

RUTH GLASSBOROW

My name is Ruth Glassborow and I'm the director of improvement support and the iHub at Healthcare Improvement Scotland.

Healthcare Improvement Scotland is a national organization in Scotland with the aim of driving improvement across health and social care services. So my role as director is really around setting the strategic direction, particularly with the increase in elderly population, the increase in long term conditions. How do we redesign care across health and social care services that would enable people to live independently and well for as long as possible so that it's joined up is integrated it meets people's needs and we do the right thing first time in the right way with the right people.

I usually start work between half six and half seven. I get in early so I can actually do my emails and get on with some of the report writing because usually the rest of my day is spent in back to back meetings either internally with my own staff or all externally with individuals working in the service largely at senior level or meetings with our commissioners who are the Scottish government and a lot of the discussions are focused around: What's the nature of the support we're going to provide to the system particularly at the moment with the current really challenging financial context. So how are we in terms of the offerings we make, how are we going to focus him in a way that helps get cash savings out the system but also improves outcomes for individual patients. And a lot of the discussions internally are just around providing practical coaching and support and advice to my staff around problem solving on day to day issues. We have some of the most creative staff anywhere in the world and I say that because people find amazingly creative ways to work in a broken system and still deliver high quality care. And that's my frustration as a manager. The needs of our populations have changed but we haven't redesigned those systems to meet those changing needs, and to me that's part of what we're about. It's how do we make sure that everyone working in the N.H.S. clinicians and managers has the skills, not just to do the job, but has the skills and ability to improve the job.

I eat my lunch at my desk which I know is not brilliant and I go home too late. So I'm often home about seven so that can be twelve thirteen hour days out of the house but I love what I do so I'm not tired I'm told that I work an amazing pace but I love it so I find what I do very energizing and I think if I didn't it would be very different, but I'm very lucky to have a job i love

I'd be lost without my P.A. Rachael. She just keeps me organized and points me in the right direction as I run from the back to back meetings and I am so fortunate with my direct reports and I rely on them enormously and both that ability to sit down and have a chat but also the fact that they'll challenge me and I really appreciate that because it's been a couple of times when I've been going in absolutely the wrong direction. And they've said to me "well, wait a minute, Ruth is that really the right thing to be doing here?" and I think there's not enough of that in the N.H.S. there's not enough upward challenge. Too many folk just passively go along with things even when they know that actually the individual is heading for the edge of a cliff and I think there are many reasons for that culturally because I don't think we tend to reward challenge I think people who challenge even from best intent. We tend to categorize them as these resistors to change who are stopping things from happening when often I think the challenge will come from a good place and it's about understanding what that challenge is about. So I think we have a culture in the N.H.S. really of suppressing challenge.

I'm lucky living in Scotland. I'm surrounded by so much beautiful countryside that for me actually just getting out regularly and walking and talking and spending time with close friends. I'm not somebody who's a mad party go-er or nightclub go-er for me there's nothing nicer than an the evening curled up in front of a fire with a couple of very close friends just being together.

where I live in I'm on the outskirts of Dun thermal and we're we're quite close to a wood, and I love to go - particularly now that the night a drawing in of an evening - myself and my partner will just, it's about an hour's stroll round, we'll go and walk in the woods. We've learnt now to have the waterproof trousers and. All of the waterproofs because we were not going out if it was raining. So it doesn't matter what the weather is it doesn't stop us from going out and having that walk and that talk. When

you're walking with someone. The talking just seems so much deeper. I think there's something about the being side to side in the walking process. That you just end up having these amazing conversations when you come back and however much she didn't want to go out, you always come back as I am SO PLEASED WE WENT FOR THAT WALK It was really worth it. It really helps me with managing the stress and the anxiety of the job being out with nature walking talking and having that sense of an expansive surrounding.

I grew up in Oxford. My mother was a mental health O.T. So from a very young age I was used to hangign around occupational therapy departments on psychiatric units. It's a great place when you're sick as a child because I got to do all kinds of pottery and creative artwork whilst I was off ill, but I would say the benefit of it for me was it familiarized me with that environment and I've always felt incredibly comfortable being in psychiatric hospitals and being in that type of environment because it harks back to my childhood.

I did my degree in in maths and I thought my vocational calling was to teach maths. My dad was a was a maths teacher but I saw the pressure that he was under I saw the pressure that all of his friends were under a number of them had nervous breakdowns and retired from teaching early. And I decided it was too stressful a career so I decided to go into N.H.S. management instead, which in hindsight, I think is an interesting decision because I think N.H.S. management is probably as stressful if not more so than teaching and then I got into mental health and that's where I spent the next fifteen years and I loved it. I was a general manager for mental health services for drug and alcohol services for learning disability services and I just loved the job and then eventually I moved up to Scotland and then made what for me was a very difficult choice to come out of that mental health focus and take a role that was focused far more on health care in the in entirety. I always say that if you can manage a mental health, you can manage in any bit of the health care system because of the complexities of it and I hope I've proved that. But then the lovely thing for me has been with the integration of Health and Social Care, it feels like I've come back home again because I'm now sitting around again with social workers with housing with the third sector and again it's become much more important about how we empower people to look after their own health and well being. How we make sure that everything we do is person-centered how we move from an approach that is primarily a medical model to one that combines the medical the psychological and the social aspects. So everything I was doing twenty years ago in mental health has now become the thing that we're doing across the whole health and social care system.

The thing I enjoy most about my job is that opportunity to make a difference for the people who are receiving health and social care services. I'm absolutely passionate about the NHS. I love it as a concept. I believe in it, thoroughly, health care free at the point of delivery and I think we are so fortunate to have the system we have in Scotland and I love having that opportunity to influence the design and delivery of care services it's a real privilege to be able to do that.