

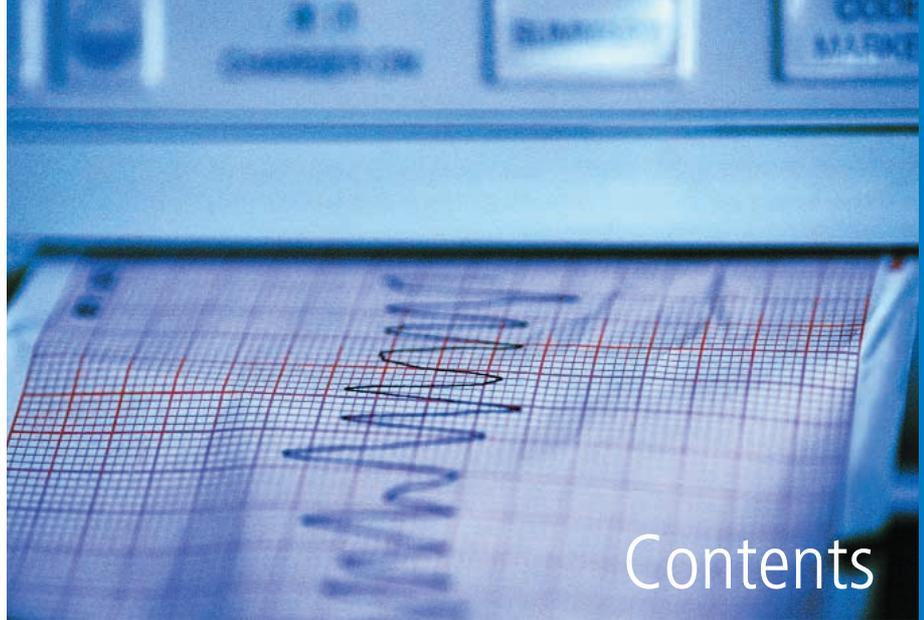


2006

2005

# Annual Report & Summary Accounts





## Contents

Chairman and Chief Executive's foreword	2
Turnaround Plan	3
Waiting times and access targets	4
Key targets 2005/06	4
Facts and figures	5
Complaints	5
Improving Patient Access to Care and Treatment	6
Cancer services	6
Service developments and new appointments	7
Improving the quality of care	10
Clinical governance	11
Clinical and cost effectiveness	11
Investment in our staff	12
Use of Information and IT	13
Financial accounts	14
Trust Board members	20



# Chairman's foreword

**The year 2005/2006 proved to be an extremely testing time for United Lincolnshire Hospitals NHS Trust. Since inception in 2000 the Trust has consistently underachieved against its financial targets. The Foundation Trust diagnostic process highlighted the need for external assistance in order that the Trust be ready to move to Foundation Trust status within 3 years. Therefore towards the end of 2005/2006 the Trust embarked on the turnaround process.**

The Trust was able to make financial progress with operational successes during 2005/2006, where

- average length of stay for our patients was reduced from 6.6 to 6.1 days
- staff headcount reduced by 220 whole time equivalents
- £10.9m savings were successfully delivered.

Other successes included the official opening of the Lincolnshire Breast Unit. In February 2006 Professor Michael Richards, National Cancer Director officially opened the unit at Lincoln County Hospital.

The Trust was successful in achieving the Energy Efficiency Accreditation Scheme (EEAS) from the Energy Institute. The scheme recognises organisations in industry, commerce and the public sector that have achieved significant reductions in energy use.

The Trust's good practice in infection control led the Royal College of Nursing to adopt best practice introduced by infection control nurses at United Lincolnshire Hospitals NHS Trust. The best practice was featured on the website for the Royal College of Nursing so that it could be shared with other healthcare staff across the country.

However, there is obviously some way to go before we are able to meet our aim of financial balance. At the time of writing the Trust is working hard to achieve the savings identified as part of our turnaround plan, and is preparing for the consultation process for the strategic options, where we can engage the local community in the tough decisions that need to be made about how their healthcare is provided in the future.

We understand that decisions faced by the Trust are a concern for local people. It is difficult to

make these decisions especially when we know some of them may be unpopular in the short term. Our job is to ensure all our services run in an effective and efficient way, and we are keen for the Trust to be open and honest about how we operate, and to give local people a greater insight and a better understanding of how we work.

Of great concern to us this year was the discovery that some of our patients had not been seen within national waiting list target times. Most of the waits related to orthopaedic waiting times, and the Trust has been participating in an extensive review of waiting lists to ensure that those patients affected are offered a date for their operation as soon as possible and that controls are tightened to ensure that a problem like this cannot occur in the future.

However, in spite of these specific issues it is important to recognise the support that we have received from our staff throughout these turbulent times. Their support has helped the Trust to continue to strive to provide the highest standards of healthcare for our patients. We hope that staff will continue to support us and we value their commitment and dedication.



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David Bowles  
Chairman

## Patients speak out

"I cannot express my gratitude enough on how all members of staff treated and looked after my dad. His every need was catered for with dignity and friendliness but most of all with efficiency on what is a very busy and demanding ward. I always felt when leaving dad I was leaving him with his 'other family'."

LT, Lincoln

# Turnaround Plan

**The Trust experienced significant financial difficulties some of which were caused by historical issues given that the organisation had been borrowing money over a number of years. Following discussions with commissioners a commitment was received from Trent Strategic Health Authority to write off the historic debt.**

KPMG visited the Trust in January following a Department of Health (DH) announcement that Trusts reporting deficits would receive assistance from turnaround teams. In total 62 acute trusts were identified as requiring support and were categorised into four levels:

- immediate priority - need for urgent intervention to drive turnaround
- additional expertise/resource needed to support the turnaround
- drive/focus - maintain high priority of actions, regular challenge of management
- encourage to share what works and deliver easy win.

The Trust fell into the third priority and a turnaround team was appointed from PricewaterhouseCoopers to help to develop an action plan as part of the overall planning process to address the Trust's financial situation.

An external Turnaround Director from the National Programme Office (NPO) was appointed to oversee 13 organisations, of which this Trust was one, to achieve financial balance. The external Turnaround

Director reported directly to the Trent Strategic Health Authority and the NPO. Internally, to support the process the Trust appointed a Turnaround Director, Ian Shepherd, as part of the Executive Team to ensure the accuracy and deliverability of the turnaround plan. PricewaterhouseCoopers was also appointed to be responsible for providing the Trust with accurate information on activity, finance and benchmarking the Trust's performance against other organisations.

Savings and additional income announced in the turnaround plan have begun to be implemented and will save the Trust an estimated £10m in 2006/07, rising to over £22m recurrently.

Approximately two thirds of that figure are internal efficiency changes which will be captured through a series of workstreams covering all aspects of the Trust. The remaining third relates to financial adjustments arising from increases in income and other settlements. None of these workstreams affects current services to patients.

Against this background, the Trust announced the conclusions of the first stage of the review of strategic options. This will form the basis of further work with stakeholders, with an objective of announcing firm proposals for public consultation in February 2007. The public consultation will be led by the soon to be formed Lincolnshire Primary Care Trust.



## Patients speak out

"To each and everyone of you I wish to extend a huge thank you for all your kindness, care and conversation which kept my spirits up and made a daunting appointment much easier and pleasanter than I thought it would be."

JC, North Hykeham

## Patients speak out

"I would like to take this opportunity to thank your staff for their very prompt and clear actions. I would also like to thank you for ensuring the spotless appearance of both the staff and the building."

AT, Grantham

# Waiting times and access targets

The Trust reported that it had successfully achieved the national waiting times guarantee of 6 months for all inpatient and day case patients and 13 weeks for first, non-urgent outpatients as at 31 March 2006. However, in August 2006 a review of waiting times at the Trust revealed that a number of patients had been waiting too long for treatment. Their waits have exceeded national waiting list time guarantees. Most of the extended waits relate to orthopaedic procedures at Lincoln County Hospital, for inpatient and day case treatment.

An external review into the Trust's management of waiting lists has been commissioned by NHS East Midlands and a detailed report on findings is anticipated in September 2006.

Achievement against other key national standards was as follows for the year ended 31 March 2006:

Target	Standard	Achieved
Total time in A&E: less than 4 hours	98%	97.64%
Outpatient Booking	100%	99%
Inpatient/Day case Booking	100%	100%
All Cancers: 2 week wait	100%	99.85%
All cancers: one month (31 days) diagnosis (decision to treat) to treatment starting	98%	95.86%
All cancers: two months (62 days) wait from GP urgent referral to treatment starting	95%	74.23%
MRSA Bacteraemia	Not yet known (The lower the value, the better the Trust has performed)	20.59%

2006/2007 will remain a challenging year for all staff within the Trust. Further work is required in ensuring that existing and new targets are met. In addition the Trust is committed to achieving safe, high quality, sustainable services and financial stability during 2006/2007.



## Key targets 2005/2006

The Trust is awaiting the outcome of the Healthcare Commission assessment, which is expected in October 2006. This assessment replaces the previous "Star Ratings" assessment. The new system identifies a number of targets, existing and new, many of which there is no benchmark information which allows us to assess whether we have reached the required standard.

In addition, there are 7 domains which form the "Core Standards" which the Trust's performance is compared against:

- Safety
- Clinical and Cost Effectiveness
- Governance
- Patient Focus
- Accessible and Responsive Care

- Care Environment and Amenities
- Public Health

These domains are further broken down into 46 standards. In the final declaration to the Healthcare Commission in April 2006, the Trust gave reasonable assurance that there had been no significant lapses in meeting the core standards during the period 1 April 2005 to 31 March 2006, with the following four exceptions:-

- Standard C4a - Hospital Acquired Infections/MRSA
- Standards C4b - Medical Devices
- Standard C5d - Clinical Audit
- Standard C7e - Race Equality.

Action plans are in place within each of these standards to rectify areas of non-compliance.

As reported in the 2004/2005 Annual Report, the Trust did not meet its statutory financial duty of breakeven. Financial turnaround remains a key focus throughout 2006/2007. Financial stability is essential if the Trust is to provide clinically appropriate, safe and sustainable services.



# Facts and figures

The total income for the Trust was approximately £289m. This included £6.6m of planned revenue support from Trent Strategic Health Authority.

Further details and summary financial statements are included on page 14.

## Number of patients treated

	2004/2005	2005/2006
Planned inpatients	17,620	14,656
Day cases	43,906	51,180
Emergency inpatients	90,539	92,609
New/first outpatients	114,839	125,333
Follow up/subsequent outpatients	337,648	335,305

The Trust provides care at nine hospitals:-

- County Hospital – Louth
- Grantham and District Hospital
- Johnson Hospital – Spalding (managed by East Lincolnshire Primary Care Trust)
- Welland Hospital – Spalding (managed by East Lincolnshire Primary Care Trust)
- Lincoln County Hospital
- Pilgrim Hospital – Boston
- John Coupland Hospital – Gainsborough (managed by West Lincolnshire Primary Care Trust)
- St George's Hospital – Lincoln (until February 2006)
- Skegness and District Hospital (managed by East Lincolnshire Primary Care Trust)

## Complaints

### How has the Trust learned from complaints?

The Trust has received 823 written complaints this year which is an increase over previous years. The main issue of complaint is aspects of clinical treatment and we have been focussing our attention on this to ensure we learn as a result of patient dissatisfaction.

The Trust views complaints positively as an opportunity to improve the services we provide. The other areas most subject to complaint are communication and provision of information. The Trust continues to run customer care training for staff at all our hospitals, which we believe is the key to addressing these areas of concern.

We remain focussed on responding to complainants in a timely manner in accordance with the national standard of 20 days. However, there are times that we find this difficult, for example, where a complaint is complex involving a number of clinicians or when we offer a complainant a meeting, particularly when the complainant has lost a loved one.

Year	Numbers of Written Complaints	% Replied Within 20 Days
2001-02	733	49.5%
2002-03	710	77%
2003-04	702	84.3%
2004-05	701	96%
2005-06	823	78%

### Independent Reviews 2005/2006

Independent review requested	2
Independent review in progress	2
Independent review denied	1
Referred back for local resolution	3
Independent review completed	7
Ombudsman Investigations	2

#### Patients speak out

"I believe the quality of care and professionalism of your staff – consultants, nurses and physiotherapists – has been of the highest order. Full marks to Grantham and District Hospital for a "culture of caring" – your staff have my gratitude and admiration."  
RB, Sleaford

#### Patients speak out

"I would like to express my appreciation of the expert and sympathetic attention I received from the staff of the accident and emergency department at Grantham."  
TB, Bourne

#### Patients speak out

"I have nothing but high praise for the way I was looked after by all the staff, including the ladies who dealt with the meals. The care, concern and the food were excellent."  
HJB, Louth

#### Patients speak out

"Any amount of praise is insufficient to express my gratitude to your staff. Every member of your team was the perfect embodiment of kindness and care."  
RE, Nottinghamshire

# Improving Patient Access to Care and Treatment

## Diagnostic Service Redesign

The new radiology information system (RIS) went live on 8 May 2006. The picture, archive and communications system (PACS) is due to go live at the end of September 2006.

The radiology information system is a computerised registration system used within the radiology department, allowing the departments to instantly share patient information, whilst also allowing the use of voice recognition programmes that instantly convert a specialist's dictation into a typed electronic report. The RIS links to the hospital's current patient administration system in order that radiology results are available rapidly throughout the Trust.

Picture archiving and communications systems capture, store, distribute and display static or moving digital images such as electronic x-rays or scans. PACS takes away any need to print on film and to file or distribute images manually. This means that as images are created they can be immediately sent and viewed across several NHS locations. This brings benefits for patients, clinicians and the wider health community.

These developments will deliver significant benefits, including:

- improved access, choice and reduced waiting times for patients
- instant access to radiological images and reports

across the Trust

- improved patient processes within radiology resulting in faster reporting times
- opportunities for role extension for staff resulting in improved patient care.



## Cancer services

**Key access targets have been introduced nationally to ensure that 98% of all newly diagnosed cancer patients will be treated within 31 days of a decision to treat and 95% of all referrals of 2 week wait suspected cancer patients will be diagnosed and treated within 62 days from referral.**

A high profile programme of work is underway to improve access to services for these patients. Clinical and management teams across the Trust are working on revising processes and procedures to ensure patients are pro-actively tracked through their pathway so that they reach diagnosis and treatment

as soon as possible. Some initiatives currently being undertaken include:-

- implementation of new ways of working and role redesign in cancer services across the Trust
- review and redesign of IT (Information Technology) systems that support the pro-active tracking of cancer patients along their care pathway
- review of clinical pathways to speed up diagnostics such as patients with suspected bowel cancer now going straight to diagnostic test after initial referral by their GP.

These developments will enable patients within Lincolnshire to be diagnosed and treated for their cancer much quicker than ever before.

# Service developments and new appointments

## Support scheme for respiratory patients at Grantham

A new scheme developed at Grantham and District Hospital reduces the length of stay for patients suffering from COPD (Chronic Obstructive Pulmonary Disease) which covers respiratory conditions including emphysema, chronic bronchitis and chronic asthma.

Under the new scheme patients avoid such a lengthy stay as nurse specialists in COPD visit them at home and provide medicine and support. If patients require emergency advice out of hours then a call to the emergency admissions unit gives advice and patients can be admitted directly if necessary.

## Specialist eye service established at Pilgrim Hospital

Mr Mohit Gupta, Consultant Ophthalmic Surgeon joined the Royle Eye Department at Pilgrim Hospital, Boston.

Previously patients suffering from complicated glaucoma travelled to Nottingham or to the Moorfields Eye Hospital in London, but with the arrival of Mr Gupta a specialised glaucoma service was established so that patients across the county and further afield can be treated at Pilgrim Hospital.

## New gamma camera at Grantham

The oldest gamma camera still working in the country was retired in May of 2005 following 16



years of loyal service at Grantham and District Hospital. Despite giving excellent service over those years parts were sadly no longer available to maintain it and so it was replaced by the newest, most technologically advanced camera available.

Gamma cameras are used to detect abnormalities in the function of the organs of the body and work by the patient being given an injection of a tiny amount of radioactive material. The new technology allows more patients to be seen each day, which means that patients wait less time once they are admitted to hospital.

## Air tube in A&E at Pilgrim

Samples for testing in pathology go directly to the laboratory without waiting for a porter to take them. The results are then returned to A&E by computer enabling a faster diagnosis and decision on next step of care. This system can save up to an hour per patient.

## Management courses get thumbs up

The Trust's management development programme was reviewed by an external panel from Nottingham Trent University who gave it a strong vote of approval.

The University reaccredited the Certificate and Diploma programmes unconditionally and for the maximum period of five years.

## Coronary care expanded for Pilgrim

An extra 7 beds allows quicker assessment of patients with chest pain and reduces length of stay for cardiology patients, reducing waiting time in A&E for beds on hospital wards.

## Day Case Ward expanded at Pilgrim

A 23hr 59 minute ward with 8 overnight beds to care for post operative patients as well as day case patients was opened, allowing main wards to concentrate on acute or more intensive care over longer term stays.

## RCN recognised Lincolnshire's contribution to beating MRSA

Good practice in infection control aimed at minimising the spread of MRSA and other infections led the Royal College of Nursing to

adopt best practice introduced by infection control nurses at United Lincolnshire Hospitals NHS Trust. The best practice was featured on the website for the Royal College of Nursing so that it could be shared with other healthcare staff across the country.

## Consultant Physician and Gastroenterologist at Louth

Dr Pradeep Sanghi joined County Hospital. Dr Sanghi's special interests are luminal disease which includes inflammatory bowel disease. He also specialises in endoscopy investigations and provides a comprehensive gastroenterological service to the people of Louth and surrounding areas.

## Newborn Hearing Screening comes to Lincolnshire

The Trust, working with the support of the Primary Care Trusts (PCTs) in the county, began offering parents in Lincolnshire the opportunity to have their new baby's hearing screened.

By spotting the very few babies (less than 1 in 500) who are born with a significant permanent hearing loss at this early age, and providing the correct support, the effects are minimised with most developing good communication and language skills.

## Hospitals better prepared for ambulance arrivals

Hospital staff in Lincolnshire know exactly what types of injuries and illnesses patients being brought in on an ambulance have and when they will arrive, thanks to a brand new system – the first of its kind in the UK.

Lincolnshire's ambulance inbound system, was officially launched in July and shows staff in the county's main hospitals the patient's age and their injury or condition, and the specific ward or department they are headed for.

The system, which has been devised by Lincolnshire Ambulance and Health Transport Service NHS Trust, means hospital staff can get preparations for receiving the patient underway sooner, and deliver a high standard of care more quickly when they are admitted.

# Service developments and new appointments (continued)

## Pilgrim Hospital welcomed new consultant surgeon

Mr Greg Ortonowski, Consultant General/Gastro-intestinal Surgeon came to Pilgrim Hospital, Boston.

As well as expertise in both colorectal and laparoscopic surgery, Mr Ortonowski brings with him a vast experience in endoscopy.

## Hospital investment in life saving equipment

Resuscitation equipment at Grantham, Boston, Skegness, and Spalding hospitals was updated and extended to ensure every ward and department at these hospitals have defibrillators using state of the art technology.



## Discharge Lounge at Pilgrim Hospital

Much of the pressure experienced in Accident and Emergency (A&E) Departments is due to emergency admission patients waiting for a bed. One of the ways this pressure was reduced was by opening a discharge lounge where patients go on the day of discharge and are looked after by Red Cross volunteers until transport arrangements have been made to take them home, thereby freeing up a bed earlier in the day.

## Two new consultants in Rheumatology

Two new consultants were appointed in rheumatology, holding clinics in Grantham and Lincoln. The new appointments mean that patients in the Grantham area no longer need to travel to Lincoln or Nottingham to access the service.

Dr Gaafar Massawi's special interests are in osteoporosis and paediatric rheumatology and Dr Viswanath's specialist interests include soft tissue rheumatism and fibromyalgia, sometimes known as muscular rheumatism.

## Grantham welcomed new consultant

Dr Ivan David took up post at Grantham and District Hospital as Consultant Anaesthetist. He has a special interest in critical care medicine.

The Trust recruited Dr David through their international recruitment drive. Usual recruitment methods had been unsuccessful particularly for radiologists, anaesthetists and surgeons.

## Lincoln County Hospital welcomes two new Consultants in General Surgery

Mr Neil Khan and Mr Suresh Pillai joined the Trust during 2005.

Mr Khan is a general surgeon with specialist training in coloproctology (surgical conditions of the colon, rectum and anus). He therefore performs general surgical procedures (such as laparoscopic cholecystectomies and hernias) as well as a wide range of coloproctological procedures. His special interest within this field is laparoscopic surgery which he expects to be developing at Lincoln in the near future. He also has a special interest in medical education.

Mr Pillai provides specialist advice and surgery for common anorectal problems, such as anal fistulae, stapled haemorrhoidectomy and Doppler guided operation for haemorrhoids, both of which avoid painful incisions in the skin.



## New equipment for fracture patients

Two state of the art x-ray machines were purchased for the fracture clinics at Pilgrim Hospital and Lincoln County Hospital. Low doses of radiation mean that the mini c-arm

machines do not need to conform to the strict procedures practised within radiology departments and can be used by trained staff in outpatient and fracture clinics.

## Extra hours mean more patients treated at Grantham

Grantham and District Hospital's day ward extended its hours to accommodate more patients. The twelve bed ward previously closed at 7pm but now stays open until 9 in the evening.

The extended hours means that patients who are going to theatre later in the day can still have time to recover on the day ward before being discharged and so avoid an overnight stay which would require admission to another ward. This in turn frees up bed capacity on inpatient wards for the admission of emergency patients.

## Recognition for efficiencies in saving energy

The Trust again achieved accreditation of the Energy Efficiency Accreditation Scheme (EEAS) from the Energy Institute.

The Trust's energy performance at its hospitals at Boston, Grantham, Lincoln and Louth was assessed by the EEAS by looking at different factors such as management commitment, investment in energy efficiency and improvements over a three year period.

### Patients speak out

"I was very surprised by the cleanliness, tidiness and the attitude of all staff that I came across during my stay. The staff all portrayed the image of caring professionals and this spread from the top to the bottom of the staffing structure."  
CE, Lincoln

# Service developments and new appointments (continued)

## Patients become better informed at Pilgrim Hospital

Thanks to a grant from the Trent Workforce Development patients at Pilgrim Hospital, Boston now have access to a wide range of online resources when at the hospital.

The Trust purchased two touch screen information computers; one for the outpatients department and one for the patient library. Users are able to access a wide range of recommended websites, information about illnesses and medical conditions and details about benefits and entitlements as well as being able to find out about local health and social care services.



## Louth hospital opens colposcopy clinic

Mr Shaheen, Consultant Obstetrician and Gynaecologist, began running the clinic twice a month using a state-of-the-art colposcope generously donated by the Louth Hospital League of Friends.

The colposcope costing £17,000, enables clinicians to accurately identify abnormal cervical cells during

an examination, giving them a clear indication of what further tests or treatment will be needed.



## New Breast Care Unit officially opened by National Cancer Director

Professor Michael Richards, National Cancer Director officially opened the breast care unit at Lincoln County Hospital.

The fourth floor of the maternity block was completely refurbished at a cost of £420,000 and provides an additional four examination rooms making nine in total as well as new ultrasound and mammography rooms. The new unit is light, modern and spacious with waiting areas offering twice the previous space. The Lincoln Breast Unit deals with patients referred through both the symptomatic and screening services situated within the unit.

Imaging and examination facilities, nursing and medical offices, as well as clerical services are now all able to be in one specialist area.



## £22m hospitals' residential estate project underway

The Trust signed a £22 million contract with Progress Care Housing Association for the provision and management of residential accommodation for the Trust's key workers.

The Trust is rebuilding and refurbishing residential accommodation at hospitals in Louth, Lincoln, Boston and Grantham providing a mixture of single rooms with shared facilities, flats and houses enabling the Trust to accommodate single people and families.

The provision of good quality accommodation is an essential element in the Trust's ability to recruit and retain staff in order to maintain high quality healthcare services.

## Welcome addition to Lincoln's Intensive Care

Dr Edward Cowley joined the Intensive Care Unit at Lincoln County Hospital as a Consultant Intensivist.

With the recently extended intensive care facility at the hospital and the increased demand on the service, Dr Cowley's addition to the team is a valuable asset.

### Patients speak out

"My experience from arriving at A&E to my discharge was excellent. The wards were clean, the nursing staff, doctors and cleaning personnel were very efficient, working to high standards, helpful and friendly."

FR, Sleaford

### Patients speak out

"From the time of emergency admission until discharge my wife received outstanding medical and nursing care. Without doubt, her survival is due to the immediate treatment given which was carried out with commendable care and compassion."

TBS, Nettleham

# Improving the quality of care

## Clinical Negligence Schemes for Trusts

The Trust received recognition for its high standards of the quality of care provided within maternity services. The Trust achieved a level 1 award against the revised maternity services Clinical Negligence Scheme for Trusts standards and was the first Trust in the region to achieve the award against these new standards.

## Quality care for over 50s

A study by Saga Healthcare showed that Grantham and District Hospital is one of England's top hospitals for the treatment of over 50's, closely followed by the other main hospitals within the Trust. The survey explored 4 main areas deemed most important to people aged over 50:

- quality of care in hospital
- patient experience
- infection control
- access to services.

## Excellent care for heart attack victims

Pilgrim Hospital, Boston dramatically exceeded the performance targets set by the government for patients suffering a heart attack in 2005/06. The national data shows that 87% of patients were given clot busting treatment within 30 minutes at Pilgrim compared to a national target of 75%.

The cardiac assessment team has previously won a national award in 2004 for best practice in cardiac care and they have continued to improve the services provided to patients who need early treatment for a heart attack.



### Patients speak out

"I would like to thank all the staff who looked after me so well after my operation. Their care and attention was second to none, nothing was too much trouble for them and all the time they did everything with a smile."

DS, Sleaford

### Patients speak out

"I have always found the medical and ancillary staff at Louth to be excellent, their professionalism, compassion and care is the best."

EJB, Grimsby

### Patients speak out

"It was very clean and the food was excellent. The staff were fantastic. Doctors, midwives, health care support workers and housekeepers all demonstrated a high level of professionalism and dedication."

Maternity service user, Boston

### Patients speak out

"It was fantastic."

Service user, Boston

# Clinical governance

**Clinical governance is about improving the quality of healthcare for patients and is what staff do at work every day. Clinical governance therefore involves all staff.**

**During the year significant progress has been made with:**

- assuring the Trust has systems in place to assess itself against the National Standards for Better Health and where necessary taking action to improve compliance in accordance with planned timescales.
- the further development of a clinical governance performance management framework and quality improvement plans to support clinical management teams in improving performance and quality of services.

There have also been a number of specific innovations and developments which have made a significant contribution to improving the provision of healthcare to patients:

## Patient focus

- The development of the Patients Readers Panel

to review patient information leaflets.

- the Trust has approved a policy and produced guidelines for use by all clinicians for copying letters to patients. The copying of letters has been shown to improve the patient experience by improving communication, providing better information, improved compliance and providing patients with a record of the consultation.
- the continued development of a customer care training program for all staff. So far nearly 600 staff have participated in this training.

## Governance

- the development of an electronic discharge document (eDD) to improve the quality of information to general practitioners and to reduce the risk of drug errors.
- the Trust has trained nearly 6500 staff in 2005/06 achieving high attendance rates on induction and mandatory training which are key issues in terms of overall governance.
- the Trust has also launched an e-learning mandatory update, covering topics such as blood

transfusion safety, health and safety awareness, fire safety, infection control, manual handling principles and risk management.

## Safety

- incident reporting has been developed in 2005/06 supported by a web-based incident reporting system. Over 80% of incidents are now reported directly on line.
- further development of training opportunities for clinical based staff in terms of risk identification, assessment and investigation including root cause analysis.
- the identification of patient safety champions for each main staff group to raise the awareness of reporting incidents and safe practice.
- reviewing the process for the management and reporting of safety alerts ensuring they are implemented according to required timescales.

During the year the Trust was successful in achieving level 1 for the Clinical Negligence Scheme for Trusts (CNST) Maternity Standards.

# Clinical and cost effectiveness

## Clinical Audit

- Over 200 clinical audits have been undertaken including national and local priorities. A number of changes have been identified to improve patient care as a result.

## Clinical Effectiveness

- A new system for reviewing unexpected deaths has been implemented. Most specialties across the Trust have now implemented the system and use it to identify lessons to improve care and treatment.
- Implementation of Statistical Process Control (SPC) to help monitor, control and, ideally, improve processes through statistical analysis. SPC is now used to present risk data in a way that easily allows action to be targeted at areas that show abnormal variation.
- A review of the way that clinical

governance/audit meetings are undertaken has been completed to enable all the components of clinical governance to be included and mandatory training to be undertaken where appropriate.

- Development of a clinical guidelines search engine to allow staff easy access to guidelines from any computer in the organisation.

## Dr Foster

The Trust has been praised for the way that it uses information from Dr Foster to improve patient care by comparison of the Trust's performance for specific conditions against the rest of England in four areas:

- day case
- length of stay
- readmissions
- mortality.

## NICE

- The Trust appointed a NICE Coordinator to

facilitate the implementation of guidance from the National Institute for Health and Clinical Excellence (NICE). A NICE Implementation Group was also established to lead the implementation of guidance.

## Care Pathways

- National recognition has been gained for the MRSA pathway from the Royal College of Nursing; the Discharge Planning Pathway from the national Change Agent Team; and the Lincolnshire Care Pathway Partnership website generating discussion and enquiry from both around the United Kingdom and internationally.

## Clinical Governance Development Unit Notice Boards

Development of notice boards that are designed to carry key messages to members of staff and promote awareness and understanding of clinical governance.

# Investment in our staff

The Trust invested approximately £1.5 million on education and training for its staff during 2005/2006. As well as offering a range of university-based clinical education programmes, the Trust also trained over 6,500 of its staff on in-house courses including induction, mandatory updates, managing chronic heart failure, developments in palliative care, maintaining patient dignity and a postgraduate management diploma.



As part of its workforce plan, the Trust has also maintained its commitment to the use of National Vocational Qualifications (NVQs) as a vital way of helping front line staff to develop their skills and successfully adopt new working practices. Over 150 staff completed NVQs last year and a similar number will complete in the current year.

Agenda for Change (A4C), the national pay and conditions harmonisation exercise, has been implemented during the year. This has resulted in an increase in pay and annual leave for many key groups of staff and has been particularly beneficial to those on the lower pay bands.

A key innovation has been the increasing use of e-learning materials, the majority of which have been developed and produced within the Trust. These have included some specialist induction programs for medical staff and a full range of mandatory programs on topics such as infection control, risk management and blood transfusion safety. Further programs are in development, including safeguarding children and multi-faith and multi-cultural awareness. In its production of effective e-learning solutions to training requirements, the Trust is at the forefront of developments nationally.

## Improving Working Lives

The Trust was delighted to achieve IWL Practice Plus Status.

The Site Champions have continued to develop and promote Improving Working Lives locally.

## In 2005/2006 they used their local monies for:-

**Grantham:** Water heater in the accident and emergency department. Water fountain in the rehabilitation department. 4 water boilers at strategic points across the hospital.

**Lincoln:** Wall racks in the Library.

New catering facility in the maternity block.

**Louth:** Refurbishment of the porters' sitting room.

**Pilgrim:** Production costs of IWL folders for staff. Furniture in the estates department.

The Trust again took advantage of the Government's Home Computing Initiative which offered staff a way to buy a computer over 3 years and to save tax and national insurance payments. The buying and selling of leave scheme, piloted at Lincoln and Louth hospitals, was extended to Pilgrim Hospital.

## Equal opportunities in employment

The Trust is committed to equal opportunities in employment for all of its staff regardless of race, colour, gender, age or disability. Over 9% of Trust staff are from black or ethnic minority groups, compared with 1.3% of the Lincolnshire resident population.

## Policies relating to staff with disabilities

The Trust has an obligation to make adaptations to its premises and facilities for staff who may become disabled whilst in employment. It also links with the disability service to try and find suitable jobs for disabled people seeking employment.

The Trust guarantees an interview to a disabled person who applies for a job providing they meet the essential person specification. The Trust's Occupational Health Physician is proactive in monitoring the Trust's performance and in giving advice on what changes may be made.

## "Positive about disabled" award

The Trust continued to meet the standards required by the "two ticks" positive about disabled award after being assessed by the Employment Service.

The award is given to employers who can satisfy the disability employment advisors they meet the criteria

for provision of facilities and equipment for disabled staff. Employers also have to satisfy the assessors that they have adequate policies and procedures relating to those employees who are disabled or become disabled.

## Doctors in Training

Once again, the accreditation visit by the Postgraduate Dean was successful and training of junior medical staff was assessed positively across the Trust. Accommodation, a long-standing issue, will improve over the next year, as purpose-built housing is created in Lincoln, Boston and Grantham. The Dean was satisfied with progress towards compliance with the requirements of the European Working Time Directive in 2009, when junior doctors will only be able to work an average of 48 hours each week (currently 56 hours).

The Trust's implementation of Modernising Medical Careers, a radical restructuring of the way in which doctors train, is also going well. Further changes will occur over the next few years as the initial cohorts advance through the new system.

## Graduate Entry Medical School

Although the Trust's bid, in conjunction with the University of Nottingham, for Graduate Entry Medical Students was unsuccessful, it missed out only very narrowly and there will be a further opportunity in 2008. In the meantime, the number of Nottingham medical students coming to Lincolnshire for their clinical training will increase rapidly next year. A pilot Clinical Phase 1 module earlier in the year, to which clinicians from Lincoln, Grantham and Boston contributed, was highly successful, paving the way for groups of students in Clinical Phases 1, 2 and 3 from next March. The teaching programme will be overseen by Mr Paul Dunning, newly appointed Associate Clinical Sub Dean, and will involve close collaboration between clinicians throughout the Trust as well as colleagues in General Practice. Funding has been identified to provide facilities for the students at each of our main hospitals.

# Use of Information and IT

## In the past year the highlights for the Information Management and Technology (IM&T) Directorate have included:

### Improved treatment for patients

- The care of patients at Pilgrim hospital has been streamlined by the implementation of an echocardiology image archive and reporting database which allows fast access to thousands of digital heart images which were previously stored as colour prints.

### Better systems to improve patient care

- Choose and Book has been implemented in the Lincolnshire health community with almost all GP practices and hospital services using the system. Patients are offered a choice of different hospitals at which to attend their outpatient appointment and are then able to choose from a range of dates and times convenient for them, all from a single national electronic system. The processes are integrated with clinical assessment services which offer both urgent and routine outpatient appointments. Work is continuing to develop the system for cancer referrals, maternity and diagnostics.
- An electronic discharge letter has been designed with input from a range of clinicians and is in use across the Trust. The document provides improvements in legibility as well as consistency in the quality of documentation and timeliness of the information supplied to GPs. Benefits include improved patient care, improved data quality, reduced clinical risk and more effective and efficient working processes. Additionally the Trust will see more effective use of resources and an improved corporate image as well as financial savings.
- Accurate patient data is vital for identifying patients to match up treatment records and deliver patient care safely. The key to this process is the NHS number which is used nationally and assigned to all patients when they first register with a GP. The Patient Administration System uses this number to communicate patient details with pathology, pharmacy and radiology systems. A spin off from the development of the electronic discharge document (eDD) means that using an electronic notification system, the patient demographic team is now able to rapidly identify new patients entering the hospital. Staff will then ensure details are correct and are matched with their NHS number from national systems. This improves efficiency and safety as patients can receive care much quicker, reduces time wasted correcting errors and prevents any risk to patients

arising from patient registration errors.

- Three high technology specialised clinical videoconferencing facilities have been installed which support multi-disciplinary team meetings between clinicians within the local cancer network. These facilities allow xray and microscope images to be viewed and discussed thus facilitating care planning, best practice and peer review.
- A local cancer pathway tracker database has been developed to ensure that patients receive investigations and diagnoses in a timely manner.

### Systems to support services

- The management of portering services at Lincoln County Hospital has been modernised by the introduction of a computer system for logging and scheduling work via radios to porters across the hospital. This aim is to reduce unnecessary travelling as porters move from task to task and to ensure that patients and equipment arrive in the right place at the right time.
- A unified IT Helpdesk facility was introduced to centralise the reporting and management of all IT support calls across the NHS in Lincolnshire

and to ensure that vital patient information is available 24/7.

### Improvements in communication

- The communications networks linking hospitals to centralised NHS systems and to other systems on the Internet, have been upgraded under the national N3 Connecting for Health programme. With capacity increases of up to 40 times, these new links provide access to finance, Choose and Book, renal, pathology reporting, map of medicine and other NHS Connecting for Health applications.

### Connecting for Health (National Programme for IT)

- The first stage in the transformation and modernisation of radiology services was completed by the commissioning of a modern radiology computer system. This new system, which has replaced three ageing systems, will support a single appointments centre at Pilgrim hospital and provide a common reporting system across the whole Trust. This is an important building block for the use of computerised xrays and picture archive communications systems (PACS) which will be introduced in Lincolnshire hospitals in September 2006 under the national programme for IT.



# Financial accounts

## Financial Performance for the year ended 31 March 2006

The year 2005/2006 has been a particularly challenging financial year for the organisation, with many pressures especially in relation to the pay modernisation agenda (Agenda for Change), continued pressure on drug expenditure due to growth in activity and NICE drug expenditure, energy inflation and income settlements with the local PCTs in respect of activity provided. The Trust has however achieved the following statutory duties:

- managing cash resources to ensure compliance with the External Financing Limit
- absorbing the cost of capital at a rate of 3.5% against net relevant assets
- containing capital expenditure within its Capital Resource Limit.

The Trust has also managed to continue to achieve reasonable results against the Better Payments Policy Target.

Unfortunately, even with the support of Trent Strategic Health Authority, as a

result of the financial pressures listed above the Trust did not manage to achieve the statutory duty to ensure that expenditure is contained within income levels for the year (financial breakeven).

Major capital schemes in year have included schemes at all of our hospitals. These include the creation of a new skills lab at Boston, endoscopy facilities (equipment which allows visual examination of any part of the inside of the body) and ventilation plant in the theatres at Grantham, completion of critical care facilities at Lincoln and renovation of the maternity lifts at Lincoln and Boston hospitals.

The Trust now has a turnaround plan in place aimed at achieving recurrent financial balance and is in continuing discussions with local partner organisations and the new Strategic Health Authority (NHS East Midlands).

## Summary financial statements

These summary Financial Statements have been prepared from the Trust's full financial statements, which were adopted by the Audit Committee on behalf of the Trust Board at its meeting held on 4 July 2006.

Copies of the Trust's full audited financial statements can be obtained without charge from: Jonathan Arnold, Financial Accountant, United Lincolnshire

Hospitals NHS Trust, Lincoln County Hospital, Greetwell Road, Lincoln, LN2 5QY.

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Kevin Howells  
Director of Finance and Performance

# Independent auditors' report to the Directors of the Board of United Lincolnshire Hospitals NHS Trust

I have examined the summary financial statements set out on pages 14-19. This report is made solely to the Directors of the Board of United Lincolnshire Hospitals in accordance with Part II of the Audit Commission Act 1998 and for no other purpose, as set out in paragraph 36 of the Statement of Responsibilities of Auditors and of Audited Bodies prepared by the Audit Commission.

### Respective responsibilities of directors and auditors

The directors are responsible for preparing the Annual Report. My responsibility is to report to you my opinion on the consistency of the summary financial statements within the Annual Report with the statutory financial statements. I also read the other information contained in the Annual Report and consider the implications for my report if I become aware of any misstatements or material inconsistencies with the summary financial statements.

### Basis of opinion

I conducted my work in accordance with Bulletin 1999/6 'The auditors'

statement on the summary financial statement' issued by the Auditing Practices Board.

### Opinion

In my opinion the summary financial statements are consistent with the statutory financial statements of the Trust for the year ended 31 March 2006.

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David Brumhead  
District Auditor  
The Audit Commission  
Littlemoor House  
Littlemoor  
Eckington  
Sheffield  
S21 4EF  
4 July 2006

# Financial accounts (continued)

<b>INCOME AND EXPENDITURE ACCOUNT FOR THE YEAR ENDED 31 March 2006</b>		
	2005/06 £000	2004/05 £000
<b>Income from activities:</b>	<b>264,362</b>	256,995
<b>Other operating income:</b>	<b>25,067</b>	23,480
<b>Operating expenses:</b>	<b>(296,776)</b>	(278,930)
<b>OPERATING SURPLUS (DEFICIT)</b>	<b>(7,347)</b>	1,545
Cost of fundamental reorganisation/restructuring	0	0
Profit (loss) on disposal of fixed assets	2	(2)
<b>SURPLUS (DEFICIT) BEFORE INTEREST</b>	<b>(7,345)</b>	1,543
Interest receivable	509	472
Interest payable	(2)	(29)
Other finance costs - unwinding of discount	(49)	(60)
Other finance costs - change in discount rate on provisions	(282)	0
<b>SURPLUS (DEFICIT) FOR THE FINANCIAL YEAR</b>	<b>(7,169)</b>	1,926
Public Dividend Capital dividends payable	(7,874)	(6,839)
<b>RETAINED SURPLUS (DEFICIT) FOR THE YEAR</b>	<b>(15,043)</b>	(4,913)
All income and expenditure is derived from continuing operations.		

<b>NOTE TO THE INCOME AND EXPENDITURE ACCOUNT FOR THE YEAR ENDED 31 March 2006</b>	
	£000
Retained surplus/(deficit) for the year	(15,043)
Financial support included in retained surplus/(deficit) for the year - NHS Bank	0
Financial support included in retained surplus/(deficit) for the year - Internally generated	6,600
Retained surplus/(deficit) for the year excluding financial support	<u>(21,643)</u>
Planned financial support of £6.6m was received from Trent Strategic Health Authority which is repayable in 2006/07.	
The Trust is continuing to put plans in place to achieve a recurrent balanced income and expenditure position through recovery plans being agreed with the Strategic Health Authority.	
Financial support is income provided wholly to assist in managing the NHS Trust's financial position. Internally generated financial support is financial support received from within the local health economy, consisting of the area of responsibility of Trent Strategic Health Authority.	

<b>BALANCE SHEET AS AT 31 March 2006</b>		
	31 March 2006 £000	31 March 2005 £000
<b>FIXED ASSETS</b>		
Intangible assets	664	806
Tangible assets	231,328	229,708
Investments	0	0
	<u>231,992</u>	<u>230,514</u>
<b>CURRENT ASSETS</b>		
Stocks and work in progress	4,558	4,507
Debtors	14,445	13,232
Investments	471	0
Cash at bank and in hand	662	715
	<u>20,136</u>	<u>18,454</u>
<b>CREDITORS: Amounts falling due within one year</b>	<b>(21,639)</b>	(19,583)
<b>NET CURRENT ASSETS (LIABILITIES)</b>	<b>(1,503)</b>	(1,129)
<b>TOTAL ASSETS LESS CURRENT LIABILITIES</b>	<b>230,489</b>	229,385
<b>CREDITORS:</b>		
Amounts falling due after more than one year	0	0
<b>PROVISIONS FOR LIABILITIES AND CHARGES</b>	<b>(4,237)</b>	(4,004)
<b>TOTAL ASSETS EMPLOYED</b>	<b><u>226,252</u></b>	<u>225,381</u>
<b>FINANCED BY TAXPAYERS' EQUITY:</b>		
Public dividend capital	173,014	162,319
Revaluation reserve	60,765	56,284
Donated asset reserve	3,655	3,900
Government grant reserve	338	0
Other reserves	190	190
Income and expenditure reserve	(11,710)	2,688
<b>TOTAL TAXPAYERS' EQUITY</b>	<b><u>226,252</u></b>	<u>225,381</u>

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Signed: .....  
Helen Scott-South - interim Chief Executive

## CASH FLOW STATEMENT FOR THE YEAR ENDED 31 March 2006

	Note	2005/06 £000	2004/05 £000
<b>OPERATING ACTIVITIES</b>			
Net cash inflow/(outflow) from operating activities	18.1	5,219	14,424
<b>RETURNS ON INVESTMENTS AND SERVICING OF FINANCE:</b>			
Interest received		501	472
Interest paid		(2)	(29)
Interest element of finance leases		0	0
<b>Net cash inflow/(outflow) from returns on investments and servicing of finance</b>		<b>499</b>	<b>443</b>
<b>CAPITAL EXPENDITURE</b>			
(Payments) to acquire tangible fixed assets		(9,163)	(14,499)
Receipts from sale of tangible fixed assets		203	3
(Payments) to acquire intangible assets		(80)	(550)
Receipts from sale of intangible assets		0	0
(Payments to acquire)/receipts from sale of fixed asset investments		0	0
<b>Net cash inflow/(outflow) from capital expenditure</b>		<b>(9,040)</b>	<b>(15,046)</b>
<b>DIVIDENDS PAID</b>		<b>(7,874)</b>	<b>(6,839)</b>
<b>Net cash inflow/(outflow) from capital expenditure</b>		<b>(11,196)</b>	<b>(7,018)</b>
<b>MANAGEMENT OF LIQUID RESOURCES</b>			
(Purchase) of current asset investments		(143,500)	(128,000)
Sale of current asset investments		143,530	128,000
<b>Net cash inflow/(outflow) from management of liquid resources</b>		<b>30</b>	<b>0</b>
<b>Net cash inflow/(outflow) before financing</b>		<b>(11,166)</b>	<b>(7,018)</b>
<b>FINANCING</b>			
Public dividend capital received		11,128	6,139
Public dividend capital repaid (not previously accrued)		0	0
Public dividend capital repaid (accrued in prior period)		0	0
Loans received		0	0
Loans repaid		0	0
Other capital receipts		46	882
Capital element of finance lease rental payments		0	0
Cash transferred (to)/from other NHS bodies		0	0
<b>Net cash inflow/(outflow) from financing</b>		<b>11,174</b>	<b>(7,021)</b>
<b>Increase/(decrease) in cash</b>		<b>8</b>	<b>3</b>

## Senior Manager salary and Pension Info

### Name and title

Mrs J Green - Chair
Councillor M Anderson - Non Executive Director
Mr J Cranston - Non Executive Director
Mr B Gosling - Non Executive Director (term of office concluded 31st March 2005)
Dr I Hindle - Non Executive Director
Mrs A Knott - Non Executive Director (commenced 1st May 2005)
Mr N Mapstone - Non Executive Director
Mr W Proudlock - Non Executive Director
Mr R Paffard - Chief Executive Until 31/12/05
Ms H Scott-South - Interim Chief Executive From 01/01/06
Ms H Scott-South - Chief Operating Officer Until 01/01/06
Mr A Leary - Director of Finance
Mr A Avery - Director of HR
Mrs S Knight - Chief Nurse
Ms A Donkin - Director of Strategic Development
Dr K Sands - Medical Director
Mr M Przystupa - Director of IM&T

Mr R Paffard received a payment under the terms of an approved Compensation Scheme

### Name and title

### Real increase in pension at age 60 (bands of £2,500)

	£000
Mr R Paffard - Chief Executive	0-2.5
Ms H Scott-South - Interim Chief Executive	2.5-5
Ms H Scott-South - Chief Operating Officer	-
Mr A Leary - Director of Finance	0-2.5
Mr A Avery - Director of HR	0-2.5
Mrs S Knight - Chief Nurse	5-7.5
Ms A Donkin - Director of Strategic Development	0-2.5
Dr K Sands - Medical Director	0-2.5
Mr M Przystupa - Director of IM&T	0-2.5

# Financial accounts (continued)

2005-06			2004-05		
Salary (bands of £5,000)	Other Remuneration (bands of £5,000)	Benefits in kind (Rounded to the nearest £100)	Salary (bands of £5,000)	Other Remuneration (bands of £5,000)	Benefits in kind (Rounded to the nearest £100)
£000	£000		£000	£000	£0
20-25	0	7,500	20-25		5,700
5-10	0	4,000	5-10		3,600
5-10	0	-	5-10		-
0	0	200	5-10		2,900
5-10	0	-	5-10		-
5-10	0	-			
5-10	0	5,100	5-10		5,200
5-10	0	4,200	5-10		3,900
100-105	65-70	10,000	120-125		9,700
30-35	0	900			
75-80	0	2,000	95-100		3,400
95-100	0	3,300	90-95		3,700
80-85	0	-	75-80		
80-85	0	-	50-55		
85-90	0	300	80-85		200
115-120	45-50	2,900	110-115	40-45	3,400
75-80	0-5	0	75-80		

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Real Increase in lump sum at aged 60 related to real increase in pension (bands of £2,500)	Total accrued pension at age 60 at 31 March 2006 (bands of £5,000)	Lump sum at age 60 related to accrued pension at 31 March 2006 (bands of £5,000)	Cash Equivalent Transfer Transfer Value at 31 March 2006	Cash Equivalent Transfer Value at 31 March 2005	Real increase in Cash Equivalent Transfer Value	Employer's contribution to stakeholder pension £100
£000	£000	£000	£000	£000	£000	
2.5-5	0-5	5-10	54	34	13	-
10-12.5	40-45	120-125	603	514	53	-
-	0	0	-	-	-	-
5-7.5	30-35	90-95	397	357	22	-
2.5-5	10-15	40-45	253	220	19	-
20-22.5	15-20	55-60	195	116	53	-
2.5-5	20-25	70-75	360	330	15	-
0-2.5	45-50	140-145	863	752	64	-
2.5-5	30-35	90-95	466	423	22	-

# Financial accounts (continued)

<b>STATEMENT OF TOTAL RECOGNISED GAINS AND LOSSES FOR THE YEAR ENDED 31 March 2006</b>		
	<b>2005/06</b>	2004/05
	<b>£000</b>	£000
Surplus (deficit) for the financial year before dividend payments	<b>(7,169)</b>	1,926
Fixed asset impairment losses	<b>0</b>	0
Unrealised surplus/(deficit) on fixed asset revaluations/indexation	<b>5,273</b>	22,748
Increases in the donated asset and government grant reserve due to receipt of donated and government grant financed assets	<b>975</b>	1,052
Defined benefit scheme actuarial gains/(losses)	<b>0</b>	0
Additions/(reductions) in "other reserves"	<b>0</b>	0
<b>Total recognised gains and losses for the financial year</b>	<b>(921)</b>	25,726
Prior period adjustment	<b>0</b>	0
<b>Total gains and losses recognised in the financial year</b>	<b>(921)</b>	25,726

# Financial accounts (continued)

## Better Payment Practice Code - measure of compliance

	2005/06 Number	2005/06 £000
Total Non-NHS trade invoices paid in the year	100,328	67,541
Total Non NHS trade invoices paid within target	82,402	54,081
Percentage of Non-NHS trade invoices paid within target	82%	80%
Total NHS trade invoices paid in the year	2,834	36,933
Total NHS trade invoices paid within target	2,170	32,582
Percentage of NHS trade invoices paid within target	77%	88%

The Better Payment Practice Code requires the Trust to aim to pay all undisputed invoices by the due date or within 30 days of receipt of goods or a valid invoice, whichever is later.

## Management costs

	2005/06 £000	2004/05 £000
Management costs	10,441	10,103
Income	288,929	280,173

Management costs are defined as those on the management costs website at [www.dh.gov.uk/PolicyAndGuidance/OrganisationPolicy/FinanceAndPlanning/NHSManagementCosts/fs/en..](http://www.dh.gov.uk/PolicyAndGuidance/OrganisationPolicy/FinanceAndPlanning/NHSManagementCosts/fs/en..)

# Trust Board Members

<b>Chairman</b>	Jenny Green OBE (until April 2006) William Baker (Interim from April 2006 until July 2006) David Bowles (from July 2006)
<b>Chief Executive</b>	Roger Paffard (until December 2005) Helen Scott-South (Interim from January 2006 until August 2006) Eric Morton (from August 2006)
<b>Non Executive Directors</b>	Councillor Mark Anderson + William Baker + ** John Cranston + ** Dr Ian Hindle + Ann Knott + Nicholas Mapstone + Dr Bill Proudlock + **
<b>Executive Directors</b>	Andrew Avery, Director of Human Resources (until May 2006) Jane Froggatt, Interim Chief Operating Officer (from January 2006) Kevin Howells, Acting Director of Finance & Performance ** (from April 2006) Ken Hutchinson, Acting Director of Human Resources (from June 2006) Sylvia Knight, Chief Nurse Andy Leary, Director of Finance and Performance ** (until secondment in April 2006) Dr Keith Sands, Medical Director Helen Scott-South, Chief Operating Officer (until January 2006 when became Interim Chief Executive)
<b>Other Directors</b>	Ann Donkin, Director of Strategic Development and Modernisation Mick Przystupa, Director of Lincolnshire Informatics Service

+ denotes member of Remuneration Sub Committee

\*\* denotes member of Audit Sub Committee

United Lincolnshire Hospitals   
NHS Trust

## Trust Headquarters

<b>Grantham &amp; District Hospital</b> 101 Manthorpe Road Grantham Lincolnshire NG31 8DG  Tel: 01476 565232 Fax: 01476 590441	<b>Pilgrim Hospital</b> Sibsey Road Boston Lincolnshire PE21 9QS  Tel: 01205 364801 Fax: 01205 354395	<b>Lincoln County Hospital</b> Greetwell Road Lincoln Lincolnshire LN2 5QY  Tel: 01522 512512 Fax: 01522 573419	<b>County Hospital Louth</b> High Holme Road Louth Lincolnshire LN11 0EU  Tel: 01507 600100 Fax: 01507 609290
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