NHS England South West

Education Quality Concerns - Escalation Guidance

Contents

Introduction

Context and background

There are times when concerns may be raised about a healthcare education and training programme or an approved learning environment. It is important that NHS England Workforce, Training and Education (WT&E) and our partners work together to ensure regulatory and education and training standards are met.

NHS England, Workforce, Training and Education (WT&E) is responsible for ensuring that there are high quality learning environments for all healthcare learners and trainees. In 2016, NHS England (formally Health Education England) published its first Education Quality Strategy and Education Quality Framework which apply to the quality of all healthcare education, covering all learners/trainees across all clinical learning environments.

> **The Quality Strategy** sets out the priorities, principles, and overarching processes for continuous quality improvement and innovation in the education and training of the healthcare workforce.
>
> **The Quality Framework** clearly defines the quality standards expected of clinical learning environments, safeguarded through and funded by the NHS Education Funding Agreement using six quality domains (see appendix 1)

Principles and expectations

In line with the guidance in this document, NHS England WT&E, together with its partners, collaborate to ensure that regulatory requirements, as well as education and training standards, are consistently upheld for all learners/trainees within the healthcare environment.

- To ensure a safe and suitable learning environment for all healthcare learners/trainees.
- To promote the values of the NHS Constitution through collaboration and respect for each other.
- To support openness and transparency between organisations with a commitment to work together to drive improvements.
- To have a duty of candour and to share information and concerns in a timely manner.
- To use the NHS England Education Quality Strategy and Framework when describing issues, concerns and risks. Specifically reporting against the six grouped domains/themes outlined previously.

Safe Learning Environment Charter

To support the education quality framework, the Safe Learning Environment Charter launched in 2023, underpins the development of positive safety cultures and continuous

learning across all learning environments in the NHS. The Charter sets out the supportive learning environment required to allow learners/trainees to become well-rounded professionals with the right skills and knowledge to provide safe and compassionate care of the highest quality.

The principles set out in this document support the expectations of the Safe Learning Environment Charter, reinforcing the collective responsibility of learners/trainees, educators, providers and system partners to promote respectful, inclusive and supportive learning environments where concerns can be raised safely and without fear of detriment. A strong safety culture is fundamental to high quality education and to the wellbeing of learners and patients.

The use of the Safe Learning Environment Charter - Maturity Matrix further supports continuous improvement by enabling providers and systems to understand their current level of educational maturity, identify areas for development, and monitor progress over time. This approach encourages learning from concerns, strengthens educational governance, and supports sustainable improvement rather than reactive escalation alone. The aim is to strengthen assurance, support improvement, and embed a culture of openness, accountability and learning, ensuring that all healthcare learners are trained in safe, high quality clinical learning environments

Purpose and scope

This document sets out NHS England South West Workforce, Training and Education (WT&E) guidance for the identification, assessment, escalation and management of education quality concerns within clinical learning environments. It provides a consistent, proportionate framework to support learners/trainees, educators, providers and system partners to recognise concerns early, assess risk using likelihood and impact, and take timely, appropriate action, to protect the quality of education and training and the safety of learners/trainees and patients.

Education quality concerns may arise from a wide range of issues, including learning environment and culture, educational governance, supervision, curriculum delivery, and workforce sustainability. This guidance supports a shared understanding of what constitutes an education quality concern, how concerns relate to the NHS England Education Quality Framework, and when concerns should be managed locally or escalated through NHS England WT&E education quality and intensive support processes and should be read in conjunction with NHS England's WT&E reporting and/or escalating educational concerns guidance

The guidance promotes early resolution at the lowest appropriate level wherever possible, while ensuring there is clarity about thresholds for escalation to NHS England

WT&E and wider system partners where risks are significant, persistent, or escalating. It does not replace existing organisational policies for serious incidents, safeguarding, or professional conduct, but complements them by providing an education-focused escalation route.

This guidance supports a consistent, proportionate and transparent approach to the identification, assessment and escalation of education quality concerns across clinical learning environments. Ensures safe, supportive and high-quality learning environments for all healthcare learners/trainees and drives continuous improvement across education and training provision. By applying a shared risk-based framework, NHS England and its partners can ensure that concerns are recognised early, addressed at the appropriate level, and escalated in a timely way where risks to learners/trainees, education quality or patient safety would otherwise persist or increase.

Using the appendices

The examples shared in the appendices are to help explain the kinds of concerns that may happen in clinical learning environments and how they may be assessed. They are only examples, not a full list, and should be used alongside professional judgement and the specific circumstances of each concern.

Providers

When a concern arises regarding an education and training programme and/or an approved learning environment, NHS England regional education quality teams, education providers and placement providers must work together to ensure regulatory and educational standards for education and training continue to be met. Placement providers and Education institutions responsible for the management of approved training programmes are required to report concerns to NHS England WT&E, particularly where an issue affects the clinical learning environment or where the concern may pose a risk to patient and/or learner/trainee safety.

It is important to recognise that the education or placement provider will remain responsible for the management and mitigation of the concern. NHS England WT&E will be able to offer support and will require providers to share progress updates and confirmation of resolution.

What to report?

- Reporting to NHS England WT&E should take place where there is a risk of, or evidence that, one or more of the Education Quality Framework standards for education quality are not being met and / or plans in place are not delivering

sustainable improvement at the pace required and should especially be considered where there are:

- Persistent issues that are not resolved through actions with providers / stakeholders. These may include persistent minor concerns over a longer period of time
- Major and serious quality issues that may require immediate escalation / action
- Professional and system regulator concerns

Educators

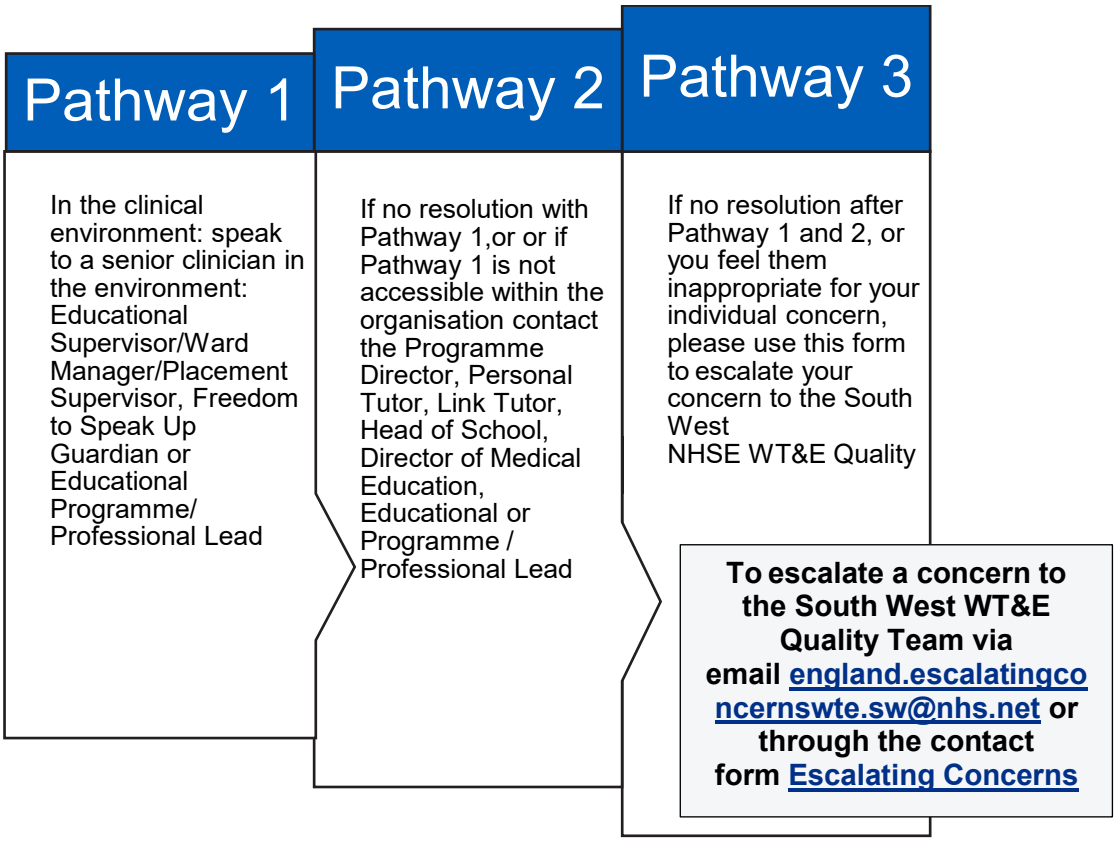
Educators are well placed to provide valuable information about the quality of their learning environments, and the supportive nature of each workplace, both in terms of patient safety and interpersonal/inter-professional behaviours and culture.

Learners/Trainees

Learners and trainees in any clinical learning environment (or healthcare related education placement) are well placed to provide valuable information about the quality of their educational experience, and also about the supportive nature of each workplace, both in terms of patient safety and interpersonal/inter-professional behaviours and culture. As learners and trainees commonly rotate between different placements, their feedback can often be an early warning for potential quality or patient safety concerns.

Pathway for learners/trainees and Educators to escalate concerns

NHS England South West has a pathway for learners and educators to raise, and where appropriate, escalate concerns regarding the learning environment.



How to escalate a concern to the South West WT&E Quality Team

To escalate a concern to the South West WT&E Quality Team via email england.escalatingconcernswte.sw@nhs.net or through the contact form Escalating Concerns

How NHS England WT&E will respond to escalated concerns

Reported concerns will feed into NHS England's regional and national education quality management processes. This will include the triangulation of concerns with other sources of data and intelligence such as:

- **NHS England:** Intelligence from other functions with NHSE such as Clinical Quality Team and professional leads.
- **Self-Assessments (SA):** This process involves providers conducting their own quality evaluation against Quality Framework Standards. It is based on the principle of continuous quality improvement, identifying areas for improvement, developing action plans, implementing changes, and subsequently evaluating outcomes.
- **Professional, Statutory and Regulatory Body (PSRB**): exceptional reports, surveys and shared intelligence
- **NHS England National Education and Training Survey (NETS):** NETS is the only national survey open to all undergraduate and postgraduate students and trainees undertaking a practice placement or training post in healthcare. It gathers opinions from students and trainees about their time spent in practice placements and training posts, requesting feedback on aspects that worked well and areas that could be improved.
- **NHS England National Educator Voice Survey** (under development) the educator voice survey is expected to be the only annual national survey open to all multi-professional health care educators across all health care clinical learning environment
- **GMC National Trainee/Trainer Survey (NTS/NTRS):** Conducted annually, this survey seeks feedback from resident doctors about their training experience and from trainers regarding the support received in their supervisory roles. Free-text comments highlight concerns related to patient safety, bullying, and undermining.
- **National Student Survey (NSS):** Conducted annually, the NSS collects feedback from final-year undergraduate students on key aspects of their academic experience. As a sector-wide measure led by the Office for Students, it provides insight into the quality of higher-education programmes.
- **NHS Staff Survey (NSS-Staff):** Conducted annually each autumn, the survey collects feedback from NHS staff on their experience of work against the expectations of the People Promise. Results provide a nationally consistent view of workforce experience across NHS organisations, highlighting areas of strength and areas requiring improvement.
- **Local Quality Management Process** that uses triangulated intelligence from surveys, feedback, incidents and regulator information, reviewed through either desktop discussions or collaborative meetings, to identify good practice, highlight concerns and trigger timely escalation where risks to quality are identified.
- **Quality Panels:** Serve as a key mechanism to understand the quality of education and training across posts and locations within primarily within postgraduate medical training. These panels have facilitated constructive conversations with providers and led to the implementation of changes to improve placements. Resident doctors have reported that they find quality panels to be valuable listening events and a meaningful opportunity for offering constructive feedback and ideas for broader improvement.
- **CQC:** The Care Quality Commission monitors, inspects, and regulates services, publishing findings that inform quality assurance.

Escalation of education quality concerns is not intended to be punitive. It is a supportive process focused on triangulating evidence from multiple sources to develop a shared understanding of risk, impact, and underlying causes. Escalation enables appropriate oversight, support, and assurance, ensuring that concerns are understood in context and that proportionate actions can be agreed to protect learners/trainees, education quality, and patient safety. By bringing together intelligence, professional judgement, and system insight, escalation supports early intervention, learning, and improvement rather than blame, and helps ensure that learners/trainees, educators, and providers receive the right support at the right time.

NHSE WT&E quality will consider the sharing and escalation of quality concerns through a categorised structure; this supports individuals managing concerns as well as ensuring appropriate and fair actions or next steps. In accordance with our Intensive Support Framework, concerns may be shared with professional and system regulators and other partners, particularly where more than one organisation may be sourcing placements in a provider.

The National Intensive Support Framework (ISF) (Figure 2) is designed to enable both categorisation of concerns and provide local support to address them. It facilitates a graded approach to this reporting and support. To promote consistency, regional teams, apply the same language and categories for all learners/trainees to classify and describe the escalation level. Key characteristics of the ISF are:

- It is concerned with all clinical learning environments, within which learners/trainees are placed
- It describes an escalation and de-escalation route for concerns
- The framework is used in the spirit of collaboration with clinical placement providers
- It offers a consistent, national NHS England WT&E framework
- Once concerns have been identified the ISF will exist as a delivery vehicle for the improvements needed
- It is a transparent and unambiguous framework against which concerns can be categorised
- Categorisation is not static; concerns can move between categories on the grounds of triangulated evidence
- Its focus is on the NHS England WT&E response to concerns, not on the identification of the concern

All identified new concerns are given a risk rating using a risk matrix (see Appendix 2). Scores range between 1 and 25 based on likelihood and impact. All concerns should be managed in accordance with organisational procedures and those rated 12 or above

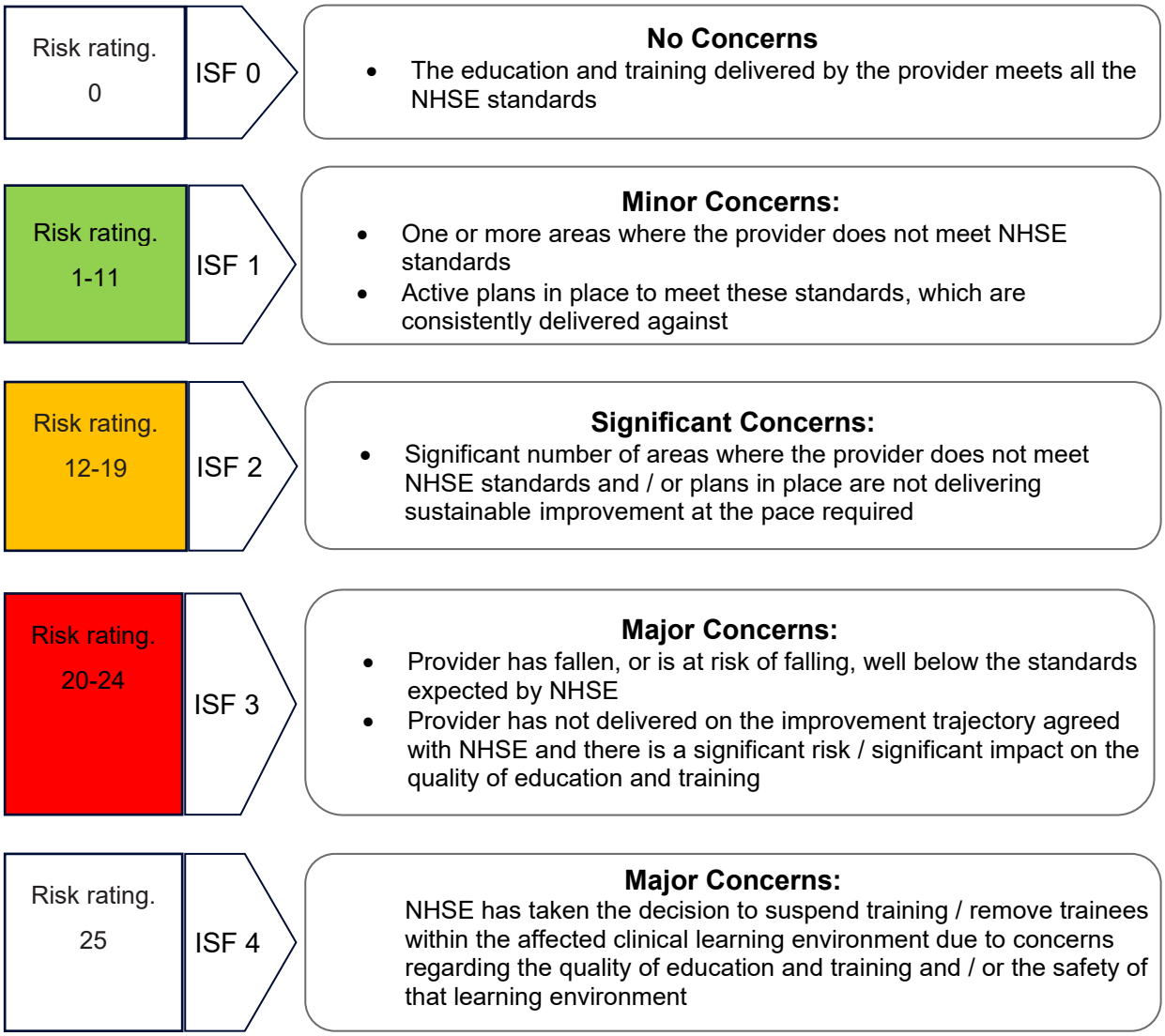
must be reported to the NHS England WT&E regional quality team who will escalate internally and/or externally as appropriate. The risk ratings for on-going concerns may be revised depending on the outcomes of any interventions and / or improvement initiatives.

Where a concern that has been raised has been assessed and rated using the risk matrix, it may also be appropriate to consider the future risk of this happening again. This will result in 2 risk assessment scores, one for the 'actually happened' and one for probable risk if it happens again in the future.

A professional judgement may be required regarding the escalation process for both identified concerns. Ongoing concerns will need to be managed and revised

All concerns raised are given an ISF category based on their risk rating. More information on each category is provided below.

Figure 2 Risk Matrix scores mapped to the National Intensive Support Framework



Appendix 1 Education Quality Framework domains

The Education Quality Framework defines the quality standards expected of clinical learning environments, safeguarded through and funded by the NHS Education Funding Agreement using six quality domains

- **Learning Environment and Culture:** Relates to the settings within which learners are located and where the activity of education and training takes place (13 Standards).

- **Educational Governance and Commitment to Quality:** Describes the organisational ethos, priorities, structures, rules and policies in place to support learning (8 Standards).

- **Developing and Supporting Learners:** Sets out the resources, support and tools learners need to succeed (11 Standards).

- **Developing and Supporting Educators:** Covers the resources and support required by those guiding and overseeing the clinical and educational development and progression of learners (7 Standards).

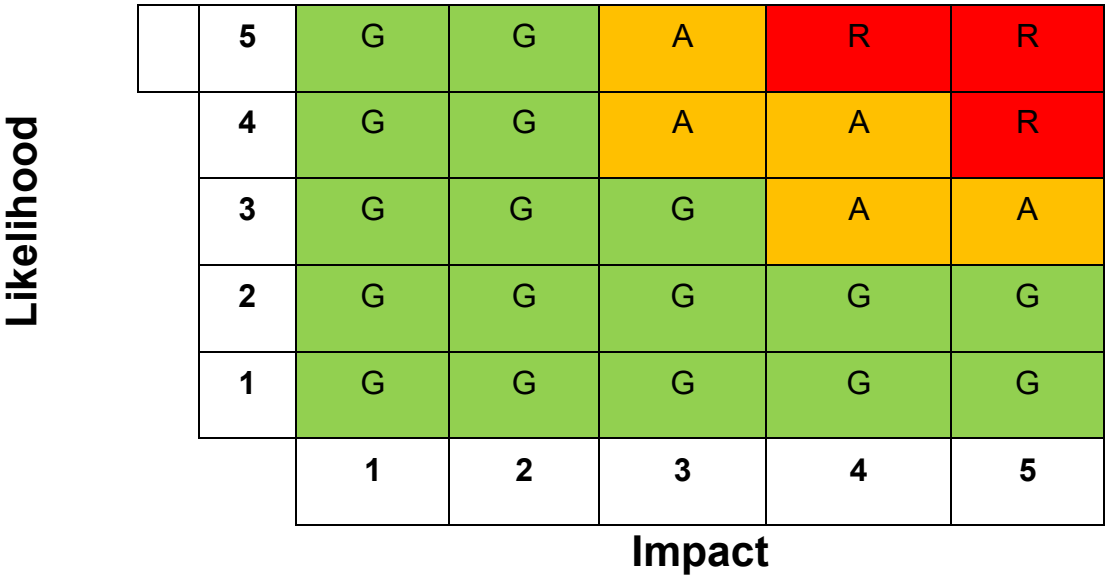
- **Delivering Programmes and Curricula:** Articulates how organisations can provide for learners' education and training needs, including placement providers' collaboration with the wider system to achieve this (6 Standards).

- **Developing a Sustainable Workforce:** Underpins the other 5 domains by aiming to significantly improve the retention, progression and development of the whole workforce (4 Standards).

Appendix 2 NHS England South West WT&E corporate risk matrix

NHS England Workforce, Training and Education (WT&E) risk matrix is used to assess education quality concerns. The matrix supports a consistent, structured approach to determining the **risk rating** of a concern by considering both its **likelihood** and **impact**. Likelihood reflects how probable it is that the concern will occur or recur, while impact reflects the potential consequence for learners/trainees, education quality and/or patient safety should the concern materialise. Scores for likelihood and impact are combined to generate an overall risk score, ranging from low to high. The resulting risk score informs the appropriate **Education Intensive Support Framework (ISF) category**, which in turn guides the expected level of oversight, escalation and support. Risk ratings are not static and should be reviewed and updated as further intelligence is gathered or as mitigating actions are implemented. The risk matrix should be used alongside professional judgement and triangulated evidence, and not in isolation. It supports proportionate decision making, consistency across the system, and timely escalation where risks are significant, persistent or escalating.

Score	Likelihood		Score	Impact on Learning	
1	Rare:	• Will probably never happen	1	Negligible	• Minimal / No disruption to Learning Environment • Minimal / No impact on learners, service users or staff
2	Unlikely	• Not expected to happen • It is a possibility that it could occur	2	Low	• Limited impact disruption to Learning Environment • Limited impact on learners, service users or staff
3	Possible	• Might occur. • It is possible that it could happen occasionally / or as a flurry of activity	3	Moderate	• Moderate impact disruption to Learning Environment • Moderate impact on learners, service users or staff
4	Likely	• Will probably happen in most circumstances. • May be seasonal / not continual – i.e. winter pressures	4	High	• Major impact disruption to Learning Environment • Major impact on learners, services users or staff
5	Almost certain	• Actually happened. • Likely to occur in most circumstances	5	Severe / Critical	• Critical / Severe impact disruption to Learning Environment • Critical / Severe impact on learners, service users, staff


Likelihood
5
4
3
2
1
G
G
A
R
R
G
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A
A
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G
A
A
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G
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G
1
2
3
4
5
Impact

Appendix 3 Examples of Minor Concerns

If a concern is minor, the expectation is that this will be shared and managed locally by education/Quality teams in partnership (as appropriate) with the following stakeholders (*these examples are provided to support understanding and are not intended to be exhaustive):*

- Affected learners/trainees.
- Education provider(s) quality leads and / or teams.
- Educators (Educational Supervisors, Clinical Supervisors, Mentors etc.).
- Head(s) of Specialty School.
- Local Quality Leads.
- Practice Placement Leads.
- Programme Leads.
- Provider Education and Training Leads.
- Training Programme Directors (TPDs).

There is not an expectation that minor concerns are escalated to NHS England Workforce, Training and Education Quality team. But guidance is available through Education Quality Advice Service (EQAS) which offers support to staff with educational/supervisory roles who can seek advice on higher level management of issues in quality of learning environments, where local initiatives have not succeeded. Contact via england.qualitywte.sw@nhs.net

The examples below are structured to support a consistent, risk-based approach to understanding education quality concerns and the appropriate routes for escalation and support. Each table should be read across the row, taking account of the interaction between Intensive Support Framework risk level, education quality domain, and escalation routes. The tables should be used to support professional judgement, shared understanding and consistent decision making, rather than as a prescriptive or exhaustive classification tool.

ISF– reflects the Level of concern against the categories in the NHS England Education Intensive Support Framework

Risk level reflects the assessed likelihood and impact of the concern, aligned to the NHS England Education Intensive Support Framework (ISF). Risk levels indicate the potential seriousness of the concern and the urgency of response. Risk ratings are not fixed and may change over time as further intelligence is gathered or as mitigating actions are implemented.

Education Quality Framework domain identifies the primary aspect of education quality affected, as set out in the NHS England Education Quality Framework (for example, learning environment and culture, educational governance, supervision, curriculum delivery, or workforce sustainability). Concerns may relate to more than one domain; the domain shown reflects the main area of impact.

Examples illustrate the types of issues that are indicative only and must be interpreted in context. Similar concerns may sit at different risk levels depending on their frequency, scale, duration, and the effectiveness of actions already in place.

Escalation routes and support describe the expected level at which the concern should be managed and the appropriate escalation routes if resolution is not achieved. It supports proportionate action, promoting early resolution at local level while ensuring clarity about when concerns should be escalated to NHS England Workforce, Training and Education (WT&E).

<table>
<tr><th colspan="3">Risk Level Green
Intensive Support Framework – 1</th></tr>
<tr><th>NHS England Education Quality Framework domain</th><th>Examples</th><th>Escalation routes and support</th></tr>
<tr><td>Learning environment and culture</td><td>• Learner(s) being asked to work beyond scope of practice rarely with supervision (Likelihood 2, x Impact 4 = 8)
• Biohazard incident within a laboratory setting involving learners, where gaps in supervisory oversight are identified in adherence to Standard Operating Procedures and such as. use of personal protective equipment (PPE), equipment maintenance, (Likelihood 3 x Impact 3= 9)</td><td rowspan="6">Who Managed locally by the placement/learning environment, supported by specialty/education teams and the AEI (education provider).

Suggested actions
• Discuss issues directly with the learner and/or educator to clarify expectations and context.
• Agreeing proportionate, time limited actions (for example clarification of roles, additional supervision, or targeted support and monitor through routine governance
• Discussion with named educational supervisor / placement supervisor / unit or team lead
• Local review of feedback with learning environment or education lead
• Liaise with placement support link from education provider
• Where relevant, involve the education or placement lead to support local resolution.
• Ensure learners/educators and staff are supported through appropriate local policies and safeguarding / HR processes, where relevant, alongside education quality processes.
• Monitor progress through routine educational governance and supervision processes.
• Signposting to wellbeing and support services
• Escalate to clinical service lead and senior education team where learner experience indicates systemic or cultural concerns; record the concern and risk score in local education quality logs.
• Ensure that all concerns raised are formally acknowledged in a timely manner, with clear, comprehensive communication of the actions undertaken, associated outcomes, and any subsequent steps conveyed to relevant stakeholders including learners.

Support available from NHS England

• Regional support available through Education Quality Advice Service (EQAS) which offers support to staff with educational/supervisory roles who can seek advice on higher level management of issues in quality of learning environments, where local initiatives have not succeeded. Contact via england.qualitywte.sw@nhs.net</td></tr>
<tr><td>Educational governance and commitment to quality</td><td>• Isolated poor feedback received about an area (Likelihood 1 x Impact 2 = 3)
• Emerging themes from learner feedback that highlight concerns. This may include more than one learner describing the same concern, or consecutive feedback from individual learners. (Likelihood 3 x Impact 3= 9)</td></tr>
<tr><td>Developing and supporting learners</td><td>• Poor feedback from learners / educators regarding specific area or person (Likelihood 2 x Impact 2 = 4)</td></tr>
<tr><td>Developing and supporting supervisors</td><td>• Learner(s) persistently arriving late (Likelihood 3 x Impact 1 = 3)
• Educators are not accessing educational opportunities due to temporary workload pressures (Likelihood 3, Impact 2=10)
• Supervisors/educators not given adequate time for the role (Likelihood 3 x Impact 3 = 9)
• Learner(s) persistently presenting with poor professional conduct that has not improved or where feedback regarding concerns has not been acted upon (Likelihood 3 x Impact 3 =9).</td></tr>
<tr><td>Delivering programmes and curricula</td><td>• Learner is not achieving their learning outcomes and requiring extensions due to lack of available experience or access to clinics or procedures requiring sign off (Likelihood 3 x Impact 3= 9)</td></tr>
<tr><td>Developing a sustainable workforce</td><td>• Emerging workforce pressures within a clinical learning environment, such as short term vacancies, rota gaps or early service change, beginning to impact: Continuity of supervision for learners. Availability of learning opportunities during some clinical shifts. (Likelihood 3 x Impact 3 = 9)
• Reconfiguration of services that has considered the impact on the learning environment (Likelihood 3 x Impact 3= 9)</td></tr>
</table>

Appendix 4 Examples of Significant and Major Concerns:

It is expected that a Significant or Major concern is reported to the regional South West WT&E Quality Team via email england.escalatingconcernswte.sw@nhs.net

Local teams are expected to share and manage concerns collaborating with the following stakeholders (*these examples are provided to support understanding and are not intended to be exhaustive):*

- Affected learners/trainee.
- Education and Training Leads.
- Education provider(s) quality leads and / or teams.
- Educators (Educational Supervisors, Clinical Supervisors, Mentors etc.).
- Head(s) of Specialty School.
- Local Quality Leads.
- Practice Placement Leads.
- Programme Leads.
- Relevant regulator (s) (eg the General Medical Council, Health Care Professions Council, Nursing and Midwifery Council).
- Training Programme Directors (TPDs).

The examples below are structured to support a consistent, risk-based approach to understanding education quality concerns and the appropriate routes for escalation and support. Each table should be read across the row, taking account of the interaction between Intensive Support Framework risk level, education quality domain, and escalation routes. The tables should be used to support professional judgement, shared understanding and consistent decision making, rather than as a prescriptive or exhaustive classification tool.

ISF– reflects the Level of concern against the categories in the NHS England Education Intensive Support Framework

Risk level reflects the assessed likelihood and impact of the concern, aligned to the NHS England Education Intensive Support Framework (ISF). Risk levels indicate the potential seriousness of the concern and the urgency of response. Risk ratings are not fixed and may change over time as further intelligence is gathered or as mitigating actions are implemented.

Education Quality Framework domain identifies the primary aspect of education quality affected, as set out in the NHS England Education Quality Framework (for example, learning environment and culture, educational governance, supervision, curriculum delivery, or workforce sustainability). Concerns may relate to more than one domain; the domain shown reflects the main area of impact.

Examples illustrate the types of issues that may fall within each risk level and domain. They are indicative only and must be interpreted in context. Similar concerns may sit at different risk levels depending on their frequency, scale, duration, and the effectiveness of actions already in place.

Escalation routes and support describe the expected level at which the concern should be managed and the appropriate escalation routes if resolution is not achieved. It supports proportionate action, promoting early resolution at local level while ensuring clarity about when concerns should be escalated to NHS England Workforce, Training and Education (WT&E).

<table>
<tr><th colspan="3">Risk level Amber
Intensive Support Framework – 2</th></tr>
<tr><th>NHS England Education Quality Framework domain</th><th>Examples</th><th>Escalation routes and support</th></tr>
<tr><td>Learning environment and culture</td><td>Patient dignity concerns observed within a clinical learning environment, including instances of patients being spoken to in a derogatory or dismissive manner during clinical activity, with learners present and involved, (Likelihood 3, x Impact 5 =15)
Cyber-attack affecting clinical and/or education IT systems within a learning environment, resulting in loss of access to electronic patient records, laboratory systems, learning platforms, or timetabling systems. Disruption impacts learners' ability to access supervision, learning resources, assessments, or required clinical experiences. While business continuity arrangements are enacted, prolonged system disruption affects education quality, learner progression, and wellbeing, requiring escalation through education quality governance and system oversight. (Likelihood 4 x Impact 4 = 16)
Workload pressures resulting in reduced staffing capacity, leading to disruption to supervision arrangements, cancelled teaching sessions, and limited access to learning opportunities for learners. Mitigations are in place, but prolonged pressure is affecting education quality, learner progression, and wellbeing, requiring escalation through education quality governance and system oversight. (Likelihood 4 x Impact 4 = 16) An exceptional report is made to a Professional, Statutory and Regulatory Body (PSRB) following identification of serious concerns within a clinical learning environment, indicating that NHSE England's Quality standards are not being met (Likelihood 3 x Impact 4 = 12)</td><td rowspan="2">Who

Managed by provider Educational Leadership (e.g., Director of Education/DME/Director of Nursing Education, Head of AHP Education, practice education lead(s), pharmacy education lead, medical education manager, and relevant programme/placement leads)

Concerns should be shared with NHS England Workforce, Training and Education Quality Team and actively managed at educational team / lead level/regional oversight, with clear structured improvement actions plans (SMART) between placement provider and education provider concerns

Suggested actions
Put immediate learner and patient safety mitigations in place (e.g., increase supervision, adjust duties/placement, pause specific activities) while the concern is reviewed.
Agree a time-limited improvement plan with named leads, clear actions, deadlines, communication of actions/results and measures of success; set a review date (e.g., 2–4 weeks) and escalation trigger points if progress stalls.
Triangulate intelligence with other sources (learner feedback, exception reports, incidents/complaints, Freedom to Speak Up themes, regulator/CQC intelligence) to validate scale, recurrence and impact.
Complete a rapid fact-find confirm what happened, when/where, who was involved/impacted, and what immediate controls are in place; preserve evidence (e.g., rota, supervision records, incident reports) where relevant.
Confirm notification routes: share with the education provider/programme team and the placement's education/clinical governance leads; use incident/safeguarding/HR processes in parallel where indicated.
Ensure learners/educators and staff are supported through appropriate local policies and safeguarding / HR</td></tr>
<tr><td>Educational governance and commitment to quality</td><td>Trends or patterns from complaints, feedback, data concerning the learning environment such as GMC, NTS, NETS, freedom to speak up, visits, meetings, and committees (Likelihood 3, x Impact 5 = 15)
Quality Panel/Annual feedback meeting identifies education quality concerns, with insufficient evidence of improvement despite local actions, indicating a risk to the quality of education and training within the learning environment. (Likelihood 3 x Impact 5 = 15)
Quality Panel/Annual feedback meeting highlights that
urgent action is required. (Likelihood 6 x Impact 4 = 16)</td></tr>
</table>

<table>
<tr><th colspan="3">Risk level Amber
Intensive Support Framework – 2</th></tr>
<tr><th>NHS England Education Quality Framework domain</th><th>Examples</th><th>Escalation routes and support</th></tr>
<tr><td></td><td>• Lack of engagement or insight of individuals/ organisation responsible for learning environment (Likelihood 3, x Impact 5 = 15)</td><td rowspan="7">processes, where relevant, alongside education quality processes.
• Agree targeted support or remediation plans for supervisors and/or learners, with clear expectations and review timelines.
• Collaboration with programme lead / education provider to ensure student support and system-wide oversight of placement capacity and quality and ensure concerns are managed consistently across programmes and placements.
• Ensure that all concerns raised are formally acknowledged in a timely manner, with clear, comprehensive communication of the actions undertaken, associated outcomes, and any subsequent steps conveyed to relevant stakeholders including learners.

How to contact/escalate to NHS England

To escalate a concern to the South West WT&E Quality Team via email england.escalatingconcernswte.sw@nhs.net or through the contact form Escalating Concerns</td></tr>
<tr><td>Developing and supporting learners</td><td>• Learners experiencing or witnessing unwanted, inappropriate and/or harmful sexual behaviour in the workplace (Likelihood 3, x Impact 5 =15)
• Learners experiencing or witnessing violent inappropriate language or behaviour in the workplace (Likelihood 3, x Impact 5 =15)
• Learners reporting concerns about professional standards and expected behaviours. (Likelihood 3, x Impact 5 =12)
• Recurrent reports of learners delivering direct patient care without appropriate supervision. (Likelihood 3, x Impact 4 =12)
• Learner(s) involved in an allegation of an incident linked to a person in a position of trust incident (Likelihood 3 x Impact 4 =12)</td></tr>
<tr><td>Developing and supporting supervisors</td><td>• Poor organisational governance processes and systems including reporting or poor engagement with the senior team when concerns are escalated (Likelihood 3 x Impact 4 =12)
• Recurrent reports of supervisors not having adequate time and resources to deliver supervision (Likelihood 3 x Impact 4 =12)
• Reports of individuals acting in a supervisory capacity without appropriate training (Likelihood 3 x Impact 4 =12)</td></tr>
<tr><td>Educational governance and commitment to quality</td><td>• Conditions or requirements imposed by a regulator or national body (such as CQC) which have a link to or a direct impact on the quality of education and training (Likelihood 4, x Impact 4 = 16)</td></tr>
<tr><td>Delivering programmes and curricula</td><td>• Evidence of curriculum requirements not being adequately delivered in the clinical learning environment (Likelihood 3 x Impact 4 =12)</td></tr>
<tr><td>Developing a sustainable workforce</td><td>• Workforce instability impacting placement quality and capacity, leading to reduced supervision continuity and compromised educational opportunities for learners within the clinical learning environment. (Likelihood 3 x Impact 4 = 12)
• Services identified at risk due to reconfiguration or significant non-training workforce gaps that have not been resolved and which impact on educational opportunities, supervision and experience of learners (Likelihood 4, Impact 4 =16)</td></tr>
</table>

Risk level Amber Intensive Support Framework – 2		
NHS England Education Quality Framework domain	Examples	Escalation routes and support
Educational governance and commitment to quality	• Sustained failure of educational governance, where previous improvement concerning the learning environment and culture actions have not been delivered and education quality remains unsafe, including: ○ Poor engagement with education providers despite repeated escalation., *(Likelihood 4 x Impact 5 = 20)* ○ Regulatory outcome confirming a critical risk to education and training quality, *(Likelihood 4 x Impact 5 = 20)*	
Delivering programmes and curricula	• Inability to deliver curriculum requirements safely, Learners unable to achieve mandatory learning outcomes due to ongoing unresolved service pressures/Sustained lack of access to required clinical experience. *(Likelihood 5 x Impact 4 = 20)*	
Developing a sustainable workforce	• Severe workforce instability within a clinical learning environment, Critical ongoing staffing shortages causing a loss of placement capacity with no viable mitigation. service reconfiguration and a loss of placement *Likelihood 5 x Impact 4 = 20)*	

<table>
<tr><th colspan="3">Risk level Red
Intensive Support Framework – 3</th></tr>
<tr><th>NHS England Education Quality Framework domain</th><th>Examples</th><th>Escalation routes and support</th></tr>
<tr><td>Learning environment and culture</td><td>Ongoing trends of reported unwanted, inappropriate and/or harmful sexual behaviour or bullying and undermining behaviours in a clinical learning environment that has not improved in response to actions plans and support or where feedback regarding concerns has not been acted upon. (Likelihood 5, Impact 4 = 20)</td><td rowspan="4">Immediate escalation to NHS England Workforce, Training and Education (WT&E) Quality Team, via email england.escalatingconcernswte.sw@nhs.net or through the contact form Escalating Concerns

Who Managed in partnership between NHS England Workforce, Training, and Education Quality Team, professional leads and provider Educational Leadership (e.g., Director of Education/DME/Director of Nursing Education/PGDE, Head of AHP Education, practice education lead(s), pharmacy education lead, medical education manager, and relevant Education School/faculty education leads) and provider Executive board /Senior Leadership Team

Likely actions

• Multi-agency oversight and ownership with commitment to effect improvement and manage risk.
• Evidence-based improvement actions, timescales and assurance requirements, monitored through NHS England WT&E quality processes. Such as Trigger visits
• Liaison with system and professional regulators, where appropriate, in line with the Intensive Support Framework and wider regulatory processes.

Potential actions
• NHSE can issue formal notification to education provider(s) (and other education providers using the same learning environment) to ensure system-wide awareness and coordinated response.

NHSE can issue a notice of intention to withdraw approval or suspend training if improvement not delivered.</td></tr>
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