

## **Enabling Effective Learning Environments**

# **Supporting Multi Professional Education Supervision & Assessment**

**Investment Support 2019-2020**



**Developing people for health and healthcare**

[www.hee.nhs.uk](http://www.hee.nhs.uk)

## 1. Introduction - Effective Learning Environments

Health Education England (HEE) is responsible for ensuring that there are high quality learning environments for all healthcare learners. As outlined in [HEE's Quality Strategy 2016-2020](#), the intention is to help create and manage a clinical placement education system where healthcare education and training is well-led, effectively managed and provides supportive learning environments that enable opportunities for the current and future healthcare workforce to develop the knowledge, skills, values and behaviours to deliver the highest quality patient care. Essential to effective clinical placement education systems are the following conditions

- a supportive learning culture,
- enough supply of quality assured learning opportunities,
- a well led and supported practice learning support infrastructure,
- trained and committed educators/supervisors,
- suitable learning facilities and resources,
- organisational commitment to quality,
- effective planning, collaboration and innovation between placement providers and education providers to ensure the planned and efficient use of the available clinical placement capacity.

The importance of enabling high quality learning environments and ensuring sufficient capacity given its links with ensuring future workforce supply is now being increasingly recognised and appreciated as a key strategic priority.

HEE is committed to supporting a range of activity which will help to

- Explore the way in which educators are trained for their role and how models of learning supervision might be adapted to support flexibility and increased capacity,
- Work with education provider partners, workforce partnerships and the HEE local team and to make continuous quality improvements in education and training and the learning environment,
- Establish a more systematic way and processes in which clinical placement planning and capacity are strategically understood and driven as part of current and future workforce and education requirements,
- Encourage approaches which support more integrated clinical placement opportunities across organisations and settings,
- Support organisations and local healthcare systems in understanding their clinical placement management capacity and opportunities to strengthen their quality and capacity.

Given the emergence [of Sustainable Transformation Partnerships \(STPs\)/Integrated Care Systems \(ICS\)](#), the importance of place as a platform for collaboration between health care organisations, primary and community care, local authorities and other partners to improve the coordination and delivery of healthcare is now established and developing. In the same way that organisations can come together to coordinate the delivery of healthcare services, there is a similar opportunity for local systems and partners to collaborate to maximise developments for the effective education of the current and future healthcare workforce. One of the areas that this can progress, and transform is in relation to collaborative planning and management of ensuring effective learning environments and clinical placement capacity. Therefore, given this and also the opportunity provided by changes in the standards for supervision and assessment of nurses, more flexible ways in which the supervision and development of other students undertaking a range of programmes leading to registration as a healthcare professional can be considered and encouraged, HEE is providing investment into local systems to help drive collaborative clinical placement planning across different settings, management and more flexible arrangements for the development of educator capacity supporting the supervision and assessment of healthcare learners<sup>1</sup>.

## 2. Investment Support

Partnerships within the defined STP/ICS areas within the **North West and Yorkshire & Humber<sup>2</sup>** are invited to collaborate and submit plans for the use of an allocation of investment for use within 2019 –2020 and **subject to HEE's future investment allocation, priorities and affordability** we would hope to make available also in 2020-2021.

## 3. Priorities for Investment

Each STP/ICS will be allocated £375,000 for use within 2019-2020. While indicative guidance is given about how the allocation might be used, the intention is that allocation can be used flexibly and with the agreement of partners to plan and deliver the following core elements

### 3.1 Development of a Clinical Placement Strategy across the STP/ICS

Part of the investment can be used to support some leadership and programme support to design and deliver a clinical placement strategy and plan for the STP/ICS area. We anticipate that £25k, might be allocated for this purpose.

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<sup>1</sup> For purposes of this investment learners will include those undertaking a pre-registration healthcare professional qualification (excluding medical and dental).

<sup>2</sup> STP/ICS areas: **Yorkshire** (Humber, Coast and Vale, South Yorkshire and Bassetlaw, West Yorkshire and Harrogate) **North West** (Cheshire and Merseyside, Greater Manchester, Lancashire and South Cumbria).

Recognising that a one size approach is not appropriate for all, and local ownership is key, the approach and delivery plan should address at least the following

- Promote a culture and acceptance that supporting education and placement experience is a shared expectation and responsibility for all registered healthcare professionals and not just some. The plan should indicate how it will secure involvement of staff who have not usually been involved in supporting learners on placement,
- Set out how all NHS organisations, hospital and ambulance trust, CCGs and primary and community care, the Primary Care Training Hubs, Private, Independent and Voluntary Organisations (PIVO) and education providers will be engaged to support, design and agree the plan to make the best use of placement capacity, opportunities and innovation recognising there is a need to move from a predominantly hospital-based system of clinical placements to a more distributed system, with more education and training occurring in a broad range of settings. There is a priority to increase capacity in enabling integrated placement learning opportunities,
- Include methodologies for agreeing fair share allocation so that the management of placement capacity is maximised across all partners and the local health system,
- Consider opportunities and implement mechanisms for streamlining clinical placement management and support. This may also include streamlining any mechanisms in respect of undertaking education audit of learning environments,
- Maximises the use of the Clinical Placement Assurance Toolkit,
- Build upon collaborations and developments already in place and agreed.
- Identify the network and governance arrangements for how the plan would be delivered and monitored. It is anticipated that where there are already effective collaboration and networks that these will be used as a key element,
- Set out how the integration of simulation-based learning and opportunities can be used to support placement capacity, preparation and exposure,
- Ensure how any clinical placement allocation and technology solutions being deployed across the area are maximised for common benefit between education and placement providers,
- Ensure the plan is aligned to the expectations of HEE's quality framework.

It would be expected that an initial plan is agreed and developed by March 2020. The production of an agreed & supported STP plan will be essential if HEE is to be able to agree any further support in 2020 subject to the conditions noted above.

### **3.2 Supporting Educator Faculty Development**

All clinical staff have a professional responsibility for supporting the education of learners and other staff. This expectation is clearly indicated by the healthcare profession regulators such as the Nursing and Midwifery Council, the Health Professions Council and the General Medical Council. A culture and expectation where the education and support of learners is the role of many and not just a few is essential. However, those supporting healthcare learners must be supported in gaining knowledge and skills to undertake this aspect of their role safe and effectively. To enable a sustainable way in which organisations and local systems can ensure that they have sufficient staff, knowledgeable and skilled in education and assessment, part of the investment resource can be used by organisations to

Design and deliver a ***common multi professional educator*** development programme across the STP/ICS. This programme must

- Identify and select participants against suitable and agreed criteria, which should include targeting key clinical areas to help support placement expansion.
- Ensure that the programme prepares participants in the development of their knowledge, understanding and skills for supporting safe and effective learning for health care students and other learners.
- Ensure that participants are familiar with the curricula of the learners they are will be supporting and educating.
- Give access to relevant resources that they can use to support them in fulfilling their educational and training responsibilities.
- Provide insights and approaches for how participants can deal effectively with concerns or difficulties raised by learners.
- Set out how participants can engage with academic and other educational staff to ensure a consistent way in which the supervision, education and where appropriate the assessment of learners can be ensured.
- Indicate how participants can maintain and develop in their role as an educator.
- Any participants completing the agreed programme are formally recognised, with their details being accurately included in the Educator Register or other database which would give an accurate and accessible report of educator capacity within the participants organisation and wider STP/ICS.

**Time Commitment:** In designing the programme, due planning is needed to ensure it is educationally sound and will meet the expected learning objectives, but careful consideration is also needed to ensure that any time commitment needed to complete the programme is feasible for staff from front line services in being able to attend.

**Quality Assurance:** In designing the programme, there should be liaison and mutual agreement with education providers and other relevant stakeholders to provide assurance about the quality of the delivery of the programme so there is confidence in consistency of its delivery. An agreed evaluation plan should also be included so that any timely adaptations and enhancements can be made.

**Delivery of the Programme:** Part of the allocation can be used by organisations to agree and provide the internal capacity and ability to coordinate and deliver the programme on a shared access basis right across the STP/ICS. For example, organisations may agree a rolling programme of delivery where staff from their own and other placement supporting organisations can access any training being offered. Part of the investment can be used to meet essential logistics costs; however, we would expect organisations to collaborate to minimise costs such as not charging room hire and other essential equipment that might be used for the delivery of the programme.

We anticipate that an allocation of £150,000 might be used to support this element of activity.

**3.2 Innovation in Practice Supervision:** Supporting placement providers with the ability to test and implement new models of practice supervision are central to clinical placement expansion requirements. There is now good emerging evidence of the potential impact of new models of placement supervision which includes coaching and team supervision. The flexibilities now being afforded through changes in practice education and supervision standards provides an opportunity for the wider adoption of such models. Therefore STP/ICS **can use some of the investment allocation to**

- Test and roll out the use of new practice supervision models in placement providers/settings which have yet to implement such models,
- Test and increase the use of peripatetic supervision by experienced supervisor,
- Experiment with the use of communication and learning technologies in supporting practice supervision,
- The planned and effective use of simulation education modalities

We anticipate that an allocation of £150,000 might be used to support this element of activity.

### **3.4 Preparing for Future Nurse and Standards for student supervision and assessment**

To ensure that all organisations are fully prepared for the implications and implementation of the [Future Nurse](#) and the [Standards for student supervision and assessment standards](#), a systematic and planned engagement approach is needed to deliver a programme of activities which ensures that all services, including Primary & Community Care and PIVOS, as appropriate, are prepared for the changes.

This activity must include

- A clear delivery plan to cover **all** organisations within the STP/ICS, with clear responsibilities and allocation of delivery by partners.
- Clarity and confirmation as to when any local education providers are moving to implementation of the new standards.
- The use of a common suite of materials (where possible use from any effective resources already developed without the need for duplication).
- Awareness raising workshops, delivered flexibly to include night-time/weekend access opportunities.
- Ensure Senior Leads, such as Directors of Nursing and Heads of Professions are briefed, through any local network or bespoke advice session about the changes and they know how they can help influence and be assured about the level of understanding about the changes within their organisations.
- Keeping an accurate record of engagement and attendance.
- Put in place access to a repository of resources and a programme of update opportunities that can be accessed following delivery of any main campaign.

We anticipate that an allocation of £50,000 might be used to support this element of activity. However, recognising that in some areas there has already been some extensive work and preparation, it may be decided that a substantial programme is not required at the level suggested above. Where that is the assured assessment, then the system can allocate less investment and use the balance in the support of other activities.

#### **4. Financial Management**

Recognising that different stakeholders/organisations may take interest and responsibility for delivering elements of the required activities above, there will be flexibility in how the allocation of the available resource will be managed. For example, if it is agreed that one organisation manages the investment on behalf of the system, or a cluster of partners, then that can be supported. Similarly, if it is agreed that the investment is distributed across a number of organisations that can be supported as well. The main management issues that must be maintained are

- That there is collaboration and agreement for how the whole allocation is managed and the distribution of allocation does not exceed the total allocation of £375,000.
- Organisations receiving the allocations on behalf of the local system must ensure that the investment is only used for the intended purpose and is managed in line with the delivery of the plan.

- That relevant finance colleagues in organisations receiving any of the allocation are informed about the agreement and ensure the relevant accounting procedures are ensured.
- There will be clear records held showing how the investment has been used.

While suggested amounts are given to help progress the activity, if it is considered that the local area has already made progress in a number of the areas outlined there is flexibility for the STP/ICS area to invest more of the allocation in some areas than others related to local priorities.

Finally, NHSI has provided a one-off investment to some NHS organisations to increase their placement capacity which is a positive development. However, given this development it is important that the investment being provided here does not directly duplicate activities being supported with any investment that has been given.

### **Submission of Proposal(s)**

Preferably, it is anticipated that one proposal setting how the intention and plan for **the STP/ICS will be submitted** (this can be by an NHS or higher education institution as long as it comes with the agreement of all organisations committing to the delivery of the indicated activity). However, recognising there can be some challenge in progressing intentions and plans given system pressures, then several proposals can be submitted. However, in doing this there must be clear indication that any proposals are part of broad agreed approach and that the proposals are aligned and that there will be collaboration and active sharing of the outputs from each proposal.

The proposals clearly set out roles and responsibilities as a whole and when taken together they do not exceed the available allocation.

Submissions are required 5 pm **Wednesday 2nd October**. Please submit any responses via [educationtransformation.north@hee.nhs.uk](mailto:educationtransformation.north@hee.nhs.uk)

To help with the any clarifications or questions about this investment opportunity HEE will provide some Skype Briefing sessions/ or respond to queries on the following dates

**11am** 4<sup>th</sup> September

**4pm.** 9<sup>th</sup> September

**3pm** 12<sup>th</sup> September

**11am.** 18<sup>th</sup> September

**3pm** 19<sup>th</sup> September

To book a place on the Skype Call /time please send your contact detail, including email and telephone number to [Tom.Wood@hee.nhs.uk](mailto:Tom.Wood@hee.nhs.uk) (Please check that your organisation can supports Skype functionality).

**For further information**

Please contact either **Mike Farrell** ([michael.farrell@hee.nhs.uk](mailto:michael.farrell@hee.nhs.uk)) or Hannah Evans ([Hannah.Evans@hee.nhs.uk](mailto:Hannah.Evans@hee.nhs.uk))

**Name of Lead Organisation submitting the proposal on behalf of the STP/ICS**

**Lead Contact:**

**Role:**

**Email:**

**Telephone:**

**Identify the names and local contact for the other partners within the STP/ICS supporting the proposal (add more rows if needed).**

**Name of Partner Organisation**

**Name of Local Contact**

**Based upon current level of capacity, expertise and levels of activity in supporting effective learning environments and supervision of healthcare learners give an outline of the aims, plans and timelines for your proposal and indicate the contribution that each partner will make to its shared delivery.**

**Identify the expected outcomes and deliverables of the proposal and how this will contribute to the overall local delivery of effective learning environments and supervision of healthcare learners being supported within your local healthcare system.**

**Declaration (this declaration needs to be completed and signed by an accountable Executive Officer with appropriate organisational authorisation for agreeing to the submission of this proposal on behalf of local partners).**

- **I confirm that should this proposal be supported the funding received will only be used for the activity described by the partners supporting this proposal.**

- I understand that Health Education England has the right to seek the return of any funding, including any unspent allocation, not utilised for the intended purpose.

**Name:**

**Role:**

**Date**

## Resources supporting the development of any local planning

**Clinical Placement Assurance:** HEE in the North has issued a clinical placement assurance toolkit, the purpose of this being for individual provider organisations to identify their minimum baseline placement capacity, the available educator capacity and to help identify opportunities for increasing placement capacity. Currents dashboards are available at

- [North East and Cumbria](#)
- [North West](#)
- [Yorkshire and Humber](#)

**Educator Register:** HEE has enabled via the *Electronic Staff Record system*, the use of an Educator Register. This register enables a recognised competency to be attached to the records of those staff that have undertaken mentorship/assessor training. The competency has been future proofed to ensure recognition of the new terms for supervision and assessment roles expected under the Future Nurse Standards. Guidance and support for implementation is [available](#).

**Flexible Models of Educator Support:** HEE has already provided investment in parts of the North to help stimulate the use of new models of education support and supervision. This has included the development of a toolkit of resources and guidance to implement the [Collaborative in Learning Practice](#) coaching model to strengthen support of learners in practice. to provide more focus and support for enabling additional infrastructure to give the sufficient headroom for partnership of organisations, working across a recognised system level, to implement the use of new supervision models with the clear priority of increasing placement capacity from current placement baseline.

**Supporting the use of a Common Practice Assessment Document:** HEE has provided investment to education partnerships within each of the sub regions within the North to support their planning and agreed adaptation of this assessment document. This support should mean that there will be an agreed version in use in each sub region from September 2019. This will also include the development of a common suite of learning resources and engagement to support placement providers in readiness for the new supervision and assessment standards.

**Development of Shared Healthcare Student Placement Systems:** HEE has provided investment to support a collaboration of education providers within each sub region within the North to review, enhance and strengthen their electronic placement allocation systems. Some of these developments are already at implementation phase (Cheshire and Merseyside) while others are at advanced stage of planning (Pan – Manchester & North East).

**Student Quality Ambassador Network:** Within the North West of England there has been support for the development of the Student Quality Ambassador Network. This network which is managed within the North West on behalf of all education providers within the sub region. This network provides a structured platform and opportunities for students to develop leadership and innovation skills required of a future NHS, enable students to support quality of patient care and to be positive ambassadors for others in seeking to encourage interest in future healthcare education opportunities. Although currently the network is North West specific there is interest by other parts of the North to develop something similar, and HEE will look to see how this might be supported relevant to demand and investment case. As part of the activity plan for 2019-2020, the University of Chester has been asked to consider how the network can be more directly engaged to help capture the student voice, in commenting, informing, innovating and testing potential expansion developments.

**Place Based Pilots:** The North is the first region in the UK to adopt the place based non-medical tariff pilot, across four places The four microsites across the North region are Tameside and Glossop, Cheshire, South Yorkshire & Bassetlaw and Humber, Coast & Vale. For further information about the place based programme of work please contact [hannah.evans@hee.nhs.uk](mailto:hannah.evans@hee.nhs.uk)

