BN: So, if you don’t mind if we could just start a bit by if you explain a bit about (name of organisation) and your role here.

NA2: Yeah, so (name of organisation) was started, we started four years ago so it’s our fourth birthday this Saturday, and that was on the back of me working in the NHS in a role which I considered to be the best role I’ve ever done within the NHS, and that was a one to one Macmillan nurse, and it was working with people in the community who were newly diagnosed or at end of treatment. And a lot of that was surrounding education, counselling, all sorts of different things when people were at their lowest, basically. We used to Living Well events, health and wellbeing events, so lots of education there and for whatever reason after seven years, despite winning awards and all sorts, that service ended. So, I was so annoyed I started my own charity. And that’s basically where we’re at, so in terms of the charity, we deliver lots of workshops and because of COVID which made us kind of resent and rethink about how we want to deliver things, I suppose what we’re really good at is the wellbeing aspect. So, it is the one-to-one interaction still with patients, but also that focus on mental health and wellbeing, so looking at quality of life issues, things like sleep and managing anxiety, all of those things. We do a lot of art for wellbeing, all sorts.

BN: Yeah. So, what would you say the kind of attitude towards health promotion is? Is it pretty integral to what you do?

NA2: Absolutely. It’s those opportunist moments which I think are key which and having now got the café downstairs, we’re doing more and more of that which his really interesting.

BN: OK.

NA2: And it’s almost like a research project in itself.

BN: OK.

NA2: So, we always knew, and I always kind of knew with the model that if we had a coffee shop downstairs it would be easier to get those cancer patients through because it’s less intimidating than going to a Macmillan information centre, or going to the hospital, so we’ve had lots and I can demonstrate that where people have come in for a coffee and they’ve sat downstairs and maybes one of the volunteers have said I think that person needs a little bit more support, and then you’ve just gone down to meet them and say hello, and tell them what we’re all about and then you have a conversation well actually I’ve got cancer or my daughter’s got cancer or this is the issue, then they come up here.

BN: Right.

NA2: And so, they’ve come in for an opportunist cup of tea or coffee and ended up being up here for an hour.

BN: Oh wow. Oh, that’s excellent.

NA2: So, I kind of knew that would work but to see it in action.

BN: To see it happening, yeah.

NA2: It’s just incredible.

BN: Yeah. Oh wow.

NA2: Even general conversations about like myths about when you get cancer [02.54 unclear] downstairs, you hear all of that downstairs so you can actually—

BN: Yeah, pick up on that.

NA2: Pick up on it as well.

BN: Yeah. Oh, that’s so interesting.

NA2: Yeah.

BN: So, what is your kind of knowledge, background of MECC? Obviously, you haven’t had any MECC training yet.

NA2: None whatsoever. And like I say, in terms of I’m an NHS worker with 30 years under my belt, recently just left, haven’t heard about it.

BN: Right.

NA2: But it was always engrained in terms of cancer care like within the degree of had this opportunity to teach people. It’s all about in the moment, isn’t it?

BN: Yeah.

NA2: In grabbing that opportunity.

BN: Yeah.

NA2: So, whether it is really that in a nutshell, isn’t it?

BN: Uh-huh.

NA2: But not formalised.

BN: So, you never went to any sort of formal training or nothing.

NA2: Nothing. Nothing.

BN: And can you remember ever seeing any sort of adverts or emails or anything inviting you to any sort of MECC training?

NA2: I can’t. I genuinely, honestly, honestly can’t.

BN: Yeah.

NA2: And we have, when I worked in the trust, they have a really good ticker tape on the bottom so to highlight all of that.

BN: Oh right.

NA2: So, unless it’s been lost in that, that there’s been too much there.

BN: Uh-huh. And then when you’ve been here in sort of voluntary community sector circles.

NA2: Nothing.

BN: Nothing.

NA2: No.

BN: Yeah. OK.

NA2: Our go to there would be (name of organisation).

BN: Yeah.

NA2: So, I will check them again just to see if it’s on there.

BN: That’s really interesting. So, was the first time you heard it when I’d sort of explained it?

NA2: Yeah. Uh-huh.

BN: Which is crazy because that’s what you’re do.

NA2: Well yeah, when you were saying about like so I’m very familiar with the cascade training model and all the rest of it, so when we have neutropenic sepsis, when we changed all the obs, so that was a train the train module and we have Sage and Thyme communications, we have advance communications, all of those things. So, to not have that aspect was quite strange.

BN: Yeah. So, can you explain a bit about Sage and Thyme and was that train the trainer or what was that?

NA2: Yeah. So that was to try and, at a different level, so to be fair the band 6 and above nurses and clinical nurse specialists would all go away and do advanced communication skills.

BN: Right.

NA2: But obviously people on the ward who are band 5s and they were the cancer care coordinators, quite often they have more contact with the cancer patients where some of the more senior nurses might be doing the more strategic stuff.

BN: Yeah.

NA2: So, they would go and do this Sage and Thyme training and then it was like the cascading from there as well.

BN: Right. Yeah.

NA2: So, it was all about like how to talk to cancer patients and communication skills, that type of thing.

BN: So, it does sound very similar.

NA2: Yeah.

BN: Yeah. And so, were you a trainer with that? Did you go to the train the trainer?

NA2: I was a train the trainer with the more clinical stuff.

BN: Right.

NA2: Much more clinical stuff. Yeah.

BN: Yeah.

NA2: Yeah, when we changed like the obs system and alerts and all the rest of it and 24-hour alert care for cancer patients, all of those things.

BN: Yeah.

NA2: So, much more clinical.

BN: Yeah. So, the kind—

NA2: Yes, but at that time my role was I was a clinical nurse specialist, but I was also part time deputy matron as well, so it was more strategic stuff.

BN: Right. Yeah. And so, when you did, when you became a trainer, was it more hands on than doing delivering a training session, or—

NA2: No, no, we’d deliver. We’d definitely deliver the training session. It used to be an hour. We’d deliver the training session, and we would use case studies and lots of like chat as well.

BN: Uh-huh. OK.

NA2: So, we do scenarios. So, someone had come in with a temp of 38, what would you do, what is this scenario. And like what would be the gold standard of what you would do.

BN: OK. So, how do you find the whole training delivery side?

NA2: Oh, I love it.

BN: Oh really?

NA2: Yeah. Yeah. I love all that side of it.

BN: Oh really?

NA2: Yeah.

BN: Which is perfect for MECC train the trainer. So—

NA2: Because it is, it is those opportunist things there, and if you’re using case studies as well and it’s like real people.

BN: Yeah. And have you always felt confident about the training delivery side, or can you remember sort of before you did any training how you felt?

NA2: I used to hate, can’t stand massive, big groups. Like that whole lecture theatre thing. I would be like uh. But small groups, love it.

BN: Right.

NA2: Yeah.

BN: And you’ve always felt fine about it?

NA2: Yeah, yeah, all of that yeah.

BN: Yeah. OK. That’s excellent. And so what would kind of your attitude be like to attending a MECC train the trainer session and becoming a MECC trainer?

NA2: At this precise moment probably haven’t got the time, but definitely in the future. Most definitely.

BN: Yeah. Right.

NA2: But I think, obviously you know how busy we are, but yeah, definitely. Even within our volunteers here, you know, with teaching those.

BN: Yeah.

NA2: And have you heard of the (name of) Network?

BN: Uh-huh yeah.

NA2: So, the (name of) Network, it started off and there was five of us in the network and it was supposed to be for (name of location). And that all the cancer charities would work together. They weren’t all cancer charities, but they had cancer people going to them if you know what I mean.

BN: Yeah.

NA2: Like for benefits advice and things. So, but now there’s about a hundred and odd. So, there’s a massive, and it’s a regional thing.

BN: Wow.

NA2: So, it needs – I’m just thinking about this train the trainer, actually within the (name of) Network, if you talk to the right people, you could probably get quite a few train the trainers from there.

BN: Right. Yeah.

NA2: Because there’ll be a massive need for it.

BN: Yeah. OK.

NA2: If you think about all of those volunteers who are going to be like probably the first port of call for many patients.

BN: Yeah. Yeah. And so yeah, if you were thinking about going to a MECC train the trainer would you kind of have in mind who you might be delivering training to? Would it be people here or anyone outside?

NA2: It would depend on youse would need as well.

BN: Yeah.

NA2: Yeah, yeah.

BN: Oh right, and what is kind of your motivation at this current point to become a MECC trainer and deliver MECC training?

NA2: I think it’s just getting…everything I do, everything, is all about patient focus. So, if it can have an impact on someone, a positive impact, then that’s what we need to be doing.

BN: Right. So, would you kind of I suppose you probably don’t really have an attitude towards MECC if you don’t really, but what is your sort of initial thoughts about it, attitude towards MECC as an idea?

NA2: I think it’s a great idea. It’s alluding back to what we were saying before, because there are all these opportunities.

BN: Yeah.

NA2: There’s so many opportunities, and if you can formalise it better than just that ordinary conversation.

BN: Yeah.

NA2: And actually, and it might only be ten minutes or whatever that you have with an individual, if you can teach people what the key themes are of what you need to be hitting.

BN: Yeah. OK excellent. So, obviously you’ve got a nurse background. Do you kind of feel…how confident do you feel in MECC? Obviously, you haven’t done any MECC training but about the idea, what it’s about.

NA2: The idea, very confident. Yeah, yeah. And I will—

BN: Yeah, that you kind of do it anyway.

NA2: Yeah. I think yeah, I think we do do it but it’s just yeah, it’s putting a name to it, isn’t it?

BN: Yeah. Yeah. So, I suppose again it’s quite hard, it’s all hypothetical, but what kind of things do you think you would need in that training session to help you become a MECC trainer?

NA2: You need quality training. You need someone, the initial person who’s delivering it, to really know their stuff. And then I think you need to have – so for us, because we’re hopefully going to be doing some cascade training and train the trainers.

BN: Oh right.

NA2: In sleep.

BN: Right.

NA2: You want to be able to give people like a toolbox as well.

BN: Yeah. OK.

NA2: And know where to signpost people. So, all of that.

BN: Yeah. Yeah. So, obviously you’re very familiar with the train the trainer model as well. What kind of style of train the trainer session do you think fits with your kind of learning style and how people learn?

NA2: Dead important.

BN: Right.

NA2: Like an informal around the table.

BN: Yeah. So, would that be kind of…how would that kind of look, I suppose?

NA2: So, I’m just trying to think outside the box here. So, one of the things that we’re going to be doing, well we are doing, we’re doing like a wellbeing Wednesday.

BN: Oh yeah.

NA2: So, we do Art for Wellbeing, but alongside all of that I want to bring in, so once a month like a training session, so things like how to manage your anxiety, how to manage sleep. That could sit quite nicely with that type of like bringing people in.

BN: Yeah. So, you’ve already kind of got a space of where it can happen and—

NA2: Yeah, yeah.

BN: And so, at the minute you say time is the biggest barrier.

NA2: For me at the minute. Like I am spinning. Well, nothing’s going to get done till January.

BN: Right.

NA2: Nothing’s going to get done because we’ve got so many, with the lead up to Christmas, how many weekends, is it six.

BN: Oh God, is it?

NA2: It’s something like that, yeah. And I think it’s like we’re working seven days in a week, like most weekends.

BN: Really?

NA2: Because we’ve got things, we’ve got like the Michael Bublé appeal, we’ve got a coffee, Christmas coffee mornings, Christmas quizzes, all sorts of things.

BN: Right. So, is that sort of a barrier that could reduce at different times of the year, or do you think that’s always quite a big [12.17 unclear].

NA2: Christmas is always like the busiest time.

BN: Yeah.

NA2: I mean, if you think about, we only picked up the keys here in July.

BN: Yeah, I know. It’s mad how quickly.

NA2: We’ve decorated downstairs, we’ve done this place, we’ve got a programme together and I think we had the (name of) Foundation in about a month ago. We got interviewed. It might be longer than that. And we were interviewed for two hours, and it was really quite intense. But the key thing from all of that was, what I took away, was like I needed to just like calm and you cannot keep going on this trajectory because that’s what they were talking about, you’re like this. You’ve started off here and you’re like that and you can’t keep going, and I think they liked my answer where I was saying actually, we’re going to press pause for a little bit.

BN: Right.

NA2: So, we’re not going to add loads more to the programme. We’ve got a good programme.

BN: Yeah.

NA2: But that, I mean how much time would be involved in this?

BN: So, I think it’s a half day training session for you as a trainer, and then I think the training that you deliver would be like could be between one and two hours, I think. But I suppose it depends how you would want to deliver it. But yeah, the training session, the train the trainer itself, is a half, it’s like three and a half hours, I think. So, where would be the best place for you to see that, because obviously you haven’t seen any sort of offering of train the trainer.

NA2: To put the train the trainer, yeah, yeah.

BN: Yeah.

NA2: So, where do they deliver it?

BN: Different places. I think it depends kind of who’s signed up so whether it’s local authority or whatever, but all over. I’ve been to one in The Lindskill before.

NA2: Right.

BN: That was last year.

NA2: And did you get a lot from it?

BN: Yeah, well I mean because I was kind of going in the researcher capacity kind of taking notes and things, but yeah, I just think from the last time I spoke to you it’s kind of what you do anyway.

NA2: Yeah. Uh-huh.

BN: And it just comes so naturally to you it seems like that yeah, I just kind of was surprised. I wanted to know more about why you haven’t been offered it.

NA2: Yeah. Yeah.

BN: Do you think it’s anything to do about how new the charity is I suppose?

NA2: I don’t know. I honestly don’t know. I honestly don’t know.

BN: Yeah. So do you kind of—

NA2: So who would be offering it to us?

BN: So, it would be the regional MECC coordinator who is across North East and North Cumbria. And yeah, I think they advertise it in…I can ask him more about it if you would be interested in doing it.

NA2: Yeah, yeah, no bother. Yeah, yeah.

BN: I can ask him to forward because you’d be able to get on a training session definitely.

NA2: Because I’m just thinking me and (name) could both do it. So, (name)’s a counsellor as well, so we could both go.

BN: Yeah. I mean it’s great that you’re interested in it and going to do it.

NA2: Yeah, yeah. Well, it just sits really, really well with what we do and I think if it just puts a bit of a framework to it.

BN: Yeah. Oh well, that’s excellent. Yeah, I’ll definitely pass you on to the right person if you’re interested. So, I suppose back to the kind of Sleep train the trainer, is that…are you becoming a Sleep trainer or is that something you’re facilitating?

NA2: So, we’re facilitating as a charity. So, one of the things that we did, so it was probably I think it might have been through COVID, so having that experience of doing holistic needs assessment with patients, you have these key themes that were coming out. And a lot of it, I mean I’ve done it for a long, long time so in the (name of location), poor area, up there is finances. So, finances is massive. So, people can’t live on fresh air, so when you would go in as especially as a one-to-one nurse, a big part of that was actually sorting out all the social circumstances, so things like their PIP, Macmillan grants, quite often housing. So, if you sorted that practical social element, you could then focus on all the other things. After that would always be anxiety, so the fear of reoccurrence, low mood, all of those things, so we did a big bit on mental health and then sleep.

BN: Right.

NA2: So, I asked (name) who is our counsellor, to do a six-week programme online to help people through COVID and the one that was attended the most was the sleep one.

BN: Oh, right.

NA2: And so, I think it was at the beginning of this year obviously sleep had come up as a big concern in the cancer world, which we already knew. We already knew that. But the cancer alliance, it did a big scoping exercise and discovered that no one was really delivering anything sleep wise apart from us.

BN: Right. Yeah.

NA2: So, on the back of that mini six-week thing we ended up then delivering a monthly sleep programme.

BN: Right.

NA2: So, they’ve partnered with us and we’re doing like a regional sleep delivery.

BN: Right.

NA2: So, we do four for patients, so that’s in (name of location). We did our first two last week so four for patients, four for professionals.

BN: OK.

NA2: (name of locations) so it’s a regional thing.

BN: Oh, excellent.

NA2: So, we’ve got the funding for that, so their thoughts after that is actually because it’s such a big issue, we need to be doing the train the trainer.

BN: Right.

NA2: So, (name) will then train people in the NHS.

BN: OK.

NA2: And we’re linked, have you heard of Professor (name)?

BN: (name).

NA2: (name) is my friend. (name).

BN: Yeah. He taught my Masters module about sleep.

NA2: Yeah. So, he’s partnered with us as well.

BN: Right. Oh, excellent.

NA2: So, and some of the stuff that we’re going to get out of it, so we’ve already got like a 35 minute video of him with a Q&A thing, but we’re going to do a eLearning package.

BN: Oh right.

NA2: We’re going to do all sorts.

BN: Excellent. So, what are your kind of thoughts around the train the trainer model for types of training like the sleep, like MECC?

NA2: I think they’re really, really powerful. I’ve seen them really, really…I’ve never seen people just turn up and tick a box as well.

BN: Right.

NA2: But it’s about how you engage with your audience as well, isn’t it, and make it exciting.

BN: Right.

NA2: So, if you stick a hundred PowerPoint slides up, people are not going to be interested. That’s why you need to do the case studies and all the rest of it and make it engaging. Yeah.

BN: Right. Yeah. So, have you kind of got any sort of ways that you would make it engaging that you’ve seen to be effective from other train the trainer I suppose.

NA2: What, for the MECC thing? I wouldn’t know with the MECC thing.

BN: Yeah. Just sort of I suppose of how to make training engaging. I guess. That you’ve seen. Sort of good examples.

NA2: Again, it’s that around like letting everyone have a voice and using something like a case study.

BN: Right.

NA2: And then working in groups and then breaking it all down, what was done well, what wasn’t done well.

BN: Yeah. And then I suppose in your sort of experience is there anything else that can move it from being a ticky box to that more engaging training, do you think?

NA2: I don’t know. I think, to be fair, in the NHS, and that’s why I’ve left if I’m being very honest, everyone’s burnt out. Like literally burnt out. It’s quite a toxic environment at the minute, and oh another thing, it’s a tick off and people are just not invested anymore. That’s dead sweeping, because some people will be, but I think the overall feel is that people are, I think COVID took its toll on people.

BN: Yeah.

NA2: And I think because there’s so many different ticky boxes within the NHS, so you’ve got all these audits that you have to do every week and you’ve got to complete this, and all your mandatory training, it just becomes overwhelming, and I think some people feel like they’re sat more at their desk than actually being with patients.

BN: Yeah.

NA2: Which is what puts people off. But this is lovely because you can actually be with people.

BN: So, do you mean this as in here?

NA2: No. Doing this kind of train the trainer and being there for people.

BN: Yeah.

NA2: That’s what we need to do.

BN: Yeah.

NA2: So, that’s what I’m saying about the training. Just I think if it was death by PowerPoint people wouldn’t, they have enough of that. You know, there’s a module, like all the which one is it? Information governance. So, there’s a module in the NHS called information governance, and you will be sat at your computer for about four hours.

BN: Oh right.

NA2: So, that’s the kind of thing you’re competing with.

BN: Yeah.

NA2: And then you’ve got your equality and diversity. So, all of these really difficult things to do, and then they’ve got to do the resource and then they’ve got to do the manual handling.

BN: Yeah, there’s a lot.

NA2: And then yeah, there’s just all sorts of different things. Tons. Safeguarding. Safeguarding is massive. Then you’ve got level 1, 2 and 3 and then safeguarding for children.

BN: Yeah. So, do you think, I suppose you mentioned that being online on the computer, do you think it makes a difference being face to face or online?

NA2: Face to face. I would definitely I would opt for face to face every single time and I think if people can get away from that clinical environment it’s just nice, it’s just a nice…it’s almost like you’re rewarding them with a day away from the hospital.

BN: Yeah. Definitely. And I suppose again from your previous experience of train the trainer, is it with you being a trainer, is there anything that’s helped you go on to cascade training, do you think, sort of after that training session? Or that would be helpful?

NA2: I think it’s about revisiting things as well. Rather than it just being like a one-off, but I don’t know how you would.

BN: Yeah.

NA2: Yeah, I don’t know.

BN: Right. So, sort of like refresher training, it’s kind of what’s come up before and other literature.

NA2: Yeah. Uh-huh. Definitely. Because if it’s a stand-alone thing and then that’s it, you do it on the…yeah, you need to make it a bit more meaningful.

BN: Right.

NA2: And you do, you do forget as well. You do forget.

BN: Yeah. Yeah.

NA2: That’s why, and things change. You need to be updated.

BN: Yeah.

NA2: You can’t use the same slides as what you used three years ago, do you know.

BN: Yeah. Yeah. So, sort of a refresher.

NA2: Yeah.

BN: How often do you think would be useful?

NA2: I would do alternate years for refreshers probably.

BN: Yeah.

NA2: Unless the content changes drastically then you would.

BN: Yeah. And that was going to be another thing I was going to ask is so the refresher training sort of come up from previous literature on train the trainer and also peer support sort of groups?

NA2: Yeah, so that’s what I’m thinking, like if you could have, so we had when we did the 24-hour alert thing, we had a working party.

BN: Right.

NA2: And it would only be half an hour or something, but it would be like where are you up to with delivering this and can we refresh this and what’s the feedback been, can we bring something else in. So we would meet half an hour every other week.

BN: Right.

NA2: Again, but it’s about your individuals being invested.

BN: Yeah. Yeah. So that the individual trainers.

NA2: Yeah.

BN: Yeah.

NA2: I think NHS, I think people struggle like I was saying. I think the voluntary sector potentially have got more time to be able to have those meetings.

BN: Yeah.

NA2: I think it will work different with different groups of people.

BN: Yeah. So, I suppose in terms of who was going to be your train the trainer, to become a trainer do you think it would be best sort of self-elected? Is there any sort of people who are best to do it, do you think? And how you get to those people?

NA2: I think people need to want to do it. So, if you force anyone, like it’s a bit like – I’m trying to think of the title that we used to give them – link nurses.

BN: Right.

NA2: So, you would have to have link nurses for everything. So it would be the infection control, teenage and young adult, whatever. If you force that role onto someone, they’re not going to do it well, but you would have to have one, so it’s almost like you want people to volunteer and say that I am passionate about this, and this is what I want to deliver.

BN: Yeah.

NA2: Rather than putting, like going down like the off duty and saying right, that person is doing this, because that has…they need to want to do it.

BN: Yeah.

NA2: Otherwise, it’s not going to be good.

BN: Yeah. Exactly. Well, that was everything I had to ask. Is there anything you want to add you feel like we haven’t sort of gone over?

NA2: I just need…where can I access it? So, is there training online that I could look at?

BN: Yeah. Well, it—

NA2: Are they researched?

BN: There’d be in person training if you wanted to go to in person.

NA2: Yeah, I would want to do that. I definitely want to do the in person, but is there anything that I can…that you can signpost me to get like an overview of it all?

BN: Shall I turn this off, are we—

NA2: Yeah.

BN: Thank you very much.

[End of recording]