Focus of submission

1. In response to the Health Select Committee's (“HSC”) request to submit evidence, this statement is intended to correct factual inaccuracies which I assert exist in evidence submitted by previous witnesses.

2. At the meeting of the HSC on 19 March 2013, Mr Gary Walker (“GW”) and Mr David Bowles (“DB”) made a number of allegations against me, both in written and oral evidence. I submit this statement as I strongly dispute the factual accuracy of what was said and implied through their evidence.

3. The allegations raised, in particular by GW, suggest an ongoing intention by me, on behalf of the East Midlands Strategic Health Authority (“SHA”), to prioritise the meeting of targets over ensuring patient safety. Further, GW alleges that I went so far as to bully him in respect of his failure to meet those targets. GW finally alleges that I was involved in his dismissal process and in agreeing the settlement and compromise agreement that he reached with United Lincolnshire Hospitals NHS Trust (“ULHT”) during his dispute with them through the Employment Tribunal. None of these allegations are true. This statement and supporting documents are submitted as evidence to that effect (Appendices A and B).

4. I refer the committee to the SHA’s own statement and accompanying documents (Goodwin-Pyper Report, Elcoat Report, Garland Report, Deloitte Report) and request that this statement be read in line with it. The SHA statement provides a clear sequence of events, demonstrable by evidence and should be read in conjunction with this statement which focuses specifically on the allegations made against me.

5. In addition to the documents submitted alongside the SHA evidence, I submit copies of all correspondence between me and GW during the relevant period as well as my contemporaneous file notes of our meetings. I believe this evidence demonstrates that, during my time as Chief Executive of the SHA my decisions were fair, proportionate, consistent with my responsibilities, and in the best interests of patients.

Background

6. At the relevant time, ULHT was a failing Trust. The details of these failures are explained fully in the SHA statement. Failing to meet access standards was a symptom of a managerial failure which meant that the appropriate systems and processes were not put in place to support clinicians to do their job properly.

7. The SHA’s role and my public duty as Chief Executive of the SHA was to deal with those failures to ensure the protection of staff and patients, a role which I and my colleagues at the SHA did appropriately and in line with all managerial and clinical codes of conduct.

8. Quite contrary to these allegations, the SHA was continuously concerned to maintain patient safety and quality at ULHT and across the East Midlands region, and the SHA had in place a range of systems and processes to help me assess the quality and safety of care for all patients across the East Midlands, including those serviced by ULHT. When these concerns increased for ULHT the SHA decided to initiate a specific and independent investigation into these aspects at ULHT, referred to in more detail below. Indeed safety and quality was discussed at every board meeting of the SHA.

9. In addition, in order to seek a better understanding of the issues facing the leadership of the health economy the SHA commissioned a further review of management and leadership arrangements, the Garland review, which was highly critical of ULHT’s then leaders.

10. The SHA’s concerns about the governance arrangements at ULHT and the risks this posed to patient quality led the Chairman of the SHA, Sir John Brigstocke, to request, on behalf of the SHA Board, that the then Chairman of ULHT (“DB”) be suspended pending further investigation. The Appointments Commission accepted this evidence as compelling and took the unusual step of suspending the Chairman who subsequently resigned before these issues could be fully considered.
11. Subsequently a set of allegations similar to the ones made to the HSC in respect of my alleged behaviour, were made to Sir David Nicholson, Chief Executive of the NHS. He initiated an independent inquiry (undertaken by a retired and highly respected senior NHS manager and a senior and highly respected NHS non executive director) into the SHA actions and my part in these. This report, Goodwin-Pyper report, found no basis for the allegations. It agreed with the SHA’s view that ULHT was failing and suggested the suitability of the then Chief Executive for his role should be reviewed. The report was fully accepted by Sir David Nicholson on behalf of the Department of Health and the NHS.

Management and Leadership at ULHT

12. It is the role of a hospital Chief Executive to ensure all quality and safety standards for patients; they are the Accountable Officer. It was my role as SHA Chief Executive to ensure that all patients across the region had access to this level of high quality care. The SHA was concerned about the quality of services delivered to patients across a range of areas:

- The continued failure of the Trust to meet national waiting times standards for both A & E and treatment times, including waiting times for patients with suspected cancer. The targets and standards that ULHT was set were national standards. ULHT was not an outlier in respect of demand for services, yet where other Trusts in and outside the region were able to deliver these standards, ULHT was not. It would not have been appropriate for me to accept lower standards for the people of Lincolnshire than elsewhere. The NHS Constitution makes clear patients’ legitimate rights to be seen and treated in a timely fashion and in my role as an SHA Chief Executive I had a responsibility to ensure that such patients’ rights were upheld. Moreover, appropriate and timely access to both urgent and emergency planned care is important for patient safety and experience. It is not safe if patients have to wait a long time in A&E to be admitted for treatment. And, of course, there is significant clinical risk if patients with cancer are not diagnosed and treated quickly. And even for more routine surgery, it is a poor experience for patients to have to wait and there is evidence that clinical outcomes are worsened when this happens.

- The Trust had higher than expected levels of hospital acquired infection.

- The Care Quality Commission had given the Trust conditional registration with regard to the decontamination of equipment (one of two trusts in the region). There was a material concern regarding decontamination of patient equipment, for example mattresses, with improvements to be made by 30 June 2009.

- The Trust had a higher than average Hospital Standardised Mortality Ratio.

- The Trust was also required to comply with other aspects of the findings of a Hygiene Code inspection carried out in February 2009.

- In addition, there had been an intervention by the Health and Safety Executive and concerns about irregularities in ULHT’s accounts.

13. The Francis Report is clear that when such situations arise it is firmly the responsibility of the Trust board to identify and resolve these issues. Given our concerns about the internal management at ULHT, the SHA, and in my role as Chief Executive, had to act.

14. The Francis Report makes it clear that failure to deliver across one or two indicators should alert regulators and those charged with oversight to the potential that the Trust management is not capable or effective. The SHA came to that conclusion in Spring 2009 as the range of issues about the Trust and its leadership came to light and the SHA took action.

SHA response to concerns about safety

15. During the early part of 2009, the SHA’s concerns about these quality issues in ULHT grew. The SHA’s view at the time was that the failure was principally down to the management of the Trust. Records show that GW only raised the issue of patient safety in April 2009. In my meeting with him, he told me he had put in place a series of measures as the Trust’s Accountable Officer to look at quality, including a review of why they had higher than average HSMRs. I agreed with him this was the right thing to do. In all our subsequent conversations and communications he was at pains to assure me that his internal measures were adequate to ensure patient quality and safety. I was not sufficiently convinced by GW and was so personally concerned about safety in this failing Trust that I
advised the SHA Board that we should arrange a review by a team of doctors and nurses across the region (the Elcoat Review). I felt it essential to be assured that the circumstances described in Mid Staffordshire were not happening at ULHT. The review’s main objective was an urgent review of day to day patient care which helped us to determine how quickly we needed to react.

16. This review was undertaken by senior doctors and nurses from across the region, both with the SHA and from other hospitals. They spent three days on the frontline at ULHT, assessing the quality of patient care in line with the recommendations in the Francis report.

17. Whilst the results of the Elcoat Review reassured the SHA Board that care was of a good standard, the report determined that this was due to the dedication and attitude of frontline staff and that the systems and processes put in place by the management were inadequate to give the appropriate assurance on these issues. The Elcoat Review gave the SHA confidence that day to day care was of an acceptable level but affirmed the belief that if we did not act in respect of governance at ULHT, another Mid staffs could develop. It reaffirmed my worries about GW’s ability to be the Accountable Officer, and the SHA Board’s concern about overall leadership and governance arrangements at ULHT.

18. The SHA went on to commission the two further reports identified in its statement (Garland and Deloitte) which confirmed that its worries about management and governance in ULHT were well founded.

19. In addition, the SHA was in contact with the Care Quality Commission on a regular basis in respect of ULHT’s performance and HSMR. The aim was to agree joint and collective co-ordinated actions. By this stage the Trust had been the subject of reviews into both patient care and governance. The problems were already identified and needed a swift strategic response to be resolved; delaying action for the sake of carrying out further reviews would be another example of poor executive management.

20. GW also alleges that I threatened to withhold capital if performance did not improve, an implication that I was willing to pressure the Trust to ignore patient safety. This is absolutely not true. The Red Alert status requires that patients must travel long distances to other hospitals, thereby putting additional pressure on those other hospitals’ emergency services. It was my view that ULHT had not sufficiently managed its own demand to an acceptable level and so it was not appropriate to simply shift the responsibility to another hospital. However, the Trust being on Red Alert status had no bearing on the Trust’s capital approval and there is no evidence to suggest that it did. What I do recall is that I reminded him on a number of occasions of the agreement between the SHA, the PCT and the Trust that any additional funding was to deliver the appropriate standards for patients. This is not relevant to a Red Alert.

Support for GW and ULHT

21. GW alleges that the SHA gave him no support. This is absolutely untrue and the support is fully documented. I had more personal interaction with GW than almost any other Chief Executive on my patch. Despite this support, GW could not demonstrate his ability to put the systems and processes in place nor to attract or retain the right executive team to run such a complex Trust.

22. My increasing concerns about the GW’s capability resulted in conversations with him where I suggested that he was struggling with this role and should consider alternatives. It is also relevant to note that the documentary evidence records that by at least the first half of 2009 the GW himself was considering moving on from ULHT. He regularly sought career advice and approval from me in the context of a mentoring relationship, which was gladly given, and he was always, until DB’s departure in July 2009, openly grateful for my support and advice. It was only after DB had been suspended that GW made formal allegations that I had bullied him.

23. In previous discussions with me, GW noted that he wanted to leave having been seen to perform. Documentary evidence exists of our discussions, making it plain that, contrary to the allegations that discussions with me about his career constituted a threat, they were conducted in a supportive fashion.
24. GW's verbal evidence suggests an acrimonious relationship between us. This was not the case during my time as SHA Chief Executive as is evident from his correspondence to me. Only after the decision to suspend the Chairman, DB, based on the SHA concerns about leadership at the Trust, did GW begin his lengthy campaign to damage my reputation.

25. It is false that I said his career would be in tatters if he did not leave the Trust. Indeed, it was GW who was clear with me that he was concerned about his reputation should the Trust continue to deteriorate further and wanted to leave ULHT with his reputation intact. It is not true that I told GW to lie to his Chairman about the reason for his departure. I said I would support a statement from him stating that he wanted to move on if he would feel that a more comfortable position than it becoming apparent that he was seen as no longer suitable to remain accountable officer.

26. The allegation of bullying against me has been investigated and shown to be false, as can be seen from the Goodwin-Pyper Review. I do not intend to revisit this, as it has been played out enough, save to reiterate that clearly, when there are concerns about leadership or governance, and the person on the receiving end of the 'bullying' is responsible for those concerns or governance, it is inevitable that they will feel some personal discomfort when those issues are being resolved.

27. Subsequent to GW's dismissal from the Trust, a senior and more experienced Chief Executive was appointed.

28. It is not true that the SHA, and the wider NHS, did not support ULHT. Senior members of the SHA executive team, in particular the Medical Director and Director of Nursing, spent considerable time at ULHT supporting them and identifying ways they could improve. The SHA also arranged additional support from national specialist teams. Indeed, during this period the time spent by members of the SHA in visiting, supporting, discussing or arranging help for ULHT was greater than for any other Trust in the region.

**ULHT Chairman**

23. GW has alleged that I knew Paul Richardson before his appointment as ULHT Chairman, and that his appointment was in some way conspired by me in attempt to ensure that he would be undermined in his position. This is demonstrably false.

24. Some time before DB’s resignation from ULHT, Lincolnshire Partnership NHS Foundation Trust was appointing a new Chairman. The Trust Chief Executive called me to tell me that they had successfully appointed a strong internal candidate. He also mentioned that there had been another excellent and appointable candidate who was already an experienced Non Executive Director in the Yorkshire and Humber region. This was Paul Richardson. I passed this information to Sir John Brigstocke. I had never met Paul before nor even heard of him and neither had Sir John but we both had the highest regard for the panel which had deemed Paul suitable for appointment as a Chairman and the NHS Trust at which he was a Non Executive Director for some considerable while had an excellent record.

25. Sir John and Gareth Hadley, East Midlands Regional Commissioner, Appointments Commission met with Paul Richardson in July 2009 to discuss the prospect of him becoming the interim Chair of the Trust. I asked to attend part of their meeting only to give background information to Paul about the Trust. It was entirely the decision of a formal panel, which included Sir John Brigstocke and the Regional Commissioner, to make the formal substantive appointment. I was not on that panel nor in attendance when it met. I did explain to Paul that I had concerns about GW and Paul said that he would take his own view of the situation.

26. After Paul Richardson’s interim appointment in July 2009, I met with him and GW as by then the SHA had received a copy of the Garland Report, the Elcoat Report and the Deloitte Report which set out serious concerns surrounding the governance and management of the Trust but reassured us about current patient safety. I briefed Paul Richardson on these reports and my worries about the findings.

27. Conscious of the new Chairman’s role as GW’s employer and line manager and wishing to give him the chance to make his own decisions I did say that with a new and different Chairman, GW might possibly be able to develop into the role but that my view was that it would be too difficult for
him at his current level of ability and given the poor relationships he had with many others outside the Trust.

**Dismissal and settlement**

28. GW alleges that I was involved in his dismissal from ULHT and that I was involved in the authorisation of the Trust's settlement of his subsequent employment dispute with them and the contents of the compromise agreement. Both allegations are completely untrue and without any basis whatsoever.

29. Once I had relayed to Paul Richardson, in Gary's presence, my concerns about the management of the Trust, I made a conscious effort to step back and allow Paul to make his own assessment. I learned that Paul had uncovered a series of serious concerns over GW's conduct and he was dismissed as a result. I took no part in the proceedings and did not at any time give any instruction for GW to be dismissed. In any event I was not Paul Richardson's superior and such an instruction would not be appropriate, nor would it likely be followed, in my experience of Paul's management.

30. GW also makes the extremely serious allegation about my involvement in the tribunal settlement and compromise agreement. I had left the SHA and could not have had any role in authorisation of any settlement. I was not involved in, nor even aware of, the contents of the compromise agreement. The evidence that GW puts forward, which he claims supports his allegation (Annex I in his evidence) is simply an email presumably initiated by him. As such, he has supplied no evidence whatsoever to support this extremely serious allegation.

31. Thus far, I have deemed it appropriate not to respond publically to these allegations and hence engage in the media campaign that GW has undertaken. However, given this has now been discussed in the Health Select Committee forum, I feel it is right and proper that I present my evidence to put the record straight.

*Dame Barbara Hakin*
*Currently Managing Director, Commissioning Development, NHS England*  
*(Previously Chief Executive, NHS East Midlands)*

11 April 2013
# HEALTH SELECT COMMITTEE
## APPENDICES INDEX

### Appendix A - File Notes

<table>
<thead>
<tr>
<th>No</th>
<th>Document</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Telephone call with David Bowles</td>
<td>09.03.2009</td>
</tr>
<tr>
<td>2.</td>
<td>Meeting with Gary Walker</td>
<td>06.05.2009</td>
</tr>
<tr>
<td>3.</td>
<td>Meeting with Gary Walker</td>
<td>11.06.2009</td>
</tr>
<tr>
<td>4.</td>
<td>Meeting with Gary Walker</td>
<td>29.06.2009</td>
</tr>
</tbody>
</table>

### Appendix B - Correspondence

<table>
<thead>
<tr>
<th>No</th>
<th>Document</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Letter from Dame Barbara Hakin to Gary Walker</td>
<td>27.02.2009</td>
</tr>
<tr>
<td>3.</td>
<td>Email from Gary Walker to Barbara Smithson</td>
<td>15.04.2009</td>
</tr>
<tr>
<td>4.</td>
<td>Email from Gary Walker to Dame Barbara Hakin</td>
<td>30.04.2009</td>
</tr>
<tr>
<td>5.</td>
<td>Email from Dame Barbara Hakin to Gary Walker</td>
<td>19.05.2009</td>
</tr>
<tr>
<td>6.</td>
<td>Email from Gary Walker to Dame Barbara Hakin</td>
<td>20.05.2009</td>
</tr>
<tr>
<td>7.</td>
<td>Letter from Dame Barbara Hakin to Gary Walker</td>
<td>21.05.2009</td>
</tr>
<tr>
<td>8.</td>
<td>Letter from Gary Walker to Dame Barbara Hakin</td>
<td>28.05.2009</td>
</tr>
<tr>
<td>9.</td>
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<td>08.06.2009</td>
</tr>
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<td>29.06.2009</td>
</tr>
<tr>
<td>13.</td>
<td>Letter from Dame Barbara Hakin to Gary Walker</td>
<td>Undated</td>
</tr>
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Telephone call with David Bowles – 9 March 2009

Discussed performance issues and mainly my worries about Chief Executive.

Repeated my concerns of earlier discussions that although good at turnaround he was not coping with long term post.

Identified a couple of specific issues of which Chairman was unaware.

Agreed he would consider what I had said and we would review in a few weeks but he essentially said that this was all about the PCT failing to do demand management and that no Chief Executive could do the job under those circumstances.
File Note of Meeting with Gary Walker – 6 May at Junction 30

Performance issues in letter to his chairman from mine prior to Chairman’s appraisal discussed.

Further discussion about Trust performance and relationships with PCT.

I repeated to Gary my view that whilst good at turnaround he did not have the skills to take this Trust to FT.

Gary said he wanted the opportunity to get performance better so he could leave having been seen to perform.

I agreed that this was reasonable provided he continued to deliver performance as expected.

Talked about possible career options for the future.
File Note of Telephone Conversation with Gary Walker 7 11 June 2009

I conveyed to Gary that ULH was the only trust showing red for three key elements of performance (18 weeks, A&E and HCAI) at the presentation to Management Board, that I was being asked to explain his trust’s performance in DH, that I was worried that performance was only kept at a high level when he gave personal attention to it and that I worried about the pressure on him to do this and how sustainable the position was.

Discussed the range of actions he was putting in place to improve A&E performance and how he would work with the PCT on 18 weeks.
File Note – Meeting with Gary Walker 29 June 2009

Discussed the quality review and agreed it would be useful if Kathy Mclean gave him some support in some aspects of the quality agenda.

Agreed that Gary would discuss capital issues with Kevin.

Performance in A&E and 18 weeks had improved greatly but needed to be sustained.

Updated him on detail of Peter Garland’s work – Gary to speak to Kevin further on this along with the next steps with auditors.

Discussed Gary's career and he indicated he would wish to move on from Lincoln some time in the autumn and that he had a range of options.

Agreed with timing, though reiterated the need to maintain performance. We agreed to discuss timing again soon as SHA keen to ensure a measured handover with no need for interim arrangements.

Discussed the agreement with regard to Trust’s Director of Operations and I felt that our Remuneration Committee should be able to support the Trust’s plan provided only contractual payment was made – although of course this can only ever be determined by the Committee itself.

We said we would meet again towards the end of July.

Gary shared the presentation he intended to make to his board about future finance and delivery in the trust. I made some amendments as I felt it could create negative media coverage. Made clear to him that how it was delivered would be key and it was absolutely imperative that in line with national and regional statements and presentations, he made it clear that through productivity, efficiency and innovation, the trust would be continuing to deliver high standards and that he should be careful not to present this as potential cuts.

Gary discussed how we were holding up the Director of Operations termination. Said I was concerned that there hadn’t been proper performance process but that we would review at Remuneration Committee.
File Note of Telephone call with Gary Walker 21 July 2009

Having had a phone call from my Chairman, who told me that the Appointments Commission were extremely concerned that they were unable to get in contact with David Bowles to tell him that he had been suspended and we were worried that he may be in the Trust and working despite the suspension.

I rang Gary Walker and asked that he be brought out of his Board meeting.

I told him that he needed to be aware as the Chief Executive that his Chairman was suspended. He asked if he should tell him. I suggested it would be more proper if he simply asked the Chairman to come out of the meeting and speak urgently to the Appointments Commission.

I asked him how he was given the difficult circumstances. He said he felt very anxious and would want to speak to me about his position. I suggested that there had been no change in the situation since we last spoke.
File Note of Meeting with Gary Walker – 23 July 2009

Discussed issues surrounding chairman. I expressed surprise at his letter to me as I said I thought he did wish to move on – albeit partly because of my concerns.

Discussed broad range of performance issues:

- 18 weeks and A&E
- Inability to keep staff
- Partnership Problems

Gary said Trust was victimised and blamed for everything.

I suggested we had been very even handed until it became apparent main issues were in the Trust.

Garland report discussed – I agreed to send a copy.

Gary repeatedly asked me “what I wanted him to do”.

I consistently said that this was about what he wanted to do but that he needed to be aware of my concerns. Repeated my confidence in him to turnaround but not to do long term – square peg in round hole. Systems, processes, people not in place so if he was not personally supervising an area it went wrong.

An example of the different perceptive between us was when I suggested he had handled the clinical report response badly – firing off a testy email when a phone call to Catherine Elcoat would have produced a much better result.

He said this was an example of me blaming him and the Trust. I reiterated that, as I told him at the time, this was advice and mentoring in order to try and help him improve his interpersonal skills.

Paul Richardson joined the meeting

Further conversation along similar veins.

I did say I thought with new and different Chairman, Gary might be able to develop into the role but I still thought it was too difficult for him at his current level of ability and given the very poor relationships he had with many others outside the Trust.

I agree with Paul Richardson that he needed time to take stock of the situation.
From the office of Barbara Hakin
Chief Executive
Direct Dial

Our Ref: BH/BS

27 February 2009

Addressed to: Gary Walker, Chief Executive ULHT

Dear Gary,

Thank you for coming to see me on Monday and subsequent conversations. I thought it would be helpful to note key points – which are inevitably composite from all discussions. In essence:

- The situation in ULHT is very serious in that key targets at the trust are being missed. There is no clear plan to bring these back on track, despite repeated requests from within the SHA for such a plan since the issue became apparent.

- Whilst you were on holiday, I had spoken to your Deputy CE/Chief Operating Officer who had been unable to give me any confidence that she had a grip on the situation in not being able to give me a headline view of the numbers involved and how the targets would be achieved.

- You were similarly unable to give me confidence in your response on these issues on Monday.

- You accepted that the situation merited serious concern for internal affairs in ULHT. I commend you for the way you took responsibility for this. You made the point, which I accepted, that there were patch wide issues as well.

- I pointed out that these circumstances meant there would inevitably be significant delay in your FT progress. This would probably be compounded by the latest financial transaction with the PCT to achieve your year end position.

- We both recognised that such significant operational failures inevitably reflected on you personally but agreed that the prime consideration was to get everything back on track to restore confidence. You have also suggested to me that your position is untenable since you felt it was clear that the SHA had lost confidence in you. I suggested that I needed swiftly to see recovery so that we could talk about the future in a more balanced way in a few weeks time. I was clear that I had confidence in you to turn around a difficult and complex situation at operational level and that I wanted you personally to lead on sorting these operational issues out. Notwithstanding that, I relayed to you my concern about sustainable change.
• You intimated that if the path to FT status was to take much longer, you would wish to consider whether you wanted to see this through.

• We agreed that getting A&E back on track was the absolute priority and that, in addition, it was essential that all 16 weeks targets were met in April. You recognised that the failure to deliver 98% A&E consistently from here on or the 16 weeks targets in April would have a serious impact on the SHA’s confidence in you and the organisation.

• I also pointed out that I was unhappy at the tone and content of your letters that had been exchanged in my absence which seemed to focus more on recrimination and blame shifting than the problem itself.

• I continue to be unhappy about relationships with the PCT especially between the two CEs.

I know that there has been a great deal of effort put in over the last few days to get this situation back on track and I am hopeful that by the end of today we will have a credible plan which all parties can be confident will be delivered as well as immediate improvements in the A&E situation.

You and I will continue to meet regularly over the next few weeks and you know I am always available on the mobile if you think I can be of further help. You will also be aware that I continue to have frequent conversations with John McIvor to ensure that the whole system is playing its part in this.

I am extremely pleased that you have sought additional support and advice from such an experienced Chief Executive as Eric Morton. I am also grateful in that I know you are putting significant time and energy into getting things resolved.

Best wishes.

[Signature]

Barbara Hakin
Chief Executive
From the Office of Barbara Hakin
Chief Executive
Direct dial:

Our ref: BH/BS/L711bh

14 April 2009

Personal & Strictly Confidential
Mr Gary Walker
Chief Executive
United Lincolnshire Hospitals NHS Trust
Trust Headquarters
Greetwell Road
Lincoln LN2 4AX

Dear Gary

Many thanks for your email and the discussion on 9 April 2009.

We were both extremely worried about the recent poor A&E figures and also had some concerns about 18 weeks. I made it clear that we could not currently consider the trust for FT status and that the application would be indefinitely postponed until the SHA could have more confidence. This makes it towards the end of 2010 before an application is made.

You reminded me that you had only ever intended to stay in Lincolnshire until FT status was achieved on the assumption that this would be in 2009 and that these changed circumstances meant you would wish to move on. We agreed you would discuss this with your Chairman.

You said you would shortly let me have detail of those short term things which needed to be put in place to ensure that patients did not wait any longer than the national times and also ensure the highest standards of quality and safety. I confirmed that the SHA and the PCT would ensure you had adequate support. In particular, I agreed that Kevin would talk to Bernard about any costs associated with additional beds.

Thanks again for all your efforts in sorting A&E in March. I know this was because of your personal attention and how tiring this must have been. We need to ensure we have a sustainable solution which does not rely so much on one individual - however, strong their turnaround talents may be!

We should meet again in early May when we will both have had a chance to reflect on the next steps.

Best wishes

[Signature]

Dr Barbara Hakin OBE, MRCP, MRCGP
Chief Executive
From: Gary.Walker@  
Sent: 15 April 2009 16:51  
To: Smithson Barbara (Q33) NHS East Midlands  
Subject: Letter

Hi Babs
Happy with the letter.
Rgs
G

Gary Walker
Chief Executive
United Lincolnshire Hospitals NHS Trust,
Trust Headquarters, Lincoln County Hospital, Greetwell Road, Lincoln. LN2 4AX

referring to 14/4/09

05/08/2009
Thanks Gary. Agree HSMR was the driver but you seem to have done a very thorough review on that specific aspect and its one of a range of issues which led to our decision to work with you to give everyone assurance on quality. You are right we are assessing what needs to be done in other organisations too.

The other area is - as agreed with you and John - that we would identify someone to help sort out the other issues across the patch as well as giving us all the SHA some assurance that you would make progress. We are repeatedly assured by everyone that relationships are fine so it seemed pointless to have someone look at that. What seems to be the issue is that there are fundamental differences of opinion on how you should work or specific issues where agreement or joint understanding of the situation is needed but absent. Peter has a great track record of understanding such complexity and issues quickly and helping to propose a fair and robust solution. The recent work he has been doing for DH and prospective PCTs will make him particularly helpful on some of the differences of view there appear to be.

Kevin will work with you to define specific terms of reference.

I am optimistic that with his support and advice and the views of the quality team we can reach a stage soon where your boards and the SHA can be assured that there are measures in place to ensure the safety, effectiveness and appropriateness of healthcare services for Lincolnshire both now and in the future.

Barbara

Sent from my BlackBerry Wireless Device

--- Original Message ---
From: Gary.Walker@?
To: Hakin Barba?nic (Q33) NHS East Midlands芭芭拉.哈金
Cc: John.McVoror@？；Richard.Childs@；John.Bridgewater@
Sent: Tue, May 19 2009 09:37:57
Subject: Quality Review

Dear Barbara

Thankyou for your email of 7 May regarding the quality review. My Chief Nurse and I have met with Catharine Elcoat last week and we understand the review you wish to undertake. Given you and I discussed the driver for the review being higher than average HSMR and working relationships in Lincolnshire I feel it is important that the review looked at these issues in some detail.

In respect of HSMR, in addition to routine governance checks and responding to alerts from Dr Foster, we have undertaken a comprehensive review of all deaths and are getting independent verification of the methodology we have used. This is something that does not appear to be scheduled during the quality review.

In respect of working relationships, the PCT has been informed the SHA has appointed Peter Garland. It would be helpful if John and I could understand the brief and remit Peter has been given.

I understand the SHA uses a variety of performance indicators and that there are potentially 2 or 3 other Trusts you would wish to review. Given the methodology for the ULHT review was developed last week for implementation this week, I feel it would be most prudent to conduct similar reviews on these other organisations to compare results and methodologies.

I raise these points as I feel it's vital that we work together on these important issues. Perhaps John and I could discuss these with you when we meet on Wednesday 20 May 2009.

Gary Walker
Thanks Barbara - this is email is extremely helpful. Today went well.
I'll be in touch about some other changes I might need help on that involve the
Ambulance Trust and patients we now receive from Newark (to discuss with Jeff) and
Louth (due to very poor turnaround times at Grimsby). May need your help but hopefully
not. What do you think about an email this exploring NMS support in operations (GM/Deputy
Level)? Unlikely to find someone I know but I could use the operational detail being
shared.
Text or call if it's easier.

Gary Walker
Chief Executive
United Lincolnshire Hospitals NHS Trust, Trust Headquarters, Lincoln County Hospital,
Great Western Road, Lincoln.

--- Roxley Message ---
[mailto:Barbara.Barbara
Sent: 19 May 2009 17:39
To: Walker Gary (UH
Cc: McVor John (Lect)
Browne David (UJ
John.Brigstockes
Re: Quality Review

Subject: Re: Quality Review

Thanks Gary. Agree HSMR was the driver but you seem to have done a very
thorough review on that specific aspect and it is one of a range of
issues which led to our decision to work with you to give everyone
assurance on quality. You are right we are assessing what needs to be
done in other organisations too.

The other area is - as agreed with you and John - that we would identify
someone to help sort out the other issues across the patch as well as
inviting us at the SHA same assurance that you would make progress. We are
already assured by everyone that relationships are fine so it seemed
possible to have someone look at that. That seems to be the issue is
sth. There are fundamental differences of opinion on how you should work
a specific issues where agreement of joint understanding of the
situation is needed but absent.

Peter has a great track record of understanding such complexity and issues quickly and helping to propose a
realistic and robust solution. The work he has been doing for NMS and
prospective FE's will make him particularly helpful on some of the
difficulties of what appears to be.

Kevin will work with you to define specific terms of reference.

I am optimistic that with his support and advice and the views of the
quality team we can reach a stage soon where your boards and the SHA can
be assured that there are measures in place to ensure the safety
effectiveness and appropriateness of healthcare services for
Lincolnshire both now and in the future.

Barbara

sent from my BlackBerry wireless device
From the office of Barbara Hakin
Chief Executive
Direct Dial

Our Ref: BH/BS/L720

21 May 2009

Confidential
Gary Walker
Chief Executive
ULHT

Dear Gary

I thought it would be helpful to let you have a note following our meeting on 6 May 2009.

As you are aware, I am extremely concerned about the performance of the Trust. You have been at the Trust over two years now and the new management team should be well settled into the new working arrangements. This does not, however, reflect on the day to day performance delivery of the Trust in any of the Operating Framework areas.

I regard the A&E target – 98% of patients seen within four hours – and delivery of all aspects of 18 Weeks, including no breaches of the 13 and 26 weeks standards, as a Trust’s licence to operate. Irrespective of the circumstances (apart from the most extreme) in the external environment, these national targets should be delivered by any effective organisation.

You have done very well in achieving a consistent reduction in both MRSA and C Diff, not only a licence to operate, but a message of public confidence in your organisation.

The following three targets I see as being the Trust’s and your overarching personal responsibility and therefore delivery is critical. As such, and as we discussed, it is important that we document the improvements and the milestones I expect to be achieved.

A&E
To achieve 98% over the remaining weeks of the year, with some weeks in excess of this in order to offset your inability to achieve in the early part of this financial year and any subsequent winter pressures.
18 Weeks

Admitted:
You delivered on admitted in April at organisation level and I expect you to carry on hitting this target at this level and achieve it at specialty level during the month of June.

Non Admitted:
I am very disappointed with progress to date as this should have been delivered at specialty level during April. My expectation now is to hit this at organisation level during June and specialty level during July.

I have also been made aware of concerns expressed by the National Intensive Support Team for 18 Weeks regarding the progress made by the Trust and would expect you to work co-operatively and constructively with them to improve your performance.

FT Pipeline
With regard to the timeline for the Trust to become a Foundation Trust, we need to have confidence that you will be fully prepared for the 2010 application to DH/Monitor. This will mean a robust and credible financial and service strategy, good Board governance, delivery of both performance and quality targets and KPIs with the right team of Executive and Non Executive Directors to take this forward.

You will be aware that if the SHA is not confident that United Lincolnshire Hospitals Trust can meet this deadline, it should have alternative plans in place by December 2009. As such the lack of a credible plan well in advance of this date brings into question how we move forward.

There is a great deal going on to try and support the Lincolnshire health economy, and give the SHA assurance, especially with regard to acute services.

However, in our discussions we agreed your responsibility to ensure the delivery of safe, high quality services to meet national standards and my expectation of the swift achievement of all of these standards for patients to be delivered.

Yours sincerely

[Signature]

Barbara Haklin
Chief Executive
GW/CW

Barbara Hakin
Chief Executive
East Midlands SHA
Octavia House
Interchange Business Park
Bostock's Lane
Sandiacre
Notts NG10 5QG

28 May 2009

Dear Barbara

Thank you for your letters of 14 April, 21 May and for our constructive meeting on 6 May. The issues we face in Lincolnshire are significant particularly those within the acute sector. I am pleased we agreed that the best course of action was for me to remain in Lincolnshire to work these through. I can assure you that safety and delivery of national targets continue to be my highest priorities.

We will continue to work with the 18 week support team from the Department of Health as we have done since we invited them to help us last year. We have made a tremendous amount of progress in the past few weeks jointly with the PCT. Performance is improving as a result. We have made many internal changes too and all our performance issues now contained at one of the four hospitals. We are working with the EMAS and have already determined that there have been changes to emergency flows that have impacted on us, which also create opportunities for how we share the emergency demand with other parts of the NHS family, including crossing the boundary into N&Y SHA. I will update you on these in due course.

We are also well on our way to finalising the business case for expanding our facilities for which I know your team are developing a process to support and help us obtain approval for the development. In the meantime we have begun the transfer of 200-250 patients per month to other NHS and private providers and converted elective beds into emergency beds to meet the emergency demand which for Lincoln continues to be a significant and sustained change of more than 10%.

It would be very helpful if we continued the recent dialogue until performance improves and I wonder if you feel it would be constructive to meet both John and I every 3-4 weeks.

Yours sincerely

Gary Walker
Chief Executive

Chairman: Mr David Bowles
Chief Executive: Mr Gary Walker
From the office of Barbara Hakin
Chief Executive
Direct Dial

Our Ref: BH/BS/L729

8 June 2009

Confidential
Gary Walker
Chief Executive
ULHT

Dear Gary

Thank you for your letter dated 28 May 2009.

Unfortunately since we last spoke there have been further issues at the trust; problems with the accounts, A&E deterioration and problems with HCAI.

My anxiety increases and we need to meet urgently on my return from annual leave and following my Chairman's discussions with yours.

Best wishes

Yours sincerely

Barbara Hakin
Chief Executive
Dear Barbara,

Thank you for your letter of 8 June, which I received on 15 June. I would be delighted to meet with you on your return and every 3-4 weeks as suggested in my letter of 28 May.

I am concerned that you feel performance has deteriorated as in May we achieved A&E (98.3%), 18 Weeks Admitted (91.8%), 18 weeks Non-admitted (96.0%) and MRSA targets (4/4). Our performance so far this year is better than I undertook to assure you of in April. We are concerned that we have 11 cases above the trajectory for c.diff but the actual incidences continue to decline and there is a high level of grip on the situation.

Since the dynamics of demand and capacity changed last year; I personally agreed a recovery plan for Q4 with the SHA and DH that was met. In order to achieve this performance we have made many operational changes including transferring what will be by the end of this year around 1800 patients to other, largely private, providers; converting elective capacity to emergency capacity to deal with the increased demand at Lincoln. We continue to operate on a precarious balance between demand and capacity on an hourly basis. Your support in July to help us expand bed capacity will be required to ensure we can offer the services patients need and want in Lincoln and return the organisation to the high levels of performance it enjoyed from late 2006 to late 2008.

In terms of the annual accounts, they have been major concern and we are reviewing our internal records to determine whether a formal complaint should be made. It would be helpful to understand what support you can provide to ensure this matter does not occur again.

We continue to work at developing a joint plan with the PCT to address these common problems of demand and capacity. A recent joint executive meeting has been held to set priorities for joint working and John McIvor and I meet...
regularly. On Monday there is a meeting of the two boards (NEDs and CE) where we hope to continue the progress we have made.

Best wishes

Yours sincerely

[Signature]

Gary Walker
Chief Executive
Barbara Hakin  
Chief Executive  
East Midlands SHA  
Octavia House  
Interchange Business Park  
Bostock’s Lane  
Sandiacre  
Nottingham NG10 5QG

29 June 2009

Dear Barbara,

Hope you enjoyed the break. As I have not heard from your office about the purpose of the meeting this afternoon I thought it would be helpful to list the areas I would like to discuss with you.

1) SHA decision on the termination of contract for the Director of Operations  
2) Cost reduction and media handling  
3) Performance update (to which your original letter referred)  
4) Dame Catherine’s report  
5) Deloitte’s review  
6) Peter Garland’s review  
7) PPC/ / Stroke / Trauma  
8) Maternity unit business case and risk management arrangements  
9) Process for approving the business case for the expansion of wards at Lincoln County Hospital

Yours sincerely,

Gary Walker  
Chief Executive

Chairman: Mr David Bowles  
Chief Executive: Mr Gary Walker
Dame Barbara Hakin DBE MRCP MRCGP  
Chief Executive  
Our Ref: BH/BS/L735  
10 July 2009  

Confidential  
Gary Walker - Chief Executive  
ULHT  

Dear Gary  

Apologies for the delay but here is the note I promised you following our meeting on 29 June 2009.  

We discussed the quality review and agreed it would be useful if Kathy McLean gave you some support in some aspects of the quality agenda. Doubtless we will both speak to her.  

You agreed to discuss capital issues with Kevin.  

We agreed that performance in A&E and 18 weeks had improved greatly and needed to be sustained.  

I was able to give you more detail on Peter Garland’s work and you agreed to speak to Kevin further on this.  

You also agreed you would speak to Kevin about next steps with your Auditors.  

We discussed your career and you indicated you would wish to move on from Lincoln some time in the autumn. You had a range of options.  

I agreed with this timing though reiterated the need to maintain performance. We agreed to discuss timing again soon as I am keen to ensure a measured handover with no need for interim arrangements.  

We also discussed the agreement with regard to your Director of Operations and I felt that our Remuneration Committee should be able to support your organisation’s plan provided only contractual payment was made — although of course this can only ever be determined by the Committee itself.  

We said we would meet again towards the end of July — hopefully at the convenient location of Junction 30.  

Please let me know if I have missed anything.  

Best wishes  

Dame Barbara Hakin, DBE, MRCP, MRCGP  
Chief Executive  

Copy to: Kevin Orford and Kathy McLean
Dear Gary

Thank you for your letter of 21 July 2009.

Firstly can I apologise if you are unhappy that I conveyed my understanding of your intentions by copying my letter to you to my Director of Finance and Medical Director as well.

I was, however, totally of the opinion that you felt it was best that you leave the trust towards the end of the year. This is what you said to me when we met on 29 June 2009. I entirely accept that this decision was reached because of our previous discussions where I had conveyed my concerns about your ability to manage the trust in the longer term. I had explained to you that, whilst a good turnaround manager, I felt you still lacked some of the skills and expertise required to deliver long term change and improvement in care. During our discussions, I articulated to you my worries about your ability to develop good relationships with a broad range of stakeholders outside the trust, my concerns about the difficulty you seem to have in retaining senior managers, your inability to sustain regular good performance and issues identified about systems, processes and governance within the organisation.

We have discussed how important it was for you that any current performance issues were not seen as the reason for your departure from the trust, and I understood that we both felt it therefore appropriate to suggest to others that you felt it may be time to move on. I have always been at pains to ensure that even if you were struggling with the current circumstances in ULHT, it did not have too adverse an effect on your long term career. You and I have spoken many times about the development needs I think you have, if you are to be a chief executive able to manage an organisation beyond the turnaround phase. Indeed, we discussed these development needs when you first arrived, given that they had been raised with you by the SHA in your previous role.

During our conversations over the last few weeks, you have suggested a broad range of options you would like to explore and you asked if I would support you in seeking a PCT Chief Executive appointment as there were a couple you were considering. I said I could support this with a caveat that you worked on your relationship skills. When you suggested you wished to apply for Hampshire and Isle of Wight PCT I suggested this was a step too far and that a smaller, less troubled PCT would be more appropriate for a first appointment.

You also said you were considering another acute trust in the south of England.

Given all of these discussions, you will understand why I am surprised that you say in your letter of 21 July, that it has never been your intention to leave your post. I do not dispute that this was influenced by my concerns about whether this role was right for you or you were right for it. I am certain however, that any subsequent conclusions reached were made jointly.
We now need to find a way forward with your new chairman. As I have said to you on many occasions, I think you are bright and able and I want to support you to be in the right post. However, my primary concern must always be to ensure high quality, accessible, safe services for the patients who attend ULHT and I cannot, therefore, ignore my concerns about whether you really are the right person to work in partnership with all the other key players and hence meet all the standards of quality - which includes good access - that these patients deserve.

It is clear from the discussions that we had on Thursday 23 July 2009 both with and without your new chairman being present that you perceive that the difficulties in which the trust finds itself are largely a result of failings within the PCT and the wider health system. You also plainly perceive that the SHA has blamed the trust unfairly and that you have not had the appropriate support from me.

I can only say in response, that the SHA has meticulously throughout the period of the last few months, attempted to maintain a fair and impartial view in trying to support all players to work together to resolve the situation, however, the independent information that has come to light recently has served to make us extremely concerned about the internal governance arrangements in the trust as being the overriding issue of concern. Recent events in the NHS have demonstrated just how much patients can be put at risk if the governance systems and processes in an organisation are not robust. We must therefore overriding and urgently ensure that this is rectified. In terms of support to you, I can assure you that whatever the outcome of deliberations between you, your chairman and me, I will continue to give you as much support as I can to help you personally within the parameters of patient care being at the top of my list.

Again I apologise if copying my letter was not in line with what you perceived we had agreed. I will make arrangements for us to meet again shortly to try and achieve the best outcome for everyone involved.