Shropshire Community Health





Jan's Weekly Update

Jan Ditheridge, Chief Executive

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So it was my turn to get "the cold" this week! I felt a bit chilly at the match on Friday night, put it down to the weather but got up the next day streaming. No warning scratchy throat, itchy eyes or feeling unwell - took me by surprise.

Over by Monday, I thought, after a weekend watching old films and drinking that well known lemon drink but no - plunged back into it on Tuesday! Attended the Away Day which focussed on quality and

very unattractive!

I shouldn't be surprised, I've watched everyone else I know have it - strange virus pattern but not flu - a cold, irritating but not debilitating.

On a serious note although I came to work I kept out of people's way so not to spread it (I can do that in my job) doing meetings by phone and not spending too long in the company of staff at the Away Day - to my frustration! I know some of you can't do that and need to stay away when you feel like that - interestingly many made funny comments about my red nose and to stay away from them but not one person asked if I should be at work.

clinical staff - red nose, streaming eyes, grumpy - very frustrating and

I guess they think I'm old enough and senior enough to make my own decisions. Do we always make good decisions when we're feeling unwell, do we sometimes think we're indispensable staying late or coming to work when we're sick, do we need someone to ask so we know they care, does that apply to everyone. As a Line Manager if I know one of my team are not feeling well or working extra hours I stop and ask them - should you be at work? Why are you still here? Can I help? Do I always do that? Do they hear me?

We ran the risk of losing £2 million pounds last year through sickness absence of staff but if as line managers we'd asked the question earlier about the long hours culture in the team or "are you ok - should you be here today" would that make a difference? I think our sickness absence would come down. I know some of you do ask but do we all do it all the time? Why don't we try it......

Other things

Brilliant Away Day on Tuesday - so good to see so many clinicians in the room who don't usually find it easy to be released from their day job. Well done team leaders for getting them there! I am sorry I couldn't be there all day, the cold obviously but I also had a system wide urgent care meeting in the afternoon. It's really important we are represented. Also proud how well we've done this winter and it's showing in the data!

Our Board met in Telford yesterday - not one member of the public came - which is unusual. It was a miserable day outside!

It's a shame because they would have heard an amazing patient/staff story from Deana James, Community Practice Teacher demonstrating to our Board the lengths our staff go to ensure our patients get what they need. This was about a lady who needed pain relief at the end of her life, it was the day of the snow and of course what could go wrong did go wrong. Resilience, leadership and compassion displayed by all involved - in spades! Also a time for reflection afterwards - how do we stop ourselves getting in this position again. What can we do to make that different? Action taken, learning happened.

Talking of what can go wrong...

Steve Gregory and I have had lots of contact this week with a gentleman who's trying to get the right care and equipment for his mum. He lives far away and works full time. I'm absolutely sure we are caring, respectful and trying to help but we aren't making it easy for this family. We will sort it out but once we have we need to stand back take breath and think - how do we make this better? Best intentions don't always turn into best care for patients. We do need good processes, systems and excellent communication between families and services. The key is to recognise that and change it.

I hope you are all feeling well and if not looking after yourselves!

It will be February when we speak again - green shoots.....

Until February......

Jan Ditheridge
Chief Executive

