

Let's talk Workbook

Let's talk workbook
to accompany the
Lets Talk [Video](#)

Funded by



South Lakes Registered Managers Network

Introduction

Following the inquiries into the abuse and neglect at Winterbourne View and the Mid-Staffordshire NHS Foundation Trust there has been concern about how best to ensure quality and safety across both health and social care. Research suggests that most care is of a high quality, but that even within the same organisation there can be both 'bright' and 'dark spots.'¹ 'Bright spots' include teams and individuals who demonstrate caring, compassion, cooperation and civility and commitment to learning and innovation. 'Dark spots' are where staff and teams are harried or distracted, preoccupied with bureaucracy or engage in 'turf wars' rather than effective team working. It is well known that there are significant challenges for team working and communication at the boundaries between services, for example when supporting someone home from hospital. 'Let's Talk' is designed to support organisations to work in an integrated way, to prevent 'dark spots' from occurring at these key transition points and to know what to do where they occur so that they quickly become 'bright spots'.

'Let's Talk' brings together workers from different agencies and professions and uses theatre and discussion to provide a safe space for learning and reflection on these sensitive and complex issues. It is a 'relational tool' which recognises that working successfully in an integrated way across teams means developing our understanding of others and fostering empathy. When we do this we are likely to learn that we have much more in common than we realised previously. For example many of the things that motivate us will be very similar – we were all drawn to the caring profession because we do indeed care and we want the very best for our patients, clients or service users. Equally we will discover that many of the issues that frustrate us whilst carrying out our own role, are likely to be present for our colleagues in other disciplines – and hinder them just as much.

Once we recognise our similarities we can start to break down barriers and develop trust. The 'Let's Talk' project therefore aims to promote discussion in relation to:

- Building relationships
- Developing understanding and empathy for others
- Understanding the impact of our behaviours and communication
- Delivering true person centred care
- Highlighting the need to raise concerns about safety

'Let's Talk' involves a 30 minute play about teamwork and communication. It incorporates scenarios that most of us will recognise from our day to day encounters at work. Some demonstrate the impact that a power imbalance can have on professional relationships and ultimately the quality of care that is delivered. Some show how easy it is to fall into the trap of thinking that we know what is the best thing for the patient/client/service user and dismissing what they themselves or other professionals have to say.

However, we also see that everyone, no matter what their role, is motivated by their ability to make a difference and positively improve the situation for individuals. Conversely we also learn that they experience very similar stressors – the main one being not enough time to fit everything in.

Therefore 'Let's Talk' enables us to step in to the shoes of our colleagues for a short period and begin to think about what needs to change for us to successfully work together in the future. It does this in a non-threatening manner and by viewing, discussing and analysing the play we hope to help people gain a deeper understanding of what is required if inter-professional teamwork is to be successful.

¹ See Mary Dixon-Woods et al. (2013) *Culture and behaviour in the English NHS: overview of lessons from a large multi-method study*. *BMJ Quality and safety*, doi:10.1136/bmjqs-2013-001947 (early online)

1. How To Use Let's Talk

'Let's Talk' can be used in a number of different ways

1. Across health and social care by bringing teams/individual together to use the film as a tool to promote discussion about shared understanding of each others roles and communication.
2. Within individual teams by using the film to develop understanding of the impact of behaviours and communication
3. By performing the play to achieve either of the above. The script, together with guidance on putting on the play are included as part of this workbook.

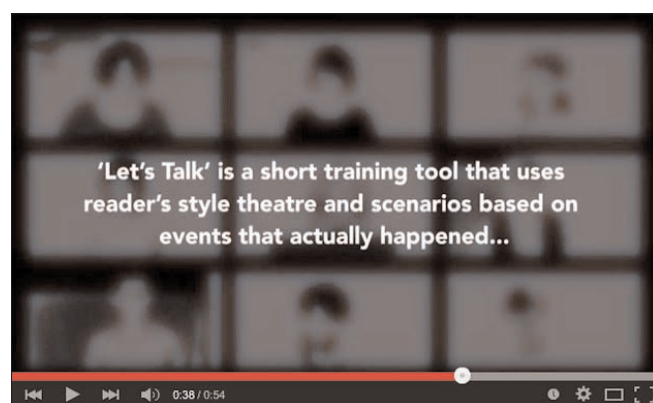


2. Physical Setting

If the audience comprises of a mix of people from health and social care make sure that you mix them up in order to reflect the inter-professional nature of the group. When people enter a room they automatically prefer to sit with people that they know and often they do the same job. This will impact on how they perceive the performance and engage in the discussions and therefore it is better to direct people to where you want them to sit. One way to do this is to give out numbers when people register. These could be table numbers or row numbers and mean that friends/colleagues can be separated by directing them to sit in different locations.

Also consider the equipment that you require for the session and where it will be placed. For example you will require a flipchart. If you are showing the film you will also need a laptop, projector and speakers and it is worth checking that the room has suitable blinds or curtains to block out sunlight which can impact on the viewing experience.

If you are putting on the play make sure that the venue is suitable. You don't need a stage but do need to check that the audience will have a good view from wherever they are sitting.



3. Putting on the Play

Please watch the video through to see how it is staged and use this as a guide. The film uses 10 actors however you may chose to use as few as 5 or as many as 15. Five of the actors were from an amateur dramatic group and the others worked in health and social care. If you are putting on the play for a conference it may be worth asking a local drama group to support you. We paid them a donation and they were very grateful. You may also consider getting volunteers from the audience and asking them to portray someone who is not from their particular profession – for example casting a care worker as a district nurse or a doctor as a care home manager.

You may find that a number of the audience participate in amateur dramatics and are therefore very willing to get involved. There will also be others who will love the opportunity to get up on stage. However you will need to find your volunteers before hand, as it's important to do at least one rehearsal before the performance. The time commitment for this isn't excessive - about an hour is generally sufficient.

Once the actors are chosen give them copies of the script as far in advance of the performance as possible and ask them to read their parts out loud several times so that they can read them convincingly during the performance. They don't need to memorise them. When rehearsing remind the actors they will be acting, not just reading and that they will need to convey the feelings of the characters they are playing. Get the actors to look up at the audience while they are reading and avoid keeping their heads glued to the script.



If you have a female playing the part of a male or vice versa, make sure that you change the pronouns in the script. For example the GP in the film and script is a female but you may make choose to them male.

Someone will need to act as the Director. Their role is likely to involve casting, and staging. They will also arrange the rehearsal and will need to make sure that the actors deliver the dialogue with the appropriate amount of feeling and emotion. Also that they speak loudly enough to be heard.

For the staging they need to get the right people and the name labels to the music stand for the start of each scene. Make sure there are enough seats behind the music stands for the actors to sit on when they are not performing. If you are putting on the play in a large venue with a large audience you need to consider using microphones. No special lighting is required.

4. Facilitator

The success of the session will be determined by the skills of the person facilitating the event. They need to be comfortable working with groups and have the ability to help all members of the audience understand the session objectives. Their aim will be to support everyone to do their best thinking, encourage them to participate in discussions and assist them to make plans for future action. They also keep activities on track, ensure discussions remain relevant and the event runs to time. Also see the Facilitator Background Reading on page 18 which may be helpful as it includes brief information about teams and team intelligence as well as the stages of team development.

7. Scene Titles with Characters

Scene No	Overview of Scenes	Characters Appearing in Scene
Prologue	We're More Similar Than You Think	Social Worker GP Domiciliary Care Worker District Nurse
Scene 1	Why Don't They Talk?	Louise
Scene 2	Louise Falls And Is Admitted To And Discharged From Hospital	Louise Hospital Doctor Nurse 1 On Call Manager – Domiciliary Care Agency
Scene 3	Louise Falls Again	Louise
Scene 4	Why I Became A Nurse	Nurse 1 and Nurse 2
Scene 5	Physio Hurts	Louise Physiotherapist Consultant Ward Sister
Scene 6	We need to discuss Louise	Ward Sister Physiotherapist Social Worker Louise
Scene 7	Louise & Residential Care	Louise Care Home Manager Resident 1 District Nurse
Scene 8	Telephone Call	Care Home Manager Senior Carer Dr Hoyle
Scene 9	The Missing Pink Cardigan	Louise Care Worker 1 and Care Worker 2
Scene 10	Learning From Airline Safety	Social Worker Dr Hoyle
Scene 11	Louise Researches The Integration Question	Louise
Scene 12	Let's Start Talking	GP District Nurse Domiciliary Care Manager Social Worker

8. Overview of the Scenes with Questions for Group Discussion

After each scene use the questions in section 8 of the workbook to promote discussion.



Prologue -

We're More Similar Than You Think

The prologue explores experiences that all four individuals have in common such as why they joined the caring profession, as well similarities relating to the impact of exhaustion and stress.

It also highlights friction between the professionals and captures common thoughts about the introduction of integrated care.

Group Discussion

Prologue Group Discussion

- 1 What similarities do the four individuals have?
- 2 What issues does this scene raise?

Scene 1 – Why Don't They Talk?

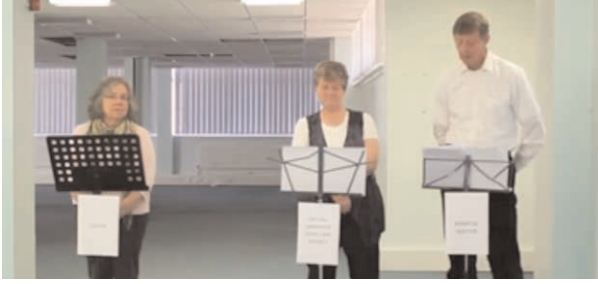
Louise, the narrator sets the scene. She got polio as a child and has been involved with health ever since. Now she needs social care as well. She experiences lots of duplication and very little working together.



Scene 1 Group Discussion

- 1 What issues does this scene raise?
- 2 Have you or any of your family/friends received an on-going health and social care service? How was it and did it have any impact on the way you carry out your role now?

Scene 2 - Louise Falls And Is Admitted To, And Discharged From Hospital



Louise is admitted to hospital after a fall and discharged at 2am due to a shortage of beds. The hospital doctor asks a domiciliary care service to have someone meet Louise at home to support her and gets a negative response. This scene is based on a real life situation.

Scene 2 Group Discussion

- 1 What issues does this scene raise?
- 2 How does stress/fatigue affect your ability or willingness for joint working and effective communication?

Scene 3 – Louise Falls Again



Following another fall Louise is back in hospital with a broken hip. She voices concern because she can't understand what's leading to the falls. She also reflects on her hospital discharge last time and the assumption the doctor made that she needed someone with her on her arrival at home. She asks a passing nurse if her daughter has rung and is curtly put in her place.

Scene 3 Group Discussion

- 1 What issues does this scene raise?

Scene 4 – Why I Became A Nurse



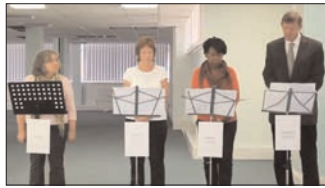
The nurse who interacted with Louise in the last scene is despondent – she acknowledges her behaviour towards Louise was inappropriate but suggests she was reacting to pressure and the humiliation she felt due to a doctor telling her off in front of a patient. She reflects on why she became a nurse.

Scene 4 Group discussion

- 1 Think about a conversation with a patient/client/service user that you wish you had handled differently? What happened and how would you change things if you were in the same situation again?
- 2 Have you ever felt humiliated by a colleague or knowingly or unknowingly humiliated a colleague? What happened?
- 3 What other issues does this scene raise?

Scene 5 – Physio Hurts

Louise is working with the physiotherapist when she learns from her consultant that she has diabetes which has been a contributing factor to her recent falls.



Scene 5 Group discussion

- 1 What issues does this scene raise?

Scene 6 - We Need To Discuss Louise

A conversation about what is going to happen to Louise takes place between the Sister, Social Worker and Physiotherapist. They don't involve her until they have decided what's best – a short term move to a residential home until her daughter can fly in to be with her at home. The sister and social worker side with each other and consider the workload and expense should she have another fall. Louise questions if her wellbeing is at the heart of the decision.



Scene 6 Group discussion

- 1 What issues does this scene raise?
- 2 Were the professionals taking part in the conversation functioning as a working group/team? How could they have arrived at a shared aim/outcome?

Scene 7 - Louise And Residential Care

Louise has moved to a residential home while she awaits her daughter's return from America. Whilst there she witnesses another resident being called away from her lunch to have a dressing changed by a District Nurse. She asks the manager why she let this happen and learns that she doesn't believe she has the power to challenge the situation. Louise also finds out that there is a conflict in the requirements of different inspecting/auditing organisations who want the same thing managed differently. Louise considers integration and its implication for people receiving services.



Scene 7 Group discussion

- 1 What challenges are highlighted in this scene?
- 2 What are the implications for the delivery of person-centred care?

Scene 8 – Telephone Call

The manager of the residential home takes a call from a GP. The GP is abrupt and has a negative impact on the manager who having given up smoking, has a cigarette to help her deal with the stress.



Scene 8 - Group discussion

- 1 How does perceived status affect the way professional teams communicate?
- 2 If a different approach had been used, what might have been the outcome?
- 3 What are the public health messages in this scene?

Scene 9 – The Missing Pink Cardigan

Louise considers that integration will supposedly smooth out and improve the lot for individuals receiving care but highlights an immediate need for better person centred care. She gives the example of her missing pink cardigan, which she discovers another resident wearing. The staff are apologetic but blasé and view personal clothing going missing as an inevitable part of group living.



Scene 9 Group discussion

- 1 What issues does this scene raise?
- 2 What does true person-centred care look like?
- 3 Will integration make the situation better or worse? Explain.

Scene 10 – Learning From Airline Safety

A social worker talks about the need to enable team members to speak out, without repercussions, if they think something is wrong. If they don't then they comment that people could ultimately die. Dr Hoyle considers how the model used in airline safety could be used in health and social care.



Scene 10 Group discussion

- 1 How is the story from aviation applicable to health and social care?

Scene 11 - Louise Researches The Integration Question

Louise considers the integration question and comments that as the number of people with complex needs grows they will require both health and social care services. She remarks that these don't always work well together. She says she has heard of a number of different strategic initiatives and asks how vulnerable people will understand all the changes and jargon. She believes a difficult situation will be compounded if health and social care don't start listening and talking to each other and working more effectively together.



Scene 11 Group discussion

- 1 How can we talk to each other and listen more effectively?
- 2 What can be done to improve the trust between professional teams?
- 3 How can we all ensure that the needs of the person requiring the care is at the centre of all our decision making?

Scene 12 – Let's Start Talking

The GP, District Nurse, Domiciliary Care Manager and social Worker come together and agree that they need to put their own agendas aside and start listening and trusting each other, as well as talking.



Scene 12 - For discussion

- 1 What insights about building relationships across teams have you gained from the play?
- 2 Given the complexity of all the issues raised, what's the most important change that needs to happen for successful integration between health & social care? (The facilitator can ask people to give a 1 word or short phrase answer).

9. Audience Sketches

If you have enough time invite members of the audience to work in small groups and create a short scene of their own. This can be an engaging way to deal with the issues raised in the play. Groups of 4 to 6 are an ideal number for this exercise. Make sure that if the audience consists of individuals from both health and social care, the groups comprise of members from each. Give them 20 minutes and ask them to:

Create a sketch that illustrates poor communication and teamwork and is no longer than 3 minutes when read out.

It should have:

- A beginning, middle and end
- Involve characters from 3 different health and social care areas
- Involve a made up situation in which communication and teamwork breaks down and has a damaging impact on an individual receiving care

They should then rewrite it so that it provides a solution that improves communication and teamwork.

The groups will then be asked to read out both sketches to the larger audience. This exercise should help them absorb some of the lessons illustrated in the play – and have fun whilst doing it.

10. Action Planning

We hope that the session will inspire audience members to commit to working towards positive change. Therefore it's important that they are given the opportunity to consider how they will do this.

Copy 'The Reflection of Team Goal's Sheet' and give one to each audience member. Ask them to complete it individually. This will enable them to consider how well they have seen the goals listed being demonstrated over the previous 4 weeks. Give them 10 minutes approximately to do this. Move them into small groups and ask them to share their findings with each other. It will be interesting to see if patterns emerge.

Next ask them to complete the 'My Personal Behaviours' Sheet. Make sure they understand that this is a personal document and there is no need to share it. It has been included as a tool to help them reflect on their own behaviours.

Once they have finished this, copy the Circles of Impact/Influence on page 16 on to a flipchart. This has been adapted from *The Seven Habits of Highly Effective People* by Stephen R. Covey, Simon & Schuster 1992. Explain that you want them to use the model to focus on elements of the team goals that they are able to have some control or influence over in the future, as well as consider how they can do this. The model also helps them to recognise that there will be issues that they can neither impact nor influence, and therefore they should not spend time getting hung up on these.

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It's worth giving some examples. They could be:

Impact

The group tells you they feel cold. You immediately turn the heating up thereby having a direct impact on the situation.

Influence

The group tells you that they feel cold. However there is a ruling that the heating cannot go above 22 degrees and therefore you are unable to turn it up. Instead you feedback to management that 22 degrees isn't sufficient in very cold weather and the ruling is changed to 24 degrees. You have influenced that decision.

Neither impact nor influence

You hate that individuals can only access financial assistance for social care if they are deemed in the critical category. You may think that the integration concept is a bad one but government policy means it will happen.

Focusing your time and energy on moaning about issues that are out of your control will only make you feel frustrated so focus it on areas where you can potentially have a positive impact.

Impact

Dr Hoyle is rude to you. You have no direct impact as the situation as has already happened.

Influence

Dr Hoyle is rude to you. You decide to take a risk and calmly and politely point out that when he speaks to you in that way it has a detrimental impact as he can be seen as rude and arrogant. This may influence how he speaks to you and others in the future.

Whilst the exercise is underway visit each group to see if they need some assistance. Additionally use this time to challenge their reasoning if they believe that they are unable to impact or influence.

When they have completed this task, ask the groups to share one or two things from each circle with the whole group and invite comments etc.

The final part of the Action Planning involves everyone completing a 'Personal Action Plan.' This asks them to consider what they will do more of and less of in the future and invites them to think of ways that they can support themselves to make their plan a reality.

Once individuals have completed their action plan bring the session to a close by recapping on the main points that have come out of the discussions and thanking everyone for their contribution. Your final activity is to invite everyone to complete the session evaluation and repeat the questions that they answered at the start.



Reflection of Team Goals



The following statements describes goals that are desirable if teams, both internal and multi-disciplinary, are to work effectively to ensure the experience of the individual receiving health and social care is a positive one.

Think about your experience of team working over the past month (both internal and multi-disciplinary) and consider how well you think each goal was met.

Team Goals	I always experience this	I occasionally experience this	I very rarely experience this	What evidence do you have for this?
Everyone's views are listened to (including the care receiver)				
Everyone feels respected				
Information sharing is common and of high quality				
Contributions from all parties are valued and carefully considered				
Trust is high amongst all team members				
Decision making is shared				
Solutions to problems are sought as a team				

My Personal Behaviours

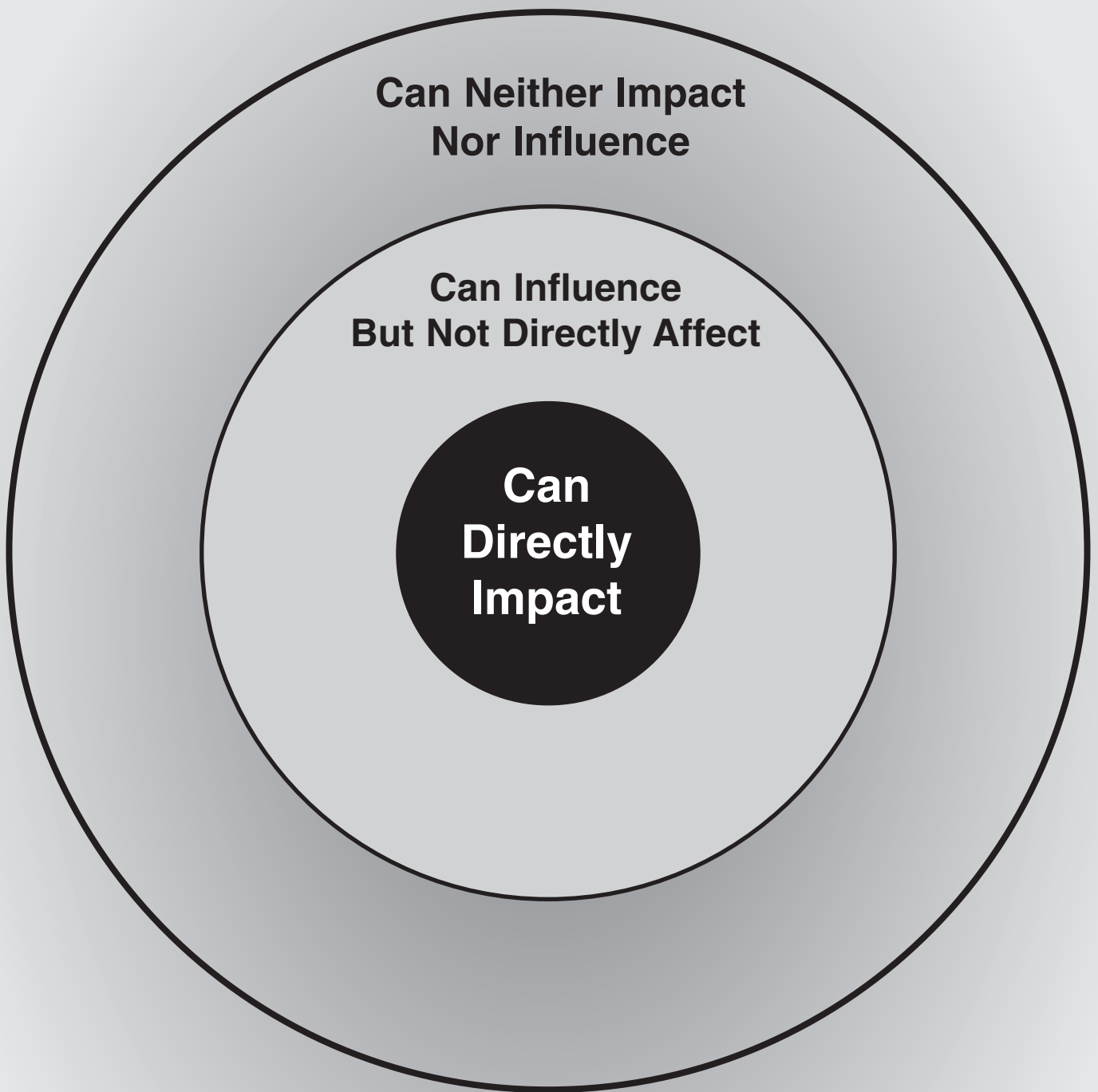


Now think about your own behaviour in relation to each of the goals.

How well do you embrace and practice them?

Please be honest. No one else will see this sheet.

Goal 1	The well-being of the individual receiving care is at the heart <input type="checkbox"/> I always embrace and practice this <input type="checkbox"/> I try to embrace and practice this <input type="checkbox"/> I very rarely embrace and practice this
Goal 2	Everyone's views are listened to (including the care receiver) <input type="checkbox"/> I always embrace and practice this <input type="checkbox"/> I try to embrace and practice this <input type="checkbox"/> I very rarely embrace and practice this
Goal 3	Everyone feels respected <input type="checkbox"/> I always embrace and practice this <input type="checkbox"/> I try to embrace and practice this <input type="checkbox"/> I very rarely embrace and practice this
Goal 4	Information sharing is common and of high quality <input type="checkbox"/> I always embrace and practice this <input type="checkbox"/> I try to embrace and practice this <input type="checkbox"/> I very rarely embrace and practice this
Goal 5	Contributions from all parties are valued & carefully considered <input type="checkbox"/> I always embrace and practice this <input type="checkbox"/> I try to embrace and practice this <input type="checkbox"/> I very rarely embrace and practice this
Goal 6	Trust is high amongst all team members <input type="checkbox"/> I always embrace and practice this <input type="checkbox"/> I try to embrace and practice this <input type="checkbox"/> I very rarely embrace and practice this
Goal 7	Decision making is shared <input type="checkbox"/> I always embrace and practice this <input type="checkbox"/> I try to embrace and practice this <input type="checkbox"/> I very rarely embrace and practice this
Goal 8	Solutions to problems are sought as a team <input type="checkbox"/> I always embrace and practice this <input type="checkbox"/> I try to embrace and practice this <input type="checkbox"/> I very rarely embrace and practice this



Circles of impact / influence

My Personal Plan



In order to play MY part in improving the experience for people receiving health and social care services



I'm going to do more:

And I'm going to do less:

People often find it useful to support themselves in making their plan a reality. Some ideas that have worked for others are:

- The setting of diary dates to review your plan
- Asking a trusted colleague to review it with you
- Shrinking and copying the plan and putting it in your wallet or purse and using it as a aide memoire

What will you do to support yourself to make your plan a reality?

FACILITATOR BACKGROUND READING

Teams and Team Intelligence

As health and social care integration ultimately involves individuals and teams from both sectors working together in a harmonious and effective way it's worth considering the notion of teams and what they involve. This is equally useful for discreet teams within either sector. A true 'team' is a group of people who work together to achieve a common goal.

In the Bedside Manners workbook Suzanne Gordon discusses 'team intelligence' which she says produces not only action but also effective interaction and collaboration.

She believes that an effective team in this context displays the following characteristics:

- A sense of identity, shared language, shared assumptions about purpose and priorities
- A willingness to share information, cooperate and coach all members, regardless of level in the hierarchy
- An appetite to solicit and take account of all members input, regardless of level
- An understanding of each others roles and work imperatives, so that common goals

She states it has the following requisites:

- Team members must develop a shared team identity that allows them to articulate a shared mental model, shared language and shared assumptions
- Team members must be willing and able to share information, cross monitor and coach all members of the team, as well as to solicit and take into account their input, no matter their position in the occupational hierarchy
- Team members must understand one another's roles and work imperatives and how these mesh so that common goals can best be accomplished
- Team members must help and support one another so that each individual member can perform his or her job efficiently and effectively.

The Stages of Group Development

Bruce Tuckman's (1965) theory of team development and behaviour is helpful in helping individuals to understand the four stages they work through in order to become an effective team. The theory can also relate to closer working relationships due to integration.

1. Forming: (clarifying roles and establishing relationships).

Team members will:

- be introducing themselves and getting to know each other
- trying to establish their individual identities
- discussing the team's purpose
- exploring the scope of the task

They may also be avoiding serious topics/feelings.

2. Storming: (resolving any tensions and disputes).

This stage may involve:

- team members competing with one another
- conflicting interests between team members arising, as the group becomes more focused on tasks
- bending ideas, attitudes and beliefs to suit the team organisation
- questioning about who is responsible for what
- discussing structure
- conflicting views about structure, leadership, power and authority

3. Norming: (starting to build the team identity).

At this stage there will be:

- more cohesive inter-professional relations
- a higher level of trust between inter-professional team members
- a greater focus on tasks
- a creative flow of information.

4. Performing: (the team has a shared vision, and it knows clearly what it is doing and achieves its goals).

At this stage:

- team members show a high level of dependence on one another
- there are deeper relationships between people
- the team becomes good at problem-solving and there is more experimentation
- individual team members become more self-confident
- the team is at its most productive

We're More Similar Than You Think

4 actors enter and stand in a line down stage of the four music stands. They speak directly to the audience. Think of the prologue as a series of musical phrases.

Social Worker: Helping people, it's all I ever wanted to do.

GP: Making people better, what a great feeling.

Dom Care Worker: Helping people stay at home, it's so rewarding

District Nurse: Working in the community gives me a real buzz.

All: Going home at the end of the day, knowing you've made a difference, you can't beat it.

Dom Care Worker: Integrated care – just learnt what it is. They must be joking. When was the last time a health person asked for my opinion and didn't blame me when something went wrong?

District Nurse: Integrated care – could be good – as long as it means no extra work. I can only just cope now.

GP: Integrated care – that's a fantastic idea – but we've had so many changes which are never funded properly and it brings a whole new meaning to one stop shop.

Social Worker: Integrated care. Does that mean we're going to have to talk to health?

Care Worker: I've been going into Mrs Jones for the last 6 months. She's been struggling to eat recently and it's been well recorded by my manager and the surgery. A new district nurse came yesterday and practically accused me of starving her. I felt so belittled and upset.

District Nurse: Yesterday I started work as a district nurse and visited my first patients on this patch. I had such a full case load I could only skim the notes. I went in to one house and the lady looked malnourished. It was really worrying. I said

so to the care worker but she was really defensive and thought I was blaming her. I wasn't of course; I was just doing my job.

GP: I wanted an update on a patient but could I get hold of that social worker. They're either part time, on holiday or off sick. I was on call as the duty doctor yesterday and every single minute of the day was filled. I absolutely didn't have time to ring again.

Social Worker: Would you credit it. I've been out all day at case conferences, I get back and get a disgruntled message from a GP demanding that I give her an update. It's interesting that when I try to get hold of her, it's like asking for the crown jewels.

Dom Care Worker: For the last 3 days, as well as doing my own shift I've been covering a colleague's who's off sick. I took the call asking me if I'd work on my day off at 6am and was out the door by 7. My husband says I'm mad but I think of the people needing help. I'm so tired though – mentally as well as physically .

Social Worker: If I had a pound for every time I hear a care provider say I haven't got the staff to take on that package of care, I'd be a really rich. Where have all the carers gone? It's so exhausting and mentally frustrating trying to sort out care these days.

District Nurse: They want to keep people out of hospital, has anybody stopped to think what that actually means. District nurses are rushed off their feet.

GP: What's the worst part of my job?

All: STRESS !!

The dialogue from here until the end of the prologue should build in intensity with the crescendo coming on the word 'chocolate.

Why Don't They Talk?

Dom Care worker: You want to know about stress

District Nurse: Don't get me started

GP: Stress it's my life

Social Worker: Don't take your work home with you they say. If only!

District Nurse: I drive 5 miles to change a dressing, then another 5 to give an insulin injection but end up staying much longer than I should because the patient needed to talk. Then I hit traffic and have 3 more patients to see so I'm well behind my list. Then I take a call from the surgery who want me to fit in another patient and still be back in time for a meeting.

Dom Care Worker: I've needed the loo for the past 3 hours, its 4 pm and I haven't eaten since breakfast. The last service user got us all in a panic when she wouldn't open the door but it turned out that she'd gone out with her daughter. And if I don't get my time sheets into the office in the next 10 minutes I probably won't get paid.

Social Worker: And as for the phone:

All: It never stops ringing.

Social Worker: Is it any wonder that I can't give up red wine!

District Nurse: Cake!

Care Worker: Cigarettes!

GP: Caffeine!

ALL: Chocolate!!

Facilitator: Standing in front of all music stands.

Louise Jones is the narrator of the story. She's 65 and had polio as a child, which has left her with poor mobility that's getting worse.

Louise: I got polio when I was 7 and ever since then I've had health people in my life. Individually everyone's been pretty good, but the systems oh dear those systems – they're enough to drive a person crazy. And now because my mobility's got worse and I'm on my own, my husband died a few years ago, I need help from social care too. Started with a social worker and with a personal budget I've arranged for care workers from an agency to come in every morning. But the systems oh dear the systems, now there's even more of them. And do you know what, all these people looking after me just don't seem to talk to each other because I'm asked similar questions from all of them – there is so much duplication. Why don't they talk to each other or understand each other's role?

I was a teacher, an English teacher. I think I was probably quite a good teacher. Team work was always important, after all 'Every Child Really did Matter'. When I was working if we weren't working together it made life so much tougher for everyone and the kids lost out. I liken this now to health and social care, surely their jobs must be tougher if they don't work together. And where does that leave me!

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Let's talk



Louise Falls And Is Admitted To And Discharged From Hospital

Louise is at her music stand on the left and three actors playing a hospital doctor, a nurse and On Call Dom Care Manager are at stands on the right.

Louise: I've just had a fall getting ready for bed. I ended up in hospital and they kept me in for 24 hours just to be on the safe side. But thankfully I'm OK - and this is what happened.

Hospital Doctor to Nurse: They're stacking up in A&E. We need two beds. Looking at the notes Louise Jones' obs are fine so let's send her home. Can you let her know and arrange the transport? I notice she has carers so I'll inform the care agency that she's on her way.

(Doctor to Audience): What a night. They think we can just magic up beds. No one told me that I'd need to wake patients up at 2 am to send them on their way. Would I like that? Of course not. Where's the dignity?

On Call Manager Dom Care Agency: (really drowsily) Hello, ABC Care can I help?

Hospital Doctor: Hello I'm Doctor Wilson at the General Hospital. Louise Jones one of your patients is on her way home, can someone be there to make sure she's comfortable.

On Call Manager: I'm sorry do you know what time it is? This is an on-call service for emergencies only and we don't have carers at this time of the morning available to go out to a service users home. We're not 24 hours in that sense.

Hospital Doctor: How preposterous, are you telling me nobody can be there?

On Call Manager: Yes that's exactly right. Have you asked Mrs Jones if she needs anybody there? She's quite an independent lady you know.

Hospital Doctor: Well she's actually not my patient and I've not spoken to her, I just assumed she would need some assistance.

On Call Manager: Well may I suggest that you go and speak to Mrs Jones and if she's fine going home on her own, tell her that we'll see her at 8am in the morning as usual.

On Call Manager (to audience): It's 2 am, I've been in bed for 2 hours following a frantic day and I'm facing another one today. I need to be up at 6, how am I going to get back to sleep now? Don't these doctors understand anything about how we work? And what about poor Louise being sent home at this time of the morning. It must have some effect on her. I'll pop in and see her later.



Scene 5

Physio Hurts

Louise is at her stand. One actor playing the physio, is at a music stands on the right. Two more actors stand a few feet behind.

Louise: Do I really have to walk now – I'm so tired.

Physio: Yes come on, once down the corridor and twice round the block.

Louise: Ha Ha, very funny but yes I'll have a go.

Physio: There you go – that's what I like - positive mental attitude. There's nothing more gratifying than seeing patients on the road to recovery.

The two actors playing the Doctor and Sister who have been standing behind approach the music stands.

Consultant: Hello Mrs Jones how are you feeling today? We've been a bit concerned by your two falls in close succession so have carried out some investigations and I'm afraid you've got Diabetes.

Louise to audience: Well that came as a bit of a shock and it's definitely going to have an impact on my life. Especially as I have to have insulin injections. The consultant and sister were really lovely about it though and incredibly helpful in telling me about what it would mean for me in the long term.

To Louise and Physio

Consultant: how are you getting on with your physio?

(in unison)

Physio: Really well.

Louise: Badly – it's exhausting

Sister: Ah ha - normal scenario.

Consultant: Keep working at it, as soon as we can get you mobile we can get you home.

Scene 6

We Need To Discuss Louise

Louise to left and 3 actors playing physio, social worker and ward sister are at stands on the right.

Ward Sister: We need to discuss what's going to happen to Louise, because I think in order to avoid another admission she needs rehabilitation in a care home just for a couple of weeks, until her daughter flies in from the States and can be with her at home for a bit.

Physio: Louise would hate it, I've only known her a short while but she's so independent.

Social Worker: I agree with Sister, I'm definitely siding with her. If she goes home she'll inevitably fall again and think of the workload that will create for us all – let alone the expense.

Physio: But what about her, what about what she wants? Why do our conversations always have to degenerate into whose side you're on? Shouldn't we all be on the patient's side?

Louise: I've just been told that the best thing for me is to go into a residential home for a couple of weeks until my daughter can fly in to be with me. I feel so down. I would have liked to have been included in the conversations. I suppose I understand why they think it's the best thing for me but it's all come as such a shock. First breaking my hip, then finding out that I've got diabetes and now this – a move in to a home!

I've noticed some really good teamwork but its not consistent. Makes you wonder who's at the heart of their decisions. I've got a voice but I really worry about those patients who can't speak up for themselves.

Scene 7

Louise

And Residential Care

Louise to left and 3 actors playing a resident, manager and district nurse are at music stands on the right. (The manager speaks to Mary, a resident but no actor is required for that part).

Louise: I'm now in the residential care home and I'm too young for this. I'm turning into an advocate for some of the residents. Let me tell you what happened earlier today:

Manager: Mary – the district nurse is here to change your dressing. (The actor turns as if talking to Mary)

Resident (Joan): But she's eating her lunch.

Manager: Sorry Mary, you'll have to come now. (The actor turns as if talking to Mary)

District Nurse (having heard the conversation): Mary I've only got a few minutes. If you want your dressing changed you need to come now because I've got a long list of calls this afternoon.

Residents and District Nurse stand back from the music stands.

Louise to Manager: Would you like to have your lunch disturbed in this way?

Manager: No of course not.

Louise: Well why on earth didn't you speak up and tell the district nurse to come back after lunch then.

Manager: It's so difficult to do that. They come when they come and the care that the residents receive is on their terms. I can't ever see it being any different. And it doesn't end there – we have to answer to CQC, GP's, Adult Social Care auditors. Healthwatch and the list goes on! Sometimes it's so difficult to know who to listen to when one says to do one thing and then another tells you that's wrong and do it a different way! What's more the language used by these governing bodies when they make press statements can be really damning and damaging to health and care as a whole. It seems were all tarred with the same brush and a very small minority mar it for everyone.

Louise to audience: There's talk of integration happening soon but a starting point for me must be that we, the patients or whatever it is that you want to call us, must be at the heart of it. It will take deep understanding, real teamwork and a major commitment to ensure true person centred care.

Let's talk
Let's talk
Let's talk

Let's talk
Let's talk
Let's talk

Telephone Call

Louise to left and 3 actors playing a care home manager, senior carer and GP are at music stands on the right.

Care Home Manager: I'm so cross I've had to have a cigarette and it's such a shame because I'd gone 96 days without one. Honestly this job is definitely ruining my health. If I get lung cancer I'm going to make sure that Dr Hoyle knows that her rudeness contributed directly to it. I tell my kids not to smoke or do drugs and only to drink in moderation, but I'm a terrible role model. As soon as I get home, I'm generally so wound up I either open a bottle of wine or comfort eat. Look at me I've ballooned recently, I just can't leave the sherbet lemons alone. Who knew they went so well with chardonnay? I'm so angry, 96 days and now I've blown it.

Senior Carer: Calm down, breath slowly – remember our mindfulness course. Now tell me what happened.

Care Home Manager: Well the phone rang so I answered it and all the voice on the other end said was

Dr Hoyle: Joan Smith

Care Home Manager: So I said pardon and she said:

Dr Hoyle: Joan Smith

Care Home Manager: So I said sorry who's calling and she said Dr Hoyle and then she just said Joan Smith again.

Senior Carer: (Laughing) I've had a very similar conversation with him too.

Care home Manager: So I said 'Are you Joan Smith, Do you want to speak to Joan Smith or do you want to talk about Joan Smith?' It turns out she just wanted to check up on her medication but I ask you, what an arrogant attitude.

Senior Carer: I know she does it all the time. She treats us like nothing, don't take it to heart. But with regards to the smoking just see it as a little blip, you know you can do it. Only last week you said how much healthier you were feeling. 96 days that's brilliant. If you start again right now you'll crack it forever.

Care home manager and senior carer step back from music stands

Dr Hoyle – to the audience: I think I hit a nerve there, I didn't mean to sound rude but they have no idea how busy my day is and how many phone calls I have to make before I do home visits. Perhaps I need to retire, I just don't have the energy for niceties anymore, or for trying to understand what everybody does, which supposedly is vital for this integration malarkey!



The Missing Pink Cardigan

Louise to left and 2 actors playing two care workers at music stands on the right.

Louise to audience: The bigger picture of health and social care integration will supposedly improve and smooth things out to improve everything for us but actually there's still an awful lot that needs to be done on the ground relating to person centred care and everyday interactions.

Here's an example that left me feeling insignificant, invisible and a bit sad.

Care worker 1: Morning Louise, we've come to get you up and dressed. How are you this morning?

Care worker 2: Did you sleep all right?

Louise: I had a bit of an unsettled night but never mind, I'm sure I'll be fine.

Care worker 1: That's a shame but we'll soon get you sorted and feeling a lot better.

Louise to audience: They then proceeded to get me up, washed me, chose what they thought I'd like to wear and put me back in my chair. I was so incensed I felt that if I said something it would be so inappropriate I'd better keep quiet. I might have poor mobility but I can wash myself and choose what I want to wear. Which brings me on to the purple cardigan!

Louise: I want to wear my pink cardigan.

Care worker 1: But you look so nice in the purple cardigan you've got on. I love purple it's my favourite colour.

Louise: Well that's lovely but I want to wear my pink cardigan today.

Care worker 2: I've looked in your wardrobe and can't find it. Sorry.

Louise: So reluctantly I agreed to wear the purple. Later on at breakfast imagine my delight (said sarcastically) to see a lady on the next table wearing my missing pink cardigan!

You've probably gathered by now that I'm no wallflower and I managed to get through breakfast before tackling the senior carer. She was very apologetic but a bit blasé and said personal clothing goes missing all the time. She implied it was inevitable. Well you can imagine how I felt about that!!

The term person centred care is banded about so much these days but I wonder if it's true meaning has been lost.



Scene 10

Learning from Airline Safety

Louise at stand on left and two actors playing a social worker and doctor at music stand on left.

Social Worker: We talk a lot about mutual support in team work across health and social care. We can have a really positive impact on people's lives. But when the full team doesn't work well and they don't allow people to speak out if they think something is wrong, then ultimately people could die. Even if it turns out that they got it wrong, people have to know they can voice their concerns without repercussions.

Dr Hoyle: I've been reflecting on that phone call to that residential home I've heard recently about airline safety, where pilots go through special training called 'Crew Resource Management' to improve safety by improving communication and team work. Apparently a lot of crashes were happening because staff were too intimidated to tell the captain something was wrong. The whole idea is that leadership means using all your available resources – which means people, not just technology.

They keep this blue card which has recommendations for effective communication and it also suggests asking questions like 'what would you feel comfortable with'. An example was given when on a flight a co-pilot was worried they didn't have enough fuel on board. The captain thought they had plenty and knew that if they stopped to refuel it would cost an extra £5000 per hour delay. Instead of saying I'm the Captain and we'll do what I say, he talked through the options with the co-pilot and asked 'what would you be comfortable with'. They agreed to keep close track of the fuel and if it looked like they needed more they would stop to refuel. That was fine with the co-pilot as he got to be part of the decision making process.

I keep wondering why we're not doing this sort of training in health and social care. If I were to be receiving services I'd feel a lot better if I had confidence that all individuals across teams would speak up if an error was noticed, wherever that may be. Why don't they teach us how to work together properly, why does it have to be so hard?

Scene 11

Louise Researches The Integration Question

**Louise at stand on left
Louise to audience:**

Since leaving the care home and becoming more mobile again, I've had time to reflect on my experiences over the past few months.

I've been researching the integration question and basically the number of people who have health problems requiring health and social care is increasing. So that's more people with complex health needs requiring a combination of health and social care services and as we are aware, these services don't always work well together. For example people are sent to hospital when it would have been better if they'd got care at home. Sometimes people get the same care twice from both NHS and social care organisations, or an important part of their care is missing, leaving them at an increased risk of harm. I realise that care is changing and being driven by Governments, because people are living longer and therefore there's less money in the pot but are we the public able to keep up with these changes? In the last few months I've heard of 'Care Closer to Home', 'Better Care Together', Individual Service Funds, Care Navigators, to name just a few and then there is the Care Act being implemented with even more changes to come! How on earth are vulnerable people going to understand all these changes and the jargon that goes with them. Especially if health and social care services aren't working together as they need to, or talking or listening effectively and to each other!

I think I was lucky as I did see some empathy and compassion. Perhaps I even saw signs that integration is starting to work. But there's still a very long way to go. To begin with professionals from both sides have to understand each other's roles, and be committed to working together to make the situation better for everyone, including themselves. They mustn't ever forget though that the perspective of the person needing the care or the service has to be the organising principle, or an opportunity to make things better will have been lost and it will all have been in vain.

As I'm so much better now I thought I might go and do a talk around this integration issue to some of the local WI's – that will stir it up a bit and hopefully get health and social care talking!!

Scene 12

Let's Start Talking

Dom care manager and social worker move forward to a microphone and GP and district nurse move forward to another microphone.

GP (to district nurse): I've had a terrible day today – on top of an unusually high number of patients to see, I also had a disagreement with a local domiciliary care manager about a patient. We both thought we were right and the problem could have been totally avoided if we had just talked to each other before it got to tempers flaring!

District nurse: Oh dear not good! The other thing of course is also listening to each other. I may be getting a bit philosophical here, but when trying to put the patient at the centre, we all tend to think we are in the right and so stop listening!

Dom care manager (to social worker): Do you know what I've learnt today after a right barny with a GP? That integration is just not going to work unless we talk to each other!

Social worker: You're right. We also need to trust each other more and try to understand that we all care for our clients but just need to care together!

ALL: SO LET'S START TALKING!!!!!!!



Let's talk Workbook



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