



## Podcast Transcript - How can healthcare design improve staff wellbeing, retention and job satisfaction across the NHS?

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Gareth Banks

Hello and welcome to the AHR podcast, where we engage in captivating conversation about the built environment and its influence on shaping a more positive future. I'm Gareth Banks, I'm AHR's Head of Healthcare and a Regional Director of our Shrewsbury studio. Over the last 30 years working in healthcare professionals on multiple projects, I've come to realise that our traditional focus on patient care is ignoring possibly the biggest impact we can have as designers. That of how we create spaces that support the staff equally well. I passionately believe that as architects, we're in a unique position to make the world a better place. And it's our duty to use this opportunity to the very best of our abilities. In the face of an growing aging population, staff attraction and retention is essential if the NHS is to continue to deliver high quality healthcare service. In today's episode, we'll be exploring how building design can help improve staff wellbeing and safety, reduce work -related stress and burnout, as well as increase job satisfaction across the NHS.

I'm joined today by Victoria Head, Director of Commercial and Performance, and Dr. Barney Senasinghe, Senior Consultant at Arcus, as well as architects and member of our healthcare sector group, Vicki Shepherdson. Welcome Victoria. Can you give us a brief background of your role, please?

Victoria Head

No problem and thanks for having me today. So I am a construction project manager by background and my career has really been focused in the healthcare sector. Around 2004, 2005 I started as a graduate and my first job was actually in an estates department at an NHS trust and I learned a hell of a lot around the operational issues faced on a day to day and that really gave me insight into how the estate can be a great enabler to help in patient care.

Since then, I moved to the dark side of consultancy over that period and have really enjoyed working on no end of different projects from small scale community type facilities to some really significant large and major projects and one that I'm particularly proud of being the Grange University Hospital in South East Wales.

Gareth Banks

Excellent, thank you very much Victoria. Barney, you bring a slightly different perspective to perhaps the other three of us. Do you want to give us a little bit of your background please?

Barney Senasinghe

Hi Gareth and thanks for having me. Nice to see everyone. Yeah, so I'm Barney. I'm a doctor by background. I've worked in a number of different healthcare settings, including sort of acute setting, mental health, community. I worked in the COVID pandemic in A&E, so right in the sort of frontline, and transitioned to clinical research and life sciences following that. So I actually worked on one of the COVID vaccines at the time and moved into a specialist role in life sciences, where I'm now at Archus and sort of lead that work stream. I still have a sort of passion for wellbeing and staff welfare. I'm one

of the mental health champions within the company. In my work within Archus with clients, NHS clients, really try and integrate that wellbeing aspect into the designs of hospitals and also the pathways that I try to develop as well.

Gareth Banks

Excellent, thank you very much. And finally, and by no means least, Vicky, just share a little bit about your background, please.

Vicki Shepherdson

Oh hi and thanks Gareth. Yeah, my name is Vicky Shepherdson. I'm an Associate Director at AHR and I specialise in healthcare design, which I've been doing for about 25, 26 years now, which is strange because I still think I'm 30. So somehow that's not quite right. So I believe very passionately in designing buildings that can help heal people and are a joy to work in. I think this probably comes from my mum being a radiographer and being with her many times after school and seeing her in that environment where she used to work in basically a dark hole.

Her office was an old MRI suite. So basically, I think my passion has come from there about creating better spaces for healing people, but also for the staff. I've been involved in many, many, many projects all over the country and even some abroad. I've done small community centres and breast care centres right the way up to big PFI schemes and major projects. So I have a wealth of experience, pretty much every department, I think, within a hospital I've designed as well. So that's me.

Gareth Banks

Excellent, thank you very much. So I suppose before we get into the kind of nitty gritty of design and how we as in the design profession can work to make healthcare a better place, it's worth perhaps just setting it in the context of the NHS long-term workforce plan. We're obviously at a pivotal point in the kind of political history of the UK. It's very much at the forefront of the political debate as to how we create a sustainable NHS and the workforce are right at the heart of that.

So if I throw this one over to you, Victoria, do you want to just perhaps give us a little bit of your insight perhaps into how that long-term workforce plan is influencing the conversations that you're having at the start of these projects and kind of setting the scene for the wider debate.

Victoria Head

Yeah, definitely Gareth. So the NHS launched their long-term workforce plan about a year ago, 2023, summer 2023. And I'd say it was the coming out of the pandemic, they recognised the need that the workforce was changing, is changing, and so are patients' needs. And so the focus of the workforce plan is around three key areas of train. Let me make sure I get this right. Train, retain and reform.

And they've focused on those three areas because I'd say there's been periods within the NHS workforce where training of some of our clinicians and nurses has not been as thorough as it needs to be or not had access to it. Retaining staff is an issue, probably not a week goes by without it being in the headlines around the retention rate within the NHS. And reform is really around what needs to change to actually make the NHS a desirable place to work. And I mentioned the pandemic just there.

Certainly for me, I'd say that the focus, the turning of the importance of staff in the NHS really came into focus in the pandemic. We all recognised and was either clapping at our front doors or banging saucepans at our front doors to say thank you to what the amazing frontline staff were dealing with. But that also what came out was the pressure and the conditions that some of the staff were working in. And that kind of leads to that point around retain and reform in that, how do we expect to attract skilled and intelligent people to what is, I believe, a lot of us very committed to and a really wonderful organisation that the NHS is, if we don't provide the right spaces for them, if we ask them to work in suboptimal environments, if we don't give them access to natural daylight, if we don't give them access to nutritious food, you know, all of these many things. So I'd say that long term workforce

plans is the aim of it was to be the foundations of how change needs to happen to make the NHS far more desirable moving forward.

Gareth Banks

Excellent. So Barney, obviously, you mentioned the pandemic and as you said in your introduction, you were very much kind of on the front line there. I suppose on that basis, you've got first-hand knowledge of the importance of those spaces, particularly in that kind of very stressful environment. Have you seen much of a shift in an acknowledgement of that? Is it sort of playing out either from the perspective of staff where they're demanding better space or from the perspective of as health planners and architects were expected to provide better space. Is that something you're familiar with?

Barney Senasinghe

Yeah, I think what the pandemic did was really shine a light or place a microscope within the conditions in the NHS, especially when, you know, with the need for particular restrictions in terms of quarantining and separating spaces based on infection control reasons, that places a specific microscope on the space because those spaces need to be used as effectively as possible.

I think to set context for the NHS, a lot of it works on good faith, I'd say. So the types of people that enter the NHS, are very altruistic by nature. They care about people. And sometimes that can be to a fault, to their own wellbeing, because those sort of principles get taken advantage of by the system, you could say. It's easy to restrict that to doctors and nurses, but I'm talking about everyone, you know, porters, HCA's, physios, receptionists, everyone in the hospital has that sort of mentality. And it's sort of key that space plays an important part in that. People are there for sometimes 14 hours a day, 15 hours a day. They spend most of their lives there in hospital. So where you spend your time is essential, I think.

Gareth Banks

I suppose on that, I mean, Vicky and I work together on projects. It's quite often the case that the people fighting hard is to maintain some of those spaces and to create some of those spaces at the design team. And I suppose between Vicki and Victoria, again, what's your sort of experience of building that into the brief initially, where there is some sort of recognition of that? And then, perhaps how that's manifested itself in carving out some of those spaces.

Vicki Shepherdson

I think it's really important for us to recognize the types of spaces as well that we have to provide for them. I mean, often with the briefing, as we all kind of know, the staff rest is put in there. And that's about it, a changing room and a shower. And that's all we're kind of giving you. And that's really, really like squeezed and squeezed and squeezed because we're trying to maximize all the clinical outputs and the functions that we need to kind of support the clinical need of the building. So my experience is, it's very minimal. And I think we have previously discussed the fact that actually different people react differently within stress. Some people, and obviously these environments are really quite hard and quite trauma triggering, I imagine, a lot of the time. Some people want to go into the corner and just have a little moment or have a cry. And then some people just want to just actually, I want to just get amongst everybody, talk about it, shout about it, have a bit of a laugh. And I could probably do that on the staff rest. I could probably do that, but actually, where are those smaller, quieter spaces to allow to do that? And I don't think we are providing them. I think we're providing them for the patients in terms of interviewing and counselling rooms, but where are we providing them for the staff? And I know I've done a lot of designs around providing areas for patients and carers of patients to have a moment. And bizarrely, the WC is the space that most people will retreat to. And most people will go and sit on the loo and have a cry and that's all they do. And that's all we do, but wouldn't it be nice if it wasn't a WC? And it was a space with a chair in it or two chairs, maybe two people to have a chat and things. I think it's about the types of spaces, but I'm certainly aware that they do get pushed, pushed and pushed to make way for the consult exam rooms, the bedrooms, all those sorts of things. I don't know what you find, Victoria, but that's certainly what I found when I'd been looking at briefs to do hospitals and community centres and stuff.

Victoria Head

Yeah, very much so. And there's actually limited guidance on it, on the provision. So, you know, we go to the HBNs, HTMs, those kind of guidance documents, but it is quite limited and arguably quite traditional. And I was just thinking, as you were speaking, I've also been in situations where clinicians have arguably pushed back and said, oh, no, don't worry, I don't need that. And I share that because a lot of them are coming from suboptimal accommodation and the wrench for them when they move to a new place can be huge. My big first project I ever did was moving an old Victorian nightingale hospital to a new community hospital, all single bedrooms, lovely extra spaces, et cetera. They didn't want to go. They didn't want this space. This is what we were being told.

And for me, there's a role for us to play in maybe showing our clinical teams what good looks like also. So you shouldn't have to accept suboptimal. We know that the NHS has huge constraints on its revenue and its capital budgets, but there is something around the sustainability of the NHS will be born out of a workforce that want to continue to work there and care for patients in a different way.

So for me, I think there's, as I say, a role for us to play in showing them that you should have access to this space. I'd say that's slightly changing with the generational change that's happening with the workforce in the NHS asking for these spaces. But also then there's probably more within, like with my project management hat on, protecting that because at all costs we don't lose clinical space. But at what cost, what if we can't recruit people in to staff these facilities because we did get rid of the staff restroom, we did take the restaurant somewhere else and therefore nobody can get fresh food. We've arguably made the situation worse but it's in a lovely shiny building. That doesn't serve anyone does it?

Vicki Shepherdson

No, and I think a lot can be said that actually, although it's very hard to prove this, I think scientifically or even non -scientifically, if you are as a doctor or a nurse or an HA or whatever it is, if you are happier and healthier and feel more rested, you're going to work a bit better, right? You're going to be at your best. Whereas if you've had nowhere to sit down for 10 minutes and you've got a horrible cheese sandwich out of a vending machine, that's not going to help, is it?

Or you're living off your coffee. That's not going to help. But if you've had someone to sit for 10 minutes, maybe with a view of a garden or even outside heaven above, you can actually go outside. That's surely going to benefit, isn't it? And then, you know, maybe you're working a bit better because you're feeling that you can give more because you've got more to give.

Barney Senasinghe

Yeah, I think it's a great part is it there's obviously the empathetic attitude you can take which I think is obviously very important to sort of wellbeing and workforce, but if you take it purely from a sort of performance and productivity standpoint, that there's a huge case for it as well. So I think his name is Dr. Adam Fraser. He talks about the third space in terms of work -life balance. So, you know, that space between home and work.

For some people it's their badminton club, could be the pub for some people. But to provide that sort of space within a hospital, recharge in between shifts, just a five minute break to recharge before the next patient could be crucial. And that productivity aspect doesn't get spoken about as much as well. So I completely agree, Vicki.

Gareth Banks

I think there's a couple of things that you've said there. One is the altruistic nature. I mean, again, quite often we find that there's almost embarrassment at creating these spaces. We know money's short, and if money's not being spent on patients, are we being profligate with that money? But I think that that's the bit of thinking that's got to change because, as we're developing briefs the guidelines and the accommodation schedules that we generated, they're probably 20, 30 years old now. They don't really reflect modern society. So we're very comfortable defining the number of patient bedrooms or consult exam rooms without really understanding, A, whether that's really necessary to get the

throughput, and B, whether you can service those effectively with the staff that you've got. I mean, again, Barney, just to use your own experience. I mean, I suppose in some respects, the kind of recent pandemic really, as you say, shone a light on the way in which the staff can work even harder. And I'm not really encouraging staff to work, because I know you work really hard anyway. But on the other hand, a notion that maybe we're somehow operating at 100 % efficiency with what we've got and actually we're probably not and that's not the fault of the staff.

We're in a situation where you can't work at more than 60 % efficiency because you are tired, cognitively you're challenged and stressed. Maybe there's something to be said there where actually we should rebalance. So again, I suppose maybe Victoria, is that something that you're seeing? The new hospital's program, is that sort of picking up any of those ideas or? Is it more of the same?

Victoria Head

So the new hospital programme has certainly started to ensure or document the need for staff accommodation and staff wellbeing facilities. Is that to the level that is needed, I'd say, still in question? And then there's also something emerging around, what else is included in a hospital that could actually make the job of our clinical staffs even harder. So for me, it's around looking at it in the whole, rather than just it's staff wellbeing over here and then an acute hospital should only be this over here. You've got to think about the connectivity and interfaces of how the whole hospital, the whole system works to allow then I'd say some, an approach that solves and actually brings something forward for staff that is meaningful.

Because otherwise I'd worry that it, I worry that it feels a little bit like a tokenism basically. Yeah, here you go, you can have a cafe here and your coffee is going to be £4 .50 every time sort of thing. Like really on wages that are slow, you know, you've got to think of it in the round, haven't you?

Vicki Shepherdson

I'm sorry. No, I was just going to talk a bit about the fact that, you know, from many years of going into the hospital and seeing my mum, and I used to work in the end of the summer and blah, blah, blah, blah. The hospital canteen was a real hub of activity. And it's where all the doctors, all the nurses, the physio team, everyone used to sit down and have a giggle, have a laugh, get some nice food in you, have an outside space to sometimes sit down and they seem to be sort of drifting away a little bit. And I, you know, so I've done some big hospitals and those are really important, but they get slightly pushed away and we end up having small little staff rests in each space, which I think there is a place for, don't get me wrong, I think there is, but I think there's a bit of a mixture of two. Well, there's one, there's like a small staff rest, small sort of rest space, pause space within the department, but there has to be somewhere where you can get away through on the middle of your shift.

Somewhere you can escape to with your colleagues and have a natter over a sandwich or have a thing. Those were really quite vibrant, quite lovely spaces. And I used to love going there with my mum and all her colleagues and sit there and chat and hear all about, I won't tell you what the stories they told, but all that kind of stuff that went on. And I'm not seeing those coming back in. I'm seeing them very much pushed out and having them kind of in each individual department. And I'm not sure that's the right answer, but like you said, Gareth, is it a bit like, oh, well, we're building this for us. This is our hospital. We should have a big canteen. Do you know what I mean?

There's a real kind of fine line here.

Victoria Head

I think you make a good point though, Vicki, that we talk about the stress and that our NHS and clinical staff are under, but Barney, I can only assume there are fun times in there as well, and there should be fun times, and that you should be allowed to go and go, I'm on my break now and I want to talk about what happened at the weekend or what my elderly mother did or what my child did or whatever it is. It doesn't have to be the severity of it all the time. Normal life can be that you just have a laugh and some time to just converse together, right?

Barney Senasinghe

Yeah, exactly. I definitely agree. And I mean, we spoke about the generational aspect. I think a big part of that is how social media shines a lens on the fact that, you know, healthcare workers are just normal people. I think it's easy to really hyper-professionalise medicine. Obviously, it needs to be professional at certain times, but, you know, we're all just humans. And, you know, as you said, someone may have got married over the weekend. We want to find out someone may have had their birthday.

You need that sort of levity in between all the difficult times to carry on and definitely agree Vicki about that aspect of not working silos, not being too departmental and try and get to know your colleagues really. Places like that are a great, great area to sort of get to know who you're working with and just have a laugh really. There's nothing wrong with that I don't think.

Gareth Banks

Does that play into a wider conversation of appropriate settings for health care generally? I mean, again, we're all familiar with acute hospital sites. You go to that site because you have something that needs to be dealt with or you're visiting somebody. And at the opposite end of the spectrum, we have more community-based primary care where, again, you've got your local GP. But is there something for somewhere in the middle where we might look at a site which, yes, as a potential patient, you might be able to go and get health checked, et cetera. But then as a member of staff, you can use the swimming facilities or the gym that's part of that. And then it really just starts to kind of give that more cohesive and holistic approach to health care.

Barney Senasinghe

Yeah, I definitely think that campus style element is a sort of good practice example. And it kind plays to the idea of healthcare being not just medicine. So, things like your environment, pollution, your work, all these types of things play into healthcare. And as you said, you mentioned the example about swimming, there needs to be a broadening of what we class as healthcare I think and that sort of idea really helps with that.

Victoria Head

I definitely agree and I'd say that there's probably every clinical strategy or clinical model that is in development or is in place up and down the country will have the patient at the centre being well. And so all you're doing is saying that's not necessarily just the patient, that patient is also a staff member that's well and that they have access to keep themselves well because that's the way the NHS needs to change. We need to take more responsibility to keep ourselves in a good state of health.

But that includes the staff that work in them. And therefore having, I always talk about that, I believe health to be probably the biggest, strongest anchor of regeneration and the ability for it to attract and be able to change areas. And we've probably all worked in quite deprived areas when we've been doing our healthcare facilities. It can make a significant change to the people around it, but the staff that work in it are just as important. They want to contribute to how the demographics of that area can improve.

Vicki Shepherdson

I mean, really there's a gym on site, isn't there? Because you've got your physio. There's probably a hydrotherapy pool. At the end of the day, these aren't being used. So, you know, why can't we open these up to the staff to be used? You know what I mean? I think that's a really good way of maybe bringing some of the campus element back in as well. And I know certainly we've been looking at quite a lot of key work accommodation where some of the sites is not being used and putting some of that key work accommodation back onto the site and creating that campus feel.

And I know maybe, you know, Barney, that's where the bar is. And that's right. There's, I don't know, I'm not gonna harp on about my mum again, but there was a social club attached to my mum's hospital with a skittle alley. That's where they used to meet up after work sometimes. Have a few ciders, obviously it was the West country, and throw some skittles. That disappeared. And I wonder whether if we brought that key worker housing back onto site so staff could actually can nip back,

come back into work. And maybe you then can create that campus with that social club, that bar, you know, a skittle alley. That seems to be missing a bit. And surely that's going to be a bit of a benefit and maybe a better way of using some of the land and some of the accommodation.

Gareth Banks

Is that something, again I suppose, we sit here thinking about how things could be better. What are the reasons they're not better? So part of it will be political but I also wonder, the things we just talked about there which is maybe bringing leisure onto the site or obviously training is part of what you do as well and there are training opportunities.

What stops us from getting those different stakeholders and funders, et cetera, into play? Is it the integrated care system, just speaks to itself, is an echo chamber and isn't really speaking to, you know, leisure, you know,

Is there scope to loosen things up a little bit on that.

Victoria Head

I'd say there is, there's something around the make -up of where the funds are, isn't it? So that they can be probably some of the biggest restrictions we have put on us so that the local authority will have plans for some sort of community facilities, but that budget's over there and then healthcare's got its budget over there and never the two shall meet. For me, it's about wanting and having trusts and clients that acknowledge that the early thought and vision and objectives of actually what's trying to be achieved is documented. So it could be about regeneration and better patient outcomes, et cetera, et cetera. At the heart of it has got to be a retention of staff that they, you know, they don't have such huge amounts of vacancies that can't be filled, et cetera. So that vision from the early days really should allow the setting to be established.

And then what I'd hope then is with partners like ourselves and others to start making those bridges. The NHS can't do it on its own. We all need to work together and the analogy of the tent is big, should be used. There's people that can help build those bridges. The maturity that, of course, external organisations will want to make a profit, but not all of them are big, horrible organisations that are doing it just for the profit.

I'd say for our two organisations in particular, something around profit with a purpose. And, you know, there are people that want to do this for the wider good as well.

Gareth Banks

We've got a few projects now where we're bringing health spaces into education. And so that might be part of an education campus where as part of the training, they're actually looking to treat patients. So doing some of that work at Huddersfield, for instance, with podiatry. But also looking again at the benefits that would get as going back to that campus thing and maybe you know universities are a little bit more approachable perhaps than some of the more commercial situations. Are you finding much of that happening Vicki?

Vicki Shepherdson

Yeah, I'm working on a site at the moment in Bristol where there is the training facilities are on the two floors above. And then the floor on the bottom is a opticians. There's a diagnostic imaging area and then there are some counselling rooms. So that actually the public can come and use the bottom bit and then the training people happen. But then they obviously migrate down to the bottom and are seeing the public together.

And there's that kind of real feel of everybody kind of working together and training each other. So I think they're starting to start to pop up probably quite a lot more. And like you say, Gareth, they're much more kind of campusy feeling, whereas hospitals are seen as like this big scary thing, aren't they, over there on the hill.

Whereas actually, I think it needs to start to filter out a little bit. And especially some of these outpatient rooms and outpatient services can filter out a bit, maybe into more commercial areas where we've all seen them around the shopping centres where they're destigmatizing the health element to it. And I think that's probably a benefit to patient and to staff, because obviously, if you're putting them in these shopping centres, I know we've done a few, they can park. People can park their car, they can get to them really easy. They can go and grab a sandwich from a really nice sandwich shop. So I think we're starting to see some of that filter down. And I think that's only going to benefit some of the staff members.

Gareth Banks

And Barney, I mean, I suppose one of the things that, as designers of these spaces, quite often we get very hung up on, there's only one way of doing a consult exam room, and that must be associated with X number of dirty utilities and Y number of clean utilities. But I suppose the reality is, when you're actually practicing health care, your requirements are probably quite limited, as long as you've got internet connection, somewhere to wash your hands, somewhere clean to sit a patient down.

Are we a little bit too precious about the sort of spaces that we're creating and other options again of those kind of health spaces which in slightly different settings would be beneficial again not just to staff but to patients. Is there any feelings on that?

Barney Senasinghe

I think there's definitely a place for the HBN limits and those particular recommendations. I think that's a safety element to that. But then within that, there's the idea of flexibility. So just because you have those remits of, X meter squared room doesn't mean there needs to be a sort of label or a door that says this is the consultant's exam room. It could be used for a number of things. And I think for yourselves as architects, building in that flexibility and working with the healthcare planning element, which we do at Archus. I think that we can do some good work there in terms of incorporating that flexibility.

Victoria Head

I also think, Barney, to that end then, having spaces that are flexible, like you say, they don't all need their own name on the door. But that lends itself to them to be adaptable for the future. So to think that working with clinical teams that are maybe starting their career, but they've got, we acknowledge that we won't know the way healthcare is going to change in the future, but we're giving them spaces that can be adaptable to the needs of patients as they change.

That's interesting, that shows that the bricks and mortar, the physical bounds of the built environment don't need to be the reasons why care and their own wellbeing are at a risk or aren't at the level they need to be.

Vicki Shepherdson

I think as architects and designers and consultants, we have a role trying to ignite some passion and some thoughts into these spaces by possibly using other sectors for an example. For instance, I'm a great believer that a consult exam room doesn't need to be really anything more than a hotel room. It doesn't need to have the pale blue on the wall and the horrible couch in the corner and the nasty veneer desk.

It doesn't need to look like that. It doesn't need to have the clinical ceiling tile. It could be like a hotel room really. And actually those are nice spaces, not only for the patients to arrive into in the fact that it's a lot less stressful, but actually it's nicer for the staff to sit in a comfy chair. Do you know what I mean? Do they really need that desk tucked in the corner and things like that. And I'm a great advocate of trying to bring some of those other sectors work into ours to kind of make it a bit more flexible, a bit more adaptable, but also a bit more future fashion, you know, a bit more kind of, I don't know what the word is, cool sounds a bit naff, but do you know what I mean? A bit more other ideas that are at the forefront, like Google offices, trying to bring some of those offices into the offices that we use at healthcare. So I think we, as designers, we have our duties to bring some of those other



sectors into the work that we do in the NHS. And I think that's the way we can start to create much more flexible, adaptable spaces that don't have these kind of horrible, rigorous clinical need to them, well need to get into the materials and the layouts and things.

Barney Senasinghe

Yeah, I completely agree with that point, Vicki, because I think also in doing that, it demystifies the idea that healthcare needs to be delivered in a particular place. And I think there's a massive cultural shift that needs to happen to say that healthcare and medicine can happen anywhere. It can happen at the home, closer to home, wherever that is. And if you improve that environment, I think it helps that idea. I think I won't go into politics because that's probably for another podcast. I might get kicked out.

But there's an idea called doctor as a drug. It's the idea of you come to a GP clinic and that element of seeing a doctor in a very clinical environment is a sort of drug to some patients. They get that lift but I think we need to demystify that and say look the environments don't need to look like that. Obviously they need to be clinically safe, infection control all that is what goes without saying but it does demystify that idea I think.

Victoria Head

I recently went to the Maggie's Cancer Centre in London and I'd say they have done some good things in the way they approach things. So they very much keep the ethos of the guidance documents of HBNs and HTMs at the centre of what they do. But as an example, we've talked about consultant exam rooms, they said my staff don't want a clinical room. Sometimes they're having really very hard discussions and that's often not on their own. Like the family members are with them. They want somewhere that's soft and that they can talk to them about maybe end of life care, those sorts of things. So they've completely got to the nub of how do they have a human conversation in an environment that's supportive of it?

The lady who runs the centre was just telling us as to how important staff felt in being able to kind of give their feedback on having those human conversations because at that point when unfortunately sometimes it can be very bad news given it's cancer, it is the humanity that really helps I'd say. So, you know, giving staff the opportunity to give us their feedback to provide that should never be lost and that's why I'd say all of us on this call absolutely recognise the value of the engagement that happens because we all learn so much because apart from Barney, we haven't been on the front line. We've picked up a lot over the years, but do we really understand what it's like in the midst of it? And that's why it's so important to keep our staff engagement at the heart of it, whilst also providing them facilities that it can't be at the cost of, we can't lose sight of, they have to have spaces as well.

Gareth Banks

Yeah, I think it's so much of our time is focused on the process, isn't it? Whereas actually, we're all humans, you know, whether you're a patient, a visitor, a staff member, we're all humans, we're all biologically predisposed to living a certain way. And this kind of artificial 24 -hour fluorescent light, or I suppose it's low -energy LEDs now, isn't it, is not necessarily conducive to the way in which we live.

I think we're coming into the last couple of minutes that we've got really. So before I sort of wrap up, is there any final thoughts that you might have that we've not really covered?

Barney Senasinghe

I think it's just reiterating Victoria's point about engagement and the importance of engaging with right people and as many people as you can because echoing some of the other points, everyone's different. We all find different environments scary, different environments comforting. So I think it's about engaging as much as we can and sort of finding out what we can about people and yeah, just having conversations is the first step, I think.

Vicki Shepherdson

I think I'd like to just quickly mention, I think about the way that we can hopefully use technology to our advantage these days. We're looking very much, I mean, I know I've mentioned this before, at that kind of digital connection and the fact of all the virtual wards and remote wards and how that is a benefit to the patient, but also potentially to the staff member that actually they can just kind of sit at their desk and keep an eye on everybody and know what's going on and chat to people. And hopefully that might, those kind of like reducing some of those consult exam rooms or those bedrooms may leave a bit more space for the staff. So they can have a bit more space.

They can maybe have a bigger staff rest or maybe a kind of private quiet space for them. So maybe through the advances of technology, we might be able to free up a bit more space for the staff. And I think I was quite poo pooing, I think, in the idea of remote wards and virtual wards. I was like, well, that'd be awful. But then I was thinking, actually, if I'm lying at home in my own bed with my family around me, and I've got a link to a doctor or a nurse who can I can chat to when I want to. And actually I can sit and watch my iPad with my family. I mean, that's better for me, isn't it?

And it's also better for the staff member. They don't have to worry about them lying in the corner somewhere. So I hopefully, well, I hope and I pray that through technology advancement, we can maybe get some of these spaces back and help some of the staff.

Gareth Banks

I think it's interesting isn't it, if you think of inpatient care, how much of your time as an inpatient is just sitting in bed waiting for a nurse or a consultant to come. There's probably less than five percent of your time is being physically treated as such isn't it, and yet we have to spend 24 hours 48 hours whatever doing that.

That's been really really interesting, I think in summary I'd say staff do really matter. I think that the more holistic way in which we approach hospitals and healthcare, which includes staff as real human beings with their own internal motivations and emotional as well as physical needs.

If we can treat and create spaces that really cater to that, then not only will staff function better and feel better, but the quality of care that we get will be significantly improved, will probably be more efficient. And actually, when you consider some of the things we just talked about, probably the patient access to healthcare, et cetera, is probably improved as well. So I can't see really any downsides. Let's get cinemas, swimming pools, and hospitals and universities working together in the town centre.

A big thank you to Victoria, Barney, Vicky for joining us and sharing their experience.

Victoria Head

Gareth thank you for being a great host.

Gareth Banks

Thank you, too kind.

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Thank you so much for listening and we look forward to you joining us again next time.