
DATE	24 September 2013
REPORT FOR	Trust Board of Directors Meeting – Part A (Public)
REPORT FROM	Karen Jackson, Chief Executive
CONTACT OFFICER	Chief Executive's Monthly Written Briefing
SUBJECT	Karen Jackson, Chief Executive
BACKGROUND DOCUMENT (IF ANY)	Not applicable.
REPORT PREVIOUSLY CONSIDERED BY & DATE(S)	Not applicable.
EXECUTIVE COMMENT (INCLUDING KEY ISSUES OF NOTE OR, WHERE RELEVANT, CONCERN AND / OR NED CHALLENGE THAT THE BOARD NEED TO BE MADE AWARE OF)	Monthly update from the Chief Executive (<i>please note that this briefing is only accurate on the day of printing, 17 September 2013</i>)
HAVE THE STAFF SIDE BEEN CONSULTED ON THE PROPOSALS?	Not applicable.
HAVE THE RELEVANT SERVICE USERS/CARERS BEEN CONSULTED ON THE PROPOSALS?	Not applicable.
ARE THERE ANY FINANCIAL CONSEQUENCES ARISING FROM THE RECOMMENDATIONS?	Not applicable.
IF YES, HAVE THESE BEEN AGREED WITH THE RELEVANT BUDGET HOLDER AND DIRECTOR OF FINANCE, AND HAVE ANY FUNDING ISSUES BEEN RESOLVED?	Not applicable.
ARE THERE ANY LEGAL IMPLICATIONS ARISING FROM THIS PAPER THAT THE BOARD NEED TO BE MADE AWARE OF?	Not applicable.
WHERE RELEVANT, HAS PROPER CONSIDERATION BEEN GIVEN TO THE NHS CONSTITUTION IN ANY DECISIONS OR ACTIONS PROPOSED?	Not applicable.
ACTION REQUIRED BY THE BOARD	For information. This paper covers the period 20 August to 17 September 2013

MONTHLY UPDATE FROM THE CHIEF EXECUTIVE

1. Trust Performance

The Trust's control of infection performance remains strong, with one case of MRSA for the year to date and eleven cases of C Diff across the three sites for the quarter. A&E performance remains under scrutiny and whilst the Trust achieved the target for Quarter 2, it is noted that Scunthorpe is experiencing some difficulties.

Based upon August's performance, the Trust would attract a green rating for compliance, however due to the conditions placed on the Trust's operating licence by Monitor, a red rating has been reported. Work continues with Monitor to deliver the action plan and provide assurance.

2. Sustainable Services – NLG Project / Commissioners

The Director of Operations / Deputy Chief Executive continues to lead the Sustainable Services review and the deadline for the Commissioner consultation is still January 2014.

3. C Diff / Infection Control Certificate Presentations

The CEO has continued to present certificates around the Trust to celebrate the achievement of no C Diff infections for 100 days, as well as gold certificates for infection control. Congratulations and well done to all of the Wards who have successfully achieved these certificates!

4. Visit to Scunthorpe General Hospital by Nic Dakin, MP – 28 August 2013

The Chief Nurse organised a visit for the MP to the Scunthorpe site. The feedback was that staff are all confident and engaged with the patients, and we are working hard to ensure a good patient experience.

Mr Dakin thanked the team for the opportunity to visit which he has done in the past and the invitation was extended for the future.

5. Quarterly Meeting the Chief Sessions- 2 and 5 September 2013

The CEO held 'Meet the Chief' sessions which a number of staff attended. The actions from the discussions are to be included on the action plan and this will be shared via the Intranet.

6. Launch of the Trust's Vision and Values – 2 September 2013

The Trust launched its Vision and Values in week commencing 2 September 2013. The CEO ran roadshows on each site and the Executive Team delivered items such as lanyards and name badges to all departments. In addition, each department was given a pack which outlined the Vision and asked for the identification of Values champions for each area, together with three things that the teams will do to support the aims.

7. Monitor Review Meeting – 4 September 2013

The Trust Board attended the regular monthly meeting with Monitor. The meeting was aimed at reviewing the Keogh action plan and the progress to date, together with a discussion about the KPIs which will be used to monitor the delivery of sustained improvement.

8. North East Lincolnshire Council Health Scrutiny panel – 5 September 2013

The CEO was asked to attend the meeting to discuss Stroke and the Keogh plan. After a long discussion, one of the Councillors indicated he wanted to take the Keogh plan to the full Council meeting as he did not feel assured. The CEO indicated that none of the Panel had visited the Trust and this was the most appropriate way to secure assurance and as a result an invitation was extended at any time. It is noted that an invitation had previously been extended to the Chair of this Panel and a visit has been arranged for October.

9. East Riding of Yorkshire Council Health Scrutiny Panel – 17 September 2013

The CEO and Chief Nurse attended the meeting and provided updates on the Keogh plan and actions, as well as answering questions about the input from the wider health and social care community and the commissioners.

10. Letter of Support

During the month, the Consultants wrote an open letter of support for the Chief Executive and the management team which has been shared with the press, MPs and Health Scrutiny Panels. A copy is attached for information.

12. Chief Executive Visits

Informal visits have included the ADHD Paediatric Clinic with Dr Nelapatla at Scunthorpe and the Mortuary at Grimsby.

The CEO also spent an afternoon with the Portering Team at Scunthorpe.

If any staff or teams would like the Chief Executive to visit their ward, office or team – clinical and non clinical areas - please contact the Chief Executive's Office at Grimsby.

13. Horizon Scanning – Future Events

An Audience with the Chief Executive (open to staff only) has been arranged for Thursday, 10 October 2013, at 12.00 – 2.00 pm in the Lecture Theatre at Goole.

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Tuesday, September 10, 2013

Dear Editor

As clinicians at the Northern Lincolnshire and Goole Hospitals NHS Foundation Trust, we write in support of our chief executive, Karen Jackson. The Trust has attracted considerable attention from the media recently, with attention being paid to Mrs Jackson's salary and the Trust's performance.

Since April 2012, Mrs Jackson's salary has been commensurate with that of most chief executives of other NHS organisations of this size and type. Had she not initially been appointed on a lower pay scale in 2010 and had she not turned down previous attempts at regularising her position in 2011, her remuneration is unlikely to have attracted any attention at all.

The level of her pay may surprise some people, but this is the market rate for this level of responsibility in the NHS. Chief executive posts do become available on a regular basis and anyone wishing to attain this level of pay is able to apply.

This organisation has been described as 'failing' with blame laid at Mrs Jackson's door. The fact of the matter is that about two years ago a new statistic for calculating hospital mortality rates (SHMI) was developed and it appeared that despite the previously reassuring mortality statistic, the new calculation demonstrated a potential problem in this Trust.

This statistic does **not** in itself prove the occurrence of unnecessary deaths, as has been wrongly reported in national and local media. Neither does the unhelpful term used in the SHMI of 'excess deaths', which refers to the difference in the number of actual deaths compared with the number predicted by the computer algorithm that drives the SHMI. There are many reasons why our SHMI may be higher than another Trust's, reasons which extend beyond the provision of competent clinical care in our hospitals. Nevertheless, our clinical staff are fully engaged in a process to understand the statistic more thoroughly and improve our patients' morbidity and mortality.

This SHMI issue was immediately grasped by our management team, led by Mrs Jackson, and we have experienced a considerable improvement in this statistic already, recently moving the Trust out of the 'outlier' position with further improvement anticipated. We welcomed the recommendations made by the Keogh team following the review in July, which affirmed Mrs Jackson's performance and leadership ability.

We would appeal to all those observing this story unfold in the press to consider how they would survive this level of ignominy being piled upon them by some media and politicians and ask themselves what they want of their local hospital. We currently

have a leader who inherited a challenging situation in 2010 and is now directing us out of difficult times. If she succumbs to this level of pressure it would be disastrous for this organisation, which would be left rudderless until the appointment of a replacement whose salary would be the same if not higher (considerably so in the case of an interim) and who would not have the benefit of five years' experience of serving the organisation and its local population, as Mrs Jackson has.

This could easily induce a spiral of deterioration and the potential loss of a significant section of our local hospital care. We see no evidence to suggest that any replacement chief executive could achieve an improvement plan any faster or better.

We as senior medical staff support the current improvement plans in place and Mrs Jackson's role in implementing them, and we will continue to work with our management team to achieve the best care we can for all our patients.

Yours faithfully

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