

Annual Report and Accounts 2007 | 2008

United Lincolnshire Hospitals 
NHS Trust

Foreword

We are very proud of the achievements the Trust has made during the last 12 months.

We focused on what the public want and responded to their needs by reducing waiting times, in some areas by up to 90%. We have driven down infection rates, deep cleaned our hospitals, delivered top class care and award winning food.

These achievements would not have been possible without the hard work and dedication of our 7,100 staff and 800 volunteers.

We also listened to our patients and staff who said they wanted more people on duty, the latest equipment and modern facilities. We recruited 162 extra staff, spent £7 million on new equipment and £10 million on refurbishments and new buildings.

We will continue to make our services even more accessible and further improve safety whilst reducing

risk. We will continue to increase efficiency and reinvest those resources in new innovations and services.

The next few years are going to be challenging with extremely demanding targets to meet for cost improvement and value for money. The National Choice agenda means patients can travel anywhere in England to receive their treatment. We are working with Lincolnshire Primary Care Trust to make our services even more accessible, particularly in rural communities where we face the biggest challenges.

Our performance in 2007/08 will give the Trust a solid foundation to deliver more improvements in the years to come.

We will look to apply to become an NHS Foundation Trust which will make us more integrated with the communities we serve and enable us to continuously improve the way we meet their needs

Looking to the future, we already plan three years ahead but need to extend this to at least five years. We need to make sure it is not only our clinicians planning for the future but local people are also fully involved in planning and supporting their local services.

This annual report sets out many of our achievements over the year 2007/08.

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David Bowles

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Gary Walker





Quality & Safety

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Health Care Support Worker Emma Dawson treating a patient at Grantham and District General Hospital

SHORTER WAITING TIMES

We performed extremely well over the last year to achieve some of the shortest waiting times in the NHS.

A patient needing treatment in March 2007 could have been waiting for 39 weeks, or more depending on diagnostic tests (such as CT and MRI scans). By March 2008, 96% of all patients were treated within 18 weeks of referral. We are on course to meet the national waiting time reductions by September 2008.

Patients waiting for diagnostic tests have seen a dramatic improvement of 90%. In March 2007 patients could have been waiting for 26 weeks but by March 2008 this fell to less than four weeks with 70% of all patients having their diagnostic tests performed within two weeks.

Waiting times for treatment	Typical waiting times March 2007	Typical waiting times March 2008	Number of patients on waiting list March 2007	Number of patients on waiting list March 2008
Outpatients	10 - 13 weeks	4 - 6 weeks	12660	8139
Inpatients/day cases Diagnostics	22 - 26 weeks	8 - 11 weeks	8605	6422
Diagnostics	20 - 26 weeks	2 - 4 weeks		



Patient rushed to A&E by paramedics

EXCEEDING GOVERNMENT TARGETS

A&E waiting times down

We improved our waiting times in Accident and Emergency, achieving the national target of 98% of people seen, treated and either admitted or discharged within four hours.

All cancer waiting time targets met

- **14 day target (from referral to first hospital appointment)**
All our patients were seen in outpatients within two weeks of urgent referral by their GP, meeting the target of 100%.

- **31 day target (diagnosis to treatment)**
We treat all our patients within 31 days of their diagnosis. This exceeds the target of 98%.
- **62 day target (referral to treatment)**
We treated an average of 97.5% of patients within 62 days of referral to hospital, beating the target of 95%.



Steam cleaning on wards, carried out in all our hospitals

PREVENTING INFECTIONS

We spent £1.2 million on equipment, training and procedures to help prevent infection in our hospitals. The Department of Health allocated an additional £0.5 million for special deep cleans in all inpatient wards at our hospitals in Lincoln, Louth, Grantham and Boston.

We employed additional staff to train housekeepers, brought in a specialist antimicrobial pharmacist and technician, and developed a six month intensive training programme to improve the performance and management of certain procedures.

We bought new equipment including steam cleaners, vacuum cleaners, carpet shampoo machines, sweepers, basins and hand cleaning products.

Information about infections

The two main infections associated with hospitals are MRSA and Clostridium difficile.

MRSA is carried harmlessly by a third of the population at any time on their skin or nose. It causes a problem when it gets in to a surgical wound or a normally sterile area. It is resistant to most antibiotics.

Clostridium difficile can cause illnesses such as diarrhoea when the balance of 'normal' bacteria in the intestine is disturbed by antibiotics.

Education plays a large part in cutting infection rates and our staff are fully involved. They make sure handwashing is a priority for themselves but also pass this and other information on to patients and visitors.

INFECTION RATES DOWN BY 40%

Clostridium difficile

Our rate of Clostridium difficile is among the lowest 10% when compared to other hospitals in the country. Our rate dropped last year by 41%

MRSA

We reduced our MRSA rates by 37% last year and since September 2007 most of the newly-reported infections (on average two per month) are patients who already had MRSA when they were admitted to hospital.

Any patient who is identified with an infection is treated in accordance with our isolation procedures.

Clostridium Difficile



MRSA performance including figures for those patients who had MRSA on admission to hospital



PEAT SCORES

The quality of our environment, food, privacy and dignity has improved according to our Patient Environment Action Team scores for 2007/08.

The results in the table have now been validated by the National Patient Safety Agency.

Site	Cleanliness and environment	Food	Privacy and dignity
Grantham	4 (Good)	4 (Good)	3 (Acceptable)
Lincoln	3 (Acceptable)	4 (Good)	4 (Good)
Louth	3 (Acceptable)	5 (Excellent)	3 (Acceptable)
Pilgrim	3 (Acceptable)	4 (Good)	3 (Acceptable)

ANNUAL HEALTHCHECK SCORE

The Healthcare Commission is due to release results of it's Annual Healthcheck in October 2008.

Our self-assessment shows that we should comply with 41 of the 43 standards. The two remaining standards are:

C5B Clinical Supervision and Leadership. This was met by Sept 2007.

C9 Records Management. We are making good progress and hope to achieve this standard in 2008/09.

We also performed well financially last year so we hope to improve our overall ratings for quality of services ("fair" in 2007) and use of resources ("weak" in 2007).



Food in restaurant at Pilgrim Hospital, Boston

AWARD-WINNING FOOD

We won several awards for our catering services over the last year.

Louth County Hospital was awarded an "excellent" rating in the Food Hygiene Award Scheme run by East Lindsey District Council.

This award followed an inspection by environmental health officers. It means the quality of food given to patients is high and the kitchens and dining rooms are in excellent condition.

Lincoln County Hospital was awarded five stars for it's kitchen and restaurant in the Lincoln City Council Food Business Star Awards. This was the highest possible award, given for the level of cleanliness and food hygiene.

Pilgrim Hospital, Boston won a European Union Charter Mark for the quality of meals produced in its kitchens. This mark recognises that the food is of such good quality and produced so safely, that it could be sold anywhere within the European Union.

Pilgrim Hospital's private wing, The Bostonian, achieved a Gold Food Safety Award as part of Boston Borough Council's Food Safety Award Scheme. This award tests premises for the standards of hygiene and food management in their kitchens.



Neonatal unit at Lincoln County Hospital

MATERNITY SERVICES COMMENDED

Our maternity staff have been commended for providing some of the best breast feeding advice and support in the world.

The UNICEF Baby Friendly Initiative is a world-wide recognition of hospitals that provide top quality advice and support to mums about feeding their babies.

There are three stages to complete so we are well on our way to full accreditation after passing the first stage this year.

Our maternity services have also been classed as “better performing” overall by the Healthcare Commission’s Maternity Services Review. This means women receive a high level of maternity care, our staff are capable and effective, and we meet clinical guidelines.



ENT consultant Mr Michael Oko with Alex Afifi, manager of the Bostonian at Pilgrim Hospital

AWARD FOR SLEEP APNOEA TEAM

Staff running the sleep apnoea service at Pilgrim Hospital, Boston have won the East Midlands Health and Social Care Award for Service Transformation.

The service diagnoses and treats patients with sleep apnoea and has already treated hundreds of patients, many in the comfort of their own home. The team is lead by ENT consultant, Mr Oko. They won the award for innovation, excellence and teamwork.



Pilgrim Hospital, Boston

INVESTING IN OUR HOSPITALS

We spent almost £9 million on our buildings, car parks and infrastructure in the last 12 months. Significant projects include £1.8 million on a new breast unit at Pilgrim Hospital, Boston and £1.2 million on a developing biomass boiler to provide environmentally friendly power.

Maintenance and the general appearance of our hospital sites are important to enable us to provide quality patient care. We have undertaken more than 150 separate projects including;

- New kitchen equipment
- Redecoration of corridors and wards
- Introduction of hi-tech profile beds for patients
- New front entrance at Pilgrim Hospital, Boston
- New disabled access lift to the restaurant at Grantham and District Hospital

- New kitchen equipment
- Redecoration of corridors and wards
- Introduction of hi-tech profile beds for patients

A substantial amount of our budget is spent on clinical supplies and services. One of our exciting projects is the development of our neonatal services that will enable us to care for babies born at 27 weeks that previously had to be sent out of the county. This development has been made possible with funding from Lincolnshire Primary Care Trust.



Involving Patients

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Patient Council

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Patient Wellbeing Champion Project

PATIENT SURVEY

The Healthcare Commission carried out its Annual Patient Survey at our hospitals between June and August 2007. We performed well with patients stating they are admitted to hospital in good time, have procedures explained to them and find staff helpful.

502 inpatients from our hospitals were surveyed as they were being discharged. All had spent at least one night in hospital.

Our results are similar to the national average in most areas but there is still room for improvement to make sure patients feel they are getting the best possible service from our hospitals. We expect patients' views to improve as our services continue to get better.

Areas for improvement include communication between staff and patients, particularly when explaining medication and ensuring patients are given copies of letters sent between their hospital doctors and their GPs.



Jean Burgess, Chair of the new Patient Council

PATIENT COUNCIL

We have formed a new Patient Council to give patients greater involvement in every part of our hospitals.

Through the council they will have a say on the way services are designed and care is delivered.

The new council replaces the Patient and Public Involvement Forum, which was disbanded in April 2008. Council members will be involved to help guide us in evaluating and developing our services and to enhance the patient experience overall. It will represent all sections of the local community. As the council grows, members will engage with the wider community for comment and opinion.

The council will also be responsible for reviewing and discussing results of surveys, feedback from focus groups and issues from complaints and compliments.

PATIENT EXPERIENCE TRACKER

This is a brand new way of gathering patients' opinions about our services. There are ten electronic handsets in wards, waiting rooms and departments that ask patients a series of questions.

The information is transferred to a central computer at the end of each day and provides vital feedback to help us improve all aspects of the services we provide.

The questions can be translated into any language so they are accessible for all.



Sister Clare Carr with patient at Pilgrim Hospital, Boston

PATIENT WELLBEING CHAMPION PROJECT

Patient wellbeing has always been a top priority and we are currently expanding a ground-breaking project that is unique to our Trust.

The patient wellbeing project began as a pilot to train staff on all aspects of care including privacy, dignity, spirituality and bereavement. It was so successful it has

been established as a programme with many members of staff working on individual projects to improve the quality of care in their own areas.

We hope to see the results through feedback from our patients.

“Everything was done quickly, efficiently and in a professional manner during a very traumatic time in my life.”

Patient comment from the Healthcare Commission Annual Patient Survey 2007



Innovation & Technology

20 Investments
New CT Scanner for Grantham
Research and Development

21 Breast imaging Equipment
22 New Undergraduate Centres
A&E Webcams



Senior Radiographer Malcolm Duff operating CT scanner at Grantham and District Hospital

INVESTMENTS

We continually invest in new equipment and technology to ensure we provide the best possible care for our patients. We spent £7 million on new equipment in 2007/08, ranging from new wheelchairs and hi-tech profiling beds for the comfort of patients, to CT scanners to help reduce waiting times for tests.

NEW CT SCANNER FOR GRANTHAM

We bought a £500,000 state-of-the-art CT scanner for Grantham and District Hospital which is capable of taking highly complex scans.

It's a 64-slice CT scanner that is so hi-tech it can carry out more advanced scans with better image quality than our previous scanner. It will scan up to three times more patients a year.

The advanced machine can also be used for complex CT imaging examinations such as CT Fluoroscopy and CT Angiography, reducing the need for invasive testing.

RESEARCH AND DEVELOPMENT

We continue to expand our Research and Development Department and have made several achievements over the last year.

In 2007 we became part of the Trent Comprehensive Local Research Network (CLRN) which will help us carry out world class clinical research involving staff at all levels.

Our clinical trial activity continues to increase and we now host a wide range of multi-centre clinical trials in the Lincolnshire Clinical Trials Unit. Our commercial trials have been an important development as they enable us to generate funds which we can invest in the unit and further research activity.

One of our successes is Professor Eremin and his breast team who have received significant funding from the Pharmaceutical Industry to carry out innovative research.



Radiographer Becky Roberts with new mammography machine at Lincoln County Hospital

BREAST IMAGING EQUIPMENT

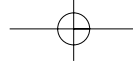
We invested in several new items for our Breast Imaging Units including a £43,000 mammography machine and £60,000 Digital Faxitron machine.

The mammography machine will screen 9,000 patients a year and should help us meet our target to see all eligible women in the county every 36 months.

The new Faxitron machine will help analyse biopsies immediately, making theatres more efficient and reducing surgery time.

Other equipment we have bought and the benefits they will bring include;

- **Echocardiogram equipment** to help diagnose cardiovascular disease and provide extra follow-up clinics. Equipment and rooms will help reduce waiting times even further.
- **New cardiac gamma camera** offers a non-invasive test that examines the blood flow to the heart. We can now take 2000 scans a year compared to 600.
- **New DEXA (dual energy X-ray absorptiometry) scanner** to measure bone density, helping speed up the diagnosis of osteoporosis and other brittle bone diseases. This is the most modern technology available, is three times faster than the old machines and links up to the computer archive system making it quicker and easier to share and retrieve information.



Webcams in A&E at www.ulh.nhs.uk
Grantham & District Hospital
Lincoln County Hospital
Pilgrim Hospital, Boston

NEW UNDERGRADUATE CENTRES

We have opened two new state-of-the art undergraduate teaching centres on the Lincoln and Boston hospital sites.

The new centres have enabled us to meet demands of an increase in medical students from the University of Nottingham and changes to the curriculum for our medical students at the University of Leicester.

At Lincoln County Hospital, the old west wing ward block has been converted into three seminar rooms, a small skills laboratory and offices.

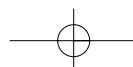
At Pilgrim Hospital, Boston the old social club behind the Postgraduate Centre has been converted into four seminar rooms, a computer room, common room, small library and offices.

A&E WEBCAMS

Patients can now see how long they may have to wait in our A&E departments using webcams in the waiting rooms at Lincoln, Boston or Grantham. They provide a live update on our website every two minutes at www.ulh.nhs.uk. They are the first of their kind in Europe.



Nurse looking at PACS screen in A&E at Pilgrim Hospital, Boston





A Model Employer

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Voicing Your Concerns Policy

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Equality and Diversity

28 Careers

“The doctors and nurses were extremely sensitive and very caring, displaying excellent levels of care and compassion.”

Patient comment from the Healthcare Commission Annual Patient Survey 2007



Sister Eva Hills with member of staff at Pilgrim Hospital, Boston



A&E staff at Pilgrim Hospital, Boston

STAFF SAY THINGS ARE IMPROVING

The Healthcare Commission carried out its Annual Staff Survey at our hospitals in Lincoln, Boston, Grantham and Louth during October 2007. More than 400 members of staff were questioned on areas including work-life balance, appraisal, training, team working, communication, safety at work and staff attitudes.

Our results were significantly better than the year before with staff saying they have a good work-life balance, low levels of work-related stress and that plenty of handwashing materials available.

The survey also identified areas for improvement including regular appraisals and placing a much greater emphasis on team work.

We are working with Trade Union representatives and consulting with staff to address these issues.

VOICING YOUR CONCERNS POLICY

We have introduced a new policy that enables staff to speak up without fear of recrimination.

The 'Voicing Your Concerns' policy was developed in partnership with Staff Side representatives to create a culture of openness at every level of the organisation.

It is intended to create an environment where matters of malpractice or risk to the public can be raised by staff with the reassurance that any issues will be dealt with appropriately.

CUSTOMER CARE TRAINING

Hundreds of members of staff have been trained in specialist customer care to make sure patients are getting the best possible service.

The training is a one day course which asks staff to look at their own experiences as customers and refer those experiences back to the services they provide within hospitals.

It is hoped that in time all staff working within all wards and departments of our hospitals will receive the training.

EQUALITY AND DIVERSITY

We are committed to promoting equality throughout our hospitals and this year launched our Disability and Gender Equality Schemes. These set out our plans to promote equality, challenge unlawful discrimination and promote good relations between different groups.

Staff will be able to take part in a training plan to ensure they feel valued and patients receive accessible and responsible care.



Mr Oderi Oteri, Consultant Obstetrician & Gynaecologist



Emma Dawson



Sharon Smith



Andrew Sellers

CAREERS

We employ about 7,800 staff and volunteers at our hospitals. Here is information about a selection of roles in the NHS. For further details about working for us please visit our website at www.ulh.nhs.uk

Doctor

Doctors examine the symptoms presented by a patient and consider a range of diagnoses of their cause. A doctor must test the diagnosis and decide on the best course of treatment and monitor the progress of the patient. This role demands an enquiring mind, the capacity to acquire and maintain high levels of knowledge which have to be constantly up to date, and the ability to recognise that each individual is different with their own specific health needs.

Qualifications:

See www.nhsjobs.nhs.uk for further information

Health Care Support Worker

The Health Care Support Worker is a member of the ward or department who carries out assigned tasks, including essential patient care and clinical care under the direction and supervision of a qualified nurse in accordance with Trust policies and practice.

Qualification:

- NVQ Level 2 in Care (or equivalent) OR be willing to work towards.

Skills and qualities required:

- Good written and verbal communication skills
- Willing to learn/undertake training
- Able to work in a demanding busy environment
- Ability to work as part of a team and autonomously using own initiative

Housekeeper

The housekeeper supports the provision of a wide range of ward housekeeping and/or cleaning services. Housekeepers promote excellent standards of team working and customer care.

Qualification:

- NVQ Level 1 Cleaning Buildings and Interiors is a desirable qualification for all applicants
- Basic Food Hygiene Certificate is a desirable qualification for all applicants

Skills and qualities required:

- Must have experience in a domestic environment
- Ability to demonstrate use of initiative in problem solving
- Must be able to prioritise tasks

Porter

Porters move frail and often very ill patients between different departments and wards in safety and comfort. They also transport complex and valuable equipment that may need expert handling around the building. Some roles may be combined with general maintenance.

Qualification:

No formal qualifications are needed for the role but the applicant must be willing to undertake on the job or other training which will be provided.

Skills and qualities required:

- Full driving licence up to 7500kg
- Able to demonstrate literacy and numeracy skills.
- Able to demonstrate previous experience in a customer based organisation



Lisa Bray

Occupational Therapists

Occupational therapy is the assessment and treatment of physical and psychiatric conditions using specific, purposeful activity to prevent disability and promote independent function. Occupational therapists work in hospitals and a variety of community settings.

Qualifications:

- BSc in Occupational Therapy
- Registration with Health Professions Council (HPC)

Skills and qualities required:

- Awareness of food and how diet affects health
- A caring, positive attitude towards people
- Good communication skills
- Being able to work on your own and in co-operation with others
- A responsible, professional approach



Vicky Christie

Physiotherapist

Physiotherapists identify and maximise patients' movement potential through health promotion, preventive healthcare, treatment and rehabilitation. The core skills used by physiotherapists include manual therapy, therapeutic exercise and the application of electro-physical modalities.

Qualifications:

- A degree or postgraduate qualification in physiotherapy.
- Registration with Health Professions Council (HPC).

Skills and qualities required:

- Good listening and communication skills
- A caring, compassionate attitude
- Initiative and confidence in your own judgement
- Willingness to learn and continue learning
- The ability to relate to a wide range of people
- A responsible, professional approach



Becky Roberts

Radiographer

Radiographers have the technical expertise and understanding to use X-rays, imaging and ultrasound to the best effect in diagnosis.

Qualifications:

- A BSc degree in diagnostic or therapeutic radiography OR
- A postgraduate diploma or MSc if you already have a relevant science degree.

Skills and qualities required:

- Confidence in managing advanced equipment
- A sympathetic reassuring manner
- Good communication skills
- Willingness to keep updating your knowledge as technology advances
- Care and accuracy in your work
- A responsible, professional approach



Katy Stuart

Dietitian

Dietitians are involved with the diagnosis and dietary treatment of disease. They work with people who have special dietary needs, provide advice, evaluate and improve treatments and educate the public and other healthcare workers. Dietitians work in hospitals and a variety of community settings.

Qualifications:

A degree such as a BSc in dietetics or a postgraduate diploma if you already have a relevant science degree. Registration with Health Professions Council (HPC)

Skills and qualities required:

- Awareness of food and how diet affects health
- A caring, positive attitude towards people
- Good communication skills
- Being able to work on your own and in co-operation with others
- A responsible, professional approach



Donna Ritchie

Midwife

Midwives prepare women for the birth of a child including working with women on all stages of pregnancy, labour and the postnatal period.

Becoming a midwife means undertaking professional education at degree level. Midwifery training involves a mixture of modules of academic study and placements in hospitals and the community, where you will begin to work under the supervision of qualified health professionals.

Qualification:

- Degree in midwifery
- Registration with Nursing and Midwifery Council (NMC)

Skills and qualities required:

- Excellent people skills
- Good communication and observation skills
- Interest in the physical, psychological and process of pregnancy and birth
- Ability to answer questions and offer advice
- Ability to deal with emotionally charged situations



Amer Zarien

Pharmacist

The main role of the pharmacist is to ensure patients receive the correct medicine and use it in the right way. Pharmacists are also involved in the manufacture and purchase of medicines and help advise on the most effective treatment for certain conditions.

Qualifications:

- Four year Masters of Pharmacy degree
- One year placement while completing pre-registration training
- Must pass the Royal Pharmaceutical Society of Great Britain's registration exam

Skills and qualities required:

- Excellent and wide-ranging knowledge of treatments and their effects
- Attention to detail
- Good IT skills
- Ability to identify and work through problems to find effective solutions



Margaret Fairless-Clarkson

Nurse

Nurses work in every sort of health setting from A&E to working in patients' homes with people of all ages and backgrounds. They juggle numerous priorities and use caring, counselling, managing, teaching and all aspects of interpersonal skills to improve the quality of patients' lives, sometimes in difficult situations.

Qualifications:

- Pre-registration nursing diploma or degree
- Registration with the Nursing and Midwifery Council (NMC)

Skills and qualities required:

- Flexibility to manage the needs of individuals
- Excellent communication skills
- Be able to work individually as well as part of a team
- Be willing to undertake on the job training



Nicola Freeman

Administration staff

There are many different administration staff such as clerks, medical record keepers, medical secretaries, PA's and switchboard operators. Administrative staff also have to communicate clearly with patients and outside organisations like social services. Equally, everyone contacting the health service – GPs, patients, relatives and staff – needs a first-class response.

Qualifications:

Depending on the role certain administration positions require different qualifications. Entry level varies depending on the role. Many people choose to build up their qualifications on the job whilst some enter at graduate level.

Skills and qualities required:

- Organisational skills
- Basic computing skills



Our Expertise

36 New Consultants - Bringing Their Expertise
to Our Hospitals

NEW CONSULTANTS – BRINGING THEIR EXPERTISE TO OUR HOSPITALS

Several new consultants have joined our hospitals over the last year, adding to the expertise we offer our patients. They will help us provide the services our communities need, as locally as possible.

Dr Aravamuthan Sreedharan, Consultant Gastroenterologist

Dr Sreedharan is developing the hepatitis C service at Lincoln County Hospital. He is also working with community teams to raise awareness of the infection.

Mr Prabhakar Motkhur Specialist Surgeon

Mr Motkur is a specialist shoulder and upper limb surgeon working at Pilgrim Hospital, Boston and County Hospital, Louth. He brings expertise in keyhole shoulder surgery and sports injuries and will improve the care of hundreds of patients a year who previously had to travel out of the county.

Dr Amir Malik Consultant Nephrologist

Dr Malik will be expanding our nephrology service to include different kinds of dialysis and procedures enabling more patients to have their treatment in Lincolnshire.

Dr Tauseef Ashraf Consultant Radiologist

Dr Ashraf specialises in musculoskeletal ultrasound which he will use in place of CT and MRI scans to investigate conditions such as shoulder pain and rheumatoid arthritis. This will free up the machines for other patients.

Dr Jayashree Basu Consultant Clinical Neurophysiologist

Dr Basu is providing the first neurophysiological service in the county to treat and diagnose illnesses of the nervous system. We have already seen a reduction in waiting times for tests for conditions such as motor neurone disease, muscular dystrophy and narcolepsy.

Dr Vineet Mahajan Consultant in Anaesthesia and Pain Medicine

Dr Mahajan is offering more focused and specialist care to patients in pain. He runs two outpatient clinics every week and is looking at ways to make them more accessible and raise awareness of the services he can offer.

Dr Pradeep Burli Consultant Radiologist

Dr Burli uses new hi-tech radiological procedures that may replace the need for some surgery. One example is using X-ray guidance to start the treatment of abdominal aortic aneurysms through stenting.

Dr Dougie Thomas Consultant Paediatrician

Dr Thomas will be providing additional services for paediatric diabetes and endocrinology. His plans include a specialist clinic for teenagers. Dr Thomas is involved in research at Nottingham City Hospital to help teenagers manage their condition. He hopes this research will soon benefit young patients in Lincolnshire.

Dr Anzors Gvaramadze Consultant Breast Surgeon

Dr Gvaramadze is offering new and advanced breast



Anaesthetist in A&E, Grantham and District Hospital

reconstruction surgery, which means patients no longer have to travel outside of the county. He has already carried out procedures in which reconstructive surgery is performed during the same operation as a cancer is removed, making the experience shorter and less upsetting for patients.

Dr Sudhakar Rao Consultant Paediatrician

Dr Rao is helping to develop neonatal services in Lincolnshire. Within the next year we will be able to care for babies born from 27 weeks that currently have to be sent to other hospitals. The project has been made possible with an investment of £1.7million from Lincolnshire Primary Care Trust.

Dr Mansoor Dilnawaz Consultant Dermatologist

Dr Dilnawaz is expanding dermatology services within the county including skin tumours and surgery. He has also set up a separate children's dermatology clinic to offer them specialist advice.

Mr Peter Lee Chong Consultant

Mr Chong will be offering new types of vascular surgery that are less invasive than traditional methods so patients will be able to recover more quickly. Procedures will include endovascular surgery to repair aneurysms.

Dr Villon Jaggernaut Consultant Anaesthetist

Dr Jaggernaut will be providing more advanced methods of pain relief. He is particularly keen to work on the use of regional anaesthetic blocks for women in labour and patients in other specialties.

Mr Christopher Knapp Consultant Ophthalmologist

Mr Knapp will be performing advanced eyelid surgery to treat tumours and abnormalities such as entropion, ectropion, ptosis and dermatochalasis. He is also involved in the treatment of watery eyes and orbital inflammation.



The Future

40 The Future
Future of Hospitals
Foundation Trust

THE FUTURE

We have made fantastic achievements over the last year thanks to the hard work and dedication of our staff. However, we will not become complacent as the next year will be equally challenging with lots of exciting developments. We will focus on providing the best services to local communities and becoming an NHS Foundation Trust

FUTURE OF HOSPITALS

Louth

Lincolnshire PCT has this year begun to consult local people on the future provision of Accident and Emergency and emergency care services at Louth County Hospital.

This consultation was due to end on June 30 2008 and when it is completed, we will consider any proposed changes with staff and the implications for the future ownership of the land and buildings.

Grantham

Grantham represents a great opportunity for the us to provide a wide range of local services, subject to Lincolnshire PCT wishing to commission the services.

Up until September 2008, we will be developing a plan for all services at Grantham and District Hospital spanning the next 5 years. We hope to achieve this with the active participation and support of local people and staff.

Skegness

We are now working with Lincolnshire PCT to develop a longer-term plan for the A&E service for the population of Skegness.

FOUNDATION TRUST

We are working to become a Foundation Trust during 2009.

Becoming a Foundation Trust offers a number of advantages, particularly as local people feel more able to be involved in the future of their services.

A Foundation Trust is governed differently from an NHS Trust with the introduction of a Council of Governors, with is elected by public, patient and staff members.

Although the council is not responsible for the day-to-day management of the Trust, it is involved in and consulted upon the strategic plans.

Becoming a Foundation Trust will also demonstrate that we are managing our resources well and that we have achieved high standards of performance.

Foundation Trusts have greater flexibility in terms of raising their own finance for major schemes and initiatives and can reinvest any surpluses in local health services.

We will be looking for thousands of members of the public to join. For more information about becoming a member you can contact us in the following ways;

Write to:
Foundation Trust Project Manager
Trust Headquarters
Lincoln County Hospital
Greetwell Road
Lincoln
LN2 4AZ
Phone: 01522 572301
Visit our website: www.ulh.nhs.uk



Physiotherapist Angela Date-Chong in hydrotherapy pool at Pilgrim Hospital, Boston



Operating & Financial Review

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FINANCIAL POSITION

The Trust delivered a surplus in the financial year of £12.49 million, the first time we have achieved a surplus in four years. A combination of measures were required throughout the financial year including the management of recruitment, reductions in agency and bank staff and targeted expenditure reduction programmes.

The initial financial plan for 2007/08 delivered a surplus at 31 March 2008 of £1.5 million. However, working in partnership with Lincolnshire Primary Care Trust and

supported by changes in the financial regime, additional income was made available for services provided. This additional funding was contingent on the Trust delivering improvements in performance and achieving the required national targets.

In common with all NHS Trusts we are required to meet a number of financial targets set by the Department of Health. Our performance against these targets is set out in the table below:

Financial Target	Actual Performance	
	2007/08	2006/07
To break even on income and expenditure, taking one year with another	Surplus of £12.49m	Deficit of £13.76m
To achieve a capital cost absorption rate of between 3% and 4%	3.7%	3.6%
To operate within an External Financing Limit set by the Department of Health	Undershoot of £4.02m	Undershoot of £0.45m
To remain within a Capital Resource Limit set by the Department of Health	Under-spent by £0.96m	Under-spent by £1.81m
To pay 95% of creditors from non-NHS trade creditors within 30 days	92%	87%

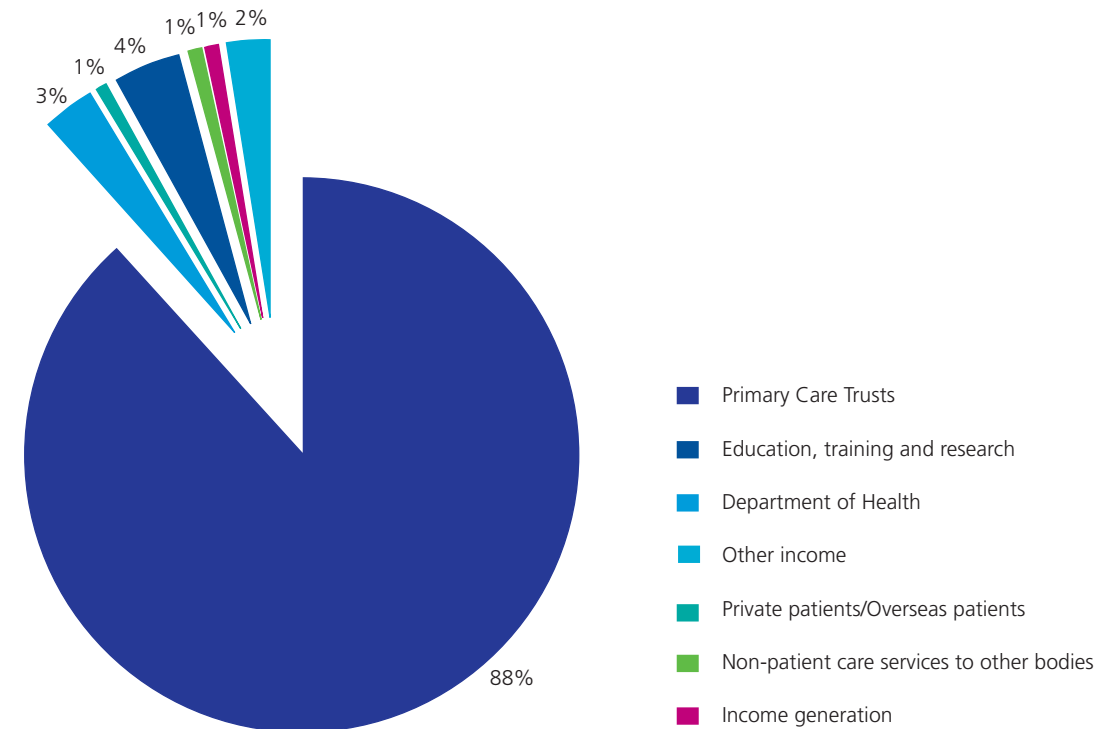
We marginally failed to achieve the target to pay 95% of supplier invoices within 30 days. Performance was

however significantly better than 2006/07 and further improvement is planned in the current financial year.

WHERE OUR MONEY COMES FROM

The total income received by the Trust in 2007/08 was £344 million, an increase of 17% on the previous year. The majority of our income comes from the provision of patient care services with the remainder coming from

such things as Education & Training, Research & Development, Income Generation (car parking, staff catering and accommodation) and the provision of non-patient related services to other bodies.

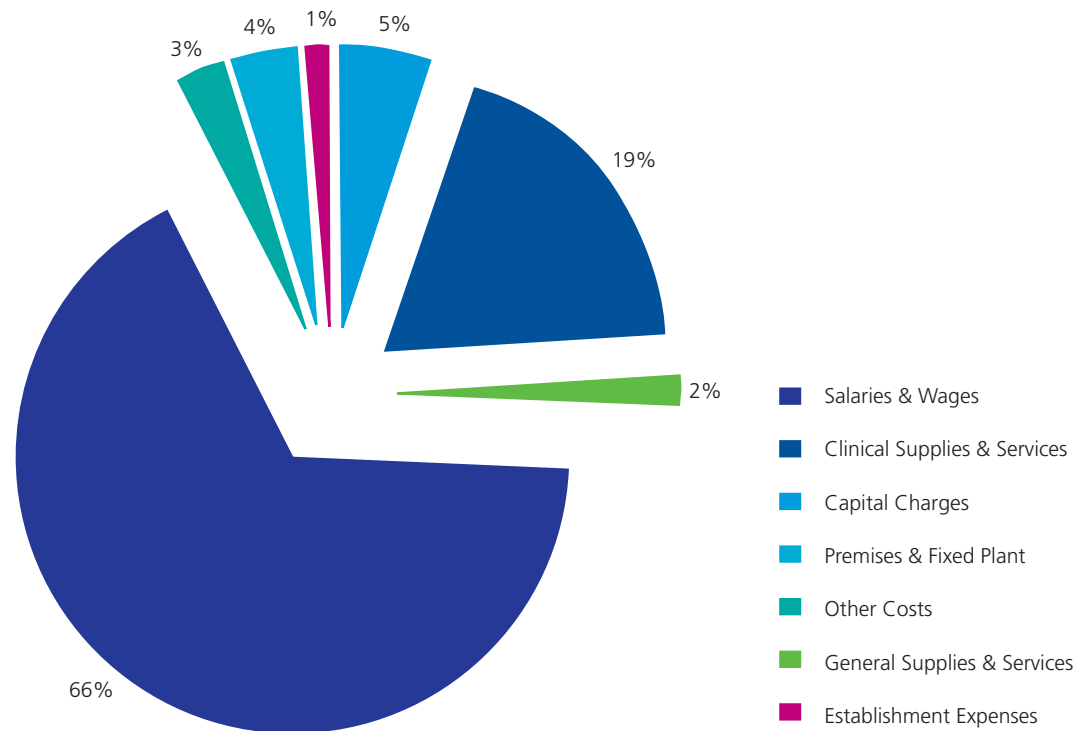


WHAT WE SPENT OUR MONEY ON

From the total operating expenses of £325 million in the financial year, approximately £217 million, or 66.8%, was spent meeting salaries and wages costs. Throughout the year we employed an average of 5,976 staff, including 886 doctors, 3,379 nurses, healthcare assistants and other support staff and 709 scientific and technical staff. The overall pay bill increased during the financial year by 5.8%.

A further £56.0 million was spent on clinical supplies and services such as drugs and consumables used in providing healthcare to patients.

The chart below shows a breakdown of the main categories of expenditure for 2007/08.



CAPITAL INVESTMENT

During the financial year, capital expenditure, including donations, totalled £17.5m. This is the highest level of capital investment made by the Trust in the last five years.

The major schemes are detailed below:

- Energy Management Scheme at Pilgrim Hospital**
 – The total scheme cost is £4 million. During 2007/08 we spent £1.2 million.
 The new energy management scheme will use bio-mass technology to improve the Trusts’ environmental impact and reduce its carbon footprint and will ensure continuity of supply of steam heating and domestic hot water.
- New Breast Service Facilities at Pilgrim Hospital**
 – The total scheme cost is £1.8 million. During 2007/08 we spent £1 million to provide a new facility

to address the future demands in Breast Service provision and develop a more efficient model of care to bring increased patient benefits.

- New Instrumentation and medical equipment**
 – Total spend £1 million.
 New instrumentation and medical equipment to reduce the risks of patient infection and also to help the trust meet its activity targets.

In summary the main areas of investment were:

• Buildings and Estate	£5.9m
• Replacement Medical Equipment	£4.1m
• Risk Reduction	£3.0m
• IT Infrastructure	£1.2m
• Service development	£2.1m

FINANCIAL OUTLOOK - 2008/09 - 2010/11

During the next three years we will need to substantially improve our performance on delivering both national and local targets. In general, our performance in the past few years is about average against most national indicators.

The healthcare market continues to change rapidly and is becoming increasingly competitive. Funding through the National Tariff means that NHS organisations are expected to make 3% efficiency savings in each of the next three years.

A summary of the financial plan for 2008/09 is set out below:

	2008-09 Plan £'000
Total Income	333,434
Total expenditure	(321,940)
Planned CIPs	13,500
Earnings before interest, tax depreciation and amortisation (EBITDA)	24,994 7.5%
Depreciation	(15,393)
PDC Dividend	(8,572)
Interest Receivable	485
Planned Surplus for the Year	1,514

The financial plan delivers a surplus of £1.5 million and requires the Trust to deliver a challenging Cost Improvement Programme of £13.5 million.

Monitoring financial performance and taking corrective action will continue to be given significant management focus as we strive to continue to improve the efficiency of our services and to deliver this challenging financial target.

The service and financial challenge for the next three years will continue to require management focus as we strive to reduce our costs further whilst maintaining and improving the care we provide for our patients. We will ensure that our strategy reduces fixed costs (such as estates) but we will also need to plan to:

- Undertake a forensic examination of the unit cost per whole time equivalent employed in order to reduce our headcount and pay costs, **and**
- Become even more efficient in the use of resources, **and**
- Reduce our reliance on overheads such as land and buildings, **and**
- Reduce the time patients stay in hospital

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Bernard G Chalk
Director of Finance

SUMMARY FINANCIAL STATEMENTS 2007/08

These financial statements are summaries of the information contained in the Annual Accounts of the United Lincolnshire Hospitals NHS Trust. The Trust's auditors have issued an unqualified report on the Annual Accounts. A full set of accounts is attached to this report and is also available from the Trust website www.ulh.nhs.uk or on request from:

Mr. Colin Hills
Associate Director of Finance – Financial Control,
Finance Department,
United Lincolnshire Hospitals NHS Trust
Lincoln County Hospital
Greetwell Road
Lincoln LN2 4AX

INCOME AND EXPENDITURE ACCOUNT FOR THE YEAR ENDED 31 MARCH 2008

	2007/08 £000	2006/07 £000
Income from activities	320,283	274,945
Other operating income	24,026	19,209
Operating expenses	(324,836)	(300,799)
Operating surplus (deficit)	19,473	(6,645)
Profit/(loss) on disposal of fixed assets	(27)	(104)
Surplus (deficit) before interest	19,446	(6,749)
Interest receivable	1,697	1,102
Other finance costs - unwinding of discount	(58)	(58)
Surplus (deficit) for the financial year	21,085	(5,705)
Public Dividend Capital dividends payable	(8,597)	(8,056)
Retained surplus (deficit) for the year	12,488	(13,761)

All income and expenditure is derived from continuing operations.

BALANCE SHEET AT 31 MARCH 2008

	31 March 2008 £000	31 March 2007 £000
Fixed assets		
Intangible assets	1,301	1,646
Tangible assets	265,574	247,889
	266,875	249,535
Current assets		
Stocks and work in progress	4,460	4,479
Debtors	11,610	7,412
Investments	1	11
Cash at bank and in hand	22,779	604
	38,850	12,506
Creditors: Amounts falling due within one year	(37,181)	(24,816)
Net current assets/(liabilities)	1,669	(12,310)
Total assets less current liabilities	268,544	237,225
Creditors: Amounts falling due after more than one year	0	0
Provisions for liabilities and charges	(6,331)	(5,910)
Total assets employed	262,213	231,315
Financed by:		
Taxpayers' equity		
Public dividend capital	178,146	176,684
Revaluation reserve	90,066	74,676
Donated asset reserve	3,138	3,547
Government grant reserve	1	7
Other reserves	190	190
Income and expenditure reserve	(9,328)	(23,789)
Total taxpayers' equity	262,213	231,315

The summary financial statements were approved by the Board on 24 June 2008 and signed on its behalf by:

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Gary Walker
Chief Executive

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Bernard G Chalk
Director of Finance

STATEMENT OF TOTAL RECOGNISED GAINS AND LOSSES FOR THE YEAR ENDED 31 MARCH 2008

	2007/08 £000	2006/07 £000
Surplus/(deficit) for the financial year before dividend payments	21,085	(5,705)
Unrealised surplus/(deficit) on fixed asset revaluations/indexation	17,507	15,328
Increases in the donated asset and government grant reserve due to receipt of donated and government grant financed assets	82	526
Total recognised gains and losses for the financial year	38,674	10,149
Prior period adjustment	0	0
Total gains and losses recognised in the financial year	38,674	10,149

CASH FLOW STATEMENT FOR THE YEAR ENDED 31 MARCH 2008

	2007/08 £000	2006/07 £000
Operating activities		
Net cash inflow/(outflow) from operating activities	39,189	16,754
Returns on investments and servicing of finance		
Interest received	1,603	1,102
Net cash inflow/(outflow) from returns on investments and servicing of	1,603	1,102
Capital expenditure		
(Payments) to acquire tangible fixed assets	(11,695)	(13,030)
Receipts from sale of tangible fixed assets	0	1,021
(Payments) to acquire intangible assets	(38)	(1,234)
Net cash inflow/(outflow) from capital expenditure	(11,733)	(13,243)
Dividends paid	(8,597)	(8,056)
Net cash inflow/(outflow) before management of liquid resources and financing	20,462	(3,443)
Management of liquid resources		
(Purchase) of other current asset investments	0	(233,500)
Sale of other current asset investments	0	233,595
Net cash inflow/(outflow) from management of liquid resources	0	95
Net cash inflow/(outflow) before financing	20,462	(3,348)
Financing		
Public dividend capital received	3,515	3,778
Public dividend capital repaid (not previously accrued)	(2,053)	(541)
Other capital receipts	251	116
Net cash inflow/(outflow) from financing	1,713	3,353
Increase/(decrease) in cash	22,175	5

NOTES TO THE SUMMARY FINANCIAL STATEMENTS

	2007/08 £000	2006/07 £000
Management costs	11,621	10,472
Income	344,309	294,151
Management costs as a percentage of income	3.4%	3.6%

A definition of those costs to be included as management costs are explained in the website:
www.dh.gov.uk/PolicyAndGuidance/OrganisationPolicy/FinancAndPlanning/NHSManagementCosts/fs/en

	2007/08 Number	2007/08 £000
Better payment practice code-measure of compliance		
Total Non-NHS trade invoices paid in the year	103,557	78,574
Total Non-NHS trade invoices paid within the target	95,504	68,716
Percentage of Non-NHS trade invoices paid within the target	92%	87%
Total NHS trade invoices paid in the year	3,313	37,608
Total NHS trade invoices paid within the target	2,899	35,003
Percentage of NHS trade invoices paid within the target	88%	93%

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.

INDEPENDENT AUDITORS' STATEMENT TO THE DIRECTORS OF THE BOARD OF THE UNITED LINCOLNSHIRE HOSPITALS NHS TRUST

We have examined the summary financial statements which comprise an Income and Expenditure Account, Balance Sheet, Statement of Total Recognised Gains and Losses and Cash Flow Statement for the year ended 31 March 2008.

This report is made solely to the Board of United Lincolnshire Hospitals NHS Trust in accordance with Part II of the Audit Commission Act 1998 and no other purpose, as set out in paragraph 54 of the Statement of Responsibilities of Auditors Audited Bodies, prepared by the Audit Commission.

Respective responsibilities of directors and auditors

The directors are responsible for preparing the annual report. Our responsibility is to report to you our opinion on the consistency of the summary financial statements. We also read the other information contained in the annual report and consider the implications for our report if we become aware of any misstatements or material inconsistencies with the summary financial statements.

Basis of Opinion

We conducted our work in accordance with Bulletin 1999/6 'The Auditors Statement on the Summary Financial Statements' issued by the Auditing Practices Board for use in the United Kingdom

Opinion

In our opinion the summary financial statements are consistent with the statutory financial statements of the Trust for the year ended 31 March 2007 on which we have issued an unqualified opinion.

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David Brumhead
District Auditor

Littlemoor House
Littlemoor Lane
Eckington
Sheffield
S21 4EF

June 2008

INFORMATION GOVERNANCE ASSURANCE

We are required to report personal data related incidents in our annual report in accordance with the requirements of the Department of Health's information governance assurance programme.

In 2007/8 we reported no serious untoward incidents relating to personal data loss or confidentiality breaches. However we have reported personal data related incidents of a less serious nature and the following table provides a summary of these.

Summary of other personal data related incidents in 2007 - 08		
Category	Nature of Incident	Total
I	Loss of inadequately protected electronic equipment, devices or paper documents from secured NHS premises	7
II	Loss of inadequately protected electronic equipment, devices or paper documents from outside secured NHS premises	2
III	Insecure disposal of inadequately protected electronic equipment, devices or paper documents	1
IV	Unauthorised disclosure	7
V	Other	0

REMUNERATION STATEMENT

The membership of the Remunerations and Terms of Service Committee comprises the Chairman and two of the Non Executive Directors. The Committee's policy on the remuneration of 'very senior managers,' that is those not covered by Agenda for Change, has been to ensure that the job roles are externally evaluated using the HAY job evaluation system and comparative pay data intelligence. The Committee does not operate a formal performance related pay scheme. Any pay uplifts awarded are consistent with guidance issued by the Department of Health, mirroring the awards made to all other Trust employees.

No termination or severance payments were made to any 'very senior managers' during the course of the year. If it were necessary to consider severance payments the Committee would apply the relevant policy guidance issued by the Department of Health. There were no pay or severance awards made to any past 'very senior managers'.

All 'very senior managers' are employed on permanent contracts and have a six month employer to employee notice period, with the exception of the Chief Executive who is on a fixed term contract.

REMUNERATION ENTITLEMENT OF SENIOR MANAGERS

Name and title	Term in post		2007-08			2006-07		
	Start	Finish	Salary(bands of £5,000) £0	Other Remuneration (bands of £5,000) £0	Benefits in kind (Rounded to the nearest £00)	Salary (bands of £5,000) £0	Other Remuneration (bands of £5,000) £0	Benefits in kind (Rounded to the nearest £00)
Mrs J Green – Chair	Pre Apr 05	Apr-06				0-5		
Mr W Baker - Interim Chair (Apr -Jul 06) / Non Executive Director	Apr-06	Dec-06				5-10		20
Mr D Bowles – Chair	Jul-06	Ongoing	20 - 25		13	5-20		
Councillor M Anderson - Non Executive Director	Pre Apr 05	Nov-06				0-5		20
Mr J Cranston - Non Executive Director	Pre Apr 05	Nov-06				0-5		33
Dr I Hindle - Non Executive Director	Pre Apr 05	Nov-06				0-5		
Mrs A Knott - Non Executive Director	May-05	Nov-06				0-5		
Mr N Mapstone - Non Executive Director	Pre Apr 05	Nov-06				0-5		
Mr W Proudlock - Non Executive Director	Pre Apr 05	Nov-06				0-5		28
Mr S Minshull - Non Executive Director	Dec-06	Feb-07				0-5		22
Mr S Keyte - Non Executive Director	Nov-06	Ongoing	5 - 10		3	0-5		1
Mr T Staniland - Non Executive Director	Mar-07	Ongoing	5 - 10			0-5		
Mr K Short - Non Executive Director	Mar-07	Ongoing	5 - 10		3	0-5		
Mr B Damazer - Non Executive Director	Mar-07	Ongoing	5 - 10		4	0-5		
Mr K Cook - Non Executive Director	Mar-07	Ongoing	5 - 10		3	0-5		
Helen Scott-South - Interim Chief Executive	Jan-06	Aug-06				140-145		
Eric Morton - Interim Chief Executive	Aug-06	Sep-06					See Note 1	
Gary Walker - Chief Executive	Oct-06	Ongoing	165 - 170			25-30		
Jane Froggatt - Interim Chief Operating Officer	Jan-06	Jun-07			See Note 3			
Paul Grant - Chief Operating Officer	Jul-07	Nov-07	50 - 55					
Dawne Bloodworth - Chief Operating Officer	Mar-08	Ongoing	0 - 5					See Note 4
Kevin Howells- Interim Director of Finance	Apr-06	Jan-07						
Robert Barton - Interim Director of Finance	Jan-07	Jun-08			See Note 5			
Bernard Chalk - Director of Finance	Jun-07	Ongoing	95 - 100					
Andrew Avery - Director of HR	Pre Apr 05	May-06				10-15	30-35	
Ken Hutchinson - Interim Director of HR	Jun-06	Sep-06					See Note 6	
Dean Royles - Director of HR	Oct-06	Dec-07	75 - 80			50-55		
Richard Jones - Interim Director of HR	Dec-07	Ongoing			See Note 7			
Sylvia Knight - Chief Nurse	Pre Apr 05	Ongoing	90 - 95			85-90		
Ann Donkin - Director of Strategic Development	Pre Apr 05	Sep-06				40-45		
Ann Donkin - Director of Turnaround	Oct-06	Mar-07				40-45		
Anne Dray - Director of Performance	Apr-07	Ongoing	110-115					
Keith Sands - Medical Director	Pre Apr 05	Jan-07				100-105	40-45	
David Boldy- Medical Director	Feb-07	Ongoing	30 - 35	135 - 140		0-5	5-10	
Brian Gibbs - Interim Director of Estates and Facilities	Nov-07	Ongoing			See Note 8			
Michael Przystupa - Director of IM&T	Pre Apr 05	Jan-07				70-75		

PENSION BENEFITS OF SENIOR MANAGERS

2006/07 table	Real increase in pension at age 60 (bands of £2,500)	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 2008 (bands of £5,000)
Name and title	£000's	£000's	£000's
Helen Scott-South - Interim Chief Executive / Chief Operating Officer	12.5-15	40-42.5	55-60
Eric Morton - Interim Chief Executive			
Gary Walker - Chief Executive	0-2.5	2.5-5	5-10
Jane Froggatt - Interim Chief Operating Officer	0-2.5	2.5-5	30-35
Kevin Howells- Interim Director of Finance	2.5-5	7.5-10	30-35
Robert Barton - Interim Director of Finance			
Andrew Avery - Director of HR	0-2.5	2.5-5	20-25
Ken Hutchinson - Interim Director of HR			
Dean Royles - Director of HR	0-2.5	0-2.5	0-5
Sylvia Knight - Chief Nurse	0-2.5	2.5-5	20-25
Ann Donkin - Director of Strategic Development / Director of Turnaround	0-2.5	2.5-5	25-30
Keith Sands - Medical Director	5-7.5	22.5-25	55-60
David Boldy- Medical Director	0-2.5	0-2.5	30-35
Michael Przystupa – Director of IM&T	0-2.5	7.5-10	30-35

2007/08 table	Real increase in pension at age 60 (bands of £2,500)	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 2008 (bands of £5,000)
Name and title	£000's	£000's	£000's
Gary Walker - Chief Executive	0 - 2.5	0 - 2.5	5 - 10
Jane Froggatt - Interim Chief Operating Officer	0 - 2.5	0 - 2.5	30 - 35
Paul Grant - Chief Operating Officer	0 - 2.5	2.5 - 5	35 - 40
Dawn Bloodworth - Chief Operating Officer	0 - 2.5	0 - 2.5	15 - 20
Robert Barton - Interim Director of Finance			
Bernard Chalk - Director of Finance	0 - 2.5	10 - 12.5	30 - 35
Dean Royles - Director of HR	0 - 2.5	70 - 72.5	30 - 35
Richard Jones - Interim Director of HR			
Sylvia Knight - Chief Nurse	0 - 2.5	0 - 2.5	20 - 25
Anne Dray - Director of Performance	0	0	30 - 35
David Boldy- Medical Director	25-27.5	77.5 - 80	60 - 65
Brian Gibbs - Interim Director of Estates and Facilities			

Lump sum at age 60 related to accrued pension at 31 March 2008 (bands of £5,000)	Cash Equivalent Transfer Value at 31 March 2008	Cash Equivalent Transfer Value at 31 March 2007	Real increase in Cash Equivalent Transfer Value	Employer's contribution to stakeholder pension
£000's	£000's	£000's	£000's	£000's
165-170	849	603	161	-
See Note 1				
15-20	58	35	8	-
90-95	415	377	20	-
90-95	475	397	-	-
See Note 5				
60-65	-	253	30	-
See Note 6				
0-5	8	-	3	-
60-65	226	195	18	-
75-80	392	360	16	-
175-180	993	863	58	-
100-105	539	499	3	-
100-105	500	466	13	-

Lump sum at age 60 related to accrued pension at 31 March 2008 (bands of £5,000)	Cash Equivalent Transfer Value at 31 March 2008	Cash Equivalent Transfer Value at 31 March 2007	Real increase in Cash Equivalent Transfer Value	Employer's contribution to stakeholder pension
£000's	£000's	£000's	£000's	£000's
15 - 20	70	35	24	
95 - 100	447	377	8	
115 - 120	579	507	15	
50 - 55	249	224	1	
See Note 5				
100 - 105	533	444	45	
100 - 105	434	8	211	
See Note 7				
65 - 70	246	226	10	
95 - 100	454	453	7	
185 - 190	971	499	322	
See Note 8				

Notes:

- Eric Morton was seconded from Chesterfield PCT in 2006/07 at a cost of £10,127
- Gary Walker was formerly appointed as Chief Executive in February 2007 with costs as shown. Between October 2006 and January 2007 costs of £70,786 were paid via invoices.
- Jane Froggatt was seconded from Lincolnshire PCT at a cost of £101,531 in 2006/07 and £24,708 in 2007/08.
- Kevin Howells was seconded from Nottinghamshire Healthcare at a cost of £79,415 in 2006/07.
- Robert Barton has invoiced the Trust directly for his services at a cost of £32,316 in 2006/07 and £18,650 in 2007/08.
- Ken Hutchinson was appointed through an Agency in 2006/07 at a cost of £27,416.
- Richard Jones was appointed through an Agency at a cost of £43,717 in 2007/08.
- Brian Gibbs was appointed through an Agency at a cost of £44,511 in 2007/08.

A CASH EQUIVALENT TRANSFER VALUE (CETV) is the actuarially assessed value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme. A CETV is a payment made by a pension scheme, or arrangements to secure pension benefits in another scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which the disclosure applies. The CETV figures, and from 2004-05 the other pension details, include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme. They also include any additional pension benefits accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETV's are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

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REAL INCREASE IN CETV - This reflects the increase in CETV effectively funded by the employer. It takes account of the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another pension scheme or arrangement) and use common market valuation factors for the start and end of the period.

OPENNESS AND ACCOUNTABILITY

Meetings of the Trust Board are open to the members of the public. Full details of times and locations, together with electronic copies of agendas and minutes, are available via the Trust website at www.ulh.nhs.uk.

SUMMARY OF THE STATEMENT ON INTERNAL CONTROL 2007/08

The Board is accountable for internal control. As Accountable Officer, and Chief Executive of this Board, I have responsibility for maintaining a sound system of internal control that supports the achievement of the organisation's policies, aims and objectives. I also have responsibility for safeguarding the public funds and the organisation's assets, for which I am personally responsible as set out in the Accountable Officer Memorandum.

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve aims and objectives in line with policies; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to:

- Identify and prioritise the risks to the achievement of the organisation's aims and objectives in line with policies,

- Evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically.

The system of internal control has been in place in United Lincolnshire Hospitals NHS Trust for the whole of the financial year ended 31 March 2008 and up to the date of approval of the annual report and accounts.

Further copies of the Annual Report including Summary Financial Statements are available on request to Colin Hills, Associate Director of Finance – Financial Control or through the Trust website, www.ulh.nhs.uk.

A fuller version is also available incorporating the full Statement of Internal Control and Annual Accounts on request.

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Gary Walker
Chief Executive

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Directory

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INTRODUCTION

As a patient or visitor to our hospitals you may need to find out more about the wards or clinics you are attending, visiting times and car parking.

This guide will provide you with the information you need to make your visit as easy as possible.

INPATIENTS

Pre assessment clinic

Before coming to hospital you may be asked to attend a pre-assessment clinic. This usually takes place in the outpatients department a week before you come into hospital. You will see a doctor or nurse who will assess that you are medically fit for a general anaesthetic. Other tests that may be needed e.g. blood or X-rays, can be done at the same time.

Where to report

Please follow the instructions on your admission letter which will state your allocated ward area, day surgery unit or surgical admissions unit where you will be welcomed and received by a member of staff. If you have to cancel your admission please let us know as soon as possible by telephone so that your bed can be used for someone else.

What to bring

The following is a useful checklist.

- Your admission letter
- Any information or letter your GP may have asked you to bring in
- Your record card if you are taking steroids or anticoagulation therapy or are a diabetic
- Clothing - space for outdoor clothes is limited on the wards and there are no laundry facilities. Please ask

your visitors to remove your laundry when they come to see you. Otherwise please bring with you; clothes for wearing during the day, pyjamas or night-dress, dressing gown and slippers.

- Toiletries - soap and flannel, 2 towels, toothbrush/toothpaste, hairbrush/comb, shampoo, shaving equipment, make-up bag, paper hankies, sanitary towels (if required).
- It may be useful to bring such items as books, writing materials, stamps, and change for the payphone etc.

Money and Valuables

Please do not bring valuables or large sums of money in with you.

During your stay

The ward sister or charge nurse has overall responsibility for each ward. They are supported by qualified nurses and nursing assistants. Your named nurse will be responsible for planning your care.

Mixed Sex Wards

The Patient's Charter states that patients have the right to be cared for in single sex accommodation, either in a single sex ward or in a bay area within a larger ward, which offers equal privacy. If you have any concerns about being cared for on a mixed sex ward please speak to a member of the nursing team.

Consent

If you are going to have an operation or examination under general anaesthetic you will be asked to sign a consent form which you will be given to read. Please ask if there is anything you do not understand. Certain other investigations may also need written consent even when an anaesthetic is not required. If you are coming in for an operation a doctor and an anaesthetist will usually visit you on the ward prior to your operation.



Ruston Ward at Lincoln County Hospital

Meals

Full details of the catering service can be found in a booklet by the bedside.

Visiting

Most wards operate flexible visiting hours, please check with the ward staff and refer to the relevant section in this guide.

Telephone Enquiries

Close relatives can telephone directly to the ward to ask about your progress. It is helpful if this person can keep other relatives and friends informed.

Bedside TV and Radio

Each bed has an individual TV monitor with headphones for your personal use.

Ward Dayrooms

Dayrooms and/or quiet rooms away from the busy ward

area are provided on most wards. These facilities are to enhance your relaxation and comfort during your stay in hospital. Visitors are welcome but requested to respect the need for patients' privacy and comfort. Beverage vending machines and payphones may also be located in the dayrooms.

OUTPATIENTS

It may appear that some patients are being called to see a doctor before you, this is because several clinics are in progress.

We endeavour to keep waiting times to a minimum. However some patients' problems are more complex than others and may take more time to deal with. Patients waiting for their appointment will be kept informed of any delays.

GENERAL INFORMATION

Special Needs

If you have special needs please inform the nurse at the pre-assessment clinic or phone the contact number on your appointment letter if you are an outpatient. You can ask to have a sticker attached to the front of your hospital records to make a note of your disability. This note will be the wording of your choice and will help us to make arrangements for your visit to hospital.

For people with hearing or speech difficulties, minicom text telephones are available at Lincoln County Hospital and Pilgrim Hospital, Boston.

Pilgrim Hospital, Boston (01205) 365685
Lincoln County Hospital (01522) 573618

Minicom text telephones can also be used to ring out, please ask for further details.

Wheelchairs are available but you are welcome to bring your own, or any other equipment that you require. There is a supply just inside the entrance for outpatients. Please return all wheelchairs to the collection point. If you are travelling in hospital transport please see the leaflet "getting to the hospital".

Medicines

Please bring with you any medicines which you are taking. If you are staying in hospital show these to the ward staff. Many wards operate a "self-medication" system where you keep and continue to take your own medicines.

If you are attending a clinic the doctor or nurse will be happy to answer any questions about your condition of treatment. They can also write down any information for you if you wish.

Students on placements

Students may be present when you see the nurse or doctor as this forms a valuable part of their training. If you don't want a student to be present please tell the receptionist or your named nurse or doctor. Your treatment will not be affected in any way.

Smoking

In the interest of your health, all our hospital sites including the grounds and car parks are no smoking.

Mobile Telephones

Mobiles phones should be switched off on the wards for the privacy and comfort of all patients. They may be used in public areas in the hospitals such as corridors and waiting rooms.

Your Information and the NHS

During the course of your care you will be asked for information about yourself. This information may be held within your clinical notes or on computers. We will use this information to:

- Provide you with treatment and care
- Look after the health of the general public
- Manage and plan the NHS
- Ensure the care you receive is of the highest standard
- Train and educate our staff
- Undertake research

Every member of staff has a legal duty to keep patient information confidential. If information needs to be shared with others, they are also under a legal duty to keep it confidential.

If you would like to see your health records please ask.

All information held on our computers is treated in accordance with the Data Protection Act 1998.



Ruston Ward at Lincoln County Hospital

WARD VISITING TIMES

The standard visiting times are:

2pm - 4pm
6.30pm - 8.30pm

There are some exceptions to these times as follows;

PILGRIM HOSPITAL, BOSTON

Children's Ward

The standard visiting times are 8am to 8pm. Parents visiting times are from 6.30am to 10.30pm and overnight stays can be accommodated on request (for one or both parents, a grandparent or a sibling over 18)

Maternity

The standard visiting times are 2pm to 5pm and 7pm to 8.30pm
Partners visiting times (for up to two birthing partners) are 9am to 9pm.

Labour Ward

No visiting, but two may accompany on admission

Medical Admissions Unit / Critical Care Unit

Standard visiting hours (as described above), however:

- No more than two visitors to a bed
- Visiting outside of these times is at the discretion of the nurse in charge

LINCOLN COUNTY HOSPITAL

Accident and Emergency

Open visiting

Bailgate Ward

Open visiting

Childrens Ward

Open visiting

Emergency Assessment Unit / Alexandra Ward

Open visiting

Intensive Care Unit

Open visiting with no restrictions, however:

- It is requested that visitors are limited to family and close friends
- No more than two visitors to a bed
- Best to schedule a visit late morning following ward rounds

Nettleham Ward

The standard visiting times are 2pm to 5pm and 7pm to 8.30pm
Partners visiting times are 9am to 9pm.

Nocton Ward

The standard visiting times (only for parents and two visitors at any given time and no children apart from siblings) are 11am to 12.30pm and 2pm to 8.30pm
There is open visiting for parents.



Physiotherapist Angela Date-Chong in hydrotherapy pool at Pilgrim Hospital, Boston

TELEPHONE DIRECTORY - DEPARTMENTS

PILGRIM HOSPITAL, BOSTON

Main switchboard (01205) 364801

Department	Number
Outpatient Appointments	(01205) 366444
Antenatal/Gynaecology Appointments	(01205) 365426
Royle Eye Department	(01205) 365626
Ear, Nose and Throat (ENT) Suite	(01205) 366055
A&E Reception	(01205) 365379
Radiology (Xray) - Radiology	(01205) 365844
Appointment Centre	
- Radiology, MRI	(01205) 366071
- Radiology, CT/Ultrasound Reception	(01205) 365471
- Radiology, Medical Photography	(01205) 365493
- Radiology, Support Workers	(01205) 365491
Occupational Therapy	(01205) 366470
Diabetes	(01205) 365695
Macmillan	(01205) 365348
Pharmacy	(01205) 365601
Physiotherapy	(01205) 365359
- Outpatients department	(01205) 366296
Dietetic department	(01205) 366450

Waiting lists

	Extension
General Surgery	(01205) 366423
Urology	(01205) 366416
Ear, Nose and Throat (ENT)/Dental	(01205) 366431
Orthopaedic	(01205) 366482
Gynaecology	(01205) 366411
Ophthalmology	(01205) 365918

GRANTHAM AND DISTRICT HOSPITAL

main switchboard (01476) 565232

Department	Extension
Outpatient Appointments	(01476) 464234
New Outpatient Appointments	(01476) 464236
Follow Up Outpatient Appointments	(01476) 464234
Waiting List	(01476) 464238
A&E Reception	(01476) 464294
Xray Department	(01476) 464327
Occupational Therapy	(01476) 464360
Dietetic department	(01476) 464339

LINCOLN COUNTY HOSPITAL

main switchboard (01522) 512512

Department	Extension
Outpatient Appointments	(01522) 573200
Waiting List	(01522) 573060
A&E Reception	(01522) 573400
Xray Department	(01522) 573069
Occupational Therapy	(01522) 572378
Theatres	(01522) 573352
Dietetic department	(01522) 573418

LOUTH COUNTY HOSPITAL

For each of these please dial the switchboard on (01507) 600100 and quote the extension below.

Department	Extension
Outpatient Appointments	1247
Waiting List	1248
A&E Reception	1223
Xray Department	1243
Occupational Therapy	1309
Dietetic department	1312

TELEPHONE DIRECTORY - WARDS

LINCOLN

Ashby Ward - Contact (01522) 572380
Alexandra Ward - Contact (01522) 573143
Bardney Ward - Contact (01522) 573140
Branston Ward - Contact (01522) 573132
Breast Unit - Contact (01522) 573783
Burton Ward - Contact (01522) 573082
Bailgate Ward - Contact (01522) 573397
Clayton Ward - Contact (01522) 573123
Carlton/Coleby Ward - Contact (01522) 573128
The Cathedral Suite - Contact (01522) 573271
Digby Ward - Contact (01522) 573162
Dixon Ward - Contact (01522) 573154
Day Surgery Unit - Contact (01522) 573144
Emergency Assessment Unit - Contact (01522) 573157
Hatton Ward - Contact (01522) 573258
Hemswell Ward - Contact (01522) 573118
Ingham Ward - Contact (01522) 572266
Intensive Care Unit - Contact (01522) 573746
Johnson Ward - Contact (01522) 573125
Lincoln Ward - Contact (01522) 573172
Marshall Ward - Contact (01522) 573113
Nettleham Ward - Contact (01522) 572747
Neustadt/Welton Ward - Contact (01522) 573135
Nocton Ward - Contact (01522) 573604
Panton Ward - Contact (01522) 573276
Ruston Ward - Contact (01522) 573787
Stow Ward - Contact (01522) 573156
Shuttleworth Ward - Contact (01522) 573130
Stroke Unit - Contact (01522) 573265
Waddington Unit - Contact (01522) 572255

BOSTON

Ward 2A - Contact (01205) 445622
Ward 2B - Contact (01205) 446135
Ward 2C - High Dependency Unit - Contact (01205) 445528
Ward 3A - Contact (01205) 445635
Ward 3B - Contact (01205) 445632
Ward 5A - Contact (01205) 445653
Ward 5B - Contact (01205) 445649

Ward6A - Contact (01205) 445661
Ward 6B - Contact (01205) 446539
Ward 7A - Contact (01205) 445347
Ward 7B - Contact (01205) 445665
Ward 8A - Contact (01205) 445677
Ward 8B - Contact (01205) 445673
Ward 9A - Contact (01205) 445513/ 445514
Children's Ward - Contact (01205) 445644
Coronary Care Unit - Contact (01205) 445524
Discharge Lounge - Contact (01205) 445526
Clinical Decisions Unit/Emergency Assessment Unit - Contact (01205) 445995
Stroke Unit - Contact (01205) 445657
Day Case Ward - Contact (01205) 445365
Rochford Unit - Contact (01205) 446550
Labour Ward - Contact (01205) 445424
MI maternity - Contact (01205) 445429

LOUTH

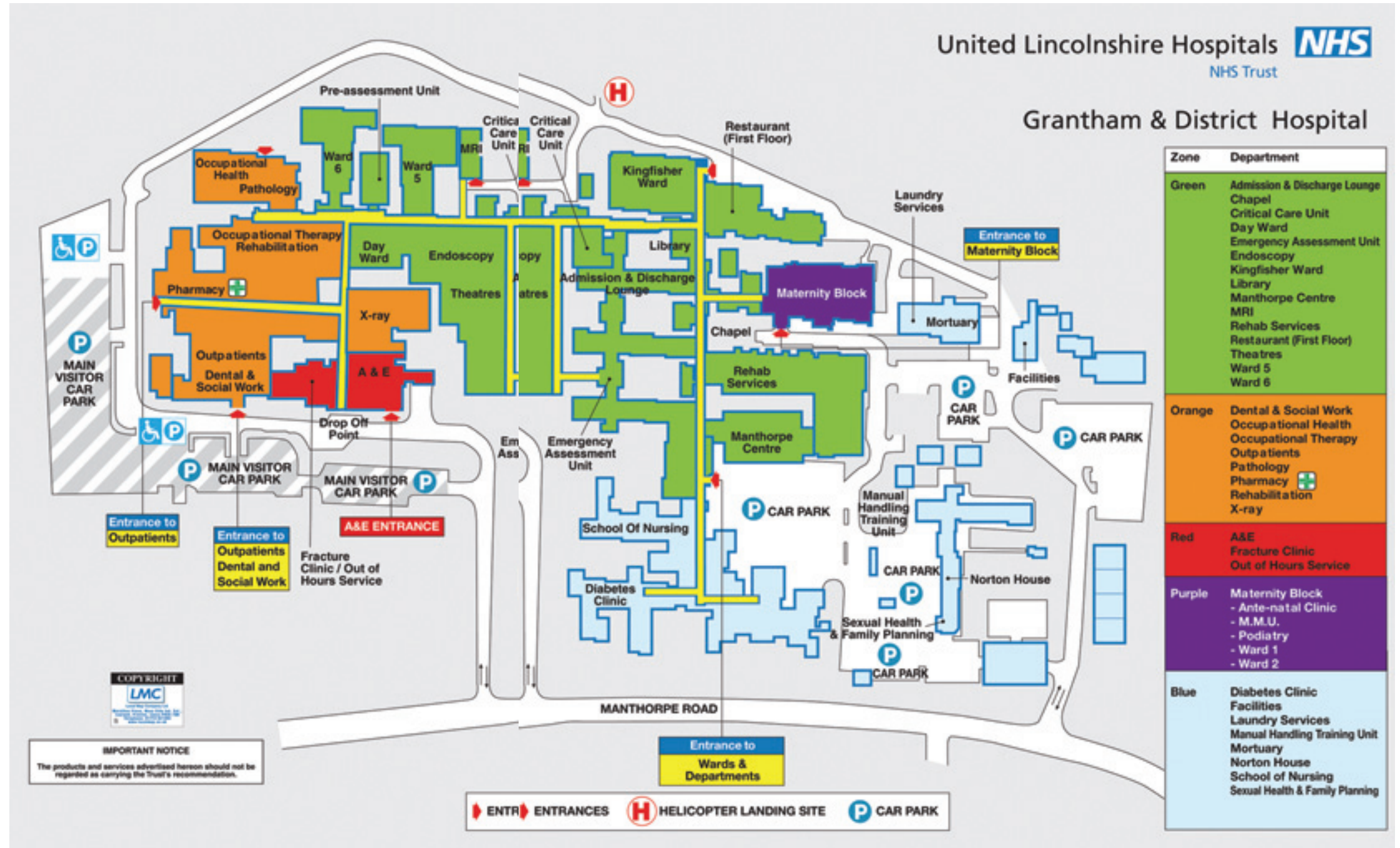
Carlton Ward - Contact (01507) 600100 x 1346
Endoscopy Unit - Contact (01507) 600100 x 1236
Fotherby Ward - Contact (01507) 600100 x 1229
Lindsey Suite - Contact (01507) 600100 x 1387
Manby Ward - Contact (01507) 600100 x 1345
Medical Emergency Assessment Unit - Contact (01507) 600100 x 1440
Somersby Ward - Contact (01507) 600100 x 1308

GRANTHAM

Ward 1 - Contact (01476) 464218
Ward 2 - Contact (01476) 464220
Ward 5 - Contact (01476) 464369
Ward 6 - Contact (01476) 464263
Critical Care Unit - Contact (01476) 464266
Day Ward - Contact (01476) 464408
Emergency Assessment Unit - Contact (01476) 464345
Endoscopy Ward - Contact (01476) 464085
Kingfisher Ward - Contact (01476) 464284
Midwifery Managed Unit - Contact (01476) 464334

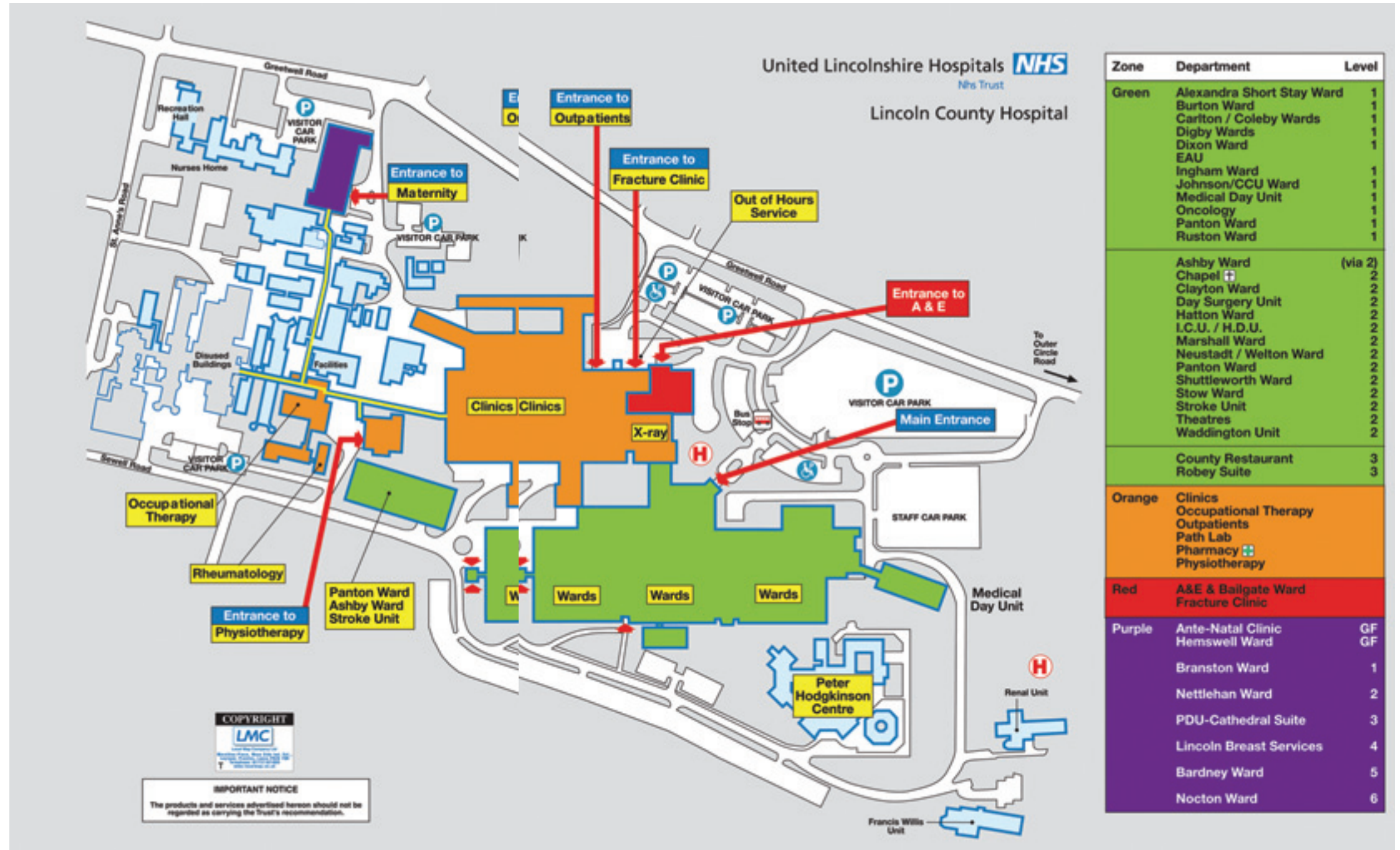
SITE MAP OF GRANTHAM AND DISTRICT HOSPITAL

101 Manthorpe Road, Grantham,
Lincolnshire NG31 8DG
T (01476) 565232



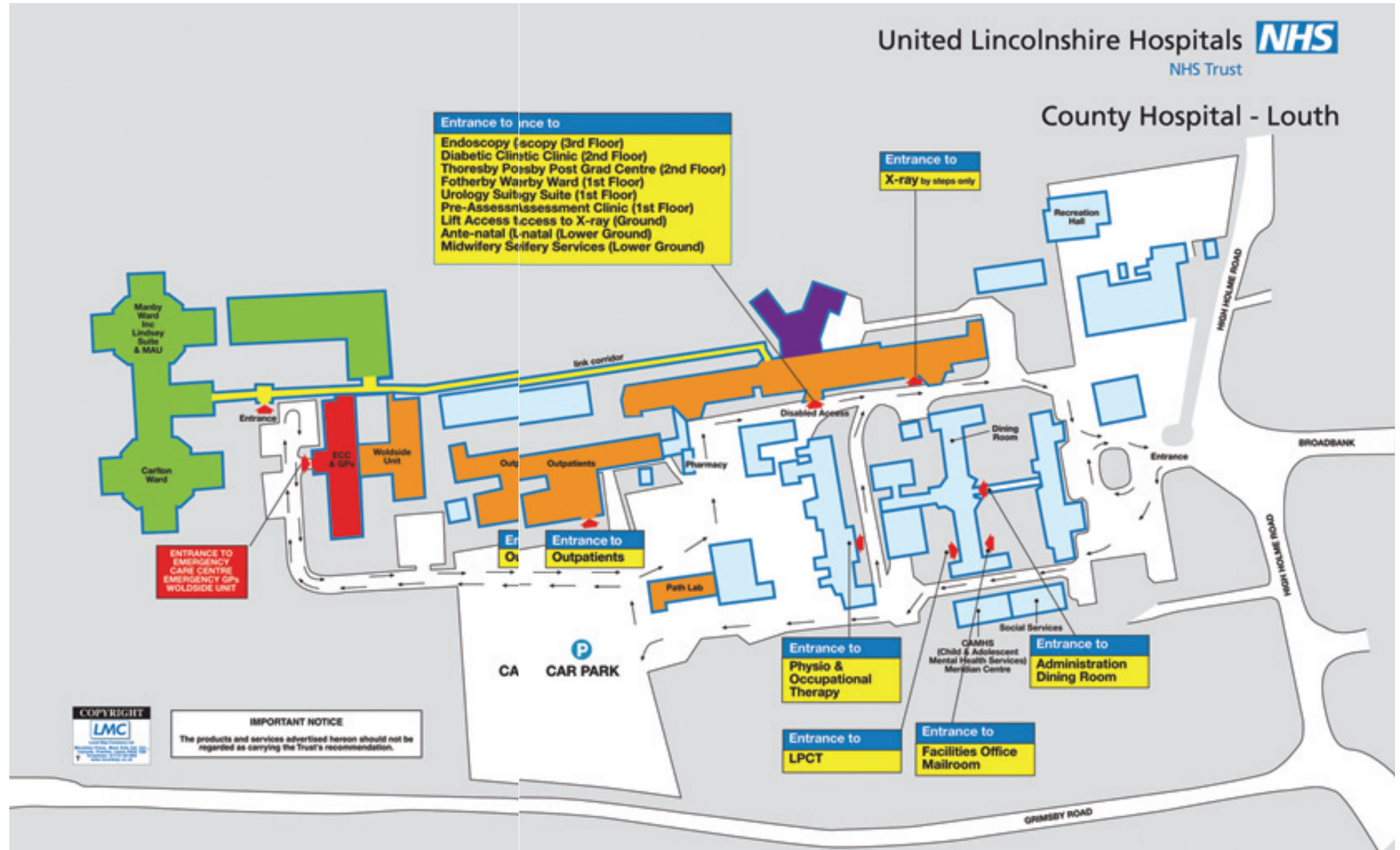
SITE MAP OF LINCOLN COUNTY HOSPITAL

Greetwell Road, Lincoln, Lincolnshire LN2 5QY
T (01522) 512512



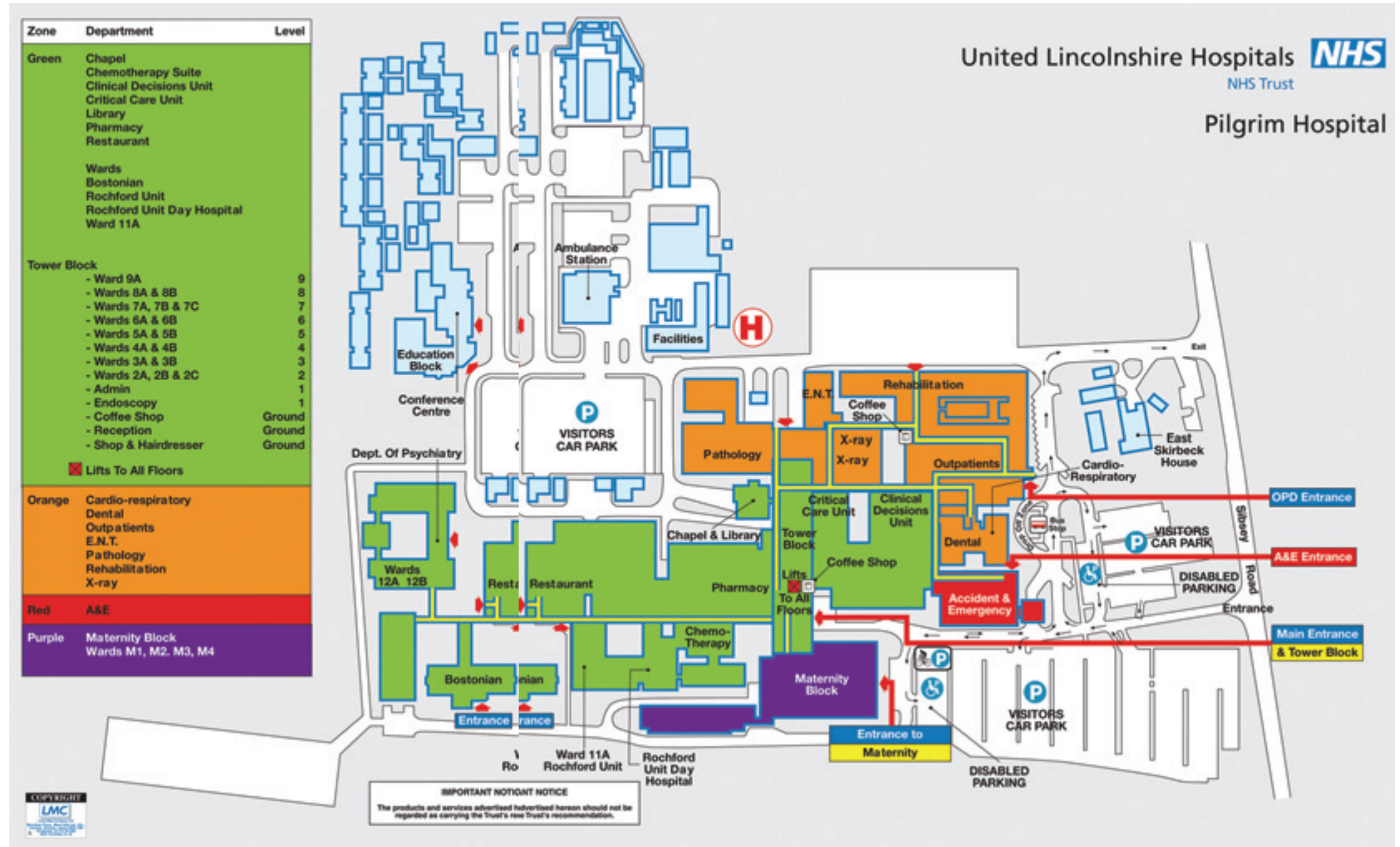
SITE MAP OF LOUTH COUNTY HOSPITAL

High Holme Road, Louth Lincolnshire LN11 0EU
 T (01507) 600100



SITE MAP OF PILGRIM HOSPITAL, BOSTON

Sibsey Road, Boston, Lincolnshire PE21 9QS
T (01205) 364801



SERVICES AND SPECIALTIES ON EACH HOSPITAL SITE

We provide services at eight different hospital sites. The following tables show which services are provided where.

Key

- ✓ - Full service (e.g. outpatients, inpatient surgery, day case procedures/surgery)
- DC - Day case procedures/surgery
- IP - Inpatient surgery
- OP - Outpatients

	Pilgrim	Grantham	Lincoln	Louth	Skegness	John Coupland	Johnson	Welland
Emergency Care								
Accident & Emergency	✓	✓	✓	✓	✓	MIU	MIU	-
Cardiology	✓	✓	✓	✓	OP	-	OP	-
Dermatology	OP	OP	✓	OP	OP	-	OP	-
Diabetes/ Endocrinology	✓	✓	✓	-	OP	-	-	-
Gastroenterology	✓	✓	✓	✓	OP	OP	OP	-
General Medicine	✓	✓	✓	✓	OP	OP	OP	OP

	Pilgrim	Grantham	Lincoln	Louth	Skegness	John Coupland	Johnson	Welland
ICU/Anaesthetics	✓	✓	✓	-	-	-	-	-
Immunology	DC	-	DC,OP	-	-	-	-	-
Medical Haematology	✓	✓	✓	-	OP	-	OP	-
Nephrology	DC,OP	-	✓	-	-	-	-	-
Neurology	OP	OP	✓	-	-	-	-	-
Neurosurgery	-	-	OP	-	-	-	-	-
Rheumatology	DC,OP	DC,OP	✓	OP	OP	-	-	-
Thoracic Medicine	DC,OP	✓	✓	OP	OP	-	-	-
Specialist Rehabilitation	-	-	✓	-	-	-	-	-
Emergency Assessment Units	✓	✓	✓	✓	-	-	-	-
Diagnostics								
Breast Screening Mobile Service	✓	✓	✓	-	-	-	-	-
Diabetic retinopathy screening Countywide Mobile service	-	-	-	-	-	-	-	-
X-Ray	✓	✓	✓	✓	✓	✓	✓	-
CT	✓	✓	✓	-	-	-	-	-
MRI	✓	✓	✓	-	-	-	-	-
Ultrasound	✓	✓	✓	✓	✓	✓	-	-
Bariums	✓	✓	✓	✓	-	-	-	-
DEXA	✓	-	✓	-	-	-	-	-
Echo	✓	✓	✓	✓	-	-	-	-

	Pilgrim	Grantham	Lincoln	Louth	Skegness	John Coupland	Johnson	Welland
Cystoscopy	✓	✓	✓	✓	-	-	-	-
Gastroscopy	✓	✓	✓	✓	-	-	-	-
IVU	✓	✓	✓	✓	-	-	-	-
Nuclear Medicine	✓	✓	✓	-	-	-	-	-
MPI	✓	✓	✓	-	-	-	-	-
EMGs	-	-	✓	-	-	-	-	-
Nerve Conductions	✓	-	✓	-	-	-	-	-
Clinical Oncology	✓	OP	✓	-	-	-	-	-
Audiology	✓	✓	✓	-	✓	✓	✓	-
Dietetics	✓	✓	✓	✓	✓	✓	✓	-
Medical Physics	✓	-	✓	-	-	-	-	-
Pathology (via Pathlinks)	-	-	-	-	-	-	-	-
Pharmacy	✓	✓	✓	✓	-	-	-	-
Endoscopy	✓	✓	✓	✓	-	-	-	-
Planned Care								
Theatres	✓	✓	✓	✓	-	✓	-	-
Anaesthetics	✓	✓	✓	-	-	✓	-	-
Breast Surgery	✓	✓	✓	OP	-	-	-	-
Colorectal Surgery	✓	DC,IP	✓	OP	OP	-	OP	-
Cardiothoracic Surgery	OP	-	OP	-	-	-	-	-

	Pilgrim	Grantham	Lincoln	Louth	Skegness	John Coupland	Johnson	Welland
ENT	✓	DC,OP	✓	-	OP	OP	OP	-
General Surgery	✓	✓	✓	✓	OP	OP	OP	-
Ophthalmology (incl. Orthop)	✓	DC,IP	✓	OP	OP	OP	OP	-
Oral Surgery & Maxillofacial	✓	DC,IP	✓	✓	-	OP	OP	-
Orthodontics	OP	OP	OP	OP	-	OP	OP	-
Orthopaedics	✓	✓	✓	✓	OP	DC,OP	OP	-
Pain Management	✓	✓	✓	-	OP	-	OP	-
Plastic Surgery	DC,OP	OP	OP	-	-	-	-	-
Urology	✓	✓	✓	✓	OP	OP	OP	-
Andrology	✓	✓	✓	✓	OP	OP	OP	-
Vascular Surgery	✓	✓	✓	OP,DC	OP	OP	OP	-
Bostonian (Private)	✓	-	-	-	-	-	-	-
Cancer Care	✓	✓	✓	✓	OP	OP	OP	-
Orthoptics	✓	-	✓	-	✓	✓	✓	-
Snoring/Sleep Apnoea	✓	-	✓	-	-	-	-	-
Women and Children								
Gynaecology	✓	DC,OP	✓	✓	OP	DC,OP	OP	-
Midwifery	✓	✓	✓	-	-	-	OP	-
Obstetrics	✓	OP	✓	OP	OP	OP	-	-
Paediatrics (incl. Community)	✓	DC,OP	✓	OP	OP	OP	OP	-

	Pilgrim	Grantham	Lincoln	Louth	Skegness	John Coupland	Johnson	Welland
SCBU	✓	-	✓	-	-	-	-	-
Well Babies	✓	✓	✓	-	-	-	-	-
Therapies								
Occupational Therapy	✓	✓	✓	✓	✓	-	-	✓
Palliative Care	✓	✓	✓	✓	-	-	-	-
Physiotherapy	✓	✓	✓	✓	✓	✓	✓	✓
Other Patient Services								
Macmillan	✓	✓	✓	✓	-	-	-	-
Volunteers	✓	✓	✓	✓	-	-	-	-
Respiratory Nurse Teams	✓	✓	✓	✓	-	-	-	-
Stroke Care	✓	✓	✓	✓	-	-	-	-
Support Services								
Porters	✓	✓	✓	✓	-	-	-	-
Domestics	✓	✓	✓	✓	-	-	-	-
Outpatients Department	✓	✓	✓	✓	✓	✓	✓	✓
Finance	✓	✓	✓	✓	-	-	-	-
Human Resources	✓	✓	✓	✓	-	-	-	-
Chaplaincy	✓	✓	✓	✓	-	-	-	-
Catering	✓	✓	✓	✓	-	-	-	-
Infection Control	✓	✓	✓	✓	-	-	-	-

EXECUTIVE AND NON-EXECUTIVE DIRECTORS AT UNITED LINCOLNSHIRE HOSPITALS NHS TRUST



- | | |
|---|---|
| 1. Sylvia Knight,
Chief Nurse | 9. Phil Scarlett
Non-executive Director |
| 2. Bernard Chalk
Director of Finance | 10. Keith Brown
Non-executive Director |
| 3. David Bowles
Chairman | 11. Mike Speakman
Director of Estates & Facilities |
| 4. Karl Cook
Non-executive Director | 12. Kenneth Short
Non-executive Director |
| 5. Anne Dray
Director of Performance | 13. Tim Staniland
Non-executive Director |
| 6. Gary Walker
Chief Executive | 14. David Boldy
Medical Director |
| 7. Ros Edwards
Director of Human Resources | Not present; |
| 8. Dawne Bloodworth
Director of Operations | Stan Keyte
Non-executive Director |



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Trust Headquarters

Lincoln County Hospital
Greetwell Road
Lincoln
Lincolnshire
LN2 4AX
t 01522 512512
f 01522 573991

Grantham & District Hospital
101 Manthorpe Road
Grantham
Lincolnshire
NG31 8DG
t 01476 565232
f 01476 590441

Pilgrim Hospital, Boston
Sibsey Road
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Lincolnshire
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t 01205 364801
f 01205 354395

Lincoln County Hospital
Greetwell Road
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Lincolnshire
LN2 5QY
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f 01522 573419

Louth County Hospital
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Lincolnshire
LN2 5QY
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f 01522 573419