be managed with any restrictions or phasing.</p>
<p>7.</p>	<p>NHS Louisa Jordan and placement opportunities</p> <p>Noted that GCU have physios on placement at NHS LJ, although this is part of their rotation as its falls within the health board area.</p>

	Confirmation that work is being undertaken by the Capacity and Capability Group around exploring alternative options for placement within special health boards (NSS, NHS24, HIS and NES).
8.	NES website - sharing information Webpage has been set up to share information and good practice examples. This can be accessed at https://www.nes.scot.nhs.uk/our-work/rapid-action-placement-oversight-group-rapog/
9.	Communication Plan Advised that a communication plan has been started
10.	AOCB
11.	Future Meetings Thursday 19 November 2020, 10.00 to 12pm Monday 7 December 2020, 1.00 – 3.00pm