Oxford University Hospitals
NHS Foundation Trust

Cover Sheet

Clinical Education and Training Committee: Tuesday 31 March 2026

Title:	**Oliver McGowan Mandatory Training Update March 2026**
Status:	**For Discussion**
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Executive Summary

1. System-wide (BOB) provision of part 2 Oliver McGowan Mandatory Training (OMMT) began rolling out across BOB in October 2025 with the target of delivering part 2 (tier 1 and 2) NHSE-funded training to 30% of the BOB workforce in the first 12 months.
2. This paper follows on from the previous update paper presented at the January C-ETC and outlines a phased approach to adding Oliver McGowan Training part 2 (tier 1 and 2) as role specific (mandatory) learning to staff records on MyLearningHub.
3. Although relevant groups of staff have been given access to book onto the appropriate training for their role, many sessions remain under capacity. Including this training within staff role-specific learning requirements will provide a necessary prompt for staff to book themselves onto this training to improve completion of training and overall Trust compliance.
4. Discussions across BOB and Frimley ICB with all NHS organisations has led to a number of possible options for continuing provision of this training beyond the initial 12 month roll out. This paper will outline these options as well as the associated implications for training and financial resource across OUH.

Recommendations

5. The Clinical Education and Training Committee is asked to:
    - Support the prioritisation of OMMT training roll out for tier 1 and 2
    - Agree to this training becoming ‘role specific’ for staff groups using a phased roll out.
    - Support the proposal for a continued system-wide approach to training provision into year 2 (October 2026 onwards)

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Oliver McGowan Mandatory Training Update March 2026

1. Purpose

1.1. This paper provides an update on the current Trust compliance with part 1 Oliver McGowan mandatory training (OMMT) and progress with rolling out part 2 training (tier 1 and 2).

1.2. The paper provides the rationale for adding the Oliver McGowan Training part 2 (tier 1 and 2) as mandatory to staff learning records on MyLearningHub. This is required to ensure the Trusts' allocated training capacity for part 2 training is fully utilised.

1.3. An overview is provided of the proposed options for sustaining ongoing training provision beyond year one (October 2026 onwards).

2. Background

2.1. The Health and Care Act 2022 requires CQC registered service providers to ensure their employees receive learning disability and autism training appropriate to the person's role.

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. For further guidance follow this link.

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 therefore this involves additional training for all employees.

2.4. OMMT training is currently monitored through the OUH Learning Disability Steering Group

2.5. System-wide provision of part 2 OMMT training began rolling out across BOB in October 2025 with the target of delivering part 2 (tier 1 and 2) training to 30% of the BOB workforce in the first 12 months. This target must be reached to release further NHSE funding for ongoing training.

2.6. For staff who are '**non-patient facing'** in their role, they are required to complete the elearning + 1 hour interactive webinar.

2.7. For staff who are '**patient facing'** they need to complete the elearning + 1 day classroom based workshop.

3. OMMT Training

Part 1 training - elearning

3.1 This training is mandated learning for all staff across the Trust and has been offered through the Trusts learning management system (MLH) since 2023.

3.2 Current overall compliance for the Trust is 84.7% (March 2026), an increase of 1.7% since the last report to this committee in January 2026. 2217 staff have not completed this training (out of an audience of 14531).

Part 2 training

3.3 Training provision from Oct 25-Sept 26 is being delivered by UTS training solutions and coordinated by a programme lead at Bucks Health and Social Care Academy on behalf of BOB. For tier 2 classroom based training, OUH are working in collaboration with OH to host training across a range of venues in Oxford / Banbury.

3.4 Funding for this current 12 months period has been ringfenced for delivery of training to 30% of the workforce across the system. The fair share allocation of training places for OUH was shared in the last report.

3.5 All staff are required to attend either tier 1 or 2 interactive training. At OUH we have 3514 staff who are considered 'non patient facing' and assigned tier 1 webinar. There are 11829 staff who are considered 'patient facing' and should therefore attend a tier 2 whole day workshop.

3.6 As outlined in the previous report, the volume of staff requiring tier 2 training has led to a phased roll out, using a risk matrix to identify those areas deemed highest risk receiving training first. The risk uses the following criteria:

3.6.1 Level of experience of staff team / service

3.6.2 Level of training of the staff team

3.6.3 Level of use of the service by autistic people or people with LD

Clinical areas and their risk scores are provided in appendix 1. Phase 1 commenced in October 2025, training will be made available to phase 2 areas from April 2026 and phase 3 is likely to start from October 2026.

Tier 1 and 2 training data

3.7 As of March 19th 2026, training has been delivered to 9% of staff requiring tier 1 (an increase of 4% from last report) od (to end Sept 2026), and 4% of staff requiring tier 2 training (a reduction of 5% from last report; likely due to amendments to audiences).

Training need and progress for OMMT (19/3/26)

Course Name	Target Audience	Total completions	Staff left to train	% overall OUH staff left to train
OUH Oliver McGowan Mandatory Training Part 2 Tier 1	3480	301	3179	91%
OUH Oliver McGowan Mandatory Training Part 2 Tier 2	11733	436	11297	96%

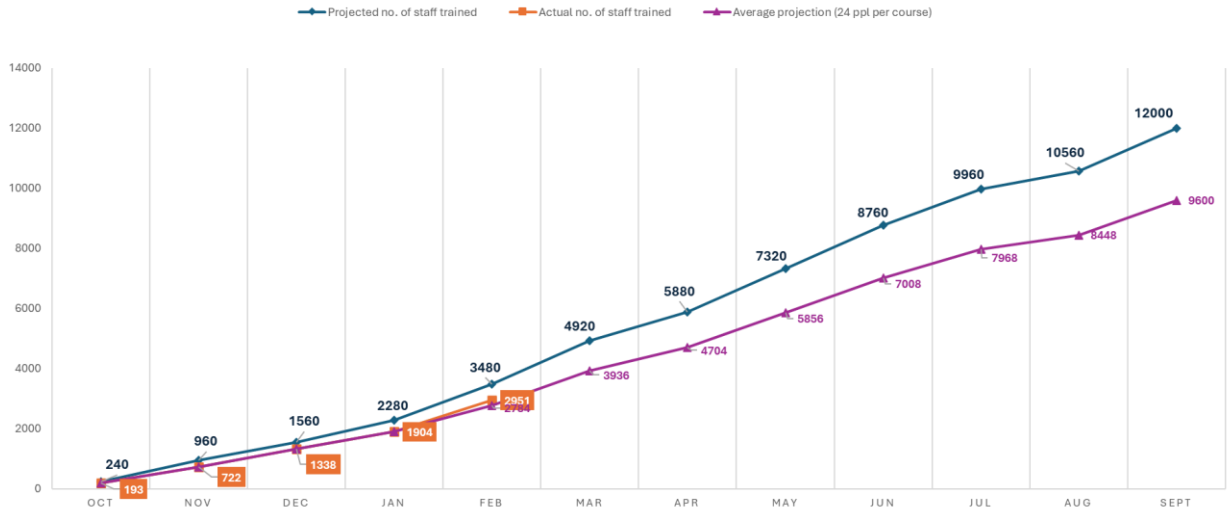
Uptake of spaces per tier to date (19/3/26)

Course Name	Spaces available to date	Spaces used to date (includes leavers and common exclusions)	Spaces wasted to date (unbooked AND non attended)
OUH Oliver McGowan Mandatory Training Part 2 Tier 1	740	321	419 | 57%
OUH Oliver McGowan Mandatory Training Part 2 Tier 2	641	460	181 | 28%

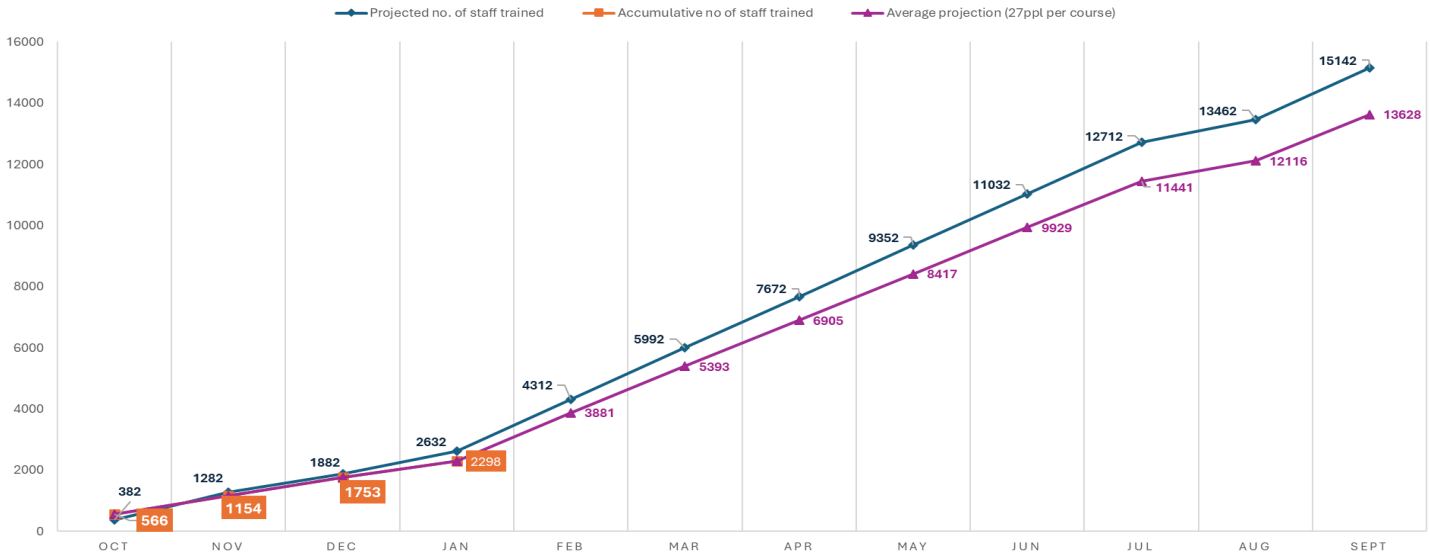
3.8 To achieve our fair share target by the end of Q2 2026, we will need to increase our training capacity and support a greater number of staff to be released to attend the training.

3.9 The graphs below (1 & 2), provided by Buckinghamshire health and social care academy (BHSCA) show projected figures towards the target 30% across the system, alongside actual through the year

Graph 1:OMMT data for Oct 25-19th Feb 26 – Tier 1 webinar total 2499 (10.3%)



Graph 2: OMMT data Oct 25-19th Feb 26: Tier 2 seminar total 2994 (7.72%)



3.10 System wide data provides a breakdown of progress by Trust (BHSCA, Data to Jan 2026)

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3.11 Evaluation data from BHSCA so far reports that 97.5% of staff attending tier 1 and 99% of those attending tier 2 said it will have a positive impact on their practice.

4. Request for part 2 training to be mandatory learning (role specific)

4.1. It is now mandated that healthcare providers ensure all their staff have completed a programme of learning appropriate to their role to support autistic people and those with learning disabilities who are within their care (CQC 2025).

4.2. This training is included within our learning management system (MyLearningHub) but is not currently assigned as mandatory learning (certification).

4.3. To support training roll out, maximise the Trusts fair share of funded trainingm and provide compliance data for reporting, it is requested that this tier 1 and 2 training be made mandatory to staff groups as outlined in 2.6 and 2.7.

Tier 1 Training – (staff who are not in a patient facing role)

4.4. The target audience for tier 1 training is 3480 and the training capacity for this year is 2050. Therefore it is proposed that we graduate the implementation by division, targeting corporate division and 2 clinical divisions in Q1&2.

Tier 2 Training – (Staff who are not in a patient facing role)

4.5. The target audience for tier 2 is significantly higher than tier 1 (11,733) and the time required to complete is a full day. It is proposed that training is assigned as mandatory to those areas in phase 1 immediately and then continue with the roll out as outlined in 3.6.

5. Proposal for sustainable training solutions for October 2026 onwards

5.1. A strategic lead planning meeting was held on 25th February at which a series of future delivery models were identified. A summary of these is provided below, with further detail included in appendix 2

5.2. Model 1:In house by Trust. Delivered by training trios based within each Trust delivering to own staff only

5.3. Model 2: **Collaborative by County**, Delivered by Trusts, voluntary sector, councils, social care, universities and colleges

5.4. Model 3: Trust delivers own training package (ie not Oliver McGowan template). Delivered by Trusts internal training and education teams.

5.5. Model 4: **Thames Valley Collective** with local accredited training. Delivered by locally based training trios, proportional to organisational headcount, with central supervision provided by TV ICB (like current model)

5.6. Given the advantages / disadvantages of each model as outlined in appendix 2, it is recommended that we take a collaborative approach to training deliver, so adopting either model 2 (county based system) or model 4 (ICB based system). Further discussion and agreement with partner organisations would be required to agree which of these models would be feasible.

6. Future funding for training

6.1. Anticipated [redacted] will be allocated to support Oliver McGowan Mandatory Training from October 2026. (clarification being sought on timeframes, this is assumed across the system)

6.2. There will be a fixed budget. If the funds are fully drawn within the year, subsequent funding in year will cease.

6.3. Funding will continue to be claimed by ICBs and will decrease incrementally each year.

6.4. For 2026/2027 NHSE training payments will be adjusted [redacted] Therefore a more efficient / system wide model of training delivery will mean that financial impact on the Trust is minimised by being able to deliver training based on the reduced per head cost.

7. Risks and Mitigations

7.1. The use of a risk matrix to identify areas who would benefit most from the training has enabled us to take an informed approach to the roll out of the training

7.2. Making this training mandatory will mean it is included on staff learning dashboards and show as non compliant if not completed. Whilst this will support staff in booking and completing the training, the limit on capacity for this year may lead to staff remaining non-compliant for some time. A phased approach to roll out will mitigate this risk.

7.3. Future delivery of the training has potential financial implications for the Trust. 6.4 outlines this. The recommendation of a system based training delivery module will help to mitigate the financial risk.

8. Financial/Resource Implications

8.1. The training provision is funded via BOB / NHSE funding until end of Q2 2026.

8.2. The release of staff to attend the training has resource implications and for this reason there has been a lower amount of training planned through Q3/4 this current year to accommodate operational pressures.

8.3. Section 6 has outlined future funding for training.

9. Conclusion

9.1. Oliver McGowan Training, parts 1 and 2, is mandatory for all staff across the organisation to complete (CQC 2025).the Trust is expected to fill its fair share of training places as far as possible through this current year (oct 25-sept 26)

9.2. This paper outlines a phased approach to the roll out of both tier 1 and tier 2 training and a proposal to make this role-specific learning on MyLearningHub.

9.3. A proposal for future delivery of training from October 2026 onwards is provided and a recommendation of a system-wide approach is outlined for the committee to discuss.

10. Recommendations

10.1. The Clinical Education and Training Committee is asked to:

- Support the prioritisation of OMMT training roll out for tier 1 and 2
- Agree to this training becoming 'role specific' for staff groups using a phased roll out.
- Support the proposal for a continued system-wide approach to training provision from year 2 (October 2026 onwards)

11. References

Care Quality Commission (2025) *Brief Guide: Mandatory Training Requirement on Learning Disability and Autism*. [https://www.cqc.org.uk/guidance-providers/nhs-trusts/brief-guides-inspection-teams/mandatory-training-learning-disability-autism]

12. Appendix 1

Patient facing (Tier 2) roll out – levels of risk

Division	Priority area	Risk level
SUWON	SEU	6
	Endoscopy	7
	Operating theatres	8
	Recovery nursing teams	8
	Day surgery units, TDA areas	6
	Surgical wards	7
	Maternity	6
MRC	ED/EAU	7
	AAU, ambulatory care team	5
	Diabetes, endocrine and metabolism	8
	Cardiac directorate	5
	General medical wards/CMU	8
NOTSSCAN	Childrens directorate	7
	Ophthalmology	8
	Neurosciences	6
	Operating theatres	8
	Recovery nursing teams	8
	Day surgery units, TDA areas	6
	SSIP	8
	Trauma	6
CSS	Pain team	5
	Psychological medicine	5
	Pre op teams	7
	Outpatients	8
	Here for health team	4
	Pharmacy dispensary/clinical pharmacy	6
	Radiology and imaging	7

	OCC	8
Corporate	Safeguarding team	5
	Operations team	9
	Executives / Duty Managers	9
	Practice development & Education	8
	Post graduate medical education	8
	Patient advice and liaison team	7
	Bereavement team	6
	Patient experience team	6
	Learning disabilities team	4
	Chaplaincy team	5
	Volunteers	7
	Porters	8
	Receptionists (all areas)	8

13. Appendix 2: Proposed Training Models

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