

Meeting Notes
CoE Education & Training Sub- Group
Wednesday 2nd September 2020
1.00p to 3.00pm

Attendees:

Trish Gray (Chair)	(TG)	Senior Project Lead/RRHEAL
Roslyn MacDonald	(MacD)	Administrative Support/RRHEAL
Dr. Sandra MacRury	(S MacR)	University of Highland & Islands
Annetta Smith	(AS)	University of Highland & Islands
Ronald MacDonald	(R MacD)	Community Lead
Caroline Dean	(CD)	Head of workforce development/ Scottish Care
Paula Ingram	(PI)	Senior Educator (CHEF's) NMAHP/NES
Andrea Baker	(AB)	Manager CSMEN/NES
Fiona Grant	(FG)	West Highland College
Claire Tucker	(CT)	Specialist Lead/NES
Fiona Skinner	(FS)	University of Highland & islands
Catriona MacDonald	(C MacD)	Community Member
Kim Anderson	(KA)	ANP Lead NHS Shetland
Laura Lamb	(LL)	Scottish Social Services Council (SSSC)

Apologies:

Pam Nicoll	RRHEAL Director/NES
John Paul Leach	University of Glasgow
Micelle Jeans	NHS Highland Learning & Development
Jean Ker	Clinical lead CSMEM/MSU
Sophie Isaacson	Project Officer /Ritchie implementation
Dr. Hannah MacLeod	G.P Skye/Portree
Janice Turner	Principle Lead/Bereavement/NES Medical

1. Welcome

TG

Welcomed everyone to the meeting and went over meeting etiquette and how to use the tool bar for asking questions in the meeting. Trish also advised that the meeting would be recorded for the benefit of minute taking and asked everyone to introduce themselves.

2. Group Purpose

TG

Background – Sir Lewis Ritchie highlighted in 2018 that Skye, Lochalsh and Southwest Ross has the potential to become a centre of excellence for developing and evaluation new models of healthcare. RRHEAL have been working with stakeholders to co-produce a proposal for the development of a CoE and four sub-groups have been enacted from this. This group has been formed to address education and training needs to support the development of a CoE. The other groups are looking at Recruitment & Retention, Digital Technology, Innovation and Social accountability and will look at the types of education and training that could be incorporated to support a CoE including multi agency health and social care, work based education, postgraduate and undergraduate CPD and refresher skills maintenance.

R MacD

Work on CoE produced report a year ago but there was no funding available at the time. Also tried to access sperate funding, though were unsuccessful in the bid for this. Sir Lewis Ritchie is running with the idea of a national CoE and the work he is involved with on the G.P. contract also impinges on the CoE programme. A lot of work was undertaken and one of the main issues highlighted was the importance of having socially accountable education and training. Remain in close contact with Pam Nicoll, RRHEAL Programme Director, to discuss the issues in Care homes/Care at home, in light of current pandemic. The aim is to take a *bottom up approach*, trying to build a CoE using resources already in place and adapting as necessary. Tele-medicine will be important going forward, as many of the issues arising in remote and rural areas, will also have resonance with the rest of Scotland. There is opportunity for funding going forward and I have written to Kate Forbes (MSP/Skye), who is very receptive to creation of a CoE and would consider any proposals brought forward for extra resources.

3. COVID-19 Pandemic Crisis

TG

Asked the group if there was any learning, they felt they could highlight that had emerged from the current pandemic. Also highlighted that some of the issues coming to light were that staff had step up to more autonomous working, taken on more responsibility, finding resolves for issues and were working more collaboratively within their own community.

CD

Positives in terms of relationship building and the use of technology has brought some of us closer together. Although within the social care sector (Care Homes) and providers we represent, it has not been a reciprocal effort in terms of support offered to them. For example, it was very difficult to get PPE equipment, as suppliers were directed to transfer PPE to health and care homes found this very difficult. Also, staff are being tested for Covid-19 weekly, though it is taking 4-6 days for results to come back and they are often inconclusive. Providers feel they are the bottom of the pile in these considerations. Staff also don't understand why they have to be tested weekly, especially when results are inconclusive. Aware that this may not be a consideration for group, though they do need support with training. Also, that care home staff are dealing with a lot just now and to be mindful of this. Glasgow has recently gone into a

lockdown again, where people cannot visit one another in homes, hence, there is a need for flexibility for the care home sector in terms of education and training and depending on what their current situation.

TG

Important points noted and through discussion with the CoE E & T group, we would hope to come up with an action plan of how to support care homes in the short, medium and longer term.

C MacD

From a community point of view, we have been acutely aware of the pressures on the care home sector, even before the current pandemic with regards to recruitment and training. With Skye being a popular tourist destination, it has brought difficulties with recruitment, although the pandemic has eased this. However, there is still a need to think about how to train people in remote and rural areas. From a community point of view, care at home and care homes are a priority. With implementation of the Sir Lewis Ritchie report, the problems with recruitment of nurses/ANPs/paramedics have dissipated.

KA

Working in isolated places, such as NHS Shetland has a lot of positives during the pandemic. For example, there has been increased access to educational training and it has become fairer across remote and rural areas and there has been more collaboration in different boards, due to the quick development and access to digital tools.

TG

The use of digital technology has been of benefit and developed at a fast pace. There is a need to capture what we have learned during this time and learn to do things differently and more effectively. Although there need to be a balance of a blended approach to training education and building professional rapport.

FS

UHI have been using a blended learning approach for over 2 decades, although face to face inductions also take place. UHI provide Health and Social Care SSSC qualifications. Important to have a whole education package flexible enough to fit round day jobs and still provide education and upskilling for staff. The biggest challenge for UHI is getting the message out that we are still delivering these sort of blended/at distance education programmes. UHI are more than willing to work with employers to support with the delivery of flexible education programmes.

PI

Resonate with FK, as the practice educators, hosted in HNS boards and funded by NES, described *burnt out* due to back to back meetings on Microsoft teams. Also, I used to drive to meetings, which allowed me to have thinking time to solve complex issues and now there is no room for thinking time. In addition, I experienced another issue when interviewing, where technology did not provide the support required, this was all very stressful for all involved. There is a need to build a good foundation of a blended approach to learning and working together.

AS

Agreed with FK, in terms of the importance of a blended/flexible approach to education delivery. In light of the pandemic, there are a few things UHI have been trialing, for example the Advanced Practice Masters module for clinical assessment is normally taught in a face to face situation with live people as patients and assessment was dependent on these live assessments. However, UHI have utilised *Near Me* technology to carry out the OSCE's for clinical assessment, which was challenging, although positive. Some of the nursing students who were shielding and unable to go into a clinical situation, were able to work from home and undertake a *virtual placemen*. They were able to take advantage of the digital technology in NHS board areas, to keep them on their placement tracks. Although it requires complex supervision with mentors, overall the experience of using the digital technology has been very positive.

FG

Digital technology has enabled large organisations to be more agile in their working particularly in public sector. The current model with high schools in highlands, allows all pupils to have same access to learning. It's taken a joint partnership approach in timetabling classes, and advertising the learning to both pupils and parents, to enable people to know what is available. Pupils who were home schooled have been able to link into the learning, as well as those who were unable to attend school due to health issues. All learning session were recorded, which enabled students to access recordings if they missed anything. Highland all use *Google hang outs* and Classroom, others use *Bright Space*, although consistency is key to user enablement.

C MacD

Asked, what is the reach of all of these education and training services. Currently, we don't have a local health and social care manager on this group, perhaps it's something that need to be considered within the terms of reference for the group. Interested to find out how to make sure all of the education and training is filtering to places on edge of geographies or is this already in place?

CD

Advised that it is currently very disjointed for health and social care sector. SSSC have been instrumental in developing resources for social care sector. Some organisations tend to do training in house, because of a lack of resources, though it all depend on the size of the organisation, the infrastructure HR support etc.. Care inspectorate has done work round digital poverty, though not sure if results are published yet. There are huge issue around the governance of data and the ability to share data. The health and social care plan, published some time ago, highlighted that that was a need to gather data more intelligently and be used to benefit the social care sector.

TG

Asked CD if digital poverty report from the Care Inspectorate had been published yet? CD unsure of timeframe as to when this will be complete. CD will find out more and notify the group when published.

CD to find out more about digital poverty report from Care Inspectorate and inform the group

S MacR

Consistency is good, in terms of digital tools, although evaluation of experience is important, for example looking at people using different modes/platforms and incorporating a good evaluation tool. Connectively is a big issue, currently involved with a remote and rural project in partnership with European Space Agency that is looking at satellite provision, into how to get learning out to student doctors in primary care. Also important to be familiar with research that is already out there that may be of benefit to remote and rural education and training. In light of Covid-19, there has been a lot more service provision/care provided at home and connectively has been a big issue. Make sure evaluation is incorporated into the learning.

TG

RRHEAL are keen to work in partnership and find out what resources that are accessible/ contribute to the education and training for remote and rural areas and the CoE. TG asked S MacR about the European space agency work.

S MacR

Advised that is an 18-month project and there will be interim reports/milestones that can be shared with the group.

PI

NES/AHP working on report in terms of AHP principles in light of Covid -19.
Action PI to circulate NES/AHP report when finalised.

4. Care at home training

TG

Want to look at home care training and care at home particularly in light of pandemic. i.e. staff resources, training and education. PPE equipment, infection control, dealing with challenging situations, self-care, resilience, understanding technology and using effectively. RRHEAL could look at developing webinars or help with delivering.

FS

UHI works closely with care homes, there are issues with cost/fees for programmes. Last year the Scottish Funding Council provided funding for upskilling staff. The PDA's are not SSSC registerable, and not seen as a necessity for uptake. Also there is a need to look at different ways of supporting for the care industry and how education can be more accessible and free of charge.

LL

Two different sides to this, there is the training and learning requirements for registration and legislation. There is also the focus on what care sector needs right now in supporting Covid-19. SSSC worked with partners to develop a suite of resources, for example, wellbeing, PPE, death and dying, these are all available online. Keen to know if there are other emerging gaps they can support. Looking at developing support for workforce to have access to open online learning resources. Doing work with

NES to support people to be more digitally connected. Also working with the care inspectorate around inspection themes and how we engage staff with these. Lots of work being done to support with Covid-19 just now, and there will be lessons learned, as to how we work in partnership with one another and how we make sure that resources are open and accessible to health and social care. There is a need to have landing pages to help staff navigate between online learning sites. There is also the issue of looking and registerable qualifications and access to these.

PI

Worked with care homes what they needed rather than just point towards Turas, as it was impossible for them to access this. Instead we done a print run for students to access the learning. Hope to maintain the networks built recently with a view to opening up new practice learning opportunities. Working with SSSC was a great experience and the new NMC standards will enable the development of care home taking on more pre-registration students. Lots of cross fertilization going on just now and network developing that the group may be able to utilise.

C MacD

Asked if the people working in care homes in Skye are linked into networks/online training resources.

PI

Advised Skye is covered by Highland and have a north and south CHEF. PI will advise of who these contacts are.

Action for PI to confirm Highland CHEF/names are where they are based.

CD

Scottish care have independent sector leads, employed by Scottish Care and funded by the partnerships and have worked very closely with care homes to support in the pandemic. Unsure if Highland has one. Julie Hodge is in Argyll & Bute but unsure if this also covers Highland.

TG

Does anyone in the group know of a Sector lead for NHS highland.

C MacD

Advised to contact Tracey Ligema, who may be able to advise. There is still an ongoing investigation into the largest nursing home on Skye and its future is still under discussion. There is opportunity to ensure Skye is well linked into all the resources discussed going forward for the future. In light of the pandemic, NHS highland are looking at moving more people into the community and out of care homes. The list of training that TG mentioned earlier needs to be looked at and distilled down to what is needed immediately.

TG to contact Tracey Ligema to ascertain Sector lead for NHS Highland

S MacR

Resources for care homes and PhD student undertaking project on delivering education across highland region to care home for education around diabetes. Encountered issues trying to deliver this training, due to lack of equipment/ staff not being able to be released etc.. It was a TEL case study based with interaction. It was a good idea, though the practicalities of trying to implement this were really difficult.

CD

Contingency planning around staffing levels in COVID were not as robust in some areas as they were in other areas. Although the care home sector utilised connections between other providers, for example care at home providers work was reduced, due to people shielding and they were able to be redeployed to support with care homes. Now looking at model for transferability of roles and how this might look in the future.

TG

Asked CD, if issues around care home staff training have been addressed in the short term.

CD

Moving and assisting is a category on its own, there is so much legislation around this, organisation are using a variety of methods to cover this. NES produced some good videos that have been shared with Networks, this is good for refresher training, though not suffice for new staff coming from different sectors who do not have experience of moving and handling. This is a big consideration for care homes.

PI

Moving and handling is definitely something on its own. Previously worked as a neurology nurse, the universities use models to teach male catheterization. Scope for this to be used for teaching in care homes and still socially distance, where someone can learn to become competent.

KA

Currently no CHEF in NHS Shetland. Looking at locally appointing a CHEF. Secondment for senior infection control nurse in NHS Shetland, who should be able to provide training and education within the care home.

PI

Paper went to SG on the requirement for CHEF's. The care home sector needs this infrastructure. Where CHEF's are in place, they work with the care homes needs, to develop education that is specific to them, one size does not fit all. Also heading *up long arm mentoring*, which is looking at building capacity in care homes and having someone who can supervise a student. Work going on just now looking at the idea of CHEF's acting as *long arm mentor* in care home, if we can get this up and running it will greatly help remote and rural areas.

CD

Issues with prescribing training in placements, is down to insurance and someone being there who is competent to sign this off. Having something like long arm mentoring in place would be of great help.

PI

Not sure CHEF's would do prescribing, though the model is something to look at.

C MacD

Asked S MacR if finding from PHD work would be suitable it incorporates into any proposal?

S MacR

Findings will be published next year and happy to share with the group.

Action PI to invite CHEF to attend next meeting.

AS

Needs a designated prescriber in care homes, if not available, then the G.P. is required. UHI teach the AP prescribing course and if CD needs any help/information please get in touch.

FG

Fiona Grant - Care courses, such as childcare have high number of students this year. They are usually high, but social care has waiting list at Further Education level. After the furlough period ends, people may be also looking to change careers. Is there an opportunity for apprenticeships?

TG

Aware that NES has modern apprenticeships, though unsure of others available, it looks as though there might be scope for development of this, do others know of any?

PI

The Open University has had really good initiative where healthcare support workers, undertake education whilst remaining in post.

CD

DWP looking HCSW package offer to employer will share with group when find out.

KA

Health care support workers going through education at open university, though funding has stopped and there are lots of implications in boards going forward.

TG

Advised the group that it would be useful to find what types of education and training are being delivered just now from different providers just now. Is the group happy to share what is currently being delivered with RRHEAL to enable the group to create a list of available education and training, agreed by group members.

Action for RRHEAL to contact group members for input regarding the education and training currently delivered and key gaps.

5. Care at home issues and requirements

TG

Asked the group in terms of home care at home staff and what has been issues for training and have they been addressed or are they still outstanding? How can we go forward supporting this short term?

CD

Moving and handing probably affect the care at home sector more. Whereas in care homes there is opportunity to observe practice and shadow others. The vast majority have tried to adapt to online learning, though is variable in terms the finance available, and digital knowledge and resources.

TG

Asked CD the requirements for revalidation and what are the requirements within SSSC?

CD

From 13th December 2020 care at home workers required to have registration with SSSC and work towards level 2 qualification. It's a vocational qualification, so people have to be employed to achieve this.

LL

Advised that care at home staff have 5 years to gain qualification then and completion of the qualification is evidence of CPD within the first five years. After that they will require to have some CPD evidence. Registration is every five years. Also *Open Badges* is a suite of different learning resources that produces a digital certificate to evidence the learning undertaken

CD

One of the care at home challenges is that they deliver care for a wide group of service users, for example, physical disability, older people, people with dementia issues and learning disability. It's difficult to cover training for all these groups.

6. TEL Education

FG

Bright Space is main platform used. This is a virtual learning environment with the opportunity to host an online classroom delivery. There is also enhancements to be able to share desktops where a teacher can share a presentation or small groups of students can get together. Google and Google Hangouts for school pupils only. Short pilot at West Highland College and level 6 students using Teams as they often go into work placements and the work placements use Teams.

LL

Using Teams and sometimes Webex, zoom and others. Looking at trialing 4 different platforms for workshops and large-scale events etc. and will feedback to group on using these and the pros and cons of each.

Action for Laura Lamb to feedback group on use of different platforms when this becomes available.

KA

NHS Shetland using Teams, presentation share and Q&A sessions which require people to facilitate these. Also using Zoom.

FG

There is a need to look at different technologies and digital literacy, for mature people, as they may face barriers in not having the digital skills. The other barrier is cost and time and making sure education and training is flexible enough to enable people to access it. There is also a need to timetable different modes of education as well as some face to face interaction.

Action for all group to consider digital literacy and how can support this.

CT

Bereavement charter for Scotland recently developed. Webinars have been developed to support staff in dealing with bereavement, although staff have had difficulty in accessing them due to some healthboards having different systems that block the use of certain modes of delivery. Will send Bereavement webinar link to TG to post on teams.

Action CT to email TG link to Bereavement webinars and TG to post on teams

AB

We use platforms, such as Adobe Connect, with extra cameras which helps learning of clinical skills remotely.

TG

There is a need to consider a digital network to discuss what we use, what is going on, the digital tools available Group to discuss at next meeting.

Action all to discuss digital network at next meeting.

7. Terms of Reference

Action TG will draft and distribute to group for input.

8. AOCB

C MacD

There is a need to have a local NHS highland health and social care manager on the group.

FG

Will terms of reference be circulated in Teams? TG confirmed, this will be posted onto teams. Also the group need to find ways of communicating out the way, we have covered some complex issues and the group need to come back and look at how we do this.

Action all to consider methods of communicating outwards, regarding work of the CoE Education & Training sub-group

FS

Attended Technology Enhanced Learning - Sharing Practice QAA and used Microsoft teams, which worked really well and lots of discussion going on in chat.

PI

Following covid-19, building resilience using agile methodology and won't work 5 cohorts running currently breaking it up into chunks Fab Fridays

Will feedback on what we are doing.

S MacR

Need representation from NHS Highland Learning and development team.

Action TG double check if RRHEAL have made contact with NHS highland learning and development team to ask for representation on group.

Actions:

1. CD to find out more about digital poverty report from Care Inspectorate and inform the group.
2. Action PI to circulate NES/AHP report when finalised.
3. Action for PI to confirm Highland CHEF/names are where they are based.
4. TG to contact Tracey Ligema to ascertain Sector lead for NHS Highland.
5. Action PI to invite CHEF to attend next meeting.
6. Action for RRHEAL to contact group members for input regarding the education and training currently delivered and key gaps.
7. Action for Laura Lamb to feedback group on use of different platforms when this becomes available.
8. Action for all group to consider digital literacy and how can support this.
9. Action CT to email TG link to Bereavement webinars and TG to post on teams.
10. Action all to discuss digital network at next meeting.
11. Action TG will draft and distribute to group for input.
12. Action all to consider methods of communicating outwards, regarding work of the CoE Education & Training sub-group.
13. Action TG double check if RRHEAL have made contact with NHS highland learning and development team to ask for representation on group.

Dates of future meetings:

29th September 2020 1.00pm to 2.30pm (cancelled)

27th October 2020 1.00pm to 2.30pm

24th November 2020 1.00pm to 2.30pm

29th December 2020 (this will require to be changed)

26th January 2021 1.00pm to 2.30pm

23rd February 2021 1.00pm to 2.30pm

30th March 2021 1.00pm to 2.30pm