

Rapid Action Placement Oversight Group

Wednesday 13 January 2021, 11.15 – 13.00

Virtual meeting via MS Teams

Meeting Note

Agenda Item	Discussion
1.	Welcome, introductions and apologies
2.	<p>Review of action notes 07.12.20 and matters arising (Paper 1)</p> <p>The note was accepted as an accurate record of the meeting.</p> <p>Action log was reviewed, and updates as follows:</p> <p>Action 2.2 Roundtable discussion with digital</p> <ul style="list-style-type: none"> • Productive discussions and will have a solution for getting students onto NHS IT system this year (specific timeframe still to be confirmed). There is work underway to ensure a once for Scotland approach for the recognition of the importance of students having access to IT systems and being treated the same as staff. Separate piece of work is underway to explore student access to digital technologies to support virtual placements. <p>Action 2.3 Household bubbles guidance in relation to placements out with home geographical area</p> <ul style="list-style-type: none"> • There are still questions in relation to the guidance and how this applies for students who are on placements away from their home geographical area living in alternative accommodation and whether this means they are forming a secondary bubble. Students require clarity to allay any fears about breaking the rules. There is discrepancy across health boards in terms of how the guidance is being applied in practice. • Students are part of the workforce and should be treated equally therefore travel between regions and tiers is allowed as key workers. Consistency of messages is important and can be picked up in the forthcoming DL that will shortly be issued. • Work has been undertaken through the PEF/PEL/CHEF network to provide consistency of messaging on the ground in health boards to ensure equal treatment of students as members of the workforce. A national statement would however be helpful, and it was noted that the message should come from executive level within health boards. <p>Action 6.1 Student testing</p> <ul style="list-style-type: none"> • The link for the FAQs which SG have provided will be added to the RAPOG website and circulate to the group. <p>Action: NES to circulate vaccination FAQ link and add to NES website</p> <ul style="list-style-type: none"> • In response to query raised by AD SG around the requirement for students to have two tests and how this is accessed prior to commencement of a placement. SG

	<p>testing colleagues have confirmed that students should be treated the same as staff, therefore students will be tested once on day one of their placement and providing the test is negative, they proceed straight to placement.</p> <p>6.3 Student vaccination – short placements</p> <ul style="list-style-type: none"> Given the change in guidance for vaccination doses to be administered 12 weeks apart, it is unlikely that students will be in the same placement and could be back at University or in another health board area. Clarity is required on the practicalities of whether the second doses can be administered in a different health board location to the first dose. A track and monitoring system have been suggested for medical students/trainees which will allow them to obtain the vaccination from different health boards and it would be helpful to mirror these arrangements for NMAHP students. There is a need for consistency of practical arrangements and messaging. Discussions are ongoing between SG and NES and will revert to the group with further information. <p>Action: NES and SG to explore options and provide clarity to the group</p>
<p>3.</p> <p>3.1</p> <p>3.2</p>	<p>Updates</p> <p>Scottish Government</p> <p>Various actions are being taken to address the staffing pressure across health and social care at a national level. Looking to quickly utilise the existing staff supply in the system. Actions include:</p> <ul style="list-style-type: none"> Ensure the health boards are making use of all the returners on the CARP portal Those on bank contracts will be offered a fixed-term contract if required so that they are guaranteed work Students already on the staff bank will also be offered a contract if required by Boards. Offering all healthcare students, a contract of around 15 hours to undertake paid work in health and social care, around their studies. Supernumerary placements are being retained and these contracts will be offered to all NMAHP students over and above that. Looking at the inclusion of HNC students. It is anticipated that there will be a meeting later in the week to discuss the practicalities with health board HRDs, Directors of Finance, Director of Nursing as well as Deans of HEIs. Currently working out the logistics however a DL will be issued shortly from Health Workforce Division <p>Strategic Oversight Group</p> <ul style="list-style-type: none"> Stock take of where we are with respect to placements and what is happening in the system has been undertaken. Some placements were cancelled last week and need recovery plan to ensure these can be picked back up and not delayed further Agreed to commence contingency work and plan for worst case scenario over the next 2-3 months Require having a plan in place to try and avoid delay in graduation this summer Look to undertake a refresh of the data gathering exercise undertaken last year with HEIs. Will use the RAG system to collect data on hot spots where placements have not been secured, areas of pressure and the mitigations in place. Also look for data on which students may not be able to graduate on time

- Previously discussed encouraging early graduation and taking advantage of the NMC rules. Aware that AHP's and Honours nursing students normally graduate earlier. CoD confirmed that it is likely to be small numbers of nursing students who graduate early. The honours students will finish earlier than the non-honours students. Discussions will be picked up with HEIs at the Council of Deans meeting next week.

Action: Council of Deans to provide feedback on early graduation after its next meeting

- Looking to ensure seamless transition into employment and exploring options linked to consolidation placements, preceptorship model and the support that students are likely to need when they become newly qualified. Trying to capitalise on the benefits of the paid placements last year which helped to raise student confidence and competence. NES will be continuing dialogue with the HEIs to explore opportunities.

3.3 Council of Deans

- Central communication with NMC, HCPC and HEE regarding developments in England and keeping abreast of what could happen in Scotland.
- Work with NMC to look at more flexibility is ongoing and continues to be pushed. HCPC still very flexible
- Aware that a couple of health boards have been struggling with placements in acute sector for OTs predominantly
- Main area of AHP concern is Prosthetists, Orthotists and Orthoptists as their placements are not necessarily in Scotland.
- One HEI received request from other HEI to use their placements on the basis of trying to provide local placement opportunity.
- Some health boards have received similar requests from HEIs to provide local placements and these have been considered and risk assessed on a case by case basis.
- Need to ensure that the placement system is not destabilised, and a trend developed for specific local placement requests in additional to the placements already being sought and sourced.

3.4 College Development Network

- Placements for HNC CAP students is a varying picture across the sector. Most Colleges have made the decision to use the alternative case studies and simulations which would mean that students would be applying to go into year one at HEIs. NHS staff doing HNC CAP will continue to articulate into year two.
- Social care students' placements are more challenging, and liaison continues with SSSC.
- SSSC are focussing on the development of virtual placements for social work students on a national basis, current pilot being developed with 3 HEIs with first cohort due in March 2020

3.5 AHP Practice Based Learning Stakeholder Strategic Group/AHP Recovery Group

- Examples of good practice where virtual placements have been achieved were shared with the National Implementation Group at their meeting on 17.12.20. Where there are health boards that are still encountering specific issues, these should be addressed individually
- Question raised as to the process for students seeking recompense for accommodation costs incurred where placements have been cancelled or re-arranged. There are arrangements in place for pre-registration students via HEI

discretionary or hardship funds. There is no separate funding available and this would have to be facilitated via the SAAS placement expenses. However post-graduate students are not on the SAAS system so a workaround solution would require to be found by CNOD.

- Noted that SSSC manage the PG bursaries for social work students and have re-established another hardship fund to support students who will take longer to complete their course due to placement delays
- The cancellation section of the AHP practice-based learning agreement has been reviewed with input from AD SG. The wording is being refined and will address routes for recompenses for out of pocket expenses.
- Noted that there is significant variation happening across Scotland about student testing. There is a need to reinforce the messaging that students are treated the same as staff. An adaptation in the FAQs may be helpful
- Clarity around what essential travel means when students are away from home on placements. Adaptation to FAQs would be beneficial. The existing FAQ travel advice references tier four which is no longer applicable, so update required.

Action: NES to update the student placements FAQs

- The university where PEEP originated have undertaken a deep dive in applying PEEP to a specific profession (ODP). NES have arranged a meeting to discuss and share practice with a view to replicating this model for paramedics.
- The vast majority of paramedic students have now got placements allocated, although there are still a few gaps particularly in NHS Highland. There is still concern around mixed messages where placement capacity for paramedic students is not being offered in favour of placement capacity for other healthcare students to whom they normally offer placements.

3.6

Strategic Group for Practice Learning

- Ongoing challenges in relation to high number of nursing and midwifery students on placement and the challenge around re-design of service.
- Discussion around sharing of good practice and innovation. Collaborative working looking at streaming student, cohorting differently and local solutions when placements are cancelled at the last minute. On the whole placements are being supported for nursing and midwifery but aware of pockets where there is still concern around child, learning disability, mental health and midwifery.
- There have been a number of e-mails around vaccination and students being in vaccination team as a whole placement. NES have responded to advise that this is not appropriate for students to be just vaccinating for a four to six-week placement as this would not meet learning outcomes. However, if students could have vaccination experience as part of a substantive placement in the community or GP practice then this would be supported. One of the drawn backs however is that vaccinations need to be given under a Patient Group Directive which up until now has restricted student nurses. The current policy is being revisited and NES are awaiting guidance via Public Health Scotland.
- Last year NES pulled together specific COVID-19 induction that students required to undertaken before going on paid placement. This relates to the template produced with specific learning and signposting to resources on Turas. There have been queries from practice leads in HEIs as to whether NES will be producing this again. The consensus was this was not required as this is normal placements in unprecedented times. HEIs are communicating with students whether via letter or holding Q&A sessions to clarify the training they require to undertake before going on placement and signposting to guidance documents. The issue is around consistency of messaging and filtering advice.

<p>4.</p>	<p>Communication update</p> <ul style="list-style-type: none"> • Meetings are in place with RCN and UNISON in January 2021. NES is liaising with RCM to hold discussions on the groups work. • Council of Deans have mostly been liaising with AHP professional bodies, so no separate communications have been initiated by NES • Look to revisit the suggestion in a few weeks' time for a blanket communication from the Chair of the Strategic Oversight Group • Reliance is on RAPOG members to spread the word in relation to the national work of the group and signpost to the website • It was suggested that reference to RAPOG and its work could be included in future DL letters issued
<p>5.</p>	<p>Contingency Plan</p> <ul style="list-style-type: none"> • Hoping placements can continue and not be cancelled lock stock and barrel due to humanitarian need, however, do require to ensure that there are contingencies in place should we reach worst case scenario • More broadly contingency planning should include the business cases that were submitted to the Strategic Oversight Group • Paid placements for students to support the pandemic over a short period of time should only be considered in worst case scenario • Maternity services are classified as essential and cannot stop, so in an extreme situation the preference would be to have students in paid placements rather than no placements. • Need to consider and plan what would be required to allow final year students to graduate as they will be critical for workforce. • Need lead in time to plan and set up processes and systems, learning lessons from what happened last year. A timeline needs to be established. Need to start the planning process soon, so we are ready should this become a reality. • There would need to be discussions with HRDs about how students can be employed. At present the need is to get as many students as want onto the 15-hour contracts with health boards. However, this would require to be quickly followed on with paid placement contingency work. • If this is used as a mitigation to ensure students can graduate, some students already have additional hours under their belt from being on paid placements in the summer. Therefore, we may not require as many paid placements as before. Scoping work on this aspect should be considered. • It was only nursing and midwifery students who accessed paid placements last time and consideration needs to be given to inclusion of AHP students if this happened again. • Noted that SSSC are continuing contingency arrangements for social work students at least until 2022 with a caveat to continue beyond that as we anticipate longer term impacts from placement delays
<p>6.</p>	<p>AOCB</p> <p>PEF/CHEF redeployment requests</p> <ul style="list-style-type: none"> • RAPOG members were supportive of encouraging boards to maintain their PEF, CHEF and PEL compliment in order to ensure NMAHP student practice learning experiences continue during the pandemic. While NMAHP students are not employees, they still contribute to supporting the workforce and obviously practice supervisors, assessors and practice educators need support to ensure students are appropriately supervised and assessed, hence the stance to maintain the

	<p>PEF/CHEF/PEL compliment. However, PEF/CHEF/PELs are ultimately employed by NHS Boards. While the current position is to encourage maintenance of the PEF/CHEF/PEL network to safeguard timely completion of programmes to ensure workforce supply practice partners may come to a decision that to ensure patient safety there is no other option but to redeploy all staff members currently in non-direct clinical care roles including PEF/CHEFs and PELs. In such circumstances RAPOG would be understanding of such a decision.</p>
7.	Date of next meeting 2 nd February 2021, 3.00 – 5.00 pm via MS Teams. 19 th March 2021, 1.30-3.30pm via MS Teams

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