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Strictly confidential

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Mr D Nicholson  
Chief Executive  
Department of Health  
Richmond House  
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22 July 2009

Dear David

I hope this letter finds you well.

You will recall me as the person who turned around one of the worst waiting list breaches in the history of the NHS at Brighton during the labour party conference in 2004/05, for the turnaround at a Trust in Surrey which had one of the largest debts and worst performance of any Trust in England from 2005 to 2006, and as the current CEO of United Lincolnshire Hospitals NHS Trust and the first two successfully years of our four year turnaround from 2006 to 2008 – achieving national targets and repaying the debts from previous years. You will also know that I am a member of NHS IMAS.

My career spans 21 years with the NHS and includes being a manager, a civil servant, an independent consultant and working as a director for a franchisee licence holder. I am also a staunch advocate for the NHS and what you are trying to achieve.

This letter is about a problem between what you say and what really goes on in the health service in your name. You say that the DH will support managers through problems in performance either personally or with their organisations. When you attended the CE conference in the East Midlands a few months ago you reaffirmed your commitment to us, the leaders of the NHS. However, many of my CE colleagues commented that this is completely different to the reality. From relevant and recent personal experience of bullying, intimidation and harassment, I have to agree with their views.

The points I raise in this letter will give you some insight into cultures and behaviours in the NHS and this is clearly one of the major causes of the average term of a CEO being under 2 years, at just 700 days.

It is often said that the culture in the NHS, particularly at the more senior levels, is not to listen, not to understand, to avoid responsibility, and to blame others. In my long career, I have witnessed and counselled many people in this position. The culture of the NHS is one of avoiding accountability by blaming and harassing others until they leave. Support is not what occurs. Offers of redeployment into quangos or other offices are what is often regarded as support.

I'll not go into too much detail of the local problem but this winter we experienced a 10% rise in demand which was double the level we planned for and about ten times the level experienced in the preceding four years. This new level of demand has been sustained for 8 months. Clearly, that led to performance issues which I am sure you are aware of. We have opened nearly 100 beds in 2008 and plan to open a further 80 beds this year; such is the demand for our services.

The first reaction of the SHA, apart from surprise, was to attribute blame and ask me to leave my post. I was also asked to construct an elaborate story about why I was leaving to tell my Chairman and the Board. Again, that is not the support you describe. I continue to be disappointed that even now there has been no analysis and no constructive action taken by the SHA to support the NHS system in the way you describe.

I declined to leave as my skills are precisely what are required in times of significant change. I have achieved a great deal with the team and the Trust and it seemed premature and a significant risk to the organisation and to patients to seek my removal at the first sign of problems. I have always felt that patients come first. Subsequently, my Chairman was asked to leave, after refusing to give guarantees that the 18 week target would be met. This is not surprising given this Trust has treated 10% more emergency patients than contract in Quarter 1 2009/10 and is also 10% above contract on new outpatients with a significant rise in the number of people waiting. Suggestions were also made about our PCT Chairman and CEO being asked to leave.

Bullying and harassment is something I, my chairman and other directors have experienced from the SHA. We were told we were '*the worst performing Trust in the country*' and that we were '*bringing down the entire country's performance*'. I have been told my '*career would be in tatters*' if I did not agree to leave my post. The Chairman and other directors have been told that their careers rested on delivering the targets. This is the behaviour that gave this country a mid-Staffordshire. For my entire career, I have delivered quality, finance and other targets. However, as soon as a problem arises the first reaction is to bully, intimidate, threaten and nothing like the support you describe.

During the past five years I have been asked to support many healthcare organisations. Each time I examined the issues it was evident that the NHS system had failed as much as any specific organisational problem. In every case failure could be attributed to the organisation and a system failure. I've never encountered an isolated organisational failure, be that PCT or Trust or SHA. Indeed, I am the 8th Chief Executive of this Trust since it was created in 2000. Prior to my appointment the average life expectancy of a CEO at United Lincolnshire Hospitals NHS Trust was about 9 months. Surely this points to an NHS system issue, not the competence

of the previous 8 CEOs. However, the action is to repeatedly blame individuals and do not seek to change the system.

Earlier this year, I was told that my Trust had the worst A&E performance in the country and our individual futures rested on achieving the targets. Again no interest was paid into understanding or changing the underlying issues. The facts are that in Q4 we were one of 68 Acute Trust's that did not meet the target. We were told that we had the worst 18 weeks performance in the country and our careers rested on that performance. The facts are that in March 2009 we were one of 81 Trusts that did not meet the target.

I am not condoning missing targets nor am I looking for sympathy but I do expect to be treated with professionalism, with facts, and be supported in the way you describe. Instead, I and members of this organisation have been attacked, threatened and the organisation has had no meaningful support at all, only criticism and inspection. This type of behaviour threatens patient safety and must be stopped.

During the recent winter period, whilst we were busy managing the operational issues the increased demand gave us, I asked the SHA for an external review into a range of performance, contracting, and commissioning issues between the Trust, PCT and SHA so that we could learn from them. This was declined by our PCT and the SHA. Several months later, as performance has improved, four reviews have been commissioned. Our PCT has commissioned an internal review. The SHA commissioned three reviews to examine our PCT and the Trust. Two of the reviews are being conducted by personal friends of SHA directors. One review has a terms of reference that had a predetermined outcome. None of the reviews involve any scrutiny of the SHA's performance or conduct in this matter which I find unusual given they have a direct responsibility for performance management of the local NHS.

One of the SHA reviews (the one that had a predetermined outcome specified in the Terms of Reference) has been used by the Chairman of the SHA in a letter to the appointments commission about my current Chairman. Neither I nor the Chairman of this Trust have seen that report.

All these actions affirm the culture of blame and where there is an absence of facts and analysis, personal friends are employed to find some evidence.

On Monday of this week the Chairman of this Trust wrote to you setting out concerns about the conduct of the SHA Chairman. On Tuesday (yesterday) the Chairman of this Trust was suspended. Therefore, I am concerned about raising these serious issues with you as this risks even greater extremes of the behaviours I have already experienced. Even this letter is likely to be seen as anti-establishment rather than an effort to learn or change.

We have a significant agenda going forward and the NHS needs people with extensive experience and ability to make the changes needed and to get the performance results I have repeatedly achieved over many years. We need to build the change management capacity through developing the kind of clinical engagement that I have attained here.

If we do not address the issues raised in this letter the NHS will return to the place you helped recover it from. I know you have many issues to deal with but many people like me are considering leaving the NHS because of the issues above. Implementing the changes needed over the next few years will also be compromised if what I describe above continues.

In order to protect myself I wrote to the Chairman of this Trust seeking the Trust's duty of care towards me as an employee to prevent further bullying and harassment. The reply from my Chairman (attached) suggests he has little confidence that the SHA will desist or deal with the issues effectively. With his suspension yesterday at the request of the SHA, I feel this only confirms all the points I have made about the culture and behaviour of the SHA. Therefore, I would like your personal assurance that a full independent investigation will be carried out into bullying and harassment claims I and my Chairman have made about the SHA. I make this protected disclosure in the hope that you will be able to address the issues I raise.

I assume the Department of Health has a policy on whistle-blowing and would therefore like this letter to be considered in that context and not freely copied to the SHA or local PCT. If you wish to discuss this I would be pleased to do so.

Yours sincerely



**Gary Walker**  
Chief Executive