BN: So, if you don’t mind if you just kind of start by explaining your role within the MECC programme. And I suppose your larger role.

PT2: Well, I was brought in as, so the job title’s public health trainer. And when I came into this post, which was January last year, 2022, I didn’t know much. Despite having been in the NHS for a long time previously I wasn’t really aware of MECC, and I thought it was something new. I quickly discovered that it wasn’t. And then (name of regional MECC at scale coordinator) came into post at the same time, so his is the regional kind of remit. And together, our purpose was to deliver MECC across the North East, North Cumbria region. So, I work half time, (name of regional MECC at scale coordinator)’s full time, so my role is… So, (name of regional MECC at scale coordinator) organises the training and does the strategic level stuff and meets and greets various people around the place, and then with them, in discussion with them arranges the train the trainer sessions. We came up with the train the trainer model because obviously one and a half of us covering that vast region wouldn’t be viable, so we thought well if we train people to deliver the training, which is how we came up with the train the trainer model, so the first thing we had to do was find out what was currently available. Because when we came into post there was about twenty different version of MECC training going around the region.

BN: The region? That’s just within the region?

PT2: Yeah, yeah. And then obviously a lot of it had kind of stopped because of COVID and the lockdown and a lot of people couldn’t meet for face-to-face training. It wasn’t a priority for trusts and such so a lot of it kind of ground to a halt. So, we were kind of picking up what was available at the time and also updating it, streamlining it and then getting back to rolling it out across the region again.

BN: Right.

PT2: The first sessions we did was in the back end of April, early May, and that was in Middlesbrough.

BN: (year) or (year)?

PT2: (year).

BN: (year).

PT2: [02.13 unclear]. Yeah, so we were kind of heading towards two years in post. It will be two years in January we came in post.

BN: Right. OK.

PT2: And up to now, till last week we delivered 59 sessions and 513 people have attended.

BN: Oh wow. OK. So, when you kind of mentioned that you came up with the train the trainer, how did that process work of coming up with a) the training itself, but also the train the trainer model, how [02.45 unclear]?

PT2: So, initially was to revamp the core training, as we call it. So, we updated those, modernised them if you like, in terms of how they looked. And then because my previous role I worked for the(name of organisation), so again I was based (name of location), but it was a regional role and we rolled it similar if we had a regional training programme for anyone involved in clinical research. So, again, a variety of professions from Medex to nurses to midwives to physios to data managers to whoever. And part of that role, as I say, was to stand – I mean the key course was a national course anyway. And we ran it in North East, North Cumbria. So, in a way we were kind of given the course to run. Other stuff we developed ourselves and likewise what’s happening now with MECC, again in that role people from outside the region were kind of looking at what we were doing. We actually there were 15 networks across England at that point, so we formed, there was all the talk in the norther powerhouse and all this, so we kind of, well I kind of blagged that name and I joined forces with colleagues in(names of locations). So, four of us got together and we said, you know, we were the northern powerhouse. So, then we started collaborating and then the other eleven networks from different parts of the country were kind of watching what we were doing. So, some of the ideas for the train the trainer model came from that.

BN: Right.

PT2: I harried some of those forward and I used to, one of the sessions I developed personally, and I used to run, was I called it Making Your Point, so it was about presentation skills. It was about—

BN: Oh right.

PT2: You know, presenting in public, speaking in public, that kind of thing. So, I kind of developed that and some of the stuff in that I brought forward to what has become the train the trainer model.

BN: Right.

PT2: So, it’s kind of a mix of those things. Like the new MECC stuff, my previous things, obviously (name of regional MECC at scale coordinator)’s got an educational background as well so he’s chipping in with a few bits and pieces. So, it’s kind of amalgamation of all of that stuff.

BN: OK. Yeah, and so you’re a nurse by background, aren’t you?

PT2: Yeah. Yeah.

BN: So, do you think that comes into your MECC training delivery in any way?

PT2: Yeah, because some of the stories that I might tell, some of the anecdotes are from my nursing experience. So yeah, it’s useful in that way, and obviously having done the previous role, I was in the previous role about eight years, which is the longest I’ve ever been in a role. So, some of that carries forward and, you know, the speaking in public thing doesn’t faze me.

BN: Yeah.

PT2: Delivering training sessions. It’s what I did for the best part of eight years.

BN: Yeah. So, it’s a [05.44 unclear].

PT2: So, I brought that kind of forward.

BN: Yeah.

PT2: But that’s kind of how we came about it and how we developed it, and I know it’s not, that element of, you know, the Making Your Point thing – I just called it that because most people use PowerPoint – that idea, and I know sometimes we get people who are lots of the audiences we get for the MECC training, some of them are delivering training. I always ask them who’s delivering training now, because I know a bit like standing in front of an audience probably won’t faze them.

BN: Yeah.

PT2: And obviously they don’t expect them to know the MECC slides because they haven’t seen them. And I had a conversation with (name of regional MECC at scale coordinator) the other day and he’s talking about there’s some preliminary findings and that was one of the things that, you know, your two different audiences. The difference between this role and my previous role, I organised the previous training programme.

BN: Right.

PT2: Whereas here, you know, someone from a local authority will contact (name of regional MECC at scale coordinator), can you come and do some training for our, so we’ve got no control over who comes to the sessions.

BN: Yeah. That’s what I wanted to ask you about. So, you’ve got no influence over that.

PT2: No. So, when they complain about no biscuits, I just say it’s not down to me, I just do the training.

BN: Yeah. Yeah. Right.

PT2: I don’t talk about it, but that does come up in every [07.01 unclear].

BN: Yeah. Yeah.

PT2: Some sessions you get teas and coffees and biscuits, sometimes you get nothing.

BN: That’s not your fault.

PT2: There’s nothing to do, I just get asked to do the training, I come and do the training.

BN: Yeah. So, how do you think that compares then with your previous role when you could sort of organise?

PT2: It’s different in terms of obviously you know I was at a higher grade then and it was a regional role, so we, you know, I got to know which venues were kind of viable in terms of how we set the room up, cost wise because obviously I had a budget. So, I learnt which venues were viable and in terms of like booking a place in an educating centre in a hospital’s OK for hospital staff, but if you’ve got other staff coming out and trying to find a parking space.

BN: Yeah.

PT2: I know parking is difficult so then it’s trying to find venues with good parking facilities and good IT facilities and again around the region, because we cannot do everything alone, a lot of the staff work in and around Newcastle. You couldn’t do all of the training in and around Newcastle because it’s not fair on the other people in [08.09 unclear] about it.

BN: Yeah. Yeah. So, in your previous role, did you have any influence over who signed up to do it?

PT2: Not in terms of I mean some of the courses were more directed towards particular people. As I say, it was anyone who was involved in clinical research, so sometimes we did get admin staff, clerical staff. But some of their involvement might be kind of fringe, if you like, and like the bulk of the content of the training, because as I say it was standardised across the country, some of that might not be appropriate so they might not say where it kind of fits with their role. Or some of it might but then the bulk of it wouldn’t. Whereas other people, like you know the medics who were involved in the actually running the research programmes or the nursing staff in particular. And then we did start, like there was more and more of the allied health professions became involved and never [09.12 unclear]. And likewise, with some of the nurses, so they’d end up running their own studies, as it were.

BN: Right.

PT2: So, they were kind of targeted in that way, and the other thing, the main course was good clinical practice with your GP, anyone involved in research you had to do that course.

BN: Right. Yeah. It’s mandatory.

PT2: So, it was kind of standard and—

BN: Yeah.

PT2: As soon as you got involved, and then there was like a three-year refresher. So, once you’d done the basic course, three years later you’d be expected to do a refresher because obviously things change all the time.

BN: Yeah.

PT2: So, it’s keeping that up to date.

BN: And so, with this MECC training is there any sort of profit either the individual that you think seems to sort of predict success, or do you think anyone could and should be able to go?

PT2: I think it’s valid for anyone, but a lot of people struggle to see how it fits with their role.

BN: Yeah.

PT2: And we get a lot of people because they think, you know, in the introduction maybe ask them that speak, why they want to be a MECC trainers. A lot of people don’t realise, especially in the early days, the first few sessions happen around the first few months, that that was the point, even though we call it train the trainer we were thinking well train the trainer kind of explains itself, but people were coming on a course and not realising that they were then expected to deliver the training beyond that.

BN: Right. Yeah.

PT2: And it has been a problem – you might have picked this up in your research – but it has been a problem where an organisation will have a number of trainers but only a fraction of them are actually delivering the training. And that happens in we’ve heard similar stories from local authorities and from NHS organisations, so it’s kind of across the board.

BN: OK.

PT2: But since I had the conversation with (name of regional MECC at scale coordinator) last week, and I mentioned it to him, I wonder if part of that problem is you’re getting people who are being sent on this course who’ve got no experience of delivering training or talking in front of people and then they’ve got three and a half hours with us and then they’re expected to go and deliver training. And that might be why there’s such a high dropout rate. I mean, some organisation, you know, you can see that it’s starting to pick up now and people are doing more and more, but it’s still that problem.

BN: Yeah. And do you notice that within the training sessions that you deliver, those differences between trainers and non-trainers?

PT2: Not necessarily because with any, you know, for a group of, we tend to cap it at about fourteen or fifteen. Ten or twelve’s a good number. We usually advise people when they’re setting their sessions up to have a minimum of six because you need a bit of discussion and a bit of conversation, and a maximum of 12 because the way we develop the core training, (name of regional MECC at scale coordinator) and I thought well people can’t get big chunks of time out for training, so if we try and pitch it at about 90 minutes, but then give people a flexibility if they want to spend a little bit more time on a specific subject like maternity of whatever, child care or whatever, they could then maybe do a little bit extra themselves, add that in to what we’ve developed and you could do an extra 15, 20 minutes and you’d still be under two hours.

BN: Yeah. Right.

PT2: So, that was the kind of thing behind the 90 minutes scenario, so if they delivered the core training as we kind of set it up it should take around 90 minutes.

BN: Right.

PT2: But obviously what you can’t predict is there’s a difference if you’ve got 12 in the audience or six in the audience as to how much discussion goes on.

BN: Yeah. Yeah. And how did you decide on that format of the train the trainer, you know, the sort of go through the core MECC then the break then go through how to be a trainer. How did you decide on that?

PT2: We thought it will be best to show them what the slides were like and how it might be delivered, because what we always say is like this is how we delivered this bit, but I always explain to people there’s lots of notes under the slides and I don’t have a script. Obviously, I’m using the same slides so I’d say similar things from session to session.

BN: Yeah.

PT2: But I don’t have a script as such. There are some things that you’re going to point out or you’re going to highlight, but it’s definitely not scripted. Again, that’s based on well it’s a different session, it’s a different audience, they react differently. And whatever the group size is, you’re always going to get people who just want to sit at the back and take notes and be quiet, and people who are going to kind of chat away and get involved and be involved all the time. It’s just trying to manage that with people, you know yourself anyway, trying to manage that in terms of as long as everyone’s got the opportunity to participate it’s up to them whether they want to sit quiet and just take it all in.

BN: Yeah.

PT2: Or whether they want to be quite vocal and active.

BN: Yeah.

PT2: That could be participating in it.

BN: And obviously you’ve got this really good birds eye view of how all of these training sessions are going.

PT2: Yeah.

BN: What is your kind of overall thoughts on the train the trainer sessions and how people are reacting to it?

PT2: I think generally they’re well received. I mean, we’ve done four sessions recently for DWP, there’s been some stuff in the press, so (name of regional MECC at scale coordinator) squeezed [14.46 unclear] Northumberland Gazette and Hexham Courant or whatever they call it. It’s the same article but they didn’t [14.56 unclear]. So, we did four sessions for DWP in October, so that was Stockton, Newcastle, Ashington and forgot the other one. Durham.

BN: OK.

PT2: And two of the sessions, so obviously it was a similar thing, (name of regional MECC at scale coordinator) did the discussion with whoever in DWP, can we come claim this that. So, we set up these kind of regional spread as it were, because obviously there’s dozens of Job Centres. We cannot be in every Job Centre, so kind of a regional spread and people were coming in from different Job Centres to the four points, but again with different roles. And obviously we don’t know what their roles are until they’re actually coming to tell us and then we might not understand anyway.

BN: Right.

PT2: But of the four sessions, two of them they were well received because people could see how it would fit with their job and how they might use it, and we do say to people in the sessions that a lot of people are having these MECC type conversation but no one’s put a badge or a name on it, so it’s probably what a lot of people are doing anyway and then we’re coming along and saying actually how’s Core MECC. So, two of the DWP groups were really kind of on board with it and the other two were kind of I don’t understand, where does this fit with me. You know, I do x, y, and z but I don’t—

BN: OK.

PT2: So, and that again is an internal discussion because I remember the Durham group in particular, they were quite kind of I just cannot make sense of this. And one of them there was going to…one of them kind of became the spokesperson for that group, I think. There were about eight or ten people there. And they were going to take it to their line manager or whoever and just ask for a conversation about well how do we fit with this, how does this fit with us.

BN: Oh.

PT2: So that’s what I’m saying to people, you know, that’s an internal conversation that. (name of regional MECC at scale coordinator) and I cannot dictate to an organisation you’ve got to roll it out like this, because every organisation is different, they’ve got different job roles, so we cannot dictate that.

BN: So, what do you think the differences were between those two groups?

PT2: I don’t know because I can’t remember what, and obviously I don’t understand how DWP functions and what the different jobs, and some were like work coaches, I remember some people were work coaches, so they’re trying to help people find work, you know, better their CVs or whatever it is.

BN: Yeah.

PT2: So, I could understand well how MECC would fit with that, and they’re likely to be I mean MECC type conversations. Some of the other people, as I say, not know exactly what their roles entailed, and again some of them might have been sent there, you know, we need you to go on this training. Sometimes, not just DWP, but other times, well go and have a look at this and you feed back to us and tell us what it’s about.

BN: Yeah. Yeah.

PT2: We’ve also had senior staff. There was one, I won’t say where it was, but there was one chief exec of a local authority actually came to one of the sessions because they wanted to know what the training was about.

BN: Oh, that’s good.

PT2: Yeah, they’re the only one.

BN: You don’t get that often.

PT2: No. But I mean you do get like senior staff, and they come along with no intention of delivering the training, and they tell us that, but they want to know what it entails so if they do bring it into their organisation or their teams or whatever then they know a little bit more about what it’s about.

BN: Yeah.

PT2: Which is understandable.

BN: Uh-huh.

PT2: So, we do get people who do that, in fact we had someone recently in one of the recent sessions, where they’re coming in, as I say, with no intention of being the trainer, they just want to see what they might expect of their staff.

BN: Yeah. Right. And so again with that kind of bird’s eye view, do you get a kind of idea of who’s going to go on to deliver training and who isn’t, do you sort of have ideas about—

PT2: No. It’s difficult sometimes because, as I say, at the end of the session when we’ve finished the three and a bit, three hours and a bit session, it’s difficult to say because sometimes, I mean like we’ve had a couple of things recently, there’s a physio from an NHS trust and they co-delivered with someone from a local authority.

BN: Oh right.

PT2: And it was probably getting on a year after they did the training, because obviously, especially with clinical staff, it’s difficult to kind of add this in. We found that as well where people are giving their three and a bit hours, their half a day to come to the train the trainer, but then they’re not given the two hours to deliver the core training beyond that.

BN: Right. Yeah.

PT2: So again, there’s some kind of managerial kind of angle coming in there where they’re allowed to do the train the trainer but then not allowed to do the training.

BN: Yeah. Right. So, does it seem more like organisational structural issues than the properties of the person, or a mixture?

PT2: Yeah. I mean some of there being a mixture. I definitely think, now the more I think about it now, I definitely think there probably is a need to do more for the people who haven’t delivered any training or don’t deliver training.

BN: Right.

PT2: Because obviously if you’re coming in brand new, someone’s asked you to come on this course, you find out that it’s train the trainer and you’re supposed to be training, like that will throw a lot of people off, I would imagine.

BN: Yeah.

PT2: And that might allow or might account, rather, for some of the drop out in terms of 519 people have attended the train the trainer, but I guess ten per cent if we’re lucky might be training.

BN: Yeah.

PT2: I don’t know what the actual numbers are. I just made that number up. But I know it’s a fraction [20.43 unclear].

BN: Yeah. Yeah. So, would you say it seems like the trainers, the people who already deliver training, might be more successful?

PT2: I think it would be. I mean I don’t know, I haven’t got the numbers, haven’t got the data, but I think that might be, differentiating between the two, that might account for the people who are training, and I know one person in particular, they were doing a course at the time, and I had to do some teaching practice.

BN: Yeah.

PT2: So, they were going to use delivering MECC training to their students as their teaching for…so, in a way, they’re getting the benefit in terms of well it’s just, you know, I’ll go and do three teaching sessions, so I’ll run three sessions of MECC. I get however many students MECC trained, and I’ve ticked my three teaching sessions.

BN: So, it’s a bit of win, win-win.

PT2: Yeah. Yeah.

BN: Yeah. OK. So, do you think there’s any sort of thing that, like anything that would help people go on to cascade after the train the trainer training?

PT2: I think something doing, doing something like this [21.51 Making] no point thing that I’ve mentioned actually focusing on the slides and how they deliver the slides. Because obviously we don’t have time in three and a half, you know if we extended it, maybe put another hour on it, but then again, we try to keep the train the trainer to half a day for the reason of it’s difficult for people to get out of work for a full day when there’s a lot of them, especially if it's a morning session, they’ll do that then they’ll go and do the rest of their shift in the afternoon. Whether we need to extend that, whether we need to separate it or not, and I don’t know how (name of regional MECC at scale coordinator) and I would manage that, because obviously you’re automatically increasing the power workload, and we don’t have that capacity.

BN: Yeah.

PT2: Maybe (name of regional MECC at scale coordinator) might have to increase his team or something like that, I don’t know.

BN: Yeah. Because that was going to be something that I was going to ask you, if there was anything you’d want to add or change how able are you to make those changes to the training?

PT2: At the minute, the other thing that kind of has been a bit of a stumbling block is I don’t know how many trainers an organisation needs in terms of like an NHS trust with 10,000 staff, how many MECC trainers do they need.

BN: And you don’t really—

PT2: I don’t know how you would calculate that. I mean you could out whether [23.16 unclear] did 12 a session you wanted everyone trained or ninety per cent of them trained, you could work out the numbers like that and say well, because we suggest that if each trainer does one session per quarter, so that’s four a year, so you could kind of use those numbers and create a formula where you would come out with it.

BN: Yeah.

PT2: I should have done that actually. I keep trying to do it in my head and I think that’s kind of [23.37 unclear] put it in an excel sheet when I get back. But that might be an idea. But then again it depends on people’s roles. If someone’s in like the organisation to learn and develop a department then you would think well, there must be more, it must be more viable for those people to deliver another training session.

BN: Right.

PT2: Than, you know, a nurse who’s based on a ward, for example.

BN: Yeah. And so, do you think there are sort of certain people who would be better off to be those trainers? Or do you think anyone can be?

PT2: I think, if people go, I don’t like people being sent on course.

BN: Right.

PT2: It never worked in the last job I was in, and it doesn’t work in this one. Well, you know yourself. If your manager says I think you should go on there and then see what it’s about or come back, you know, feed back to the team or whatever, I think that’s different to someone being interested and actually wanting to do it themselves.

BN: Right.

PT2: Because we also deliver the Connect 5 which is the mental wellbeing training. I’ve said to (name of regional MECC at scale coordinator) it’s definitely a different audience with that because everyone who comes to Connect 5 training wants to be there.

BN: Right.

PT2: And it is a different vibe.

BN: Compared to train the trainer.

PT2: Yeah. Compared to MECC, yeah.

BN: Oh.

PT2: And they just, well they go through the process of attending, I don’t know about Connect 5, but there’s three modules to it. And the idea is you can one, two or all three, but if you want to, and we’re trying to roll out train the trainer for Connect 5.

BN: Right.

PT2: And if you want to be a trainer you have to go through all three modules.

BN: Right.

PT2: Before you can do the train the trainer bit.

BN: Yeah.

PT2: But it’s definitely, I’ve noticed this because we’ve done a few Connect 5 sessions again in October, and it’s definitely a different vibe because people want to be there.

BN: Right. So that would be—

PT2: It’s a personal, mental wellbeing is a personal interest, and they want to take that aspect themselves and their role further. So, it’s definitely a different vibe.

BN: And you notice it’s different, yeah. So, it sounds like if you were to add this sort of section for people who haven’t trained before, it would mostly be time.

PT2: Yeah.

BN: Because it sounds like you’d be able to deliver a session on that because you have done that before.

PT2: Yeah. Yeah.

BN: But would that be the biggest barrier would you say?

PT2: Yeah. Yeah. It would just be because we provide them with documents. There’s a PDF with all the slides and all the notes and information. I mean far more than you’d ever need, but it’s background information for the trainers. There’s also I need to update, or get updated before Christmas, there’s an excel sheet with the name of each slide and how many minutes we think it should take.

BN: Oh wow.

PT2: So, they’re already there but maybe we’d do a session where we’d actually go through that with them, get them to practice somehow – haven’t worked that bit out yet – because obviously standing, even just standing in a small group it’s different when you’re standing out at the front to like sat around the table.

BN: Yeah.

PT2: It’s not as nerve— obviously I do it all the time.

BN: Yeah.

PT2: It’s easy probably to say. But I don’t think its as nerve wracking as people feel [27.03 unclear] thing it is.

BN: Yeah. Yeah. So, do you think it’s fair to say that everyone who has done training before is OK with that?

PT2: I don’t know if they’re OK because obviously we’ve all seen people do presentation—

BN: Well yeah.

PT2: Who you think I wouldn’t do that.

BN: Yeah. I think what I was meaning was would that be a way to say who would need this extra bit of training or not, or with it being the—

PT2: I think one way would be to maybe offer it as an option.

BN: Yeah.

PT2: So, do the train the trainer, if anyone who, maybe someone who has done, you know, because we do get people who maybe did training a few years ago but they haven’t done anything recently.

BN: Yeah.

PT2: So, maybe it’s a bit of a refresh, but hopefully for those people the train the trainer might be enough of a refresh.

BN: Yeah.

PT2: Whereas the people who are coming in kind of cold as it were, never delivered anything before and all of a sudden, they’re expected to deliver this training that they might not have heard of before. And it might be an option for them to then take them on a this is how to do it course.

BN: Yeah.

PT2: Or this is one way of doing it, not how to do it. Because it’s not scripted.

BN: Yeah. OK that’s interesting. And so, since 2022 when you started, have you sort of amended the train the trainer programme in any way?

PT2: Oh yeah. Yeah. Yeah.

BN: Oh really?

PT2: Continuous improvement.

BN: OK.

PT2: Yeah. It’s not an official programme but that’s what we do.

BN: Yeah.

PT2: So, the most recent [28.37 unclear] so we last updated it in August and already it’s ready for a bit of tweak now, so I’ll do it again in, well obviously it’s December now.

BN: Right.

PT2: Because as time’s gone by, you know, we learn more, like there’s new reports come out, like the [28.54 unclear] report that came out in April, we added that in. The Norwich City mental health thing, I don’t know if I showed it in Blyth when you were there. I think the [29.01 unclear] where the two football fans that sat in the crowd.

BN: No, I haven’t seen that one.

PT2: All right. All right. Oh, it might be before that because it only came out on the 11th of October, World Mental Health Day.

BN: OK.

PT2: So, Norwich City produced this video of two football fans, and you can see them going through the experience of sitting watching the football, and the point of the thing is that sometimes the signs are obvious.

BN: Right.

PT2: And sometimes it’s not. Because when you’re looking at the two fellas, it’s two men, when you’re looking at them you think one of them, they’re the one with the problem.

BN: Right.

PT2: And then the kind of punchline at the end is you realise it wasn’t them, it was the other.

BN: Right.

PT2: And it’s quite a powerful thing. I think it’s been…they’ve made it publicly available now. I mean we’re using it anyway. But I’m sure they didn’t mind.

BN: Yeah. Hopefully.

PT2: So, it’s been viewed like 50, 60 million times or something since October, so that’s like less than two months.

BN: Wow. So, that’s been added.

PT2: So, we’ve added that into our because whenever we do the sessions, this is another thing as well, so there’s the five core elements of MECC, so what we used to do was two and everyone asked for mental health. Mental health plus whatever. And I don’t know how (name of regional MECC at scale coordinator)’s managed to sneak this in, but he’s managed to sneak it in, so we do three now.

BN: Right.

PT2: But it’s always mental health plus two other things.

BN: So, you don’t do five, you do three.

PT2: No. No.

BN: Right.

PT2: I want to try and cut it back to two because obviously if you add something else in then you’re bulking out, you’re extending your time. And some of the slides like the mental health thing, so we’ve added the Norwich City video into the mental health section, and that’s two minutes and 36, I think.

BN: Right.

PT2: So, we’re really two and a half minutes under what you were doing before.

BN: Yeah. Yeah.

PT2: We did some work with the regional Stop Smoking team. They helped, advised us and gave us some info about the smoking slides, so we’ve added stuff into that so there’s a couple of videos in that. And the alcohol got a video in it now, NHS video which has probably been out a year or two now, but we’ve just added it in. So, as you update things and start, you know—

BN: Adding.

PT2: It might not seem much but a two-minute video here and a three-minute video there, and then we’ve got our training videos so the Blyth one where it’s at the family centre, that’s five minutes and 40. The other one, the mental health one, which is the Chopwell Wood one, that’s four minutes and something or other, it’s just under five minutes. So, immediately, you know, there’s probably ten minutes you’ve added there.

BN: Yeah. Definitely.

PT2: To what we started with, and we’ve just been down to film two more. We were in Middlesbrough the end of October and we filmed one in an NHS situation, like about smoking.

BN: OK.

PT2: And one in a leisure facility about physical activity. So, we’ve seen the first draft of them so we’re hoping to have them kind of finalised by before Christmas and then we can use them in January.

BN: OK.

PT2: But again, they’ll be four or five minutes each. In fact, the physical activity one’s over five minutes.

BN: Right. Yeah.

PT2: So, if you’re doing physical activity and mental health, as I say, you’ve added nine or ten minutes to what we were doing six months ago.

BN: Yeah. So, are you taking things out as you’re adding, or do you tend to keep things?

PT2: No, I tend to keep things.

BN: Yeah. It’s not like you’re removing anything to the [32.37 unclear].

PT2: Yeah.

BN: And so obviously yeah, the core MECC changes all the time. I’ve noted the slides are always changing.

PT2: Yeah. Well, the other thing that happened, (name of regional MECC at scale coordinator) got the kind of corporate branding done earlier in the year, so then we had to transfer it, you know, with the little coloured bar around them, [32.52 unclear].

BN: Yeah.

PT2: Do you know what I mean? Multicoloured.

BN: With the little blocks, yeah.

PT2: So, that became like a core branding, so the lanyards are printed like that, the little foldy cards have got that on.

BN: Yeah.

PT2: And again, it’s that kind of identifiable thing, you know, that’s the corporate [33.11 unclear].

BN: Yeah. Yeah. So, and what about that train the trainer, be a trainer element you’ve got, does that change at all or does that stay stable?

PT2: It’s changed a bit, like the second part.

BN: Yeah. When you’re teaching them how to be a trainer.

PT2: It’s changed a bit but essentially, and I am aware that that’s about the third of the day, or the half day. So, we spend about two hours doing the first bit and about an hour doing the second bit.

BN: Yeah.

PT2: And it is one of those things where ideally you’d like to book that out a bit but then how do you do that and keep it all in a certain timeframe.

BN: Right. Yeah.

PT2: But do you do it as a stand-alone for people who might want it, so the people who haven’t got the experience of delivering training. As I say, do that as a supplement for them.

BN: Right. Yeah.

PT2: But then if you do that, we’re into workload and capacity and those kind of things for (name of regional MECC at scale coordinator) and I.

BN: Yeah. So, the adding things is an issue.

PT2: Yeah. Yeah.

BN: Yeah. So, when the trainer part, is that more stable?

PT2: Yeah.

BN: That doesn’t tend to change so much.

PT2: No. I’m trying to think. I cannot think of any drastic changes that are being made. I mean it’s probably been minor tweaks over the time that we’ve been doing it, but certainly not as much as the core training.

BN: Yeah.

PT2: Because, as I say, if new information comes out or new papers, new reports, then obviously we’re trying to build that in. The bus journeys thing, we got those about a year, just over a year ago and then we updated them in March.

BN: Yeah.

PT2: So, again, prior to a year ago we didn’t have them so then they became part of the training. But no, the other bits kind of it’s much more stable in terms of—

BN: Stable, yeah. Uh-huh. And is there anything you would want to kind of and then within that current block, I suppose, rather than adding anything.

PT2: The train the trainer bit?

BN: Yeah. Kind of in response to your experience of delivering it.

PT2: I cannot think of anything that would need changing. As I say, it’s more spending more time on the actual, you know, I could deliver the core training in the first part and then talk more about how they might deliver those slides. Because as I say, we’ve got the documents, the PDF and the excel sheets, but then maybe, you know, should we provide them and hand them out at the time, but then again there’s a cost and a capacity issue to us if we then have to start printing stuff.

BN: Yeah.

PT2: Or do we, as I said, set up a separate supplementary kind of well if you want to learn more about this come back and do it here.

BN: Yeah. Yeah. So, what do you think is kind of actionable? Do you have any thoughts about where kind of it could be improved that’s also feasible to help people go on to deliver training?

PT2: I think it would be to develop that second part a little bit more, but as I say, I don’t know how much we could develop it because the obvious thing would be to expand on the let’s talk about the slides bit. Because I do show them, it’s just a screenshot of I’ve showed you 46 slides or whatever it is.

BN: Yeah.

PT2: And I do say if you’ve got any questions like you can ask them now, but other than that, I don’t kind of go into the detail of the slide and how they might be using, how they might deliver them. Because whatever you do in terms of expanding that, it’s going to increase your timescale.

BN: Yeah, again. Yeah. And is there anything outside of your control that you think would help with people [37.12 unclear]?

PT2: The only thing that’s outside our control is who gets sent there or who comes to the courses because like we’ve got now, we’ve got assessments, but I just looked this morning, I need to speak to (name of regional MECC at scale coordinator), we’ve got assessment for Newcastle Council 13th of December I think it is, anyway, and there’s 22 people booked on. We’ve never delivered to 22 people.

BN: Wow. Yeah.

PT2: And I don’t know how, I don’t know why. I suspect I know how it’s been set up like that, but I doubt it would be (name of regional MECC at scale coordinator) that’s done it.

BN: Yeah.

PT2: And I’m not sure how if all 22 turn up, how it might go because we’ve never delivered to that number.

BN: Yeah.

PT2: Not in a face to face. Obviously if you’re doing in online, which I don’t like, the audience can be whatever.

BN: Yeah. Yeah, that’s another thing I suppose, so all of the train the trainer are in person, is that right?

PT2: Most of them.

BN: Yeah.

PT2: We have done it online. Obviously initially when we started, we were doing more online than we do now. I think the last one I did was a few months ago but I much prefer, it’s just I think generally training is better face to face.

BN: Yeah.

PT2: Because you get that kind of in the room discussion, you get people meeting other people, it’s that networking element.

BN: Yeah.

PT2: And I think people get more out of it because they hear other people’s comments and there’s a discussion around that. Even if they’re from the same organisation, like some of the DWP stuff, people used to work with each other elsewhere and hadn’t seen each for a while, so it’s kind of a catch up in that regard.

BN: Yeah. So, do you get that makes a difference to the amount that go on to deliver training in any way, whether it’s in person or online.

PT2: I haven’t looked at that, I don’t know. I don’t know how that [39.02 unclear].

BN: Just your opinion, I suppose.

PT2: I don’t know how that would work. I would imagine that face to face is probably more, because we’ve had fewer so it might be worth checking, I don’t know, but I don’t know how much people get out of training online, especially something like that where part of the kind of key element of it is the audience interaction. How they interact with the trainer or me.

BN: Yeah.

PT2: And how they interact with each other.

BN: Yeah.

PT2: And you lose a lot of that online.

BN: So, in person is ideal.

PT2: Yeah.

BN: Yeah. I’m trying to think if I’ve got anything else. I’ll just look over my questions to make sure I haven’t forgotten anything.

PT2: Don’t be many questions.

BN: Yeah, I think that was everything I had to ask you. Is there anything you wanted to add, do you feel like was kind of in your head before this that I haven’t asked about?

PT2: I don’t think so, it’s just (name of regional MECC at scale coordinator) had mentioned that there’d been some discussion about the two different audiences, and it is something I’ve been aware of because I am aware and I have been aware that we only spend a third of the time on the train the trainer element of it. And it probably isn’t enough for someone who’d never delivered before.

BN: Right. Yeah.

PT2: Thinking about it now, now I’m starting to wonder, is that why out of the 513 people or whatever it is, only a percentage, you know, small percentage of them are actually delivering.

BN: Yeah.

PT2: Are the people who are actually delivering the people who delivered before and are the ones who are slower on the uptake, the people who’ve never delivered so they kind of think oh well it’s the first time I’ve seen it, and I’ve seen it for three hours or three and a half hours and I don’t know what I’m doing.

BN: Yeah.

PT2: Despite the fact we’ve got the documentation there, we tell them that, but again it’s something else they have to do almost unaided.

BN: Yeah. [41.09 unclear].

PT2: I mean, you do suggest that they can co-facilitate which will take some of the pressure off and some people kind of seem relieved at that idea.

BN: Yeah.

PT2: That, you know, it’s not you just right, this is it, you’ve seen this so now you’ve got to go and do this in two months’ time or whatever.

BN: OK. So, that kind of buddy up system.

PT2: Yeah.

BN: Is that something you facilitate or would be able to facilitate?

PT2: No, because like [41.34 unclear]—

BN: Yeah. So, they just do it themselves.

PT2: And the person who was the NHS person and the local authority person is because they’re in the same vicinity.

BN: OK. Yeah.

PT2: Then obviously there’s a link between the trust and the local authority, so it’s kind of maintaining that connection.

BN: Right. It’s not rally something you would be able to have control over.

PT2: No. No.

BN: But it could help.

PT2: Yeah. And we do say that. You know, when we’re saying when we talk to them about our suggestion is that you do four sessions a year and one example, as I probably mentioned [42.08 unclear] because I do use this similar examples, but the example of the two nurses who were at the same session and they had 30 staff between them, so I suggested that they could co-facilitate and do three sessions of ten people.

BN: Yeah.

PT2: I mean, whether they did that I don’t know.

BN: But you suggested that.

PT2: But that was one way that they could get all their staff trained. We’re not going to jump on them because they’ve only done three sessions.

BN: Yeah.

PT2: The fact is, they’ve done three sessions and they’ve trained 30 staff.

BN: And that was all their staff.

PT2: And that was all of their staff. And you know there’s another fella who I think there’s only two or three in [42.45 unclear] so it’s no good us saying well you’ve got to train 20 staff a year.

I Yeah.

PT2: If you’ve only got three people in your team you cannot train 20 staff a year.

BN: Yeah. Yeah. That makes sense. Because that was, I suppose that was something when I’d mentioned to (name of regional MECC at scale coordinator) about the two audiences about, those who were trainers and those—

PT2: Yeah. Yeah.

BN: There’s also another difference in those that are really passionate about MECC and those who aren’t so much.

PT2: Yeah.

BN: And do you think they’re kind of do you think that influences things?

PT2: Well, it must do, I guess. If you get it, you know, like the four DWP sessions we did in October, so two groups kind of got it, the other two groups couldn’t see how it fitted.

BN: Yeah.

PT2: They were going to have to think about it and talk about it with their senior managers. And they’re from the same organisation. I mean I’ve no idea the comparison. It will be interesting for them, their managers, to look at which roles when to which sections.

BN: Yeah.

PT2: Because that might help them determine how to go forward with it.

BN: Yeah. But you don’t know much about why that was.

PT2: I don’t know much about it. Yeah. Other than I remember people being work coaches.

BN: Right.

PT2: There’s a few people who are work coaches which you could see how MECC would be, it’s probably what they’re doing anyway in terms of conversations. But you could see how it fit with their role, but the other roles, and again this was some of the feedback that (name of regional MECC at scale coordinator) was going to give to these, I can’t remember, don’t matter who their names are, but the senior managers that he dealt with.

BN: OK.

PT2: Then again whenever people do their evaluations on our system (name of regional MECC at scale coordinator) can get that data, so we don’t know who said it but we know five people said this and seven people have said that, and one person said this.

BN: Yeah. And (name of regional MECC at scale coordinator) will give them that feedback.

PT2: Yeah, he’s already done that. He’d already given it them because he’s had meetings with them since we did the sessions.

BN: Oh, that’s interesting. So, do you think that’s another way to maybe influence things?

PT2: I mean, it might help them going forward that if rather than just saying right, we’re going to go over to this house – I mean this is what this newspaper article’s about – we’re going to roll this out across DWP, because I think he’s been contacting [45.01 and asking] as well, rather than just say everyone in DWP’s going to have this training, you might be better off starting with well these groups, we’ve identified these job titles, these groups of people, where they seem to get it more than the others. So, maybe we’ll focus on this group first.

BN: Right. Yeah.

PT2: Get them to deal, we’re running another couple of train the trainers, focused at these people, get them to attend and then see where it goes from there.

BN: Right. Start with that.

PT2: I’ve no idea whether that’s happening or not. Just—

BN: Yeah. An idea. Yeah. That’s interesting.

PT2: Because you want to, because another thing, in terms of like people not delivering the training, I think it’s pointless an organisation keep doing train the trainer so you’re getting 40, 50, 60 trainers but you’ve still only got five people doing it. My way of thinking is, and this is coming back from my previous role. I have to remember I’m not doing that now. But I would focus my attention on the people who are doing the training. It’s pointless training more people to not train. My way of thinking is you’re better off focusing on the people who were already trained and try to find out why they’re not doing it and trying to help and support them to do it, and also essentially the people who are doing it, to then focus on them and give them the help and support to continue to do it.

BN: Yeah. Yeah.

PT2: Rather than just having a hundred trainers and like 17 of them are actually doing it.

BN: Yeah. That’s interesting. And what kind of support, you probably already mentioned it, so what kind of support would you give to those, both the trainers and who have done the train the trainer?

PT2: Just in terms, well firstly the people who aren’t training, I’d want to find out why. And not in a kind of you know, you went on this training six months ago and you haven’t done anything.

BN: Yeah.

PT2: Not in kind of an aggressive way, but just you know, just what’s the problem, what’s the barriers, what’s stopping you from delivering the training.

BN: Yeah.

PT2: We have had feedback and anecdotal feedback like I said before, where they’ve been allowed to go on the train the trainer but then they haven’t been given the two hours that they need to deliver the core training.

BN: Yeah.

PT2: And then other people, you know, obviously with the passage of time people change jobs, people change roles, you know, someone leaves where you’ve got to pick up the slack in your team, so you don’t have the time to deliver the training. Like even if someone gave you the time you don’t physically have it because you’re picking up the slack that’s created by [47.33 unclear].

BN: Yeah. So, all those structural issues that are less in your control again, isn’t it?

PT2: Yeah. Yeah. No. No.

BN: Well yeah, that was everything I had to ask. Thank you very much. I really appreciate it. I’ll stop recording.

[End of recording]