United Lincolnshire Hospitals NHS Trust

Annual report and accounts 2008/09

Further information about us can be found at:
www.ulh.nhs.uk

United Lincolnshire Hospitals NHS
NHS Trust

Contents

1) Chief Executive and Chairman's address

Once again, the United Lincolnshire Hospitals NHS Trust has had much to be proud of over the last 12 months.

Despite increasing pressures on hospital services across the county in the last few months of the year, we have continued to provide safe, quality care for all.

In particular, we have reduced rates of MRSA and Clostridium difficle by at least 30% in the last year, meaning we have some of the lowest rates of infection nationally.

We have also continued to improve our financial performance, delivering a £0.4 million surplus for the financial year which achieves our five year breakeven duty.

We worked hard to reduce patient waiting times to below 18 weeks from referral to treatment during the year. Significant increases in demand on our services over the last year, which were above the levels planned for and contracted with the PCT, have resulted in difficulties meeting the target of treating 90% of admitted patients within 18 weeks, we achieved 89.3% during the year.

Increases in emergency admissions over winter have also adversely affected our A&E performance, our target is for 98% of patients to be seen, treated and either admitted or discharged within four hours of arrival and our performance was 97.04%. We are confident that our performance will improve in the coming months.

We have invested in improving the services we offer to our patients considerably over the past year, including a state-of-the-art new Endoscopy Unit at Lincoln County Hospital and a new Special Care Baby Unit and Breast Unit for Pilgrim Hospital, Boston.

We look forward to improving services even more in the next year. We have recently been granted nearly £1 million to improve privacy and dignity for our patients, we hope to take part in the national Bowel Cancer Screening programme and open new wards at Lincoln County Hospital and Pilgrim Hospital, Boston. We will continue to make our services even more accessible, to further improve patient safety and to continue to invest in new innovation.

This should also mean that we will be in a good position to apply to become an NHS Foundation Trust during 2010. This will enable us to work more closely with our local communities, ensuring that we provide the services people want and need as locally as possible.

Gary Walker
Chief Executive

David Bowles
Chairman

30th June 2009

2) About United Lincolnshire Hospitals NHS Trust

The United Lincolnshire Hospitals NHS Trust was formed in April 2000 by the merger of the three former acute hospital trusts in Lincolnshire, creating one of the largest trusts in the country.

The Trust provides services from a total of seven hospitals, including Lincoln County Hospital, Pilgrim Hospital, Boston, Grantham and District Hospital and County Hospital, Louth as well as over 40 other locations including GP practices, community facilities and schools.

This includes a comprehensive range of over 100 medical, surgical, paediatric, obstetric and gynaecological services provided to the 700,000 people of Lincolnshire and delivered by 7,800 highly trained staff and volunteers.

The Trust represents approximately 30% of the £1.06 billion NHS Lincolnshire (PCT) spends on healthcare in the region every year. The PCT commissions services from the Trust to meet the needs of the local population. The United Lincolnshire Hospitals NHS Trust also works closely with other partners, including Lincolnshire Partnership NHS Foundation Trust, East Midlands Ambulance Service, other public organisations, the voluntary and charitable sector and the private sector.

The Trust is managed by a Trust Board, made up of Executive and Non-Executive Directors and through an Executive Board and its sub-committees.

The clinical management structure of the Trust is run through a series of clinical directorates, representing planned care, emergency care, diagnostics and women's and children's services.

The United Lincolnshire Hospitals NHS Trust has recently laid out its goals and objectives for the next year and how they will be achieved as follows:

Goal 1. To provide quality healthcare	
1	We will continue our campaign to reduce further our low levels of healthcare associated infections in line with our locally agreed targets by 31 March 2010
2	We will fully meet all 11 duties of the Hygiene Code by 30 June 2009
3	We will achieve a good or above rating in the Care Quality Commission annual health check quality rating for 2009-10, published October 2010
4	We will meet all key national and local contractual targets by March 2010 including a financial surplus of £3.6m
5	We will publish a quality plan by 30 June 2009
6	We will meet all the requirements to apply for Foundation Trust status by 31 December 2009
7	We will implement 100% MRSA screening by 1 April 2009
8	We will further improve organisational governance and achieve an 'ALE score' of 3 by 31 March 2010
9	We will develop and implement a strategy for children's services to improve our compliance against the 19 indicators in the national children's services review by 31 March 2010
Goal 2. We will meet the needs of patients more fully by involving them in the design of services and the delivery of their care	
10	We will develop and implement a customer services strategy by 31 July 2009
11	We will recruit our FT membership and begin incorporating members in the design of patient services by 31 December 2009
12	We will continue to improve our environment and implement a programme of improvements to comply with the revised single sex accommodation guidance by 31 July 2009
Goal 3. We will put education, training and evidence based practice at the heart of patient care	
13	We will continue to ensure every member of staff has agreed objectives, job description, a knowledge and skills framework (KSF) outline (where applicable) and personal development plans by 31 March 2010

14	We will increase research in line with the R&D Strategy by 31 March 2010
15	We will implement a new process for medical staff revalidation by 31 March 2010

Goal 4. We will build strategic alliances to identify opportunities to improve patient outcomes	
16	We will work with NHS Lincolnshire (PCT) to support the development of PCT provider services during 2009-2010
17	We will work with the PCT provider services to support the new service models at Louth ensuring they a effectively implemented from August 2009
18	We will work with NHS Lincolnshire (PCT) on a joint long-term plan for Grantham Hospital's services by 31 December 2009
19	We will work with NHS East Midlands and NHS Lincolnshire (PCT) to support the development of stroke services, trauma care, PPCI services and Change4Life programmes
Goal 5. We will be a nationally recognised model employer	
20	We will continue to develop our leadership and management capability through Performance Plus by implementing a coaching for quality programme and through providing 360 degree feedback for our senior leaders by 31 December 2009
21	We will achieve compliance with the European Working Time Directive by 31 July 2009
22	We will fully implement the Single Equality Scheme to provide a coherent strategy for the Trust to improve performance against diversity targets and achieve compliance by 30 September 2009
Goal 6. We will develop our commercial expertise in order to operate effectively in the new market-orientated environment	
23	We will implement a programme that ensures services are trading within the income they earn and we will develop a recovery plan for each where necessary by 30 September 2009
24	We will implement new marketing and planning functions by 30 September 2009
Goal 7. We will use new technology to improve patient care	

25	We will implement our new Patient Administration System by October 2009 as the first stage to implementing the Care Records Service (fully integrated electronic patient health records)
26	We will roll out electronic rostering to reduce temporary staff usage and ensure equitable demands on staff from 1 May 2009
27	We will expand the hand-held patient experience tracker to ensure we continue to improve the way we respond to patient feedback from 30 June 2009

3) Trends and projections

Performance data

Each year the United Lincolnshire Hospitals NHS Trust sees and treats hundreds of thousands of patients for emergency care, planned treatment, outpatient appointments and day case procedures and each year this number rises as the population of Lincolnshire increases.

Activity	2007-08 actual	2008-09 contracted	2008-09 acutal	% activity above contract	2009-10 contracted
Accident & Emergency attendances	174,837	173,305	182,909	5.5%	183,782
Emergency care admissions	61,113	60,485	60,855	0.6%	64,019
Planned inpatient care – procedures / treatment	14,985	15,247	14,881	-2.4%	16,403
Planned day cases – procedures / treatment	57,343	55,621	58,847	5.8%	62,305
First outpatient appointments	147,520	139,709	156,381	11.9%	156,152
Subsequent outpatient appointments	358,831	331,249	367,776	11%	358,343

Waiting times

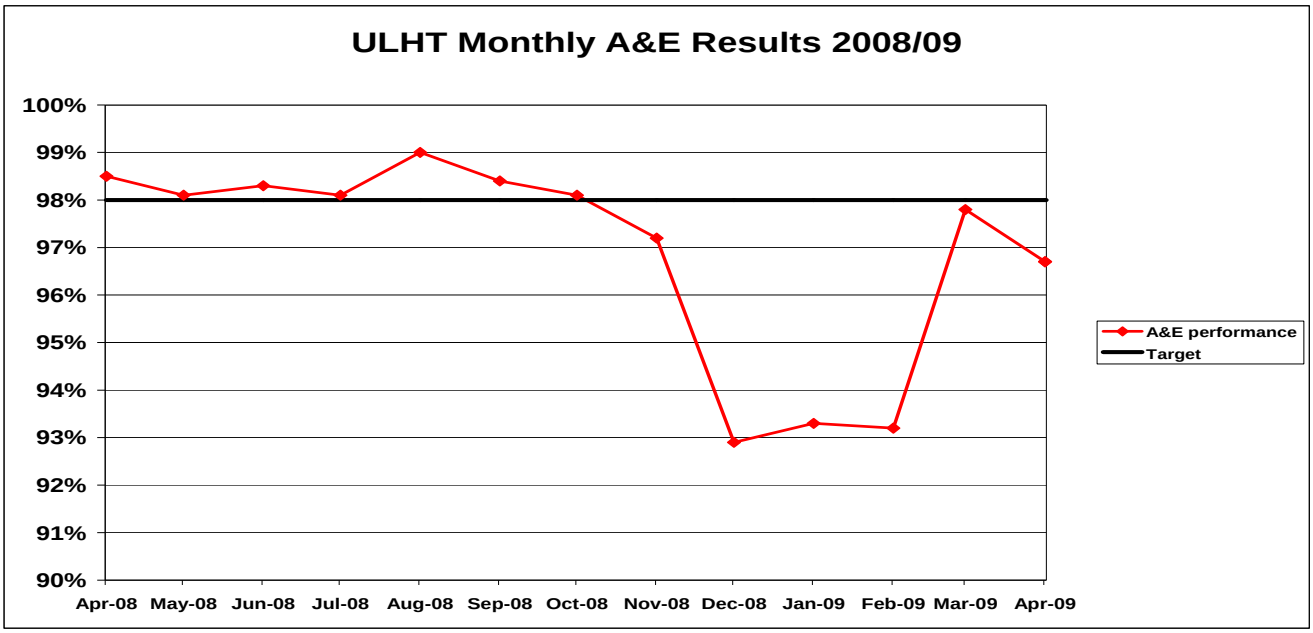
Accident and Emergency

The target for Accident and Emergency services is for 98% of patients to be seen, treated and either admitted or discharged within four hours.

The Trust was achieving this A&E target until there was a significant increase in emergency admissions at the end of 2008. Excess demand above the contract levels at some hospital sites has been the major factor in its deteriorating performance.

Accident and Emergency waits all ULHT sites
April 2008 - March 2009

Department	1 hour	1+ - 2 hours	2+ - 3 hours	3+ - 4 hours	4+ hours	Not recorded	Total	Yearly % under 4 hours
JOHNSON A+E DEPT	7624	1161	160	15	5		8965	99.94%
LOUTH COUNTY A&E DEPT	8537	5630	1918	803	182	1	17071	98.93%
GRANTHAM A+E DEPT	9241	9691	5232	3217	430	8	27819	98.45%
SKEGNESS A+E DEPT	17241	8660	1995	507	117	1	28521	99.59%
PILGRIM A+E DEPT	9933	13398	8999	7808	1631	20	41789	96.09%
LINCOLN COUNTY A&E DEPT	12957	17448	13021	12240	3044		58710	94.81%
ULH Total	**65533**	**55988**	**31325**	**24590**	**5409**	**30**	**182875**	**97.04%**



Excess demand

Prior to November 2008 emergency demand was below contract and broadly in line with historical levels of activity. In November 2008 the Trust experienced a significant rise in demand for emergency admission. The rise was 8-9% greater than the same period the previous year (winter to winter comparison), and varied between sites. The increased level of demand has continued to date.

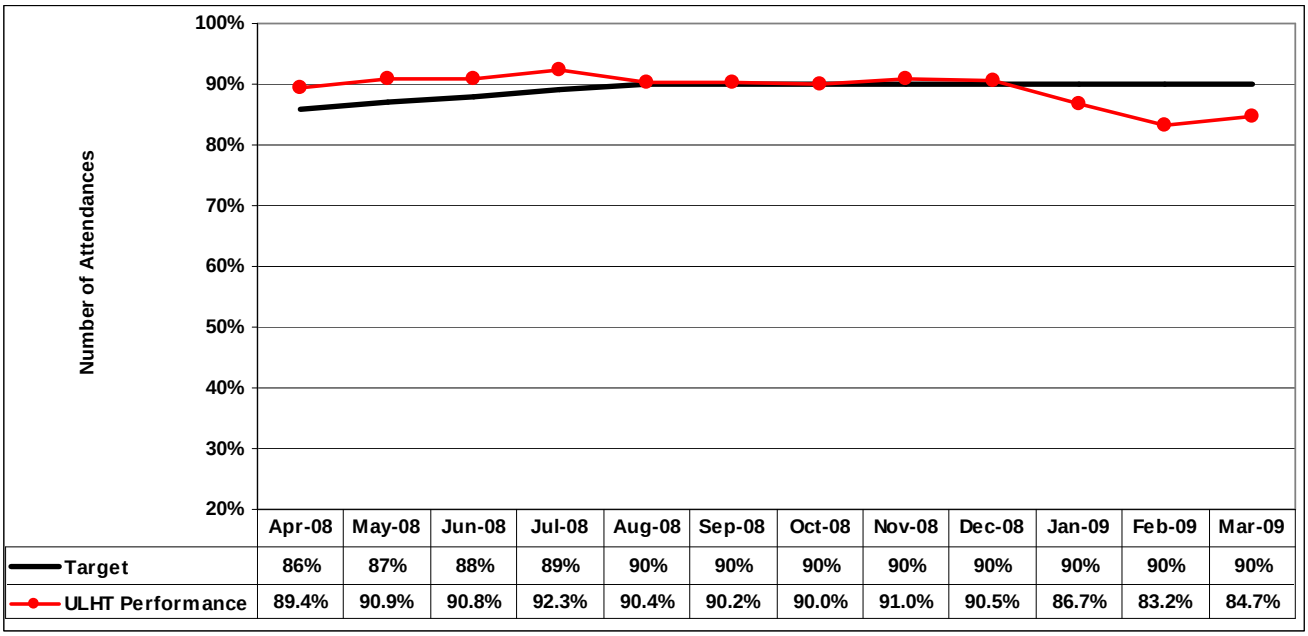
The table below shows the number of patients admitted over historical levels following the surge in demand from November 2008.

Site	Average weekly admissions pre-surge	Average weekly admissions post-surge	Percentage increase
ULHT	976	1032	5.7
ULHT (winter 08/09 vs winter 07/08)	939	1032	9.9
Lincoln County	471	525	11.4
Pilgrim	331	356	7.6
Grantham	106	127	19.4

The high levels of admission were also the primary cause in the Trust cancelling 722 planned admissions (<3 days pre-admission) towards the end of the financial year. This in turn affected 18 week admitted performance which fell below 90%.

18 Week Referral to Treatment - admitted

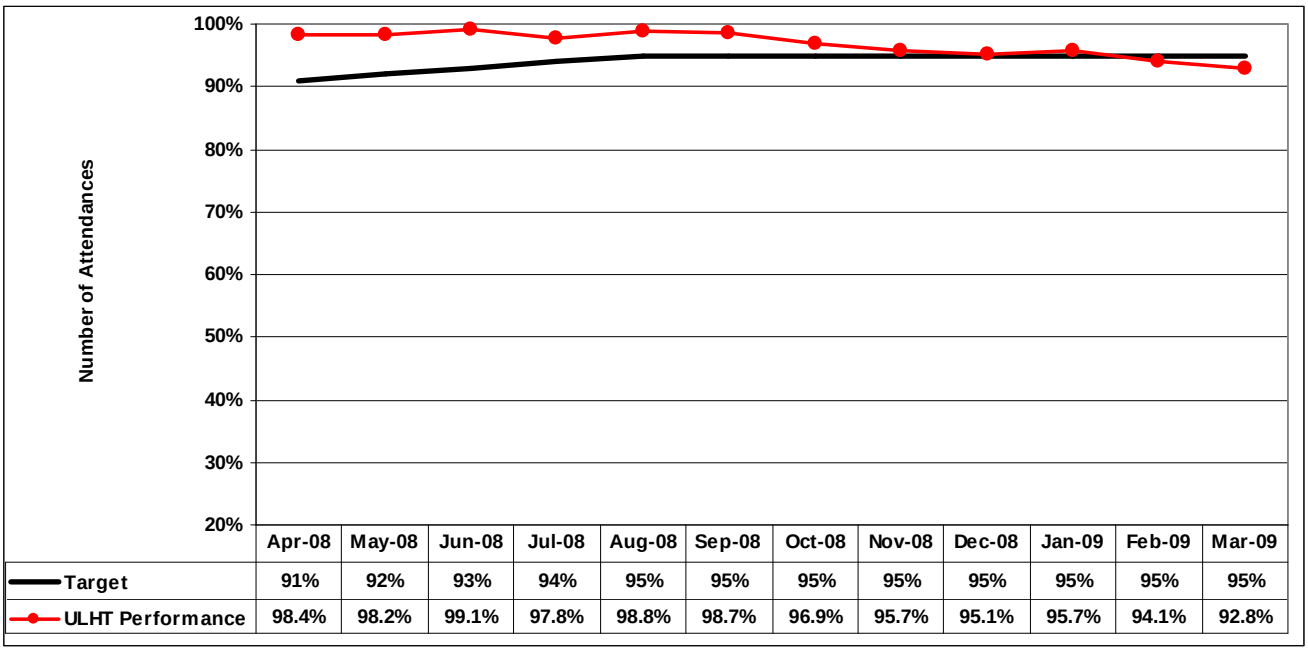
The Trust is required to treat 90% of patients who are admitted to hospital within 18 weeks of their referral. As a result of the unprecedented increase in admissions, performance against the 18 week target for admitted patients deteriorated in January 2009.



	Apr-08	May-08	Jun-08	Jul-08	Aug-08	Sep-08	Oct-08	Nov-08	Dec-08	Jan-09	Feb-09	Mar-09
Target	86%	87%	88%	89%	90%	90%	90%	90%	90%	90%	90%	90%
ULHT Performance	89.4%	90.9%	90.8%	92.3%	90.4%	90.2%	90.0%	91.0%	90.5%	86.7%	83.2%	84.7%

Non-admitted

The Trust is required to treat 95% of patients who are not admitted to hospital within 18 weeks of their referral. The Trust's performance against this target deteriorated from January 2009 as a result of increased activity in outpatient departments. It saw an over-performance on first outpatient activity of 14% and an overperformance on subsequent outpatient activity of 11%.



	Apr-08	May-08	Jun-08	Jul-08	Aug-08	Sep-08	Oct-08	Nov-08	Dec-08	Jan-09	Feb-09	Mar-09
Target	91%	92%	93%	94%	95%	95%	95%	95%	95%	95%	95%	95%
ULHT Performance	98.4%	98.2%	99.1%	97.8%	98.8%	98.7%	96.9%	95.7%	95.1%	95.7%	94.1%	92.8%

Core standards

For the 2008/09 core standards declaration, which the Trust makes to the Care Quality Commission each year, the Trust declared it had reasonable assurance that 39 out of the 44 core standards had been met for the full year.

For three standards, however, there were lapses in year due to breaches of the Hygiene Code. These were corrected for C4a Infection Control and C4c Decontamination so the Trust was able to declare the standards were met before the end of March 2009. For C21 Clean Well Designed Environment, however, further planned action is required to achieve compliance.

The Trust has now met the requirements of C9 Records Management but compliance was not achieved for the full year.

Although the Trust acts and responds appropriately to complainants the Trust declared it does not meet C14c Complaints Response due to concerns about the timeliness of responses. Further planned action is taking place to achieve compliance in 2009.

Infection rates - MRSA

The national target was to halve the rate of MRSA infection by 2008. The Trust's trajectory is to reduce MRSA bacteraemias (i.e. MRSA infections in the blood) to a maximum of 34, including both pre 48 hour infections (those admitted to hospital already infected with MRSA) as well as those who develop the infection whilst in hospital.

The Trust reported 32 MRSA bacteraemias against a trajectory of 32 cases during 2008/09. Of those, 20 were identified on admission and have been investigated by the Primary Care Trust.

Infection rates – Clostridium difficile

The Trust is required is to set trajectories to reduce Clostridium difficile infections. The Trust's trajectory was to reduce the total number of hospital acquired cases of C diff to a maximum of 269 for the year 2008/09, from 325 the year before. It is important to note that the national reporting for C diff changed in April 2007 to include reporting of all cases in patients aged two and above, compared to the previous arrangement which included patients only aged 65 and over. The Trust's trajectory was agreed on the basis of comparable data sets.

The Trust has reported 207 Clostridium Difficile infections against a trajectory of 269 cases for 2008/09.

4) The Trust's environmental footprint

The Trust is fully committed to ensuring that it reduces the environmental impact of its working practices. As part of this commitment the Trust joined the third wave of the Carbon Trust's Carbon Management Programme and successfully graduated in March 2009.

The Trust's target for reducing carbon emissions is 30% by 2013 and underpins potential savings to the organisation of around £9.2 million by 2015.

As part of the implementation of the programme, the Trust has completed the following actions over the last year:

- Systematic analysis of its carbon footprint, focusing on reducing CO_2 emissions from buildings and all other sources of emissions such as transport, waste disposal and procurement
- A calculation of the financial impact to the Trust of its energy consumption and carbon emissions and the case for taking action
- An assessment of the opportunities to reduce carbon
- A programme for implementation including appropriate project management arrangement

The Trust currently has a major boiler house replacement scheme underway on the Pilgrim Hospital, Boston site. The new plant will use the latest boiler technology and will be fuelled mainly by biomass. In addition, combined heat and power technology will be used to generate on site electricity. This new boiler house plant will reduce CO_2 emissions on the Pilgrim Hospital site by 51%, from 10,445 to 5,153 tonnes.

Waste management

The Trust is working with waste contractors to increase the level of recycling to 50% over the next three years. The Trust will start to report progress on the target next year. The Trust is at the same time looking at ways of reducing packaging as part of the procurement of goods.

5) Emergency preparedness

The Trust is required to comply with legislation and standards regarding emergency preparedness and it works closely with colleagues in the Primary Care Trust and other health providers to consider, plan and test the preparedness for the county.

The Trust is also part of a multi agency group reporting to the Lincolnshire Resilience Forum for emergency planning.

The Trust has plans in place to deal with major incidents, these plans are regularly tested and updated.

6) Quality Accounts

The Trust is fully committed to the delivery of high quality services that meet its patients' needs and implemented a comprehensive quality development programme during 2008/09.

The Trust Board has approved the implementation of appropriate arrangements during 2009/10 to meet the Government's commitment to develop Quality Accounts within the NHS. These will be reports to the public on the quality of services provided by the Trust in every service line – looking at safety, experience and outcomes. The development of the account for the Trust will enable:

- The board to focus on quality improvement as a core function
- The Trust to be publicly accountable for the quality of NHS healthcare services provided
- Patients and their carers to make better informed choices

The following principles have been adopted in determining the final list of measures incorporated into the Quality Account. They should;

- Be measurable and meaningful
- Focus initially on a small set of indicators which can be developed over time
- Include a balance of indicators covering the themes of:
    - Effectiveness (both clinical and patient reported)
    - Patient safety
    - Patient experience
- Focus on driving real service improvements and demonstrate added value
- Be evidence based and have clinical credibility
- Demonstrably address concerns identified by patients and the public
- Be chosen as the result of detailed consultation with clinicians and clinical teams
- Build on existing measures in use
- Take account of the views and expectations of commissioners

Taking all the above factors into account, the following is the finalised set of metrics adopted by the Trust for 2009/10.

Safety measures

- Patients with MRSA infection / 10,000 bed days
- Patients with C diff infection / 1000 bed days
- Hospital Standardised Mortality Rate
- Reduction in patient safety incident rates per 1000 bed days
- Surgical site infection rate

Clinical outcome measures

- Indicators of stroke care
- Patient Related Outcome Measures (PROMS)

  - Readmission rate
  - Survival rate for trauma
  - Hip and knee surgery
  - Varicose vein surgery
  - Hernia repair

Patient experience measures

- Timeliness in responding to the complainants plan timescales
- % of patients who felt they were treated with respect and dignity
- % of patients sharing a sleeping area with patients of the opposite sex when first admitted
- % of patients who rate their care as excellent, good or very good

In addition, the Trust will also continue to monitor its performance during the year against the following nationally determined quality standards:

- Care Quality Commission Core Standards
- C diff: year on year reduction
- MRSA; maintaining the annual number of hospital or community-acquired infections at less than half of the 2003/04 level
- Maximum waiting time of 31 days from decision to treat to start of treatment extended to cover all cancer treatments
- Maximum waiting time of 62 days from all referrals to treatment for all cancers
- 18 week maximum wait from point of referral to treatment (admitted patients)
- 18 week maximum wait from point of referral to treatment (non-admitted patients)
- Maximum waiting time of 4 hours in A&E from arrival to admission, transfer or discharge
- Maximum waiting time of 31 days from diagnosis to treatment for all cancers
- Maximum waiting time of 62 days from urgent referral to treatment for all cancers
- People suffering heart attacks to receive thrombolysis within 60 minutes of call (where this is the preferred local treatment for heart attack)

- Maximum waiting time of 2 weeks from urgent GP referral to first outpatient appointment for all urgent suspect cancer referrals

Core standards declaration

For the 2008/09 core standards declaration, which the Trust makes to the Care Quality Commission each year, the Trust declared it had reasonable assurance that 39 out of the 44 core standards had been met for the full year.

For three standards, however, there were lapses in year due to breaches of the Hygiene Code. These were corrected for C4a Infection Control and C4c Decontamination so the Trust was able to declare the standards were met before the end of March 2009. For C21 Clean Well Designed Environment, however, further planned action is required to achieve compliance.

The Trust has now met the requirements of C9 Records Management but compliance was not achieved for the full year.

Although the Trust acts and responds appropriately to complainants the Trust declared it does not meet C14c Complaints Response due to concerns about the timeliness of responses. Further planned action is taking place to achieve compliance in 2009.

For 2009/10, the Quality Account will comprise two elements; a core element set centrally by the Department of Health and laid out in regulations, and a locally determined element which are responsive to local needs.

Performance summary

Detailed information regarding the Trust's general performance in 2008/09 can be found in other relevant sections of this report, however, in summary:

The Trust achieved its key targets with respect to healthcare associated infections whilst remaining under trajectory for MRSA bacteraemias and better than target for C diff infections

- It continued to meet the 31 and 62 day cancer treatment targets throughout the year, and more recently has been achieving the new guidelines for these targets

- 97.05% of patients attending A&E during the year were seen, treated and either admitted or discharged within the 4 hrs. This was against a national target of 98%

- 89.3% of patients planned to be admitted to hospital were treated within 18 weeks of referral against a national target of 90%

- 97.0% of patients not admitted to hospital were treated within 18 weeks against a national target of 95%

7) Directors report- declarations of interest

Members of the Trust Board formally register their interests and related party transactions on an annual basis and the table below represents the formal declarations made for 2008/09 at the commencement of the year.

This information is routinely updated as and when a senior officer advises of a change to their interests and such information is available in-year via the Trust's website at www.ulh.nhs.uk or by contacting the Trust Board Secretary on 01522 512512 Ex 2503.

Member	Nature of interest
David Bowles, Chairman	Nothing to declare
Tim Staniland, Non Executive Director	Nothing to declare
Keith Brown, Non Executive Director	Nothing to declare
Karl Cook, Non Executive Director	Nothing to declare
Stan Keyte, Non Executive Director	Nothing to declare
Phil Scarlett, Non Executive Director	Nothing to declare
Gary Walker, Chief Executive	Nothing to declare
Dawne Bloodworth, Director of Operations	Nothing to declare
Dr David Boldy, Medical Director	Nothing to declare
Bernard Chalk, Director of Finance	Nothing to declare
Sylvia Knight, Chief Nurse	Nothing to declare
Mike Speakman, Director of Estates and Facilities	Nothing to declare
Ros Edwards, Director of Human Resources	Nothing to declare
Richard Lendon, Interim Director of Performance	Nothing to declare

8) Remuneration report

Remuneration statement

The membership of the Remunerations and Terms of Service Committee comprises the Trust 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 of severance payments were made to any 'very senior managers' during the course to 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.

			2007-08			2008-09		
Name and title	Term in post		Salary (bands of £5,000)	Other Remuneration (bands of £5,000)	Benefits in kind (Rounded to the nearest £00)	Salary (bands of £5,000)	Other Remuneration (bands of £5,000)	Benefits in kind (Rounded to the nearest £00)
	Start	Finish	£000's	£000's	£00's	£000's	£000's	£00's
Mr D Bowles - Chair	Pre Apr 07	Ongoing	20 - 25		13	20 - 25		20
Mr S Keyte - Non Executive Director	Pre Apr 07	Ongoing	5 - 10		3	5 - 10		3
Mr T Staniland - Non Executive Director	Pre Apr 07	Ongoing	5 - 10			5 - 10		10
Mr K Short - Non Executive Director	Pre Apr 07	Ongoing	5 - 10		3	5 - 10		-
Mr B Damazer - Non Executive Director	Pre Apr 07	Apr-08	5 - 10		4	0 - 5		1
Mr K Cook - Non Executive Director	Pre Apr 07	Ongoing	5 - 10		3	5 - 10		5
Mr K Brown - Non Executive Director	May-08	Ongoing				5 - 10		8
Mr J Scarlett - Non Executive Director	May-08	Ongoing				5 - 10		5
Gary Walker - Chief Executive	Pre Apr 07	Ongoing	165 - 170			165 - 170		
Jane Froggatt - Interim Director of Operations	Pre Apr 07	Jun-07	See Note 1					
Paul Grant - Chief Operating Officer	Jul-07	Nov-07	50 - 55					
Dawne Bloodworth - Director of Operations	Mar-08	Ongoing	0 - 5			100 - 105		
Robert Barton - Interim Director of Finance	Pre Apr 07	Jun-07	See Note 2					
Bernard Chalk - Director of Finance	Jun-07	Ongoing	95 - 100			115 - 120		
Dean Royles - Director of HR	Pre Apr 07	Dec-07	75 - 80					
Richard Jones - Director of HR	Dec-07	Apr-08	See Note 3			See Note 3		
Mark Gammage - Director of HR	Apr-08	Jul-08				See Note 4		
Ros Edwards - Director of HR	Aug-08	Ongoing				65 - 70		
Sylvia Knight - Chief Nurse	Pre Apr 07	Ongoing	90 - 95			95 - 100		
Anne Dray - Director of Performance	Apr-07	Dec-08	110-115			75 - 80		
Dr Richard Lendon - Interim Director of Performance	Jan-08	Ongoing				15 - 20		
David Boldy- Medical Director	Pre Apr 07	Ongoing	30 - 35	135 - 140		35 - 40	125 - 130	
Brian Gibbs - Interim Director of Estates and Facilities	Nov-07	May-08	See Note 5			See Note 5		
Mike Speakman - Director of Estates and Facilities	May-08	Ongoing				85 - 90		

2007/08 TABLE

Name and title	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)	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	£000's	£000's	£100
Gary Walker - Chief Executive	0 - 2.5	0 - 2.5	5 - 10	15 - 20	70	58	7	
Jane Froggatt - Interim Director of Operations	0 - 2.5	0 - 2.5	30 - 35	95 - 100	447	415	3	
Paul Grant - Chief Operating Officer	0 - 2.5	2.5 - 5	35 - 40	115 - 120	579	507	15	
Dawne Bloodworth - Director of Operations	0 - 2.5	0 - 2.5	15 - 20	50 - 55	249	224	1	
Robert Barton - Interim Director of Finance	See Note 2							
Bernard Chalk - Director of Finance	0 - 2.5	10 - 12.5	30 - 35	100 - 105	533	444	45	
Dean Royles - Director of HR	22.5 - 25	70 - 72.5	30 - 35	100 - 105	434	8	211	
Richard Jones - Director of HR	See Note 3							
Sylvia Knight - Chief Nurse	0 - 2.5	0 - 2.5	20 - 25	65 - 70	246	226	10	
Anne Dray - Director of Performance	0	0	30 - 35	95 - 100	454	453	- 7	
David Boldy- Medical Director	25-27.5	77.5 - 80	60 - 65	185 - 190	971	539	293	
Brian Gibbs - Interim Director of Estates and Facilities	See Note 5							

2008/09 TABLE

Name and title	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 2009 (bands of £5,000)	Lump sum at age 60 related to accrued pension at 31 March 2009 (bands of £5,000)	Cash Equivalent Transfer Value at 31 March 2009	Cash Equivalent Transfer Value at 31 March 2008	Real increase in Cash Equivalent Transfer Value	Employer's contribution to stakeholder pension
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£100
Gary Walker - Chief Executive	0 - 2.5	5 - 7.5	5 - 10	25 - 30	115	70	31	
Dawne Bloodworth - Director of Operations	5 - 7.5	17.5 - 20	20 - 25	70 - 75	430	249	122	
Bernard Chalk - Director of Finance	10 - 12.5	30 - 32.5	45 - 50	135 - 140	1,019	533	331	
Richard Jones - Director of HR	See Note 3							
Mark Gammage - Director of HR	See Note 4							
Ros Edwards - Director of HR	0 - 2.5	-	0 - 5	-	14	-	7	
Sylvia Knight - Chief Nurse	2.5 - 5	7.5 - 10	25 - 30	75 - 80	351	246	69	
Anne Dray - Director of Performance	0 - 2.5	2.5 - 5	30 - 35	100 - 105	609	454	76	
Dr Richard Lendon - Interim Director of Performance	0 - 2.5	0 - 2.5	10 - 15	35 - 40		143	9	
David Boldy- Medical Director	-	-	60 - 65	185 - 190	1,375	971	266	
Brian Gibbs - Interim Director of Estates and Facilities	See Note 5							
Mike Speakman - Director of Estates and Facilities	0 - 2.5	2.5 - 5	15 - 20	55 - 60	275	201	45	

Notes:

1. Jane Froggatt was seconded from Lincolnshire PCT at a cost of £24,708 in 2007/08.
2. Robert Barton invoiced the Trust directly for his services at a cost of £18,650 in 2007/08.
3. Richard Jones was appointed through an Agency at a cost of £43,717 in 2007/08 and £10,222 in 2008/09.
4. Mark Gammage was appointed through an Agency at a cost of £32,771 in 2008/09.
5. Brian Gibbs was appointed through an Agency at a cost of £44,511 in 2007/08 and £11,707 in 2008/09.

Other remuneration relates to:
Clinical Sessions worked by David Boldy

Cash Equivalent Transfer Values

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital 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 arrangement to secure pension benefits in another pension 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 disclosure applies. The CETV figures and 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 benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

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 scheme or arrangement) and uses common market valuation factors for the start and end of the period.

9) Information for employees

Making partnerships work

United Lincolnshire Hospitals NHS Trust is committed to making partnerships work and learning from each other. The Trust held a Partnership Day on 29 January 2009, which involved both staff-side and management in order to progress the implementation of the framework and to establish ways forward for embedding partnership working in the NHS.

National staff survey

The annual national staff survey, co-ordinated for the Trust by Quality Health, was issued in September 2008. 491 Staff took part in the survey, equating to a response rate of 58%, which is above the average for acute trusts in England and compares with a response rate of 52% last year.

The Trust's results in all areas of the survey improved or remained static when compared to 2007 figures, showing that the Trust is consistently making progress.

Performance Plus

The Trust held a Performance Plus launch event on 10 October 2008 at the Forest Pines Hotel, North Lincolnshire which was attended by more than 180 members of staff.

Performance Plus is a development programme for all leaders in the organisation; it offers support, including specific skills training. It will also deliver the communication required to involve and engage staff, stakeholders, public and other partner organisations.

The Trust's aim is to create a culture which drives its organisational performance, adds value to patients and the community and which allows it to deliver its corporate goals and realise its vision.

10) Disability policy

The Trust’s policy in relation to disabled employees:

The Trust is signed up to the Job Centre Plus 'Positive About Disabled People' scheme. The Trust has made a positive commitment regarding the employment, retention, training and career development of disabled people.

Our commitments are:

- To interview all disabled applicants who meet the minimum criteria for a job vacancy and to consider them based on their abilities
- To ensure there is a mechanism in place to discuss with disabled employees at any time but at least once a year what both parties can do to make sure disabled employees can develop and use their abilities
- To make every effort to make sure employees stay in employment when they become disabled
- To take action to ensure that all employees develop the appropriate level of disability awareness needed to make sure these commitments work
- To review these commitments each year and assess what has been achieved, plan ways to improve on them and let employees and Jobcentre Plus know about progress and future plans

11) Equality and diversity

Trust's equality and diversity statement:

Equality is about creating a fairer society in which everyone has the opportunity to fulfil their potential. Diversity is about recognising and valuing difference in its broadest sense (NHS Employers).

United Lincolnshire Hospitals NHS Trust recognises that everyone is different, and values the unique contribution that individual experiences, knowledge and skills make in delivering quality healthcare and becoming a model employer.

The Trust is committed to transforming its organisational culture by actively committing to implementing the Trust Single Equality Scheme, and other policies, such as the Dignity at Work policy and the Dignity in Care policy. The Trust will continue to promote equality and challenge discrimination in all service provision, recognising and meeting the needs of the diverse communities the Trust serves.

The Trust will strive to provide an environment in which people want to work and to be a model employer leading in good employment practice. The Trust is also committed to enabling each member of staff to achieve their full potential in an environment characterised by dignity and mutual respect.

The Trust will not tolerate unlawful discrimination, victimisation, bullying or harassment based on race, ethnic or national origin, nationality, age, disability, gender, gender reassignment, sexual orientation, religion or belief, HIV status, marital status, or caring responsibilities. Any action found to be in breach of any of these would be addressed in accordance with the Trust's policies and procedures.

12) Complaints procedure

The Trust is committed to resolving complaints efficiently and effectively at a local level. In doing this, every effort is made to ensure that where possible we restore the complainant/patient to the position they would have been in if the maladministration/poor service had not occurred. The Trust uses the good practice outlined by the Ombudsman in the document ‘Principles of Remedy’ as a structure in which to work.

At every stage of the complaints handling process the Trust is customer focussed with responses being open and honest, providing apologies and explanations as appropriate. Complaint information is recorded on a centralised database and used by the Trust to learn from complaints and improve the services we provide.

13) Data protection

The Trust views data protection and security as an important aspect of the work it does and manages data protection issues rigorously.

As a part of the reporting of personal data related incidents the Trust must disclose a summary of each Serious Untoward Incident (Classified 3-5). There are none for this period.

The Trust must also provide a summary of all incidents classified as 1-2 in a summary table, as shown below.

Category (within levels 1-2)	Nature of incident	Total
I	Loss of inadequately protected data on NHS premises	0
II	Loss of inadequately protected data outside NHS premises	1
III	Insecure disposal of inadequately protected data	4
IV	Unauthorised disclosure	14
V	Other	0

14) Sickness absence

The latest Trust annual sickness rate is 4.91%, a reduction from 5.01% for the 12 months ending 31 March 2008. The figure is also below the Trust target of 5.00% for the financial year 2008/09.

15) Statement of accounting officer's responsibilities

The directors are required under the National Health Service Act 2006 to prepare accounts for each financial year. The Secretary of State, with the approval of the Treasury, directs that these accounts give a true and fair view of the state of affairs of the Trust and of the income and expenditure, recognised gains and losses and cash flows for the year. In preparing those accounts, directors are required to:

- Apply on a consistent basis accounting policies laid down by the Secretary of State with the approval of the Treasury
- Make judgements and estimates which are reasonable and prudent
- State whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the accounts

The directors are responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the Trust and to enable them to ensure that the accounts comply with requirements outlined in the above mentioned direction of the Secretary of State. They are also responsible for safeguarding the assets of the Trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the accounts.

By order of the Board

Gary Walker
Chief Executive

Bernard Chalk
Director of Finance

30th June 2009

16) Summary of the statement on internal control

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 policies, aims and objectives. 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 policies, aims and objectives

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

The Trust has adopted a risk management strategy which aims to integrate risk management into the strategic and routine decision making processes within the Trust. All employees are responsible for identifying, reducing or eliminating risk where possible. A risk register is maintained using information from all managers who identify risks in their area of work. This is the way in which risks to data security are managed and controlled.

The system of internal control has been in place in United Lincolnshire Hospitals NHS Trust for the year ended 31 March 2009 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 on Internal Control and Annual Accounts on request.

Gary Walker
Chief Executive

30th June 2009

17) Operating and financial review

The summary financial statements showing the key figures for the financial year 2008/09 are presented on pages 36 to 39. A full set of accounts is available on request.

Financial review 2008/09

During the financial year 2008/09 the Trust achieved a surplus of £0.4 million, ensuring that it recovered its remaining historical debt and will enter 2009/10 in a balanced financial position on a historic basis.

The Trust also achieved its capital resource and external financing duties and achieved a 3.9% return on capital.

In addition, the Trust has maintained the level of resources it spends on management activities at below 3.6% of its total income.

To deliver the surplus in 2008/09 the Trust addressed a cost improvement programme of £10.7 million and overcame a number of service cost pressures. The Trust is managed through a number of directorates and the financial performance of these component parts of the organisation consolidate into a Trust-wide position. The performance of the directorates was in general satisfactory, although a number of them reported a deficit year end out-turn. The financial challenges that emerged during the year were in the main the result of significant increases in activity and slippage in the delivery of cost improvement plans. It is anticipated that some of these pressures will be addressed as part of the financial planning process in 2009/10 and cost improvement savings will be the subject of a more structured management process to improve delivery.

It is essential that the Trust maintains its improvement in its financial performance and that financial balance is sustained to allow it to develop, invest in and improve services, as well as meet its aspirations of achieving NHS Foundation Trust status.

Key financial targets

Performance against financial targets was as follows:

- **Income and expenditure -** the Trust is required to ensure that its income is sufficient to meet its expenditure, taking one year with another

The Trust made a surplus of £0.366 million on a total turnover of £353.3 million.

- **Cash –** the Trust must meet its allowable net borrowing or repayment of debt for the year as set out in the Trust's External Financing Limit (EFL)

The EFL (or net borrowing limit) was set at £14.6 million. Year end outturn was £14.0 million

- **Capital cost absorption rate** – to achieve a capital cost absorption rate within the range of 3.0% - 4.0% of the average net assets

The rate achieved was 3.9%

- **Capital Resource Limit** – the Trust is required not to over spend against its capital resource limit (CRL)

The CRL of £18.5 million was met with a significant under spend of £10.4 million of which £3.7 million was a technical adjustment.

Compliance with the Better Payments Practice Code (BPPC) – the code requires the Trust to pay all undisputed invoices by the due date or within 30 days of receipt of goods or a valid invoice, whichever is later. The target is 95%, so the Trust is falling short of this requirement. BPPC performance has deteriorated during 2008/09 and we are therefore planning to undertake an in depth process review programme during the first six months of the 2009/10 financial year.

	2008/09		
	Number		**£000**
Total Non-NHS trade invoices paid in the year	**107,347**		**102,470**
Total Non NHS trade invoices paid within target	**82,822**		**71,825**
Percentage of Non-NHS trade invoices paid within target	**77%**		**70%**
Total NHS trade invoices paid in the year	**3,258**		**33,417**
Total NHS trade invoices paid within target	**2,617**		**25,896**
Percentage of NHS trade invoices paid within target	**80%**		**77%**

Management costs

	2008/09	2007/08
	£'000	£'000
Management costs	**12,674**	**11,621**
Income	**353,280**	**344,309**
% of Income	**3.59%**	**3.4%**

Management costs are defined as those on the Department of Health website at:

http:/www.dh.gov.uk/en/Policyandguidance/Organisationpolicy/Financeandplanning/NHSmanagementcosts/index.htm

Severance payments

There were no severance payments to senior staff in 2008/09.

Efficiency

The Trust continues to look at ways to improve efficiency and will be introducing a productivity and efficiency strategy that sets out the processes to be followed both in the short and long term.

The reference cost index is produced annually and measures the cost of a range of services provided by Trusts against the national average cost for those services. The Trust's reference cost index for 2007/08 improved to 103, the average cost index is 100. The reason for this variance is being assessed as part of the development of Service Line Reporting.

The Trust is currently developing Service Line Reporting and it is expected that this initiative will further enhance the identification of potential areas for efficiency savings to contribute towards our medium term financial plan.

Financial outlook

The Trust will seek to build upon its financial achievements of the past two years to accomplish a sustainable financial position and enable it to meet the challenges of the future. To facilitate this, it will continue to maintain tight control over its finances and further develop its focus around productivity and efficiency.

The Trust will be developing a medium term financial strategy (three years) which will demonstrate a sustainable financial position. This will be a critical element of a successful NHS Foundation Trust application.

The Trust recognises the need to achieve in-year financial balance each and every year and on a recurrent basis. Delivery of this will be contingent on further improvements in the management of budgets and the ability to deliver new savings plans each year to meet the efficiency targets required by the Department of Health. The Trust's financial objective must ensure that it continues to achieve sustainable financial balance and stability in the long term.

The Trust faces a number of challenges in managing its long-term financial position. The risks are:

- To control on an incremental basis the baseline costs of the organisation
- To manage the costs associated with service developments
- Loss of income following the introduction of new patient pathways and patient choice and a substantial failure to manage the associated reduction in cost base
- Identifying and delivering the savings plans each year to meet the efficiency targets required by the Department of Health

The Trust's financial strategy must be to develop mechanisms for managing these risks whilst, at the same time, encouraging the development of clinical services which meet patient need and secure value for money.

Audit services

The Audit Commission is appointed as external auditor to the Trust. The total charge for work undertaken during the year was £236,000. The range of services provided by the Audit Commission included reviewing and auditing the Annual Accounts and undertaking the Auditors Local Evaluation (ALE) assessment of the Trust's governance and financial arrangements.

The Trust uses East Midlands Internal Audit Service to provide internal audit services.

The Audit Committee receives the annual accounts, the annual audit letter and other reviews and reports completed by the external auditors during the year.

Audit committee members in year comprised:

Mr Keith Brown	Non Executive Director (Chair)
Mr Stan Keyte	Non Executive Director
Mr Karl Cook	Non Executive Director
Mr Tim Staniland	Non Executive Director

Policies

The Trust has adopted NHS accounting policies as prescribed within the NHS Manual for Accounts. These policies are generally in line with UK GAAP (Generally Accepted Accounting Principles within the United Kingdom).

NHS Trusts do not have the authority to amend the standard policies. However, paragraphs from the standard template have been omitted where they are superfluous, or as necessary the wording has been expanded to reflect local issues thus ensuring a true and fair view. Specifically in 2008/09 organisations were required to adapt the standard Tangible Fixed Asset Accounting Policy. This was to relect the approach adopted to revaluation of the Trust Estate. NHS Trusts were given the option to revalue under new Royal Institution of Chartered Surveyors (RICS) Valuation Standards in 2008/09 or 2009/10.

International Financial Reporting Standards (IFRS)

The financial year 2008/09 is the final year in which NHS bodies will be reporting financial performance under UK Generally Accepted Accounting Practice (UK GAAP) Standards. From 2009/10, International Financial Reporting Standards (IFRS) will be used.
During 2008/09 the Trust therefore undertook preparatory work to restate the 1st April 2008 balance sheet under IFRS, this was submitted to the Department of Health on 31st December 2008 . In the first six months of 2009/10 the full financial accounts for 2008/09 will be restated and this will be subject to Audit later in the year.
The Audit Commission have completed an initial high level, systems based review of the work undertaken, issues identified have subsequently been addressed.

18) Summary financial statements 2008/09

The following financial statements are summaries of the information contained in the full Annual Accounts of the United Lincolnshire Hospitals NHS Trust. Therefore they may not contain sufficient information to provide a full understanding of the Trust's financial position and performance in 2008/09. A full set of accounts is available on request or through the Trust website, www.ulh.nhs.uk.
The Trust's Auditors have issued an unqualified report on the Annual Accounts.

INCOME AND EXPENDITURE ACCOUNT FOR THE YEAR ENDED 31 March 2009

	2008/09	2007/08
	£000	£000
Income from activities	**324,396**	319,289
Other operating income	**28,884**	25,020
Operating expenses	**(344,787)**	(324,836)
OPERATING SURPLUS/(DEFICIT)	**8,493**	19,473
Profit/(loss) on disposal of fixed assets	**(220)**	(27)
SURPLUS/(DEFICIT) BEFORE INTEREST	**8,273**	19,446
Interest receivable	**723**	1,697
Interest payable	**(1)**	0
Other finance costs - unwinding of discount	**(57)**	(58)
SURPLUS FOR THE FINANCIAL YEAR	**8,938**	21,085
Public dividend capital dividends payable	**(8,572)**	(8,597)
RETAINED SURPLUS FOR THE YEAR	**366**	12,488

All income and expenditure is derived from continuing operations

All income and expenditure is derived from continuing operations

BALANCE SHEET AS AT 31 March 2009

	31 March 2009 £000	31 March 2008 £000
FIXED ASSETS		
Intangible assets	**1,688**	1,301
Tangible assets	**217,188**	265,574
TOTAL FIXED ASSETS	**218,876**	266,875
CURRENT ASSETS		
Stocks and work in progress	**5,154**	4,460
Debtors	**20,078**	11,610
Investments	**-**	1
Cash at bank and in hand	**11,705**	22,779
TOTAL CURRENT ASSETS	**36,937**	38,850
CREDITORS: Amounts falling due within one year	**(32,039)**	(37,181)
NET CURRENT ASSETS/(LIABILITIES)	**4,898**	1,669
TOTAL ASSETS LESS CURRENT LIABILITIES	**223,774**	268,544
PROVISIONS FOR LIABILITIES AND CHARGES	**(3,296)**	(6,331)
TOTAL ASSETS EMPLOYED	**220,478**	262,213
FINANCED BY:		
TAXPAYERS' EQUITY		
Public dividend capital	**181,037**	178,146
Revaluation reserve	**48,452**	93,394
Donated asset reserve	**2,390**	3,138
Government grant reserve	**183**	1
Other reserves*	**190**	190
Income and expenditure reserve	**(11,774)**	(12,656)
TOTAL TAXPAYERS' EQUITY	**220,478**	262,213

The financial statements were approved by the Board on 11 June 2009 and signed on its behalf by:

Gary Walker
Chief Executive

30th June 2009

STATEMENT OF TOTAL RECOGNISED GAINS AND LOSSES FOR THE YEAR ENDED 31 March 2009

	2008/09	2007/08
	£000	£000
Surplus/(deficit) for the financial year before dividend payments	**8,938**	21,085
Unrealised surplus/(deficit) on fixed asset revaluations/indexation	**(44,713)**	17,507
Increases in the donated asset and government grant reserve due to receipt of donated and government grant financed assets	**312**	82
Total recognised gains and losses for the financial year	**(35,463)**	38,674
Prior period adjustment	**(3,328)**	0
Total gains and losses recognised in the financial year	**(38,791)**	38,674

CASH FLOW STATEMENT FOR THE YEAR ENDED 31 March 2009

	2008/09	2007/08
	£000	£000
OPERATING ACTIVITIES		
Net cash inflow/(outflow) from operating activities	**10,418**	39,258
RETURNS ON INVESTMENTS AND SERVICING OF FINANCE:		
Interest received	**842**	1,603
Interest paid	**(1)**	0
Net cash inflow/(outflow) from returns on investments and servicing of finance	**841**	1,603
CAPITAL EXPENDITURE		
(Payments) to acquire tangible fixed assets	**(16,040)**	(11,764)
Receipts from sale of tangible fixed assets	**126**	0
(Payments) to acquire intangible assets	**(738)**	(38)
Net cash inflow/(outflow) from capital expenditure	**(16,652)**	(11,802)
DIVIDENDS PAID	**(8,572)**	(8,597)
Net cash inflow/(outflow) before financing	**(13,965)**	20,462
FINANCING		
Public dividend capital received	**4,533**	3,515
Public dividend capital repaid	**(1,642)**	(2,053)
Other capital receipts	**0**	251
Net cash inflow/(outflow) from financing	**2,891**	1,713
Increase/(decrease) in cash	**(11,074)**	22,175

19) Independent Auditors Report

I have examined the summary financial statement which comprises the Income and Expenditure Account, Balance Sheet, Statement of Total Recognised Gains and Losses and Cash Flow Statement for the year ended 31 March 2009. This report is made solely to the Board of Directors of 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 36 of the Statement of Responsibilities of Auditors and of Audited Bodies prepared by the Audit Commission.

Respective responsibilities of directors and auditor

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 statement within the Annual Report with the statutory financial statements. I also read the other information contained in the Annual Report and consider the implications for my report if I become aware of any misstatements or material inconsistencies with the summary financial statement.

Basis of opinion

I conducted my work in accordance with Bulletin 1999/6 ‘The auditors’ statement on the summary financial statement’ issued by the Auditing Practices Board. My report on the statutory financial statements describes the basis of our audit opinion on those financial statements.

Opinion

In my opinion the summary financial statement is consistent with the statutory financial statements of the Trust for the year ended 31 March 2009. I have not considered the effects of any events between the date on which I signed my report on the statutory financial statements (12 June 2009) and the date of this statement.

Ian Sadd
Officer of the Audit Commission
Rivermead House
7 Lewis Court
Grove Park
Enderby
Leicestershire
LE19 1SU
30 June 2009

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Ja jus velaties sanemt šo dokumentu latviešu valoda, ludzam zvanit pa talruni 01522 573986.

Jei Jums reikia šio dokumento lietuviu kalba, skambinkite telefonu 01522 573986.

Jesli chciał(a)by Pan(i) uzyskac ten dokument w jezyku polskim, prosimy zadzwonic na numer 01522 573986.

Se necessita deste documento em Português por favor telefone para o número 01522 573986.