This lecture is designed to develop understanding about the three primary modalities of communication and how to identify the best way to be heard by each type. Understand the eight different brain types/profiles that exist, and how to communicate with each of them. Our neurology is used to fully explain action tipping-points that can be used in developing our 'power to influence'. The six human needs are detailed to understand better how different profile types view communication — and how to influence all of the types you will come across in daily life. (N.B. Just please use your powers for good ...)

This lecture begins to pull together how to develop influence in a seemingly hopeless situation, and how to use the technologies of behavioural communication to best effect.

The further lectures in this stream will give you the tools and techniques to make changes actually happen in the tricky field of sustainability. There are things that every individual can do to be a better communicator to those around you, and more power to effect more change comes with having better strategy — these lectures focus on the practical delivery of change into existing structure (and even achieving delivery through our, perhaps, less than enthusiastic colleagues).

KEY LEARNING OBJECTIVES

- Increase your power to influence others, and increase the likelihood of being heard
- Communicate better with each of the eight profile types, and to appreciate the values and behaviours important to each thinking style

- Develop a deeper understanding of people who are NOT like you and how to communicate your wants and needs to them more effectively so you get better results

MULTIPLE CHOICE QUESTIONS

1. You typically like to work with facts and figures, like systems and processes and are good at maintaining stability. Your talent dynamics profile is likely to be high in which of the following?
(A) Dynamo (C) Tempo
(B) Blaze (D) Steel
2. You work with someone who is very creative, always coming up with great ideas and starting projects, but not always good at finishing them. Their talent dynamics profile is likely to be high in which of the following?
(A) Dynamo (C) Tempo
(B) Blaze (D) Steel
3. One of your partners is very analytical, has a specialist field of expertise and works very well on their own improving the process and outcomes, but may be limited by a sense of perfectionism and working with other team members effectively. Their talent dynamics profile is likely to be high in which of the following?
(A) Dynamo and tempo
(B) Blaze and steel
(C) Tempo and blaze
(D) Steel and dynamo

The green ninja: an NHS case study in sustainability

Clare Topping

In 2009 the Lancet claimed that climate change was the biggest threat to human health of the twenty-first century. In 2015 it claimed that as well as the biggest threat to human health, climate change was also the biggest opportunity for improving human health — many of the interventions that work to reduce greenhouse gas emissions are also good for our health.

In common with most other western countries, the healthcare carbon footprint of Great Britain is around 5% of the national total. Within any town or city the NHS is 'probably the biggest procurer, employer and polluter'. This also gives the NHS, as a trusted institution, a disproportionate opportunity to influence the local economy and population. Within such a complex organization as

the NHS, with patient care and safety the ultimate priority, how can the NHS become a more sustainable healthcare system and what is sustainable healthcare?

We will start the presentation looking at the expected impact of climate change on health. We will look at a number of case studies from within the NHS, with an emphasis on quick wins and money-saving opportunities found within one medium-sized district general hospital, Northampton General Hospital, applicable to large and smaller organizations. From energy to waste management, plastics reduction to food, we will explore what worked and what did not work and how to get staff on board the journey to more sustainable healthcare.

We will also look at how the sustainability agenda can reduce exposure risk for you and your organization and how it can be used to provide simple and innovative interventions.

KEY LEARNING OBJECTIVES

- How sustainability can save you and your organization money
- There is more to sustainability than energy saving and recycling — how to look beyond the obvious
- The impact of climate change on healthcare

MULTIPLE CHOICE QUESTIONS

1. What percentage of the carbon emissions of the NHS are as a result of procurement activities (based on 2015 activity)?
- (A) 5%
 - (B) 42%
 - (C) 58%
 - (D) 74%

2. What is the likely percentage energy reduction from switching to LED lighting?
- (A) 25%
 - (B) 50%
 - (C) 75%
 - (D) 100%
3. Which is the most common vector-borne disease affecting humans in England and Wales?
- (A) Malaria
 - (B) Dengue fever
 - (C) Monkey pox
 - (D) Lyme disease

Waste not, want not: a case study from veterinary practice

Ellie West

Healthcare provision generates large volumes of waste separated into multiple waste streams, which we are legally obliged to process in different ways. Around 3–6 kg of medical waste is produced daily per hospital bed, and audits of medical waste from anaesthetic rooms suggest that 40–60% of this waste can be recycled. However, healthcare waste streams are also likely to produce hazardous waste, which has the potential to be toxic to our environment and the lifeforms within it. It is also around ten times more costly to dispose of. Much of the waste that is produced is single-use, with a high proportion of mixed and hard-to-recycle plastics. There is often a conflict with infection-control practices, which requires ongoing evidence-based assessment to decide on the least resource-intensive approach. In addition, there are limits on capacity for waste disposal in the UK at present, which places an onus on waste producers to manage the volume of their waste at source.

From NHS England data (and our own data from Davies Veterinary Specialists), we know that waste disposal does not contribute a large proportion of the total carbon emissions of a healthcare facility. However, procurement of materials and equipment, in particular pharmaceuticals, accounts for around 60% of total NHS England carbon emissions. Therefore, the true cost of the lifecycle of a product, process or piece of equipment must be considered. The 2012 Waste Regulations provides us with a useful (and legally binding) concept in the waste hierarchy, which provides a pyramid of opportunities for reducing the environmental impact of waste. The first and most important step is prevention of initial waste production.

However, achieving legally compliant, environmentally friendly and resource-efficient changes can be challenging in the clinical environment. Concerns around meeting strict legal controls, combined with confusing definitions of waste types, can lead to errors in segregation of waste on site. Careful and ongoing training of all staff involved in waste handling is required to maximize compliance, which should also minimize environmental impacts.

As extraction of raw materials results in increasingly scarce resources, we should also look to the circular economy. Indeed, all waste should be seen as having a potential material value. Production mass intensity metrics indicate that 1 kg of drug takes up to 40 kg of resource to produce. Analysis of this sort allows us to judge the true cost of drugs.

The future looks likely to need robust audit and reduction in waste volumes per patient, better segregation of wastes produced in a healthcare setting and better communication between waste producers and waste reproducers to support the circular economy.

KEY LEARNING OBJECTIVES

- The most important step in waste management is to reduce resource consumption
- Waste derived from any healthcare facility should be divided into multiple streams, of which over half is likely to be non-hazardous and is potentially recyclable
- Legally compliant waste segregation requires careful education and training of staff

MULTIPLE CHOICE QUESTIONS

1. What should be done with offensive waste, such as waste contaminated with urine, blood or faeces?
- (A) Should be placed into a yellow and black (tiger-striped) bag
 - (B) Can never be recycled as it is contaminated
 - (C) Should always be incinerated
 - (D) Should be placed into an orange or yellow bag with other types of hazardous clinical (infectious) waste
2. As a proportion of total carbon emissions in the NHS (2017), what does procurement of medical equipment and pharmaceuticals contribute?
- (A) 0.1%
 - (B) 1%
 - (C) 15%
 - (D) 25%
3. What is the first step in the waste hierarchy?
- (A) Prevention
 - (B) Recycling
 - (C) Re-use
 - (D) Alternative recovery, such as incineration with energy for recovery