The Loop

IHSCM Quarterly E-magazine

ISSUE
4

JANUARY - MARCH 2022



Leaders vs Managers

The Future of Care

Great Food Good Health

Institute of Health & Social Care Management

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EDITORIAL

It is fascinating that, if you chose n
Amazon Prime account over Christ
terrestrial TV channels, many of th
would have first aired well over 20

The traditional models of TV broadcasting business, relying on either a mandatory licence fee or content paid for via tedious advert breaks, are clearly in their death throes. Many younger people never watch terrestrial TV, instead accessing their chosen broadcast content via social media or the likes of YouTube.

The whole model of broadcasting is changing before our very eyes, and the pace of that change is remarkably rapid. Truly I cannot see how the BBC will still be around in 10-15 years' time.

And that's just broadcasting. Consider what other change phenomenon are taking place right now that will change the way we live our lives for ever, but have only been a blink in the making. Contactless payments (I can honestly say that I have probably spent no more than £100 cash in the last 12 months); virtual conferencing (where would we have been without Zoom, Teams et al?); electric vehicles and charging points (I predict that range anxiety will be a thing of the past within 2 years from now); phone and data signals via 5G; online shopping and the rise of Amazon; etc, etc.

And what of health and social care?



Chief Executive

JON WILKS

not to activate your Netflix or
tmas and just 'enjoyed' the usual
he programmes you watched
0 years ago.

Our NHS model is still, in the main, that which Aneurin Bevan conceived in 1948. Free at the point of access, but surely never designed for the extraordinary stresses and strains that we apply to it today through the entitled way in which we live our lives.

Social care is a hotch potch of business models, means testing, labyrinth pathways and pot luck for many trying to access good quality.

Netflix, Amazon, Tesla, TikTok, Zoom and Apple are all, more or less, developments of the last 20 years that have massively disrupted the established world order. We would be naive to assume that something similar is not to happen in the world of health and social care.

The question is, will you be a creator or an observer? What will you do in 2022 to make a step change in the way you lead, manage and develop your people and the work that they do? How will you explore, examine and conceive of new ways to make a pint fit in a quart pot?

We are witnessing the technology revolution in our lifetime and it will consume and shape all of us over the next 20 years.

Exciting… isn't it?

IHSCM upcoming events

IHSCM Wellbeing Festival 2022

7-13th February
Various Times

IHSCM POWER HOUR: Poetry

2nd March
12-1pm

About the IHSCM Wellbeing Festival 2022

Workforce wellbeing is a massively important topic across health and social care, even in 'regular' times.

During the Covid times that importance has been magnified many times over. Of even greater importance is our individual wellbeing.

- How can leaders and managers in health and social care ensure that their workforce wellbeing measures are effective?
- How can new workforce wellbeing measures be speedily implemented?
- Where can leaders and managers find details of workforce wellbeing activity that is proven?
- What can we do to look after ourselves, before we help others?

This festival is an opportunity to explore skills, best practice solutions, and resources for individual and team wellbeing.

Take part in live relaxation sessions, create a toolkit of resources, and find out more about what organisations are doing to improve the wellbeing of their workforce.



5 Things Y
Don't Have
Do Anymo

Dorothy Watson,
Mental Wellness Centre

When it comes to improving our lives, we often think of things we should do. But, there are lots of things that we should not and do not have to engage in, especially if they make us feel less than we are worth.

Today we will share five things that you can quit at any time.

ou
e to
re



Working a job you hate.

As much time as we spend with our employer and coworkers, we should enjoy our hours on the clock. If you are currently working sunup to sundown with little time for enjoyment in your life, it's time to make a change. If you're an employee, consider changing jobs. Business owner? Now might be the perfect opportunity to bring in a virtual assistant (you can browse online job boards for cost and vet candidates by experience and client reviews) to take some tasks off your plate.

Comparing yourself to others.

You don't have to keep up with the Joneses. In fact, comparing yourself to others is a great way to waylay your self-esteem. Quit trying to live up to everyone's expectations of you, and recognize your unique gifts. The only person you have to compete with is yourself. Once you come to that realization, you'll be happier and emotionally healthier.

Neglecting your needs.

No matter where you are or where you're from, you likely put others' needs ahead of your own. This is especially true if you have children (NetDoctor notes that we tend to neglect ourselves from our children's infancy through their adolescence). But, you are not doing anyone a good deed by not practicing self-care, such as eating healthy, nutritious meals and getting enough sleep.

Overachieving.

We are brought up to believe that the more we do, the better we are. This isn't true. It is entirely possible to be an overachiever without even realizing it. Unfortunately, this can have a significantly negative influence on your personal growth endeavors. Stop for a moment and think about why you push yourself beyond your limits. While there is nothing wrong with achieving goals, when you start to work toward other people's goals or expectations of you, then you lose sight of who you are and what you want.

Staying in a bad relationship.

We all experience some level of toxicity in our lives. This may come from an unhappy customer or from unwarranted rivals in grade school. But, as adults, we do not have to get used to manipulative and draining behaviors. There is no reason that you cannot walk away from a relationship, whether it is a friend or an intimate partner. While change is hard, you may find that life is much easier on the other side of negativity.

In life, being happy isn't always about what we do. Sometimes, the things we don't do matter the most. Remember, it's your life, and you are responsible for controlling your actions every day.



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Helen Mason,
The Shed



Tending the Land

Rotation away from the front was found to be the only way to allow the individual to slow down, integrate the horror of what they had experienced and re-connect with the other world and it's inhabitants. Simply put, time to relax, regroup and recuperate was not a personal luxury, but essential strategy; train them for a decade, restore them for a month or lose them forever.

My experience of the pandemic, and viewing the corrosive effect that burnout was having on friends and colleagues led me to the use of the only resource I had that was permitted at the time; social distance and the very well-ventilated great outdoors was, within my short walking distance, the beautiful Powderham Estate on the Exe Estuary.

I started by organising a new-mothers walking group on the estate; and soon began encouraging other healthcare workers to make time for themselves in nature. This was not just the statutory exercise time however; noticing nature, taking deliberate time away from the busy hospital environment free from restrictive PPE, the heavy caseloads were, for a while exchanged for the feel of rain on skin and the smell of earth and sea.

I had been introduced to the power of nature based Occupational Therapy as an undergraduate. The effects of self-study of our eight senses (sight, hearing, smell, taste, touch, proprioception, interoception and vestibular) might have recently been wrapped up and served as mindfulness, but there is also recent and compelling research that links interoception and the polyvagal regulation of the central nervous system with treatment of trauma. I saw in practice the positive

The pandemic has resulted in a generationally singular effort from healthcare workers and the systems they comprise. The nature of the fight against an illness that threatened all in society meant that great, acute efforts were made; no quick victory was possible despite the huge efforts made, and echoing the great wars of Europe's past, those who fought for years suffered trauma and battle fatigue.

effects that being in Horatio's Garden at Salisbury Hospital had on my father following his spinal stroke and recovery. All across the country, those who had been allowed so little time in their busy lives to slowly walk were seeing and feeling the benefits.

Spending not just time in nature, but time within nature, opens the mind to awe; where details of the shore and forest are noticed maybe for the first time since they were in wonder as a child. Awe can shift the mind to a state open to change; this can be expensive to engineer but is freely available in nature.

The castle has historically been a centre of healing and restorative work within the community; it is now hosting nature-based retreats that aims to give the leaders in our healthcare system time to slow down and connect with the other important consideration, their own health and well-being.

It is a proper space to hold your values and authentic voice, meet other inspiring guests and form new support networks; it is an opportunity to restore in nature and the beauty of the castle grounds.

The aims are to have fun, explore and play again, be open to awe and allow time to harbour innovation and different thinking. Even upon returning to the front, bringing elements of nature back with you, as house-plants or sensory reminders can give brief, blessed moments; be it guerrilla gardening, or guerrilla self-care, it grows if tended.

For information on The Shed social enterprise at Powderham Castle, and nature-based retreats, please contact Helen Mason at helen.masonc4h@gmail.com.

Helen Mason is a HCPC registered occupational therapist, Advanced sensory integration practitioner and arts, health and culture professional based in Devon UK.



Philip Shelley
Chair NHS Food Review

Great Food brings Good Health

One of the recommendations within the NHS Food Review, supported by the Prime Minister was Catering Staff Support.

Attracting and motivating chefs in healthcare is extremely challenging. We would like to enhance our current structures and introduce opportunities to celebrate success.

Improve marketing and recruitment for hospital chefs and other members of the catering team, demonstrating that a career in hospital catering is a rewarding one.

Launching an NHS Chef competition at the appropriate time has been a significant challenge but having said that, it has been an outstanding success.

The launch took place in July of this year, with 7 regional competitions throughout August and September. This has been a fantastic opportunity to showcase our NHS Chefs, their expertise, and their commitment, which has been particularly significant throughout the last 18 months.

To celebrate our finalists we had an idea of a mentoring event, this became an inspiration; it isn't often that our chefs are released for a couple of days to attend a short conference programme, securing their development, sharing new skills, and introducing them to the challenges in other hospitals and regions.

The National finals took place over 6 days at the Warminster Cooking School; 26th – 28th October and 2nd – 4th November.

The 7 Team Finalists came from:
Royal Devon & Exeter Hospital, Dorset University Hospitals, West London Trust, Sheffield Teaching Hospitals, Manchester Foundation Trusts, Kings Lynn Hospital and East Lancashire Trust.



Our winners were Sanish Thomas & Sinto Mulavarickal from East Lancashire, having prepared and presented a 4-course meal.
Vegan Samosa & Tamarind Chutney

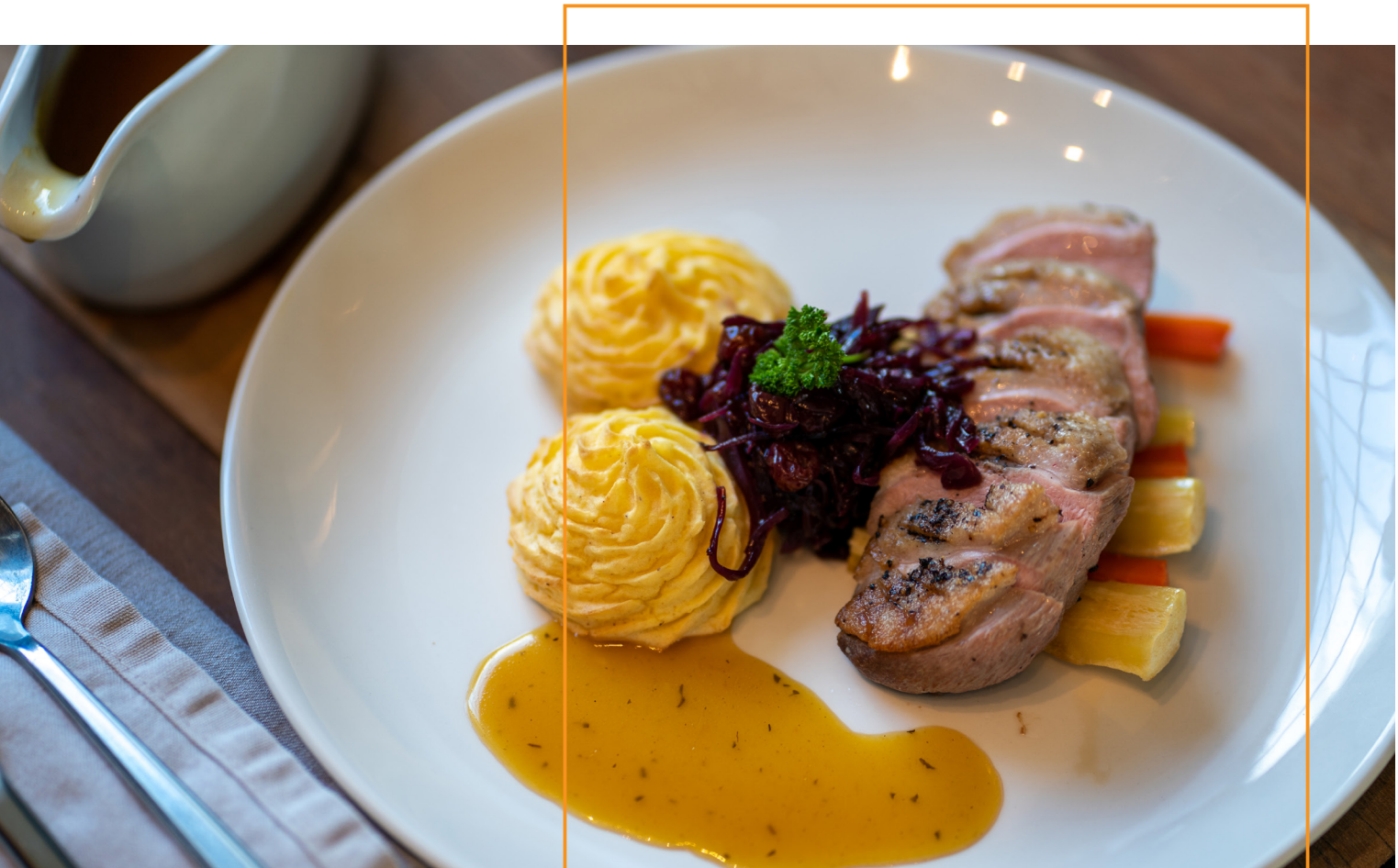
Roulade of Seabass with Bouillabaisse

Duck Breast with Apple & Mushroom Stuffing, Duchess Potato, Braised Red Cabbage & Orange Sauce

Sticky Toffee Pudding

A number of topics have been part of this year's NHS Chef programme, highlighting the innovation and skills required to change the styles and standards of NHS Menus.

a) Breakfast Challenge
b) Following a set recipe
c) Children's menu options
d) Plant Based options
e) Choices through Energy Dense
f) Allergen Menus
g) Home Cooked Meals – ethnic, culture & lifestyle



Care Quality Commission Regulation

Legal Issues Facing Care Operators



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The Positiv Impact of Technolog

Technology is a powerful tool. It took us from the hills of Kitty Hawk to the Sea of Tranquillity in under seventy years, from the wireless to colour television in fifty and the Nokia 3310 to the iPhone 12 in twenty. The tempo of innovation beats so quickly it can be difficult for any industry to stay in time.

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Lorcán Murray and Mark Anslow
CarePlanner Home Care Software
www.care-planner.co.uk

gy

The fact that health and social care are fundamentally human professions accentuates this challenge. Digital systems and technological advances have to be conscious of the pre-existing relationships that define our sector; while technology can help you walk, it can't give you someone worth walking with.

That's why phrases like 'digital transformation' or 'technological revolution' can be a little jarring. There is certainly potential for innovation in health and social care, but it can't be allowed to rewrite how we measure good support. We prefer to think of these new developments as 'augmentations' rather than a revolution. And once you start to think of technology as 'assistive' or 'enabling' - rather than revolutionary or transformative - it starts to look much less threatening and much more useful.

Take, for example, the day-to-day ways in which technology has enhanced our lives: wearable technology is a frequent sight on wrists these days, monitoring wearers' health and wellbeing and nudging them towards healthier habits and behaviours. Instant messaging apps make it easier to communicate than ever, proving their worth during the enforced social deprivation of the pandemic. And you're rarely more than a click away from a map, directions and traffic information these days, bringing huge efficiencies in both business and personal journeys.

These three technology types - wearables, communication and geo-spatial tools - are not 'revolutionary' - indeed, they are 'evolutionary' if anything, with their technological roots in the mid-to-late twentieth century. And yet, when applied to social care, these same tools can make huge differences. Wearables can alert us to the declining health of a loved-one and bring opportunities for positive interventions; communication tools mean that distant family members can converse easily; and mapping tools enable care workers to find their way to distant appointments in unfamiliar locations without an A-Z plastered to the steering wheel!

We see the same trends of evolution in software development. Gone are the days when you could expect a single software vendor to give you everything your agency needs, fully supported, at a competitive price. Instead, software provision has evolved into a multiplicity of services, each focussing on doing just one or two parts of the process really well. What is then needed, of course, is a way of joining this together. That is a key focus at CarePlanner - working with our customers and partners to find ways that machines can better talk to each other, exchanging the right information, safely, at the right time.

Because, after all, if the machines can better talk to each other, then the humans can better talk to each other too, and that means better, less rushed, more empathetic care. Which is what everyone ultimately wants.



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2 poems submitted to our recent Poetry Power Hour by members

COVID-19 Reflections



Dr Ivy Glavee

We will remember!
We will remember!
One dark night the Tsunami arrived and pierced through the darkest night.
There was Lockdown, Keyworkers to keep us going.
Rainbow in windows to give us hope.
Clapping, trapping of hands to appreciate our staff who are the heartbeat of the service.
So many losses of loved ones but we will remember.
You are never alone!
The lessons learnt –Resilience and that it is possible to work from home and Digital platforms
are fruitful.
There was kindness, loving and sharing as we join together as a Community!

Then there was HOPE!
Vaccine arrived! We go out to breathe in fresh air wearing masks and social distancing.
What a year 2020 was!
We are Stronger!
We are Kind!
We are loving!
We will remember!
One day we will meet again!
Thank you to all!

It's all about desire

Surviving hatred as
Ashes in fire
Spreading the love
Like two stitched wire

It's all about desire

How sad it is
We all are liar
Living this world
Just to acquire

It's all about desire

'I' is what we
Consider prior
Best we know
To be in good attire

It's all about desire

Fight for money
In the life entire
Raising our needs
Higher and higher

It's all about desire



Daksh Khandelwal



Elizabeth Carr-Ellis,
Pausitivity

Workforce Wellbeing and Menopause

Menopause is a natural process that is one date – 12 months after a woman's last period. However, the transition period to this, known as the perimenopause, can last for many years and have a big impact on a woman's life.



In the UK, most women go through menopause between the ages of 45-55. The average age is 51, but it can be later or earlier, with 1 in 100 women experiencing it before the age of 40 (a condition known as premature ovarian insufficiency).

Symptoms are wide-ranging and differ from woman to woman, but some of the most typical include:

- psychological issues, such as mood swings, anxiety, depression, brain fog, loss of confidence and reduced concentration;
- hot flushes and night sweats
- irregular periods and/or periods that become lighter or heavier
- aches and pains
- recurring UTIs
- headaches
- palpitations
- skin changes

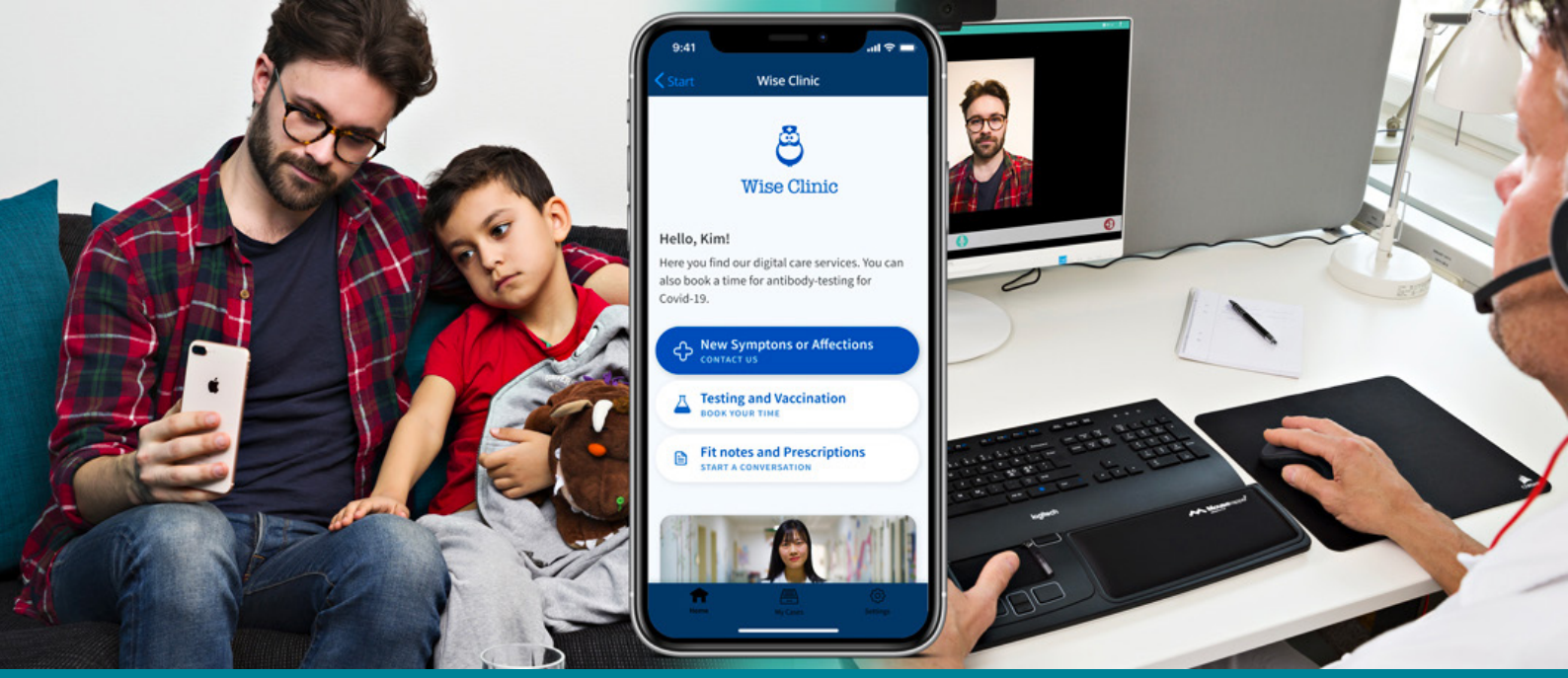
Nearly 60% of women aged 45-55 and going through menopause say it has a negative impact on their work. One in four women say they consider leaving their job at this time, while one in ten actually do, with the loss of experience and talent as well as older female role models.
With women in this age group being the fastest growing demographic in the workforce, it is vital for employers to understand how to support their staff at this time for a vibrant and diverse workplace.

Key to this is creating a safe space where managers feel able to discuss health issues such as menopause with their colleagues. This can be as simple as acknowledging menopause as a normal lifestage and that workplace adjustments can be made.

Some women, however, may feel reluctant to discuss this and it may be necessary to use an occupational health professional for these conversations. Holding an informal support group, such as a Menopause Café, can be a good way to break down the barriers, along with our own #KnowYourMenopause poster, which is free at pausitivity.co.uk.
Hot flushes are one of the most common symptoms, so workplace temperature should be regularly reviewed to see how they can be adapted.

Offer women who are suffering seats close to windows or desk fans if possible and allow workers in public-facing roles, such as shop assistants or receptionists, access to a cool, quiet space. Making cold water freely available is helpful, too, while there should always be toilet facilities available, preferably stocked with sanitary products for those women who suddenly find themselves hit by a period.

If it is possible, managers should also consider a more flexible working arrangement that will allow women to alter their start times after a sleepless night. Giving the option to work from home can also help at this time.
Most importantly, employees should be supported to seek help and to understand their symptoms can be managed, either through lifestyle changes or with medical help.
Menopause is not an illness, but it is a health condition that often needs attention. It's time to make this a normal part of workplace conversation.



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99.9%
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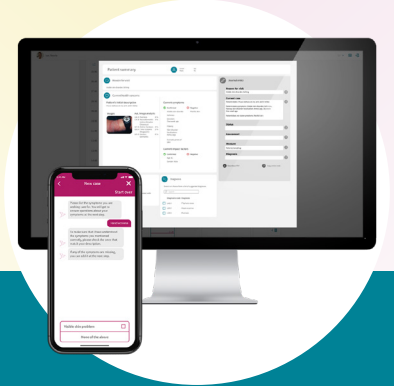
98%
user satisfaction

2%
DNA rate*

* for patient-initiated appointments

Functionality developed for transforming pathways

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Working in Health and Social Care

Working in health and social care is not for everyone. It takes a special person and since Covid, it even takes an extraordinary person.
We like to think that people can choose a job they love, get sufficiently rewarded and everyone is happy.

You may choose to work in health and social care because you love caring for people, but unfortunately it is not always a happily ever after match. The IHSCM's People Plan for social care describes the different challenges well.

One of the reasons why working in social care can be tough is because those you care for may have multiple long-term health conditions that you yourself cannot cure, yet you see how they may struggle with their condition every day. Add unfavourable working conditions and it is not surprising that there is a staff shortage.

I have worked for over 15 years in adult social care in a service for people with dementia, who experience complex psychological symptoms of dementia, often severely distraught and disorientated. Though we are good at working out how to bring a person into a more positive mood, witnessing such distress day in, day out is not always easy. Yet my team's staff turnover is historically low.

Over the years, I have given a lot of thought as to the reason why. It is heartening to see that many of those thoughts are reflected in the IHSCM's People Plan recommendations. However, following a summer of discontent in my own life, combined with a background in Human Resources and working across different sectors, my passion for offering a solution was fully awoken.



Esther Wiskerke,
Founder,
Symbiosia

Obviously, resolving the finer details is a complex process, but fundamentally I believe in one core principle: though people may have chosen a career in social care out of kindness, you cannot formally ask people to care for people, without caring for them. It is paramount that a caring organisation recruits caring people, but it is essential that it nurtures good staff.

How can this practically be achieved? Relatively simple, in my opinion. First, you create a legal organisational structure which is not set up for indiscriminative profit gain. Second, in line with one of the People Plan's recommendations: "There is a clear need for the improvement of the public perception and awareness of social care." I feel that social care providers have a role to play in creating such an appealing setting that it consequently naturally improves public perception as it becomes a fun place to visit.

I'm applying these principles (and more) in the formation of Symbiosia: Symbiosia aims to create a new residential care model for the UK that is environmentally and people friendly and the special ingredient that we are going to add in quite an extraordinary way is: fun!

And once we have the model: we are going to build it, until every county in the UK has its own Symbiosia.

Like the sound of that? Please connect and support us to bring Symbiosia to fruition.

Symbiosia is a Community Interest Company, registered in England and Wales: 13366499
esther@symbiosia.org.uk

The Positive Impact of Gratitude in the Health and Social Care Workplace



James McLoughlin,
Director,
TAP (Thank and Praise)

We know that healthcare and social care are in the middle of the greatest crisis the sector has ever faced so it's more important than ever that our care professionals know just how much they are appreciated.

Especially as according to a survey by the Institute of Health and Social Care Management, 90% of care workers don't believe that they receive the recognition that they deserve.

So, what can we do to address this?

Well one thing we can do is to make it easier for friends and families of patients and residents to pass on their appreciation to the care professionals who work tirelessly each day to maintain the physical and mental wellbeing of their loved ones.

Afterall, while saying thank you is a simple act, it can have a transformative effect on the person being thanked.

TAP's research tells us that people's busy lives often get in the way of saying thank you to those that deserve it. This can be for a range of reasons from not having the time, not knowing who specifically to thank, not having the right contact details or simply not knowing the correct protocol.

Yet there are significant benefits to our colleagues in healthcare and social care being regularly thanked as an essential building block to creating happy and productive teams, which helps to improve staff recognition and retention, as well as improving patient / resident outcomes.

We can also use gratitude as a way to add contentment and satisfaction to the job description. We can make healthcare and social care more attractive to jobseekers if they believe they will be joining a sector which ensures its people receive recognition they deserve.

That's why TAP was created. To improve staff wellbeing through the power of gratitude.

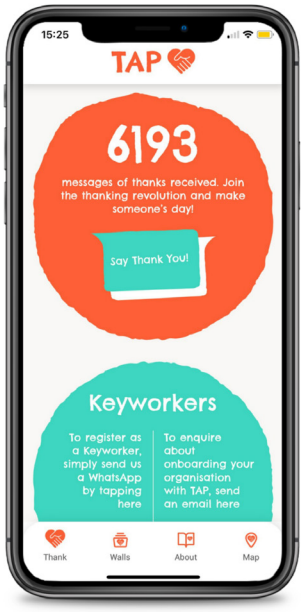
Here's what some of TAP's healthcare and social care user organisations say:

"We really enjoy working with TAP as we know that when our patients say thank you to our staff that it boosts morale so much and it makes it more valuable in these very difficult times. We all know that happy patients make happy staff,"
Sharon Kidd, Patient Experience and Engagement Manager, United Lincolnshire Hospitals NHS Trust.

"Our team have strived to deliver the best care they can muster to the people we support, throughout everything these last 18 months have thrown at them, and we are extremely grateful for the work they do. TAP provides us with an opportunity to truly recognise our deep appreciation for all of our staff who put the needs of others ahead of theirs, every single day,"
Jayne Holloway, Managing Director at Pineshield Health and Social Care Services.

If you'd like to adopt TAP's free-to-use social thanking platform for your organisation:

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Email james@thankandpraise.com





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It's only wo

There's a quiet revolution underway in many care homes across the country and it's not focused on pandemics, outbreaks or viruses.

There's a quiet revolution underway in many care homes across the country and it's not focused on pandemics, outbreaks or viruses. It's about some transformational ways we are providing a different model of care that is complimentary but quite separate to the dominance the medical model has in how we see the lives of those needing care and support.

It's reasonable to assume that most insightful progressive care providers take time to reflect on how they do things and apply some self directed scrutiny in providing improvements in how they work. For my 2 small care homes in Devon one of the areas we are working on is how our values and vision for enhancing atmospheres and embedding a culture of kindness, keenness and pride become second nature to everyday life.

We are talking more about what exactly are the differences between working in the NHS and working in social care. We are challenging ourselves about the much used, dare I say often glibly over used – sometimes weaponised term 'person centred care'. What is unique about care work is that whilst we are significantly driven by person centred care what health care is not able to be in anything like the same way is to offer 'relationship focused care' – knowing the person, what really matters to them not just their disease, illness, treatment and medications – these are the important aspects of healthcare but not a person's full spectrum of life wants and needs. Social care is all about the here and now, worries and thrills, daily wants and needs, things that help keep us happy, things to look forward

rds

George Coxon
Mental Health Nurse,
Long time NHS Senior Manager,
Policy Lead and Commissioner
Care Home Owner
Blogger and writer for health and care bodies



to, affection, doing useful things, and having fun. These characteristics are about living life well – health being part of this but not the entirety.

A person in a hospital bed or a doctor, nurse or health professionals consultation room won't expect general discussion about ordinary living, whereas in social care settings ordinary living is what 'normalisation' is all about – this extends to empowering people, not making assumptions about them, asking not telling – not prescribing or advising and it starts with language.

It's only words – the first line of a Bee Gees classic "Words" – several residents in my care homes are big fans, they are also big fans of language that reflects what matters to them and words that we consider 'bad language in care homes' and we aren't talking about swearing!

Bad language in care homes is the absent minded mostly unchallenged words like 'admissions' – we don't have admissions – we aren't a hospital, we resist clinical terms that can perpetuate a very divided culture and we never talk about aggressive or challenging behaviour. We actually have a big list of words and terms we resist using that have been part of the historic nature of stigmatising institutional terminology.

As far as living with frailty and dementia – both common diagnostic terms used with older people the danger will always be the assumptions and generalisations made about these labelling words and of course we all know 'once you've met one person with dementia… ' I'll let you complete that sentence not wishing to be too patronising!

So it really is a case of 'it's only words' but it's also symbolic and it's about claiming greater respect, credibility and standing up for not just ourselves as care ambassadors in the face of a dominant medical model but equally for those we are supporting in our care.

Elaine Mead, Member of IHSCM,
Chair of the IHSCM Greener Care Special Interest Group.
Chair of the Alliance for Water Stewardship,
a Scottish Charitable Incorporated Organisation.



Wash away those New Year blues?

As we move into the groove of the New Year, what certainty does that bring us in health and care for 2022?

Never have there been more turbulent times, with the pandemic bringing us together across the world in ways that we could never have anticipated. Covid-19, and its new variant Omicron have been shocking reminders that these viruses are truly indiscriminate, not caring who they touch or the devastating impact that they might have on individuals and their loved ones. We know that the impact is even more painful for those who are disadvantaged, and it is as result of an experience like this that we should take time to consider our wider impact on the health of the population of the world.

Consider, during this pandemic and as a care worker, not being able to wash your hands. In least developed countries, 22% of health care facilities have no water service, 21% no sanitation service, and 22% no waste management service.

There are hundreds of millions of people facing an increased risk of infection by seeking care in health facilities that lack basic necessities, including water, sanitation, hygiene, health care waste management and cleaning (WASH) services. Globally, 15% of patients develop an infection during a hospital stay, with the proportion much greater in low-income countries.

Climate change, increasing water scarcity, population growth, demographic changes and urbanization already pose challenges for water supply systems. By 2025, half of the world's population will be living in water-stressed areas, and some of that stress comes from our actions.

As passionate but tired carers there is inevitably a limit to the amount of compassion that we can give to those in other countries, but we can take action to reduce the impact of climate change on their environments. We need to think carefully about the way that we use our resources, as every opportunity to reduce waste is an opportunity to limit those goods, drugs or packaging that ends up contaminating our planet through their manufacture and disposal. The impact may not be obvious to us at the time, but we now know that our actions result in significant challenges elsewhere on the planet.

We are all stewards of our precious water, which not always freely available to health and care workers. So, as you wash your hands yet again, I ask you to take a moment to think about those who do not have that luxury. They too share your caring ambitions and simply want to keep people safe and well.

Waste little, conserve resources and do your part to improve the health of people across the whole of our planet. If we all do one small thing every day the impact is significant.

www.who.int/news-room/fact-sheets/detail/drinking-water

World Health Organization and the United Nations Children's Fund, WASH in health care facilities: Global Baseline Report 2019, WHO and UNICEF, Geneva, 2019

Back to The Future

Talk of "Waiting Lists" is a powerful reminder of how too often the media and politicians charged with taking the NHS forward are anchored in the past and continually rejoice in reinventing the NHS wheel.

Russell B. Hamilton
Chair,
Heart Safe Communities UK



The expression is nothing but an ill considered, out dated administrative label that's creates sensational headlines. The relevant definition is 'Waiting Time', an expression that for the informed is everyday language.
Sadly once again, too many seem to think a 'Waiting List' is a measurement of something meaningful. It never has, it never will be. It has never contributed anything to patient care. Pedantic as it might seem, this is important for the national psyche.

It matters not how many people are waiting but how long they have to wait for the necessary care. Doubters should ask anyone who is waiting.
Those of us who remember and were instrumental in tacking the significant 'Waiting Time' challenges of the 1990's worked tirelessly to change the national mindset and brought about a change in the language and reduced 'Waiting Times' beyond recognition. At that time patients routinely waited years for treatment and would be hard to believe in the NHS today. Since then many others have worked hard to drive that advantage home though the pursuit of ever more timely care. The COVID pandemic has undone much of that hard work.

It's true that COVID has put a unique complexion on every aspect of our lives and all those who seek to hold the NHS together, through unrelenting pressures. But it would be a mistake to believe that the challenges of extended waiting times can be blamed entirely on this and that solutions are beyond the national living memory.

Waiting times in the 1990's were tackled by a grandly named 'Waiting Time Task Force'.

The task force was engaged as a result of a proven track record of delivery and innovation in 'Waiting Time' management in what then was the Mersey Region under the outstanding leadership of Chair Sir Donald Wilson whose commitment to reducing 'Waiting Times' was second to none. At that time Warrington Hospital had an outstanding reputation for its unique and novel approach to managing waiting times down.

The task force's work was based on the forensic examination of waiting time issues and identification of practical solutions to the challenges

faced by organisations including some of the largest acute hospital services. It worked on behalf of the Department of Health and reported directly to ministers who provided the direction and support needed to drive waiting times down.

Looking forward it's vital that we learn from the past. The challenges of the past are closer to those of today than many might think. The numbers of people waiting, pressure on limited human and physical assets, significant shortages of clinicians in key specialities and a need for workforce plans that are realistic and achievable remain relevant.

Continuous validation of waiting time records is vital and whether we like it or not the private sector has a part to play now just as it has in the past. That doesn't equate to privatising the NHS, it's simply another option that for carefully chosen cases can help to reduce the pressures.

It has never made sense to set simplistic targets that apply to all specialities, when we all know some procedures, conditions, treatments are more important than others so why not recognise that? In an ideal world no one would wait, but that's neither realistic or affordable, so why not apply a more sophisticated approach to setting waiting time targets.

Maybe it's time to re-establish a waiting time task force comprising of experts with practical experience who have access to resources that can be targeted at areas of need and rapidly deployed without the bureaucracy that so often stifles action.

The NHS needs and deserves the highest quality political understanding and leadership not meaningless soundbites or threat of privatisation. 'Waiting Time' reduction will require time, understanding, investment and the best of leadership. The NHS is stronger together.

To reiterate 'Waiting Time' is the important measure. Look back to the future, history has a proven track record.



Greening Ortl Services – Th Impact of Virt

The orthotics service at the Royal Wolverhampton NHS Trust set out to adapt to the restrictions enforced by the COVID-19 pandemic.

This imposed re-design of the service allowed staff to consider the wider impact of the function of the service, their carbon footprint and to consider the sustainability of any proposed changes. The staff ensured that the changes implemented met the goal of becoming a more sustainable, environmentally friendly service.

The service agreed to be an early adapter for greening clinical services in line with the Trust goal to achieve net zero carbon by 2040. Lessons learned from its journey to be a greener service is shared with other clinical teams across the Trust to encourage them to implement green initiatives within their service.



Janet Smith,
Head Of Sustainability,
Royal Wolverhampton NHS Trust

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Significance

Air pollution has a significant effect on public health, and poor air quality is the largest environmental risk to public health in the UK(1). The World Health Organization (WHO) provides evidence of links between exposure to air pollution and type 2 diabetes, obesity, systemic inflammation, Alzheimer's disease and dementia(2), adding increased pressure on the NHS and health services across the globe.

The International Agency for Research on Cancer has classified air pollution as a leading cause of cancer(2). WHO has released new air quality guidelines(3) which show that most people live in areas with poor air quality. Radical measures will be needed to ensure the UK meets these standards and in doing so reduces the 40,000 premature deaths each year in the UK due to air pollution(4).

Achieving NET Zero targets and becoming a more sustainable environment is a key NHS target(5).

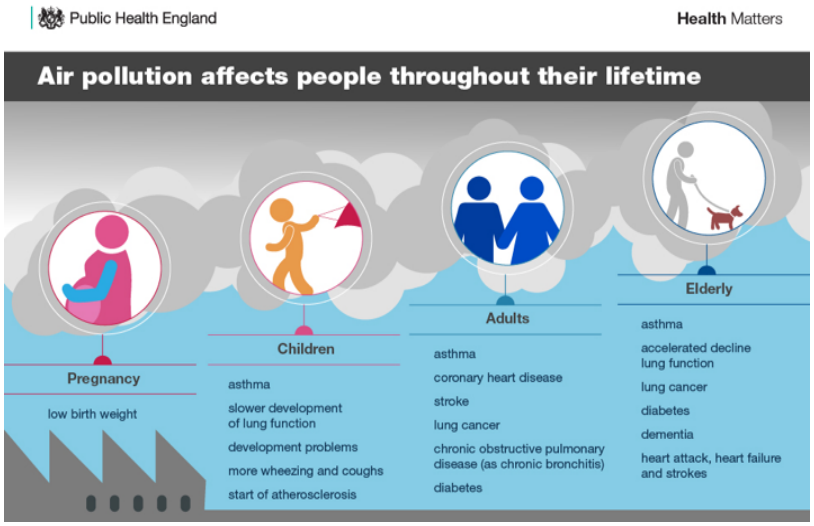


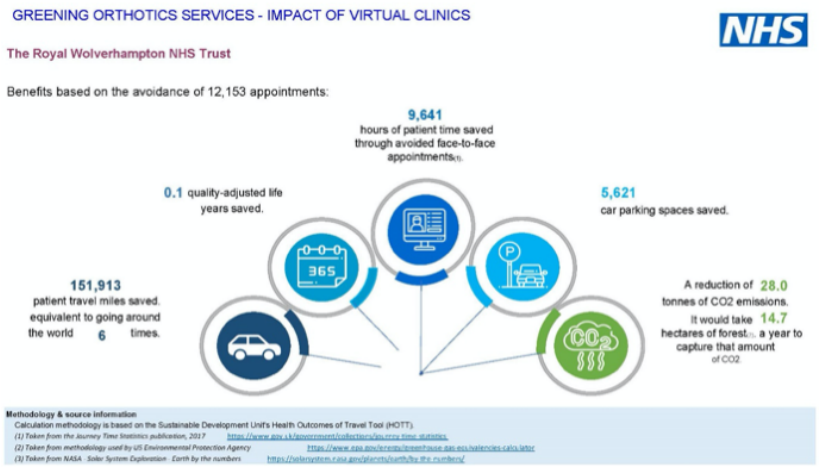
Figure 1: The effect of air pollution on the population(1)

Achievement

During March 2020 and September 2021, the introduction of telehealth consultations, that is a consultation carried out via a video call saw a reduction of 53% of patients attending the department in person.

This change in how certain consultations were carried out resulted in a saving of 151,913 miles of patient travel to and from the hospital, which equates to a reduction of 28 tonnes of C02 emissions in the local area.

To put it into perspective this is the equivalent miles it takes to travel around the world just over 6 times!



Impact

The impact of this change is staggering considering the relatively small size of the orthotics service (only six clinical staff) compared to other out-patient services in RWT. The question must now be asked, what positive contributions to the environment can be made by other RWT services as we move forward with telehealth and digitalisation of healthcare?

The change in how the Orthotics delivers treatment have first and foremost, prioritised patient safety, treatment outcomes and positive patient experience.

The orthotics service also introduced other changes in line with its "going green" project, these include paperless triaging, recycling of waste, a redesign of courier deliveries, a reduction of single use plastic, plastic free tape, and are currently implementing recycled plastic scheme for used orthoses.

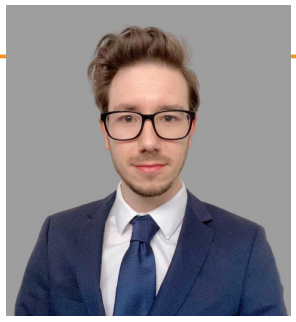


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Leaders vs managers in social care

Hi there! I'm Mark Topps and I'm a Regional Support Manager within the social care sector. I'm delighted to have been asked by Log my Care, a provider of free electronic care management software, to write a piece about leaders and managers - a topic I'm incredibly passionate about.



Mark Topps,
Regional Support Manager,
ECL

What's the difference?

Manager is commonly used to describe someone managing a team, and whilst I agree with this for that purpose, I think it's quite an archaic term. To me, it brings to mind someone who's autocratic, where there's little or no discussion with employees. It takes me back to being a support worker where the team and I were undervalued and dictated to.

The opposite to this is the term leader, which I feel describes someone who works closely with their team, who listens and considers their opinions.

But, what do you think?

My views on this come from my 15+ years' experience within social care. So, in the interest of objectivity, I spoke to others within the sector to see if their views were different - and they definitely were!

The first person I chatted with said they often see leaders as people who represent us, talking on behalf of the social care sector - very different to my original perception.

One person saw themselves as a leader but felt there was a negative connotation to the term, with people thinking they might be 'big-headed' or 'putting themselves on a pedestal'. I must admit that I can relate to this viewpoint.
I hate being called a manager. I could describe myself as a Regional Support Leader, but it doesn't have the same ring to it. When I tell people I'm a leader they judge me, which ends up with me providing examples of my leadership. It can be incredibly awkward, and unfortunately, it does mean you have to degrade the term manager.

Another person told me that the terms should be used for different departments, with those overseeing staff being called leaders (onboarding, motivating and upskilling staff) and those who don't, being called managers. I thought this was a really good way of looking at this.

So, what's the verdict?

There's no overall consensus of what a leader or a manager is. But, regardless of how we see and describe ourselves, it's clear that the role of someone leading a team has changed over the years. There's rightly a shift to employees being supported, valued and respected, whilst ensuring work processes are in place, goals are achieved and businesses remain profitable.

People in management roles need to have leadership as a foundation, whilst finding a middle ground to ensure all these things happen. If they don't, organisations will see an increase of staff leaving for workplaces and industries that do.

Find out more about Log my Care.

Data Saves Liv
The Missing Ch
Data and the N

In 2021, the Government published its draft data strategy, 'Data Saves Lives: Reshaping health and social care with data', which highlighted the power and impact that data had during the height of Covid-19 in shaping both the NHS's and the public's response to the global pandemic.

David Jones-Stanley
Head of Workforce Advisory Services,
Liaison Workforce



es:
hapter –
HS Workforce

Beginning with a Ministerial Forward from the former Health Secretary, Matt Hancock, the strategy opens with a powerful statement:

"When facing the greatest public health emergency that this country has tackled for generations, one of the most impactful tools at our disposal was the power of data."

The strategy is then split into seven 'chapters', covering a range of focus areas including the improvement of data available to health and care professionals, supporting decision makers with key data, and empowering researchers with essential data.

However, it seems that a vital chapter is missing. One which is key to the running of the NHS, and even more essential in the aftermath of the coronavirus pandemic. The use of data to support the NHS workforce, and the recovery of its people.

Chapter 8: Utilising data to improve workforce management, and support NHS staff

I propose adding a new chapter to the strategy – to encourage the implementation of effective people analytics to collect, analyse and use workforce data to improve HR and management,

identify issues, and actively improve the working lives of NHS staff across an organisation.

Our vision is to make workforce data more accessible, easier to collate and understand, and more likely to lead to actions and positive change. In a time where our NHS staff have been left depleted and deflated by Covid-19, we want to see effective people analytics employed to help identify areas of concern within teams, engaging managers to make more informed workforce decisions, and supporting retention and recruitment efforts. Where this is deployed effectively, as we are seeing at trusts currently, people analytics decreases spend from temporary staffing and agencies, and leads to beneficial advantages for not only staff, but also patients.

An effective data programme – such as mii People Analytics – will work with key functions at an organisation to triangulate the various organisation datasets in use to easily obtain meaningful information relating to critical workforce issues. Whilst this step in itself is a huge leap in overcoming the 'noise' of data, an advanced people analytics programme will further support and advance workforce management efforts, enabling HR and workforce management to make meaningful decisions which benefit staff, and see problems or pain points before they occur.

An example of this has been seen during the first wave of Covid-19. The data obtained using mii People Analytics was able to pinpoint clusters of infection amongst staff, as well as identify those teams most at risk of staff burnout as a result of the pandemic, allowing for managers to take necessary actions to lessen the threat and increase overall workforce wellbeing.

With workforce data proving so essential in such a variety of ways, and across whole NHS organisations, it seems strange that the use of data for improving workforce management would be omitted from the data strategy.

The overall benefits not only for bettering everyday workforce management, but also in extraordinary times such as those created by Covid-19, are substantial enough to create the anticipation of a next normal – where the improved and effective use of data and people analytics programmes are not just words in a strategy, but a readily available tool transforming HR and workforce teams.

To discuss how People Analytics can transform your workforce management, please get in touch at info@liaisongroup.com





How many birds with the innovation stone

A People Plan for Social Care

First of all, the people plan sub-group launched a tremendous 55-page overhaul, which hopefully will lead to a thorough investigation of its potential implications on the diminishing workforce. What other sector endures a 34% turnover every year? Literally a retention nightmare.

In line with Community Integrated Care's "Unfair To Care" campaign the evidence of frontline carers systematically receiving an unjust deal in comparison to other public funded industries, is hard to fight. Whilst being communicated as a 'low-skilled' sector the landmark research shows that care workers should expect to be paid up to 39% more. An additional £7,000 per year.

The People Plan includes recommendation of short- and long-term suggestions, to influence the political line and address the critical public stereotype. At long last.

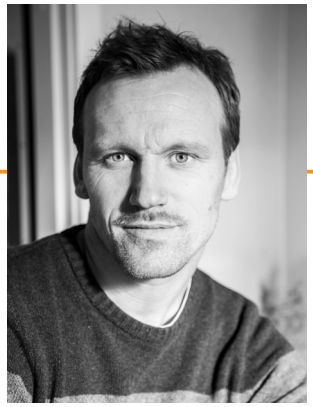
Innovation linked to building repute and reform

The truth be told, we can fight some of this battle every day. In fact, social care is perhaps one of the most daring and innovative sectors of the country. Resource-strapped from its privatisation birth, the sector surely isn't tech heavy, but the media would be surprised to learn more.

However, challenging others' perception is a real problem when we're unfortunately suffering a low-self-esteem ourselves. A poor public image has not driven a staggering self-image. Hence, not enough people are communicating their benevolent and amazing initiatives. Contradictory, this is even a testament to the humble nature of social care.

During the set up and first year of the social care innovators special interest group, we've come across some rather dramatic challenges. Born mid Covid we've seen the Brexit wave pick up sturdiness from the pandemic tsunami, causing one of the most critical side effects one could imagine. The workforce crisis. Like Murphy's Law, not flying solo to providers' doorsteps.

Working side by side, the innovators' sub-groups are trying to address this barrier from various perspectives.



Morten Mathiesen,
Chief Marketing Officer,
Sekoia

Going through CQCs report on Innovation called "Driving improvement", some outstanding examples help us challenge this. In show of a sector going above and beyond.

- Monitoring for people with COPD – A very life constraining condition that often prevents people from leaving their houses, now has a technology backbone and an algorithm that flags issues in need of professional attention, but also liberating the individuals themselves.
- Cerebral palsy – Another nasty disease. This case study from LDC Care shows how a young disabled man who had nearly given up on his fight, was stimulated using various types of therapy and social exercises, so he now walks around his home without any support.
- Artificial Intelligence – How can we make use of AI to inform decision-making and improve outcomes for people that draw on services? Think of route planning and optimization for home care. In a matrix of people's care needs and the professionals' skillsets. Or early warning signs for nursing care.
- The old pyjamas trick – Did you know that one in 10 that work during nights in care homes are wearing their pyjamas? It's a very simple yet highly efficient help for those suffering from dementia, as it makes it easier to distinguish between night and day. A very low arousal way of indirectly communicating that now is a good time to sleep.

As innovators, we'd like to advocate that we all help with this last thing. To remember in our future conversations all the great things that we come across to elevate and champion social care.

The person who stands for nothing falls for anything

Like everyone across the country I think we are all struck by, and are conscious of, the pressures on everyone working in health and social care at present. These pressures cannot be understated and the stress is sure to be unbearable.

Richard Wyatt-Haines,
Director,
HCI



It is at times like this that you find out how organizations really work and how resilient they really are.

By way of a related analogy, I think we all know that when budgets are cut one of the first things that goes is the budget for training the team, when actually it's in the toughest times that you need to nurture and develop your staff's skills and capabilities.

In the same way, it is in times like these that leadership skills are sorely tested. We find out whether the beliefs espoused in easier times are really deeply ingrained and whether the culture of the organisation can withstand the battering that it's taking from the world outside.

There are enough stories out there of inappropriate leadership behaviours, of discrimination and bullying et cetera to indicate that many of the great words and phrases in business plans are being dropped for a more autocratic model of management.

And yet, everything deep inside us should be saying that this is the time to involve people, not control. We need to work together, to find collective solutions, to stand by our people and benefit from an inclusive culture that values the team, their skills, and who everyone is as individuals.

Effective leadership is about knowing what you stand for and sticking by it.

It is about giving people clarity; ensuring that your words and actions are consistent and don't confuse people. Your behaviours reflect your beliefs and they must reinforce your aspirations.

It is about being a battery that energises people when they're down. You have to inspire people with a passion to go out and make your's and their aspirations reality.

And leadership is about developing talent wherever it is in your business. Challenging times present real opportunities to identify and develop the people who deliver. They can be stretched and they can achieve things they never thought possible. This is a win-win for everyone.

So as you start the new year, are you a leader who "stands for nothing and falls for anything", or are you going to stand for something much more powerful that you and your team can really get behind?

In other words, 2022 is the year when you can really make a difference; what will you do as a leader to make sure that you do?

Steve Harrison,
Deputy Organisational Development Director,
Sheffield Teaching Hospitals,
and, Strategic Lead,
Flow Coaching Academy



Time to do things differentl

As we enter another year, there has never been a stronger focus on rebuilding and redesigning the NHS to meet the challenge of ongoing winter and Covid-19 pressures.

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As we enter another year, there has never been a stronger focus on rebuilding and redesigning the NHS to meet the challenge of ongoing winter and Covid-19 pressures.

The role of Organisational Development (OD) professionals will now be more important than ever in supporting the NHS in its vision for 2030, to deliver more care to more patients, work differently, in a compassionate and inclusive culture.

We not only need to do more of what we have already been doing but we need to evolve to meet a changing world and make sure our services meet the needs of both our patients and staff. So how can we as OD professionals help remotivate staff and help improve our NHS services for the better?

The most important thing we need to start with is meeting people where they are at. Whilst there is truth that many NHS staff are feeling tired, what we have seen in Sheffield is that there is still an appetite from individuals to make a difference and change things for the better.

Our Flow Coaching Academy team, who work locally and nationally, have recognised this, and have adapted the programme so this can be delivered virtually. This has meant we have been able to train flow coaches in improvement methodology and coaching skills from across the UK as well as here in Sheffield, helping to meet that appetite.

In adapting the programme, the team have provided clinical and non-clinical staff the much-needed time away from their day-to-day role to think about how things could be done differently. Through the FCA Big Room, the team continue to enable colleagues working in the NHS to come together, alongside patients, to collaborate and take ownership of improvement initiatives. By involving those people who do the work, they ultimately have helped coaches in our network overcome organisational boundaries and change the culture surrounding patient pathways.

Over the past 18 months, we've seen how the use of the FCA approach has built capability and has motivated staff to make improvements to patient care. In Lancashire, the frailty team successfully introduced a new unit which has reduced waiting times in ED. In Devon the team have successfully joined its mental health and physical health services to better suit the needs of its gastroenterology patients. Here in Sheffield our team have used FCA methodology when establishing its Long Covid programme, as well as making reforms to the way hip replacement surgery is conducted.

That's not to say the last 18 months have been all plain sailing.

Like many others, there has been much learning from the pandemic, and we have seen some of our training stop and start as organisational needs have changed. We've also seen some of our ongoing Big Rooms pause as staff have needed to focus attentions elsewhere. However, what we continue to see is that staff engaged with the programme continue to use these skills to develop the NHS, understanding the importance in creating a sense of ownership over buy-in when implementing changes.

It's important when looking to the year ahead that we continue to give our staff some dedicated time to focus on this type of work both for their wellbeing and leadership development.

Time is one of the biggest constraints in the NHS and we must strive to create initiatives and structures to remove this constraint to empower staff and make NHS organisations a fantastic place to work.

During Covid-19 we saw many constraints removed out of pure necessity. We need to learn from this experience to make us more adaptable for the future and more equipped to make rapid improvements to care.

To find out more about the FCA programme visit: https://flowcoaching.academy/





Sue Jones,
Thoughts Become Things

The future of care

Currently, there are two revolutions happening, a society revolution and a digital revolution.

We have a problem with the care system because the current care structure was built for people who didn't live long past retirement with families that were supportive of each other with little migration levels. Our new society is very different, people living longer, families moving away and more single people.

In addition to the above, many care business are operating on an old model because this is how local authority processes are structured. This needs to change from prescribing a time and task care package, to a holistic, person-centred service.

So what does the future hold?

Below are some of the changes I see happening and the different types of models that are working now.

- Care homes are considering venturing into home care. There are advantages for them to do this, such as staffing and having a physical place for wellbeing, social meetings and exercise classes.
- Micro entities – These are becoming an important part of local communities. They can be non-profit, charity or private businesses and their services can range from home care to providing help and advice.
- Neighbourhood Care – This is where a company provides self-employed carers. The company acts as an agency and uses technology to facilitate this. Most screen the carers and then provide them with a carer profile. The client can view then select the care and carer they need. This costs less than traditional home care.
- Buurtzorg – This is a self-managed nursing team model that support an individual and their family. There is evidence this can save money as they work as a team to provide individualised support. I know as a family, we would have benefited from this model. It would have also saved our local authority a significant amount of money. Buurtzorg model
- Co-housing – Co-housing is where a group of people come together and share their community. There are significant advantages for doing this but there's not many of them around. Additionally, many of our houses are not able to adapt, which means this is only available to a few. UK Cohousing Network
- Home Share – is where someone offers to share their home in exchange for tasks they need doing e.g. household chores. All tasks are agreed prior to home share starting Homeshare UK

All of the above have the capacity to have a positive impact.

Technology and funding have not been discussed here, but they both can have a significant contribution on how care is delivered. Technology when, used correctly, and within a person-centered model, can enhance services.

How we fund care needs a complete overhaul, but we cannot wait for government legislation to intervene.

My view is that care providers should be discussing direct payments as an option for clients.

Finally, we can no longer work on an old, antiquated model we need to embrace new ideas and innovative ways of working, we have to be innovative and creative, if we have any hope of providing a system that is fit for the future needs.



Thoughts Become Things



Transitioning home care businesses from a transactional model to a valued service model, to attract private clients.

Sue Jones - Founder

We are a forward-thinking consultancy that puts innovation and creativity at the heart of what we do.

Thoughts Become Things - Our Values

Integrity

Clarity

Added Value

"Sue totally understood my mission from day one and worked closely with the whole team to create four packages of care (including an assistive technology package) that benefit both clients and our franchise teams alike. Our teams launched the new care structure in May this year (2020) and are finding them very profitable and great to sell. The packages make us stand out in a saturated market of care, enabling us to lead the way in true person-centred care"

Cheryl White
Apollo Care, Liverpool

Contact us here.

01492 550401

www.thoughtsbthings.co.uk