East of England Clinical Learning Environment Strategy

September 2022

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Clinical Learning Environment Strategy on a page

'To become the leading region of excellence in practice-based learning'		
Grow capacity, capability, and quality of learning in the region through efficient, effective, and sustainable systems that support practice learning, with strong and effective partnerships between education and service providers		
Pillars		
Developing a culture of inclusive compassionate learning	System working and structures	Educational excellence
Work streams		
Embedding principles of inclusive compassionate learning	Cross system collaboration and partnership working	Growing capacity to support learning
Systems of support encompassing RePAIR	Effective and efficient systems for placement utilisation and information sharing	Making the most of simulation, innovation and technology to support practice learning
What good looks like		
✓ Comprehensive induction with every learner having the access (eg: to IT systems) needed to take up their role	✓ Quality improvement and innovative approaches to clinical learning	✓ Supportive and available educators with a compassionate and inclusive approach to learning
✓ Learners feel safe, able to contribute; confident and supported to raise concerns	✓ Effective collaboration between academic and placement providers	✓ Educators are supported, prepared and recognised
✓ Learners are welcomed and included as part of the team	✓ Learners are valued and retained as the future workforce	✓ Placement capacity meets demand; effective modelling of capacity informed by workforce demand

Clinical Learning Environment East of England (2022-2025)

Introduction

The Clinical Learning Environment (CLE) Strategy for the east of England provides structure, direction and ambition to enhance the quality of CLEs for all learners. The strategy focusses on the CLE for non-medical programmes with clear commonalities, including for nursing, midwifery and allied health. It is expected that this strategy will also positively impact on learners undertaking a wide range of learning, including medical programmes and where possible collaboration between medical and non-medical structures and learners will be supported. This encompasses all vocational, undergraduate, apprenticeship, post graduate and continuing professional development programmes which incorporate learning in clinical practice. It is recognised that practice learning takes place in an increasingly broad range of settings; with the focus of this document learning in clinical settings in health and social care as aligned to the four pillars of practice (HEE 2017). However, it is expected that the implementation of this strategy will have a positive impact across all practice learning environments. The intention for the strategy is to enable the region to create dynamic, innovative, compassionate and inclusive CLEs that will shape and grow the future health and care workforce for the region.

This strategy provides a long term and strategic approach to meet the needs of learners, educators, supervisors and clinical teams, creating a sustainable culture of learning through capitalising on existing resources and leveraging partnerships to ensure HEE quality standards (HEE 2021) for education are consistently achieved together with those of Professional Statutory and Regulatory bodies, including the Nursing and Midwifery Council (NMC) and Health and Care Professions Council (HCPC).

The strategy both aligns and contributes to systems meeting regional and national policy and workstreams including those arising from the Health and Care Act 2022, NHS Long Term Plan (NHS 2019), The People Plan (NHSE 2020) and People Promise, RePAIR programme (Reducing Pre-registration Attrition and Improving Retention report HEE 2018) and the Health Education England Quality Framework (HEE 2021). This alignment of the strategy with the HEE quality framework and the integrated care board (ICB) people function is demonstrated in appendix 4.

This strategy is for all partners engaged in the CLE across the east of England, its success is dependent on system and region-wide collaboration and robust partnership working between all stakeholders and stakeholder organisations, including universities, social care sector, private, independent and voluntary care organisations (PIVO) and NHS providers.

An inclusive approach has been taken to the development of this strategy that has engaged all systems and partner organisations to agree the regional ambition for the CLE which is presented in this strategy. Maslow's theory of motivation is used to demonstrate the importance of meeting the needs of all contributors to shape the learning environment priorities.

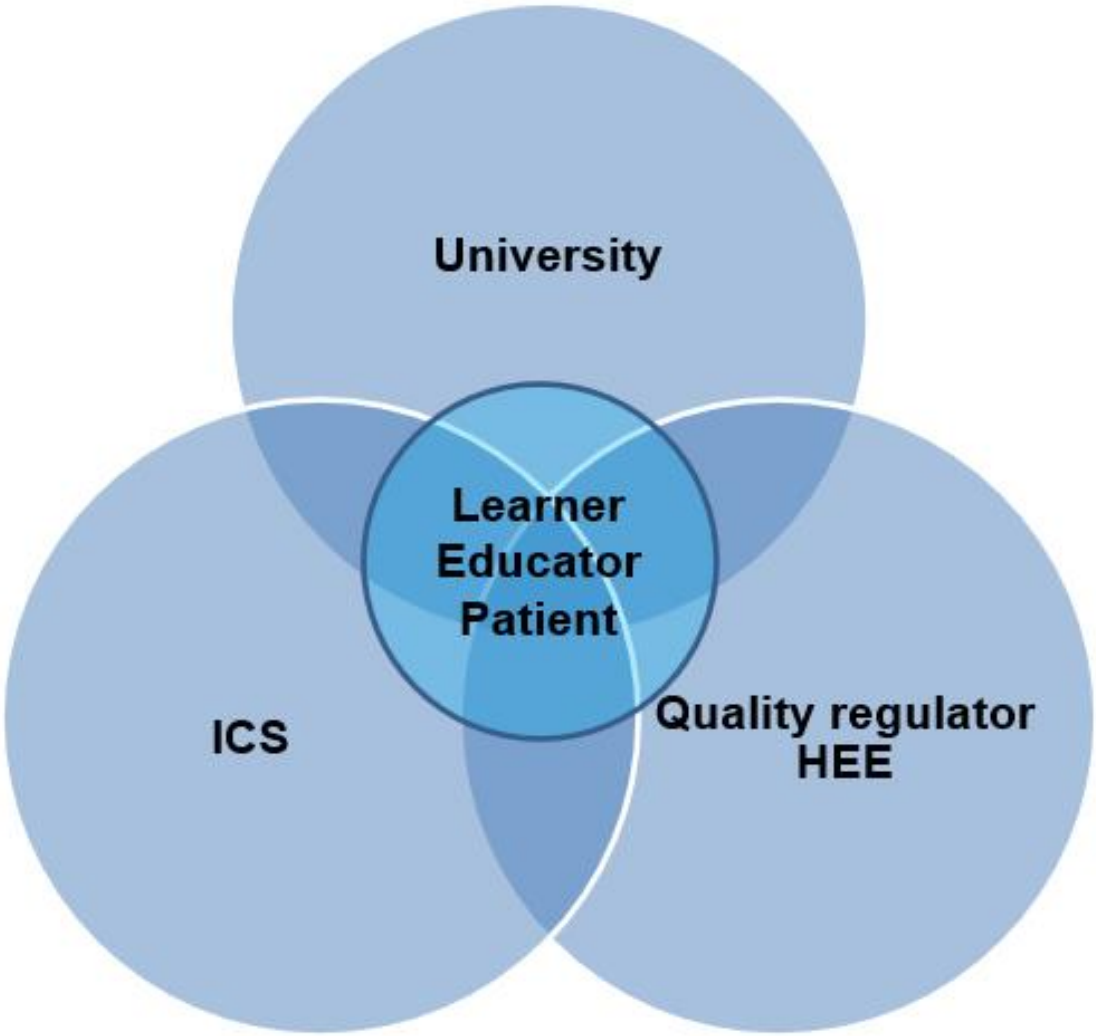
Actions and commitments for implementation are further articulated by each integrated care system (ICS) through a meaningful transformation plan that reflects the priorities of the system in meeting the needs of the population. The formation of a transformation plan for each system will be led by the clinical expansion lead, a post that is initially funded by HEE for 12 months and directly employed by each ICS.

Where possible the transformation plans will adopt and adapt existing work and utilise existing key performance indicators to ensure that the CLE strategy is fully embedded in system and organisation level strategy and workforce planning, to ensure sustainability beyond the 12-month period of funding. An iterative approach has been taken to strategy development and action planning in which learning from each ICS is shared and informs both the approach taken by other systems and the development of the overall regional strategy.

The vision set out within this strategy has been shaped from feedback gathered through extensive engagement with stakeholders. Extracts from this feedback are presented throughout the document as 'What's important to me' statements to ensure this the focus remains on what's important to the learner, supervisor and patient.

The strategy vision

Our vision for the east of England is to grow capacity, capability and quality for learning across the region through developing: efficient, effective, sustainable systems to support practice learning, strong and effective partnerships between education and service providers, to become the leading region of excellence in practice learning. For every learner to feel included, valued and supported to succeed, and to be the first choice for learners to study to become the health and care professional that will make a difference to people's lives and shape the future of health and care in the region. We will do this with an inclusive and compassionate culture of learning which has patients, learners, clinical supervisors and educators at the centre. The clinical learning environment for the east of England will be resilient and adaptive, embracing innovation and flexibility for learning and the management of placements to meet the needs of a diverse learner population and shape the future workforce.



This strategy recognises learners as the future health and social care workforce and the need for their inclusion within teams, organisations, systems and workforce initiatives.

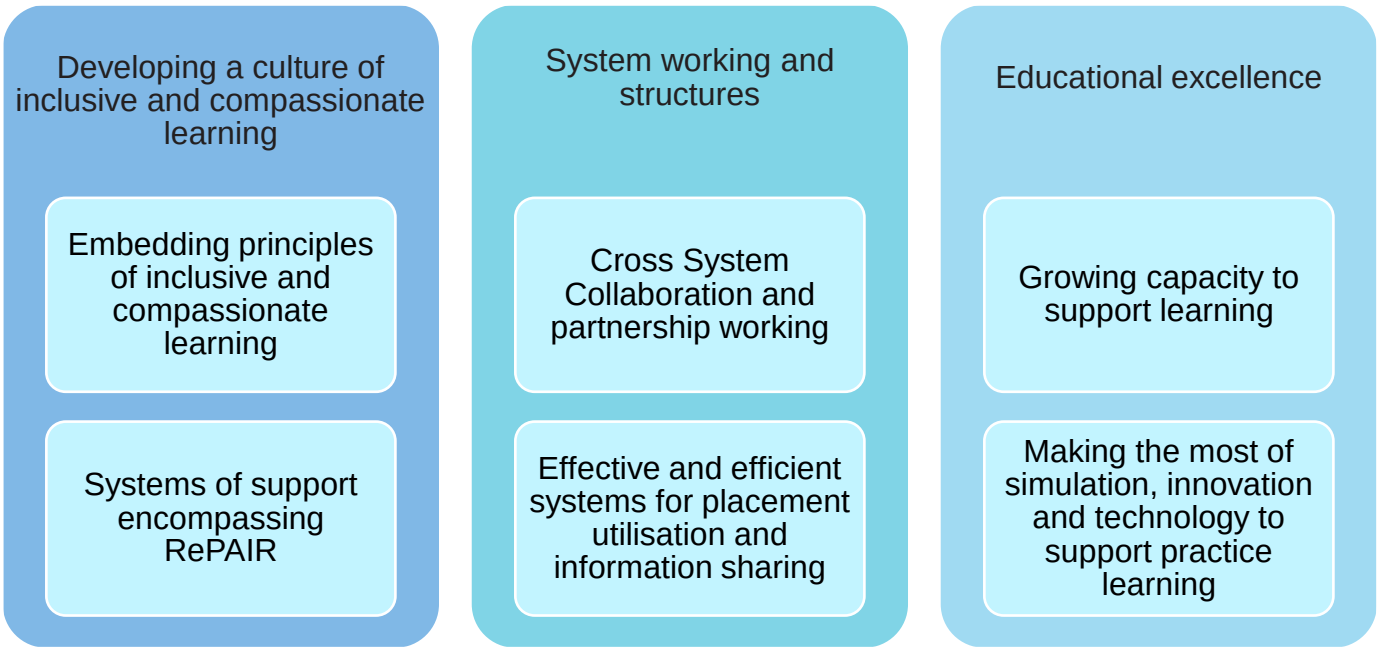
We aim to provide every learner with a meaningful, safe and rewarding learning experience, with every educator to have a role that is enriching, valued and supported. In doing this we will improve learner retention and success and so grow and sustain the domestic supply of health care professionals for the region.

This will be achieved through a collaborative approach which will enhance the experience of learners, and educators together with clinical and non-clinical team members who provide valuable learner support that reaches beyond the clinical setting.

The strategy structures

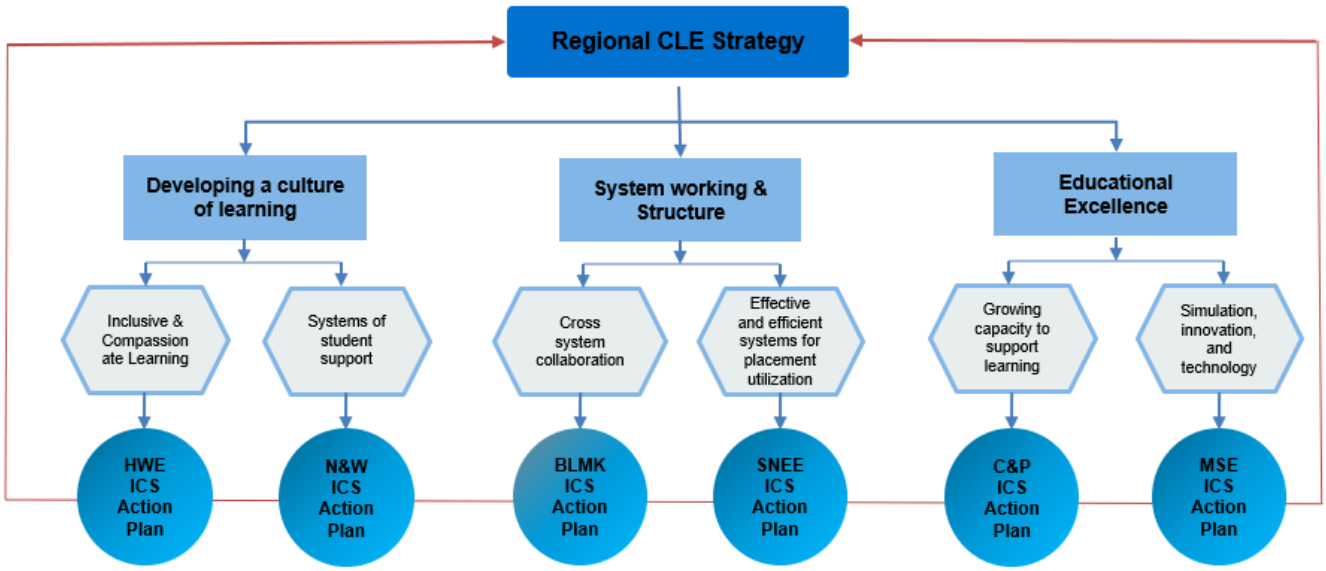
The Clinical Learning Environment strategy for the east of England is formed of three pillars, each underpinned with two workstreams.

Figure 1: Pillars of CLE



Strategy success will be achieved through each system developing a transformation plan to meet the requirements of the pillars and workstreams, alongside this it is recognised that there are priorities that are best led regionally and the Clinical Learning Environment Leads for each system will develop a plan and co-ordinate the delivery of one regional priority which emerges for each workstream to deliver a region wide alongside their ICS transformation plan to allow focus on each area and enable resources to achieve maximum impact across the region. This is shown below in figure 2, with of systems allocated for illustration purposes.

Figure 2: Regional CLE strategy



Terminology used in the strategy

It is recognised that there are a range of titles and descriptions for roles across the region associated with the learning environment.

To be inclusive the strategy will adopt the term learner for all students and learners using the clinical learning environment, unless a point is made that relates to a specific role which has been defined by a Professional Statutory Regulatory Body (PSRB). A comprehensive list of terminology used in this document is provided in the glossary.

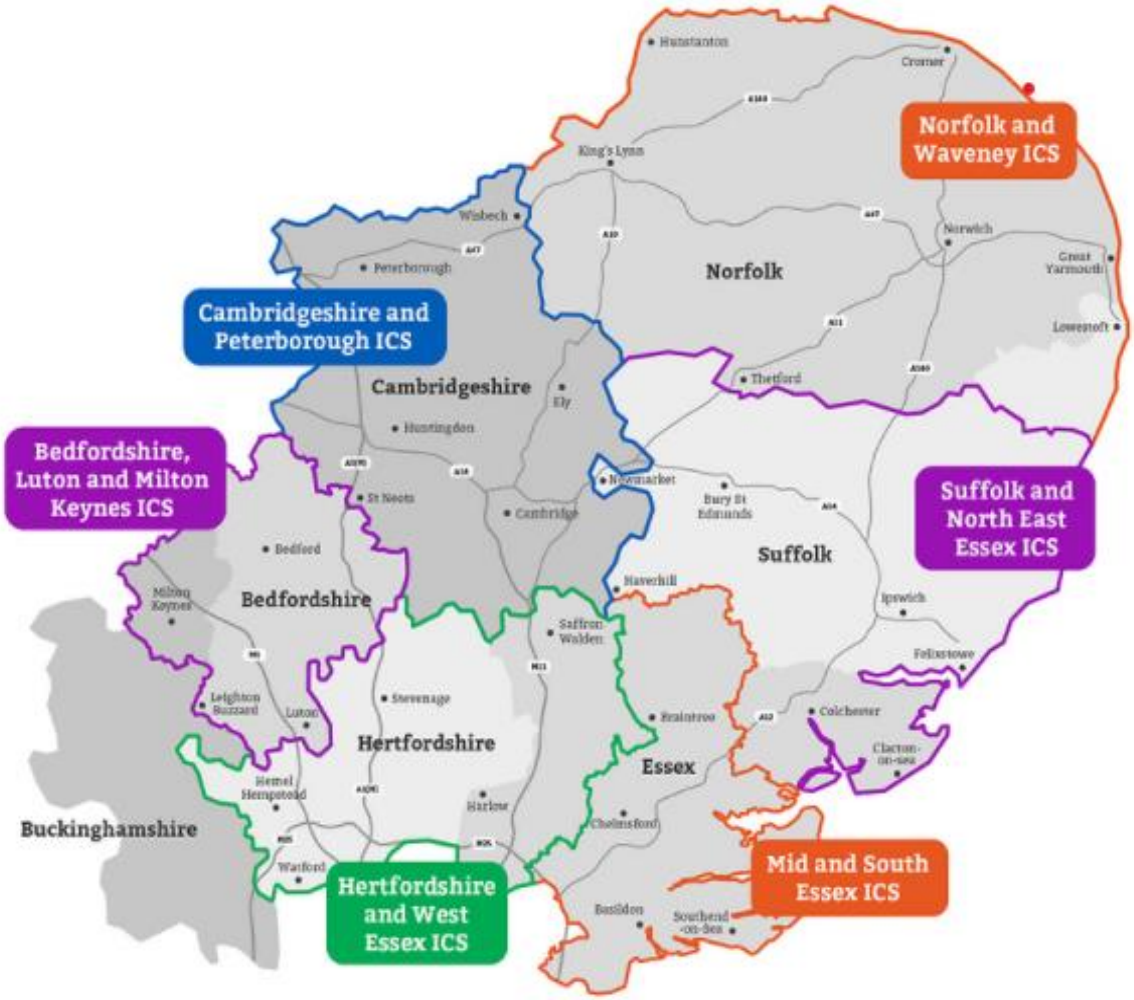
What's important to me:
Hearing from students about their experience after placement to improve the service would help. A shared feedback model would be one idea (Educator)

Background / context

The east of England comprises of six Integrated Care Systems, their recently formed Integrated Care Boards and six regionally based Higher Education Institution (HEI) partners that provide health and social care programmes. However, there is a wider network of placements for learners from 20 HEIs provided across the east of England.

The east of England is great place to study, with over 14,600 learners undertaking practice placements for non-medical programmes in the region. Learners in the region already have a varied and impactful learning experience which will enable them to become highly skilled practitioners. Within the recent National Education and Training Survey (NETS) for the east of England (HEE 2021b) the majority of the learners rated their overall educational experience in practice as good or outstanding (69.3). This was reflected in the overall experience of supervision which 70.6 per cent rated as good or outstanding.

Figure 3: Integrated care systems in the east of England



The diversity of the population and geography of the east of England provides learners with a unique breadth of learning opportunities to work with rural, coastal and urban communities each with specific health and social care needs, in supportive and often unique clinical learning environments.

Systems provide care for large urban populations including Luton, Southend and Ipswich, with the Southern part of the region bordering on London. The health and social care needs of these

populations differ significantly from the rural and coastal areas of Essex, North Cambridgeshire and Norfolk, with markedly different indices of deprivation including for education and income as well as health. Learners in the region will work with health and social care teams to address health inequalities, with increased opportunities to experience in primary care settings and develop skills to support the management of long-term conditions.

The region offers opportunities to learn with teams delivering specialist national services alongside established, outstanding acute, primary, social and private care services. This includes the UK's largest specialist cardiothoracic hospital and the country's main heart and lung transplant centre at Papworth hospital and the internationally renowned St Andrews Burns Centre which provides care to children with the most complex burns injuries from across London and the south-east of England. Norfolk community Health and Care NHS Trust which was the first standalone NHS Community Trust in the UK to achieve an 'Outstanding' rating from the Care Quality Commission (CQC) offers supportive and learning opportunities at the forefront of community care.

Strong partnerships exist between education, health and social care providers who together create opportunities across the east of England to join educational and apprenticeship programmes to become an outstanding health professional.

Delivering sustainable, long-term growth and continuous professional development for workforce is vital to ensuring that the health and social care system has the right workforce in the right numbers to support high-quality and safe care.

As part of its manifesto pledges, the government committed to growing the nursing workforce by 50,000 by March 2024.

There are 3 key workstreams:

- Domestic supply
- Retain and return
- International recruitment

These have been aggregated down to specific programme areas which are being delivered across the east of England. The success of each of these programmes are dependent on the capacity and quality of the Clinical Learning Environment.

There has been a sustained increased numbers of active learners in the region with an increase of 36 per cent for midwifery and across all fields of nursing of between 42-62 per cent and growth in AHP learners for the region of between 90 per cent (Occupational Therapy) and 37 per cent (Paramedic Science). However, the growth projection for the non-medical professional workforce is insufficient to fill existing vacancies. This is particularly acute for some professions including Radiography and Operating Department Practitioners (ODP) suggesting the CLE for these professions will require specific focus.

The RePAIR programme (Reducing Pre-registration Attrition and Improving Retention) (HEE 2018) has demonstrated the importance of a compassionate learning environment which supports learners through transitions and promotes belonging. Drawing from the NETS surveys for 2020 and 2021, the 2020 and 2021 'Impact of Covid-19 on Students' surveys and collaboration being universities and clinical education teams the east of England has re-established bimonthly RePAIR Board meetings where system, organisation and university representatives together with learners and newly qualified preceptees share concerns, ideas and innovations.

Regional Student Quality Ambassadors (RSQAs) and Regional Preceptee Quality Ambassadors (RPQAs) roles have been established with regular meetings where experiences and perspectives are shared, to contribute to the development initiatives to enhance the CLE and reduce attrition. Enhancing the CLE in this way offers an effective transition for all and contributes to wider retention strategies through creating growth environments where everyone is supported to develop including those who may not be undertaking formal educational programmes.

What's important to me:
To be asked "What do you want from this placement" a simple question makes all the difference (learner)

The increase in the number of learners has resulted in greater demand for practice placements, which together with increased post-pandemic service pressures has challenged the capacity of educators and clinical supervisors and educational teams. However, the current projected recruitment of students remains insufficient to reduce predicted vacancy gaps (see Appendix 1). It is therefore acutely important that further focus is given to maintaining and enhancing the quality of the clinical learning environment for all learners and their supervisors, educators and host teams to retain students. Effective use of existing data sets to match placement demand with placement capacity and identify hotspots and pinch points is needed.

The November 2021 NET Survey (HEE 2021b) shows that overall, the east of England provides a positive learning environment, however, negative experiences were also reported in the survey. Over 13 per cent of the respondents felt that their placement learning needed improvement or was unsatisfactory. A similar response of 12.5 per cent found supervision to be unsatisfactory or needing improvement. Just under half of respondents (45.2 per cent) reported that the workload of the practice placement affected their learning and 18.5 per cent reported that lack of availability of learning and IT resources impacted negatively on their learning (HEE 2021b).

The primary reasons why learners would be unlikely to recommend their placement included the culture of the learning environment and the quality of teaching provided. Consistent with this the NETS impact of covid-19 questions showed that stress, lack of support and doubts regarding ability all contributed to the respondent considering leaving their programme.

It is for these reasons that this strategy is so significant, and the importance attributed to this work is demonstrated through the collaboration of partners to achieve excellence.

As clinical services continue to recover following the covid-19 pandemic, often working to address unmet need arising from changes to service delivery during the pandemic with a workforce that may be exhausted from the continued demands placed upon them. This strategy provides a framework for systems along with their partners to develop and commit to delivery of robust and meaningful action plans which maintain effective Clinical Learning Environments in which learners, along with their clinical supervisors and educators feel safe, valued and supported to learn and through that investment to enhance the experience of all those within the clinical learning environment and retain today's learners as the future workforce for the east of England.

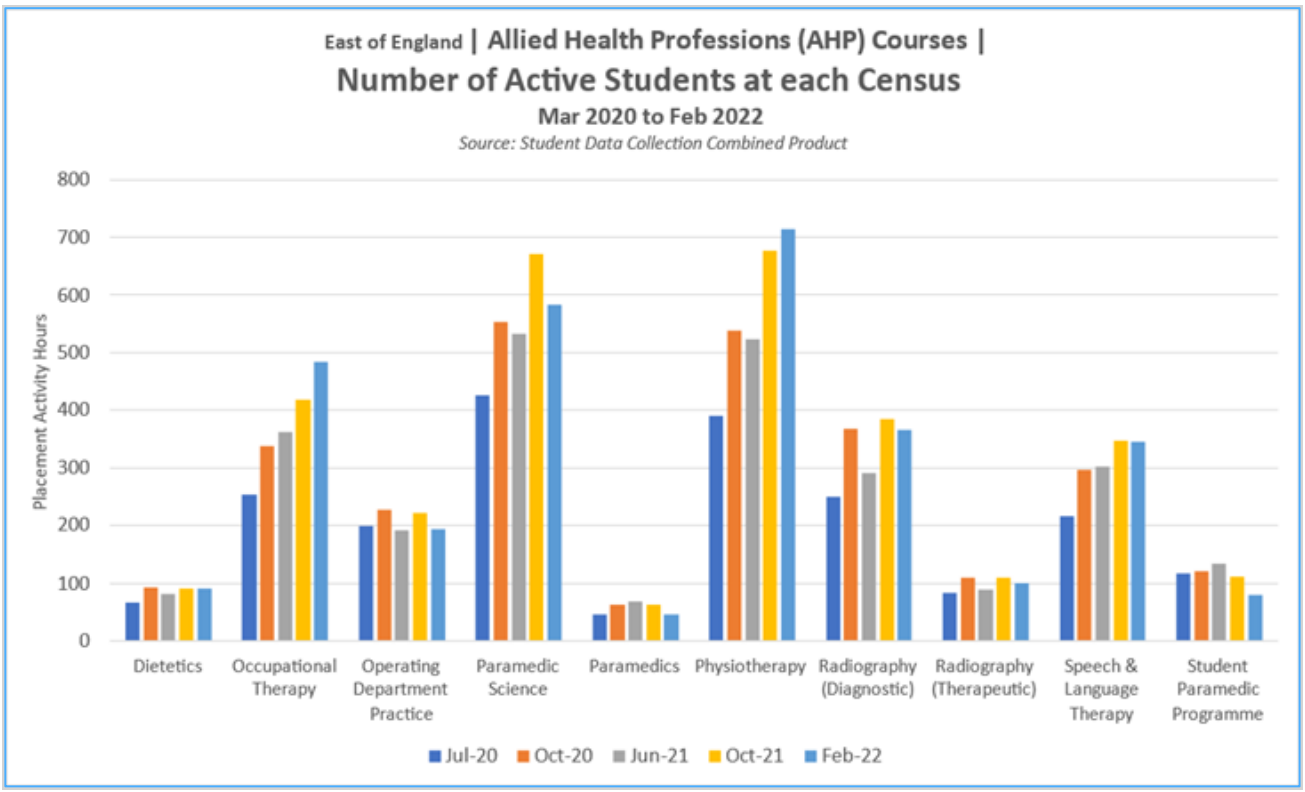


Chart 1: Number of active students

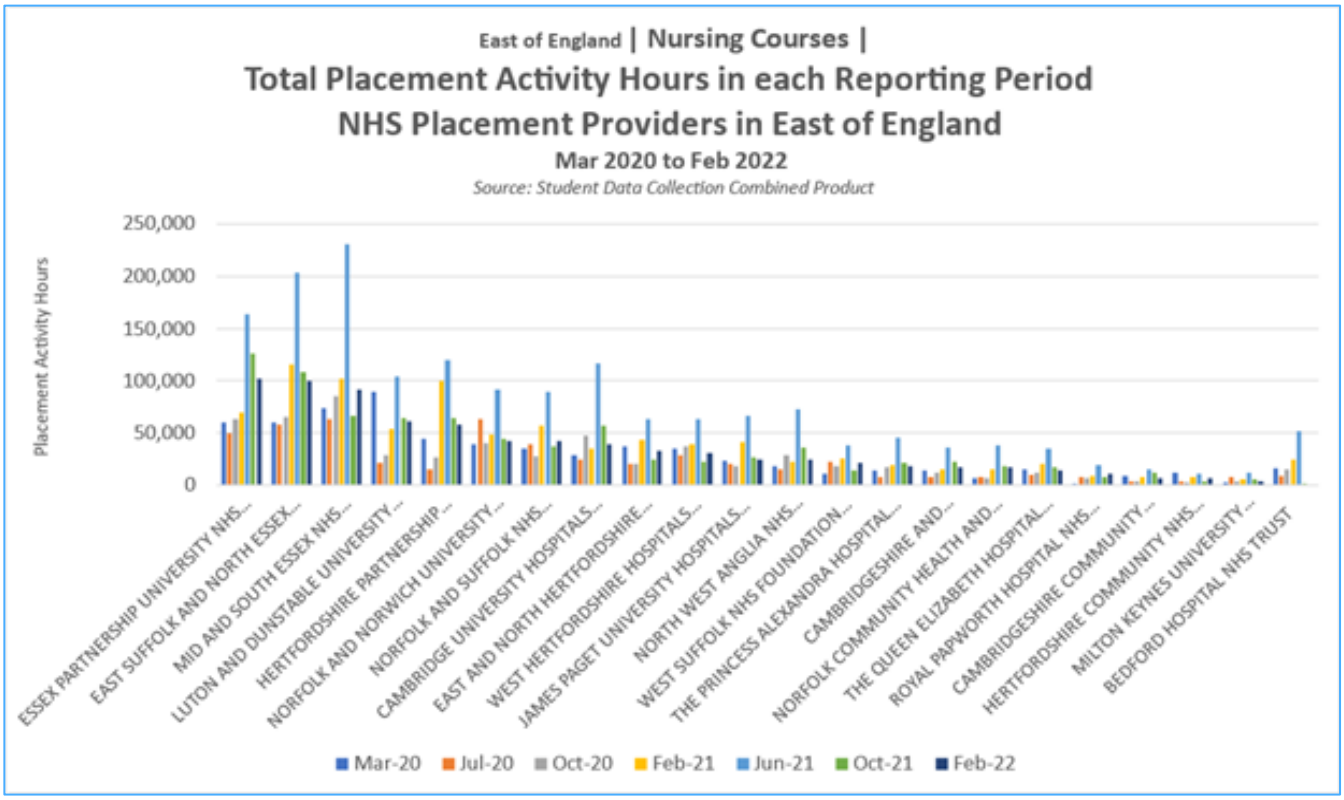


Chart 2: Total placement activity hours

What's important to me:
The staff make it clear from the beginning that the ward is a learning environment. They back this up with their actions which are spending time explaining, observing and giving feedback on knowledge and skills. They encourage reflection time throughout the day and they check your understanding regularly and your emotional wellbeing (student).

The clinical learning environment in the east of England

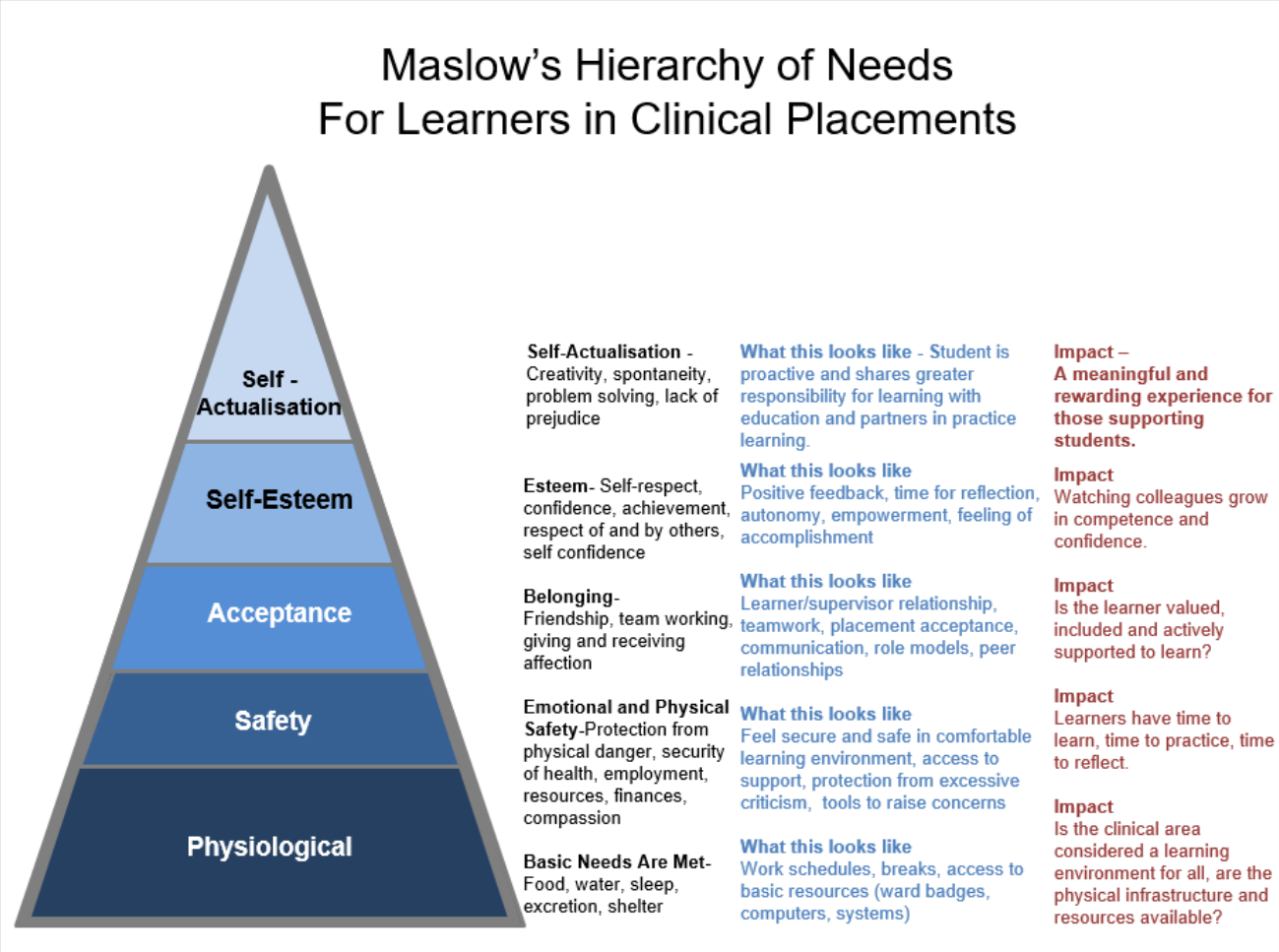
The clinical learning environment is shaped around the patient as an active participant in the provision of patient centred care by learners in partnership with their clinical supervisor and as part of a wider clinical team. To achieve an effective learning environment there must be a focus on ensuring coherence of experience, continuity of support, compassionate and expert clinical supervision for learners, together with the valuing of and support for clinical supervisors and the teams that shape the learning environment.

To understand the interaction of the learner more fully with the Clinical Learning Environment and the factors that shape this space, the strategy draws on Maslow's theory of human motivation (1943). In this theory humans are motivated to fulfil their needs in a hierarchical order, starting with the most basic needs and then when these are met, progressing to achieving advanced, growth needs within self-actualisation. Self-actualisation encompasses obtaining skills, continuing education, using skills and knowledge and pursuing ambitions. Failure to meet the learner's fundamental needs may impact negatively on their wellbeing and disrupt learning and development.

In figure 4 the hierarchy of needs that have been adapted to reflect the Clinical Learning Environment demonstrate the importance of meeting and maintaining learners' physiological, safety, belonging and esteem needs within the learning environment to enable them to focus on their growth, development and learning. This approach underpins the ethos of this strategy which places the learning culture established around the learner and clinical supervisor or clinical educator at the centre.

The example provided is applied to the Clinical Learning Environment from the perspective of learners undertaking formal programmes, however, this framework must also be used to identify and more fully understand the needs of educators and wider team for their development and growth.

Figure 4: Maslow's hierarchy of needs (adapted from Maslow 1943,1954)



To achieve a positive Clinical Learning Environment, there must be commitment to supporting all learners to meet their basic needs and this must sit alongside established education structures which provide support to meet prescribed learning outcomes. Learners share responsibility for their learning and to seek support when needed. However, there is a risk that these needs fall between education and placement providers. There must be clear processes and commitment from systems and universities, working with quality regulators to ensure that these needs are consistently met. This requires recognition that the clinical learning environment extends beyond the learner and their immediate education team.

To be effective the Clinical Learning Environment Strategy must be adopted at all levels of provider organisations and systems. This includes the alignment of policies and procedures to enable a positive and responsive relationship between the learner and the educator together with a leadership culture that values learner experience and belonging.

What learners told us they wanted from their placements:

- Supportive and non-judgemental learning environment
- Opportunities for multi professional learning
- Lots of learning opportunities
- Hands on experience NOT just shadowing
- Not to be treated like a number but a person, to be called by their name
- To have protected learning time
- Better communication for future newly qualified practitioner proficiencies.
- For clinical supervisors to understand the requirements of programmes and the rationale for what different learners can and cannot do
- Electronic Patient Record system access and training for all learners
- Orientation and established approach to introducing learners to their clinical supervisors
- The whole team to understand learner perspective and expectation from the placements

To achieve this, we have set out deliverables in table 2 below that underpin our commitment.

Table 1: Our commitment deliverables

- Creating a vibrant, compassionate, inclusive and innovative culture of learning with a commitment from all systems to value education at every level and across organisations. Such commitment to be supported by placement providers implementing in full the roles and responsibilities of supervisors, assessors and clinical educators within their local organisational structures.
- Enabling learners to learn through the provision of compassionate patient / client centred care.
- Strengthening collaboration between employers and education providers to build a seamless support network to enable learner well-being and effective practice learning. Such commitment to be supported by placement providers actively and effectively contributing to curriculum development with their education providers or HEI partners and the education providers actively supporting placement providers in the training and development of clinical supervisors / educators.
- Overtly linking workforce planning and transformation with structures to support learning and education, to communicate purpose and ensure learner belonging.

- Development pathways and opportunities for clinical academic roles.
- Providing equity of access to innovative approaches to practice learning, including the use of extended reality (XR).
- Celebrating success and innovation in learning.
- Supporting learners to manage points of transition, to prepare for practice learning and for preceptorship. Such commitment to be supported through collaboration between education and placement providers in the management of learners' progression throughout the training programme as well as transition into preceptorship and aligned with the work of the RePAIR programme.
- Embedding effective systems for placement management.
- All learners to be feel prepared for practice, feel welcomed, included, part of a team and know that they belong.
- Investing in the support, growth and reward for talented educators across nursing, midwifery and allied health.
- Working in partnership with learners, learners and their supervisors, assessors and educators to develop the learning environment.
- Promoting careers in health and care, with clear career paths and seamless transition for learner to practitioner without unnecessary HR processes.
- Enabling sustainable approaches for travel and access to remote placements.

What's important to me:

A person that is a good communicator that is willing to take the time to explain what they are doing and why it needs to be carried out. They are also friendly, patient and non-judgemental, which makes it easier to ask questions and subsequently learn (student).

Strategy structure and outcomes

Table 2: Pillars of CLE

1. Developing a culture of inclusive and compassionate learning	2. System working and structures	3. Educational excellence

1. **Developing a culture of inclusive and compassionate learning** will actively raise awareness of and engage intersectionality within the learner community, validate learner experiences and perspectives and challenge indirect and direct discrimination in the learning environment. Approaches to supporting practice learning will be co-created with learners, patients, educators and education partners to ensure that all voices are heard, including those of traditionally marginalised groups who in the past may have felt excluded or silenced. These inclusive approaches will be integrated with the existing frameworks and training and included within supervisor and educator training and support. Compassionate approaches to learning will seek to promote wellbeing and alleviate anxiety arising from practice experience for all those engaged in the clinical learning environment and in so doing remove barriers to learning and development while higher education institutions also promoting retention. Best practice will be recognised, shared and celebrated.

2. **System working and structures across systems and with effective partnership** working are key to creating an effective learning environment. Commitment from all partners will ensure effective communication, collaboration and information sharing, to ensure that that effective and efficient organisation of learning together with informed, relevant and co-ordinated support for learners and clinical supervisors and educators. Learner feedback to be shared with all partners to enable a co-ordinated and impactful response to enhancing quality and effective organisation of learning. Inclusive learning environments for all learners will be supported through the timely sharing of learner requirements including for reasonable adjustments. Consideration will be given to creating learning academies with partner organisations to provide a frame to further support and embed partnership working.

3. **Educational excellence** in practice learning will be achieved through developing skills and capacity of educators, enabling education teams to engage with partners actively and effectively in curriculum development and to take an inter-professional approach to enhancing the existing culture of learning. Innovation for simulation and virtual placements during the pandemic will be capitalised on through continued development and embedding approaches in new approaches for placement allocation such as hub and spoke models,

while ensuring coherence, relevance of learning and the maintenance of established learner support systems.

Success will look like*:*

What's important to me:
The placement must be meaningful and match each person's learning requirements. Whether a student is on a BSc or apprenticeship, understanding how best to place them to get the best from their placement (Educator).

System level

- All six systems in the region having collaborative action plans in place to enhance the clinical learning environment, with action owners and Key Performance Indicators to monitor performance against.

Table 3: Success points

- Supportive, compassionate and inclusive learning environment which values learners, educators, supervisors, learning and education, enabling learners to be successful, completing within the timeframe of their programme.
- Increased learner retention.
- Increased measures of learner satisfaction and success through learner feedback: NET Survey responses triangulated with placement evaluations, learner completion rates and where possible information from the National Student Survey.
- Learners will be welcomed and supported by all health professionals, educators and the wider workforce, feel valued and that they belong.
- Active and effective partnership working between employers and education providers, systems and communication for placement management will be effective, efficient, well led and organised.
- The introduction of placement management approaches which will enable collaboration across ICSs and maximise capacity.
- Reductions in practice referrals and increase in the number of learners achieving practice learning outcomes on first attempt.
- Career framework in place for educators, together with numbers of educators on accredited programmes for educators, with an increase in the number of educators undertaking experiential career development opportunities.
- Coherence of placement experience for learners with consistent access to support across all providers, approaches and systems.

- Robust systems for placement management which enable effective monitoring of capacity and usage and the early identification of new and potential pinch points. This will enable collaboration by all stakeholders to understand the causes, challenges and impacts of these pinch points, allow space to put in place constructive and sustainable solutions and share learning across the region. The adoption of a system or regional placement management system to be considered.
- Region wide standards and materials for the development of educators / supervisors / assessors to meet PSRB requirements, together with an active register of educators.
- Implementation of RePAIR initiatives including a collaborative package of support for learners making transitions eg: when progressing to the next stage of their programme.
- Increase in the number of practice supervisors, practice assessors and clinical educators from baseline across nursing, midwifery and allied health professions by 10 per cent across each ICS.
- Increase in placement capacity and placement utilisation across all areas.

What's important to me:

A proper welcome and induction process is essential for all our students. We all need to be able to find our feet in a new setting and we all need to feel that we are welcome and wanted (Educator)

Strategy deliverables

The CLE strategy is dependent on strong, positive relationships between all parties that shape the environment and are engaged in the learner's journey to becoming a healthcare professional. It is important that through the implementation of this strategy, approaches to partnership working are explored to achieve a greater understanding of the tripartite relationship between the learner, Higher Education Institutions (HEI) (education provider) and health and social care / placement provider.

This can be a complex relationship and it is important to strengthen relationships through identifying ways to enhance communication and optimise the efficiency and efficacy of existing systems and ways of working and so enhance the experience of learners, educators and provide an opportunity for preparation, reflection and organisational learning. A research project led by the University of Suffolk will explore this core trilateral relationship with the aim of generating recommendations to enhance the learner experience, learning, belongingness, connection with patient care and retention and informing the CLE strategy.

An online live repository will be created which brings together and shares best practice examples, relevant information, meeting structures and action plans which can be drawn upon

to enhance the clinical learning environment. Each system will map placement capacity and quality to produce a heat map or demand forecast to inform priority setting and action planning to enable issues with critical *hotspot* areas to be addressed during implementation. Plans will be developed for the adoption and sustainability of simulated practice to increase capacity and enhance quality of practice learning alongside innovative placement models such as hub and spoke to extend placement capacity and provide opportunities for greater understanding of care pathways and service user experience.

Core requirements to deliver the strategy through the framework of the three pillars and their workstreams are outlined in table 5. Delivery will be achieved through the prioritising of key actions over a three-year time frame. These actions are not exhaustive and each system will prioritise and may develop further actions dependent on their system needs, this may include a focus on specific allied health professions. Best practice examples for each pillar are provided in appendix 2.

What's important to me:
Flexibility around organising shifts and childcare (learner)

Table 4: Delivery through the three pillars

1. Developing a culture of inclusive and compassionate learning
Embedding principles of inclusive and compassionate practice learning ➢ All learners to be engaged in the practice learning environment, to be welcomed and receive an effective induction which includes: • a comprehensive welcome pack, which includes information about the learners and their supervisor's role and the context of their placement in relation to care pathways, journeys and expected outcomes of patients and service users. • access and equipment to fully engage in practice learning. • learners' names to be included on staff boards and rotas where relevant • a learning environment in which learners called by their names. • allocation to a named clinical supervisor / educator responsible for management of learners and their learning needs throughout duration of their placement to ensure continuity of support for learning.

- Education to have clear governance structures which link through to the ICS People Boards, effectively aligning support for learners with workforce development and the people promise.

Systems of learner support encompassing RePAIR

- Joint approach between HEIs and providers to effectively support transitions to include preparation for practice learning and preparation for preceptorship, to include conversations about future career opportunities and planning.

- Establishing and sign posting support for learner mental health and wellbeing. To include information for peer support and in formats that are accessible to learners' families and friends together with agreed approaches between education and placement providers regarding the management of reasonable adjustments.

Growing capacity to support learning

- Learner support and wellbeing included in relevant system events such as staff inductions, preceptorship for Nursing Associates and programmes for internationally recruited health professionals.

- Support for educators aligned to their career and individual needs with additional support for educators new to their role / post to be provided during the transition period.

- A robust system established for feedback from learner evaluation to reach educators and supervisors in a timely manner.

- Capitalising on interprofessional approaches to practice learning that support opportunities for interprofessional supervision and the supervision of more junior staff

- Learner support to be embedded in existing provision for staff well-being with connections made between PNA / PMA with educator roles and specific support needs of supervisors.

Making the most of simulation, innovation and technology to support practice learning

- Explicit expectation that innovation in simulation for practice learning must be co-produced with patients and clinicians.
- Simulation aligned with approaches to placement management including hub and spoke models to ensure coherence of learning and learner support.
- Development of simulation to be informed by mapping of placement demand and capacity to identify areas where additional simulation may effectively manage peaks in placement demand and enable growth of placement capacity and effective use of practice learning for all professions.
- System level structures to enable the sharing good practice across each ICS to support scale and spread of innovations using simulation and technology.

What's important to me:
It is vital that we support all learners in practice, having robust systems and processes in place to provide a high-quality learning environment ensures we recruit and retain our students as the future workforce (senior manager)

2. System working and structures

Embedding principles of inclusive and compassionate practice learning

- Robust processes for all learners to know how to and be confident to raise concerns about the learning environment to include access freedom to speak up guardians and wellbeing hubs. Systems established to monitor learner engagement with support services.
- EDI updates embedded in educator training and updates, with examples of how to ensure equitable access to learning and embrace learner diversity to develop the CLE.

Systems of learner support encompassing RePAIR

- Agreed model of learner support and link lecturing in place between education partners and each ICB to ensure effective learner support and effectively embed practice learning with theory, extending the clinical learning environment to include education

providers. This may include developing new roles that are focussed on supporting learners in practice.

Cross system collaboration and partnership working

- Devise and implement a collaborative process for reasonable adjustments for practice learning to ensure safe and effective practice.

Effective and efficient systems for placement utilisation and information sharing for learner success

- System level sharing of placement mapping documents which includes all non-medical professions to enable more effective ways of utilising placement capacity across the system.
- Development of a portfolio of placements for all non-medical professions to enable reciprocal and elective learner led placements.
- Establish multi-professional placement provider networks for development and embedding of good practice for management of clinical placement and support for clinical supervisor, clinical educator and learner.
- Consideration of place-based placement allocation and management and the use of education tariff to a enable the development of an effective clinical learning environment.

Growing capacity to support learning

- Shared model across each ICS for clinical supervisor and assessor development to encompass: Clinical Educator and SSSA training.
- System level standards agreed for education teams training provision and learner support. To align the development and support for clinical educators, practice supervisors and assessors to predicted recruitment and overall number of learners, distribution of placement use and staff in post.
- System established for interprofessional peer support, mentoring and review in place for education teams, with an annual cycle.

Making the most of simulation, innovation and technology to support practice learning

- Cross system collaboration in shared or multi-professional placement opportunities leveraging simulation and Technology Enhanced Learning (TEL).

- Consistent learning platforms across each ICS with the functionality to communicate across systems to enable the sharing of learning materials and consistent quality assurance.

3. Educational excellence

Embedding principles of inclusive and compassionate practice learning

- Recognition in appraisals for clinical educators and clinical supervisors for developing inclusive compassionate learning environments.

- Awards to celebrate clinicians who create an inclusive and compassionate learning environment and for learners that demonstrate excellence compassionate inclusive and person-centred care.

- Celebration of successes in education and learning to include education teams which show case best practice across systems.

Systems of learner support encompassing RePAIR

- Learner representation at education meetings and relevant meetings within each ICS.

Cross system collaboration and partnership working

- Agreed expectations and boundaries for partnership working to ensure cohesion between theory and practice learning components of curricula.

- Leadership for education to be included in content of leadership programmes and considered in the roles of clinical leaders and portfolios of executive team members.

Effective and efficient systems for placement utilisation and information sharing for learner success

- Development and introduction of a placement dashboard or placement management system with a view to enable collaboration across systems and regionally.

Growing capacity to support learning

- Educator career pathways to be clearly articulated and linked to education, mentoring and training opportunities.

- Consistent and comparable job descriptions, specifications and roles for educators across ICS and region that align roles with ICS education and CLE strategies which meet the needs for learner support to meet current and future needs of service and patient

Making the most of simulation, innovation and technology to support practice learning

- Simulation strategy to be developed by each ICS, to include mentoring, seed-corn funding and career development opportunities.

- Agreed approach for sharing updating and modifying online practice learning materials, across ICS and regionally.

Time frame for delivery

The development of the Clinical Learning Environment Strategy is a 12-month project. However, in response to system pressures (including system responses to the pandemic) the engagement of each ICS with the appointment of their Clinical Expansion Lead has been staggered, with the 12-month period for each system commencing and completing at different times.

Each system will broadly undertake the same steps of scoping, prioritisation, action planning, implementation, with systems at different stages supporting each other through sharing of information and resource.

This is outlined below in Table 5. Each ICS will also lead on a regional wide project which sits within a defined workstream alongside the development and delivery of their own action plan. This will enable a collaborative approach with resources from across the region being leveraged in an effective and efficient way to address over-arching priorities and enhance the clinical learning environment across the east of England.

Table 5: Timeframe for Delivery

						Month						
Activity	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**
Engagement												
Scoping												
Analysis												
Priority setting & commitments												
Action planning workshops												
Iterative cycles of implementation												
Evaluation												
Completion of project report												

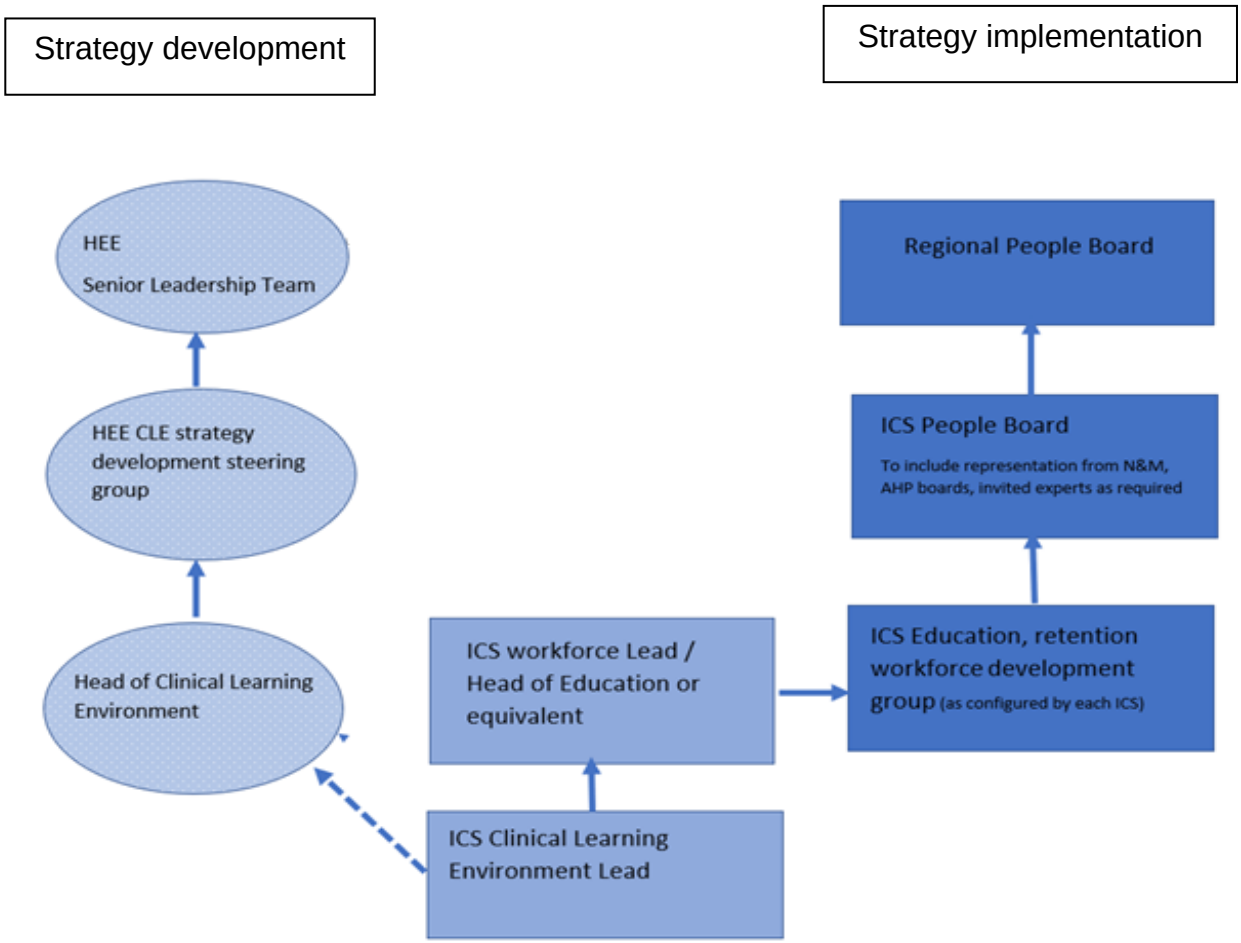
Start dates:	
Norfolk and Waveney	Nov-21
Herts and West Essex	Jan-22
Mid and South Essex	Mar-22
Cambridge and Peterborough	Mar-22
Suffolk and North East Essex	May-22
Bedford Luton and Milton Keynes	May-22

Governance

The development of the Clinical Learning Environment strategy and system transformation plans is overseen by the Regional Head of Clinical Learning Environment Transformation and Health Education England steering group. The delivery of system action plans will be governed by each ICS, with accountability sitting with the People Board for each system, which will report to the Regional People Board. Operationally the Clinical Learning Environment (CLE) Leads will report to and work with the Head of Workforce Transformation or education for each system and the Regional Head of Clinical Learning Environment Transformation to ensure the development and delivery of action plans to enhance the clinical learning to the Head of Clinical Learning Environment Transformation. Progress against KPIs embedded in the system action plans will be reported through system education and workforce groups into the people board and overseen by both the responsible system manager and the Regional Head of Clinical Learning Environment Transformation. To ensure inclusivity is embedded throughout all deliverables CLE leads will report their work to system Equality Diversity and Inclusion forums. Example regional and system KPIs are provided in appendix 5.

This project is funded by HEE for 12 months and the time frame for the CLE strategy during this period the Regional Head of Clinical Learning Environment transformation will work with each ICS to ensure sustainability of the operationalisation of the strategy beyond the 12-month funded period.

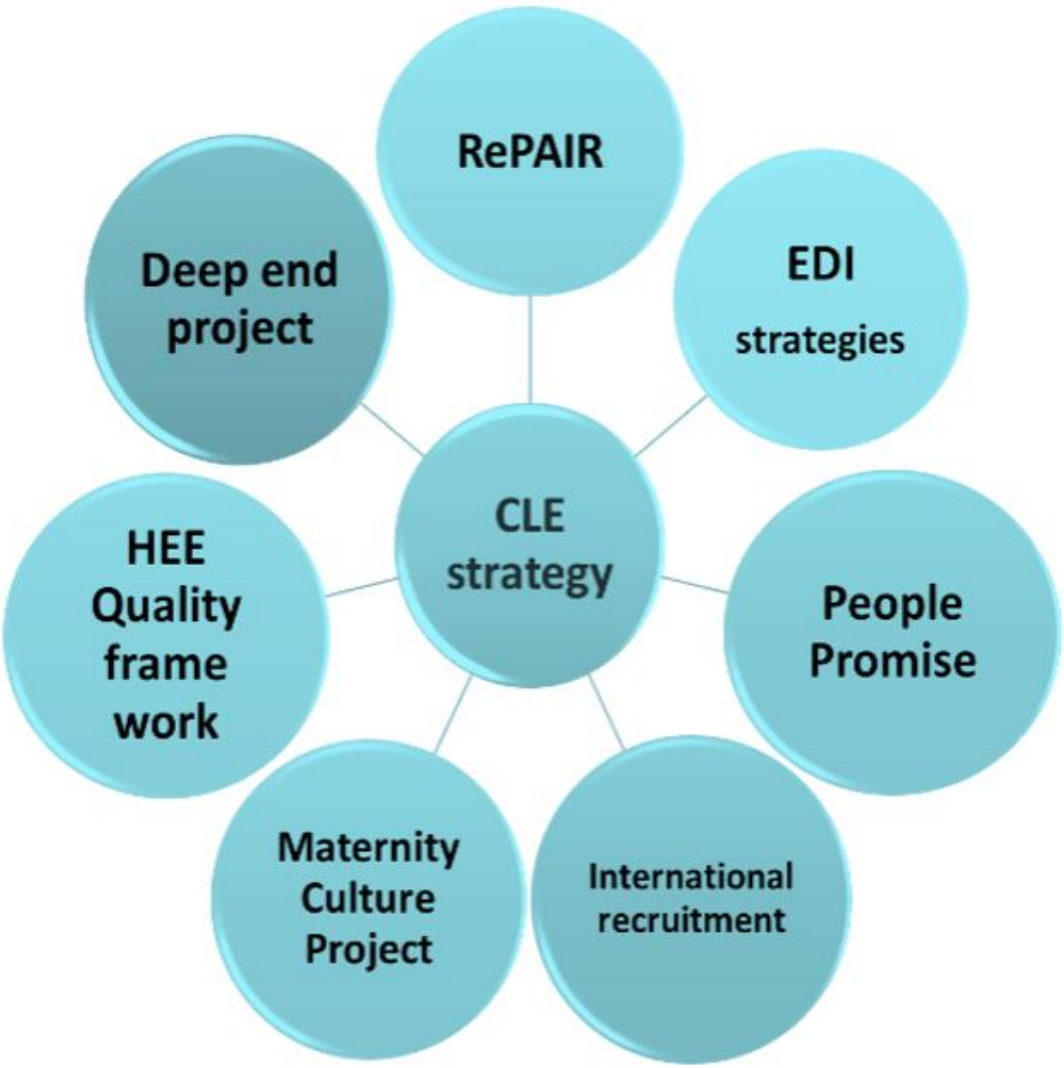
Figure 5: Governance structure



Co – dependencies

Given the complexity of the clinical learning environment and the nature of workplace learning it is recognised that this strategy will have several co-dependencies with existing initiatives to grow, develop and retain the workforce across the region. To effectively manage this a collaborative approach has been taken and where possible actions will be aligned, while retaining focus on the clinical learning environment. In so doing it is intended that the CLE strategy will bring greater coherence of existing overlapping workstreams for learners and educational partners while strengthening impact which will enhancing the quality of the clinical learning environment.

Figure 6: CLE strategy co-dependencies



It is intended that the CLE strategy will support and inform development and review of education strategies for each system and sit within regional education and workforce strategy.

Glossary

Clinical supervisor: (also known in some contexts as Practice Supervisors or Practice Educators) are named experienced clinicians and educators, who are selected and

appropriately trained to be responsible for overseeing learners' work and providing developmental feedback during a practice placement. A Clinical Supervisor has responsibilities which include being available in the placement learning environment to support guided learning, monitor progress, provide direction and feedback on matters professional, educational and personal in the context of a clinical role in the care of patients or working within a team. They may be required to gather information about an individual learner's performance and progress from others within a multi-disciplinary team. A Clinical Supervisor may also be a named Educational Supervisor, sometimes for the same learner (either concurrently or at different times) depending on the placement.

Educator: this includes Education Liaison Managers and Practice Experience Facilitators (PEFs). Educators are employed in an educational role, linking with education providers to oversee learner support and ensure quality measures are in place such as placement audits and that the training of clinical supervisors is current and meets PSRB requirements. Educators provide a pivotal role in ensuring that practice learning meets learner learning outcomes and that in partnership with education providers, curricula reflect current practice requirements.

Education provider: the contracted provider which undertakes educational provision services, and which is an education provider of academic studies, including but not limited to a HEI, faculty, school, further education provider, or an education and training organisation.

Higher Education Institution (HEI): A higher education institution (HEI) is defined as a university, or an institution conducted by a higher education corporation, or an institution rated as eligible to receive support from funds administered by the Higher Education Funding Council for England (HEFCE)

Learner: An individual who is undertaking a programme of study leading to a health or social care qualification and normally where that programme of study leads to professional registration with their regulatory body. A learner refers to both students and trainees undergraduate and postgraduate (and internationally or domestically recruited)

Placement provider: An organisation within which a learner undertakes a practice placement, and which delivers the practical, clinical element of an education and training programme. Placement providers are usually but not limited to NHS Trusts, NHS Foundation Trusts, GP surgeries, dental practices, opticians, pharmacies and other organisations that form part of the NHS or who deliver placement learning funded by the NHS which for the purposes of the NHS Education Contract includes the independent and voluntary sectors (but only placements which are funded and/or managed by HEE). They may also include the local authority sector (for example, for Public Health training).

Placement agreement: an agreement between an Education Provider and a Placement Provider relating to placement activities which may be in the form set out in NHS Education Contract or in any other form agreed by an Education Provider and a Placement Provider.

Professional Nurse Advocate (PNA) is a professional leadership and advocacy role designed to deploy the A-EQUIP model for registered nurses. The role supports staff through a continuous improvement process that builds personal and professional clinical leadership, improves the quality of care delivered and supports professional revalidation.

Professional Midwifery Advocate (PMA) is a fundamental leadership and advocacy role designed to deploy the A-EQUIP model for registered midwives. The role supports staff through a continuous improvement process that aims to build personal and professional resilience, enhance quality of care and support preparedness for professional revalidation

Professional Statutory and Regulatory Bodies (PSRBs) are a diverse group of organisations that include professional bodies, regulators and those with statutory authority over a profession or a group of professionals such as the NMC, HCPC and GMC. They accredit, regulate and approve programmes that meet professional standards and lead to a professional or vocational qualification or exemption from a professional examination. PSRBs set standards for and regulate standards of entry into their professions and maintain a professional register.

Simulation: a technique to replace or amplify real-patient experiences with guided experiences, artificially contrived, that evokes or replicates substantial aspects of the real world in a fully interactive manner.

Supervisor: a generic term to refer to both Educational Supervisors and Clinical Supervisors. In some cases, an individual may be acting as both the Clinical Supervisor and Educational supervisor for the same learner at the same time and for some professions the duties of both may be combined in one supervisory role.

Technology-enhanced learning (TEL) is the use of technology to maximise the learning experience.

Training programme: any of the non-medical pre-qualification Clinical Programmes at undergraduate and postgraduate level, as may be applicable to the particular context, whether funded or not by HEE.

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Appendix 1: Projected workforce growth for east of England

Nursing – adult

Flow Analysis : Projections

Health Education England

	2021	2022	2023	2024	2025	2026	2027
Start Stock	21,581	22,793	23,948	25,195	26,342	27,451	28,526
Baseline - UG	613	613	613	613	613	613	
Baseline - PG	40	40	40	40	40	40	
Baseline - RTP	15	15	15	15	15	15	
Baseline - Other NQ	0	0	0	0	0	0	
Baseline - Leavers	-1,423	-1,502	-1,577	-1,659	-1,734	-1,806	
Baseline - International Recruitment	1,359	1,359	1,359	1,359	1,359	1,359	
Baseline - UK Wider Labour Market	826	889	948	1,010	1,068	1,125	
Baseline - Within NHS churn	-397	-424	-449	-475	-500	-524	
New UG	-16	-43	75	75	75	75	
New PG	-6	14	14	14	14	14	
New RTP	7	1	1	1	1	1	
New Conversion	0	40	109	0	0	0	
New Apprentices	14	44	36	86	86	86	
Improved Retention	3	55	102	107	112	117	
Increased International Recruitment	177	53	-41	-41	-41	-41	
End Stock	22,793	23,948	25,195	26,342	27,451	28,526	
Growth	1,212	1,155	1,247	1,146	1,110	1,075	
% Growth	5.6%	5.1%	5.2%	4.6%	4.2%	3.9%	
Baseline Growth	1,033	991	950	903	862	822	
Intervention Growth	179	164	298	243	248	253	

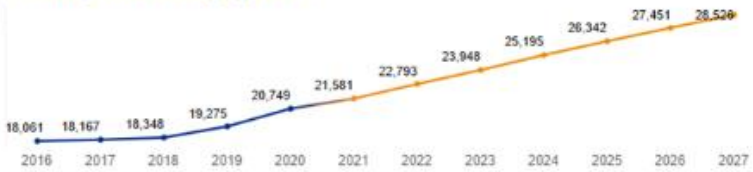
Flow Category Intervention

Start Stock	21,581
Baseline Growth	5,561
New UG	243
New PG	65
RTP	14
Conversion Schemes	149
Apprenticeships	351
Retention	496
International Recruitment	67
End Stock	28,526

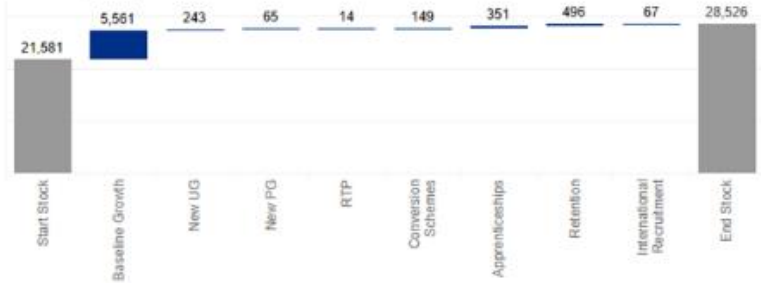
Flow Category Routes

Start Stock	21,581
Leavers	-9,700
Churn Within NHS	-2,768
UG	3,923
PG	305
RTP	105
Other NQ	0
Conversion Schemes	149
Apprenticeships	351
UK Wider Labour Market	5,865
Retention	496
International Recruitment	8,219
Grand Total	28,526

Forecast, from worked projection



Waterfall, Marginal interventions, 2021 to 2027



Waterfall, Routes, 2021 to 2027

Aggregate Staff Group
All

Profession
Adult Nursing

Region
East of England

ICS
All

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Nursing – child

Flow Analysis : Projections

NHS Health Education England

	2021	2022	2023	2024	2025	2026	2027
Start Stock	2,247	2,337	2,437	2,573	2,697	2,817	2,932
Baseline - UG	105	105	105	105	105	105	
Baseline - PG	7	7	7	7	7	7	
Baseline - RTP	1	1	1	1	1	1	
Baseline - Other NQ	0	0	0	0	0	0	
Baseline - Leavers	-135	-140	-146	-154	-162	-169	
Baseline - International Recruitment	39	39	39	39	39	39	
Baseline - UK Wider Labour Market	62	65	68	72	76	79	
Baseline - Within NHS churn	-28	-29	-30	-32	-33	-34	
New UG	21	27	59	59	59	59	
New PG	-2	0	0	0	0	0	
New RTP	1	0	0	0	0	0	
New Conversion	0	4	10	0	0	0	
New Apprentices	1	4	3	8	8	8	
Improved Retention	0	5	9	10	10	11	
Increased International Recruitment	16	12	9	9	9	9	
End Stock	2,337	2,437	2,573	2,697	2,817	2,932	
Growth	90	101	135	125	120	115	
% Growth	4.0%	4.3%	5.6%	4.8%	4.4%	4.1%	
Baseline Growth	53	49	45	39	34	29	
Intervention Growth	37	52	91	85	86	86	

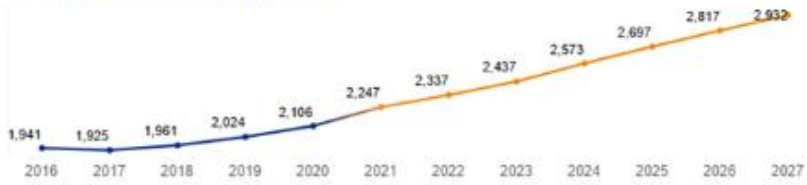
Flow Category Intervention

Start Stock	2,247
Baseline Growth	248
New UG	284
New PG	-4
RTP	1
Conversion Schemes	14
Apprenticeships	33
Retention	46
International Recruitment	63
End Stock	2,932

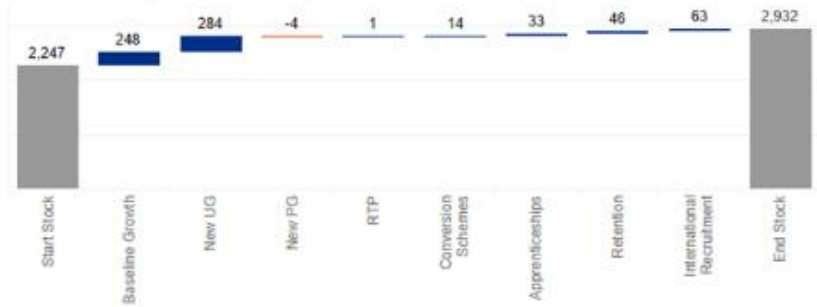
Flow Category Routes

Start Stock	2,247
Leavers	-907
Churn Within NHS	-186
UG	915
PG	41
RTP	8
Other NQ	0
Conversion Schemes	14
Apprenticeships	33
UK Wider Labour Market	421
Retention	46
International Recruitment	299
Grand Total	2,932

Forecast, from worked projection



Waterfall, Marginal interventions, 2021 to 2027



Waterfall, Routes, 2021 to 2027

Aggregate Staff Group
All

Profession
Children's Nursing

Region
East of England

ICS
All

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Nursing – mental health

Flow Analysis : Projections

NHS
Health Education England

	2021	2022	2023	2024	2025	2026	2027
Start Stock	3,097	3,200	3,332	3,519	3,689	3,857	4,023
Baseline - UG	113	113	113	113	113	113	
Baseline - PG	17	17	17	17	17	17	
Baseline - RTP	2	2	2	2	2	2	
Baseline - Other NQ	0	0	0	0	0	0	
Baseline - Leavers	-211	-216	-225	-236	-247	-257	
Baseline - International Recruitment	49	49	49	49	49	49	
Baseline - UK Wider Labour Market	132	137	143	151	158	166	
Baseline - Within NHS churn	-47	-47	-48	-49	-50	-50	
New UG	17	26	68	68	68	68	
New PG	6	16	16	16	16	16	
New RTP	1	0	0	0	0	0	
New Conversion	0	7	20	0	0	0	
New Apprentices	3	8	7	16	16	16	
Improved Retention	0	8	14	15	16	17	
Increased International Recruitment	19	13	9	9	9	9	
End Stock	3,200	3,332	3,519	3,689	3,857	4,023	
Growth	102	133	186	171	168	166	
% Growth	3.3%	4.2%	5.6%	4.9%	4.6%	4.3%	
Baseline Growth	56	54	51	46	43	40	
Intervention Growth	46	79	135	124	125	126	

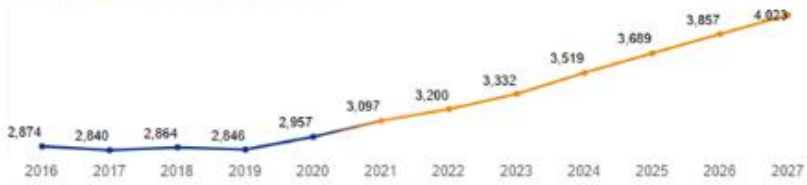
Flow Category Intervention

Start Stock	3,097
Baseline Growth	291
New UG	316
New PG	85
RTP	2
Conversion Schemes	27
Apprenticeships	65
Retention	71
International Recruitment	68
End Stock	4,023

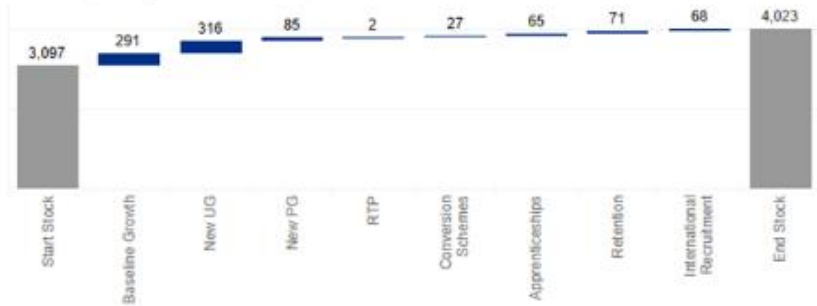
Flow Category Routes

Start Stock	3,097
Leavers	-1,392
Churn Within NHS	-291
UG	993
PG	188
RTP	16
Other NQ	0
Conversion Schemes	27
Apprenticeships	65
UK Wider Labour Market	887
Retention	71
International Recruitment	361
Grand Total	4,023

Forecast, from worked projection



Waterfall, Marginal interventions, 2021 to 2027



Waterfall, Routes, 2021 to 2027

Aggregate Staff Group
All

Profession
Mental Health Nursing

Region
East of England

ICS
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Support to nursing and midwifery

Flow Analysis : Projections

Health Education England

	2021	2022	2023	2024	2025	2026	2027
Start Stock	16,952	18,883	20,894	22,990	25,175	27,451	29,825
Baseline - UG	0	0	0	0	0	0	
Baseline - PG	0	0	0	0	0	0	
Baseline - RTP	0	0	0	0	0	0	
Baseline - Other NQ	0	0	0	0	0	0	
Baseline - Leavers	-1,636	-1,823	-2,019	-2,222	-2,434	-2,655	
Baseline - International Recruitment	900	900	900	900	900	900	
Baseline - UK Wider Labour Market	3,270	3,647	4,041	4,451	4,879	5,326	
Baseline - Within NHS churn	-941	-1,051	-1,165	-1,283	-1,407	-1,535	
New UG	0	0	0	0	0	0	
New PG	0	0	0	0	0	0	
New RTP	0	0	0	0	0	0	
New Conversion	0	0	0	0	0	0	
New Apprentices	0	0	0	0	0	0	
Improved Retention	0	0	0	0	0	0	
Increased International Recruitment	338	338	338	338	338	338	
End Stock	18,883	20,894	22,990	25,175	27,451	29,825	
Growth	1,931	2,012	2,096	2,184	2,277	2,374	
% Growth	11.4%	10.7%	10.0%	9.5%	9.0%	8.6%	
Baseline Growth	1,593	1,673	1,758	1,846	1,938	2,035	
Intervention Growth	338	338	338	338	338	338	

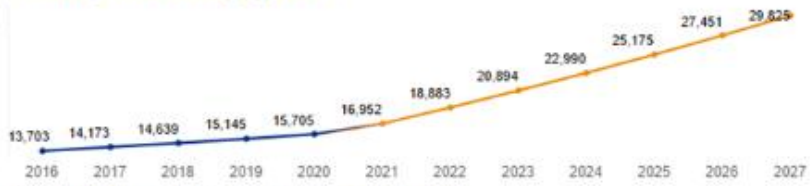
Flow Category Intervention

Start Stock	16,952
Baseline Growth	10,843
New UG	0
New PG	0
RTP	0
Conversion Schemes	0
Apprenticeships	0
Retention	0
International Recruitment	2,030
End Stock	29,825

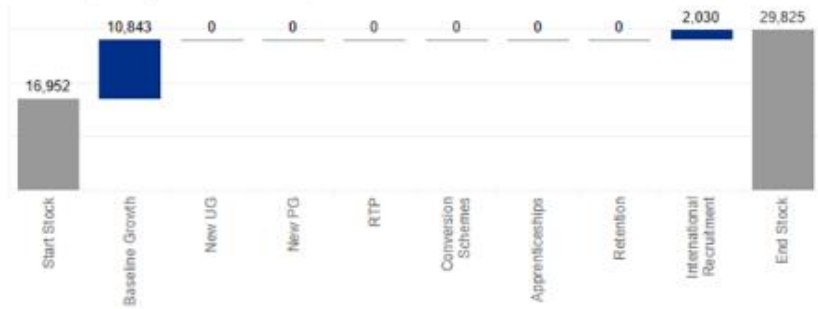
Flow Category Routes

Start Stock	16,952
Leavers	-12,790
Churn Within NHS	-7,382
UG	0
PG	0
RTP	0
Other NQ	0
Conversion Schemes	0
Apprenticeships	0
UK Wider Labour Market	25,613
Retention	0
International Recruitment	7,432
Grand Total	29,825

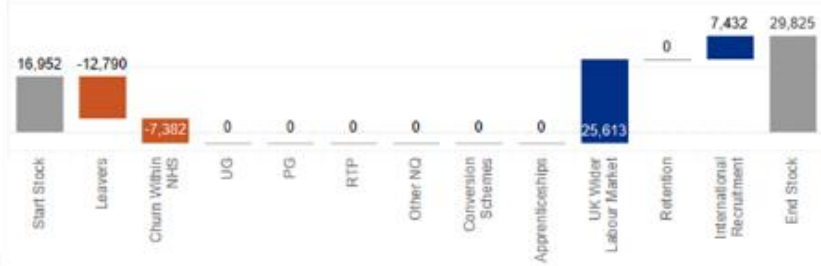
Forecast, from worked projection



Waterfall, Marginal interventions, 2021 to 2027



Waterfall, Routes, 2021 to 2027



Aggregate Staff Group
All

Profession
Support to Nursing & M..

Region
East of England

ICS
All

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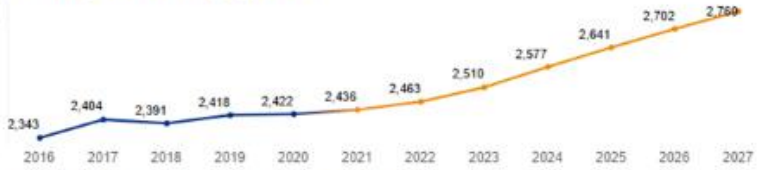
Midwifery

Flow Analysis : Projections

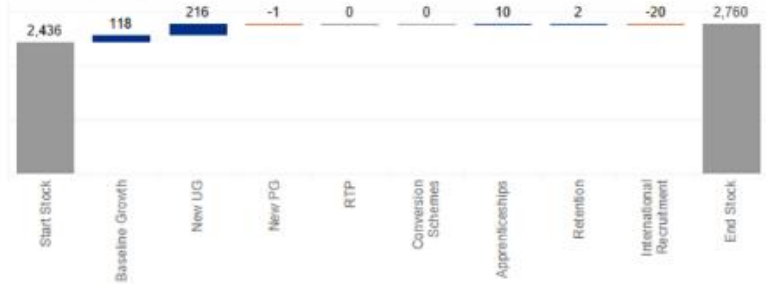
Health Education England

	2021	2022	2023	2024	2025	2026	2027
Start Stock	2,436	2,463	2,510	2,577	2,641	2,702	2,760
Baseline - UG	122	122	122	122	122	122	
Baseline - PG	7	7	7	7	7	7	
Baseline - RTP	1	1	1	1	1	1	
Baseline - Other NQ	0	0	0	0	0	0	
Baseline - Leavers	-151	-152	-155	-159	-163	-166	
Baseline - International Recruitment	14	14	14	14	14	14	
Baseline - UK Wider Labour Market	85	86	88	90	92	95	
Baseline - Within NHS churn	-52	-53	-54	-56	-57	-59	
New UG	6	26	46	46	46	46	
New PG	-2	0	0	0	0	0	
New RTP	0	0	0	0	0	0	
New Conversion	0	0	0	0	0	0	
New Apprentices	0	0	2	2	2	2	
Improved Retention	0	0	0	0	0	0	
Increased International Recruitment	-3	-3	-3	-3	-3	-3	
End Stock	2,463	2,510	2,577	2,641	2,702	2,760	
Growth	27	47	67	64	61	58	
% Growth	1.1%	1.9%	2.7%	2.5%	2.3%	2.2%	
Baseline Growth	25	24	22	19	16	13	
Intervention Growth	2	24	45	45	45	45	

Forecast, from worked projection



Waterfall, Marginal interventions, 2021 to 2027



Waterfall, Routes, 2021 to 2027

Flow Category Intervention	
Start Stock	2,436
Baseline Growth	118
New UG	216
New PG	-1
RTP	0
Conversion Schemes	0
Apprenticeships	10
Retention	2
International Recruitment	-20
End Stock	2,760

Flow Category Routes	
Start Stock	2,436
Leavers	-946
Churn Within NHS	-331
UG	947
PG	41
RTP	4
Other NQ	0
Conversion Schemes	0
Apprenticeships	10
UK Wider Labour Market	535
Retention	2
International Recruitment	63
Grand Total	2,760

Aggregate Staff Group
All

Profession
Registered Midwives

Region
East of England

ICS
All

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AHPs: Dietetics, OTs, ODPs, Paramedics, Physios, Diagnostic Radiographers, Therapeutic Radiographers, SALT

Flow Analysis : Projections

NHS Health Education England

	2021	2022	2023	2024	2025	2026	2027
Start Stock	9,164	9,676	10,169	10,700	11,239	11,762	12,271
Baseline - UG	425	425	425	425	425	425	
Baseline - PG	72	72	72	72	72	72	
Baseline - RTP	5	5	5	5	5	5	
Baseline - Other NQ	0	0	0	0	0	0	
Baseline - Leavers	-553	-583	-612	-643	-675	-705	
Baseline - International Recruitment	166	166	166	166	166	166	
Baseline - UK Wider Labour Market	288	303	318	336	354	371	
Baseline - Within NHS churn	-63	-60	-58	-60	-61	-62	
New UG	136	89	127	127	127	127	
New PG	25	64	64	64	64	64	
New RTP	-1	-2	-2	-2	-2	-2	
New Conversion	0	0	0	0	0	0	
New Apprentices	0	3	16	38	38	38	
Improved Retention	0	0	0	0	0	0	
Increased International Recruitment	11	11	11	11	11	11	
End Stock	9,676	10,169	10,700	11,239	11,762	12,271	
Growth	511	493	532	538	523	509	
% Growth	5.6%	5.1%	5.2%	5.0%	4.7%	4.3%	
Baseline Growth	341	328	316	301	286	272	
Intervention Growth	171	164	216	237	237	237	

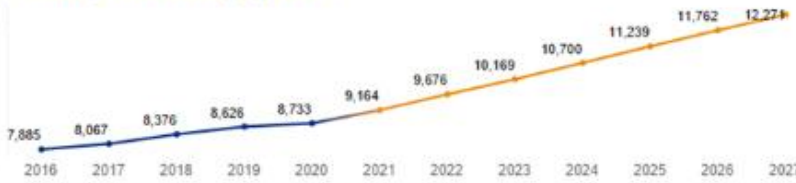
Flow Category Intervention

Start Stock	9,164
Baseline Growth	1,843
New UG	734
New PG	344
RTP	-11
Conversion Schemes	0
Apprenticeships	132
Retention	0
International Recruitment	64
End Stock	12,271

Flow Category Routes

Start Stock	9,164
Leavers	-3,771
Churn Within NHS	-363
UG	3,286
PG	775
RTP	21
Other NQ	0
Conversion Schemes	0
Apprenticeships	132
UK Wider Labour Market	1,970
Retention	0
International Recruitment	1,057
Grand Total	12,271

Forecast, from worked projection



Waterfall, Marginal interventions, 2021 to 2027

Waterfall, Routes, 2021 to 2027

Aggregate Staff Group
AHPs

Profession
Multiple values

Region
East of England

ICS
All

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Appendix 2: Best practice examples

Best Practice Examples across EoE:

	Nursing	AHPs	System			
Organisation / System	**The Challenge**	**Solution / Approach**	**Impact / Results**	**CLE Strategy Pillar**	**HEE Quality Framework Domain**	**Reference links / further information**
Norfolk and Norwich University Hospitals NHS Foundation Trust	Improve staff experience and increase retention by addressing high levels of anxiety among learners (final year students transitioning to newly qualified) at the height of the pandemic	Placement excellence - preparation through welcome packs and and formal induction for newly qualified students and extended to pre-registration learners	positive experience and sense of belonging for the learners attending placement	Developing a culture of inclusive and compassionate learning	Learning environment and culture, Developing and supporting learners	Helen Wiltshire, EAUS Clinical Educator, Helen.Wiltshire@nnuh.nhs.uk
East and North Hertfordshire NHS Trust	Placement capacity as well as underutilisation	implemented educator training for staff and encouraged student supervision across teams	number of practice educators increased by 150% and doubled placement capacity; plus	System working and structures	Learning environment and culture, Developing and supporting supervisors	Natasha Tanner Clinical Service Lead – Physiotherapy, East and North Herts NHS Trust natashatanner@nhs.net

			overall change in learning culture.			
MSE ICS	Use of simulation and technology enhanced learning	Introduced Immersive simulations group via system-wide digital platform to provide training for both staff and students	High level of engagement from placement providers and students registering to access learning resource	Educational excellence	Delivering programmes and curricula	
H&WE ICS	Quality assurance for excellence in care and continuous improvement in patient outcomes	Ward Accreditation Scheme with ratings for Bronze Silver, Gold and Platinum – identifies and rewards wards / clinical areas where care is excellent, also assesses quality standards for student placement support	Wards and clinical areas strive to achieve the highest rating thereby also encouraging good practice for placement support and a learning culture	Developing a culture of inclusive and compassionate learning	Learning environment and culture	

East Suffolk and North Essex NHS FT	Placement capacity, quality of placement experience.	Hub and spoke placement model	Increased placement capacity; mentor/student relationship; depth of learning; sense of belonging; partnership between HEI and placement practice	System working and structures	Developing and supporting learners; delivering programmes and curricula	Therese Elliott Pre-registration Education Lead / Non-medical Clinical Tutor, ESNEFT Therese.Elliott@esneft.nhs.uk
Bedfordshire, Luton and Milton Keynes AHP Faculty	placement capacity expansion	Collaboration between providers within the ICS and adopting Fair Share model as standardised approach for calculating placement capacity.	AHP Faculty leadership through workstream meetings and events. Digital resources developed to enable flow of information and transparency between partners. Initial focus meeting capacity demand for OT, Physio, and SLT. Encouraged a team approach to supporting learning and	System working and structures	Developing and supporting learners; delivering programmes and curricula	BLMK AHP Faculty

			embedding of a positive learning environment in teams			
Essex Partnership University NHS FT	Placement capacity in community setting and quality of placement experience	Blended placements within Mental Health Nursing utilising practice setting attendance and virtual contact; Collaborative approach between placement provider and their two HEI providers;	Expanded mental health nursing placement for first year students by identifying and utilising placements in non-traditional environments including non-profit, charitable organisations, school, social care and Private, Voluntary and Independent Sectors (PVIS)	Educational excellence	Delivering programmes and curricula, Developing and supporting supervisors	Nikki Bell Debenham EPUT Helen Ekka University of Essex Annie Cowcher Anglia Ruskin University
University of East Anglia.	Placement capacity, quality of learning experience	Peer enhanced e-Placement (PEEP) model – students assigned to a virtual caseload, with a combination of peer group and individual work.	Enhanced placement learning and capacity; enhanced interpersonal and team working skills for the students; collaborative	Developing a culture of inclusive and compassionate learning	Delivering programmes and curricula	Lisa.Taylor@uea.ac.uk

			practice between academic providers and placement providers			
Royal Papworth Hospital FT	Placement capacity	Students per shift model – deviating from students per bed or per assessor – in line with the practice of how we supervise students and also as a tool to calculate placement capacity in different clinical areas with differing shift patterns.	New formular adopted for determining placement capacity across the organisation. Placements fully and fairly utilised, making wards safer. Capacity increased by 19.6%.	System working and structures	Developing and supporting learners	Ross Brawn, Clinical Educator, ross.brawn@nhs.net Amy Runham, Clinical Educator, amy.runham@nhs.net

Anglia Ruskin University and Cambridge University Hospital FT partnership	Placement capacity - accommodating growing student numbers during the pandemic	Students per shift model of placement alongside hub and spoke approach.	Collaboration between HEI and placement provider with clear rules for placement preparation and management. Rotas agreed with consideration to differences in service provision, staffing and ratio of practice assessors. Placement capacity increased by 45.6% in areas with more than 24 beds	System working and structures	Developing and supporting learners, Delivering programmes and curricula	Mary.Edmonds@aru.ac.uk

Appendix 3: Workstreams mapped against HEE quality standards

Strategy workstreams mapped against the HEE quality standards (HEE 2021) and the ICB people functions (NHSE 2021)

Workstream	Number	Actions	ICB People Function Outcomes	Quality Framework
Cross system collaboration and partnership working	***1***	Devise and implement a collaborative process for reasonable adjustments for practice learning to ensure safe and effective practice.	1, 2, 3	2.7, 3.2, 6.1
Cross system collaboration and partnership working	***1.1***	Agreed expectations and boundaries for partnership working to ensure cohesion between theory and practice learning components of curricula.	2, 6, 8	2.7, 5.2, 5.3
Cross system collaboration and partnership working	***1.2***	Agreed principles and if required a memorandum of understanding for information sharing between systems and partners, to include learner feedback.	1, 3, 8, 10	2.7

Cross system collaboration and partnership working	***1.3***	Leadership for education to be included in content of leadership programmes and considered in the roles of clinical leaders and portfolios of executive team members.	4, 5, 9	1.1,1.3,2.7
Cross system collaboration and partnership working	***1.4***	Mapping of meetings for education with clear vertical and horizontal connections between educators and senior leaders within each organisation and system. To include practice education and development teams, clinical educators and education teams to ensure a sustainable structure with clear lines of accountability, informed and collaborative decision-making, effective communication minimisation of duplication.	4, 5, 9, 10	2.1, 2.4, 2.5, 2.6, 2.7
Cross system collaboration and partnership working	***1.5***	Provision of a space for collaboration between each system and all education providers that share and shape the clinical learning environment.	4, 5, 9, 10	1.1,1.2, 2.7, 6.1

Cross system collaboration and partnership working	***1.6***	Standard Operational Procedure (SOP) for agreeing learner numbers with HEIs on an annual basis. To be informed by learner feedback, workforce data and service development to support effective placement management, matching demand with capacity	2, 9, 10	2.7,2.8, 6.3
Effective and efficient systems for placement utilisation and information sharing for learner success	***2.1***	Agreements between the HEI and placement provider that reflect the expected collaboration in management and organisation of placements, and which inform the structure of meetings and approach to partnership working.	2, 9, 10	2.7, 2.8, 5.1, 5.2
Effective and efficient systems for placement utilisation and information sharing for learner success	***2.2***	Development and introduction of a placement dashboard or placement management system with a view to enable collaboration across systems and regionally	8, 9, 10	2.7, 2.8

Effective and efficient systems for placement utilisation and information sharing for learner success	***2.3***	Mapping of capacity and quality (as a heat map) to identify critical hotspot areas which will be prioritised during action planning and implementation.	2, 6, 8, 9, 10	2.7,2.8
Effective and efficient systems for placement utilisation and information sharing for learner success	***2.4***	Regular review of placement capacity and collection of data regarding placement usage across the ICS, to include comparisons with standardised models of allocation such as fair share.	2, 5, 6, 8, 9, 10	2.7,2.8
Effective and efficient systems for placement utilisation and information sharing for learner success	***2.5***	System approach to mapping placements across each ICS eg: using same spreadsheet and sharing this or adopting a placement management system	2, 5, 6, 8, 9, 10	2.7,2.8
Effective and efficient systems for placement utilisation and information sharing for learner success	***2***	Agreed system with all partners for setting up new placements and aligning them with existing placement provision and support.	2, 9, 10	2.7,2.8

Effective and efficient systems for placement utilisation and information sharing for learner success	***2.6***	Consideration of place-based placement allocation and management, and the use of education tariff to a enable the development of an effective clinical learning environment	2, 7, 9, 10	2.5
Effective and efficient systems for placement utilisation and information sharing for learner success	***2.7***	Development of a portfolio of placements for all non-medical professions to enable reciprocal and elective learner led placements.	2, 7, 9, 10	2.7
Effective and efficient systems for placement utilisation and information sharing for learner success	***2.8***	Establish multi-professional placement provider networks for development and embedding of good practice for management of clinical placement and, support for clinical supervisor, clinical educator and learner.	1, 2, 3, 5, 6, 7, 9, 10	1.12,2.7, 4.4, 4.5, 4.6, 5.6
Effective and efficient systems for placement utilisation and information sharing for learner success	***2.9***	System level sharing of placement mapping documents which includes all non-medical professions to enable more effective ways of utilising placement capacity across the system.	1, 2, 3, 5, 6, 7, 9, 10	5.1, 5.2

Growing capacity to support learning	***3***	A robust system established for feedback from learner evaluation to reach educators and supervisors in a timely manner.	2, 8, 9	1.1, 1.4, 2.8, 3.0, 4.6
Growing capacity to support learning	***3.1***	Consistent and comparable job descriptions, specifications and roles for educators across ICS and region that align roles with ICS education and CLE strategies, with the needs for learner support to meet current and future needs of service and patient.	1, 2, 3, 5, 6, 10	4.2,6.3
Growing capacity to support learning	***3.2***	Educator career pathways to be clearly articulated and linked to education, mentoring and training opportunities.	1, 2, 3, 5, 6, 10	1.1,
Growing capacity to support learning	***3.3***	Learner support and wellbeing included in relevant system events such as staff inductions, preceptorship for Nursing Associates and programmes for internationally recruited health professionals.	1, 2, 3, 6	1.1, 1.2,3.1, 4.1,

Growing capacity to support learning	***3.4***	Learner support to be embedded in existing provision for staff well-being with connections made between PNA / PMA with educator roles and specific support needs of supervisors.	1, 2, 3, 6	1.1, 1.2, 4.1
Growing capacity to support learning	***3.5***	Shared model across the ICS for clinical supervisor training to encompass: Clinical Educator and SSSA training. To informed by the curriculum requirements including approaches to assessment and relevant survey data including NETS, NSS and Staff survey	1, 2, 3, 5, 6, 10	1.1, 3.5, 3.6, 4.3, 4.4, 4.5, 4.6, 3.7
Growing capacity to support learning	***3.6***	Support for educators aligned to their career and individual needs with additional support for educators new to their role / post to be provided during the transition period.	1, 2, 3, 6,	3.1
Growing capacity to support learning	***3.7***	System established for interprofessional peer support, mentoring and review in place for education teams, with an annual cycle.	1, 2, 6, 8, 9, 10	1.1,1.11

Growing capacity to support learning	***3.8***	System level standards agreed for education teams training provision and learner support. To align the development and support for clinical educators, practice supervisors and assessors to predicted recruitment and, overall number of learners, distribution of placement use and staff in post.	1, 2, 6, 8, 9, 10	1.1, 3.4, 3.5, 3.6, 4.3, 4.4, 4.5, 4.6.
Growing capacity to support learning	***3.9***	Capitalising on interprofessional approaches to practice learning that support opportunities for interprofessional supervision and the supervision of more junior staff		3.11, 5.4
Inclusive and compassionate practice learning	***4***	EDI updates embedded in educator training and updates, with examples of how to ensure equitable access to learning and embrace learner diversity to develop the CLE.	1, 3	1.1, 1.2, 1.3, 3.3

Inclusive and compassionate practice learning	***4.1***	Robust processes for all learners to know how to and be confident to raise concerns about the learning environment to include access freedom to speak up guardians and wellbeing hubs. Systems established to monitor learner engagement with support services.	1, 3, 4, 6	1.1, 1.2, 1.3, 1.4,1.5, 1.7,3.1
Inclusive and compassionate practice learning	***4.2***	All learners to be engaged in the practice learning environment, to be welcomed and receive an effective induction which includes: • a comprehensive welcome pack, which includes information about the learners and their supervisor's role and the context of their placement in relation to care pathways, journeys and expected outcomes of patients and service users. • access and equipment to fully engage in practice learning.	1, 3, 6,	1.1, 1.2, 1.3, 1.4, 1.11, 1.13, 3.8, 3.9, 3.10

		• learners' names to be included on staff boards and rotas where relevant. • allocation to a named supervisor responsible for management of learners and their learning needs throughout duration of placement to ensure continuity. • review and managing feedback		
Inclusive and compassionate practice learning	***4.3***	Awards to celebrate clinicians who create an inclusive and compassionate learning environment and for learners that demonstrate excellence compassionate inclusive and person-centred care.	1, 3, 4, 6	1.1
Inclusive and compassionate practice learning	***4.4***	Celebration of successes within education and by education team together with best practice events.	1, 3, 4, 6	1.1
Inclusive and compassionate practice learning	***4.5***	Education to have clear governance structures which link through to the People Boards, effectively aligning support for learners with workforce development and the people promise.	1, 2, 9, 10	1.1,2.1,2.3,2.4, 2.6

Inclusive and compassionate practice learning	***4.6***	Recognition in appraisals for educators and clinical supervisors for developing inclusive compassionate learning environments.	1, 3, 4, 6	1.1, 4.7
Simulation, innovation and technology to support practice learning	***5***	Agreed approach for sharing updating and modifying online practice learning materials, across ICS and regionally.	2, 5, 6, 7, 10	5.3
Simulation, innovation and technology to support practice learning	***5.1***	Consistent learning platforms across each ICS with the functionality to communicate across systems to enable the sharing of learning materials and consistent quality assurance.	2, 5, 6, 7, 10	1.11
Simulation, innovation and technology to support practice learning	***5.2***	Cross system collaboration in shared or multi-professional placement opportunities leveraging simulation and Technology Enhanced Learning (TEL).	2, 5, 6, 7, 10	1.11,1.12, 5.3, 5.4
Simulation, innovation and technology to	***5.3***	Explicit expectation that innovation in simulation for practice learning must be	3, 6, 7, 8, 10	5.5

support practice learning		co-produced with patients and clinicians.		
Simulation, innovation and technology to support practice learning	***5.4***	Simulation aligned with approaches to placement management including hub and spoke models to ensure coherence of learning and learner support.	3, 6, 7, 8, 10	1.12
Simulation, innovation and technology to support practice learning	***5.5***	Simulation strategy to be developed by each ICS, to include mentoring, seed-corn funding and career development opportunities.	3, 6, 7, 8, 10	1.2
Simulation, innovation and technology to support practice learning	***5.6***	System level structures to enable the sharing good practice across each ICS to support scale and spread of innovations using simulation and technology.	5, 6, 7, 8, 9 , 10	1.11

Simulation, innovation and technology to support practice learning	***5.7***	Development of simulation to be informed by mapping of placement demand and capacity to identify areas where additional simulation may effectively manage peaks in placement demand and enable growth of placement capacity and effective use of practice learning for all professions	5,8,10	5.4
Systems of learner support encompassing RePAIR	***6***	Agreed model of learner support and link lecturing in place between education partners and each ICS to ensure effective learner support and effectively embed practice learning with theory, extending the clinical learning environment to include education providers. This may include developing new roles that are focussed on supporting learners in practice.	1, 2, 3, 4, 5, 6, 8	1.1

Systems of learner support encompassing RePAIR	***6.1***	Establishing and sign posting support for learner mental health and wellbeing. To include information for peer support and in formats that are accessible to learners' families and friends together with agreed approaches between education and placement providers regarding the management of reasonable adjustments	1, 2, 3, 4, 5, 6, 8	1.2, 3.1, 3.11
Systems of learner support encompassing RePAIR	***6.2***	Joint approach between HEIs and providers to effectively support transitions to include preparation for practice learning and preparation for preceptorship, to include conversations about future career opportunities and planning.	1, 2, 3, 5, 6, 10	1.1, 6.1, 6.2, 6.4
Systems of learner support encompassing RePAIR	***6.3***	Learner representation at education meetings and relevant meetings within each ICS.	3,6	1.1, 1.2, 1.3,1.4

To access the standards and outcomes:

NHSE (2021) ICB People Function Outcomes Report template - NHSI website (england.nhs.uk)

Health Education England Quality framework (2021) Health Education England (HEE) Quality Framework from 2021 — Publications

Appendix 4: HEE Quality Domains and Standards for Quality Reviews

HEE Quality Domains and Standards for Quality Reviews

HEE Standard	HEE Quality Domain 1 Learning Environment and Culture
1.1	The learning environment is one in which education and training is valued and championed.
1.2	The learning environment is inclusive and supportive for learners of all backgrounds and from all professional groups.
1.3	The organisational culture is one in which all staff are treated fairly, with equity, consistency, dignity, and respect.
1.4	There is a culture of continuous learning, where giving and receiving constructive feedback is encouraged and routine.
1.5	Learners are in an environment that delivers safe, effective, compassionate care and prioritises a positive experience for patients and service users.
1.6	The environment is one that ensures the safety of all staff, including learners on placement.
1.7	All staff, including learners, are able to speak up if they have any concerns, without fear of negative consequences.

1.8	The environment is sensitive to both the diversity of learners and the population the organisation serves.
1.9	There are opportunities for learners to take an active role in quality improvement initiatives, including participation in improving evidence-led practice activities and research and innovation.
1.10	There are opportunities to learn constructively from the experience and outcomes of patients and service users, whether positive or negative.
1.11	The learning environment provides suitable educational facilities for both learners and supervisors, including space and IT facilities and access to library and knowledge services and specialists.
1.12	The learning environment promotes multi-professional learning opportunities.
1.13	The learning environment encourages learners to be proactive and take a lead in accessing learning opportunities and take responsibility for their own learning.

HEE Standard	**HEE Quality Domain 2** **Educational Governance and Commitment to Quality**
2.1	There is clear, visible and inclusive senior educational leadership, with responsibility for all relevant learner groups, which is joined up and promotes team-working and both a multi-professional and, where appropriate, inter-professional approach to education and training.

2.2	There is active engagement and ownership of equality, diversity and inclusion in education and training at a senior level.
2.3	The governance arrangements promote fairness in education and training and challenge discrimination
2.4	Education and training issues are fed into, considered and represented at the most senior level of decision-making.
2.5	The provider can demonstrate how educational resources (including financial) are allocated and used.
2.6	Educational governance arrangements enable organisational self-assessment of performance against the quality standards, an active response when standards are not being met, as well as continuous quality improvement of education and training.
2.7	There is proactive and collaborative working with other partner and stakeholder organisations to support effective delivery of healthcare education and training and spread good practice.
2.8	Consideration is given to the potential impact on education and training of services changes (i.e., service re-design / service reconfiguration), taking into account the views of learners, supervisors and key stakeholders (including HEE and Education Providers).

HEE Standard	**HEE Quality Domain 3** **Developing and Supporting Learners**
3.1	Learners are encouraged to access resources to support their physical and mental health and wellbeing as a critical foundation for effective learning.
3.2	There is parity of access to learning opportunities for all learners, with providers making reasonable adjustments where required.

3.3	The potential for differences in educational attainment is recognised and learners are supported to ensure that any differences do not relate to protected characteristics.
3.4	Supervision arrangements enable learners in difficulty to be identified and supported at the earliest opportunity.
3.5	Learners receive clinical supervision appropriate to their level of experience, competence and confidence and according to their scope of practice.
3.6	Learners receive the educational supervision and support to be able to demonstrate what is expected in their curriculum or professional standards to achieve the learning outcomes required.
3.7	Learners are supported to complete appropriate summative and/or formative assessments to evidence that they are meeting their curriculum, professional and regulatory standards and learning outcomes.
3.8	Learners are valued members of the healthcare teams within which they are placed and enabled to contribute to the work of those teams.
3.9	Learners receive an appropriate, effective and timely induction and introduction into the clinical learning environment.
3.10	Learners understand their role and the context of their placement in relation to care pathways, journeys and expected outcomes of patients and service users.

3.11	Learners are supported and developed, to undertake supervision responsibilities with more junior staff as appropriate.

HEE Standard	HEE Quality Domain 4 Developing and Supporting Supervisors
4.1	Supervisors can easily access resources to support their physical and mental health and wellbeing.
4.2	Formally recognised supervisors are appropriately supported, with allocated time in job plans/ job descriptions, to undertake their roles.
4.3	Those undertaking formal supervision roles are appropriately trained as defined by the relevant regulator and/or professional body and in line with any other standards and expectations of partner organisations (e.g. Education Provider, HEE).
4.4	Clinical Supervisors understand the scope of practice and expected competence of those they are supervising.
4.5	Educational Supervisors are familiar with, understand and are up-to-date with the curricula of the learners they are supporting. They also understand their role in the context of leaners' programmes and career pathways, enhancing their ability to support learners' progression.
4.6	Clinical supervisors are supported to understand the education, training and any other support needs of their learners.

4.7	Supervisor performance is assessed through appraisals or other appropriate mechanisms, with constructive feedback and support provided for continued professional development and role progression and/or when they may be experiencing difficulties and challenges.

HEE Standard	HEE Quality Domain 5 Delivering Programmes and Curricula
5.1	Practice placements must enable the delivery of relevant parts of curricula and contribute as expected to training programmes.
5.2	Placement providers work in partnership with programme leads in planning and delivery of curricula and assessments.
5.3	Placement providers collaborate with professional bodies, curriculum/ programme leads and key stakeholders to help to shape curricula, assessments and programmes to ensure their content is responsive to changes in treatments, technologies and care delivery models, as well as a focus on health promotion and disease prevention.
5.4	Placement providers proactively seek to develop new and innovative methods of education delivery, including multi-professional approaches.
5.5	The involvement of patients and service users and also learners, in the development of education delivery is encouraged.
5.6	Timetables, rotas and workload enable learners to attend planned/ timetabled education sessions needed to meet curriculum requirements.

HEE Standard	HEE Quality Domain 6 Developing a sustainable workforce
6.1	Placement providers work with other organisations to mitigate avoidable learner attrition from programmes.
6.2	There are opportunities for learners to receive appropriate careers advice from colleagues within the learning environment, including understanding other roles and career pathway opportunities.
6.3	The provider engages in local workforce planning to ensure it supports the development of learners who have the skills, knowledge and behaviours to meet the changing needs of patients and service.
6.4	Transition from a healthcare education programme to employment and/or, where appropriate, career progression, is underpinned by a clear process of support developed and delivered in partnership with the learner.

Appendix 5: KPIs

East of England region - Clinical learning environment transformation strategy key performance indicators

Vision:

To become the leading region of excellence in practice-based learning

Objectives

- Provide every learner with a meaningful, safe and rewarding learning experience
- Improve learner retention and success
- For every educator to have a role that is enriching, valued and supported
- Grow and sustain the domestic supply of healthcare professionals in the region

Mission:

Grow capacity, capability and quality of learning in the region through efficient, effective and sustainable systems that support practice learning, with strong and effective partnerships between education and service providers

Pillar	Workstream	Lead measures	Owner	Lag metrics	Owner	Regional measures
Developing a culture of inclusive compassionate learning	Embedding principles of inclusive and compassionate learning	Induction and/or Welcome packs and protocols for learner Induction and Orientation	Placement provider	per cent of learners supported through Induction and orientation	Placement providers	Increased ratings of learner satisfaction and success through feedback: Aim to achieve 80 per cent NET Survey ratings for:
		Pre-placement preparation by academic and/or placement providers	Academic and Placement providers	Per cent of students contacted at least 1 week prior to arrival at placement site	Placement providers	Learners describing their educational experience in practice as good or outstanding,

	Systems of support encompassing RePAIR	Evidence of Terms of Reference with inclusion of learner representation at education and placement meetings	Academic and Placement providers	Frequency of meetings with consistent learner representation	Academic and Placement providers	Learners describing their experience of supervision as good or outstanding
		Clear processes for supporting learner progression throughout training programme and as well as into preceptorship	Academic and Placement providers	Per cent of learners supported with transition into preceptorship and/or taking up employment with placement provider	Placement providers	10 per cent growth in learner retention: increased number of learners qualifying and taking up employment within the region
		Sustainable approaches for travel and access	Academic and Placement providers	Per cent of learners accessing student accommodation or	Academic and Placement providers	

		to remote placements		timely reimbursements for travel and accommodation expenses		
		Processes for learners to raise concerns about the learning environment and sign posting for learner mental health and wellbeing	Placement providers	Number of anonymised records of complaints or concerns raised by learners and documented actions taken to address them,	Placement providers	
				Per cent of learners accessing support for or raising EDI concerns		
System working and structures	Cross system collaboration and partnership working	Standard operating procedure for agreeing learner	Placement providers	Per cent placement utilisation against WTE establishment workforce	Placement providers	Regular review of placement capacity and data collection

		numbers with HEIs on an annual basis				regarding placement utilisation across ICS's
		Developed education and training strategy with clear objectives aligned to workforce planning	Placement providers	Mapping of meetings for education with clear vertical and horizontal connections between educators and senior leaders, for clear lines of accountability and collaborative decision-making	Placement providers	
	Effective and efficient systems for placement utilisation and information sharing	Structured models of calculating placement capacity	Placement providers	Per cent placement utilisation against WTE establishment workforce	Placement providers	Increase in placement capacity and utilisation across all areas
		Placement Agreements between HEI and	Academic and Placement providers	Frequency of shared meetings between Academic and placement providers	Academic and Placement providers	Developed dashboard or placement management

		placement providers		with consistent representation from all partners		system to enable collaboration across systems and regionally
		Evidence of partnership working between employers and academic providers with clear Terms of Reference of Memorandum of Understanding for placement management and information sharing		Frequency of meetings for placement provider involvement in curriculum development to ensure curricula and assessments keep pace with service developments, new roles and new ways of working		Provision of shared space for collaboration between each system and all education providers sharing the clinical learning environment
Educational excellence	Growing capacity to	Established educator roles	Placement providers	Ratio of educators per service area WTE	Placement providers	Consistent and comparable

	support learning	within local structures with clear career progression pathways and linked to education, mentoring and training opportunities		establishment, linked to workforce planning and transformation, benchmarked to best practice or professional body standards		JD's, specifications and roles for educators across ICS and region
						10 per cent increase in the number of educators and supervisors from baseline across nursing, midwifery and allied health professionals
		Established standards for education teams training and learner support,	Academic and Placement providers	Per cent of Practice educators with recognised clinical teaching and mentoring and EDI training	Placement providers	10 per cent increase in the number of educators and supervisors from baseline

		including promotion of EDI				across nursing, midwifery and allied health professionals
		Established system for interprofessional peer support and mentoring,	Academic and Placement providers	Frequency of periodic meetings with interprofessional practice educators' representation and clear Terms of Reference	Academic and Placement providers	10 per cent Reduction in learners reporting negative impact from lack of availability of learning and IT resources impacting
	Making the most of simulation, innovation and technology to support	Availability of simulation and technology enhanced learning (TEL) placements	Academic and Placement providers	Per cent of learners accessing simulation and technology enhanced placements	Academic and Placement providers	Developed Simulation strategy for each ICS with clearly articulated approach to

	practice learning					mentoring, funding and career development opportunities

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