Oxford University Hospitals
NHS Foundation Trust

**Monday 18 September 2023**

**Insert Paper Number**

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| **Title:** | **Update: Oliver McGowan Mandatory Training Part 2** |

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| **Status:** | **For Information** |
| **History:** | **Previous paper submitted to CGC and TME outlining the OMMT training plans and request to implement part 1 (elearning) as role specific for all staff.** |

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| **Board Lead:** | **Chief Nursing Officer** |
| **Author:** | [redacted] |

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| **Confidential:** | **No** |
| **Key Purpose:** | **Assurance** |

# Update: Oliver McGowan Mandatory Training Part 2

## 1. Purpose

1.1. This paper provides an important update on the current development and regional proposals to delivery Part 2 Oliver McGowan Mandatory Training (OMMT) on Learning Disabilities and Autism and the costs associated with delivery.

1.2. The Trust has the opportunity to comment on an open consultation on the proposed legislative framework for delivery of this training (closes 19th September). A proposed organisational response is included.

## 2. Background

2.1. In July the Health and Care Act 2022 introduced a requirement for CQC registered service providers to ensure their employees receive learning disability and autism training appropriate to the person's role. This training summary is outlined in Appendix 1.

2.2. The Oliver McGowan Mandatory Training on Learning Disability and Autism is the standardised training that was developed for this purpose and is the government's preferred and recommended training for health and social care staff to undertake.

2.3. The OMMT on Learning Disability and Autism has 2 parts (elearning + interactive workshop), delivered in one of two Tiers. It is the employers' responsibility to ensure their staff have the appropriate training for their roles and will involve some new training for all employees.

2.4. Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB) are scoping regional capacity to deliver the online interactive and face to face sessions of the tier 1 and tier 2 training across the region. This remains outstanding and delivery models proposed demonstrate a significant time and financial implication for this Trust.

2.5. Meanwhile Trusts are advised to implement the first part of the training (e-learning) to all staff. So far at OUH 2570 staff have completed their part 1 e-learning.

## 3. Implementation plans for OMMT Part 2

3.1. There is a BOB-wide group considering options for implementation of the training. A financial model template has been shared, for Trusts to complete, to calculate the costs of the proposed delivery models for part 2 training and further inform BOB planning.

3.2. The chair of this group is also encouraging all Trusts to respond to the government consultation on the proposed OMMT code of practice for training provision.

## 4. Identifying staff groups to be included in Tier 2 training.

4.1.1. The OMMT code of practice defines tier 2 as “health and social care staff and others with responsibility for providing care and support for a person or people with a learning disability or autistic people, but who would seek support from others for complex management or complex decision-making”.

4.1.2. For the purposes of calculating how many staff in the Trust would require tier 2 training (ie elearning + full day face to face workshop) the same ‘audience’ on MLH as for infection control core skills training has been used.

4.1.3. Based on this model / audience we currently have [redacted] staff (July 2023) within the organisation who would require tier 2 training.

4.1.4. On this assumption, with a total workforce of [redacted], the remaining [redacted] staff would require tier 1 training (elearning+ 1 hour live webinar).

## 5. Proposed training delivery model

5.1. To train our entire workforce **once**, there would need to be [redacted] tier 1 courses and [redacted] tier 2 courses, based on cohorts of 30 for each over 3 years.

5.2. Train the trainer: The training delivery team would consist of ‘trios’, each including a lead facilitator, with a lived experience (autism) and lived experience (LD) facilitator. To train these trainers using an external company would initially cost £[redacted], based on a model where the Lead Facilitator role is band 8a and experts by experience band 5.

5.3. Training delivery costs: To date there are 2 models to consider (NB costs are approximate at this stage):

[redacted]Train the Trainer provided by external company (as in 5.2) and wider workforce training delivered by locally recruited team: £[redacted]

5.3.2. All training provided by external company: [redacted] annual cost)

5.4. There is currently no regional or national funding available from NHSE to support the delivery of this training at Trust level. Funding has been provided to BOB which is supporting project management costs.

## 6. Additional considerations for training delivery

6.1. If the national code of practice is approved, then the Trust will be required to repeat the training 3 yearly, meaning this number of courses will need to be delivered over a 3 year period.

6.2. There are already some concerns being raised by some staff regarding the sensitivity of the content of the part 1 elearning. Support strategies will need to be considered prior to implementation of further part 2 training that will be a live session with experts by experience.

## 7. Consultation on the OMMT Code of Practice

7.1. Key points to be included in a Trust response to the proposed Code:

7.1.1. There is a significant cost required to support the delivery of this training to all staff over a 3 year period. As a large university hospitals NHS Trust with a workforce of [redacted] staff this amounts to £[redacted] annual cost with no opportunity to bid for NHSE funding, nor the ability to use any existing training / education budget.

7.1.2. Working on a 3 year training delivery model, some staff within the Trust would not be fully 'compliant' with OMMT training until 2026.

7.1.3. Whilst costs to release staff to attend training has been included within our finance modelling, this does not consider the challenge to safe staffing where staff may not be released as planned due to operational pressures and / or lack of ability to cover minimal staffing levels.

7.1.4. It remains unclear where the responsibility for procurement, provision and delivery of train the trainer and direct staff training should be held, whether locally within Trusts or across the local integrated care system. If responsibility lies within the Trust, there would be a further delay to provision due to procurement of TTT provider as well as additional recruitment processes for the facilitator roles.

7.1.5. The proposed requirement for ongoing refresh of all training elements for all staff every 3 years will create an ongoing cost pressure alongside the need for an established training team dedicated to providing and updating this training.

## 8. Conclusion

8.1. This paper has provided an update on the current situation with OMMT.

8.2. The Trust have an opportunity to review the implications of the proposed part 2 training and provide comment /raise concerns via both the BOB and also through the national consultation (closes Tuesday 19th September 2023)

8.3. The challenges associated with delivering part 2 training to our entire workforce have been outlined and the significant level of investment highlighted

## 9. Recommendations

9.1. The [board] are asked to:

9.1.1. Provide comment and feedback on the content of this paper to enable further discussion and decisions at system level as to how to proceed with part 2 training.

## Appendix 1- Training pathway for all Staff