

**WE ARE
MACMILLAN.
CANCER SUPPORT**

**DIGNITY
MUST NOT
BE DENIED**

How we can support and empower NHS staff
to deliver a good experience of care to patients

October 2014

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Foreword

A year has passed since the Government published its full response to the Mid Staffordshire NHS Foundation Trust Public Inquiry. *Hard Truths: The Journey to Putting Patients First* stated that NHS staff wellbeing is the foundation on which compassionate care must be built. The recent report of the Review of Staff Engagement and Empowerment in the NHS, commissioned by the Minister for Care, Norman Lamb MP, corroborated these assertions.

NHS organisations where staff are strongly committed to their work and involved in decision-making deliver better quality care. In practice, this means that organisations with high staff engagement report lower mortality rates, better patient experience and lower rates of sickness absence and staff turnover. Thus, the case to empower and support NHS staff as a means to improving patients' experiences of care and their clinical outcomes is compelling.

Macmillan's new report shows that, despite the Government's direction of travel in this area, much more is needed to support NHS staff to deliver the best possible care. Caring for people affected by cancer is already a demanding job, on top of which staff are working in an environment of unprecedented challenge. Ongoing financial constraints, rising numbers of people affected by cancer living with co-morbidities, and the changing demographics within the NHS workforce are just some of these challenges. For instance, a lot of experienced nurses will retire over the coming years, and they will be replaced by newly-qualified nurses who will not have the same knowledge and skills straight away.

Our evidence also shows that there are a number of barriers that affect the ability of NHS staff to provide a good experience of care. Worryingly, this year a significant number of staff who work on the frontline caring for cancer patients reported that they did not feel empowered. They also said that they were unable to raise concerns, they lacked support and learning and development opportunities, and they did not have enough time with patients. Our findings match the results of the latest NHS Staff Survey. For example, only 48% of NHS staff received training on how to deliver a good experience of care to patients in the past year. Frontline staff work extremely hard and therefore it is essential that the Government and the leadership of the NHS take decisive steps to remove these barriers.

Without significant improvements in staff engagement and empowerment, Macmillan is concerned that it will be difficult to achieve a culture shift in the NHS as was recommended in the Francis Inquiry report. Given that the General Election 2015 will take place in six months, political parties are uniquely placed to address these issues in their upcoming manifestos. If we want to see widespread improvement in compassionate care across the NHS as a whole we need the next Government to deliver national policies which will support staff to deliver the best possible care. This is why Macmillan is urging

all political parties to commit to ensuring that every single patient is treated with the highest levels of dignity and respect and that NHS staff are fully supported to deliver this.

A handwritten signature in blue ink that reads "Jessica Corner". The signature is fluid and cursive, with the first name "Jessica" written in a larger, more prominent script than the last name "Corner".

Professor Dame Jessica Corner
Chief Clinician, Macmillan Cancer Support
Dean of Faculty of Health Sciences, University of Southampton

Executive Summary

This report sets out the case for improving staff engagement, in particular since levels of engagement are strongly linked to the experiences that people have of their care. It recognises that NHS staff caring for people with cancer face a number of barriers to providing a good experience of care to patients. In particular it focuses on what can be done at a national and system level to overcome these barriers.

The key messages are:

- Supporting and empowering NHS staff is essential if we are to achieve a good experience of care for all people with cancer.
- Compelling evidence exists to show the links between improved staff engagement and other positive outcomes, including better patient experience.
- Overall, levels of staff engagement have been improving over recent years, however the NHS Staff Survey shows that much more still needs to be done.
- There are a number of barriers which impact on a member of staff's ability to provide a good experience of care to patients. These include:
 - a lack of ongoing learning and development;
 - poor health and wellbeing;
 - not enough time with patients;
 - poor communication and support at management level, team level and throughout the wider organisation;
 - not being empowered and being unable to raise concerns; and
 - discrimination, harassment and bullying.
- In addition, a lack of leadership for improving staff engagement at both a national and an employer level will impact on NHS staff and the experience they deliver to patients.
- Our key recommendations for tackling the barriers identified are as follows:
 - There needs to be a clear focus throughout the NHS on improving staff engagement recognising that this has a number of positive outcomes including improving the quality of patient care.
 - Leaders, managers, teams and individuals throughout the NHS must be given the development support they require to do their jobs to the best of their abilities.
 - There needs to be a renewed focus on the importance of ongoing learning and development to support NHS staff to deliver a good experience of care.

- There needs to be a more proactive emphasis throughout the NHS on ensuring good health and wellbeing of NHS staff.
 - Throughout the NHS, staff must be empowered to drive change at the service level.
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- In addition to the recommendations above, we are also calling for the next Government to “choose dignity” ahead of the 2015 General Election by:
 - Ending poor care in hospitals and demanding action to make it better.
 - Committing to give all frontline NHS staff the learning and development they need to deliver care with dignity and respect.

Introduction

At Macmillan Cancer Support we strongly believe that everyone with cancer should be treated with dignity and respect and have the best experience possible throughout their treatment and care.

People with cancer tell us that a good experience of care is one where they feel supported, respected and meaningfully involved in decisions about their care, from their diagnosis onwards. They also say that a good experience of care is one that recognises that cancer affects both their whole life and the lives of the people who are important to them.¹ What's more, recent polling undertaken by Macmillan suggests that being treated with dignity and compassion is as important to the public as getting the best medical treatment.²

In our recent report, *Macmillan's vision for building and strengthening a common culture of care*, we set out three key elements that we believe are vital for ensuring that people have a good experience of care throughout their cancer journey. They are:

- prioritising patient experience across the NHS;
- supporting NHS staff to deliver high-quality care; and
- empowering patients to lead change.

This new report expands on the second element above in particular. It draws together new evidence examining the link between staff and patient experience, and the factors that impact on the ability of a member of staff to deliver a good experience of care to patients. We also present our recommendations to meaningfully support and empower NHS staff, with a focus on solutions aimed at national organisations.

'The staff were great, always keeping you in the know and doing everything to make sure you were comfortable and happy. They became really good friends while I was in the unit.'

Amy, who was diagnosed with Non-Hodgkins lymphoma in 2010

By 'staff' we mean anyone that comes into contact with cancer patients, including GPs, nurses, hospital doctors, healthcare assistants, physiotherapists, receptionists, porters, volunteers and so on.³ Of course, the experience of other people who work within the NHS but do not directly deliver care to patients can and will ultimately have an impact on patients' experiences, but they are not the main focus of this report.

In addition, while some of our evidence is drawn from surveying NHS staff who specifically care for cancer patients, many of the messages and recommendations in this report are relevant across the workforce more broadly. Indeed, we recognise that some of the members of staff who have the largest impact on the experiences of people with cancer are the non-cancer specialists, such as ward nurses.

Macmillan has already begun to develop and support specific solutions which have an impact on the experiences of NHS staff and their ability to provide a good experience of care to patients. These can be found throughout the report in the 'What is Macmillan doing?' boxes.

The starting point for this report is the strong evidence, in particular from Professor Michael West and Dr Jeremy Dawson, that illustrates the link between how far NHS staff feel valued, supported and empowered, and good patient care and other outcomes. This evidence is explored further in the next section.

In addition to existing evidence, including the results of the national NHS Staff Survey, the specific new evidence that we have drawn on in writing this report includes:

- a survey of 200 healthcare professionals who provide care to cancer patients;
- a number of in-depth interviews with senior managers within provider organisations;
- the discussion at an event attended by key regulators, royal colleges, leadership organisations and trade unions;
- input from a reference group of NHS staff who provide care to patients; and
- Macmillan's research on the relationship between the Cancer Patient Experience Survey (CPES) results and NHS Staff Survey results.

Why is supporting and empowering NHS staff important?

There is compelling evidence that shows why it is so important to support and empower NHS staff. Much of this evidence looks at 'staff engagement' as a broad concept which is linked to other beneficial behaviours or outcomes. Many definitions of 'engagement' exist. The definition of 'engagement' used for the NHS Staff Survey, for example, involves the following outcomes for staff:

1. psychological (intrinsic) engagement. A state of mind characterised by 'vigour, dedication and absorption';
2. being able to contribute to relevant decisions; and
3. advocacy. This is when a member of staff would recommend their organisation as a place to work or receive treatment.

Research has highlighted that there are a large number of factors that have an impact on levels of staff engagement. For example, it has been shown that whether or not staff have a well-structured appraisal at least once a year is closely linked to levels of engagement⁴. Other factors include supportive leadership, well-structured teams, meaningful and challenging individual roles, and choice and control over work. Indeed, all the factors we identify below as having a strong impact on whether or not NHS staff are able to provide a good experience of care to patients are those which have also been identified by various studies as having an impact on levels of engagement.⁵

The evidence base demonstrates links between staff engagement (measured in different ways as indicated above) and a number of factors. These are listed below.

High-quality patient care

High-quality patient care is made up of three aspects: patient experience, clinical effectiveness and patient safety.

Analysis of the NHS staff and patient surveys has shown that there is a positive link between high levels of staff engagement and better patient experience. In addition, a strong negative link has been found between whether NHS staff report harassment, bullying or abuse from other staff and overall patient experience.⁶

In addition, Macmillan's own research has found that at a trust level there were a number of relationships between poor staff experience (measured by the NHS Staff Survey) and poor cancer patient experience (measured by the Cancer Patient Experience Survey).⁷

For example, where NHS staff suffer high levels of discrimination or harassment, cancer patients are up to 18 times more likely to receive poor care.

Low levels of staff engagement can be a crucial predictor of wider issues within an organisation. Evidence from Mid Staffordshire NHS Foundation Trust, for example, where shocking failings in quality of care were identified, shows that staff were not supported by managers, experienced bullying and work pressure, and had a poor work-life balance.⁸

Finally, evidence has shown that clinical effectiveness and safety can also be impacted by levels of staff engagement. For example, in NHS organisations where engagement is highest, the levels of mortality are lower. In addition, in trusts where a large percentage of staff felt they could contribute towards improvements at work, infection rates were lower.⁹

'I was treated so well by the health care professionals, they work so hard and know so much, it took so much worry away. I came to look forward to my treatment (six hours every two weeks) and miss them quite a bit.'

Dan, who was diagnosed with Hodgkin lymphoma in 2009

Absenteeism and staff turnover

In the NHS, evidence has shown that organisations with highly engaged employees have significantly lower levels of absenteeism and staff turnover. This has a significant financial implication for trusts. For example, an increase of one standard deviation¹⁰ in engagement would be equivalent (all else being equal) to a saving of around £150,000 in salary costs alone for an average acute trust.¹¹

Financial performance

In addition to the savings touched on above in relation to absenteeism and staff turnover, a link between higher levels of staff engagement and strong financial performance¹² has also been demonstrated.¹³

What are the key barriers to NHS staff being supported and empowered to provide a good experience of care to patients?

Levels of engagement among NHS staff have been increasing over the past four years, as measured by the NHS Staff Survey. Indeed, there are examples of excellent practice across the NHS where employers have driven improvements in their levels of staff engagement.¹⁴

In addition, we are aware that the publication of key reports such as those by Robert Francis and Bruce Keogh have helped to shine a light on the importance of improving staff engagement.

'I really like what I do – predominantly the patient contact. It's very satisfying when I talk to a distressed patient who may be going through treatment and I can help them to move on. They may not get better, but I can help manage their distress and perhaps give them a different perspective.'

Marie, Macmillan Specialist Psychotherapist

However, a year on from the Government's response to the Francis Inquiry report, the 2013 NHS Staff Survey highlights that there are many areas where improvement is still required and that significant variation exists across providers. For example, only 58% of staff would recommend their organisation as a place to work. When this is broken down by organisation type only 36% of staff in ambulance trusts would recommend their organisation as a place to work, compared to 60% of staff in acute settings.

The NHS Staff Survey covers a wide range of issues. Our own research, however, has focused specifically on the factors that have the biggest impact on a member of staff's ability to provide a good experience of care to patients.

Each of the factors we identified is explored in more detail below. For each factor, we set out the relevant results of a recent survey conducted by Macmillan, in which we asked how far different issues were a barrier to NHS staff providing a good experience of care to patients.¹⁵

1. Lack of ongoing learning and development

Overarching barrier	Specific issue	Percentage of NHS staff who strongly agree or agree that this specific issue is a barrier to them providing a good experience of care to patients	Percentage of NHS staff who have experienced this specific issue ¹⁶
Lack of ongoing learning and development	Not receiving ongoing learning and development opportunities during the course of my work which would help me to provide a good experience to patients	89%	22%

At a fundamental level, NHS staff need to feel equipped to provide a good experience of care to patients. When caring for people with cancer, for example, members of staff are likely to have difficult and sensitive conversations. They therefore need to have the relevant communication skills to feel confident in dealing with these situations. Other important courses which can support staff in delivering a good experience of care include those on care planning, coaching and motivational interviewing. In addition, courses on mindfulness and resilience can help staff to improve their own health and wellbeing. Learning and development should be seen as part of a person's job not as an additional extra.

Yet, our own survey and the NHS Staff Survey show that NHS staff are not getting the ongoing learning and development that they need. For example, more than half of staff (52%)¹⁷ who responded to the 2013 NHS Staff Survey had not received training, learning or development in delivering a good experience to patients in the past year.¹⁸

More generally, feedback from both managers within trusts and frontline professionals has been revealing. It suggests that there is a lack of emphasis on learning and development in terms of providing a good experience of care compared with other types of learning and development. Understandably, mandatory learning requirements (for example health and safety and safeguarding training) take precedence and are important. However, we hear that this can mean that there is a lack of time and funding for other types of learning and development, including learning and development on delivering a good experience of care.

What is Macmillan doing?

SAGE AND THYME® – working in partnership with University College London Hospitals (UCLH)

The SAGE AND THYME® course is designed to train all grades of staff in how to listen and respond to patients or carers who are distressed or concerned. 'SAGE & THYME' is a mnemonic which guides the health or social care professional into and out of a conversation with someone who is distressed or concerned. It provides structure to psychological support by encouraging the member of staff to hold back with advice and prompt the concerned person to consider their own solutions instead (more information can be found here). The course is short – only three hours – which is important for busy professionals.

Macmillan has been working in partnership with many London Trusts including UCLH to help ensure that all those members of staff who come into contact with cancer patients have access to the course. Macmillan's involvement has helped ensure that members of staff who will deliver the course are trained and that the course is embedded in the learning and development offer to staff within the Trust.

The feedback from UCLH has been excellent. The Trust is rolling this workshop out to all staff who care for cancer patients. Members of staff who have attended the course have also been extremely positive, with many participants stating that they felt they were now equipped to empower patients and carers to come to decisions themselves.

We also know that NHS staff are often not released from their work responsibilities to attend learning and development opportunities on all issues, not just those relating to delivering a good patient experience. In part this will be a result of the financial pressures felt by trusts which mean that learning and development are not prioritised. Evidence also shows that non-medical staff, such as receptionists and porters, who can have a vital impact on someone's experience, get fewer opportunities for learning and development compared to medical staff. For example, 36% of the 'wider healthcare team'¹⁹ reported that they had received training on how to deliver a good experience of care to patients/service users in the last 12 months, compared to 55% of registered nurses and midwives (2013 NHS Staff Survey).

Many of the decisions about ongoing learning and development are taken at an employer rather than a national level. While it is important to give employers this freedom, there is a need for more consistency in how ongoing learning and development is delivered. There is also a need for shared learning about what works best (for example, currently many

learning opportunities are delivered online without other options available to NHS staff). National leadership is required to ensure that NHS staff have access to this vital learning and development to provide an improved experience of care.

What is Macmillan doing?

Macmillan’s Learning and Development Programme for Professionals

Macmillan has a long history of providing a wide range of learning and development opportunities to Macmillan professionals and people affected by cancer. The courses provided span various areas. These include leadership and change, emotional wellbeing and resilience, knowledge and skills in a changing cancer environment, survivorship and supported self care, and palliative and end of life care.

Our aim is to provide learning, development and wellbeing interventions that enhance skills and engagement, and result in staff, as well as people affected by cancer, having a high quality experience.

2. Poor health and wellbeing

Overarching barrier	Specific issue	Percentage of NHS staff who strongly agree or agree that this specific issue is a barrier to them providing a good experience of care to patients	Percentage of NHS staff who have experienced this specific issue²⁰
Poor health and wellbeing	Feeling stressed	85%	89%
	Not having space and time to reflect on my practice (either 1-2-1 or in a group)	84%	73%

Good health and wellbeing for all NHS staff is intrinsically important. However, poor health and wellbeing, from feeling stressed to being unable to attend work, clearly also has a significant impact on how well staff can provide a good experience of care to patients.

The Boorman Review, published in 2009, found that NHS staff health and wellbeing services were often reactive rather than proactive and that NHS organisations generally were not giving priority to staff health and well-being. Despite this important review, there is still not the focus that there should be on NHS staff health and wellbeing. For example, just over half (56%) of those who responded to the 2013 NHS Staff Survey said that their manager takes a positive interest in their health and wellbeing.

An important way to support good health and wellbeing for NHS staff is to encourage a culture of reflection. Staff who are busy and dealing with emotionally-challenging situations every day need the time and space to think about their work. They need to be able to reflect on the decisions they have made, what they could do differently and the impact their work has had on them. Reflection can happen in a group or one-to-one setting and can include clinical supervision. We know, however, that this is not happening everywhere. For example, only 20 of 104 organisations involved in recent research by Health Service Journal said that they ran Schwartz Center Rounds[®] (a specific method which provides time and space for staff to reflect on the emotional impact of caring in a group environment).²¹

What is Macmillan doing?

Supporting the Schwartz Center Rounds[®]

When staff have the time and space they need to reflect on the care they provide, they are able to deliver better care. Schwartz Center Rounds[®] are regular sessions provided by the Point of Care Foundation. These Rounds bring trust staff from all disciplines together to discuss challenging instances of delivering care and what they might have done differently. They also promote what has worked well in order to spread best practice across the organisation.

Some of the hospitals implementing the Macmillan Values Based Standard will also implement Schwartz Center Rounds[®] to provide staff with opportunities for reflective practice.

3. Not enough time with patients

Overarching barrier	Specific issue	Percentage of NHS staff who strongly agree or agree that this specific issue is a barrier to them providing a good experience of care to patients	Percentage of NHS staff who have experienced this specific issue ²²
Not enough time with patients	Having an unmanageable workload	94%	77%

There can be a number of factors that affect the amount of time that a member of staff has with a patient. These include workload, how effectively time is being used, how much time is being spent on paperwork, the increasing numbers of complex patients, increasing patient expectations, and the number of staff working on a particular ward or other care setting. Furthermore, awareness of financial pressures can also result in pressure felt by staff to spend less time with patients.

While delivering a good experience of care to patients requires adequate time, NHS staff also need to be supported to use this time effectively (this is linked to the section on learning and development above). In addition, the pace of work can be important. As touched on above, staff need time not only with patients but also to reflect on their work and to tell their stories.

'My Macmillan nurse was fantastic. She spent hours with me. She was an angel and helped me see the light at the end of the tunnel. I remember sitting on my bed one time and crying and saying that was it, I'd just had enough, and the Macmillan nurse came in and listened and ended up making me laugh – which took a lot.'

Patsy, who was diagnosed with multiple myeloma in 2004

4. Poor management, team and wider organisation communication and support

Overarching barrier	Specific issue	Percentage of NHS staff who strongly agree or agree that this specific issue is a barrier to them providing a good experience of care to patients	Percentage of NHS staff who have experienced this specific issue ²³
Poor management, team and wider organisation communication and support	Not having meaningful and regular appraisals	66%	44%
	Not feeling my work is valued	79%	61%
	Not having opportunities to progress within my organisation	74%	39%
	Not having support from colleagues	79%	32%
	Poor support from immediate senior management	91%	57%

There has been a recent emphasis on increasing the number of people having an appraisal. Having an appraisal is a fundamental way to ensure that members of staff have objectives and feel valued. They can also help with improving performance and ensuring that teams are performing highly. Yet, while 84% of NHS staff reported that they had had an appraisal in the last 12 months, only 38% of these appraisals were well structured.²⁴ In addition, data is lacking on whether people are having more regular opportunities to discuss their progress and any issues with their managers.

Alongside managerial support, NHS staff should also receive clinical supervision. This is a formal process where the focus is on supporting staff in their personal and professional development and in reflecting on their practice. Yet, feedback from some Macmillan professionals suggests that the provision of supervision is decreasing and completely absent in many areas.

Our research has also highlighted that clinicians in management positions within the NHS may not always be equipped with the skills and training to manage people effectively. Only 65% of NHS staff said they are satisfied with the support they get from their immediate manager.²⁵ Managers may not, for example, have the skills or experience to advise senior members of staff on their future and careers.

For an individual member of staff, it can often be their team that has the biggest impact in terms of their experience at work. However, feedback from experts suggest that there is currently a lack of investment and focus on team development.

‘My patients are the best part of this job. Even if I have 100 having the same treatment, they’re all individuals. I love the light bulb moment, when I’ve explained something and they understand what it means for them.’

Katy, Macmillan Information and Support Radiographer

5. Not being empowered and being unable to raise concerns

Overarching barrier	Specific issue	Percentage of NHS staff who strongly agree or agree that this specific issue is a barrier to them providing a good experience of care to patients	Percentage of NHS staff who have experienced this specific issue ²⁶
Not being empowered and unable to raise concerns	Having no control or influence over my work and environment	92%	56%
	Not being able to raise concerns	87%	32%
	My concerns not being listened to/acted on	86%	50%

Real involvement and engagement of staff can mean giving people information, consulting them, or providing clear ways for them to give feedback and raise concerns. It can also mean encouraging NHS staff to use their initiative to make improvements in patient care, to try new things and to be resilient.

Yet, the 2013 NHS Staff Survey shows that only 30% of staff felt that their managers involved them in important decisions and only 28% believed that senior managers acted on their feedback.

More broadly, a shift is required if NHS staff are to be given the time, autonomy and budget to really affect change. Take the recent report of the Review of Staff Engagement and Empowerment in the NHS, for example. It recognised that almost all of the successful NHS providers they had engaged with as part of the review had at some stage made a clear effort to devolve decision-making and accountability for performance to the staff responsible for delivering services.²⁷

Finally, while more focus has been placed on whistleblowing and support for NHS staff who do raise concerns in this way, we still hear that the culture in the NHS does not always support whistleblowing. This is particularly the case when it comes to certain groups of staff, such as more junior members of the healthcare team.

What is Macmillan doing?

The Macmillan Values Based Standard[®]

We co-designed the Macmillan Values Based Standard[®] with more than 300 patients, members of staff, carers and family members to provide a practical and innovative solution to improving the experience of patients and staff experience. The Standard is based on eight moments that patients and staff said mattered most to them. Patients wanted staff to get these right and staff wanted to be empowered to deliver them.

This approach empowers patients and staff equally. Staff are supported to improve the way they deliver care in these aspects of patient experience. They are enabled to practise eight behaviours that embody dignity and respect on a daily basis. Meanwhile, patients and staff are enabled to co-design these improvements:

- Naming patients – ‘I am the expert on me’
- Private communication – ‘My business is my business’
- Communicating with more sensitivity – ‘I’m more than my condition’
- Clinical treatment and decision-making – ‘I’d like to understand what will happen to me’

- Acknowledge me if I'm in urgent need of support – 'I'd like not to be ignored'
- Control over my personal space and environment – 'I'd like to feel comfortable'
- Managing on my own – 'I don't want to feel alone in this'
- Getting care right – 'my concerns can be acted upon.'

The Macmillan Values Based Standard[®] is currently being implemented by providers in a number of areas across the UK, including London, Birmingham and Scotland. Early findings have demonstrated that implementing the Macmillan Values Based Standard has led to improvements in patient experience.

6. Discrimination, harassment and bullying

Overarching barrier	Specific issue	Percentage of NHS staff who strongly agree or agree that this specific issue is a barrier to them providing a good experience of care to patients	Percentage of NHS staff who have experienced this specific issue²⁸
Discrimination, harassment and bullying	Not feeling respected	81%	49%
	Being bullied or discriminated against	88%	21%

The results of the 2013 NHS Staff Survey showed that in the past 12 months, shockingly 23% of NHS staff had experienced 'harassment, bullying or abuse at work' from either their line manager or other colleagues. There is a lack of understanding, however, about what 'harassment, bullying and abuse' constitutes in these cases and therefore a lack of understanding as to how to address this issue.

7. Leadership

In addition to the factors above, it was clear from our research that how leaders within employers behave, the culture that they foster and the priorities that they set can have a significant impact on NHS staff delivering care to patients. In turn, national priorities, messages and accountability structures impact on leaders at an employer level.

While we recognise that a lot of good work is already happening at an employer level to improve levels of staff engagement, overall supporting and engaging staff is not being prioritised as it should be, either at a national or employer level. For example:

- There is no national, coordinated drive to improve staff engagement across all NHS staff;
- 76% of professionals who responded to a recent Macmillan survey said that they do not think the Government is doing enough to support NHS staff to build a culture of care where patients are the priority;²⁹
- The NHS Staff Survey results are inaccessible and not published in a clear and comparable way;
- Anecdotally, we hear that there is still a belief that evidence is lacking about the links between the experience of NHS staff and patients.
- Employers are not held to account as strongly on how well they engage their staff, compared to their performance on patient outcomes, although the two are intrinsically linked;
- Recent research showed that in only 38% of 71 Trusts and Foundation Trusts was staff engagement one of their board-level priorities. In addition, staff engagement was a focus of innovation in only 15% of the same trusts.³⁰
- While the NHS Staff Survey can bring issues to the attention of trust boards, the Point of Care Foundation found that 46% of trusts rely solely on the NHS Staff Survey as an indication of staff engagement.³¹

We often hear that there is a lot of external pressure felt by providers as a result of nationally imposed targets and a constant focus on financial performance. This is linked very closely to the burden of upward reporting that also falls on providers. In addition, providers face very immediate challenges around urgent care, the volume of patients and the impact of cuts in local authority budgets which affects social care provision.

Ultimately, these pressures mean that issues such as the health and wellbeing of NHS staff, reflection and engagement, and other things that require a longer-term view, are not always a priority for providers. Clearly, based on the evidence set out in this report and elsewhere about the benefits of high levels of staff engagement this is something that needs to change.

At the same time, a key challenge is not to fall into the trap of making improving staff engagement just another target or 'tick box' exercise which puts extra pressure on already strained providers.

A final message that came out of our research was that leaders must also prioritise recruitment alongside improving the engagement of current NHS staff. Work is being carried out at a national level looking at how organisations can recruit staff based on the person's values and their aptitude for compassion. However, we have heard that processes and resources are not yet in place to ensure that *everyone* who is employed

within a healthcare setting has gone through a rigorous, values-based recruitment process.

'The best part of my role is seeing patients flourishing and improving their ability to cope with their diagnosis and treatment. When they've experienced weight loss, either because of the cancer, or the treatment, it's nice to see them eating and drinking a little better. It impacts on their quality of life – they can become more mobile and able to go on outings with their family, for instance.'

Politics are downside and I try and keep out of them – ultimately, the people who matter are the patients. Morale in the NHS isn't high and it's not been helped by the present economic climate.'

Bernadette, Macmillan Dietician

What are the solutions?

We know that a lot of excellent work is already happening at an employer level to address a number of the barriers identified above. At the same time, a key recommendation of the recent report of the Review of Staff Engagement and Empowerment in the NHS was that 'NHS organisations need to renew their efforts to strengthen staff engagement, building on progress in recent years and narrowing the gap between high and low performers'.³²

To support this, a number of reports have been published recently which set out the emerging evidence on what needs to happen at an organisational level to improve staff engagement. Some of the common factors across these reports are:

- Making engaging staff a strategic priority, with allocated resources, and developing a clear strategic narrative which includes the importance of staff engagement;
- Promoting strong organisational values that are clearly communicated and reflected in actions;
- Investing in training in inclusive leadership and management styles. In addition, ensuring senior leaders are visible, approachable, and aware of and responsive to the issues facing staff in terms of delivering care;
- Devolving decision-making, putting staff in charge of service change and supporting a strong sense of employee voice;
- Regular monitoring of staff absence and other measures of staff engagement, and clear action where required as a result of the data.³³

More work is also required to understand what commissioners can do to support, work with and incentivise employers to improve levels of staff engagement within their organisations. We suggest that the following approaches would be a good starting point:

- Using robust quality standards on NHS staff and patient experience within contracts.
- Requiring employers to collect data on staff engagement beyond that collected through the mandated friends and family test for NHS staff.
- Focus on particular areas where scores are poorer within the NHS Staff Survey and actively work with employers to support improvement in these areas.

In addition to work at the provider and commissioner level, we strongly believe that more can be done at a system level to support the prioritisation and improvement of staff engagement. This would ensure that all NHS staff are supported and empowered to deliver a good experience of care to patients.

This section therefore focuses on recommendations aimed at national organisations, although we clearly recognise that change needs to happen throughout the NHS before all staff are supported and empowered.

General Election 2015: Choose Dignity

Ahead of the General Election in 2015 we are calling on the Government to “choose dignity.” The Government should:

- End poor care in hospitals and demand action to make it better by:
 - Publishing a clear comparison of cancer patient experience in hospital trusts across the country.
 - Requiring trusts to publish action plans addressing weaknesses in cancer patient experience and staff engagement, and reporting annually on their progress.
- Commit to giving all frontline NHS staff the learning and development they need to deliver care with dignity and respect. This could include courses on advanced communication skills to have sensitive conversations with cancer patients, their families and carers.

Prioritising NHS staff engagement

There needs to be a clear focus throughout the NHS on improving staff engagement, recognising that this has a number of positive outcomes including improving the quality of patient care. This focus must go beyond staffing levels to address all of the factors above.

Our recommendations to support this are:

- The Department of Health must send a stronger signal that staff engagement is a priority, for example, through the NHS Mandate and NHS Outcomes Framework.
- NHS England and the Department of Health must ensure that there is a national focus and drive to improve the levels of engagement of all NHS staff. The Compassion in Practice programme is a start, but does not cover all NHS staff and is only in place for a limited period of time. This should include reiterating and strengthening the case for staff engagement, as well as further promoting the rights aimed at staff within the NHS Constitution.
- NHS England should support the sharing of best practice in improving staff engagement.
- CQC, Monitor and the NHS Trust Development Authority should ensure that their work with providers to measure, hold to account and support improvements in patient experience places a greater focus on staff engagement than at present.
- NHS England should ensure that NHS Staff Survey results are more accessible and clearly published in a comparable way.
- Building on the more regular use of the friends and family test for staff, NHS England should also look at other ways to measure levels of staff engagement. A new approach could take learning from efforts to engage patients to a greater extent in measuring outcomes (such as through patient-reported outcome measures) and apply this to measuring staff engagement and other outcomes.

- The Department of Health should review the current pressures, including upward reporting, on providers and how this is driving the way in which they set their priorities.

Leadership, management, team and individual development

Leaders, managers, teams and individuals throughout the NHS must be given the development support they require to do their jobs to the best of their abilities. The NHS can actively learn from other sectors and organisations in achieving this.

Our recommendations to support this are:

- Health Education England should review the management and leadership courses available to frontline NHS staff throughout their training and ongoing learning and development. They should also look at how easily staff are able to access these, and ensure that learning and development in these areas is provided throughout a person's career, including for nurses.
- Health Education England should investigate the merits of investing in team development throughout the NHS.
- NHS England should include a question in the NHS Staff Survey on whether staff are having regular, meaningful opportunities to discuss their progress and experiences with managers (beyond the annual appraisal).
- NHS England should look at how to support employers to deliver meaningful appraisals to staff, for example through the development of a national framework.

Ongoing learning and development

There needs to be a renewed focus on the importance of ongoing learning and development to support all NHS staff to deliver a good experience of care.

Our recommendations to support this are:

- Health Education England should ensure that there is a focus throughout ongoing learning and development on experience being as important as other aspects of high-quality care.
- Health Education England should lead a review into how continuing professional development is currently delivered across employers and the lessons that can be learnt.
- Health Education England should look to strengthen its influence over how decisions are made within providers regarding continuing professional development.

What is Macmillan doing?

Healthcare Assistants Care and Compassion Development Programme

Of all health professionals, healthcare assistants (HCAs) spend the most 'face-time' with patients and are therefore crucial in the drive to transform patients' experiences of care. Yet, in our work to implement the Macmillan Values Based Standard[®], we have found that, of all clinical staff, the least money is invested in HCA development.

Macmillan is therefore investing in testing a new development programme, designed specifically to support HCAs, while also ensuring that the organisations they work within focus on the Macmillan Values Based Standard[®] and provide workforce support to HCAs. The programme has care and compassion at its heart and will, we believe, be the first of its kind. The pilot stage is likely to start in late 2014.

Staff health and wellbeing

There needs to be a more proactive emphasis throughout the NHS on ensuring the good health and wellbeing of its staff.

Our recommendations to support this are:

- NHS England should include questions on time for reflection and the provision of clinical supervision in the NHS Staff Survey.
- NHS England should support the roll out of practical solutions which provide staff with time and space for reflection, such as Schwartz Center Rounds[®].
- NHS England should seek to actively promote the relevant solutions within the Boorman Review.

Empowering NHS staff to drive change

Throughout the NHS, staff must be empowered to drive change at the service level.

Our recommendations to support this are:

- Health Education England should ensure that there is an emphasis on methods of quality improvement in the training and ongoing learning and development provided to frontline NHS staff.
- NHS England should continue to support the roll out of practical solutions which empower staff to lead service change, such as the Macmillan Values Based Standard[®].

References

1. Macmillan Cancer Support. *Improving care for people with cancer*. August 2013.
2. Macmillan Cancer Support/You Gov online poll of 2,454 GB adults aged 18+. Fieldwork undertaken 1-5th August. Survey results have been weighted and are representative of all GB adults.
3. We do recognise, however, that some of the evidence we draw on in this report does not specifically examine the experiences of all these groups of professionals.
4. West M, Dawson J. *Employee Engagement and NHS Performance*. 2012.
5. For example, see 'One model for a highly engaged organisation' (p.23), *Improving NHS Care by Engaging Staff and Devolving Decision-Making*. Report of the Review of Staff Engagement and Empowerment in the NHS. 2014.
6. *Improving NHS Care by Engaging Staff and Devolving Decision-Making*. Report of the Review of Staff Engagement and Empowerment in the NHS. 2014.
7. Picker Institute Europe. *The relationship between cancer patient experience and staff survey results*. A report for Macmillan Cancer Support. July 2013.
8. *Improving NHS Care by Engaging Staff and Devolving Decision-Making*. Report of the Review of Staff Engagement and Empowerment in the NHS. 2014.
9. West M, Dawson J. *Employee Engagement and NHS Performance*. 2012.
10. Assuming a normal distribution, a one standard deviation from the mean (+ or -), accounts for about 68% of the set, while two standard deviations from the mean account for about 95%, and three standard deviations account for about 99.7%.
11. West M, Dawson J. *Employee Engagement and NHS Performance*. 2012.
12. This is measured using the former Healthcare Commission's annual health checks.
13. West M, Dawson J. *Employee Engagement and NHS Performance*. 2012.
14. Recent reports have highlighted some examples of good practice, for example: Point of Care Foundation. *Staff Care. How to engage staff in the NHS and why it matters*. 2014; and *Improving NHS Care by Engaging Staff and Devolving Decision-Making*. Report of the Review of Staff Engagement and Empowerment in the NHS. 2014. A number of case studies can also be found on the NHS Employers website: <http://www.nhsemployers.org/case-studies-and-resources> (accessed October 2014).
15. Research Now/Macmillan Cancer Support online survey of 204 NHS health professionals who come into contact with people living with cancer (GPs, oncology consultants, oncology nurses, healthcare assistants). Fieldwork conducted June 2014. Survey results are unweighted.
16. Ibid.
17. The results were: 'Yes, in the last 12 months' (48%); 'Yes, more than 12 months ago' (19%); No (25%); and 'Not applicable to me' (9%).

18. This relates specifically to training, learning and development paid for by the professional's employer.
19. This includes admin and clerical staff, central functions/corporate services, maintenance/ancillary.
20. Research Now/Macmillan Cancer Support online survey of 204 NHS health professionals who come into contact with people living with cancer (GPs, oncology consultants, oncology nurses, healthcare assistants). Fieldwork conducted June 2014. Survey results are unweighted.
21.
http://www.hsj.co.uk/5067673.article?WT.tsrc=Email&WT.mc_id=EditEmailStory&referrer=e2 (accessed October 2014).
22. Research Now/Macmillan Cancer Support online survey of 204 NHS health professionals who come into contact with people living with cancer (GPs, oncology consultants, oncology nurses, healthcare assistants). Fieldwork conducted June 2014. Survey results are unweighted.
23. Ibid.
24. 2013 NHS Staff Survey.
25. 2013 NHS Staff Survey.
26. Research Now/Macmillan Cancer Support online survey of 204 NHS health professionals who come into contact with people living with cancer (GPs, oncology consultants, oncology nurses, healthcare assistants). Fieldwork conducted June 2014. Survey results are unweighted.
27. *Improving NHS Care by Engaging Staff and Devolving Decision-Making*. Report of the Review of Staff Engagement and Empowerment in the NHS. 2014.
28. Research Now/Macmillan Cancer Support online survey of 204 NHS health professionals who come into contact with people living with cancer (GPs, oncology consultants, oncology nurses, healthcare assistants). Fieldwork conducted June 2014. Survey results are unweighted.
29. Ibid.
30. West M, et al. *Quality and Safety in the NHS: Evaluating progress, problems and promise*. Final report to the Department of Health. 2013.
31. Point of Care Foundation. *Staff Care. How to engage staff in the NHS and why it matters*. 2014
32. *Improving NHS Care by Engaging Staff and Devolving Decision-Making*. Report of the Review of Staff Engagement and Empowerment in the NHS. 2014.
33. These factors have been drawn from a number of sources, including: King's College London. Does NHS staff wellbeing affect patient experience of care? *Policy+*. 2013. 39: 1-2; IPA. *Meeting the challenge: Successful employee engagement in the NHS*. April 2014; *Improving NHS Care by Engaging Staff and Devolving Decision-Making*. Report of the Review of Staff Engagement and Empowerment in the NHS. 2014.

Notes

Five years from now half of us will face cancer during our lives.

The UK is already failing to support everyone with cancer. And this will only get worse as the number of people with cancer soars. We need urgent political action to change this.

We must act now so everyone with cancer is diagnosed early and receives the best possible treatment and support. We must demand health services that support, comfort and protect the dignity of everyone affected. We must also make it possible for each person to die in the place of their choice.

The election is our chance to make sure improving cancer care is a priority for the next Government.
It's your time to choose.

Join our campaign to make cancer care an election priority and avoid a cancer care crisis.

We need you to pledge your support for our campaign and call on political parties to do the same at
macmillan.org.uk/generalelection2015

Together we can choose a future where no one has to face cancer alone.

**WE ARE
MACMILLAN.
CANCER SUPPORT**