

Safe Learning Environment Charter

What good looks like

February 2024



Contents

Safe Learning Environment Charter	1
Foreword.....	3
Summary.....	4
Background	6
A note on language... ..	6
Introduction	7
Recommendations and solutions	8
Respect and feeling valued.....	8
Positive identity	10
Wellbeing	12
Raising concerns and speaking up	14
Placement induction.....	16
Communication	18
Flexibility	20
Supervision	22
Teaching and learning needs.....	24
Time and space for learning.....	26
Next steps... ..	28
References	29
Appendix 1 - Glossary.....	31
Appendix 2 - Acknowledgements	33



Foreword

The Safe Learning Environment Charter supports the development of positive safety cultures and continuous learning across all learning environments in the NHS. It is underpinned by principles of equality, diversity, and inclusion. The Charter was created in response to healthcare learners' feedback on their clinical experiences in maternity services, set out in the Kirkup (2015 and 2022) and Ockenden (2020 and 2022) reports.

The Charter has been developed through extensive engagement and co-production with colleagues across NHS England and our partners, including learners, educators, leaders, universities, patient representatives and professional regulators.

I want to extend our thanks to all those colleagues who have contributed and engaged so constructively in the development of the Safe Learning Environment Charter and particularly recognise the contribution of our learners to this process. We look forward to seeing the impact of the Charter, not only on the experience of our learners, but also on the quality and safety of care received by our service users and patients.

Navina Evans
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Summary

The Safe Learning Environment Charter (SLEC) aims to strengthen the NHS workforce. It has been developed by over 2482 learners, educators, and key stakeholders in health education.

The Charter is designed for learners and those responsible for supporting placement learning across all learning environments and all professions within them. It is aligned to the NHS People Promise in recognition that learners are vital to the workforce and are included in the promises we must all make to each other, to improve everyone's experience of working in the NHS. The Charter sets out the supportive learning environment required to allow learners to become well-rounded professionals with the right skills and knowledge to provide safe and compassionate care of the highest quality.

Safe Learning Environment Charter

Respect and feeling valued

Learners are respected and feel valued in the learning environment, demonstrated by effective communication and engagement.

Positive identity

Learners are easily identified and viewed positively within the clinical environment.

Wellbeing

Learners understand the importance of physical, emotional, and psychological safety and are aware of services and resources that can support their health and wellbeing.

Raising concerns and speaking up

Learners know how to raise a concern and feel empowered to speak up, knowing that they will be appropriately supported.

Placement induction

Learners receive a placement induction that supports their learning and adequately prepares them for their roles. Placement induction processes are well-established and evidenced to support learners.

Communication

Learners have a clear pathway for support from both the education provider and the placement provider. They know by whom, when and how that support is delivered.

Flexibility

Learner wellbeing and professional development is supported by flexible working and learning practices, both in terms of accessibility to facilities and to forms of educational opportunities.

Supervision

Learners are supported by positive role models and appropriate levels of supervision. Continuity of supervision builds on individual learning needs, develops confidence and proficiency.

Teaching and learning needs

Learners are supported by supervisors who are adequately prepared for the role and understand the underpinning principles regarding how individuals learn in a practice setting. They are recognised as learners rather than workers and enabled to develop towards independent practice.

Time and space for learning

Learners are given time to reflect on and process learning experiences. They receive regular verbal and written feedback, providing opportunities for development and assessment to occur.

Background

In 2022, Health Education England, now NHS England, started a comprehensive programme of work in response to the Kirkup (2015 and 2022) and Ockenden (2020 and 2022) reports on maternity services which highlighted healthcare learners' feedback on their clinical experiences.

The Charter, which started with pre-registration midwifery education, was extended to incorporate the work in the South-west region focusing on multi-professional learners. The evidence gathered from across England demonstrates that the Charter priorities are equally important and relevant to learner cohorts across all professions and applicable to multi-professional learning environments.

The Charter's objectives are to strengthen the workforce by advancing high-quality learning environments, reducing learner attrition, and improving the retention of newly qualified staff.

The programme is aligned with key policy drivers, including:

- [The NHS Long Term Workforce Plan \(2023\)](#) emphasises the importance of nurturing the next generation of the workforce, workforce expansion, reducing attrition and improving retention.
- [The NHS Educator Workforce Strategy \(2023\)](#) sets out actions to increase educator capacity and ensure that educators are adequately prepared for their role.
- [The NHS England Equality, Diversity, and Inclusion \(EDI\) improvement plan \(2023\)](#) presents targeted actions to address the prejudice and discrimination – direct and indirect – that exists through behaviour, policies, practices and cultures against certain groups and individuals across the NHS workforce.
- [The NHS People Promise \(2021\)](#) sets out the themes to describe how we should work together to improve the experience for everyone working in the NHS.
- [The NHS England Education Quality Framework \(2021\)](#) details quality standards for the clinical learning environment and guides quality assurance processes.
- [The NHS Health and Wellbeing Framework \(2021\)](#) sets out the strategic framework for NHS organisations and applies to placement providers.
- [The NHS England Patient Safety Strategy \(2019\)](#) highlights the importance of continuous improvement work for developing effective patient safety systems and embedding a patient safety culture across all care settings.

A note on language...

Throughout this document, we have used inclusive language when referring to cultural diversity. As language changes and evolves, it is important for us to consider making

adaptations to the language we use to ensure that we continue to represent the diverse population.

In line with the [NHS England EDI Improvement Plan](#), we use the term 'disability' as defined in the Equality Act 2010, recognising that the Act's intention is both positive and protective for disabled people. However, we recognise that 'disability' is a dynamic term, within which terms such as 'neurodivergence' and 'neurodiversity' are emerging and changing, including the relationship between neurodivergence and definitions of disability.

Introduction

The Safe Learning Environment Charter is based on a quality review of pre-registration practice-based training and education. It draws on intelligence and data from the learner voice, captured from 181 focus group meetings with 2064 learners and newly qualified staff. The feedback, predominantly received from midwifery learners, was then analysed by the Health and Society Knowledge Exchange (HASKE), which collated the learner voice into ten recommendations that outline the key characteristics of supportive learning environments.

Overall, 418 educators, experts, and other key stakeholders in health education reflected on the recommendations in a series of co-creation events and contributed their ideas and practical solutions on how to implement them. Multi-professional expert panels synthesised the information into a vision for safe, effective, and inclusive learning environments free from bullying and harassment.

The Charter and its associated resources highlight how the integration of learners into psychologically safe teams can be used to support the development of positive safety cultures and foster continuous learning. It is based on the latest research findings and outlines the key requirements of environments designed to help learners thrive. Principles of equality, diversity, and inclusion underpin the priorities, recommendations, and solutions.

Education and placement providers, as well as learners, should work collaboratively on its implementation to ensure that the priorities and solutions are actioned by everyone, everywhere, every day, and so become part of the wider culture.

Recommendations and solutions

Respect and feeling valued

Learners are respected and feel valued in the learning environment, demonstrated by effective communication and engagement.

What does good look like?

Learners should be treated with respect and valued as team members. A supportive environment is one where learners are welcomed into the team, thanked for their contribution, and given regular praise and constructive feedback. Learners' views, opinions, clinical judgement, and prior experiences should be heard to help build their confidence. Learners who are empowered to ask questions and speak for themselves will feel that they are part of a wider organisational culture which is free from bullying and harassment and is inclusive to all team members.

Together, education and placement providers should:

- Celebrate success by offering, for example, monthly learner awards, which could be shared via the educational and/or placement newsletter.
- Plan accessible sessions for learners to provide feedback regarding their placement experience. This could be in the form of drop-in sessions, where scheduled dates are shared in advance to allow learners the opportunity to participate.
- Support reasonable adjustments, where appropriate, for all learners in relation to cultural diversity for example, whether the NHS uniform policy requires adjustments to support people from different cultural backgrounds.

Education providers should:

- Consider facilitating virtual peer support forums so learners can build a safe space to learn and develop from their peers. These should be inclusive for all learners and accessible, considering shift patterns of placements.

Placement providers should:

- Participate in senior leadership walkabouts in clinical areas to provide an opportunity to check in with all learners, ask them about their placement experience, and provide support as required.

Practice supervisors / assessors should:

- Include learners in multi-professional huddles and meetings so that they can see examples of civility and good working relationships in action.
- Recognise that learners need to feel a sense of belonging in the placement area and build trust for psychological safety. Pastoral support or small group supervision may help facilitate this.

Learners should:

- Work with educators, colleagues, and peers to contribute towards an environment free of bullying, harassment, and discrimination.
- Respect and work towards utilising standards of conduct, performance and ethics promoted by professional and regulatory bodies.

Good practice example

#MoreThanTheStudent - Promoting Student Identity

Starting with a local survey for adult nursing students, #MoreThanTheStudent went global and involved learners from 26 professions. The project focused on the need for the student to be known by their name as a fundamental step towards feeling valued and part of the team.

The project team promote initiatives that eliminate the use of the student. One of their ideas, the picture postcard, encourages students to introduce themselves in a few bullet points to their placement contact before the start of their placement. The postcard can be displayed and publicised across teams at the placement provider organisation before learners arrive and throughout their placement.

Positive identity

Learners are easily identified and are viewed positively within the clinical environment.

What does good look like?

Learners are the workforce of the future, and they should feel appreciated and recognised for their contribution. Learners are individuals who may have protected characteristics (age, disability, gender reassignment, marriage or civil partnership, pregnancy and maternity leave, race, religion or belief, sex, sexual orientation). They should feel a sense of identity as individuals and learners.

For learners, establishing a sense of belonging may be challenging due to the transient nature of clinical placements. Everyone is responsible for ensuring learners are viewed positively and their contribution to the NHS and wider healthcare is appreciated.

Together, education and placement providers should:

- Recognise that everyone has a responsibility to ensure the next generation of staff are given every opportunity to succeed.
- Ensure processes and policies are in place to support the individuals with protected characteristics.
- Ensure all learners have a name badge for the start of their first placement with the learner's preferred name on it. Names should be pronounced correctly, and preferred pronouns should be used.
- Provide uniform which clearly identifies learners and have consideration for how they are identified when wearing scrubs for both learner and patient safety. Where scrubs are required, they should be available to be inclusive of all learners' requirements.
- Ensure that all cultural differences are recognised and celebrated, and that support offered to learners is inclusive.
- Provide international learners and learners within culturally diverse communities with adjustments to support specific cultural holidays.

Learners should:

- Feel empowered to speak up if their name is not pronounced correctly or incorrect pronouns are used.
- Feel empowered to participate in the learner community in placement areas actively.
- Embody the NHS values and behaviours, as well as the values of their placement providers.

Good practice example

SSHINE (Sharing Student Healthcare Initiative for Neurodiversity and Equity) - Sharing Student Healthcare Initiative for Neurodiversity and Equity

Nominated for the National Diversity Awards 2023 for actively promoting positive role models, SSHINE is a student initiative to support and advocate for neurodivergent students in healthcare. Their objective is to raise awareness for the strengths neurodivergent students can bring to clinical placements and highlight their potential and contribution to patient care.

The SSHINE team has produced a toolkit and a Guide to Practice-Based Learning for Neurodivergent Students to support all involved in making clinical practice environments safe and inclusive for neurodivergent individuals to grow and evolve.



Wellbeing

Learners understand the importance of physical, emotional, and psychological safety and are aware of services and resources that can support their health and wellbeing.

What does good look like?

A healthy working environment is one with kind and supportive staff who proactively support learners. Supervisors and assessors must recognise their role in promoting a psychologically safe environment. Supervisors and assessors should support learners to adjust to practice placements in the clinical environment, with manageable workloads appropriate to their level of proficiency and level of training. This will enable the future workforce to practice in a psychologically safe way.

Together, education and placement providers should:

- Work with learners who may require additional wellbeing support, utilising agreed processes such as reasonable adjustment plans, Occupational Health (OH) assessments and fitness to study.
- Where applicable, ensure all learners are familiar with the lone working policy to prioritise their safety while working in patients/clients' homes for community-based placements.

Practice supervisors / assessors should:

- Offer regular opportunities to check in with learners to enable them to reflect upon recent experiences, worries or concerns.
- Support the learner to develop their mechanisms, engaging with and utilising others for their emotional support and wellbeing.
- Ensure learners know from whom to get support when they need it.
- Recognise when learners need additional pastoral support and offer debriefing and opportunities to process experiences which are challenging and sometimes traumatic. Supervisors and Assessors should collaborate with the Education Provider where learners experience incidents and utilise established processes.

Placement providers should:

- Include learners in organisational health and wellbeing offerings and events.

Learners should:

- Take responsibility for identifying their own learning and wellbeing needs and seeking help through established mechanisms.

Good practice example

Reflection space: a pilot scheme trailing small-group psychological support and reflection for second-and third-year midwifery students in London.

Small group support and reflection sessions were delivered online for 2nd and 3rd year students, facilitated by external clinical psychologists. The aim was to help students manage the emotional impact of midwifery training to aid retention as part of the RePAIR (Reducing Pre-registration Attrition and Improving Retention) programme. The students expressed how helpful the reflection space groups were. The groups enabled students to reflect on and process their experiences. Following the groups, students reported having a clearer mind and feeling safe. In addition, there was a change in their confidence. Students felt validated through being empowered to talk openly.

SMILE - Student-led peer support network - University of Southampton

A third-year midwifery learner developed the SMILE support network to provide support for first- and second-year learners. Some of the benefits of implementing the peer support network are:

- enhancing peer learning
- developing the learner's confidence
- creating a safe line of communication
- facilitating psychological safety.

Peer support was planned to ensure that buddies were appropriately paired. Feedback following the first six months was positive and passing this on to the Midwifery Society (MidSoc) will enable future learners to benefit from the same support and opportunities.



Raising concerns and speaking up

Learners know how to raise a concern and feel empowered to speak up, knowing that they will be appropriately supported.

What does good look like?

An open environment where speaking up and listening are encouraged improves safety and patient experience. It also contributes towards learner engagement and enhanced wellbeing. Learners often have unique insights into work and learning environments and can offer valuable, new perspectives on workplace culture, both in terms of patient safety and interpersonal/inter-professional behaviours.

When learners feel that their feedback matters and is acted on, they become more committed to improving the clinical environment. An organisation that actively promotes the duty of candour and supports its people when concerns are raised is more likely to retain its staff and enable them to provide a good quality of care.

Together, education and placement providers should:

- Demonstrate a zero-tolerance approach to incivility, including any forms of bullying or harassment.
- Ensure robust processes for raising concerns are implemented and embedded across clinical placements and the academic learning environment. Processes should be documented in an accessible format and be shared with learners. Organisations could consider developing flowcharts, infographics, posters, and handbooks which use inclusive language to illustrate processes for raising concerns. Learners' concerns should be responded to appropriately to close the feedback loop.
- Ensure governance structures and processes are in place to allow concerns to be appropriately managed and escalated to the relevant organisations or regulatory bodies as required.
- Ensure that everyone within the clinical placement environment is free to speak up with their concerns.
- Ensure learners are aware of the services available to them should they require further support with raising concerns. Signposting to services such as the Freedom to Speak Up Guardian could be made available in induction packs, on posters, newsletters, notice boards or other media platforms.
- Ensure those in educator roles are aware of the processes and policies in place across both placement and education providers and the interdependencies between them to allow concerns to be effectively acted upon.
- Offer appropriate training to those in educational roles regarding the freedom to speak up. This can reduce barriers and promote positive attitudes to raising concerns with learners.
- Offer a dedicated, safe space for learners to raise concerns in confidence. Considerations should be given to the mechanisms used to capture concerns to ensure that they are inclusive to the

learner populations within the clinical and academic environment. Operating an open-door policy, providing an opportunity at daily check-ins, and offering protected time for learners to share issues provide reassurance that their voice is important and is being heard.

- Ensure that everyone understands their responsibility in role modelling good behaviours. For example, demonstrating how to address issues respectfully to enable an open dialogue.
- Ensure that there are effective communication mechanisms between learners, education providers, and placement providers to facilitate effective information flow and actions for improvement.

Practice supervisors / assessors should:

- Feel supported and empowered to raise or escalate concerns with the relevant individuals or organisations about learners in difficulty or learner conduct using agreed policies and processes.
- Work on further developing their understanding of how to build psychologically safe learning environments.

Learners should:

- Ensure that concerns are raised in a timely manner so that they may be appropriately acted upon by the relevant individuals and / or organisations.
- Utilise resources, support services and forums offered by placement and education providers when concerns have been raised.

Good practice example

Purple Flag- online alert system to raise concerns - University Hospital Dorset NHS Foundation Trust

The Purple Flag is a simple intranet contact form which alerts the learning team to make a discrete and timely visit to the placement area or individual learner. The aim is to de-escalate, resolve, and mitigate the impact of the issue or incident. As a large, multi-site trust, monitoring every learner's experience on every placement day is impossible, so the Purple Flag is a valuable tool. Raising a Purple Flag is most effective if it is done at the time of the issue or concern. It allows the team to act upon the alert quickly and effectively.

Placement induction

Learners receive a placement induction that supports their learning and adequately prepares them for their roles. Placement induction processes are well-established and evidenced to support learners.

What does good look like?

Preparing learners for a new placement enhances their entire experience and is particularly important in the first year of their education programme. An effective placement induction welcomes and supports learners into the clinical environment, creating a positive learning foundation. It helps learners appreciate their role and their colleagues' roles, making learning safer for them and the patients they care for. A well-designed placement induction has the potential to direct and stimulate a learner's professional conduct, support their wellbeing, and boost their sense of belonging.

Together, education and placement providers should:

- Offer pre-placement engagement sessions to welcome new learners. This may include hosting a meet-and-greet event which invites placement educators, the senior clinical team, heads of service and current learners to meet with new starters. This may help to settle any anxieties or worries before learners enter the clinical environment.
- Provide learners with appropriate signposting to support services. This may include financial support and health and wellbeing services.

Placement providers should:

- Provide appropriate and up-to-date resources to allow learners to familiarise themselves with the placement area. This may include departmental welcome packs to share key information with learners.
- Ensure that learners are suitably prepared for their time within the clinical environment by offering an induction to the department and the placement areas. The induction should include all learners' needs to encourage an early sense of belonging within the organisation. For example, an organisation should adjust the induction process appropriately to accommodate the needs of learners with disabilities. A bespoke orientation event could also be offered for international students to learn about the NHS and to support them with settling into the local area.
- Ask all learners to share formal feedback regarding the induction that they received. Additional consideration should be made to ensure that those with protected characteristics can participate in this process. Feedback provided should be appropriately acted upon to ensure that the process is improved for future learners.
- Ensure that the senior leadership team are visible to learners from the start of their placement. This could be achieved by attending their induction to welcome learners to the organisation.
- Provide practical clinical skills sessions where appropriate. These could be jointly facilitated by education and placement providers.

- Encourage learners to take advantage of the support and networking opportunities available. This might include signposting to peer support groups or informing them about university societies they can join.

Learners should:

- Ensure that they attend the induction opportunities made available by placement and education providers.
- Communicate as early as possible if they cannot attend the induction event so that alternative arrangements can be made.
- Actively participate in any initiatives offered by education and placement providers to improve the induction process for future learners.

Good practice example

Extended induction for international learners - Great Western Hospital NHS Foundation Trust

The extended induction was introduced to support colleagues who are new to the NHS. The aim is to offer support to their basic understanding of the work in the department, as well as settling in from day one. The hospital tour makes them feel more welcome.

In addition, to support learners and international staff new to the NHS, the midwifery team organises a PROMPT (Practical Obstetric Multi-Professional Training) Simulation on their first day. This includes a session on how to open a delivery pack and a tour of the unit (locker area and staff rooms). Learners are given contact details for off-duty queries, including shift changes, or arising issues.

Communication

Learners have a clear pathway for support from both the education provider and the placement provider. They know by who, when and how that support will be delivered.

What does good look like?

Effective communication between education providers and placement providers is vital for both academic and practice placement learning. Communication should reinforce and support an environment where learning is reflective and collaborative. Education providers who make themselves available to learners by offering welfare support and practical and academic support will empower learners to develop confidence and improve wellbeing.

Together, education and placement providers should:

- Plan sessions, held jointly by education and placement providers, to provide input and additional learning opportunities for learners and supervisors / assessors.
- Ensure learner display boards are maintained and offer key information including signposting to policies, support services, key contact details, and providing advance notice of education visits. Learners can be involved in the upkeep of display boards to demonstrate co-ownership of the space whilst on placement.
- Role model professional styles of communication whilst maintaining professional boundaries. This includes verbal, informal and formal written communication and using social media platforms. Learners should see examples in everyday practice of communicating well and effectively.
- Develop constructive solutions for learners to communicate with placement and education staff, which mutually respects professional and personal boundaries.

Education providers should:

- Provide in-person support to learners and supervisors in the placement environment. Ad-hoc input by the education provider may reduce the chances of small queries escalating.

Placement providers should:

- Ensure regular learner forums are held with senior leaders in attendance. For example, joint decision-making councils can collaborate between education and placement providers to develop quality improvement solutions.
- Share suitable internal communications about patient safety, advances in practice and common themes with learners. Group emails to all learners updated annually allow email communications to be forwarded easily.

Learners should:

- Complete local placement surveys and the National Education and Training Survey (NETS) to provide honest feedback about placement experiences. This feedback is utilised in the quality

monitoring process. Some learners may also wish to participate in student councils and represent the learner body. Where an individual does so, they should expect to be positively encouraged to fulfil this role by both placement and education providers.

Good practice example

Single point of contact for learners - Hull University Teaching Hospitals NHS Trust

An email mailbox was created for learners to contact placement areas within midwifery with shift change requirements, questions, and any challenges they faced with evidencing or signing off proficiencies. Several relevant leaders manage the mailbox; this ensures that emails are responded to and actioned when staff are on annual leave. Learners know the expected time frame for a response and respect this.

An unexpected outcome of this mailbox has been that learner welfare and wellbeing can be identified as leaders notice trends such as frequent shift swaps and can investigate the underlying causes further in a sensitive manner, with the individual offering early support if needed.

Flexibility

Learner wellbeing and professional development are supported by flexible working and learning practices, both in terms of accessibility to facilities and to forms of educational opportunities.

What does good look like?

A flexible approach to education and training provides conditions for learners to thrive and succeed. It may contribute towards addressing workforce shortages, attract new joiners, and improve retention of current learners and educators.

Flexible arrangements can reduce stress for those who may need to manage complex demands on their time and could be a mechanism to help cope with the financial pressure of being in full or part-time education. It can contribute towards achieving a better work-life balance and positively impact morale and satisfaction, fostering increased learner engagement and commitment to delivering the best patient care. Learners need to consider that consistency of supervision may be impacted to meet flexibility requirements.

Together, education and placement providers should:

- Embrace emerging supervision models, including direct and indirect supervision, coaching, and student-led models. These models can offer more flexibility in learners gaining experience and building confidence.
- Offer learners the same level of compassion that is available to substantive staff. Also, providing as much flexibility as possible within their programme requirements when they face personal challenges such as financial hardship, family emergencies and external caring responsibilities. Often, slight changes can make a difference.

Education providers should:

- Where possible, consider not having academic assessments scheduled when learners are in clinical practice.
- Consider the academic workload of learners during placements. Learners' ability to focus on practice learning should not be hindered by competing academic assessment deadlines where possible.

Practice supervisors / assessors should:

- Be supportive of flexible working arrangements.

Learners should:

- Expect to experience shifts across the 24 hours during their programme and develop an understanding of the demands of their chosen profession.

Good practice example

Central rostering system for learners- University Hospitals Southampton NHS Foundation Trust

Learner rosters are completed centrally by a rostering team using an online platform. This allows learners to be treated equitably and receive their rotas promptly. Learners can plan time off and make requests, allowing for improved communication and placement learning expectations. The central rostering team specialises in this system, saving a lot of education and placement supervisors time to spend supporting learners. The model has built-in safeguards to monitor learners' mental health and wellbeing by flagging up to the placement education team if learners are not attending shifts. Timely support can then be provided to learners as required.

Supervision

Learners are supported by positive role models and appropriate levels of supervision. Continuity of supervision builds on individual learning needs, develops confidence and proficiency.

What does good look like?

Practice supervision in healthcare settings is a balance between providing freedom to explore continuity of care as a learner whilst maintaining patient safety. Supervisors should be recognised and valued as facilitators of learning, generously sharing their knowledge in a two-way process with learners. Building trust between supervisors and learners enables consistency and continuity of supervision, enhancing the learning experience during clinical placements. By working together, the learner can develop clinical confidence, and the supervisor / assessor can provide a fair assessment to advise on the direction for further development.

Together, education and placement providers should:

- Collaborate to maximise the experience of the learner. Education and placement providers should plan practice learning and education together to keep both organisations current and relevant.
- Provide robust processes to support supervisors to ensure their training needs are met and ongoing support is available.
- Facilitate peer support networks for supervisors / assessors, communities of practice and provide pastoral support.

Education providers should:

- Develop guides to summarise each year of curriculum content for supervisors, so they have realistic expectations of learners' theory base.

Placement providers should:

- Consider the utilisation of an electronic roster (e-roster) to allow more straightforward allocation of practice supervisors to learners and manage placement capacity whilst preparing learners for the reality of the workplace and enabling fair allocation of learners to supervisors.
- Support supervisors' wellbeing. If supervisors need a break from supporting learners, there should be a mechanism to do this without detrimental impact on the supervisor or learner.

Practice supervisors / assessors should:

- Ensure that effective communication between supervisors is established to provide the consistency that learners need. Inclusion of the learner in communication is the gold standard that demonstrates transparency.
- Consider the levels of supervision required for learners and how this will change as they increase in proficiency and confidence.
- Be familiar with their professional standards to support learners developing towards these.

Learners should:

- Feel empowered to organise their learning opportunities by communicating with the supervisor. This communication can include both personal learning needs and what is required by the curriculum for competent clinical practice.
- Set themselves learning objectives each day/shift and communicate objectives to their supervisor.
- Have regular check-ins with their supervisor in the clinical learning environment to ensure objectives are achieved where possible and develop new ones as they arise.
- Undertake shadowing days with service leaders, for example, to learn the value of collaboration between different team members and across professions.

Good practice example

Lecturer Practitioner role – Bournemouth University

Employed for one day a week by Bournemouth University, the lecturer practitioner is based at Somerset NHS Foundation Trust to support midwifery students in practice. Activities include teaching practical skills, facilitating Objective Structure Simulated Examination (OSSE's) and induction days, and the Standards for Student Supervision and Assessment (SSSA) sessions for clinicians and learners. The role supports the trust's team of supervisors by providing clinical practical training, portfolio guidance, educational supervision, and pastoral care. The lecturer practitioner strengthens regular communication between trust educators, students, and university staff by organising quarterly Practice Academic Liaison meetings.

Teaching and learning needs

Learners are supported by supervisors who are adequately prepared for the role and understand the underpinning principles regarding how individuals learn in a practice setting. They are recognised as learners rather than workers and enabled to develop towards independent practice.

What does good look like?

To maximise learning opportunities, supervisors and assessors need to be motivated to facilitate learning in practice and be well-prepared for the role. Supervisors and assessors should recognise excellent role models' positive impact on learners. This enhances the learner's experience and allows confidence and proficiency to develop as their programme progresses.

Where learners hold supernumerary status, it is important that they maintain this status and are not used for service provision. There should be many opportunities to develop knowledge and a range of skills, with the ability to reinforce this over time to embed learning.

Together, education and placement providers should:

- Provide preceptorship packages, which include supervisor training. Considering when it is appropriate to introduce early career professionals to undertake the supervisor role to build on preparation for this role received during pre-registration programmes.
- Offer ongoing support and training to staff, including but not limited to topics such as psychological safety, emotional intelligence, effective communication, reflective learning cycles, moral injury, cultural sensitivity, trauma-informed care, neurodiversity, how to give feedback and escalation processes.
- Ensure that materials and models used for simulation and teaching purposes represent diverse populations (e.g., varying skin tones). This impacts patient safety where clinical presentations of some conditions differ on diverse skin tones but also in terms of the overall cultural acceptance within healthcare.
- Schedule simulation sessions to allow consolidation of learning, improve competency and drive performance quality.
- Consider using dynamic and varied education methods such as reusable learning objects and facilitated discussions.

Placement providers should:

- Ensure that learners whose supernumerary status is a regulated requirement maintain this learner status and are not utilised as a member of the workforce. This allows sufficient time to maximise learning opportunities and consolidate learning and learning needs.
- Provide robust systems to monitor and provide assurance of the training needs of supervisors and assessors.
- Encourage taking regular breaks. Learners and supervisors should be able to take breaks simultaneously rather than covering each other's breaks to demonstrate the learner's supernumerary status clearly.

- Facilitate the upskilling of staff in the clinical skills required of the learners in that environment if required.
- Incorporate discussions on the importance of the supervisor and assessor roles within staff annual performance reviews to embed them as part of all substantive roles.

Practice supervisors / assessors should:

- Ensure that the supervision is supportive, compassionate, and led by example.
- Be aware that learners have different learning styles and be responsive to this to meet their needs.
- Use the wider multi-disciplinary team to provide learning opportunities. This may be in the form of shadowing, observing, or scribing to support and consolidate a learner's knowledge.
- and assist learners in developing learning objectives and the actions required to meet their needs.

Learners should:

- Recognise that skills require repeated exposure and practice for proficiency to develop.
- Understand their learning styles and needs and communicate them to supervisors as required.
- Be proactive in seeking out learning opportunities to meet their objectives.
- Participate in Trust led mandatory training, governance and audit meetings and quality improvement meetings if available to understand the processes that underpin safe practice.

Good practice example

North West Anglia NHS Foundation Trust - Learner huddle

Learners come together every weekday for 15-20 minutes in a private space. The learner huddle aims to facilitate learners to have their voices heard. This is attended by the manager of the day, the head of midwifery, and the education team, who will drop in on different days. They discuss whether they have been allocated someone to work with and their learning needs for the day and are encouraged to share any issues they wish to raise. In addition, they celebrate success and share good practice ideas. These benefits are breaking down barriers, allowing learners to feel psychologically safe and empowering them to speak to any team members.

Time and space for learning

Learners are given time to reflect on and process learning experiences. They receive regular verbal and written feedback, providing opportunities for development and assessment to occur.

What does good look like?

Protected time and space dedicated to providing good quality feedback, reflection and/or debriefing supports learners to feel safe in a learning environment. It is important to provide opportunities to develop skills and knowledge with the ability to reinforce this over time and across practice. Regular, informal feedback, both positive and constructive, helps learners identify their educational needs and consider how they can progress, where formal feedback is essential for fair assessment processes.

Together, education and placement providers should:

- Allocate placement learning hours outside of statutory breaks for learners to focus on identifying their practice learning needs, complete placement documentation and access learning facilities. This will aid the consolidation of learning and narrow the practice theory gap.
- Commit to maximising learning opportunities by providing 'ask an educator' sessions, learner clinics, feedback Fridays, learning from excellence sessions and journal clubs to support local orientation placement documentation issues.
- Consider that learners need to use IT (Information Technology) facilities for the completion of digital placement documentation. IT facilities should be available to learners in clinical areas, so learners do not have to rely on personal devices.

Placement providers should:

- Offer dedicated educational areas for learners to practice their skills.
- Roster learners across all available shift patterns to allow for learner-to-staff ratios to be optimised.
- Use equitable rostering to allow parity in access to facilities not available 24 hours a day, such as learning hubs and full library services.

Practice supervisors / assessors should:

- Ensure that learners have opportunities to practice all the profession's requirements, including developing skills in clinical systems and record keeping.
- Recognise that some learners may have greater needs, such as those with disabilities or international learners, and may require support and time to achieve in the same environment.
- Commit to providing verbal feedback at an appropriate time, matched with written feedback in a time scale that allows the learner to utilise and develop from it to support assessment processes.
- Provide feedback that is of sufficient quality and content to support the assessor in determining the learner's progression and achievement.

Learners should:

- Take advantage of all learning opportunities and seek learning to develop their practice.
- participate in sharing learning and knowledge with placement staff and peers on placement through journal clubs, for example.
- Actively seek feedback from their supervisor and other staff, offering learning opportunities. Putting this into practice to evidence their learning.

Good practice example

Yeovil Hospital, Somerset NHS Foundation Trust – Learner forums

Regular forums for learners have been set up bi-monthly and added to the rosters to allow learners to attend. These forums feature topics chosen by learners in advance. Senior midwives are welcome to participate, and this provides an opportunity to meet over a cup of tea and chat about any concerns. Learners on duty are actively encouraged by staff members to attend.

Next steps...

The Charter is a call to action for education and placement providers, educators, and learners. Their commitment to jointly embed its priorities and recommendations across organisations will bring the charter to life.

Efforts to implement the charter should be integrated into organisations' medium- and long-term planning, with monitoring processes implemented to assess and measure their impact.

The golden threads running through the charter are EDI, patient safety, and psychological safety. Projects and initiatives to implement the Charter's priorities should be linked to ongoing work in these key areas to exploit synergies and strengthen their impact.

Relevant networks, interest groups, platforms, including the Freedom to Speak Up Guardians, learner forums and staff councils, EDI networks, wellbeing associations and widening participation groups, should draw on synergistic charter themes and their resources.

Resources and examples of good practice to support the implementation of the charter are collated on the [learning hub](#). The hub's content will continuously grow and improve to provide a platform that inspires initiatives and collaborations.

The Charter will feed into projects to identify key principles for preparing practice supervisor, practice assessor and academic assessor for registered midwives in England. Work will include the development of a national approach to coaching in midwifery education and supporting the implementation of coaching models.

The charter will contribute towards projects aimed at wider multi-professional learners to identify key principles for the other priority workstreams. This includes, but is not limited to, the delivery of the NHS Long Term Workforce Plan, realising Our NHS People Promise and the NHS England Education Quality Framework.



References

Fair, F., Soltani, H., Higginbottom, G. and Oddie, S. (2023). *Review of neonatal assessment and practice in Black, Asian, and minority ethnic newborns Exploring the Apgar score, the detection of cyanosis, and jaundice*. [online] Available at: <https://www.nhsrho.org/wp-content/uploads/2023/07/RHO-Neonatal-Assessment-Report.pdf> [Accessed 31 July 2023].

HASKE report (2023) This reference will need to be added once we know where the report will be hosted.

Health Education England. (2017). *Quality Framework*. [online] Available at: <https://www.hee.nhs.uk/our-work/quality> [Accessed 31 July 2023].

Health Education England. (2022). *The National Education and Training Survey (NETS)*. [online] Available at: <https://www.hee.nhs.uk/our-work/quality/national-education-training-survey-nets> [Accessed 31 July 2023].

Kirkup, B. (2015). *The Report of the Morecambe Bay Investigation*. [online] Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/408480/47487_MBI_Accessible_v0.1.pdf [Accessed 31 July 2023].

Kirkup, B. (2022). Reading the signals. Maternity and neonatal services in East Kent. *The Report of the Independent Investigation*. [online] Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1111992/reading-the-signals-maternity-and-neonatal-services-in-east-kent_the-report-of-the-independent-investigation_print-ready.pdf [Accessed 23 August 2023].

NHS England (2019). *The NHS Patient Safety Strategy*. [online] NHS England. Available at: <https://www.england.nhs.uk/patient-safety/the-nhs-patient-safety-strategy/> [Accessed 31 July 2023].

NHS England (2021a). *NHS health and wellbeing framework*. [online] NHS England. Available at: <https://www.england.nhs.uk/publication/nhs-health-and-wellbeing-framework/> [Accessed 23 August 2023].

NHS England. (2021b). *The People Promise*. [online] Available at: <https://www.england.nhs.uk/our-nhs-people/online-version/lfaop/our-nhs-people-promise/the-promise/> [Accessed 31 July 2023].

NHS England (2023a). *Educator Workforce Strategy 2 Educator Workforce Strategy*. [online] NHS England. Available at: <https://www.hee.nhs.uk/sites/default/files/EducatorWorkforceStrategy.pdf> [Accessed 31 July 2023].

NHS England. (2023b). *Long Term Workforce Plan*. [online] Available at: <https://www.england.nhs.uk/long-read/accessible-nhs-long-term-workforce-plan/#:~:text=This%20Plan%20sets%20out%20modelling> [Accessed 31 July 2023].

NHS England. (2023c). *equality, diversity, and inclusion improvement plan*. [online] Available at: <https://www.england.nhs.uk/long-read/nhs-equality-diversity-and-inclusion-improvement-plan/> [Accessed 31 July 2023].

Ockenden, D. (2020). *Emerging Findings and Recommendations from the Independent Review of Maternity Services at the Shrewsbury and Telford Hospital NHS Trust*. [online] Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1064302/Final-Ockenden-Report-web-accessible.pdf [Accessed 23 August 2023].

Ockenden, D. (2022). *Findings, Conclusions, and Essential Actions from the Independent Review of Maternity Services at the Shrewsbury and Telford Hospital NHS Trust*. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1064302/Final-Ockenden-Report-web-accessible.pdf [Accessed 31 July 2023].



Appendix 1 - Glossary

Coaching is when two or more learners are supervised together by one practice supervisor who uses a coaching approach. The practice supervisor uses a questioning or problem-based approach to enable the learners to identify their learning objectives. The learners then plan, implement, and evaluate care under the supervision of the practice supervisor, with the senior learner facilitating the junior learner(s) to learn.

Communities of practice are people who share a concern or a passion for something they do and learn how to improve on it by interacting regularly.

Education provider is the contracted provider who undertakes educational provision services and is an education provider of academic studies, including but not limited to a Higher Education Institute, further education provider, or an education and training organisation.

Educator is a person who supports learners to meet their learning outcomes. This term refers to practice supervisors, assessors, and Higher Education Institute supervisors.

Learner is an individual undertaking a programme of study leading to a health or social care qualification, which normally leads to professional registration with their regulatory body. A learner refers to both students and trainees, undergraduate and postgraduate, including internationally or domestically recruited.

Neurodiversity is a term used to explain the unique ways people's brains work. Being neurodivergent means having a brain that works differently from the average or neurotypical person.

Placement provider is sometimes known in different contexts as clinical or work-based placement. A placement provider is usually, but not limited to, an NHS trust, NHS foundation trust and other organisations that form part of the NHS or who deliver placement learning funded by the NHS. For the NHS Education Contract, this includes the independent and voluntary sectors (but only placements which are funded and/or managed by NHS England).

A practice assessor is a person who provides an evidence-based, objective, and fair assessment of the learner's practice and academic learning. A fair and evidenced-based assessment ensures that a reasonable decision is made, and that public protection is upheld. Students will only be suitable for registration with us if they meet safe and effective practice requirements.

Practice supervisor is defined as a person providing suitable supervised clinical, practical, or other learning experiences in a workplace environment. The activities undertaken will define the relationship between a placement supervisor and a learner. These activities focus on the learning pathway. This includes providing support, coaching and guidance to ensure that curriculum aims and objectives are being met. Placement supervision usually involves

making summative judgments of the learner's competence to meet their professional regulatory standards.

Supervision defines the relationship between a clinical supervisor and learner to improve and maintain the learner's clinical practice. This includes but is not limited to, supporting guided learning, monitoring progress, and providing direction and feedback in the context of a clinical role in the care of patients and/or working within a team.

Reusable learning objects (RLOs) are defined as any digital objects that can be used to fulfil specific learning objectives for a course or in a classroom scenario. The reusable aspects mean that they are considered generic and useful enough to be used in multiple fields of study and courses. An RLO (Reusable learning objects) could be a YouTube clip, audio file, Video, PowerPoint slide or movie clip.

Supernumerary status is the act of learners not being counted as part of the workforce when they are learning in a clinical setting.



Appendix 2 - Acknowledgements

First and foremost, we extend our deepest thanks to all our learners who have worked with us to identify a clear vision for continual improvement. We are truly grateful for your input and are committed to continuously improving your experience.

We would also like to express our heartfelt appreciation and gratitude to all the stakeholders and colleagues from across the system who have engaged with and contributed to the successful completion of the Safe Learning Environment Charter. Your invaluable support, guidance, and collaboration have been instrumental in shaping the outcomes presented here. This includes:

- Education and placement providers
- Health and Society Knowledge Exchange (HASKE)
- Internal regional and national NHS England Workforce Training & Education directorate colleagues
- Lead Midwives for Education
- Multi professional educators from the South West region
- Postgraduate medical colleagues
- Regulatory bodies
- The Expert Advisory Group for SLEC
- The team of Quality Improvement Senior Project Managers

On behalf of the entire team, we express our deepest gratitude to each and every one of you for your trust, partnership, and unwavering support. Your involvement has enabled us to achieve our goals and has inspired us to strive for even greater heights. We look forward to continuing this fruitful relationship and to creating a brighter future together.

