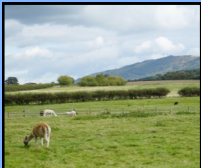




# Jan's Weekly Update

Jan Ditheridge, Chief Executive

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It's really early and I'm sitting in the coffee shop of the University Hospital North Midlands in Stoke waiting for colleagues from Shropshire to meet with our Regulators to talk about Urgent Care and our plans to improve our performance.

I came early to get a parking space and take the chance to catch up with you. It's not very nice on the roads so those of you and about today and this weekend - be careful. Someone reminded me we had snow this time last year!



I was getting in my car yesterday at William Farr House and noticed one of our District Nurses putting all her outside wet gear on - it struck me what different jobs we all have.

The Exec Team had met with our administrative team earlier in the day - they are very office-based and have to hold the fort when everyone else is out and about.

I was on my way to meet with someone who is keen to come and work with our Community Paediatric team and presently works in an Acute hospital - she had been thinking about how things might change for her in what would be quite a different environment.



She had just visited Stepping Stones and unsurprisingly to me told me how lovely and welcoming it was - a child and family-centred environment.

We all work for Shropcom and we all work in very different ways - I think you could tell what people do and what environments they work in by what they have in the boot of the car - it could be a "through the key hole" sort of game.

Do all District Nurses have wellies and a spade in their car boots...?

## Other things this week

Our Board have asked an experienced organisation to work with us to look at how we're doing. It's an opportunity for us to be tested in a safe way to ensure we have the right leadership approach, we're following best practice to lead and shape a great place to work, that we are setting the direction in a clear way (as much as we can in an ever changing NHS), and that we know how to measure our risks, demonstrating we are doing something about them. These risks are all related to the things that might stop us achieving our objectives to deliver high quality care to the people we serve.

So it can range from staffing issues in a certain area through to do we have the right plans in place if our IT system goes down or if it snows!

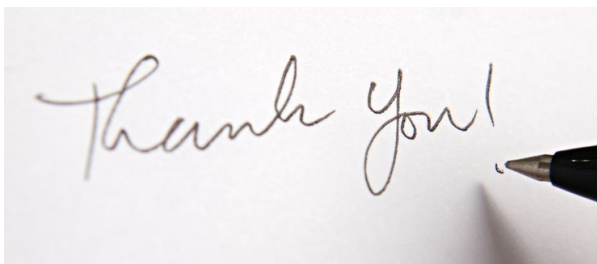
One of the best barometers for understanding these risks and if we are managing them is from what you tell us.

You do the same thing in your teams - you know what you need to do your jobs well and if anything interferes with it you implement plans to make sure you can still do your jobs and know when to ask for help if you can't.

So when we had all that snow last year there was very little disruption for patients because you put loads of stuff in place to ensure it didn't. When we are short-staffed in an area you work hard to move people around and sometimes do extra - and if needed ask for help from your leaders. It's not complicated but it is important we just do it at different levels.

## Talking about feedback from patients

I received a thank you letter from a lady about our IDT in the south east this week - as the team said, they know they do a good job but it's so nice to hear now and again!! Lovely feedback. And I commented to one of our team leaders how well she and the team had responded to some quite negative feedback a couple of weeks ago - they met with the person, sorted the issues and wrote a balanced open letter back admitting where we didn't do well but also what we did do ok too.



Lo and behold I then received a letter from the original complainant very happy with the feedback, the way she was responded to and the fact she was pleased we saw it as an opportunity to learn and improve. Marvellous.

Well everyone is here now so I had better go. Until next week...

**Jan Ditheridge**  
Chief Executive

