



**Lancashire and  
South Cumbria**  
Integrated Care Board

# Lancashire & South Cumbria Learning Environment Framework

DRAFT

# Table of Contents

1. Introduction.....	4
2. Context of Education delivery across Lancashire & South Cumbria .....	5
2.1 <i>Current provision of Practice Learning in Lancashire &amp; South Cumbria</i> .....	5
3. Learner Conversion to Future Workforce .....	7
4. Impact of COVID 19 Pandemic on the Learning Environment .....	8
4.1 <i>Impact of COVID 19 on Learner knowledge and skills development</i> .....	8
5. Scope of the Learning Environment Framework .....	9
6. Strategic Vision.....	9
7. Standardising Language .....	9
8. Factors underpinning the Learning Environment Framework.....	10
8.1. <i>NHS Workforce Challenges – the impact on the Learning Environment</i> .....	10
8.2. <i>Professional Regulatory Standards</i> .....	10
8.3 <i>Emerging NHS Structures</i> .....	10
9. Learning from EELE funded projects .....	11
10. Enabling Factors .....	11
11. Development of the Learning Environment Framework .....	13
11.1 <i>Model of Change</i> .....	13
11.2. <i>Stakeholder Engagement and Feedback</i> .....	13
12. The Learning Environment Framework.....	14
12.1 <i>Educator Delivery Pillar</i> .....	15
12.2. <i>Learner Pillar</i> .....	17
12.3 <i>Professional Values</i> .....	17
13. Evaluation Framework .....	19
14. Realisation of the Learning Environment Framework .....	19
14.1. <i>Programme of work</i> .....	20
14.2 <i>Supporting Resources</i> .....	20
14.3 <i>Risks to Delivery</i> .....	20
15. Communication Strategy.....	20
16. Next Stages.....	20
Appendix 1 – Clinical Learning Hours Data .....	21
Appendix 2 - Expectations of the Learner, Educators and others in supporting learning within Lancashire & South Cumbria Education Profile .....	24
Appendix 3 – Educator Behaviours .....	30
Appendix 4 – Learning to Learn Resource.....	31
Appendix 5 – Learning Environment Framework Programme of Work.....	32
Appendix 6 – Lancashire & South Cumbria Learning Environment Framework Risk Register .....	35

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## 1. Introduction

This Learning Environment Framework outlines the priority actions which aspire to optimise the learner experience across Lancashire and South Cumbria Integrated Care system. Developed by local education workforce leads, Lancashire & South Cumbria AHP Faculty, system workforce leads and provider organisation representatives, the Framework identifies and explores the fundamental issues that enhance learning within the clinical practice setting. Working to the principles of building positive working relationships, role modelling professional values, ensuring equality and equity of voice, and a commitment to work collaboratively the representatives define a vision that empowers learners to learn and enables Educators to facilitate learning to happen.

Recognising that the workforce is at the centre of care delivery Lancashire & South Cumbria People Plan (2020) are committed to ensuring there is “ *the right workforce in relation to skills, experience and numbers, to provide the right care to our local population and support them in preventing ill health and maintaining well being..... Foremost is our ability to recruit and retain the workforce needed to provide care to our local population. We want to attract the workforce from our local population as well as growing our own so that we can maximise the wider social benefits arising from good employment opportunities*”.

The quality of the learning environment is critical in recruiting to and supporting the future workforce to develop the skills and knowledge to meet the health and social care needs of the population. The Framework acknowledges learners as the future health and social care workforce and the need for their inclusion within teams, organisations, systems and workforce initiatives. As colleagues and peers all members of the workforce are engaged in supporting and enabling learners to develop their knowledge and skills to meet the needs of the population. The Framework aspires to create a sustainable culture and process for learning, utilising existing resources and developing partnerships to ensure HEE quality standards (HEE 2021) for education are consistently achieved together with those of Professional Statutory and Regulatory bodies. It aligns and contributes to the Integrated Care system 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), the People Promise, RePAIR programme (Reducing Pre-registration Attrition and Improving Retention report HEE 2018) and the Health Education England Quality Framework (HEE 2021).

The Learning Environment Framework is a critical component in enabling Lancashire & South Cumbria to have a workforce that is responsive, resilient, and capable of meeting the population needs. Recognising the value of the learning environment HEE (2019) identified that a successful system has the following characteristics:

- A supportive learning culture.
- Enough supply of quality assured learning opportunities.
- A well-led and supported practice learning infrastructure.

- Trained and committed educators/supervisors.
- Suitable Learning facilities and resources.
- Organisational commitment to quality
- Effective planning, collaboration and innovations between learning environments providers and education providers to ensure the planned and effective use of available practice learning capacity.

In working to realise these characteristics the Framework is reliant on system 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.

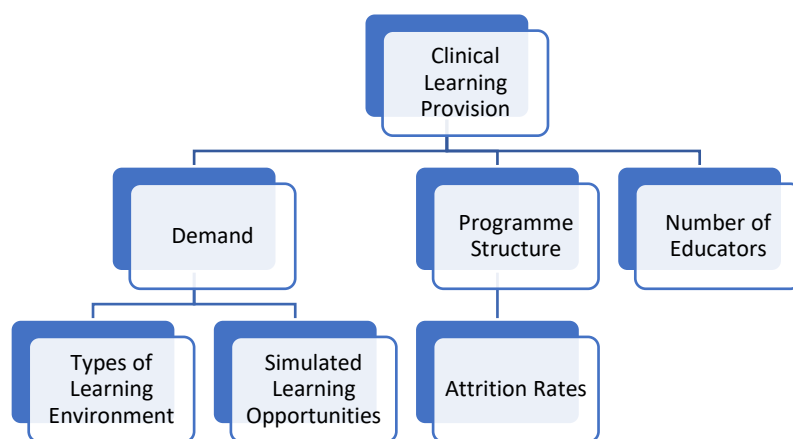
## 2. Context of Education delivery across Lancashire & South Cumbria

Lancashire & South Cumbria Integrated Care System supports a population of 1 810 011. The health and social care provider landscape is geographically segmented with the acute health care providers working within distinct geographical locations and communities. Deprivation and poverty have an impact upon significant parts of the population with Blackpool identified as the most deprived borough in England (Blackpool JSNA, 2022).

10 Education providers support learners in Lancashire & South Cumbria, with most learners undertaking learning at the University of Central Lancashire (UCLAN) and the University of Cumbria; Edge Hill University and the University of Bolton support a smaller number of learners, with the other Educator providers supporting a very small number of learners. Whilst there is no data evidencing the “home” location of the learners recruited by the local HEIs, local intelligence suggests that a significant number of learners are from Lancashire and South Cumbria.

### 2.1 Current provision of Practice Learning in Lancashire & South Cumbria

For the period of July 2021 – 2022 1 463 361 hours of clinical learning were provided by the NHS Trusts within Lancashire & South Cumbria for Nurses, Midwives and AHPs. The volume of hours provided within Lancashire and South Cumbria is predicated by the demand for clinical learning hours by the Higher Education Institutions, the programme determined use of learning environments and the number of Educators to support learners. The factors influencing provision of Practice Learning are identified as:



### 2.1.1. Demand for Practice Learning

The demand for practice learning is driven, in part, by the number of learners enrolled on pre-registration programmes of study, and attrition rates. At a national level there is a reported increase in the number of nurse learners undertaking pre-registration health programmes of 6000, an equivalent of 25% increase (Kings Fund 2021), although the attrition rate pre-pandemic was 24% (Health Foundation 2019) and estimated as high as 33% post pandemic (Jones, Berry, 2021). Within Lancashire & South Cumbria for the period February – July 2022 both UCLAN and the University of Cumbria have utilised less clinical learning hours within Lancashire & South Cumbria than in the period February – July 2021. The decrease in clinical learning hours, for nurses, midwives and AHPs, is not comparable with all the other HEIs in the Northwest who recorded an increase in the number of clinical learning hours (Appendix 1).

### 2.1.2. Types of practice learning environments utilised in Lancashire & South Cumbria

The location/type of placement data indicates that the spread of learners' placements varies, with a higher proportion of learners at UCLAN undertaking placements outside of Trusts, Social Care, Primary Care and simulated learning environments, than other Higher Education Institutions. The exposure to health and social care placements to learners, may be significant in determining the destination of learners on completion of their programmes of learning.

#### 2.1.2.1 Simulated Learning

Simulated practice learning is an emerging opportunity to support health care practitioners to develop the knowledge, skills and behaviours to practice effectively as a health professional. The introduction of simulation is not without challenge and is best considered through the lens of professional regulatory requirements, with the volume of simulation impacting on the shape and flexibility of learning approaches within the practice learning environment. Specifically, it is not only a new form of practice learning for the learner but also the Educator; as a relatively new learning tool many Practice Educators may not have experienced this form of learning, as such there is a requirement to facilitate structured preparation with the aim of reducing the risk of duplication of learning and manage learner and Educator expectations.

The utilisation has increased in response to both the impact of the COVID 19 pandemic on access to clinical learning environments, and increased funding from HEE. Within Lancashire & South Cumbria the current use of simulated practice is varied across Higher Education Institutions with Edge Hill University delivering 18% of placement activity (255 120 hours) through simulated learning, in comparison UCLAN and University of Cumbria have to date delivered only very minimal hours of simulated learning.

#### *2.1.3. Number of Educators supporting learners*

The quality and availability of learning environments is dependent upon the provision of Educators in practice, HEE comparative data indicates that the number of clinical learning hours per whole time equivalent in Lancashire & South Cumbria is significantly less than other ICB localities in the Northwest. Within Lancashire & South Cumbria the number of hours supporting nursing, midwifery and AHP learners is 87.66 hours/wte this is compared with 167.29 hrs/wte within Greater Manchester and 143.91hrs/wte in Cheshire and Mersey (HEE WPI Report, 2022).

The number of Educators per wte staff is shaped by the structure of services and organisational processes and policies which outline the expectations of staff in supporting learners. The nature of some community-based services with a focus on one-to-one support for service users with complex needs, may impact upon the ability to develop an Educator role within practice. Alongside the nature of service delivery organisational processes and policies, can influence the number of Educators, notably whilst the requirement for all Nurses and Midwives to support learners is outlined in the NMC Code (2018) and within the Standards for Student Supervision and Assessment (NMC, 2018), not all organisations incorporate the role of Educator within all job descriptions.

#### *2.1.4 Programme Structure*

The capacity to support learners in the clinical learning environment is influenced by the structure of the learning programmes and specifically the time at which the learner undertakes clinical learning. Within Lancashire & South Cumbria there is a substantially higher demand to support learners between the period of February and July. The peak in demand in clinical learning places increased pressure on organisations to maximise the use of Educators; this is significant for organisations where there are limited number of Educators.

#### *2.1.5 Attrition Rates*

Currently HEI programme attrition data is not available, however the data for Lancashire & South Cumbria as a system for the period April 24-March 2025, has an estimated attrition rate of 21.92%; significantly higher than the anticipated national rate of 0.98% .

### **3. Learner Conversion to Future Workforce**

The learner experience is recognised as a contributing factor in learner's decisions where to undertake posts as newly qualified practitioners (Wareing, Taylor, Wilson & Sharples, 2018) as such optimisation of potential

conversion necessitates an exploration of the factors related to learners' decision making and correlation with organisations support for learners. Whilst specific data identifying the conversion rate from learner to employee is not currently available, data relating to leaver and joiner data indicates that several organisations recruit more learners than others.

#### 4. Impact of COVID 19 Pandemic on the Learning Environment

The effect of the COVID pandemic on the health care workforce has been profound with changes both in the structure and context of delivery of care provision. For learners the pandemic resulted in a change in the structure of practice-based learning, and shift in the availability of learning environments. The change in service provision, particularly with the introduction of virtual/digital health service provision, and impact of social distancing for community services impacted upon the learning opportunities across a breadth of services. For Educators they were required to continue to support learning whilst meeting the increased service need, this is recognised as additional stress; workload and stress are recognised as directly linked to support for learners (Sheehan et al, 2017). The demands of service delivery during the pandemic impacted upon the opportunity for Educators to support learners during this period; this was recognised by the NMC with the introduction of Emergency Standards to support learning during this period. Whilst the Emergency Standards for supporting learners have been withdrawn and the HEIs and Education providers are returning to usual practice, the impact of the learning experience on the future workforce and ongoing development needs is not yet fully understood in Lancashire & South Cumbria.

##### 4.1 Impact of COVID 19 on Learner knowledge and skills development

Whilst the details of COVID 19 on the learner experience have not been detailed for Lancashire & South Cumbria it is acknowledged that the significant changes to education delivery to support both care provision and the learner experience during the pandemic impacted on learner knowledge and skills on completion of programmes. Specific consideration needs to be given to the shift from face-to-face learning to online learning; whilst knowledge transfer is delivered through online learning, the opportunity to share learning and contextualise practice within a virtual setting is different and may be a significant factor in enabling the future workforce to meet need. The context and application of knowledge within the practice setting is important, as learners will work with staff in the clinical setting who have developed their knowledge and skills through face-to-face interactions – the different experiences and contextualisation of learning could be a possible tension within the learning environment (Shorey et al 2021).

The COVID 19 pandemic similarly impacted upon the opportunities for learners to undertake learning in a wider breadth of environments, as services were reconfigured to meet service needs. Whilst the regulatory requirements for all programmes were met during this period, the reduction in the volume and length of experience in some environments, especially community-based settings may impact upon the future workforce.



## 5. Scope of the Learning Environment Framework

The focus of the Framework is the learning environment within which nurses, midwives, and allied health professional's programmes develop the clinical skills and knowledge as health care professionals. It is anticipated that the Framework will positively impact on all learners, including medical learners. It will aim to influence, and promote best practice for all vocational, undergraduate, apprenticeship, postgraduate and continuing professional development programmes which incorporate learning in clinical practice.

## 6. Strategic Vision

Working to empower learners and educators to optimise learning, through accessing and developing positive learning experiences which promote the delivery of professional care to the population, the Framework aims to ensure:

***By January 2025, all learning environments within Lancashire & South Cumbria Integrated Care system will consistently provide opportunities for all learners\* to develop the knowledge, skills and professional behaviours to practice safely as a qualified practitioner. The practice environment will ensure learners are prepared and fit for purpose.***

\*Learners are those individuals undertaking clinical learning programmes and experiences.

The Learning Environment Framework commits to leading, championing, recognising the contribution of clinical education through actively:

- **Valuing** and empowering learners and educators to develop knowledge and skills to deliver their role
- **Valuing** the critical role of the Educator in supporting and developing the future workforce
- **Valuing** the contribution learners make to the delivery of care
- **Valuing** what the learner brings to professional practice
- Enabling **value** centred conversations for learning

Valuing learning promotes a safe care delivery environment which promotes professionals to deliver best evidence and promote improvement in service delivery.

## 7. Standardising Language

The Learning Environment Framework recognises that professional groups utilise different terminology to describe those members of staff supporting education delivery in practice. To facilitate delivery of the Framework the standardised terms will be adopted and promoted in practice:

Learner – The Learner is any individual undertaking a formal learning programme. It includes learners undertaking college level education (e.g. T-level learners), apprentice learners, and undergraduate health students.

Educator – The Educator is defined as a member of staff who within their clinical role will support learners to achieve and demonstrate the meeting of their learning outcomes.

Learning Environment – The Learning environment is a physical or virtual care delivery environment which has met the regularly requirements to support learning in practice.

Details of the expectations of the Learner, Educators and others in supporting learning within Lancashire & South Cumbria Education Profile (Appendix 2)

## 8. Factors underpinning the Learning Environment Framework

The Framework is shaped and influenced not only by the context of health care delivery, but recognises the impact of workforce challenges, Regulatory Body changes and emerging NHS structures on the capacity and capability to support learners.

### 8.1. NHS Workforce Challenges – the impact on the Learning Environment

The NHS has a recognised workforce challenge, with increased number of staff leaving the NHS post pandemic (Ibbotson, 2021), further impacting on an existing structural shortfall in NHS staff, resulting in an estimated shortfall of 50 000 nurses. The consequence of the shortfall is not singularly realised in the workforce pressures but has a direct consequence upon learner experiences. Experienced staff support safe care delivery and facilitate the development of learner's skills and knowledge in addition to providing positive role models for future health care professionals. The loss of this experience is significant impacting upon the learning opportunities for the future workforce.

### 8.2. Professional Regulatory Standards

Recognising the complexity of care provision and the resultant need to address the workforce needs of both health and social care needs the Nursing & Midwifery Council introduced new Standards of Proficiency for Registered Nurses (2018) and Standards of Proficiency for Registered Midwives (2019). The introduction of the Standards for Students Supervision and Assessment (2018) have changed the expectations and responsibilities of staff who support learners in practice; whilst support for the change was initially given the impact of the pandemic and resultant restructuring of the theory and practice educator relationships to support learners has impacted upon the delivery of education.

### 8.3 Emerging NHS Structures

The introduction of the Integrated Care systems through the Health and Care Act (2022) articulates a responsibility to work in partnership to bring together NHS organisations, local authorities and others to take collective responsibility for planning services, improving health and reducing inequalities across geographical areas this necessitates a co-ordinated approach to ensure the workforce can deliver health care needs of the population including the health care practitioner learner experience. This new structure offers an opportunity to adopt new approaches to supporting learning in practice.

## 9. Learning from EELE funded projects

The Learning Environment Framework builds upon learning from the projects funded from the HEE EELE funding received from 2019. The EELE funded projects during the period 2019 -2022 focused upon delivering the following objectives:

- Supporting Faculty Education Development
- Innovation in Practice Supervision
- Preparing for Future Nurse Standards for SSSA

12 projects were funded from 2019, whilst standardised project measures were not utilised across all of the EELE funded projects, the estimated impact has been identified as:

- Increased capacity

Potential to increase placement capacity has been identified across several projects, including 25% within the Placement Hub, 25% within Midwifery CLiP project evaluation, and 10% increase within HCRG Blended Learning projects. However, without baseline capacity being established, or consideration of utilisation models it is not possible to definitively link these projects to the increase in student placements that have occurred during the past 2 years

- Increased Supervision

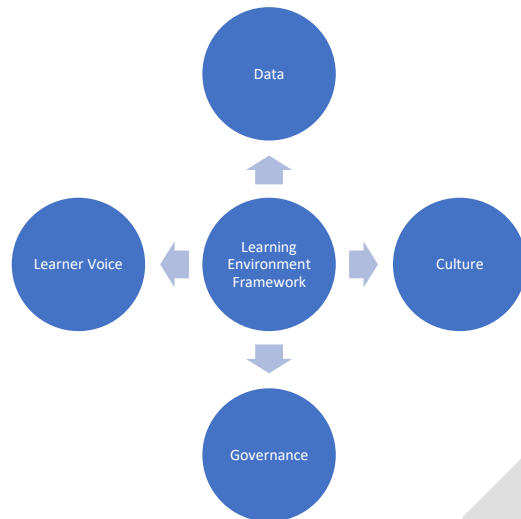
Potential to increase the number of staff who can support learners in a recognised Educator/Assessor and Supervisor role is identified within the Placement Hub, AHP and Midwifery PEF projects, however without a baseline of the number of educators, it was not possible to confirm if any increase in the number of Educators was due to the projects or attributed to other system influences.

- Introduction of new models of Education Practice

Five projects introduced new models of supporting and enhancing learning within the practice setting, with the HCRG, Primary Care Enhanced Learning sessions and Legacy Mentor projects. The number of learners engaged in the projects varied significantly with 550 learners gaining support from the Legacy Mentor project, 400 + learners engaging in the HCRG Blended learning and 89 learners engaging within the Primary Care Enhanced Learning project. Whilst the different delivery models do not allow for comparable data analysis, the review of data has enabled the potential to measure future learner engagement to be identified.

## 10. Enabling Factors

Learning from the EELE projects identified that realisation of the Learning Environment Framework is dependent upon the following factors:



- Data and intelligence

Development of robust data systems will facilitate the identification of the impact of the framework on the Learning Environment Framework. The system will establish baseline data, output and outcome measures.

- Culture

The Framework requires an ongoing commitment to practice learning; this necessitates partnership working and cultivation of a collegial approach across the system to co-ordinate the impact of investment and develop system wide approaches.

- Governance and Reporting

Establishment of reporting and assurance monitoring processes will enable the identification of the impact of the Framework to be realised. The Framework will report to L&SC Collaborative Education Forum, a subgroup of L&SC People Board. The Collaborative Education Framework will provide oversight and leadership in relation to the development and delivery of the Framework across organisations. The governance structures will be aligned with workforce planning and capacity to provide high quality learning environments.

- Engaging the Learner voice

The Learner voice is critical to the realisation of the Framework; working to a collaborative culture, we aim to embed the learner voice in all levels of development, governance and quality processes to facilitate co-creation of practice learning. This will include both co-production with learners of processes and tools and systematic utilisation of learner feedback on clinical learning experiences.

## 11. Development of the Learning Environment Framework

Development of the Learning Environment Framework has been led by the Lancashire & South Cumbria Learning Environment Strategy Steering Group. The members have brought experience of service delivery, education, understanding of the context of care delivery and future workforce needs to facilitate the development of the Framework.

The Steering Group have worked to the agreed principles:

- Relationship building with positive role modelling of key behaviours
- Equality and equity of voice for all
- Collaborative working with supportive challenge
- Commitment to co-developed learning

The shared commitment to improving the learner experience with the intention of supporting the future workforce has facilitated robust discussion and generated ideas within the structure identified by the Stakeholder Engagement work. Working to the key principles the Steering Group have enabled the development of a strength-based approach, that recognises staff pressures and morale post pandemic whilst building upon a shared commitment to the current and future workforce needs.

The Steering Group have led and facilitated the development of the 3 work pillars, supporting wider engagement and development through the Task and Finish groups.

### 11.1 Model of Change

Exploration and identification of the challenges and opportunities to optimise the learning environment meets the criteria of a “wicked problem”, with complexity influenced by culture, system and organisational challenges. Given this complexity it is not possible to adopt a simplistic change model but rather the group took an approach which facilitated exploration of concepts, searching for best ideas and creating solutions. The underlying philosophy of building a supportive empowering framework facilitated the opportunity to celebrate success, learn from challenges and ensure educative practice is responsive and integral to local health policy and care delivery need.

### 11.2. Stakeholder Engagement and Feedback

The Learning Environment Framework has been shaped by feedback from a formal Stakeholder Engagement process, feedback from the EELE Forum and the Collaborative Education Forum.

#### 11.2.1. External Stakeholder Engagement

The Framework was formed by the findings of an External Stakeholder engagement exercise, this stakeholder engagement process consulted with over 30 representatives including Organisation Leads, Practice Education

Team Leads, Practice Education Facilitators, HEI representatives, frontline educators, and learners. The stakeholder engagement process identified 4 themes to support the development of the Learning Environment Framework as:

- Fundamentals – getting the basics right
- Culture – collaborative working to a shared purpose which provides support to all
- Knowledge – supporting Educators to determine and develop the knowledge to facilitate learners
- Experience – sharing positive local practice as exemplars for others, demonstrating what better looks like

These themes have been significant in the formulation of the Framework.

#### 11.2.2 Wider organisational engagement

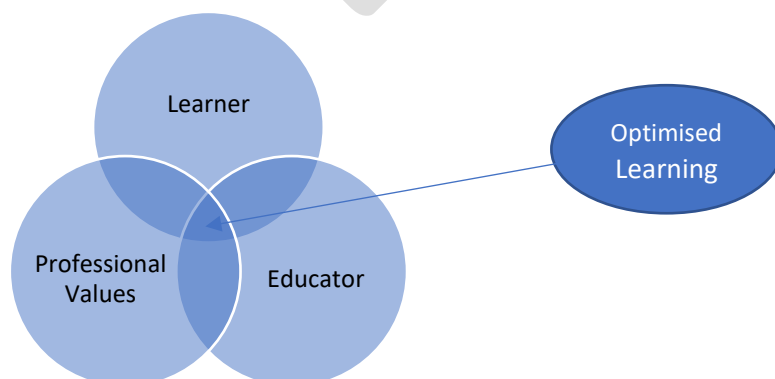
The emerging work programme has been shared at Lancashire & South Cumbria Collaborative Education Forum, Lancashire & South Cumbria EELE Forum, and at a distinct Learning Environment Conversation Event. The Conversation Event initiated the decision to develop a Framework, rather than a Strategy, thereby enabling inbuilt flexibility and ongoing development of the concepts in response to local needs as the Framework moves to the implementation stage.

## 12. The Learning Environment Framework

The Learning Environment Framework aims to enable the consistent delivery of positive learning opportunities which enable learners to develop the knowledge, skills and professional behaviours to practice safely as a qualified practitioner through the delivery of three core pillars of work

- Promoting Professional Values
- Empowering Learners
- Empowering and supporting Educators

The pillars are co-dependent with delivery impacting upon the optimisation of the learning environment. Each Pillar has considered the vision and how we can make it work and how this can make the difference



### *12.1 Educator Delivery Pillar*

The Task and Finish Group have shaped the Educator Pillar based upon a shared vision to actively value, support and empower Educators to deliver their role in facilitating learning. By January 2025 all Educators working within Lancashire & South Cumbria will:

- Have undertaken or can evidence the knowledge and skills to support learning in practice.
- Evidence the promotion of professional behaviours to support learners to transition into their role as practitioners.
- Be aware of and supported to utilise organisation and system wide services to support learners and themselves.

#### *12.1.1 Educator Pillar Proposed Work Programme*

To facilitate delivery of the Educator Pillar aim the Task and Finish Group recognise that the quality of learning supported by the Educator in practice is shaped by:

- Time to Educate
- Knowledge to support learners
- Behaviours – commitment and support to learners

##### *12.1.1.1 Time to Educate*

To understand the time required to support learners, the protected time spent with learners will be examined through an exploration of how the HEE Tariff is utilised to facilitate the learner experience. The time to support the learner on a weekly basis to facilitate induction, professional conversations and assessment of learning is recognised as key to the delivery of a positive learning experience (Johnson, Keating & Molloy, 2020).

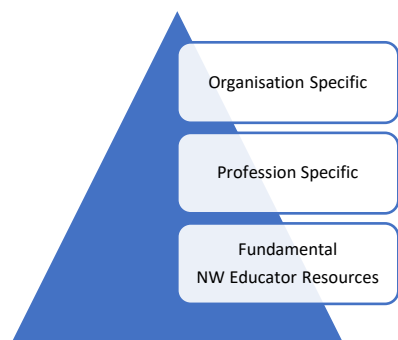
Exploration of the impact of the education tariff on delivery of the protected time and quality of supervision will be explored across the organisations, with the intention of facilitating a model of standardised delivery across Lancashire and South Cumbria.

##### *12.1.1.2 Knowledge to Educate*

The Framework necessitates the implementation of the Northwest Educator Resource Toolkit across all Educators within Lancashire and South Cumbria enabling the facilitation of an agreed standard of preparation for the role. The Northwest Educator Resource Toolkit provides a core set of knowledge that will enable the Educator to build upon with profession and organisational specific knowledge base. It outlines the expectations and best practice for Educators focusing upon development of a sense of belonging, professional conversations, coaching and supporting the learner to optimise their learning.

The standardised use of the Northwest Educator Resource Toolkit will ensure standardised delivery and prevent the necessity of Educators to revisit Educator preparation if they move between organisations.

### **Model of Educator Knowledge Development**



#### *12.1.1.3 Supporting Positive Behaviours*

The practitioner facilitating learning in practice is undertaking the role of the Educator alongside the delivery of their clinical responsibilities. Recognition of the emotional and intellectual requirements in the support of learning, and the challenges of health care, there is a necessity to actively support the Educator. In providing ongoing support a model is proposed which promotes positive role modelling, outlines optimum expectations of the Educator and outlines structures that provide ongoing support. In outlining optimum expectations of the Educator there is acknowledgement that an individual's behaviours are shaped and influenced by the behaviours and culture of the Team within which they work and the organisation; for this reason, the expectations for the individual, Team and organisation supporting learners are outlined (Appendix 3).

Promoting positive practice necessitates identification and reporting of positive practice and role modelling, identification and recognising this practice will be demonstrated through:

- Development of Practice Educator Networks

These will be key networks which bring together Educators across Lancashire and South Cumbria to share best practice and develop their ongoing knowledge base through shared problem solving and exploring challenges in practice. This model is currently delivered for AHPs by the AHP Faculty; expanding the model to all Educators could increase impact and shared learning.

- Annual Celebration Event

Promoting and celebrating positive practice at an annual celebration is fundamental to acknowledging, celebrating, and valuing the contribution of Educators to the development of the future workforce.



- Model of Clinical Supervision

Clinical Supervision is recognised as beneficial to the provision of safe care delivery, offering a psychologically safe environment for the practitioner to explore the quality of care provision. As Educators support and an opportunity to reflect and personally examine their practice as an Educator could provide an opportunity to both support and enhance their role. The use of Clinical Supervision within this arena is limited, however exploration of a model of support and the impact on Learners and Educators practice could provide an important mechanism to supporting and enhancing the current and future workforce.

### *12.2. Learner Pillar*

Exploration of the learner experience, and particularly the challenge of learning within a busy clinical learning environment resulted in members of the Task & Finish Group considering the factors that influence learners' ability to optimise the opportunities presented. Reflection on the factors influencing learners enabled the development of a vision that will support learners to be autonomous in how they approach learning, empowering them to develop self-awareness, knowledge, skills & behaviours to optimise their learning. This vision is built upon a commitment to supporting learners to develop the key knowledge, skills and behaviours that enable them to recognise and develop learning opportunities that will enable them to develop into professional practitioners. This approach represents a shift from information sharing in preparation to practice to an approach/model of knowledge and skills development which prepares learners to work in clinical practice and optimise learning.

To realise this vision the Task and Finish Group have outlined a draft outline of the knowledge, skills and behaviours which would form a Learning to Learn Resource (Appendix 4). The development of the Learning to Learn Resource, will be a collaborative project jointly developed by Learners and Educators working in the Higher Education Institutions and the practice setting. The Resource will be developed to meet Learner needs, with the intention of the use and application led by the Learner.

### *12.3 Professional Values*

The Learning Environment and the quality of care provision is shaped and influenced by a commitment to working to professional values. Shared values relate to both the individuals held by the Learners and Educators and the culture underpinning health care delivery and delivery of health care education. The values that shape learner's practice and the learner experience are shaped by an individual's experiences, culture, organisational and personal beliefs. The values that underpin practice are often not explicitly stated (Norman, 2015) especially within the Educator and the Learner relationship; the potential impact being a disconnect and miscommunication of expectations. Understanding of shared values provides an opportunity for the Educator to understand the Learner perspective and motivations in the development of their practice; the development of a shared understanding necessitates a shared language. The communication of values across generations is influenced by cultural behaviours across generations, which have arguably been exaggerated by the COVID 19 pandemic;

notably most learners will be digital natives, committed to caring and contributing to health care, willing to challenge and not deferential to traditional hierarchies, whilst Educators may communicate in more traditional approaches (Shorey 2021). Furthermore, the consumerisation of health care education, with Learners paying for the programmes of study has changed expectations with the transfer of knowledge and focus upon learner needs being reported by Educators, who are focused on care delivery.

To address the potential, disconnect there is a commitment to supporting Educators, Learners & organisations will be aware of supported and empowered to work to the values and responsibilities that underpin practice. This will be shaped by:

- Development of standardised processes to escalate concerns
- Development of a model of value-based conversations

#### *12.3.1. Standardised Process to escalate concerns*

Both the Higher Education Institutions and Providers have processes where concerns regarding an individual's or Learner's fitness to practice within their role are raised, however there is a requirement for joint working to identify and support individuals and learners where concerns are raised prior to meeting the threshold of a formal policy. The development of a shared process, with clear lines of accountability and communication would support the development of early interventions which could support learners to demonstrate and evidence learning were possible. A shared approach would prevent misunderstanding and learners and Educators concerned that issues are not addressed.

#### *12.3.2 Development of a model of value-based conversations*

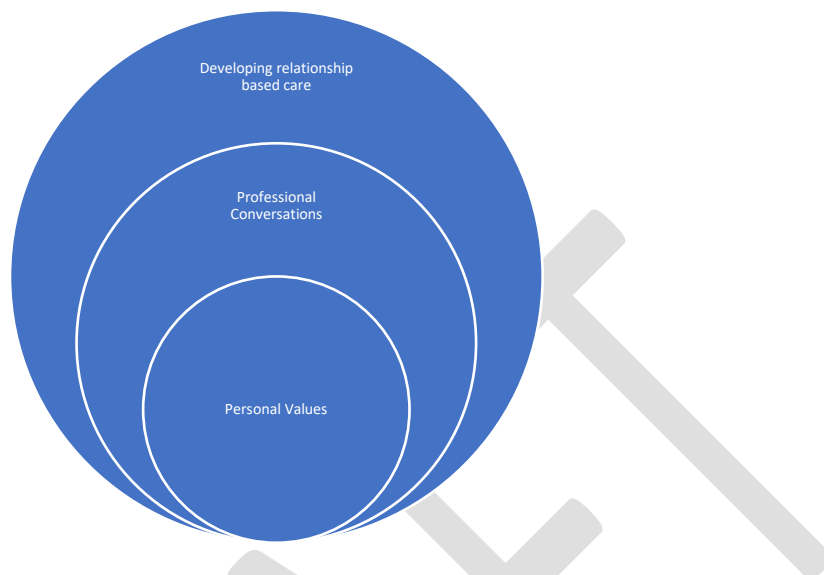
The creation of a value-based model for the Learner and Educator offers an opportunity to explore the Learner and Educator values and rationale underpinning their practice, facilitating conversations for a deep critical analysis of decision making and utilisation of evidence in the delivery of care. The potential for enhanced critical understanding of decision making will support positive role modelling and enable the Educator to assess performance based upon values and technical capability. The proposed model would aim to shift from a transactional to a transformational model of education through:

- Facilitating value-based conversations
- Being supported to have professional led conversations
- Developing an understanding of the human context of care

The development of a model utilising a PDSA approach to change, would realise a new approach to supporting learners that builds upon values and strengths, supported by a development resource for use by both learners

and Educators. The development resource provides a unique opportunity for Learners and Educators to jointly develop knowledge and skills in a collaborative manner.

### Value-based Conversations Model



### 13. Evaluation Framework

The dynamic nature of the practice education landscape with a requirement to constantly evolve and adapt to the local health needs necessitates an ongoing evaluation framework to be adopted that facilitates early adoption of learning to realise the strategic aim. The evaluation framework will adopt and utilise organisation and system data and information systems to establish baselines and measure intended outcomes.

Continuous service improvement methodology will be utilised to shape the work programmes focusing upon learning and scalability across Lancashire and South Cumbria. Detailed implementation plans will be developed for each component of the work programme, with agreed milestones for delivery, outputs and reporting measures.

In addition to ongoing review of the Framework and monitoring of the delivery plans an evaluation of the Framework will be developed. The evaluation will adopt a heuristic technique approach exploring the approaches utilised to problem solve and identify actions which will support delivery in the short and medium term. Delivery of this approach will necessitate identification of key individuals who will utilise the resources to test prototypes and the proposed processes. This approach builds upon the principles of the Framework with positive role modelling underpinning all components of the Framework.

### 14. Realisation of the Learning Environment Framework

The Framework will be realised through the delivery of the following programme of work. Central to the work

programme is a commitment to collaborative working arrangements, and accountability for delivery. The Learning Environment Strategy consists of the following 3 phases:

Stages	Timescale
<b>Visioning</b> – concepts agreed and outline work programme developed	Completed
<b>Operationalisation</b> -Detailed work plan developed and agreed with all organisations. Maturity Matrix developed and agreed	September 2023
<b>Implementation</b>	January 2023

#### 14.1. Programme of work

The vision has been developed into a programme of work Appendix 5

#### 14.2 Supporting Resources

Delivery of the Framework will be supported through the existing Enabling Effective Learning Environment funding and Objective 2 TPEP funding. Ongoing delivery of the Learning Environment Framework will be considered within existing education resource streams.

#### 14.3 Risks to Delivery

The programme of work is subject to several risks to delivery. These are identified and will be managed by the EELE Project Lead. Details of the current Risk Register are outlined in Appendix 6

### 15. Communication Strategy

To ensure both learning and progress in the delivery of the Framework is shared with all organisations, Learners and Educators a Communication Strategy will be developed and implemented, this will include production of a Web page providing details of the Educator Forums, progress on Learning Environment Framework projects and sharing of Good Practice Case Studies.

### 16. Next Stages

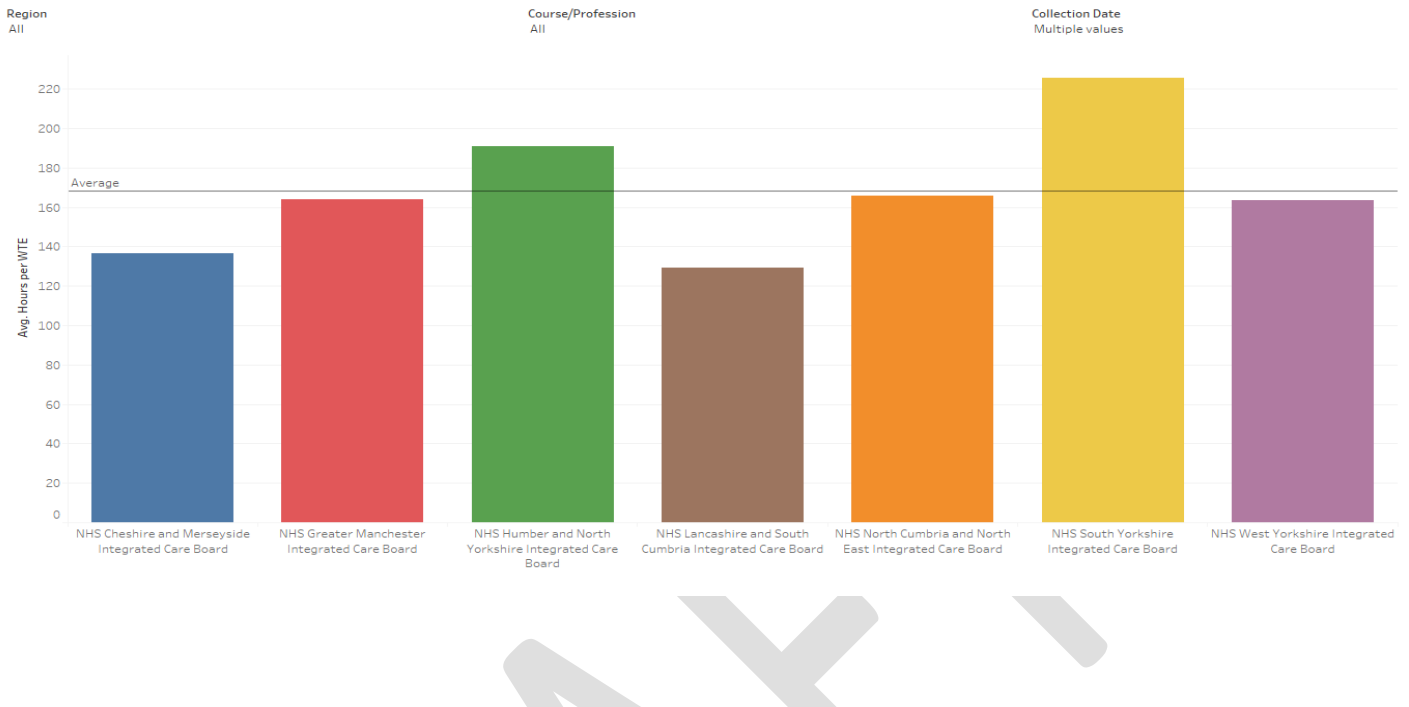
The development of the detailed work plans including the operational frameworks will be led by the EELE Lead for Lancashire and South Cumbria. The programme of work will be supported by the TPEP Objective 2 Lead, and staff recruited to deliver on these programme specific projects. The EELE Project Lead will work with the Learning Environment Framework Steering Group, existing Task and Finish Group members, organisational and learner representatives to facilitate the delivery of iterative implementation plans within the emerging Lancashire and South Cumbria health and social care delivery system.

It is anticipated that the Learning environment Framework will provide a template from which organisations can build organisational an Education Strategy and underpinning policy.

## Appendix 1 – Clinical Learning Hours Data

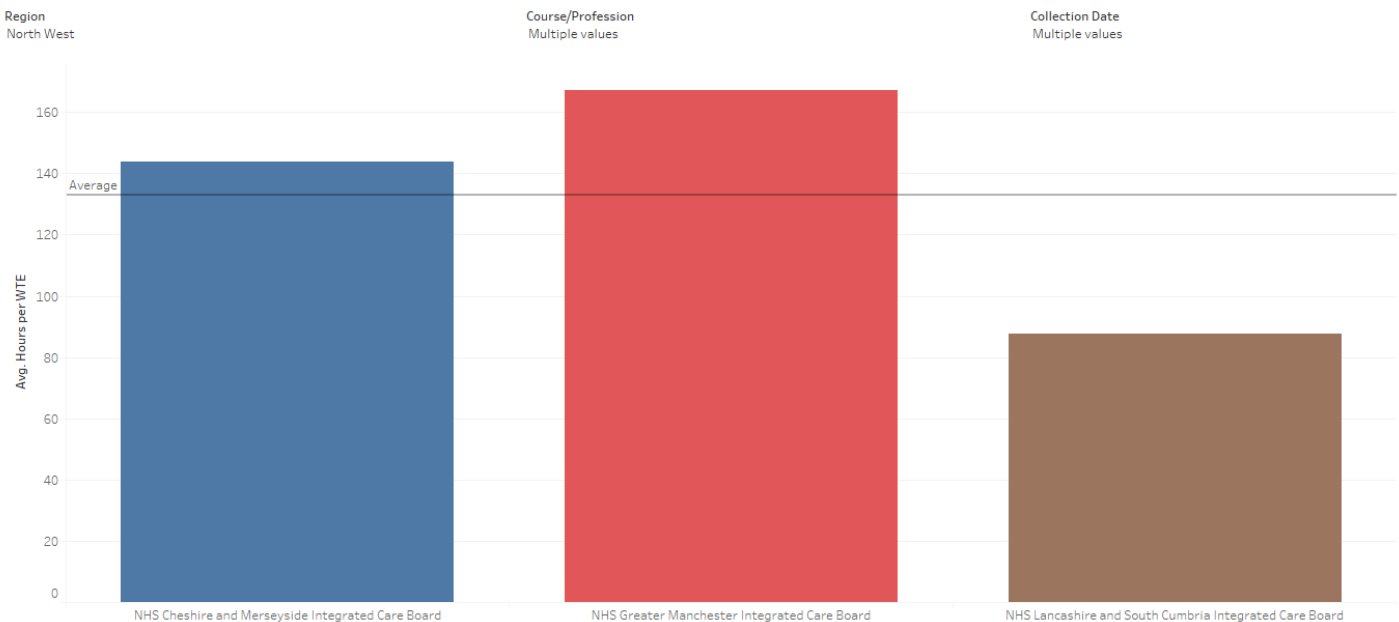
### Average Placement Hours per WTE by ICS

Each ICS area across the North is shown below as a WTE ratio of placement hours completed for the specified period. This is calculated as: Total Placement Hours / Average FTE between April 2018 and March 2021 of the mapped ESR occupation. Average is calculated based on the available selected ESR fields. Only courses we have been able to map to an ESR profession can be select..



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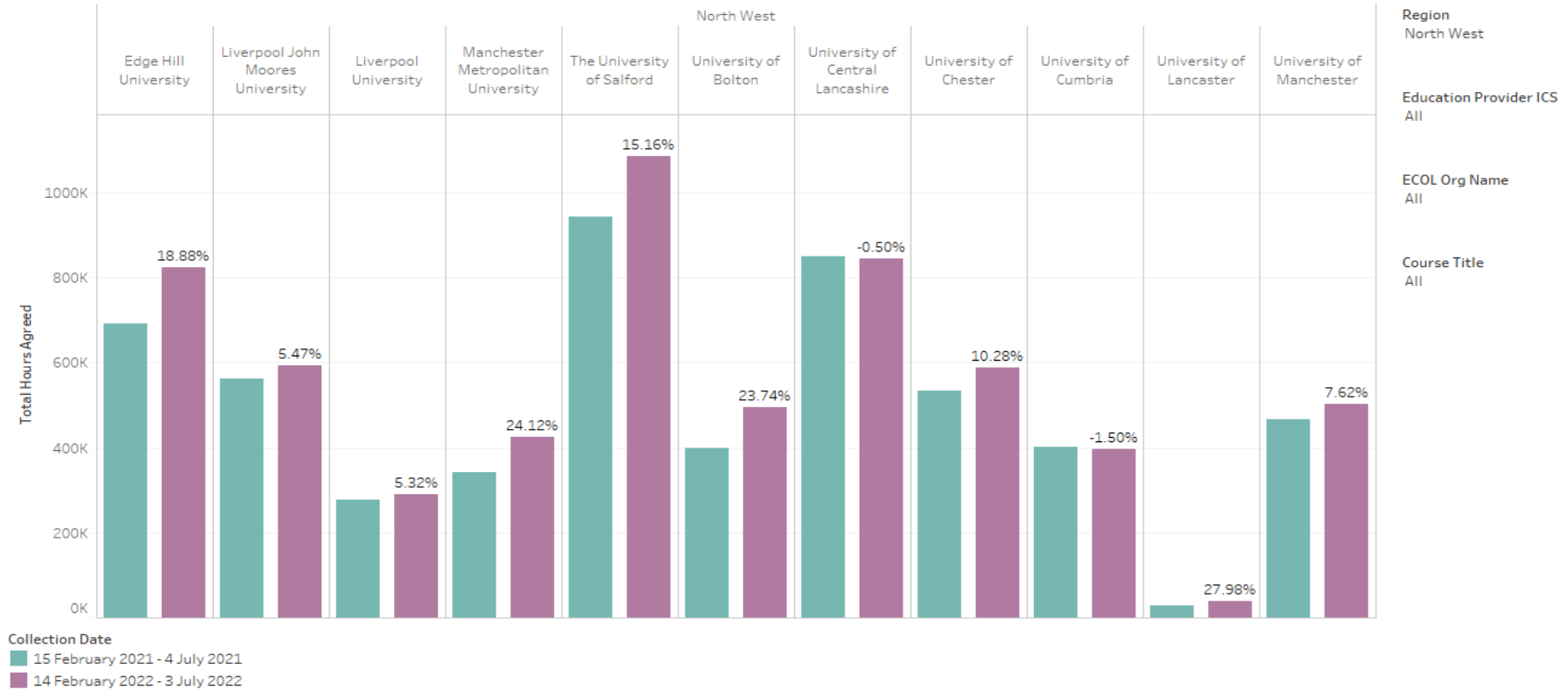


## Change in Total Placement Hours by Collection Period

This graph shows the placement hours at each of the Education Providers in the North by collection date for the last five collections. The labels on the graph show the % change from the previous collection at each Education Provider.

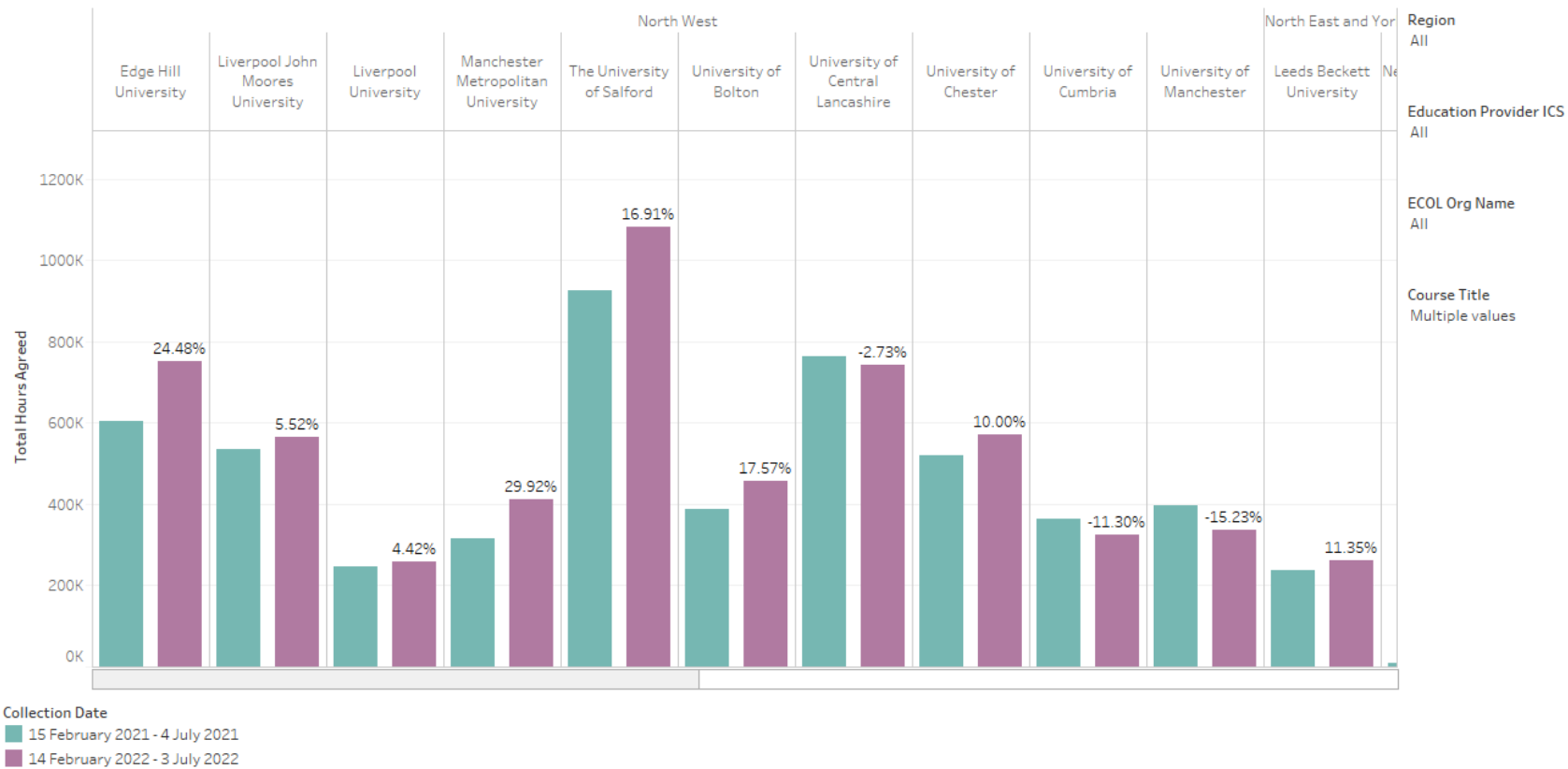


Health Education England



## Change in Total Placement Hours by Collection Period

This graph shows the placement hours at each of the Education Providers in the North by collection date for the last five collections. The labels on the graph show the % change from the previous collection at each Education Provider.



## 1. Definition of Practice Based Learning

Practice based learning is defined as:

**“ Practice based learning takes place during placements which involve a range of learning opportunities for student development. Students apply and consolidate their learning, bringing together academic theory, workplace practice to develop skills and competences needed to register. Practice learning is supervised and structured to enable progress towards learning outcomes and usually involves assessment of the learner” (Health Education England,)**

## 2. Roles and Responsibilities

### 2.1 All staff

All staff will aim to ensure they:

- Value learners as part of the Team
- Act as a positive role model in the delivery of safe, compassionate care
- Treat learners as an individual and respect their learning needs
- Support learners to access resources which promote their health and wellbeing
- Share knowledge and expertise

### 2.2 Learner

As active adult learners, learners will lead their own learning experiences, seeking support to maximise learning opportunities and meet their Programme Outcomes.

They will:

- Actively learn by working alongside the multi-professional team, gaining experience from working with patients and service users
- be proactive and take a lead in accessing learning opportunities and take responsibility for their own learning through the development of learning plans
- Share learning needs including any specific learning needs
- access resources to support their physical and mental health and wellbeing
- Actively communicate in a professional and timely manner with all staff to optimise learning
- Raise concerns and highlight feedback in a timely manner
- Complete documentation in a timely manner



- Complete appropriate summative and/or formative assessments to evidence that they are meeting their curriculum, professional and regulatory standards, and learning outcomes

### **2.3 Team members working with learners as part of the multi-disciplinary care Team**

The Team member refers to registered and non-registered staff members who will work alongside and help learners to achieve and access learning opportunities.

The Team Member will:

- Support the learner to learn and optimise their attainment (ensuring any differences in opportunities does not relate to protected characteristics)
- Support learners appropriately in line with Regulatory Body requirements
- Provide regular, professional written and verbal feedback to the student, Educator and the MDT

### **2.4 Supervisor within the Practice Learning Environment**

The Supervisor refers to registered staff members who supervise learners to achieve and access learning opportunities.

The Supervisor will have undertaken an **appropriate level of training** to enable learners to:

- receive an appropriate, effective and timely induction and introduction into the clinical learning environment
- be valued members of the healthcare teams, who contribute to the work of the team.
- actively work with other Team members to facilitate and optimise learning opportunities
- receive supervision of their clinical practice appropriate to their level of experience, competence and confidence, and according to their scope of practice and professional standards; learners in difficulty will be identified and supported at the earliest opportunity.
- have open and honest conversation, ensuring the learner can raise concerns and providing feedback in a timely manner
- gain learning appropriate to their scope of practice and expected competence, context of learners' programmes and career pathways, of those they are supporting to support learners' progression.
- have rotas and workload that enable them to attend planned/ timetabled education sessions needed to meet curriculum requirements
- be appropriately assessed, seeking verbal and written feedback from Supervisors to evidence learning in practice
- reach their potential, ensuring there is communication with the Higher Education Institution, and organisation Education Team, including implementation of identified reasonable adjustments.

The Supervisor will:

- Support the learner to learn and optimise their attainment (ensuring any differences in opportunities does not relate to protected characteristics)
- Support learners appropriately in line with Regulatory Body requirements
- Communication with Practice Assessor and Academic Assessor

- Provide constructive feedback
- Contribute to decisions about progression and on assessment
- Raising concerns about learner performance and behaviour
- Document in learners practice assessment record
- Provide regular, professional written and verbal feedback to the Learner, Educator and the MDT

## 2.5 Educator/Assessor

The Educator/Assessor is a member of staff who within their clinical role will support learners to achieve and demonstrate the meeting of their learning outcomes. The Educator/ Assessor will have the relevant clinical experience to undertake formal assessment of learners' clinical practice, completing all necessary documentation in a timely manner.

The Educator/Assessor will have undertaken an **appropriate level of training** to enable learners to:

- receive an appropriate, effective and timely induction and introduction into the clinical learning environment
- be valued members of the healthcare teams, who contribute to the work of the team.
- actively work with other Team members to facilitate and optimise learning opportunities
- receive supervision of their clinical practice appropriate to their level of experience, competence and confidence, and according to their scope of practice and professional standards; learners in difficulty will be identified and supported at the earliest opportunity.
- have open and honest conversation, ensuring the learner can raise concerns and providing and recording feedback in a timely manner
- gain learning appropriate to their scope of practice and expected competence, context of learners' programmes and career pathways, of those they are supporting to support learners' progression.
- have rotas and workload that enable them to attend planned/ timetabled education sessions needed to meet curriculum requirements
- be appropriately assessed, seeking verbal and written feedback from Supervisors to evidence learning in practice
- reach their potential, ensuring there is communication with the Higher Education Institution, and organisation Education Team, including implementation of identified reasonable adjustments.

The Educator/Assessor will:

- Raise potential issues or concerns at the earliest opportunity, and in a timely manner, to the Education team and the Education Provider; this approach will support the learner and aim to achieve a positive outcome.
- Work with the Education Team and others to lead and shape education practice, as appropriate, including engagement with quality assurance process
- Disseminate information and good practice to other members of the Team
- Update own learning through ongoing continuing professional development

## 2.6 Education Team

The Education Team refers to the group of staff who manage and lead the delivery of practice learning within the organisation. They ensure the learning environment:

- Is sensitive and supportive to the diversity of learners and the population the organisation serves
- provides suitable educational facilities for both learners and educators, including space and IT facilities, and access to library and knowledge services and specialists
- enables a multi-professional and inter-professional approach to education and training
- meets the relevant parts of the programme curricula

The Education Team will:

- promote fairness, and equality and diversity
- quality assure learning placements
- ensure parity of access to learning opportunities for all learners, making reasonable adjustments where required
- ensure educational resources (including financial) are allocated and used
- develop, implement, and systematically review governance, and continuous quality improvement processes
- ensure the involvement of patients and service users, and learners, in the development of education delivery
- ensure learners receive appropriate careers advice from colleagues within the learning environment, including understanding other roles and career pathway opportunities
- provide clear, visible and inclusive educational leadership that is fed into senior level of decision making

The Education Team will work to enable Educators/Assessors to

- Access resources to support their physical and mental health wellbeing
- Understand the education, training and any other support needs of their learners
- Access appropriate education
- Engage with quality assurance process
- Seek to develop new and innovative methods of education delivery, through clear leadership approaches

## 2.7 Service Lead

The Service Lead refers to the clinical lead for the clinical area; within this role the Lead may not directly support learners however they enable and facilitate a culture of safe delivery of care whilst supporting learners in practice.

The Service Lead supports practice-based learning through:

- Championing and valuing education and training

- Promoting an organisational culture in which all staff, including learners, are treated fairly, with equity, consistency, dignity and respect.
- Promoting a culture of continuous learning, where giving and receiving constructive feedback is encouraged and routine.
- Ensuring the delivery of safe, effective, compassionate care and prioritises a positive experience for patients and service users, where all staff, including learners, are able to speak up if they have any concerns, without fear of negative consequences.
- Promoting learners to take an active role in quality improvement initiatives, including participation in improving evidence led practice activities and research and innovation
- Ensuring consideration is given to the potential impact on education and training of services changes
- Explicitly outlining the contribution of all staff in supporting learning in all job plans/ job descriptions. Specific education-based role functions will be developed and monitored through appraisals or other appropriate mechanisms, with constructive feedback, support and resources provided for continued professional development

## 2.8 Education Provider

The Education Provider is the University or Education organisation which is responsible for the overall learner programme. This category incorporates the expectations of Academic staff who may have a formal responsibility, as outlined by the regulatory bodies, to contribute to practice based learning and assessment.

The Education Provider supports the learner undertaking practice-based learning through:

- Actively working with practice partners to facilitate and optimise learning opportunities
- Seeking verbal and written feedback from practice partners to evidence learning in practice
- Supporting parity of access to learning opportunities for all learners, agreeing reasonable adjustments where required
- Providing clear, accessible and inclusive educational leadership

To achieve this the Education provider will work collaboratively with:

- Other partner and stakeholder organisations to support effective delivery of healthcare education and training and share good practice
- Organisations to mitigate avoidable learner attrition from programmes.
- 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.
- Educators in practice to understand the education, training, quality assurance and any other support needs of their learners

### **2.9 EELE Lead**

The EELE Lead will facilitate the development of system wide approaches to optimising practice-based learning opportunities through working collaboratively with:

- other partner and stakeholder organisations to support effective delivery of healthcare education and training and spread good practice
- organisations to mitigate avoidable learner attrition from programmes.
- Organisation leads to identify, celebrate and share best practice
- Identify system areas for development

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### Appendix 3 – Educator Behaviours

These behaviours have been developed with consideration of work undertaken by AHP Faculty

<b>Organisational Behaviours</b>	<b>Team Behaviours</b>	<b>Educator Behaviour</b>
Willing to listen to Educators	Open communication	Open communication
Recognition of the Educator role	Shared responsibility	Honest
Willing to share knowledge	Willing to share knowledge	Willing to share knowledge
Willing to learn	Willing to learn	Willing to learn
Encouraging	Encouraging	Encouraging
Organised	Organised	Organised
Willing to support	Willing to support	Willing to support
Provide Access to learning for Educators	Proactive	Willing to let learners practice
Adaptive	Adaptive	Adaptive/Adaptable
Approachable	Approachable	Approachable
	Professional	Professional
	Supportive	Enthusiastic
	Respected in the Team	Reliable
		Tolerant
		Patient
		Fair
		Friendly
		Supportive
		Respected in the Team

Appendix 4 – Learning to Learn Resource

Attached as a separated document

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Appendix 5 – Learning Environment Framework Programme of Work

Pillar	Area for Development	Key Actions	Supporting Resources	Data Requirements	Expected Delivery Date
Educator	Time to Educate	Audit of time Educators spend with Learners - identified as protected in work time (rostered), within work hours and personal time	TPEP & EELE funded Project Lead		Jul-23
		Analysis of Educator Time against Tariff			Aug-23
	Educating Educators	Implementation of NW Educator Resource Toolkit - review of organisation's implementation			Mar-23
		Development of system wide implementation plan		System wide Educator numbers	Apr-23
		Develop and implement feedback process		Standard feedback process measures agreed and reporting process	Apr-23
		Review and agreement of behaviours and expectations of the Educator role			Mar-23
		Publish agreed behaviours			Apr-23
	Supporting Educators	Establishment of Educator Network			Feb-23
		Review of current Clinical supervision models			Mar-23
		Identification of models of Clinical Supervision and review potential for system wide implementation			Jul-23
Learner		Confirmation of draft Resource	TPEP Funded post		Feb-23



	Development of a Learning to Learn Resource	Appraisal of current resources to support the identified knowledge and skills			Mar-23
		Search of wider education resources to identify any recognised gaps			Apr-23
		Liaison and collaborative working with HEI and practice partners to draft how the Framework can be implemented into learning programmes			May-23
		Identification and testing with small group of learners to test resources			Jul-23
		Development of a system wide monitoring process		Agree data sharing process	Aug-23
<b>Professional Values</b>	Identifying and celebrating positive role modelling	Establish a mechanism for identification of positive role modelling	Learning Environment Framework Steering Group - facilitated by EELE Lead	Agree recording process	Mar-23
		Recognition/Celebration Event to promote best practice (align with Educator Network)	EELE Lead		Jul-23
	Escalation Process	Develop a standardised Escalation process to support learners and Educators	Learning Environment Framework Steering Group - facilitated by EELE Lead		Apr-23

Value Based Conversation Model	Identification of Project Lead	Learning Environment Framework Steering Group - facilitated by EELE Lead		Jan-23	
	Identification of co-operating organisations	TPEP Funded post		Feb-23	
	Establishment of Project steering group			Feb-23	
	Definition of draft value based conversation approach			Mar-23	
	Identification and preparation of PDSA sites (5 in total)			Mar-23	
	Reporting and data collection agreed			Data collection process	Mar-23
	PDSA Commence				May-23
	Review of data				Monthly
	Initial Report				Nov-23

Appendix 6 – Lancashire & South Cumbria Learning Environment Framework Risk Register

Date Raised	Risk	Risk Description	Likelihood	Impact	Risk Score	Owner	Mitigating Action
13/12/2022	Learning Environment Framework Leadership	Progress regarding workstreams halts whilst vacancy is recruited to	3	5	15	ICB	Link to TPEP Leadership
13/12/2022	No formal monitoring and reporting of Learning Environment Work Plan	Ongoing work may not align with project outcomes	3	5	15	ICB	Formal monitoring and reporting process to be agreed via CEF. Reporting via HEE Transformation Programme Board
13/12/2022	Organisation accountability and buy in for Learning Environment Framework	Draft Learning Environment Frameworks not shared within organisations, and formal agreement not confirmed	3	5	15	Organisation Leads	Organisational Leads to share draft Learning Environment Framework internally. Confirm approval in principle agreed at CEF Dec 22
13/12/2022	Governance of Learning Environment Framework Delivery	Members of CEF may not have organisational decision making authority	3	5	15	CEF/ICB	Clear lines of accountability and decision making at L&SC CEF or relevant decision making group

13/12/2022	Organisation Engagement	Lack of clarity regarding Senior Leadership understanding of the Learning Environment Framework	3	5	15	Organisation Leads	Project representatives have organisational authority regarding work programme
13/12/2022	Workstream (Pillar) Leads not identified	Failure to identify workstream leads will delay the development of the operationalisation stage of the project	3	5	15	TPEP Lead	Workstream Lead to be identified at TPEP meeting on the 5th January
13/12/2022	Limited Baseline data	Failure to establish baseline data will prevent output measures and impact of the project	4	5	20		HEE data utilised as initial baseline Data sharing agreement across organisations required
13/12/2022	Delivery of TPEP Objective 2	Failure to recruit to posts to deliver the work programmes	3	15	15	TPEP Lead	Organisational commitment to support the proposed project and release staff as required
13/12/2022	Alignment of Learning Environment Framework with L&SC system agenda	No shared vision across the ICB	4	15	20	ICB	Development of a collective approach/vision for Education delivery across L&SC

13/12/2022	Dependency/relationship to other workstreams	There is a dependency on other projects, with potential overlap. Specifically: RePAir, Nurse Attrition, TPEP, HEE Fellows, & AHP Faculty	4	5	20		Development of ICB PMO model of alignment; opportunity to align projects and funding for maximum impact
13/12/2022	Learner Voice	The reluctance of HEIs to support direct access to learners may result in inappropriate strategies being developed	4	5	20	HEI Leads	Development of L&SC Learner Forum to shape ideas
13/12/2022	Decisions relating to enhancing the Learning Environment made in multiple groups	Lack of clarity of key decisions and work programme delivery	3	5	15	ICB	Development of ICB PMO model of alignment; opportunity to align projects and funding for maximum impact

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