**Introduction**

Distress, anxiety and frustration are common phenomena in patients’ cancer journeys. Suboptimal responses to these emotional and other concerns lead to escalating distress for patients, stress and burnout in hospital staff and complaints to organisations.

SAGE & THYME© was developed by University Hospital of South Manchester NHS Foundation Trust (UHSM) as a means of training health and social care staff in Foundation (Level 1) psychological support skills in listening to and responding to patients’ concerns. SAGE & THYME© has been delivered successfully in other Foundation Trusts in London, but uptake has often been limited. There is also a paucity of longer-term summative evaluation data of training effectiveness of.

**Project Summary**

Over the course of 12 months, SAGE and THYME© sessions were delivered to a total of 900 members of the oncology staff. Participants were drawn from every patient-facing area, including medical, ward nursing, HCAs, outpatient and administrative staff. Data collection: evaluations were completed immediately after attendance at session (formative) and several months after attendance (summative). Data analysis: summative data were coded and analysed through Survey Monkey.

**Target Audience and Evaluation of Effectiveness**

At time of summative evaluation, 803 participants had been trained in SAGE & THYME©. Data on roles was available for 402 people. 77.6% of staff dealing exclusively with cancer patients, and 66.9% of staff from areas involved with some cancer patients attended SAGE & THYME© training.

### Summary & Conclusions

- Foundation level communication skills training appears to have a longer-term impact on practice (subjectively, as reported by HCPs) several months after training;
- SAGE & THYME© however is only one approach to responding to distress, and one aspect of communication skills. Attendance at SAGE & THYME© sessions is associated with motivation to attend further communication skills training.
- The impact of this training on patient experience, patient care and team dynamics needs to be further assessed.

### Proposals for future

- ICHT propose to extend the delivery to another more challenging clinical area (Surgery);
- This will be delivered with a more robust evaluation programme including pre- and post-training evaluation, assessments of impact at ward level, and pre- and post-training evaluations of patient experience;
- Further communication skills courses are being developed in-house, including ‘Breaking Bad News & Talking to Patients’ and ‘Effective Communication of Complex information and Uncertainty.’