

# Why Training Fails in Regulated Environments.

Peer-reviewed research, government audit findings, and regulator reports that validate a different approach to high-stakes training interventions.

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# The Structural Failure of the Day-Rate Model

The corporate training industry operates on a broken incentive structure. For decades, the model has remained unchanged: a supplier charges a day rate to deliver a curriculum, staff sit in a room, and the supplier leaves. In unregulated environments, the consequence of this model failing is simply a dip in productivity. In regulated environments, the stakes are entirely different. When training fails to translate into behaviour change in healthcare, banking, or utilities, the consequences are measured in regulatory enforcement, public safety risks, and catastrophic financial loss.

This document outlines the evidence proving that standard training interventions are fundamentally inadequate for high-stakes environments. The failure is not anecdotal; it is structural, evidenced by three compounding realities:

## **Cognitive deletion is the default.**

Research indicates that up to 80% of course content is forgotten within a month without deliberate reinforcement. Organisations are paying for content that will not be retained.

## **Incentives are misaligned.**

The traditional pay-per-day contractor model creates a structural incentive for agencies to work at the client's pace and bill for longer engagements. No one in the supply chain is financially rewarded for delivering rapid, permanent behaviour change.

## **Complexity is underestimated.**

Regulated environments introduce psychological resistance, neurodiversity requirements, and compliance obligations that generic training methodologies are not designed to address.

The cost of this misalignment is material and well-documented. The National Audit Office's review of the NHS National Programme for IT concluded that £2.7 billion in public expenditure did not represent value for money, explicitly citing poor staff adoption and inadequate training support as critical contributing factors.

Experienced Training Ltd operates on a fundamentally different model. We do not sell day rates. We deploy fixed-price, outcome-based emergency interventions for organisations facing critical training or adoption failures. We address the psychological resistance in the room, we design for the one-in-five workers who are neurodivergent, and we remain engaged until the defined competency metric is achieved.

Healthy scepticism is an asset in procurement. This document provides the peer-reviewed research, government audit findings, and regulator reports that validate our approach. We invite scrutiny.

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# Six Findings Every Training Buyer Should Know

High-level statistics from peer-reviewed research, government audit reports, and major workforce surveys.

<p><b>80%</b></p> <p><b>of course content is forgotten within one month without reinforcement.</b></p> <p><i>Ebbinghaus / AAMC 2024 RCT (n=26,258)</i></p>	<p><b>75%</b></p> <p><b>of global knowledge workers are now using AI at work.</b></p> <p><i>Microsoft &amp; LinkedIn Work Trend Index 2024</i></p>	<p><b>£2.7bn</b></p> <p><b>NHS IT spend judged not value for money — poor adoption cited.</b></p> <p><i>National Audit Office — NPfIT Review</i></p>
<p><b>£255m</b></p> <p><b>net cost from a project projected to save £159m — adoption failure.</b></p> <p><i>NAO — Government Shared Service Centres</i></p>	<p><b>1-in-5</b></p> <p><b>workers in your organisation are likely neurodivergent.</b></p> <p><i>CIPD 2023 / British Dyslexia Association</i></p>	<p><b>49%</b></p> <p><b>of employees admit using AI tools without employer approval.</b></p> <p><i>BlackFog Enterprise Survey 2026 (n=2,000)</i></p>

# The Compliance Precedent for Ungoverned Technology

The introduction of generative AI into the workplace is not merely a technological shift — it is a governance crisis in progress. History demonstrates consistently that when organisations fail to provide functional, compliant tools, frontline staff improvise. They route critical workflows through unvetted consumer applications to get the job done. Regulators do not accept operational expediency as a defence.

Consumer AI tools — public ChatGPT accounts, personal Copilot subscriptions, or any LLM accessed outside the organisation's approved environment — represent an identical risk profile to the unauthorised WhatsApp usage already prosecuted by UK regulators: unmonitored, ungoverned, and sitting entirely outside the organisation's Information Governance framework.

## Financial Services: The £5.41m Enforcement Precedent

In August 2023, Ofgem fined Morgan Stanley & Co. International plc £5.41 million for failing to prevent wholesale energy traders from conducting transactions via private WhatsApp accounts. Critically, Morgan Stanley had policies explicitly prohibiting WhatsApp usage. The regulator ruled that the firm had not taken 'sufficient reasonable steps' to enforce those policies — establishing that a documented policy is not, in itself, a sufficient compliance control.

The FCA mirrored this position in Market Watch 66 (2021), warning that unmonitored encrypted applications 'can present significant compliance risks' and noting prior enforcement action against individuals for sharing confidential client information via consumer messaging apps. The regulatory direction of travel is unambiguous: technology governance requires operational enforcement, not simply written policy.

## Healthcare: The Patient Data Breach Pattern

In August 2023, the Information Commissioner's Office issued a formal reprimand to NHS Lanarkshire after staff shared patient data in WhatsApp groups on more than 500 occasions between April 2020 and April 2022. Twenty-six members of staff transmitted patient names, addresses, telephone numbers, and clinical photographs via an unsecured consumer application.

The ICO found that the board had carried out no assessment of the data protection risks. This case is directly analogous to the risk posed by clinical staff using public LLMs to summarise patient notes or draft clinical communications outside an approved Microsoft environment. The risk vector is identical; only the tool has changed.

## Public Sector: The Catastrophic Cost of Ignoring Adoption

The NAO's review of the NHS National Programme for IT concluded that £2.7 billion of public expenditure did not represent value for money, citing insufficient engagement with clinical staff and a focus on technology deployment rather than behavioural change. In a separate review of central government shared service centres, a programme projected to deliver £159 million in savings instead produced a net cost of £255 million — because organisations failed to migrate staff to new platforms.

The NAO's 2024 report on AI in government found that 70% of public bodies cite digital and AI skills shortages as the primary barrier to successful adoption. The lesson is consistent: purchasing technology does not constitute transformation. The licence is the beginning of the liability, not the end of it.

# Please note

This content after this is a condensed summary of peer-reviewed research, government audit findings, and regulator enforcement records. It is dense by design — because the procurement decisions you are making carry real regulatory and operational consequences.

# Six Structural Reasons

Six structural reasons why conventional training interventions produce inadequate outcomes in regulated environments.

01 The Retention Crisis <i>Learning Science</i>		
<p><b>The Problem</b></p> <p>Content delivered in a single session is subject to rapid cognitive decay. Without deliberate, spaced reinforcement, the forgetting process is predictable and severe.</p>	<p><b>The Evidence</b></p> <p>Hermann Ebbinghaus established that learners forget up to 80% of new information within 24 hours without review. A 2024 AAMC RCT (n=26,258) confirmed that spaced repetition outperformed single-session exposure by 10–15 percentage points at 18-month follow-up (Cohen's d=0.62).</p>	<p><b>What We Do</b></p> <p>We build 30-Day Socratic reinforcement loops — short, contextual prompts delivered in-flow that mirror the conditions under which spaced repetition is proven to embed permanent behaviour.</p>

*Ebbinghaus (1885); AAMC CKSA RCT 2024; Kerfoot et al. — spaced education*

02 Psychological Safety Deficits <i>Organisational Psychology</i>		
<p><b>The Problem</b></p> <p>Staff in regulated environments face heightened fear of error, managerial observation, and professional consequence. Standard training does not address this resistance.</p>	<p><b>The Evidence</b></p> <p>Amy Edmondson's research (Harvard Business School) established that psychological safety is the single strongest predictor of team learning and technology adoption. Prosci data confirms that staff resistance accounts for the majority of failed change initiatives.</p>	<p><b>What We Do</b></p> <p>Every intervention begins with a structured acknowledgement of the learner's existing competence and the pressures they face. We create conditions for honest engagement before a single system screen is shown.</p>

*Edmondson (1999) — HBS; Prosci Change Management Research*

03 The Shadow AI Governance Gap <i>Information Governance</i>		
<p><b>The Problem</b></p> <p>When no approved, functional tool is provided, staff source their own. This is not a discipline issue — it is a governance failure.</p>	<p><b>The Evidence</b></p> <p>Microsoft's 2024 Work Trend Index (n=31,000) found 78% of AI users bringing their own tools to work. Gartner forecasts that 40% of enterprises will experience a Shadow AI security incident by 2030.</p>	<p><b>What We Do</b></p> <p>We deploy governance-first training that moves staff onto approved Microsoft Copilot environments and instils the RAG Rule data classification framework as a permanent operational habit.</p>

*Microsoft Work Trend Index 2024; BlackFog 2026; Gartner Shadow AI Forecast*

## 04 Regulatory Risk from Inadequate Adoption *Compliance*

### The Problem

The regulator does not distinguish between a tool that was poorly implemented and one that was deliberately misused. The outcome — unapproved usage, data exposure — is the same.

### The Evidence

NAO (NPfIT, £2.7bn): insufficient staff engagement cited as a primary cause. Ofgem (Morgan Stanley, £5.41m): written policy insufficient without enforcement. ICO (NHS Lanarkshire): no risk assessment before tool deployment.

### What We Do

We provide a full compliance audit trail — completion records, competency sign-off matrices, and assessment data — designed to satisfy internal audit, external regulators, and CQC or FCA inspection teams.

*NAO 2011 (NPfIT); Ofgem 2023; ICO 2023 (NHS Lanarkshire)*

## 05 The Contractor Model Misalignment *Commercial Structure*

### The Problem

Traditional day-rate arrangements create a structural incentive for suppliers to extend engagements. The commercial model rewards time, not outcomes.

### The Evidence

NAO analysis of government shared services found that projected savings of £159m became a net cost of £255m — driven by supplier arrangements that did not incentivise delivery of the defined benefit.

### What We Do

Every Experienced Training Ltd engagement is structured as a fixed-price, outcome-defined contract. The commercial arrangement is aligned with rapid, permanent competency delivery — not billable days.

*NAO — Government Shared Service Centres Review*

## 06 Neurodiversity and the 1-in-5 Gap *Inclusive Design*

### The Problem

Approximately one in five members of your workforce will have a neurodivergent condition. Standard training design is built around the 80% and leaves the remaining cohort behind.

### The Evidence

CIPD and the British Dyslexia Association estimate that 15–20% of the UK workforce is neurodivergent. This population is disproportionately represented in regulated sectors with high procedural complexity.

### What We Do

Our instructional design is built to neurodivergent-inclusive standards: reduced cognitive load, multi-modal delivery, modular structure, and explicit process mapping. No one is designed out.

*CIPD 2023; British Dyslexia Association; Sweller — Cognitive Load Theory*

## The Science Behind the Approach

Every element of the Experienced Training Ltd methodology is grounded in cognitive science, organisational psychology, or empirically validated instructional design practice.

### Spaced Repetition and Habit Formation

A single training day does not create a habit. It creates a temporary spike in awareness that decays rapidly without reinforcement. Hermann Ebbinghaus established that learners forget up to 70-80% of newly learned material within 24 hours in the absence of review. The mechanism is well understood: working memory is finite, and without deliberate retrieval practice, new knowledge does not consolidate into long-term schema.

The 2024 AAMC randomised controlled trial — enrolling 26,258 physicians — confirmed that spaced repetition outperformed single-session delivery by 10–15 percentage points at 18-month follow-up. A 'double-spaced' design produced further gains. The implication for corporate system training is direct: a one-day Copilot workshop produces a temporary awareness event. A 30-day structured reinforcement programme produces a permanent operational behaviour.

Our 30-Day Socratic Agent delivers short, contextual, role-relevant prompts to learners in the days and weeks following initial training — precisely mirroring the conditions under which spaced repetition has been proven to embed durable competency.

### Cognitive Load Theory and Sandbox Design

John Sweller's Cognitive Load Theory establishes that the working memory available for learning is finite and easily saturated. Training that places learners in a live, complex enterprise system — surrounded by real data, unfamiliar UI elements, and the consequences of error — maximises extraneous cognitive load, the component that actively impedes learning.

Research in clinical simulation confirms that novice learners exposed to high-fidelity environments before they have developed foundational schema frequently perform worse than those taught in simplified contexts first. A BMJ Open systematic review (33 studies) found that structured simulation outperformed traditional teaching for both knowledge retention ( $d=0.49$ ) and performance ( $d=0.50$ ).

We design training within consequence-free sandbox environments that replicate the authentic system without exposing learners to live data or operational risk. Complexity is introduced progressively as schema develops.

## **SME Extraction and Scalable Knowledge Transfer**

In most regulated organisations, critical operational knowledge is held by a small number of Subject Matter Experts who function as human knowledge bases. McKinsey Global Institute research estimates that knowledge workers spend approximately 1.8 hours per day — 20 per cent of working time — searching for information.

Forrester's Total Economic Impact research demonstrates that organisations which systematically capture and distribute SME knowledge through structured upskilling programmes achieve a three-year NPV of \$5.83 million and an ROI of 234 per cent.

Our approach extracts SME knowledge once — through structured interviews, annotated process walkthroughs, and AI-assisted transcription — and transforms it into scalable, modular training assets. The expert is interviewed once. The training reaches everyone.

## Fixed Price. Defined Outcomes. No Day-Rate Ambiguity.

The question every experienced procurement director should ask of any training supplier is simple: what are you actually accountable for? A day-rate contract transfers all commercial risk to the client. The supplier's incentive is to occupy days. Ours is to achieve the defined outcome in the minimum time required.

A specialist with 20 years of regulated-sector experience, deep expertise in instructional design, and the ability to deploy AI tools to accelerate build time will cost more per day than a generalist contractor. The correct comparator is not the daily rate; it is the total project cost, the time to competency, and the compliance risk carried if the intervention fails.

Consider the alternative: a six-month generic training programme that produces polished materials, positive feedback forms, and a workforce that cannot accurately record patient outcomes, execute a regulated transaction, or operate a new system without supervisor intervention. The day rate was competitive. The project cost was enormous.

### How We Achieve Compressed Timescales

An intervention that might take a traditional agency three months to deliver can be executed in three weeks. This is not a claim about working faster — it is a claim about working differently. The compression is achieved through three specific mechanisms:

#### **Ruthless Scope Definition.**

The triage process identifies the absolute minimum knowledge set required for safe, compliant performance on day one. Everything else is scheduled for subsequent phases or eliminated. A traditional agency scopes a comprehensive programme. We scope a survival programme.

#### **AI-Accelerated Build.**

We deploy Microsoft Copilot within your organisation's own tenant — eliminating information security delays and ensuring your data never leaves your environment. Call transcripts, legacy documentation, and half-finished materials are processed through structured AI workflows to produce usable content in hours, not weeks.

#### **Senior-Only Execution.**

There is no team of junior designers, account managers, or project coordinators. One senior practitioner with 20 years of regulated-sector experience holds the triage, the design, the delivery, and the competency verification. Decisions are made immediately. Pivots happen in real time.

## What We Measure

Success is defined before the intervention begins. Standard metrics include: reduction in helpdesk tickets and supervisor escalations at go-live; zero compliance breaches in the 30 days post-deployment; competency assessment pass rates against pre-agreed thresholds; and uninterrupted operational continuity through the transition period.

# From Diagnostic to Delivery

Every engagement follows a structured process designed to establish mutual clarity on the problem, the constraints, and the defined outcome before any commitment is made.

01 DIAGNOSTIC	02 TRIAGE CALL	03 PROPOSAL	04 DELIVERY	05 OUTCOME ASSURANCE
You complete a structured brief covering the system, timeline, current status, and defined success criteria.	A focused 30-minute call to validate the brief, agree on scope, and confirm whether the project is recoverable within the proposed timeline.	A fixed-price proposal with clearly defined deliverables, milestones, and competency outcomes. No ambiguity.	Rapid deployment of the agreed training intervention, built within your environment using your systems and data.	Competency verification, audit trail delivery, and a defined handover point at which the outcome metric is confirmed.

## A Note on Engagement Criteria

The diagnostic brief is not a formality. It is the mechanism by which we establish whether we can genuinely help. We require specific information about the system, the timeline, the current training status, and the stakeholder landscape before committing to any engagement.

If the diagnostic brief reveals a situation in which the timeline is irrecoverable, the scope is undefined, or the necessary stakeholder support is absent, we will communicate this clearly and recommend an alternative course of action. We do not take on engagements we cannot deliver. This is a professional standard that protects both parties.

# Common Questions from Procurement

## 1. The Emergency & Expectations

### 1. What exactly constitutes a 'training emergency'?

A scenario where a critical operational rollout — a new system, a major compliance overhaul, or a vital process change — is imminent, but end-user competence and willingness are failing. You are risking operational collapse, regulatory fines, or safety breaches.

### 2. We are rolling out a massive compliance or process change, not just software. Can you handle that?

Yes. We specialise in high-friction environments. Whether the challenge is a complex technology deployment, a new regulatory framework, or a critical safety protocol, the barrier to success is usually human resistance. We parachute in, triage the situation, and build a strategy that forces practical application rather than theoretical awareness.

### 3. Our workforce is highly cynical and resistant to this change. How do you handle that?

With direct, senior credibility. We do not use corporate jargon or management-speak. We show staff precisely how this change affects their day-to-day role and provide practical, step-by-step assurance. We manage the resistance so that your project sponsors and leadership team do not have to.

### 4. Are you a Subject Matter Expert in our specific internal processes?

No, and that is not required. You provide the raw technical or process data; we provide the facilitation, behavioural design, and rapid execution. We extract what matters from your SMEs and translate it into a practical adoption plan for your workforce.

## 2. Triage & Onboarding

### 5. How do we initiate a project rescue?

You complete a mandatory diagnostic brief. This gives us the parameters, constraints, and reality of your situation. If the data indicates the project is recoverable, we schedule a focused 30-minute triage call to agree on terms and scope.

### 6. Can we arrange an informal call to discuss our needs before completing the brief?

The diagnostic brief comes first. The brief is how we establish the facts of the situation clearly and efficiently. It is the most respectful use of everyone's time and ensures the subsequent conversation is productive rather than exploratory.

### 7. What happens in the 30-minute triage call?

We review the hard constraints together — system access, SME availability, timeline, and stakeholder landscape. We assess whether the project has the structural conditions required for a successful intervention, and we agree on the terms of engagement.

### 8. Do you charge for the triage phase?

The initial diagnostic brief and 30-minute alignment call are complimentary. If a more detailed analysis of existing materials or systems is required before committing to a rescue contract, this is available as a paid, fixed-fee diagnostic engagement.

## 3. Execution & Methodology

### 9. We do not have time for a lengthy L&D needs analysis. How do you start?

We run a rapid triage phase. We identify the core critical tasks users must perform to survive day one of the new system or process, and we build training exclusively for that. Peripheral learning objectives are eliminated or deferred.

### 10. Our documentation is incomplete and our SMEs are heavily occupied. Can you still build the training?

Yes. We use AI tools to rapidly process whatever source material is available — meeting transcripts, screen recordings, partial guides, legacy documentation — and structure it into critical-path training assets.

### 11. Do you deliver via e-learning or instructor-led training?

Whichever method solves the problem most effectively within the available time. We have deep expertise in Articulate Storyline for scalable e-learning, and we deploy live virtual or on-site delivery where immediate behavioural impact is the priority.

### 12. What happens to the training materials we have already built?

If they are salvageable, we adapt them. If they are contributing to the failure, we recommend an alternative approach and explain why. You will receive an honest assessment, not a diplomatic one.

## 4. Technology, AI & Compliance

### 13. How do you handle information security if you use AI tools?

We operate Microsoft Copilot directly within your organisation's own Microsoft tenant. Your data does not leave your environment, information security risks are neutralised, and we avoid the delays associated with third-party tool approval processes.

### 14. Can you train staff on bespoke, legacy, or partially built systems?

Yes. We regularly build training materials by working from staging environments, incomplete systems, and interim builds. We do not require a production-ready system to begin development.

### 15. How do you provide evidence of compliance for internal and external auditors?

Every engagement produces a clear, evidence-based tracking matrix covering user completion, assessment results, and formal competency sign-off. This documentation is structured to satisfy internal governance requirements and external regulatory inspection.

### 16. What happens if the system or process changes part-way through the training build?

We build modular, adaptable training structures. When the technology or process changes, the affected modules are updated immediately without requiring a full rebuild.

## 5. Commercials

### 17. What is your pricing structure?

All engagements are structured as fixed-price, outcome-defined contracts. Pricing reflects the commercial risk being mitigated and the speed of intervention required. The relevant comparator is not the daily rate — it is the total cost of a failed rollout.

### 18. Do you operate outside IR35?

Yes. We engage strictly on a B2B basis through our limited company, operating outside IR35. We are engaged to deliver defined outcomes, not to fill a permanent headcount.

### 19. Where do you operate?

We are based in South Yorkshire and deploy UK-wide. We support remote, hybrid, and fully on-site interventions depending on the security requirements and logistical context of each project.

### 20. How is success measured at the end of an engagement?

Success criteria are agreed before the engagement begins. Standard measures include: reduced helpdesk escalations at go-live, zero compliance breaches in the 30 days post-deployment, competency assessment pass rates against defined thresholds, and uninterrupted operational continuity.

## SECTION 08 — AI ADOPTION TRAINING

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# Microsoft Copilot Adoption for Regulated Sectors

For organisations specifically facing the challenge of Microsoft Copilot adoption — where licences have been purchased and usage is failing to reach operational maturity — Experienced Training Ltd operates a specialist AI adoption programme under the PivotingToAI brand.

PivotingToAI delivers structured Copilot adoption training for NHS, banking, utilities, councils, and construction organisations. The programme is built around Operational

Habit Formation — a methodology that moves staff beyond awareness and into embedded, compliant, daily usage of AI tools within their approved organisational environment.

Both brands operate under the same company and the same senior practitioner. For organisations with a combined need — a training emergency alongside an AI adoption challenge — both workstreams can be coordinated within a single engagement.

Further information: [pivotingtoai.co.uk](https://pivotingtoai.co.uk)



## SECTION 09 — CONTACT & NEXT STEPS

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# Ready to discuss your situation?

The diagnostic brief takes approximately 15 minutes to complete. It is the most efficient use of both parties' time and the foundation of every successful engagement.

**Book a Triage Call**

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[www.experiencedtraining.co.uk](https://www.experiencedtraining.co.uk)

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