

Annual Report & Summary Accounts 2003.04







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Patients speak out

"My thanks to the ladies who served the meals which were excellent and the cleaning ladies who always had a kind word".
EM, Merseyside

Patients speak out

"I thought the professionalism, the care and commitment to all of us in the ward was very impressive. What I found really good was the attention to detail to make us as comfortable as possible".
CH, Grantham

Chairman and Chief Executive's foreword

This has been a very busy year and one in which our staff have worked tirelessly to ensure that we not only delivered high quality care to a record number of patients but that the Trust also successfully delivered key service and financial targets. We should like to put on record our thanks to our staff in the nine hospitals, without whose dedication none of this would have been possible.

The year ended with the achievement of all patient focussed targets, with the exception of the two week breast cancer wait, and financial balance. We do not underestimate the efforts that everyone made to achieve these results, while still making good progress with modernising services and improving access to high quality patient care and treatment, often working under great pressure.

These are excellent results, but patients deserve the best and we would all like to improve our services even further. This Annual Report sets out many of the real benefits we have been able to bring to our patients.

Setting out our 10 year plan for health services in Lincolnshire, local people were fiercely loyal to their local hospital – whether it be Boston, Grantham, Lincoln or Louth. The overall message that came back from the local organisations and public was that they welcomed our plans to keep health services as local as possible, consistent with those services also being safe.

You will see from this report that many of those plans are beginning to reach fruition.

Of special note during the year was the involvement of many of our staff in the Trent "Celebrating Success" event. This allowed staff to showcase examples of good practice and modernised services. United Lincolnshire Hospitals NHS Trust made an outstanding contribution to this high profile event with no less than 17 of our services selected over 11 categories.

We had cause to celebrate when Lincolnshire won two awards.

The "Supporting New Ways of Working Award" was presented to the Radiotherapy Project Team at United Lincolnshire Hospitals NHS Trust and the "Addressing Choice for Patients Award" was presented to the Lincolnshire Palliative Care Strategy Group of which our Trust was a member.

The Radiotherapy Project Team's work reduced waiting times from 20 weeks to a maximum of 6 and at the same time offered wider patient choice with a greater range of appointments available. The Trust now has the best radiographer retention rate in the UK and the new model has saved the NHS nearly £50,000 which is projected to increase to £72,000 by 2006.

Jacqui Smith – the team leader – was also shortlisted for Public Servant of the Year for her work in this area.

The palliative care team's work offered Lincolnshire patients more choice in palliative care.

Technological advancement, modernisation of patient services, enhanced patient expectations and the ever increasing demand on health services means that our staff have to adapt the way that they work when treating our patients. These changes are only enabled through the hard work and commitment of our staff and their continued participation in training and education. We are thankful for the loyal and hardworking staff who are without doubt our hospitals' greatest asset.

We understand the valuable contribution that patients bring when making decisions about the way we deliver our health services and successfully applied to be one of the national pilot sites for Patient Forums. Our Patient Forum reviews and monitors our patient services and members are involved in decisions about how we run our health services.

We are also fortunate to have so many dedicated

volunteers who help us in so many ways. We are indebted both to them and to the members of the public and local organisations for their continued support in donating to our charitable funds. These donations have helped us make improvements to patient care above and beyond what we might otherwise have been able to achieve.

During the year there have been several changes to the Trust Board and to the way the Trust is organised and managed. We have appointed hospital directors for each site and strengthened clinical engagement in the management of the Trust by developing clinical management teams which are either hospital based or pan-Trust. These teams will enable a more focussed delivery of the services we provide to our patients.

Our plans for the coming year are centred on Improving Patient Access to Care and Treatment : called our *IMPACT* programme. This programme will focus on five key objectives: -

- Reducing length of stay to best practice benchmark levels
- Achieving the maximum 4 hour wait targets in A&E
- Reducing the number of outliers (medical patients in surgical beds) to less than 2% across the Trust
- Achieving a minimum of 2 star status
- Achieving financial balance.

The NHS is undergoing big changes and key to this is giving patients the right to choose where and how they are treated. Our future success will depend on patients choosing us for their care. They will do this if they are assured that we provide high quality, patient focussed services. We are confident that we can and will be the hospitals of choice for our local populations.

We are determined to lead this Trust into becoming one of the best regarded Trusts in the country. We can only do that through the commitment, efforts and enthusiasm of our workforce and we appreciate how fortunate we are to have such excellent staff.

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Jenny Green OBE
Chairman



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Roger Paffard
Chief Executive



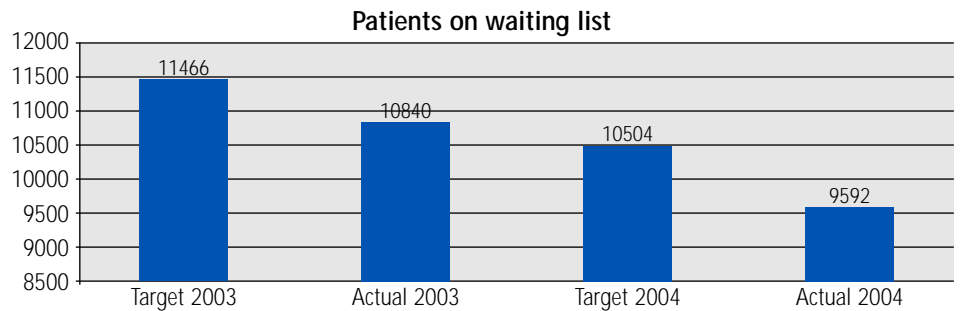
The guaranteed 9 months maximum wait for inpatient and daycase operations was achieved by 31 March 2004, with no patient waiting for an operation for more than 9 months. There were only 523 patients waiting over 6 months for their operation – a reduction of 1825 patients in the year.

The guaranteed 17 week maximum wait for an outpatient appointment was achieved by 31 March 2004. There were only 646 patients waiting over 13 weeks for an appointment – a reduction of 1368 in the year.

The number of patients on the Trust's waiting lists was reduced in the year by 1248 from 10840 to 9592.



Waiting times reduced



- Patients were admitted for inpatient treatment within 9 months, and the majority within 6 months at 31 March 2004
- Improving working lives for our staff, such as flexible working and child care
- Financial plans were met.

The Trust performed well in:

- Clinical focus – the Trust was in the top band of performance for urgent treatment for patients following heart attack (thrombolysis) and in the top band for its approach to clinical governance and participation in clinical audits
- Staff capacity and capability – the Trust was in the top band of performance for the number of consultants participating in appraisal of their clinical practice and professional development.

The areas where the Trust did not perform so well were:

- Two week cancer wait (significant underperformance in early 2003)
- Hospital cleanliness (marginal underperformance in Lincoln County Hospital).

On the two week cancer wait the underperformance related to those patients with suspected breast cancers in early 2003. When a General Practitioner refers a patient with symptoms that may suggest cancer the hospital target is to see the patient within 2 weeks. Actions have already been put in place which have seen a significant improvement for breast referrals, and by June 2004 the Trust was

consistently meeting this important target.

On hospital cleanliness three out of four of the Trust's main hospital sites (Boston, Grantham and Louth) were graded acceptable or good by the national Patient Environment Action Team (PEAT). Across the hospitals £200K is being invested in redecoration and new floor coverings. A scheme to strengthen the management of housekeeping services at ward level will be launched shortly at Boston and Lincoln. The Trust is working closely with the Patient Forum to improve standards on all sites.

The Trust was disappointed that underperformance on these two targets in early 2003 prevented it from achieving 2 star rating. There have been very encouraging improvements in waiting times, patient care, patient and public involvement, clinical performance measures and improving the working lives of staff.

The Trust already has actions in place to tackle the two areas of underperformance, and is confident that it will achieve 2 star status next time.

"Staff have made exceptional efforts to deliver these service targets, as well as balancing our finances, and will be disappointed not to have seen an improvement in star ratings on last year. This is especially disappointing when we achieved an overall improvement in most cases. It makes us all the more determined to consolidate the strong gains and tackle our weaker areas quickly."

Roger Paffard, Chief Executive

Key targets 2003/04

The Trust held its one star status, aiming for the achievement of a minimum of two stars next time.

The Trust achieved 7 out of the 9 key national targets.

The 7 key targets achieved by the Trust were:

- Over 90% of patients were seen in A&E within 4 hours
- No patient waited for longer than twelve hours for emergency admission via A&E following a decision to admit
- Patients were given booked appointments for outpatient clinics and inpatient care
- Patients were seen within 17 weeks for a first outpatient appointment

Facts and figures



The Trust continues to provide 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
- Skegness and District Hospital (managed by East Lincolnshire Primary Care Trust)

Number of patients treated

	2002/2003	2003/2004
Planned inpatients	16,634	17,122
Day cases	40,782	41,894
Emergency inpatients	81,165	84,936
New outpatients	114,516	119,514
Follow up appointments	328,784	332,218

The total income for the Trust was £258m. This included £5.65m of planned revenue support from the Trent Strategic Health Authority, which enabled the Trust to achieve its statutory duty to break even.

Further details and Summary Financial Statements are included on page 13.

Patients speak out

"I find it very refreshing in this day and age, when the NHS seems to be taking such a lot of stick, that there are exceptions, who can and do get it right. Please keep up the good work".
PA, Skegness

Patients speak out

"I know that you are subject to financial restraints and shortages but it seems to me that you make the best use of resources both human and material. The people of Lincolnshire should be both proud and grateful that they have such a hospital to cater for their needs".
DP, Sleaford

Improving Working Lives

"I now work 22.5 hours over 3 days, normally Monday to Wednesday but my days of work are also flexible. I work closely with my manager to ensure I am able to manage my workload. My reduced hours mean that I get to spend more time with my child but also remain in employment. My reduced hours have also meant the childcare is much easier to arrange".
MT, Manager

Improving Working Lives

"Before my flexible working request was approved I worked 15 hours over 2 days. I now work 15 hours over 3 days 9.15am to 2.15pm during term time only. I really enjoy my job and careful planning of my workload means I get to spend more time with my children during the school holidays. My new hours also mean I am able to take and collect my children from school each day".
SL, Medical Secretary

Complaints

Improvements have continued during the year to speed up responses to patients' complaints.

Examples of improvements to care which have resulted from complaints include:

- Parkinson's disease awareness training
- Patients cared for in admissions lounge whilst waiting for a bed
- Improved quality of leaflets and information relating to day care
- Ward noise levels to be reduced at night
- Opening times of catering outlets to be displayed on wards and in patient information folders
- More crutches purchased for A&E.

	LINCOLN & LOUTH	BOSTON	GRANTHAM
% acknowledgement within 2 days	99.2%	98.9%	98.7%
% response within 20 days	88%	87.7%	98.7%
Total number of complaints	357	268	78

Total number of requests for Independent Review	=	13
Number of panels convened	=	1
Number referred back for local resolution	=	5
Number of requests refused	=	6
Number referred to the Ombudsman	=	1
Number investigated by Ombudsman	=	1



Cancer services

The NHS Cancer Plan remains the main focus for improving cancer services within the Trust and across the whole health community.

- Several initiatives are underway in the community aimed at improving prevention and raising public awareness - through smoking cessation, improved diet and regular physical activity
- The Trust has been working with colleagues in primary care to improve services in the community, in particular out-of-hours palliative care services and training in palliative care for community nurses
- Cutting waiting times for first consultation, diagnosis and treatment continues to be a challenge. 2003 saw some difficulties in

meeting the waiting time targets for those patients with suspected breast cancer. However a recovery plan meant that by June 2004 the Trust was seeing 99% of patients with suspected cancers within 2 weeks of referral. Work has begun through the Cancer Service Improvement Partnership to improve the waiting time along the whole patient journey, with significant success in some radiological diagnostic procedures

- Progress has been made in establishing cancer multi-disciplinary teams, as national Improving Outcomes Guidance became available
- Patients and carers continue to influence the development and planning of cancer services and their first report in 2003 had a common theme that they feel they are making a difference.

Improving Working Lives

"I now start and finish work half an hour earlier each day. This means that I don't get caught up in as much traffic in the morning and it also means I have more time to spend at home in the evening which is good, especially in the summer".

BI, Gardener

Patients speak out

"I wish to thank the doctors, nurses and staff for their kind and caring treatment. Nothing was too much for them. The food was good and the beds and ward were cleaned every day".

VW, Address supplied

Improving Working Lives

"Prior to the approval of my flexible working requests I worked 37.5 hours per week, consisting of various early, late and night shifts. I now work thirteen, 12 hour shifts per month, which means I spend less time travelling to work, petrol costs are reduced and I have more time to spend with my family. Although the long shifts are hard work I also feel it means I am able to provide more consistent patient care".

LG, Nurse,

Working with health community partners



The Trust is closely involved with the health and social community in improving patients' journeys through the local healthcare system.

- Joint working with social services, primary care Trusts, and Lincolnshire Partnership Trust using theory of constraints techniques continues to identify and address "bottlenecks" across the whole emergency care system. The use of a computer software system will assist in identifying problems.
- Pilgrim Hospital, along with partners, has introduced the Pilgrim Emergency Care Assessment Team (PECAT), which is a multi agency team that assesses emergency patients quickly with a view to providing the appropriate care to patients in the appropriate setting.

- PCT and Trust clinicians have worked together to introduce triaging of elective referrals which ensures patients receive the care they need by the appropriate healthcare professional.
- The Trust, PCTs and optometrists have designed care pathways for a number of eye conditions and continue to work together to implement them.
- The Trust continues to work closely with PCTs to improve booking services linked to patients making their choice of healthcare provider. Patients will soon be able to have a convenient appointment booked at the hospital of their choice.

Service developments and new appointments



With the continued support of Lincolnshire Primary Care Trusts, a significant number of services have been developed over the last year. Many of these service improvements were as a result of the public consultation that took place during 2003 – Keeping our NHS Local.

Developments include:

MRI scanner for Grantham

The Secretary of State for Health announced in June 2003 that a state of the art MRI scanner will be in use at Grantham and District Hospital by the end of 2004. The £750,000 MRI scanner will have the capacity to scan up to 2,500 patients a year. Currently over 300 Grantham patients each year travel to Nottingham, Boston or Lincoln for their scans.

Learning resource centres

Set up at all hospitals throughout the Trust, these centres were funded by the NHS Workforce Development Confederation and allow more staff

to participate in learning programmes.

£13 million project at Pilgrim Hospital

August 2003 saw the end of a £13 million project that improved and transformed Pilgrim Hospital, Boston almost beyond recognition. The project began in December 1998 and was completed on time and on budget and resulted in the hospital gaining:-

- A new accident and emergency department
- Improvements to the outpatients department
- Two more wards
- Two extra operating theatres
- Improved and enlarged car parks
- New windows and repairs to the concrete façade of the ten storey tower block and the two storey theatre block at the rear of the hospital.

First consultant radiographer appointed

The Trust was the first in the country to appoint a consultant therapy radiographer who independently prescribes radiotherapy treatment for lung cancer patients.

Appointment of lead nurse to develop cancer and palliative care nursing

The Trust appointed a lead nurse to further develop cancer and palliative care nursing services within Lincolnshire and to ensure that patients have access to services that are responsive to their needs. The Macmillan Lead Nurse role was made possible by three years funding from Macmillan Cancer Relief.

Improvements to facilities for junior doctors

The Trust was successful in being awarded a total of £12,586 from the Postgraduate Deanery to contribute towards plans to raise standards across the Trust for junior doctors' accommodation and their living and working conditions.

Blood tests closer to home

The generosity of listeners to BBC Radio Lincolnshire meant that patients no longer have to travel to hospitals for regular blood tests. Haematology staff expanded a service for patients who need regular treatment for medical disorders using the drug that prevents blood clots from forming or growing larger.

Modernisation of surgical services

Plans were launched in December 2003 for surgical services in Lincolnshire hospitals to undergo a massive programme of modernisation.

Improving Working Lives

"Following the approval of my flexible working request I now work my hours in 3 long days. This means that at work I feel I am able to provide more consistent care to my patients. And at home I have more time to spend with my family and my childcare costs are reduced. It also means I have more free time to develop myself professionally".
DP, Nurse



The wide ranging modernisation programme radically changed the way the hospitals work to provide an efficient, patient-focussed, cost-effective service for our community. The project brought together a number of linked initiatives, all of which result in improved care for patients at reduced cost.

New critical care facility underway

Work to build a new £3.6m critical care facility commenced in January 2004 at Lincoln County Hospital. The work is being undertaken in two phases, with the final completion by summer 2005.

Phase I of the work is due to be complete by the end of 2004 to create facilities to support 12 critical care beds. In addition there are 8 existing beds in a high dependency unit which is being refurbished as Phase II of the project. The new and refurbished accommodation will provide a contemporary and modern healthcare environment designed specifically to provide a dedicated critical care unit.

Nurse cadet scheme at Boston

The Trust announced in March 2004 that the nurse cadet scheme which had already been run successfully at Lincoln County Hospital was being expanded to Pilgrim Hospital in September 2004. The scheme will offer 16-17 year olds the opportunity to gain an insight in health care as well as a sound academic qualification in preparation for a three year nurse training programme. It is hoped that attracting local young people to join the two year scheme will be an investment in the future for the east coast region as well as helping to crack the nationwide shortage of nurses.



The initiative will be delivered in partnership with Boston College where the cadets will spend some of their time in the classroom studying for a BTEC National Certificate in Care. The rest of the time will be spent gaining hands on experience of caring for patients in the hospital setting. Successful completion of the course will result in a cadet achieving a vocational NVQ Level 2 in care qualification as well as the BTEC Certificate.

Ward development at Lincoln County Hospital

Work was completed on a major new ward development at Lincoln County Hospital. The £4.25m scheme took just over one year to complete and provides replacements for old Nightingale style Panton and Kirkby elderly care wards, a new stroke unit and enabled the transfer of Ashby Ward from the former St George's Hospital site.

The new ward development provides 20 elderly care beds, 20 stroke care beds and 12 rehabilitation beds. A further 5 rehabilitation beds have been provided at Grantham and District Hospital, enabling a service in the south of the county closer to the homes of some patients.

Cardiac catheter laboratory for Lincolnshire

Work on a new cardiac diagnostic unit for Lincolnshire was completed in the spring of 2004. The £1.6m unit contains a 6 bed recovery bay and is used for the diagnosis and treatment of patients with cardiac problems. The unit means patients in Lincolnshire no longer have to travel outside the county for procedures.



Improving Working Lives

"In the future I would like to become a teaching assistant and I therefore needed one day a week off to work as a volunteer, so I now work 29.5 hours per week. This change has benefited me as it means I can develop myself but it has also meant that my colleague has gained some extra hours and more consistency in their work load".
ET, Personnel Assistant

Valuing our patients' views

Patients speak out

"Even though I was only in hospital for a short time I was able to see many grades of staff, each with the same dedicated attitude towards their work. All in all, you have reason to be proud to be associated with such an enterprise and I offer my thanks to all those responsible".

PB, Spalding

Improving Working Lives

"I now start work at 7.30am and finish at 3.30pm two days per week which means I have the flexibility to be able to collect my child from school when my husband is at work. This gives me peace of mind knowing I don't have to worry about my childcare arrangements".

AR, Radiographer

During November 2003, a random sample of 850 patients, who had been discharged from our hospitals, were asked their opinions on aspects of their experience whilst in hospital. 571 patients returned their forms.

The overall impression gained from the survey indicated that patients feel they were treated with respect and dignity and that the care they received was very good or excellent.

At the same time, we also randomly selected 850 young people (0-17years) to ask them what they, or their carers, thought of their experience whilst in hospital. 399 forms were returned. The overall impression also indicated that they felt the care they received was very good or excellent.



Improving the quality of care

The high standard of treatment and care offered to maternity patients at Lincolnshire hospitals was acknowledged, with the Trust being awarded a prestigious level 2 of the Clinical Negligence Scheme for Trusts (CNST).

This national scheme assesses systems for clinical risk management against a series of national targets.

Reaching level 2 is a major achievement requiring Trusts to demonstrate that standards and procedures are in place to reduce risks and make sure that patients have the best possible care and treatment. Nationally only 18% of maternity units achieved level 2. Standards that are assessed to achieve this level include clinical care, communication, staffing levels and training.

The Trust is also fortunate to have an active Patient Forum. This independent group comprises members of the public appointed by the committee for patient and public involvement in health. The Patient Forum reviews and monitors patient services and is involved in decisions about the planning and delivery of patient services across the Trust.

Patients speak out

"My experience confirms that the NHS can offer treatment as good as, or better than that in the private sector, and that I made a wise choice in opting for treatment at United Lincolnshire Hospitals NHS Trust. I would like to congratulate the team on the quality of the treatment I received".

MD, Lincoln



Improving Working Lives

"The approval of my flexible working request has meant that I have been able to reduce my hours in preparation for retirement. Previously I worked full time in a pressurised job and I felt that reducing my hours gradually would be beneficial and make my transition to retirement easier. It has also helped in the department in terms of succession planning as it gives other members of staff the opportunity to train in my role ready for when I leave".

MC, Sister

Clinical effectiveness

Clinical effectiveness incorporates research and development, evidence based practice and clinical audit. Research produces the evidence, evidence based practice implements the evidence into practice whilst clinical audit helps to evaluate the quality of care provided.

It is about doing the right thing, the right way and at the right time for the right patient. The process involves a continuous framework of informing, changing where appropriate and monitoring practice.

Research (R&D)

There has been a great deal of progress in developing research within the Trust. The Trust has worked in partnership with the University of Lincoln to fund research through a collaborative strategy and joint funding of research. The Department of Health has recognised the growing research programme in the Trust and increased the amount of research funding to £53,000 in 2003/04. A further award has been made for 2004/05 that will increase the funding to approximately £90,000.

A Trust R&D website has been launched to provide staff with the key information they need to understand and carry out research.

Clinical Audit

As part of improving the clinical effectiveness service a survey was carried out to find out staff views of the way that clinical audit was undertaken and supported in the Trust. There were a number of recommendations, which are currently being actioned. Overall clinical audit was valued by health professionals, particularly as a means of improving patient care and staff knowledge base. The survey also highlighted the need for more multi-professional audits from groups other than doctors. It also identified a great need for staff training in clinical audit and clinical effectiveness.

Cardiac rehabilitation

A joint audit covering County Hospital Louth and East Lincolnshire Primary Care Trust was undertaken, asking all patients who had used the heart manual, over a one year period, what they felt about the manual and its use in their rehabilitation. The results were very encouraging with all patients finding the heart manual very helpful.

Endoscopy audit

An audit was undertaken looking at record keeping and activity at Grantham and District Hospital. It

was found that clinical coding and record keeping needed to be improved. The League of Friends agreed to fund the purchase of computer software for use in the endoscopy unit. This is being installed at Pilgrim Hospital and then at Grantham and District Hospital.

Pre-operative fasting

An audit looked into when patients were fasted for operations. The audit led to a change in practice. Staff and patient information is being developed and laminated guidelines are available to the wards.

Coronary Care Handbook

A consultant cardiologist at Grantham and District Hospital produced a handbook providing best practice for patients with heart problems. This is being developed for use across the Trust. Other Trusts have expressed an interest in using the handbook.

National Services Frameworks - Coronary Heart Disease

The cardiac services continue to make good progress towards achieving the standards set out in the National Service Framework (NSF) for Coronary Heart Disease (CHD).

In 2001 only 15% of eligible patients were receiving special heart medicines they needed within the time set out in the NSF. This figure has improved dramatically to 75.2% in 2003.

An audit was undertaken to monitor how the service delivered helps patients with unstable angina. It demonstrated that appropriate medicines were prescribed in the majority of cases to reduce the risk of patients suffering a major heart problem.

Clinical Governance

Clinical governance is about improving the quality of healthcare for patients and is about what

people do at work every day. Clinical governance development therefore involves all staff at all levels.

Clinical governance is about:

- Involving patients and the public in improving healthcare
- Finding and implementing best practice and making sure that the Trust knows that the right standards are being achieved
- Ensuring that risk to patients and staff is minimised
- Ensuring that all staff are trained and supported to carry out their duties
- Making sure the right information is available at the right time for staff to use in patient care.

Significant progress has been made with:

- The development of a Strategic Framework for Clinical Governance for 2003 – 2006. This sets out key themes for the next three years. The framework underpins each of the Trust's core principles – to put patients first, to support staff, to strive for excellence and to conduct business ethically and efficiently. Action plans have been developed that will help drive improvements in patient care
- The introduction of quality improvement plans which set the standards of care to be achieved and help staff understand how well they are doing in achieving them. Senior managers regularly review these
- Providing help and support to staff to develop clinical governance, a clinical governance development unit has been formed and clinical governance co-ordinators are in the process of being appointed
- The way that the Trust Board assesses progress against the clinical governance plan has been improved to ensure a stronger and more co-ordinated approach.



Investment in our staff



Investment in 'front line' staff

In the year the Trust continued to recruit more front line staff to provide services. There are now 358 more staff in the Trust as a whole and these include 56 doctors, 125 nurses and 43 other health professionals such as physiotherapists.

Investment in training and development

The Trust benefits from the huge investment made on its behalf by the NHS Workforce Development Confederation. Through the universities the WDC trains doctors, nurses and all the other health professionals who are then available to come and work in Lincolnshire. The Trust offers these students experience in clinical work during their training. As a result the Trust is able to attract them to work for it. Once again nearly all the nurses who trained in Lincolnshire have been attracted to the Trust when they finished their training.

Inside the Trust a wide range of training opportunities is offered. The training department increased the number of trainees by 8% on the previous year using the same resources and budgets. Training delivered inside the Trust increased to almost 7,000 person days per year.

Much effort is put into keeping all staff up to date with basic skills such as moving and handling patients and heavy objects; fire and health and safety issues; as well as key clinical skills. Attendances at these updates has increased by 7% on last year. Additionally, more flexible sessions including an e-learning fire lecture are now available to staff for the present year.

Improving Working Lives

The Trust achieved the standard of 'Practice Status' during the year. This has been achieved by dedicated staff working in a small group at each hospital under an IWL 'Champion'. Some of the achievements have been small changes that make life at work better including drinking fountains, benches in the grounds and improvements to rest areas.

But a more fundamental change was made by some staff who have changed the hours or days they work. This allows them to undertake part time study or take their children to school; in some cases it has also extended the times at which services are available to patients and staff.

Throughout this report there are examples of how staff have made changes to the way they work. These changes show how patients and staff can benefit from the Improving Working Lives initiative.

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 he or she meets 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 was awarded 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 that 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.

Investor in People accreditation for Grantham

Grantham and District Hospital was once again awarded Investor in People accreditation.



An assessor visited the hospital and met with a broad cross section of staff to discuss issues such as communication, job roles, training, induction and appraisal.

The assessor acknowledged that the three years since the previous assessment had been difficult, and like many public sector organisations the Trust had experienced significant change. However the assessor was impressed with the dedication of staff, who he said were willing to go the extra mile for the service, despite sometimes working in stressful situations. He said that the hospital remained a friendly, patient-centred place to work with a supportive culture for its staff.

Improving the training of doctors

Nearly all consultants closely involved in teaching doctors in training have undertaken a development programme themselves to improve their skills as 'education supervisors'. In the year the Trust was also able to find the resources to attract an additional 13 specialist registrar doctors. These doctors are in the final stage of their training before becoming a consultant and they greatly strengthen their department's knowledge as they work towards their final assessments. In association with the University of Nottingham, six new posts have also been created for newly qualified doctors in a variety of specialities. This can be seen as an investment in the future, improving the Trust's profile among medical graduates and hopefully helping with future recruitment to more senior posts. With financial support from the Trent Deanery the Trust has also improved the facilities in the junior doctors' mess rooms and has provided a learning room with education materials and e-based learning facilities.



Recruitment

The Trust has been successful in making new appointments but there remain difficulties in attracting consultants in radiology and to a lesser extent in anaesthetics and oncology. The problems are most severe in Pilgrim Hospital. New ways of working using radiographers and other clinical staff to take the burden of routine working has had a beneficial impact. But the Trust needs to make the vacant posts as attractive as it can to ensure it continues to provide a consultant led service for the patients who are most critically unwell. International recruitment has brought a few important appointments but more remains to be done.

University of Lincoln

The Trust continues to work closely with its local university to benefit from developing skills and knowledge in the county. The University of Lincoln runs valuable programmes in communication skills and is also developing a flexible multi-exit degree route for healthcare staff. The Trust has worked in collaboration with the university to gain accreditation for a stroke care module which will be available this autumn and similar joint education initiatives are planned for other high priority clinical issues.

The Trust has a joint research programme led by Professor Oleg Eremin, Director of Research and Development and Lead Clinician for Breast Services. The Trust is developing a proposal for a medical school which would offer academic work to some of its consultants as well as help it to attract doctors to Lincolnshire.

Improving Working Lives

"I now work my hours over 3 days and I work from home for one hour per week. This hour is flexible which is really useful for childcare, particularly during the school holidays. My new working pattern means that I spend less time travelling and I have the opportunity to spend more time with my family".
LK, Personnel Assistant

Patients speak out

"I wish to place on record my appreciation of the professional skill and care I received whilst in hospital. Whilst I am sure they work as a team I would like to make especial mention of the nursing staff who made my enforced stay as pleasant as possible".
IM, Lymington, Hampshire



Staff in post as at 31 March 2004

	WTE	Headcount
Admin & Clerical	884.75	1132
Ancillary	681.10	1021
Maintenance	96.81	97
Medical & Dental	619.51	659
Nursing & Midwifery		
- Registered	1820.37	2238
Nursing & Midwifery		
- Unregistered	837.22	1067
Senior Managers	173.20	175
Scientific, Professional & Technical	328.93	381
AHPs (Allied Health Professionals)	351.82	413
Totals	5793.71	7183

Use of information and IT

The Information Management & Technology (IM&T) Directorate provides

- Information services ranging from the health record that is used by medical staff to record every patient consultation in hospital, through to the reports of activity that are used by the Department of Health to monitor the health of the nation
- Information technology to improve ways of working to enhance the delivery of medical care

In addition to meeting the increasing demands from Government and the public for more information, this corporate directorate continues to provide improvements to patients' services through technological advances and the training of staff to exploit these advances.

In the past year highlights include:

Improved information on cancer patients

The Trust's IT department, working in conjunction with Lincolnshire Shared Services Informatics Department, has enabled 17 GP practices to electronically refer patients with suspected cancers to the Trust. This streamlined system which reduces errors, cuts out paperwork and simplifies the process continues to be rolled out to more practices in Lincolnshire.

Patients speak out

"I will never forget the warmth and utter kindness given to me by your nursing staff. Could you please pass on my deepest thanks to everyone".

JB, Lincoln

Patients speak out

"I can honestly say that I was treated like royalty and I thank you so much, I think you do a wonderful job. Please accept my sincere and grateful thanks"

TB, Lincoln

Improving Working Lives

"I now start work one hour later each day, and finish one hour later. This means I can now collect my wife, who works nights, from work in the morning before I start work, meaning she is home to look after our child".

CT, Electrician

Improved treatment for patients

An anti-coagulant therapy computer system has been implemented and is running successfully from a central base at Lincoln County Hospital and is available at all hospitals via the data network. The system, which is being used initially at Lincoln and Skegness hospitals, is used to calculate and standardise the treatment dosages to patients with conditions such as blood clots.

Better systems to improve patient care

- An integrated risk management system has been installed to support the reporting of adverse incidents, claims management, controls assurance and the Trust's risk register
- A new system to "match" ward staffing requirements to bank staff availability has been deployed to reduce agency costs
- An integrated patient based pharmacy system for the whole Trust will bring costs reductions and improvements to drug administration
- In conjunction with Northern Lincolnshire and Goole Hospitals NHS Trust, the implementation of a new system to enable the modernisation of pathology services is nearing completion. More than 90% of Lincolnshire GPs now receive pathology results electronically.

Improved access to educational resources

- Library resource areas at all four main hospitals provide access to the wealth of medical information on the internet, funded by an NHS Workforce Development Confederation grant

- Online booking system to reserve books through Health Education and Libraries of Lincolnshire Online www.hello.nhs.uk
- New staff roles such as the clinical librarian and knowledge trainers to assist medical staff to keep current with medical advances.

Improvement in communication

The local area networks across the Trust are constantly being upgraded to ensure they have the capacity and resilience to support modern clinical information systems. Of major importance was the replacement of an obsolete and unreliable core computer network switch at Pilgrim Hospital.

Preparation for Government investment - National Programme for IT (NPFIT)

A major backroom upgrade to the Trust's email system and general support systems was carried out during the year. A new directory and exchange email system simplifies administration, bringing the latest web based email technology to users and paves the way for a link to wider NHS services.

Regional development of the National Programme for IT (NPFIT)

Active participation and effective team working have positioned the Trust for early receipt of modern IT products and services. The Trust is hoping to transform the way it delivers imaging such as x-rays in the future by the implementation of digital imaging solutions in 2004/2005.



Financial Performance for the year ended 31 March 2004

2003/04 has proved to be another financially challenging year for the organisation with a number of cost pressures including substantial increase in expenditure on drugs and prosthesis/trauma products which was due in part to increase in workload and changes in case mix.

The Trust has, with the support of the Trent Strategic Health Authority, managed to achieve its statutory duties as follows:

- Ensuring that expenditure is contained within income levels for the year (financial breakeven)
- 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.

Further to the above achievements the Trust has improved achievement against the Better Payments Policy Target by approximately 5%.

Major capital schemes in year have included schemes at Grantham and Lincoln to replace or upgrade old Nightingale style ward accommodation, relocate Ashby Ward to Lincoln County Hospital and purchase of medical equipment including the purchase of two new retinopathy vans and cameras. Other areas of capital investment have included the catheter laboratory at Lincoln, improvements to the ophthalmology department at Lincoln, provision of on site nursery facilities at Boston and estates, fire, health and safety schemes. The Trust has also completed works on the façade scheme at Boston and commenced work on the critical care unit at Lincoln.

The Trust now has a recovery plan in place for the next three years aimed at achieving recurrent financial balance. The structure of the finance department has been reviewed and we are entering a period of stability following permanent appointment of the Director of Finance and a number of other senior posts within the team during the year.

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 20 July 2004.

Signature
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Signed:
Roger Paffard - Chief Executive

Signature
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Signed:
Andy Leary - Director of Finance and Performance

Copies of the Trust's full audited financial statements including the statement of internal control can be obtained without charge from: Nikki Harris, Assistant Director of Finance, United Lincolnshire Hospitals NHS Trust, Lincoln County Hospital, Greetwell Road, Lincoln, LN2 5QY.

Independent Auditor's Report to United Lincolnshire Hospitals NHS Trust on the Summary Financial Statements

I have examined the summary financial statements set out on pages 13 to 18.

This report is made solely to United Lincolnshire Hospitals NHS Trust in accordance with Part II of the Audit Commission Act 1998 and for no other purpose, as set out in paragraph 54 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 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 auditor's statement on the summary financial statements' issued by the Auditing Practices Board for use in the United Kingdom.

Opinion

In my opinion the summary financial statements are consistent with the statutory financial statements of the Trust for the year ended 31 March 2004 on which I have issued an unqualified opinion.

Signature
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Signed:

D. Brumhead

Date: 26 August 2004

D Brumhead
Audit Commission
Littlemoor House
Littlemoor
Eckington
Sheffield
S21 4EF

Financial accounts (continued)

INCOME AND EXPENDITURE ACCOUNT FOR THE YEAR ENDED 31 March 2004		
	2002/03	2003/04
	£000	£000
Income from activities:		
Continuing operations	238,267	221,170
Other operating income:		
Continuing operations	19,837	19,006
Operating expenses:		
Continuing operations	<u>(252,330)</u>	<u>(230,422)</u>
OPERATING SURPLUS (DEFICIT)		
Continuing operations	5,774	9,754
Cost of fundamental reorganisation/restructuring	0	0
Profit (loss) on disposal of fixed assets	<u>(54)</u>	<u>5</u>
SURPLUS (DEFICIT) BEFORE INTEREST	5,720	9,759
Interest receivable	319	343
Interest payable	(29)	(30)
Other finance costs - unwinding of discount	(54)	(21)
Other finance costs - change in discount rate on provisions	<u>0</u>	<u>0</u>
SURPLUS (DEFICIT) FOR THE FINANCIAL YEAR	5,956	10,051
Public Dividend Capital dividends payable	<u>(5,890)</u>	<u>(9,972)</u>
RETAINED SURPLUS (DEFICIT) FOR THE YEAR	<u>66</u>	<u>79</u>

NOTE TO THE INCOME AND EXPENDITURE ACCOUNT FOR THE YEAR ENDED 31 March 2004

	£000
Retained surplus/(deficit) for the year	66
Financial support included in retained surplus/(deficit) for the year	5,650
Retained surplus/(deficit) for the year excluding financial support	<u>(5,584)</u>

Planned financial support of £5.65 million from Trent Strategic Health Authority was provided to enable the Trust to address the projected deficit for the year and achieve its statutory breakeven duty. The financial support is repayable. £2.6 million is due to be repaid in 2005/06, with the balance of £3.05 million repayable the following year.

The Trust is continuing to put plans in place to achieve a recurrent balanced income and expenditure position through the three year recovery plans agreed with the Trent Strategic Health Authority.

BALANCE SHEET AS AT 31 March 2004

	31 March 2004	31 March 2003
	£000	£000
FIXED ASSETS		
Intangible assets	315	122
Tangible assets	202,765	189,159
Investments	0	0
	203,080	189,281
CURRENT ASSETS		
Stocks and work in progress	4,440	3,641
Debtors	13,450	11,607
Investments	0	0
Cash at bank and in hand	<u>632</u>	<u>1,313</u>
	18,522	16,561
CREDITORS: Amounts falling due within one year	<u>(15,018)</u>	<u>(21,106)</u>
NET CURRENT ASSETS (LIABILITIES)	<u>3,504</u>	<u>(4,545)</u>
TOTAL ASSETS LESS CURRENT LIABILITIES	206,584	184,736
CREDITORS:		
Amounts falling due after more than one year	(8)	(152)
PROVISIONS FOR LIABILITIES AND CHARGES	(5,670)	(2,154)
TOTAL ASSETS EMPLOYED	<u>200,906</u>	<u>182,430</u>
FINANCED BY TAXPAYERS' EQUITY:		
Public dividend capital	156,180	153,989
Revaluation reserve	34,972	21,396
Donated asset reserve	3,709	3,839
Government grant reserve	0	0
Other reserves	190	190
Income and expenditure reserve	5,855	3,016
TOTAL TAXPAYERS' EQUITY	<u>200,906</u>	<u>182,430</u>

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Signed:
Roger Paffard - Chief Executive

Date: 20 July 2004

CASH FLOW STATEMENT FOR THE YEAR ENDED 31 March 2004

	NOTE	2002/03 £000	2003/04 £000
OPERATING ACTIVITIES			
Net cash inflow(outflow) from operating activities	18.1	11,167	18,852
RETURNS ON INVESTMENTS AND SERVICING OF FINANCE:			
Net cash inflow/(outflow) from returns on investments and servicing of finance		281	318
CAPITAL EXPENDITURE			
Net cash inflow (outflow) from capital expenditure		(7,900)	(14,013)
DIVIDENDS PAID			
		(5,790)	(10,072)
MANAGEMENT OF LIQUID RESOURCES			
Net cash inflow (outflow) from management of liquid resources		0	0
Net cash inflow (outflow) before financing		(2,242)	(4,915)
FINANCING			
Net cash inflow (outflow) from financing		2,253	4,922
Increase (decrease) in cash		11	7

STATEMENT OF TOTAL RECOGNISED GAINS AND LOSSES FOR THE YEAR ENDED 31 March 2004

	£000	2002/03 £000
Surplus (deficit) for the financial year before dividend payments	5,956	10,051
Fixed asset impairment losses	0	0
Unrealised surplus (deficit) on fixed asset revaluations/indexation	16,516	20,791
Increases in the donated asset and government grant reserve due to receipt of donated and government grant financed assets	292	288
Reductions in the donated asset and government grant reserve due to the depreciation, impairment and disposal of donated and government grant financed assets	(589)	(479)
Additions/(reductions) in "other reserves"	0	0
Total recognised gains and losses for the financial year	22,175	30,651
Prior period adjustment		
- Pre-95 early retirement	0	(352)
- Other	0	0
Total gains and losses recognised in the financial year	22,175	30,299

SALARY AND PENSION ENTITLEMENTS OF SENIOR MANAGERS, 2003/04

Name and Title	Age
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2003/04
Chairman

Mrs J Green OBE	55
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Non Executive Directors

Councillor M Anderson (term of office concluded 30 November 2003, recommenced 1 January 2004)	48
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Mr B Gosling	64
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Mrs E Grenfell (term of office concluded 30th November 2003)	62
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Mr J Hanlon OBE (term of office concluded 5th January 2004)	59
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Mrs J Makinson-Sanders (term of office concluded 30th November 2003)	55
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Mr N Mapstone	49
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Dr W Proudlock	63
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Mr J Cranston (commenced 1st January 2004)	57
--	----

Dr I Hindle (commenced 1st January 2004)	58
--	----

Chief Executive

Mr D Loasby (until 31 May 2003)	46
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Mr J Willetts (19th May 2003 - 31st August 2003)	53
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Mr R Paffard (commenced 11 August 2003)	52
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Chief Operating Officer

Ms H Scott-South (commenced 26th January 2004)	47
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Director of Finance

Mr A Waite (joint acting until 11th June)	38
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Mr K Simkins (joint acting until 11th June)	40
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Mr P Sheward (interim 11th June - 22nd August)	57
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Mr A Leary (commenced 8th September 2003)	44
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Medical Director

Dr K Sands	55
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Director of Nursing

Miss S Skelton (seconded to new role 11th August 2003)	54
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Mrs H Blanchard (acting with effect from 11th August 2003)	41
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Executive Director (Louth)

Miss S Skelton (seconded from 11th August 2003)	54
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Director of Human Resources

Mr A Avery	56
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Director of IM&T

Mr M Przystupa	47
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Director of Strategic Development

Mrs J King (acting until 29th February 2004)	57
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Miss A Donkin (commenced 1st March 2004)	47
--	----

Director of Facilities

Mr N Schofield (until 31st July 2003)	45
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Mr W Millar (acting with effect from 1st August 2003)	51
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Notes: It should be noted that the details above reflect a period of organisational change.

Overlaps in the Chief Executive role are to allow for induction.

Financial accounts (continued)

Salary (bands of £5000)	Other Remuneration (bands of £5000)	Golden hello / compensation for loss of office	Real increase in pension at age 60 (bands of £2500)	Total accrued pension at age 60 (bands of £5000)	Benefits in kind (Rounded to the nearest £100)
£000	£000	£000	£000	£000	£
20-25	0	0	0	0	2800
5-10	0	0	0	0	1300
5-10	0	0	0	0	1000
0-5	0	0	0	0	100
0-5	0	0	0	0	700
0-5	0	0	0	0	1000
5-10	0	0	0	0	2200
5-10	0	0	0	0	900
0-5	0	0	0	0	0
0-5	0	0	0	0	0
15-20	0	0	0-2.5	35-40	0
	Consent to disclose withheld				
75-80	0	0	0-2.5	0-5	0
15-20	0	0	2.5-5	25-30	600
10-15	Included in the accounts of employing organisation				
10-15	Included in the accounts of employing organisation				
Consent to disclose withheld					
50-55	0	0	0-2.5	20-25	2400
110-115	25-30	0	0-2.5	35-40	2900
25-30	All other information is shown under Executive Director (Louth) role				
35-40	0	0	0-2.5	5-10	0
45-50	0	0	0-2.5	30-35	0
75-80	0	0	0-2.5	10-15	0
70-75	0	0	2.5-5	25-30	0
60-65	0	0	2.5-5	20-25	0
5-10	0	0	0-2.5	15-20	0
20-25	0	0	0-2.5	15-20	0
40-45	0	0	2.5-5	20-25	1700

Notes: Non Executive Directors' benefits in kind relate to payments of tax and national insurance contributions in respect of travel expenses. All other benefits in kind relate to travel expenses. The Pensions/Benefits in kind disclosures in respect of the Joint Acting Directors of Finance have been disclosed in the accounts of the employing organisation. The amounts shown as Salary relate to recharges from that organisation. Mr P Sheward and Mr J Willetts are external consultants.

Financial accounts (continued)

Public Sector Payment Policy

Better Payment Practice Code - measure of compliance

	Number	£000
Total bills paid in the year	101,484	72,048
Total bills paid within target	95,448	64,463
Percentage of bills paid within target	94.05%	89.47%

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

The Late Payment of Commercial Debts (Interest) Act 1998

	£000	2002/03 £000
Amounts included within Interest Payable (Note 9) arising from claims made under this legislation	0	1
Compensation paid to cover debt recovery costs under this legislation	0	0

6.4 Management costs

	£000	2002/03 £000
Management costs	9,054	8,240
Income	258,104	240,176

Management costs are as defined in the document 'NHS Management Costs 2002/03' which can be found on the internet at <http://www.doh.gov.uk/managementcosts>.

Trust Board Members

Chairman	Jenny Green OBE
Chief Executive	David Loasby (until 31 May 2003) John Willetts (acting from 19 May to 31 August 2003) Roger Paffard (from 11 August 2003)
Non Executive Directors	Councillor Mark Anderson + John Cranston (from 1 January 2004) + ** Barrie Gosling + Liza Grenfell (until 30 November 2003) John Hanlon OBE (until 5 January 2004) Dr Ian Hindle (from 1 January 2004) + ** Jill Makinson-Sanders (until 30 November 2004) Nicholas Mapstone + Dr Bill Proudlock + **
Executive Directors	Andrew Avery, Director of Human Resources (Executive Director until 26 January 2004) Helen Blanchard, Director of Nursing and Midwifery (acting from 11 August 2003) Andy Leary, Director of Finance and Performance (from 8 September 2003) Dr Keith Sands, Medical Director Helen Scott-South, Chief Operating Officer (from 26 January 2004) Phil Sheward, Director of Finance (interim 11 June until 22 August 2004) Karl Simkins, Director of Finance (joint acting until 11 June 2003) Sarah Skelton, Director of Nursing and Midwifery (until 11 August 2003) Sarah Skelton, Executive Director Louth (from 11 August 2003) Tony Waite, Director of Finance (joint acting until 11 June 2003)
Other Directors	Sandra Boardman, Divisional Director for Women's, Children's and Clinical Support Services (acting from April 2003 until December 2003) Ann Donkin, Director of Strategic Development and Modernisation (from 1 March 2004) Peter Howie, Divisional Director for Surgery (until April 2004) Janet King, Director of Strategic Development (acting until 29 February 2004) Anne Lindsay, Divisional Director for Women's, Children's and Clinical Support Services (acting from December 2003 until April 2004) Bill Millar, Director of Facilities (acting from 1 August 2003) Mick Przystupa, Director of Information Management and Technology Karen Rossdale, Divisional Director for Medicine (until April 2004) Nigel Schofield, Director of Facilities (until 31 July 2003)

+ denotes member of Remuneration Sub Committee

** denotes member of Audit Sub Committee

Patients speak out

"I cannot speak more highly of the service I received from the moment I arrived. Everyone I met, all the treatment and the staff were efficient and very kind.

A centre of excellence - you should be proud of your hospital".

MG, Normanby by Spital

Patients speak out

"From the minute I arrived at the unit, I was treated with the utmost care and consideration, and I have nothing but praise for all the staff there".

NG, Lincoln

Patients speak out

"I would like to say that I have never come across such professionalism and dedication shown by a bunch of people from the orderlies to the various ranks of nurses".

CJ, Sibsey

Patients speak out

"We are fortunate to have such dedicated people to take care of us. I for one shall always be grateful for all that they have done. In the words of the great James Brown 'I feel good'".

PS, Old Leake

United Lincolnshire Hospitals 
NHS Trust

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NG31 8DG

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Fax: 01205 354395

Lincoln County Hospital
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County Hospital Louth
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