

United Lincolnshire Hospitals



NHS Trust

# Annual Report 2013-2014



*Caring for you*

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# Contents

|  |         |
|--|---------|
| Chairman and Chief Executive's Foreword..... | Page 4  |
| Board of Director's Report.....              | Page 6  |
| Strategic Review.....                        | Page 14 |
| Our Finances.....                            | Page 41 |
| Final Accounts 2013/14.....                  | Page 52 |

## United Lincolnshire Hospitals launches Staff Awards

United Lincolnshire Hospitals NHS Trust has launched its first annual Staff Awards scheme to celebrate the outstanding achievements of its staff.

Members of the public, patients and carers are invited to nominate staff who they believe have shown dedication and commitment to providing high quality care.

There are ten award categories in total with members of the public being invited to nominate in four of them, including 'Compassion and Respect Towards Others', 'Unsung Heroes', 'Extra Mile Award' and 'Fantastic Customer Service.'



## Chair and Chief Executive's Foreword

Welcome to our Annual Report for 2013/14. The report provides a snapshot of the extensive challenge and progress we've made within Lincolnshire's hospitals over the last 12 months.

Looking back to the beginning of the year, it is difficult to describe quite how far we have come as an organisation.

We have faced numerous challenges, not least being put into special measures following inspections carried out by Sir Bruce Keogh's team in July 2013 following inspections carried out by his team in June.

However, with the truly impressive energy, support and dedication of our colleagues and partners, we have been able to make significant improvements in the quality of care that we are delivering for our patients.

This has included meaningful reductions in our mortality rates at all hospital sites, work to reduce harm and risk to patients and the introduction of new ways of working to manage and reduce the impact of winter pressures.

The year has also seen a shift in the way that we work with our patients to gather, handle and respond to feedback, with the introduction of a new and successful Patient Advice and Liaison Service (PALS) and a complete overhaul of our complaints process.

Over the year, the Trust has faced increasing financial pressures which have resulted in some difficult decisions having to be made to ensure financial stability, but which also provide us with opportunities to review our services to ensure that they are the best they can possibly be for the future.



This has involved us working with our local clinical commissioning groups, Lincolnshire County Council and fellow providers on the Lincolnshire Health and Care - a blueprint for NHS services in Lincolnshire for the future. We have also refreshed our own Clinical Strategy, which will help us to shape how our hospital services develop over the next five years.

Additionally, we have made huge leaps in the way that we engage our colleagues in what we do, with the introduction of Listening into Action. This has been a positive step for ULHT, which involves putting our people –who know the most- at the centre of change.

We hope that this report gives you an insight into the key challenges we have confronted over the past year, as well as an appreciation of what lies ahead. We are confident that with the continued dedication, commitment and professionalism of our colleagues we can sustain our improvement journey to ensure that Lincolnshire citizens receive top quality healthcare throughout our hospitals.

Jane Lewington  
Chief Executive

Ron Buchanan  
Chairman



## About the Trust

The United Lincolnshire Hospitals NHS Trust provides a wide range of healthcare services delivered by over 7,500 highly trained staff and volunteers.

Each year we receive £399 million to provide patient services, most of which is delivered to patients in Lincolnshire.

We invest around £12 million each year in improving our clinical services by replacing and upgrading our medical equipment, modernising our estate and facilities and improving our information and technology infrastructure.

It provides secondary care services in both acute and community settings operating out of three main hospital sites; Lincoln County Hospital, Pilgrim Hospital, Boston, and Grantham and District Hospital. Together the three sites have over 1,300 beds.

The Trust primarily serves the 764,000 residents of Lincolnshire which is one of the fastest growing populations in England.

The Trust also provides a wide variety of outpatient, day case and inpatient services from a range of other community hospitals operated by Lincolnshire Community Health Services NHS Trust or local GP clusters. These include: Louth County Hospital, John Coupland Hospital (Gainsborough), Johnson Community Hospital (Spalding) and Skegness and District General Hospital. In addition, the Trust provides a broad range of other clinical services including community services, population screening services, a comprehensive range of planned and unscheduled secondary care services together with research and development.



# Board of Directors report

## The Trust Board

The Board is responsible for setting the overall policy and strategy for the organisation and for ensuring the effective implementation of that strategy. It establishes a committee structure which supports it in driving the delivery of the principal objectives through a process of risk management, control and assurance.

Board membership comprises the Chairman and Chief Executive, together with a mix of other executive and non-executive directors. Collectively, the members bring a diverse range of skills and senior experience to the board and are accountable for the delivery of the organisational objectives.

The non-executive directors are independent people, drawn from the local community and in 2013/14 were appointed by the Appointments Commission on behalf of the Secretary of State for Health.

The Chief Executive and executive directors are full time employees of the Trust, appointed through open competition procedures. Their selection process includes an interview panel involving the Chairman, non-executive directors and independent advice.

The remuneration of executive and associate directors is determined by a remuneration and terms of service committee. During 2013/14 this committee consisted of the Chairman and the non-executive directors.

Board membership for 2013/14 was as follows:

### Non-executive directors

#### **Ron Buchanan – Chairman**

Ron was appointed to the role of Chairman of the Board in March 2014. A corporate banker by profession, Ron has spent 30 years with a major UK financial organisation, undertaking a variety of senior leadership roles.

He became a non-executive director of Nottingham City Hospital in 2005. In 2006 he was appointed as the Chair of Nottingham City Primary Care Trust, which became one of the top performing PCTs in the country. He also took on additional responsibilities as Chair of Notts County PCT from 2011 and led the board in stabilising its financially challenged position.

*Interests declared: None*

*Term of office: March 2014 to March 2016*

#### **Penny Owston - Acting Chair (December 2013 –March 2014) – Non Executive Director**

Penny is a practicing solicitor in Scunthorpe specialising in children's law and was previously the managing partner of a five-partner firm. She gained an MBA in Legal Practice Management at Nottingham Law School and is a member of the faculty. She has written extensively about law firm management and has provided training and consultancy in the field since 1997.

She is a director of Brightwater Consultancy and Development Ltd and between 2000 - 2005 was the Law Society Council Member for Lincolnshire and a member of the Society's Standards Board. She also sat on the Board of the Solicitors' Regulation Authority.

*Interests declared: None*

*Term of office: April 2010 - April 2016*



### **Geoffrey Hayward – Audit Committee Chair**

Mr Hayward previously served for eight years as Non-Executive Director for the NHS at Stockport Primary Care Trust as Chair of Audit Committee and then with the Clinical Commissioning Group where he was a key player in setting up their risk registers, supporting the training of board members in risk management and driving the responsibility for risk throughout the organisation.

He has also held positions as Managing Director and Divisional Director for a number of companies in the engineering, pharmaceutical and manufacturing industries. This has included developing and motivating customer focused teams, implementing a strategy for significant growth in the UK and Ireland and reviewing investment needs for improved efficiency.

*Interests declared: Director of Rowan Lodge Limited*  
*Term of office: July 2013 – July 2017*

### **Tim Staniland**

Tim has extensive senior experience in sales and marketing. His career began with Geest in Spalding, before moving to United Biscuits and later to Edinburgh-based Buck Chemicals. He was appointed Sales Director for a UK division of German multi national Henkel in 2004. Tim then moved to award winning sales and marketing company Chartered Brands as a Business Unit Director. Most recently he established his own product development company in August 2006.

*Interests declared: Director, Libaeration Ltd*  
*Term of office: March 2011 – March 2015*

### **Dr Paul Grassby**

Dr Grassby currently holds the position of Head of Pharmacy at the University of Lincoln where he is responsible for developing a new School of Pharmacy with a modern curriculum and research strategy and building links with local stakeholders to develop strategies to meet the health care needs of an ageing population.

Dr Grassby was also founding director of the Irish Centre for Continuing Pharmaceutical Education. He developed and managed this independent centre on behalf of the Department of Health and was responsible for developing training opportunities for all pharmacists in the Republic of Ireland. He has also sat on various committees where national policies were developed and implemented.

Interests declared: None  
Term of office: July 2013 – July 2017

### **Kate Truscott**

Kate has worked as a Human Resources specialist throughout her career in both the private and public sectors. She has worked in the NHS for 23 years and has been an Executive Director of Human Resources for 18 years in both NHS Trusts and NHS Foundation Trusts.

*Interests declared: Trustee Childrens Links Charity*  
*Term of office: March 2014-February 2016*



## Board of Directors report

### **Professor Steve Barnett**

Professor Barnett is a part time Senior Vice President (UK) for a US based health technology company. He is also the Non-Exec Chairman of SSG Health Partnership and of Finegreen Associates and acts as a Trustee/ Director of the Institute of Employment Studies.

He has previously held a number of non-executive board positions with national organisations and was the Vice Chair of the Council of the Open University.

*Interests declared: Chairman SSG Health Partnership, Chairman Finegreen Associates Limite, Senior Vice President Teletracking Technologies Inc, Managing Director Steve Barnett and Associates Limite, Trustee Institute of Employment Studies  
Term of office: March 2014 – February 2016*

### **Keith Darwin – Associate Non-Executive Director**

Keith's career started in 1966 with Plymouth Co-operative Society before moving to Lincoln Co-operative Society in 1973, where he went on to become Deputy Chief Executive in 1977 and Chief Executive in 1992, a post he held for eleven years.

He is also the Chairman of Investors in Lincoln and the Lincolnshire Economic Action Partnership, a Trustee of St Barnabas Hospice Trust and a Governor of the University of Lincoln. He has been a Justice of the Peace since 1991 and is the Deputy Chair of People First International. He was awarded the OBE in 2000 and became an Honorary Doctor of Law in the same year.

*Interests declared: Chairman Investors In Lincoln; Chairman Lincolnshire Economic Partnership; Trustee St Barnabas Hospice, Lincoln; Governor University of Lincoln  
Term of Office: November 2010 - January 2015*

### **Nick Muntz – Associate Non-Executive Director**

Nick is Managing Director at Siemens Industrial Turbomachinery Ltd (SITL) in Lincoln where he is responsible for the overall performance of the business. He also leads the project implementation and change team in charge of the company's current multi-million pound relocation project. He held various roles in senior management at his last company, Weir Pumps in Glasgow, before accepting his current position with Siemens in 2006.

*Interests declared: Managing Director SITL; Governor University of Lincoln  
Term of office: July 2009 – July 2014*







## Trust Vision and Values

United Lincolnshire Hospitals NHS Trust has adopted a vision and five key values to show what we stand for, how we want to be known and how we behave.

Hundreds of staff have been involved in choosing the values which set the tone about what is most important for the Trust.

The values are:

1. Patient-centred
2. Safety - We put your safety and well-being above everything
3. Excellence - We measure and continuously improve our standards, striving for excellence at all times
4. Compassion - We offer you the compassion which we would want for a loved one
5. Respect - We show respect for you and for each other



# Board of Directors report

## Executive directors

### Jane Lewington - Chief Executive

Jane joined the Trust in December 2010 from North East Lincolnshire Care Trust Plus, where she was Chief Executive for ten years. In that role she oversaw the Trust's transformation into the country's first Care Trust Plus with responsibility for both the commissioning and provision of adult social care.

Prior to that role, Jane enjoyed a career spanning a broad range of acute and mental health services in Lincolnshire.

*Interests declared: Non-Executive Director NE Lincs Mental Health Community Interest Company;*

### Eiri Jones – Interim Director of Nursing

Eiri Jones joined August 2012 as Interim Director of Nursing from Bedford Hospital. Eiri trained as a general nurse at Guy's Hospital, London and moved into critical care to undertake further training. Whilst working in a tertiary cardiac adult service she undertook a research role before moving to the National Heart Hospital.

With an interest in paediatric cardiac services Eiri completed children's nurse training at Great Ormond Street and worked as a Senior Nurse at the Royal Brompton before working in paediatric cardiac intensive care and the cardiac specialist nursing service at Guy's Hospital. In 1999, Eiri moved back to Wales and developed a senior nursing and management career, firstly as a divisional nurse for integrated child and family services and then as an interim general manager. She was then seconded to the Welsh Assembly Government where she led a national programme of service change and improvement for children's specialist services. She was also later appointed to the NMC, the nursing regulator as a Council member. She has chaired Fitness to Practice for the past eight years.

Eiri has an extensive qualitative research portfolio and has implemented her Masters research into developing ward sisters to be strong and visible clinical leaders.



*Interests declared: None*

### Kevin Turner – Deputy Chief Executive / Director of Performance Improvement

Kevin joined the Trust in January 2011. He first started in the NHS as a trainee accountant in his home town of Doncaster in 1979, where he completed his training before moving to Pilgrim Hospital, Boston to take up the position of Hospital Finance Manager.

His first Director of Finance role was at Lincolnshire Health Authority, which he joined in the mid 1990s. He was later appointed Director of Finance at North East Lincolnshire NHS Trust and has since held the position of Director of Finance at two successful Foundation Trusts, most recently at Doncaster and Bassetlaw Hospitals NHS Foundation Trust.

Kevin is a member of the Chartered Institute of Public Finance and Accountancy, he has completed the NHS Strategic Financial Leadership Programme and is on the NHS Top Leaders Programme.

*Interests declared: None*

### Suneil Kapadia – Medical Director

Dr Suneil Kapadia joined the Trust in July 2013. Dr Kapadia was a Consultant Gastroenterologist and General Physician at Royal Wolverhampton Hospitals NHS Trust for eighteen years. He was also Divisional Medical Director and has previously held a number of roles including Clinical Director for Gastroenterology, GU Medicine and Sexual Health; College Tutor and Secretary to the British Society of Gastroenterology until 2011.

*Interests declared: None*

### **Paul Boocock - Director of Estates and Facilities**

Paul is a Chartered Engineer and has worked for a number of NHS organisations in several estates and facilities roles, having begun his NHS career as an apprentice electrician.

Whilst working for South Devon Healthcare NHS Foundation Trust as Director of Estates and Facilities Paul published work on implementing efficient ways of working, this work was recognised nationally, winning the inaugural Health Service Journal Awards for Efficiency in Estates Management.

Outside the NHS Paul has delivered industrial projects for telecommunications and oil and gas infrastructure companies in the private sector for a number of multinational customers, with engagements as diverse as the Egyptian Western Desert oilfields, North Sea platform upgrades and global fibre communication networks.

His professional interests include the development and application of industry standard risk mitigation and management techniques to estates and facilities services in the NHS. He also has a keen interest in the delivery of continuous improvement, and associated organisational and cultural change.

*Interests declared: None*

### **Michelle Rhodes - Director of Operations**

Michelle is a nurse by background, having worked in both hospital and community nursing. She has previously worked for PCTs where she has extensive experience in commissioning.

Michelle also worked as Chief Operating Officer at Nottingham University Hospitals NHS Trust and as Interim Chief Operating Officer for Mid Staffordshire NHS Foundation Trust.

*Interests declared: None*

### **David Pratt - Director of Finance & Corporate Affairs**

David is a member of the Chartered Institute of Public Finance and Accountancy and has a degree from the University of Warwick. He has worked in a number of acute NHS organisations since completing his training at the then Yorkshire Regional Health Authority and qualified as an accountant in 1994.

Before taking up post at United Lincolnshire Hospitals NHS Trust, David was most recently Director of Finance, Information and Procurement at Doncaster and Bassetlaw Hospitals NHS Foundation Trust. Prior to that he was Director of Finance, Contracting and Information at Ealing Hospital NHS Trust. Other organisations David has worked at include University College London Hospitals NHS Trust, as Deputy Director of Finance and North East Lincolnshire NHS Trust.

Particular professional interests are around the use of patient-level costing, the financial dynamics of activity across health care systems and finance team development.

*Interests declared: Director East Midlands Leadership Academy.*

### **Ian Warren –Director of Human Resources and Organisational Development**

Ian Warren was appointed as Interim Director of Human Resources in February 2013, filling a joint post with Lincolnshire Community Health Services NHS Trust for a period of six months initially. His post became substantive in October 2013. Ian has many years' experience of running regional and national HR teams, whilst delivering successful improvements to services within various organisations within the private sector.

Following 12 years in the RAF in finance, personnel, intelligence and recruitment, Ian has worked as a Senior HR professional within the private sector.

As Director of Operational Performance in a nationwide role he covered all aspects of HR and Organisational Development with a focus on organisational design, employee development and process improvement. Ian has led successful programmes in staff engagement, communications cultural change within organisations and brings a wealth of experience in employee relations, conflict management, coaching and mentoring. Ian holds an MSc in HR and is a Fellow of the Chartered Institute of Personnel and Development.

*Interests declared: None*



# Board of Directors report

## Other board members during the year:

There were further directors who served on the Board for part of the year, as follows:

Paul Richardson – Chairman  
*Left the Trust December 2013*

Nigel Myhill – Interim Director of Facilities Management  
*Left the Trust May 2013*

Keith Brown – Non Executive Director  
*Left the Trust September 2013*

Pen Andersen Acting Director of Finance and Corporate Affairs  
*Returned to substantive post October 2013*

Neil Hepburn Acting Medical Director  
*Returned to substantive post July 2013*

| Board   |
|---|
| <b>Voting Members</b>                           |
| Paul Richardson - Chairman (left December 2013) |
| Ron Buchanan                                    |
| Tim Staniland                                   |
| Penny Owston                                    |
| Geoffrey Hayward                                |
| Steve Barnett                                   |
| Kate Truscott                                   |
| Paul Grassby                                    |
| Jane Lewington                                  |
| Kevin Turner                                    |
| Suneil Kapadia                                  |
| David Pratt                                     |
| Eiri Jones                                      |
| <b>Non-voting members</b>                       |
| Paul Boocock                                    |
| Michelle Rhodes                                 |
| Ian Warren                                      |
| Keith Darwin                                    |
| Nick Muntz                                      |
|   |



## The Audit Committee

The Audit Committee is a statutory committee of the Board. It is responsible for providing independent assurance on the processes operating within the Trust for risk, control and governance. Its specific functions are laid down within the national Audit Committee Handbook.

It assesses the adequacy of assurances that are available with respect to financial, corporate, clinical and information governance. In so doing it considers the information available from independent sources, such as internal and external audit, Monitor and the Care Quality Commission (CQC) as well as from internal sources, such as the other committees of the Board and executive officers and senior managers.

Audit Committee membership comprises three non-executive directors, one of whom will have considerable financial expertise. For 2013/14, membership was as follows:

| Audit Committee   |
|---|
| Members   |
| Keith Brown - Chair of Committee (left in September 2013) |
| Geoffrey Hayward - Chair                                  |
| Steve Barnett - from April 2014                           |
| Kate Truscott - from April 2014                           |
| Keith Darwin - until April 2014                           |
| Penny Owston - until April 2014                           |

## 100% positive feedback for cardiology services

Patients using cardiology services in Lincolnshire hospitals gave overwhelmingly positive feedback in a survey.

A study carried out by the Cardiology Acute Care Practitioners (ACPs) at United Lincolnshire Hospitals NHS Trust looked at services provided by the team within Pilgrim Hospital, Boston.

ACPs are specialist cardiology nurse practitioners that assess patients with heart failure, arrhythmias and acute coronary syndromes. They undertake all aspects of care ranging from assessment, diagnosis, prescribing medications and discharge according to need.



# Strategic Review

## Priorities for 2013/14

The past year has been a challenging one for United Lincolnshire Hospitals NHS Trust, but it has also provided us with a brilliant opportunity to re-focus on what is most important to us: our patients.

Improving patient safety and delivering high quality services is and always will be our main priority. During 2013 we had the opportunity to look at different ways of working to provide better care for our patients.

Along with 13 other NHS Trusts, we were reviewed by the Medical Director for the NHS, Sir Bruce Keogh and have worked extremely hard implementing his recommendations to ensure we can provide the best for our patients.

Our journey of improvement is far from complete and we were reassessed in April 2014 by the Chief Inspector of Hospitals, Sir Mike Richards. This gave us the opportunity to demonstrate how far we have come, and to receive his expert advice on how we can continue to improve.

The Trust's financial position is one area that has been a huge challenge for us and where we need to have a focus over the next year. The Trust will end 2013/14 with a significant financial deficit. This means we urgently need to identify new ways to deliver high quality services within the money we have. It is clear that the way services are delivered in Lincolnshire needs to change and we are working with our partner organisations across the county to look at this.

Over the past year, we have been overwhelmed by the commitment, determination and hard work of our staff. This has already led to significant improvements in the services we provided including:

- Our mortality rate is now better than the national average
- Our hip fracture team at Pilgrim hospital are the best in the country for speed of access to surgery
- Our new Patient Advice and Liaison Service (PALS) is in place and having a positive impact
- We now have ambulatory emergency care centres on our three main hospital sites
- We have recruited more than 300 new nurses since April 2013, with more to come
- We expanded the range of services at Louth hospital with a new ophthalmology service now well established
- Grantham hospital is working with St Barnabas Hospice to develop the unique "Hospice in a hospital", with work starting in early 2014
- The Lincolnshire Heart Centre was officially opened in September 2013 and is matching the best in the country on response times
- We have launched Listening into Action (LiA), a unique piece of workforce engagement work which has already involved hundreds of workforce working together and generating their own ideas on how to improve services



## Activity and Performance

The following table details the planned and actual activity levels for 2013/14:

| Activity Type                      | 13/14 Plan | 13/14 Actual |
|------------------------------------|------------|--------------|
| Day case spells                    | 58,083     | 61,459       |
| Elective inpatient spells          | 12,741     | 11,834       |
| Non-elective spells (emergency)    | 66,590     | 73,085       |
| New outpatient attendances         | 188,815    | 217,245      |
| Subsequent outpatient attendances  | 409,752    | 405,076      |
| A&E attendances (exc LCHS diverts) | 140,106    | 144,752      |

## Accident and Emergency

The target for Accident and Emergency (A&E) is for at least 95% of patients to be seen, treated and either admitted or discharged within four hours. Unfortunately the Trust did not meet this standard over the course of the year, recording a year to date performance of 94.54%.

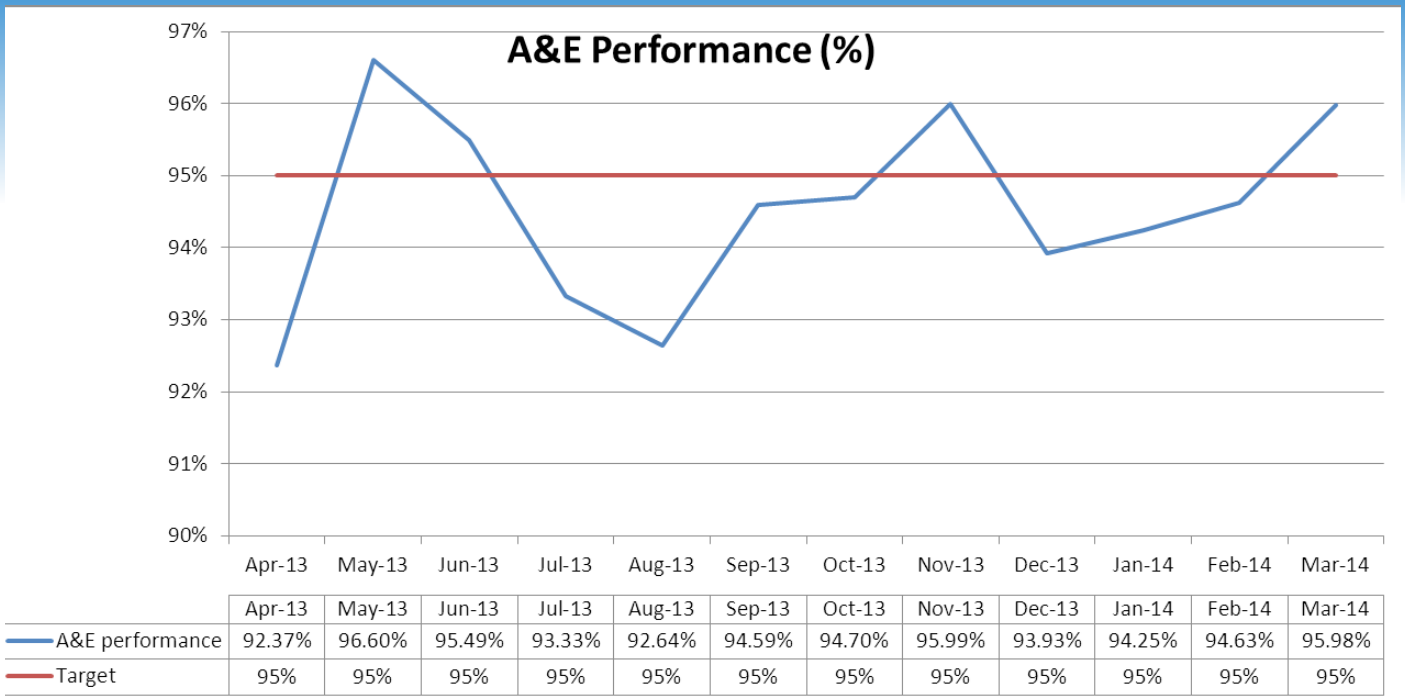
The following table and graph show the Trust's performance against this target:

| A&E attendances 2013/14       | Attendances | Breaches | Performance |
|-------------------------------|-------------|----------|-------------|
| Grantham                      | 32,558      | 941      | 97.11%      |
| Pilgrim, Boston               | 51,435      | 2,832    | 94.49%      |
| Lincoln County                | 71,503      | 4,718    | 93.40%      |
| ULHT Trust (inc LCHS diverts) | 155,496     | 8,491    | 94.54%      |

## Data source and calculations

The data to calculate performance against A&E waiting times is taken from the Trust's Patient Administration System (PAS). Every patient is entered into this system with a start time and end time from when they arrive in the A&E department to when they are seen. If this time is longer than four hours they are then recorded as a breach of the four hour national target. The total attendance is measured at the end of each month and the four hour breaches expressed as a percentage of the total attendances. This method of calculation is consistent with Department of Health guidance.

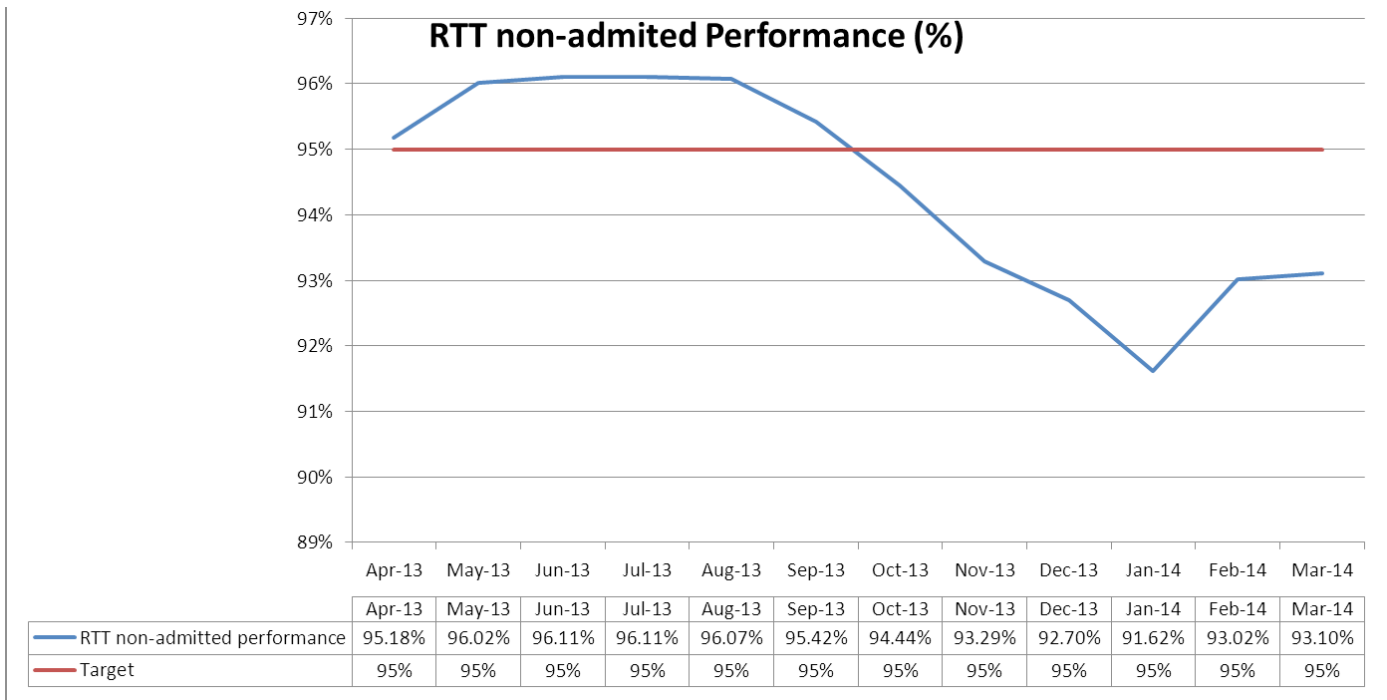




### 18 week referral to treatment - non admitted patients

The 18 week referral to treatment standard (RTT) for non-admitted patients states that 95% of patients will be treated within 18 weeks of referral. The RTT measures provide a snapshot of performance in a particular month and are not reported as an annual average.

Unfortunately the Trust did not meet the standard of 95% at the end of the year.

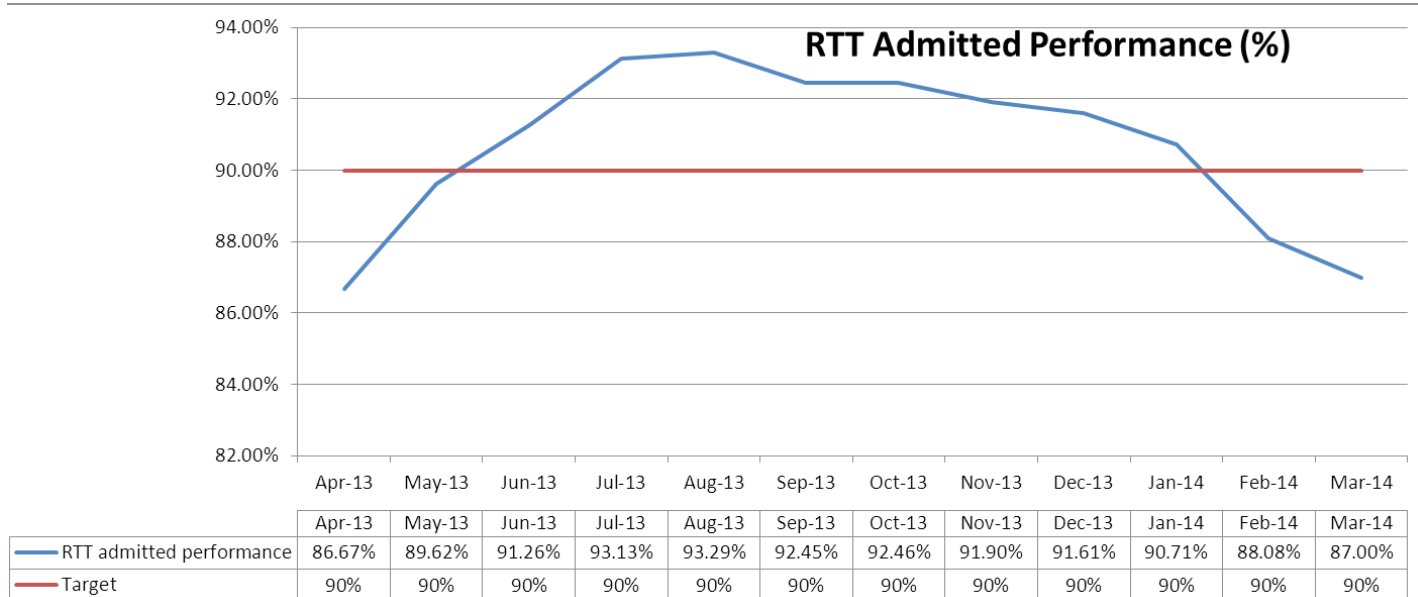




## 18 week referral to treatment - admitted patients

The 18 week referral to treatment standard for admitted patients states that 90% of patients must be treated within 18 weeks of their referral. Both of the referral to treatment access targets are nationally monitored on a cumulative yearly position, however the Trust monitors the targets on a monthly basis to identify seasonal trends and forecast achievement trajectories.

The Trust achieved the standard of 90% at the end of the year.



## Cancer standards

The Trust's progress up to March 2014 against these standards can be seen in the table below:

| Measure                                   | Standard | Trust Performance (to March 14) |
|---|----------|---------------------------------|
| 2 week wait suspected cancer              | 93%      | 92.20%                          |
| 2 week wait symptomatic breast            | 93%      | 80.50%                          |
| 31 day decision to treat to treatment     | 96%      | 96.50%                          |
| 31 day subsequent treatment: drug         | 98%      | 100%                            |
| 31 day subsequent treatment: surgery      | 94%      | 96%                             |
| 31 day subsequent treatment: Radiotherapy | 94%      | 90.5%                           |
| 62 day referral to treatment              | 85%      | 84.7%                           |
| 62 day screening                          | 90%      | 92.3%                           |

## Data source and calculations

The data to calculate performance against cancer waiting times is taken from the Trust's Patient Administration System (PAS) and radiology system.

The information is pulled together into a cancer database to track patients on their pathways. The number of breaches is subtracted from the total number on the pathway and those seen within the required timescales are calculated as a percentage.

This methodology is consistent with guidance from the Department of Health.

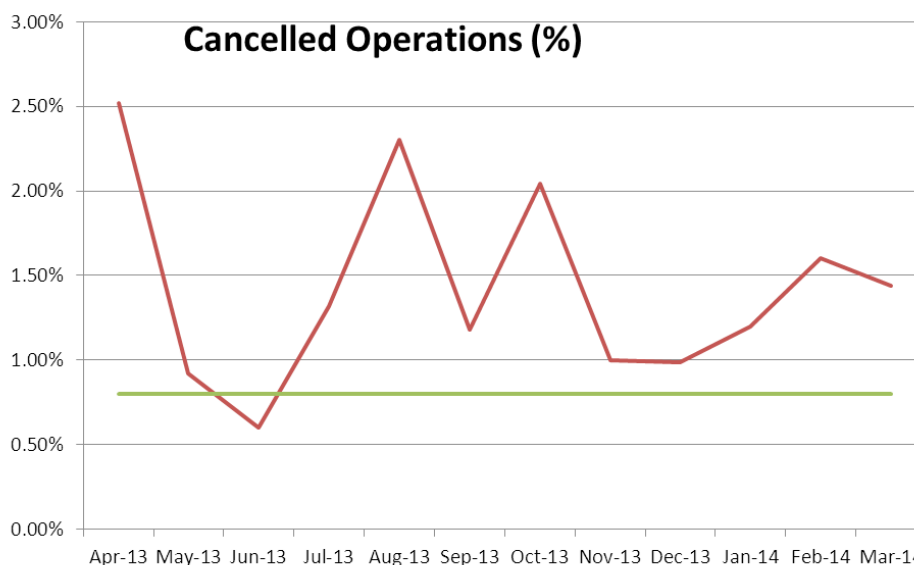


## Cancelled operations

The standard for the short notice cancellation of operations (on the day) for 2013/14 was to achieve a cancellation rate of no higher than 0.8%. Ensuring that patients who receive such a cancellation have their operation within 28 days of original postponement. Unfortunately due to the continued increase in emergency demand and the availability of ward and critical care beds was not sufficient to ensure all elective patients received their operation on the planned date. This resulted in an annual cancellation rate of 1.4%.

Number of on the day cancelled operations:

| Apr-13 | May-13 | June-13 | July-13 | Aug-13 | Sept-13 | Oct-13 | Nov-13 | Dec-13 | Jan-14 | Feb-14 | Mar-14 |
|--------|--------|---------|---------|--------|---------|--------|--------|--------|--------|--------|--------|
| 149    | 59     | 37      | 88      | 132    | 70      | 133    | 63     | 55     | 75     | 91     | 85     |



|                      | Apr-13 | May-13 | Jun-13 | Jul-13 | Aug-13 | Sep-13 | Oct-13 | Nov-13 | Dec-13 | Jan-14 | Feb-14 | Mar-14 |
|----------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Cancelled Operations | 2.52%  | 0.92%  | 0.60%  | 1.32%  | 2.30%  | 1.18%  | 2.04%  | 1.00%  | 0.99%  | 1.20%  | 1.60%  | 1.44%  |
| Target               | 0.8%   | 0.8%   | 0.8%   | 0.8%   | 0.8%   | 0.8%   | 0.8%   | 0.8%   | 0.8%   | 0.8%   | 0.8%   | 0.8%   |

## New mobile chemotherapy unit brings services closer to Lincolnshire patients

United Lincolnshire Hospitals NHS Trust was allocated a mobile chemotherapy unit and two support vehicles with help from cancer charity Hope for Tomorrow.

The unit was officially launched in May 2014 and will allow some cancer patients to receive their treatments at a location much closer to home, rather than travelling to hospital sites.

The unit is suitable for the delivery of low risk chemotherapy and patients will be given the choice of having their treatment on the mobile unit or continuing to travel to their main hospital site.



# Developing an effective organisation

## Year-on-year performance analysis: 2013/14 performance

| Target Area                          | 2012/13 | 2013/14 |
|--------------------------------------|---------|---------|
| Delayed transfers of care            | 2.76%   | 2.65%   |
| 18 weeks to treatment - Admitted     | 90.87%  | 90.68%  |
| 18 weeks to treatment - Non-admitted | 95.10%  | 94.43%  |
| MRSA                                 | 6       | 3       |
| C.Diff                               | 76      | 61      |
| Chest pain 2 week wait               | 100%    | 100%    |
| Cancer 2 week wait                   | 94.60%  | 93.22%  |
| 31 day cancer                        | 97.20%  | 96.90%  |
| 62 day cancer                        | 83.80%  | 81.29%  |
| Diagnostics Waits                    | 0.96%   | 0.78%   |
| Cancelled operations                 | 1.59%   | 1.42%   |
| Fractured neck of femur              | 74.34%  | 78.20%  |
| A&E wait                             | 95.17%  | 94.54%  |
| VTE assessment                       | 90.67%  | 95.96%  |

## Forward look – Overview of Trust's strategy 2014/15

It is widely acknowledged and understood that the way healthcare services are provided needs to change. People are living longer and the NHS needs to ensure it is still meeting the needs and expectations of its patients.

To make sure the NHS is delivering the right service, in the right way and to the right people, the government monitor all NHS Trusts and set national standards of care. These standards have to be met along with providing services within the financial budget that is given to each Trust. In order for United Lincolnshire Hospitals NHS Trust to comply with government demands and recommendations, we need to work together with our partners to ensure health services are clinically, operationally and financially viable within Lincolnshire.

As a result, a county-wide review of health and social care services is currently being undertaken by the Lincolnshire clinical commissioning groups. During 2014 this Lincolnshire Health and Care review (formerly Lincolnshire Sustainable Services Review) will provide some recommendations about how services need to change, and we will then be required to respond to these recommendations within our organisation.



## Why we need to change

A number of forces will influence the future of our services over the coming year:

### Political:

- Provision of healthcare is increasingly competitive and now includes the implementation of the Any Qualified Provider (AQP) process.
- We will continue to be required to make cost improvements each year with reduced service tariff (the cost linked to the delivery of services).
- The NHS is subject to increased scrutiny to ensure that healthcare services are of high quality and hold the patient's wellbeing as a priority.
- There are increasing numbers of external reviews and recommendations to improve quality of care. The Nationally driven recommendations made by Sir Bruce Keogh will be made available in 2014 which will outline new ways of working and monitoring standards for the NHS as a whole. These recommendations are separate to the ones that were made for ULHT during an inspection visit. The results of the next general election in 2015 will influence what direction the NHS will go in and the priorities for the future.

### Economic:

- The financial position of the NHS is challenging, particularly for ULHT, with a greater need to make more cost improvement savings and provide financially viable services whilst ensuring quality is not compromised.
- Following the recommendations by Sir Bruce Keogh which will be confirmed in 2014, the NHS will be expected to move towards providing services seven days per week. This will evidently have a big impact on the Trust's financial position.
- Quality improvement expectations will mean that, increasingly, the amount we are paid for our services will be linked to the improvements that we make.

### Social:

- Lincolnshire Health and Care will identify what services will be delivered in which setting in the future. This may involve some services moving from our hospitals to more community based care.
- Our patients' expectations will continue to grow.
- The variation in demand for our urgent care services and the patient's right to choose will continue.
- We will continue to face the challenges presented by an ageing population.

### Technological:

- New technologies will become increasingly available, meaning there will be a pressure on the NHS to invest in specialised or developing interventions.
- Telemedicine technologies are now available and we need to explore their use in Lincolnshire.

The principle driver for our plans continues and will always be to improve quality and safety for our patients. This is at the heart of everything we do now and in the future, as outlined in the Trust's vision.



# Strategic aims and linked ambitions for 2014/15

ULHT has faced increasingly difficult challenges over the last two to three years, some of which have impacted on the quality and responsiveness of care we have provided.

In 2013 we began to refocus our efforts towards the most important priority for us: our patients.

Through 2013 this focus was translated into a simplification of our vision into just three themes – all of them directed towards the transformation of our services and ensuring that they meet the essential expectations of patients in terms of safety, effectiveness and reliability.

We also knew that to do this we rely on the right numbers of our workforce delivering that care in a skilled, compassionate, and efficient way.

So our vision is simple: To provide consistently excellent and safe patient-centred care for the people of Lincolnshire, through highly skilled, committed and compassionate staff working together.

Figure 1: ULHT Vision

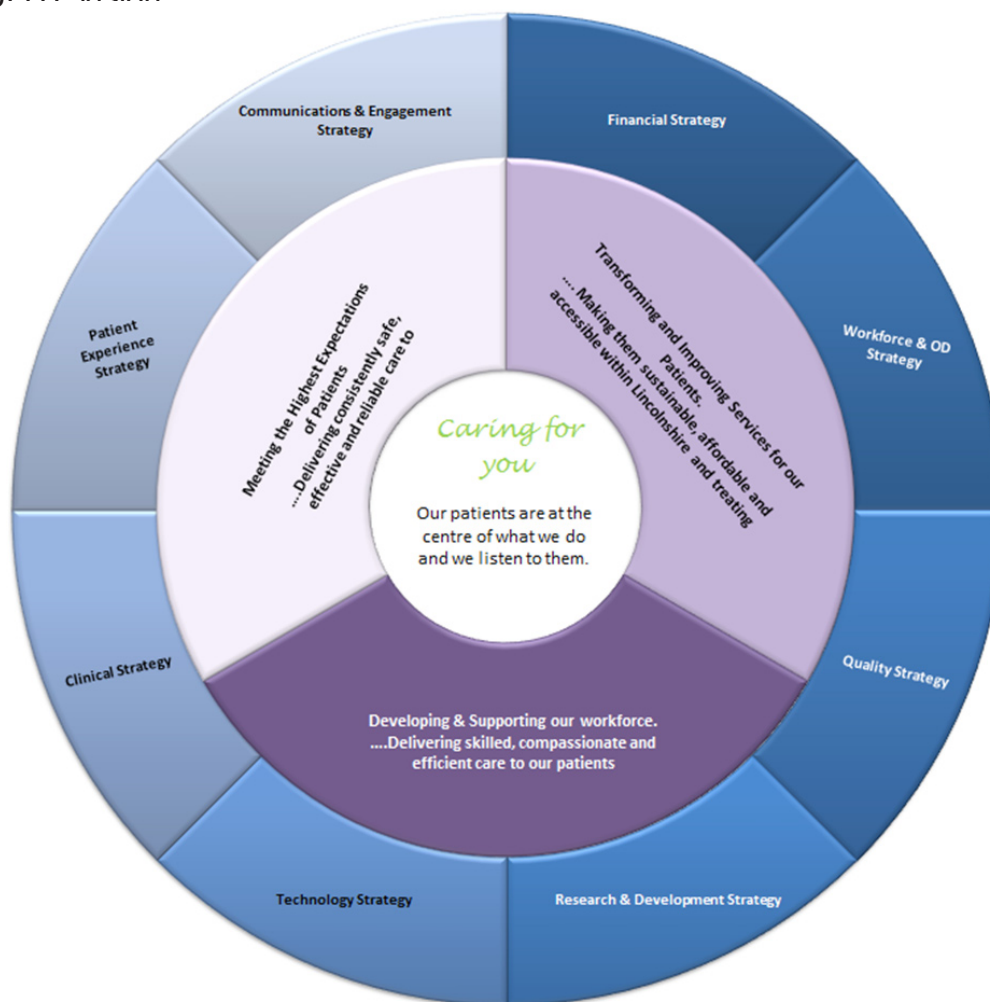


Figure 1 shows how the Trust's vision will be achieved, by aligning all of the Trust's strategies such as the Quality Strategy, Clinical Strategy and Financial Strategy, focusing on the emerging three strategic areas, whilst always ensuring that our patients are at the centre of what we do.



## The three strategic areas:

- Transforming and Improving Services for our Patients

Making them sustainable, affordable and accessible within Lincolnshire and treating patients in the most appropriate care setting

- Meeting the Highest Expectations of Patients

Delivering consistently safe, effective and reliable care to satisfied patients

- Developing and Supporting our Workforce

Delivering skilled, compassionate and efficient care to our patients

## The ambitions that sit within each of the strategic areas are:

### Transforming and Improving Services for our Patients

**Making them sustainable, affordable and accessible within Lincolnshire and treating patients in the most appropriate care setting**

1. **Ambition 1** - Ensure that collectively, our services are clinically and financially sustainable, ensuring access to these services within Lincolnshire where we can;

2. **Ambition 2** - Ensure that only those patients who need their care and treatment in a hospital setting, come to hospital - through working closely with other agencies to integrate care;

### Meeting the Highest Expectations of Patients

**Delivering consistently safe, effective and reliable care to satisfied patients**

3. **Ambition 3** - Ensure that our patients are safe - through acting on safety and effectiveness and by a continuous reduction of harmful adverse events and mortality rates;

4. **Ambition 4** - Ensure that our patients have the best possible experience - through our structured approach to the patient experience, we aim to ensure excellence at each discrete point of contact throughout the patients' journey with us;

5. **Ambition 5** – Ensure that our treatment is effective and compliant - by building strong systems of compliance, monitoring of standards and supporting clinical change, we aim to care for our patients according to the highest clinical standards;

6. **Ambition 6** – Become a high reliability organisation - through our focus on building capacity for improvement, flagship interventions of education for change, we aim to create a centre of safety, reliability and improvement;

7. **Ambition 7** – Meet the National targets and standards for our responsiveness to patient's expectations and rights - through our focus on having the right capacity and systems;

### Developing and Supporting our Workforce

**Delivering skilled, compassionate and efficient care to our patients**

8. **Ambition 8** – Ensure that there are sufficient numbers of workforce who are skilled and developed to perform their role - through effective recruitment processes, we want to attract the best workforce, to further develop and maintain their skills and training and retain them within Lincolnshire;

9. **Ambition 9** – Ensure that our workforce are engaged, empowered and healthy; Well led and in a safe working environment.

Improving patient experience and clinical outcomes are key elements to enable the Trust to deliver the highest quality healthcare locally.



As the Trust keeps patients as the central focus, not only will they choose to be treated at our hospitals, but better quality, performance and finance will follow. In 2014/15 and 2015/16, this will be delivered by ensuring these nine ambitions are the focus of what we do whilst embedding the Trust's values and behaviours.

## Key Performance Indicators 2014/15

### NHS Constitutional Pledges

#### Referral to treatment waiting times for non-urgent consultant-led treatment

Admitted patients to start treatment within a maximum of 18 weeks from referral- 90%

Non-admitted patients to start treatment within a maximum of 18 weeks from referral- 95%

Patients on incomplete non-emergency pathways (yet to start treatment) should have been waiting no more than 18 weeks from referral- 92%

#### Diagnostic test waiting times

Patients waiting for a diagnostic test should have been waiting no more than 6 weeks from referral- 99%

#### A&E waits

Patients should be admitted, transferred or discharged within 4 hours of their arrival at an A&E department- 95%

#### Cancer waits- 2 week wait

Maximum two-week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP- 93%

Maximum two-week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected)- 93%

#### Cancer waits- 31 days

Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers- 96%

Maximum 31-day wait for subsequent treatment where that treatment might be surgery- 94%

Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen- 98%

Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy- 94%

#### Cancer waits- 62 days

Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer- 85%

Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers- 90%

Maximum 62-day wait for first definitive treatment following a consultant's decision to upgrade the priority of the patient (all cancers)- no operational standard set Category A ambulance calls

#### Mixed sex accommodation breaches

Minimise breaches

#### Cancelled Operations

All patients who have operations cancelled, on or after the day of admission (including the day of surgery), for non-clinical reasons to be offered another binding date within 28 days, or the patient's treatment to be funded at the time and hospital of the patient's choice.



# Additional measures which NHS England has specified for 2014/15

## Referral to treatment waiting times for non-urgent consultant-led treatment

Zero tolerance of over 52 week waits

No urgent operation to be cancelled for a second time

## A&E waits

No waits from decision to admit to admission (trolley waits) over 12 hours

## Ambulance handovers

All handovers between ambulance and A&E must take place within 15 minutes and crews should be ready to accept new calls within a further 15 minutes. Financial penalties, in both cases, for delays over 30 minutes and over an hour.

Note: In addition, the Trust is finalising the agreed list of clinical quality indicators for 2013/14 to be added to the overall KPI schedule.

## Emergency preparedness, resilience and response (EPRR) (within strategic review)

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

The Trust has a senior manager responsible for emergency preparedness, resilience and response and business continuity which greatly increases the organisation's resilience in times of crisis.

ULHT is also an active member and participant of a multi-agency group reporting to the Lincolnshire Resilience Forum for emergency planning and business continuity, working in partnership with the Joint Emergency Management Service and other category one responders.

There are plans in place to deal with major incidents and specific plans that have been updated and tested this year include the Trust Business Continuity policy and the Hospital Command Control and Co-ordination Policy which was fully utilised during the recent storms and Pilgrim Hospital fire incident. Site cascade call-out plans are regularly tested and updated.

This year the Trust has been planning to take part in Exercise Cygnus a Department of Health sponsored exercise due in October 2014. The Trust has worked closely with NHS England and partner agencies and updated Hospital evacuation planning for Pilgrim Hospital, Boston in preparedness for the possibility of east coast flooding, in line with the community risk register for Lincolnshire.



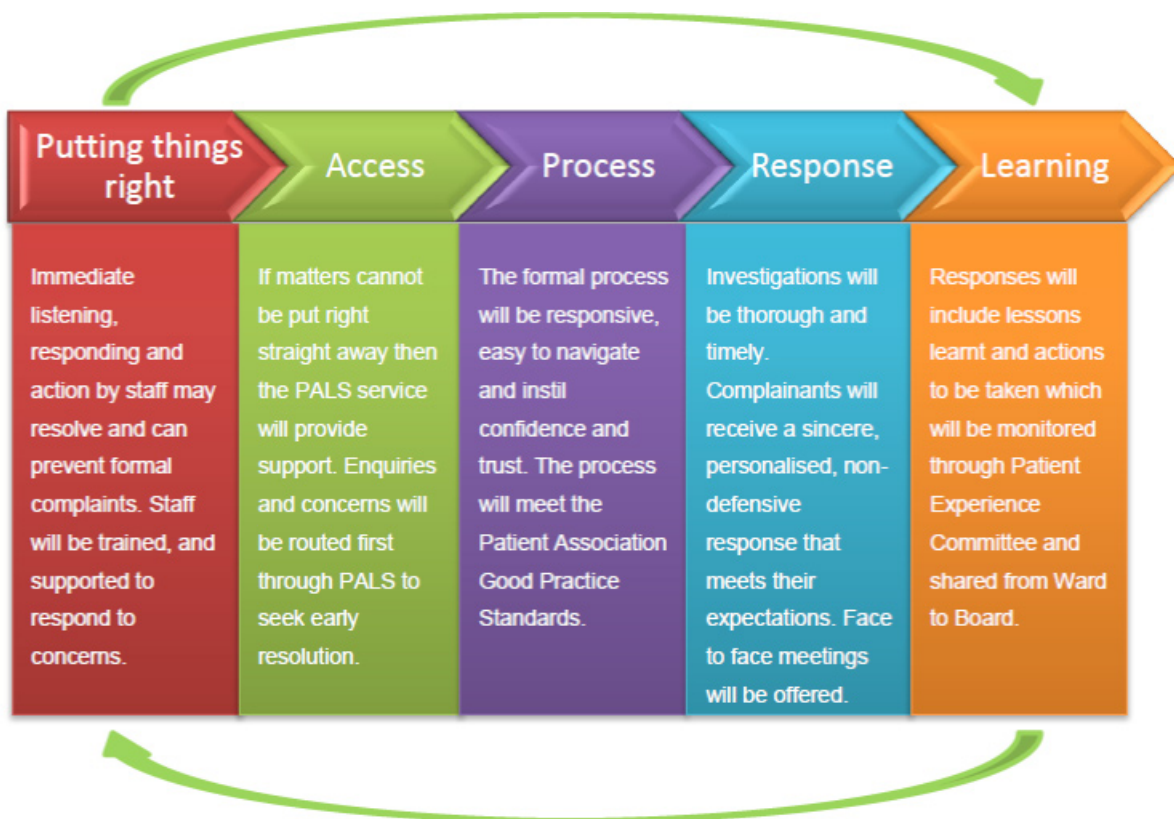


## Managing complaints about our services

United Lincolnshire Hospitals NHS Trust has completed an in depth review of the way in which complaints are managed. With the involvement of patients and staff, the Trust has redesigned the process to ensure national best practice and guidance is incorporated into all that we do and that our systems and processes meet the needs of our patients. From consultation with patients including ex-complainants, as well as working with The Patients Association and triangulating feedback with national reports such as The Francis and Clywd reports and the Parliamentary Health Service Ombudsman, the following six core principles have been agreed:

1. Getting it right
2. Patient focused
3. Open and accountable
4. Fair and proportionate
5. Putting things right
6. Continuous improvement

To achieve this a five step pathway has been developed called 'See it my Way' which brings together the critical points of not only how we address complaints and concerns but more importantly how we learn and improve as a result of them.



## Key developments within the new process include:

- The launching of the Patient Advice & Liaison Services (PALS) in October 2013 with teams on each of the three main hospital sites. These teams have quickly had a significant impact for patients and we have seen a reduction in formal complaints, with people able to have their issues resolved quickly and locally.
- The central Lincoln based customer care team is being deployed to become site based and provide focused support and advice.
- A real focus on accountability and ownership of complaints with senior management oversight and assurance prior to Chief Executive sign off.
- New documentation to ensure all issues are responded to and learning points identified and tracked to completion.

Through this redesigned pathway the Trust is committed to being responsive, open and transparent and to learning and improving from complaints and concerns. Our performance through the year has been poor and we acknowledge this with many complaints being responded to late or not to the full satisfaction of the complainant; we are confident that as the new process becomes embedded this will significantly improve during 2014.

## Serious Incidents which Requires Investigation (SIRI) - information governance

The confidentiality and security of patient data is paramount and the Trust is required to report to the Information Commissioner any serious untoward incidents involving the loss of personal data. For 2013/14 there were no such incidents reported.

Other data rated incidents for the year are summarised below:

| Summary of other personal data related incidents in 2013-14 |   |       |
|---|---|-------|
| Category  | Nature of incident  | Total |
| I   | Loss of inadequately protected electronic equipment, devices or paper documents from secured NHS premises         | 0     |
| II  | Loss of inadequately protected electronic equipment, devices or paper documents from outside secured NHS premises | 0     |
| III   | Insecure disposal of inadequately protected electronic equipment, devices or paper documents                      | 0     |
| IV  | Unauthorised disclosure   | 0     |
| V   | Other   | 0     |



# Your chance to get more involved with Lincolnshire's hospitals

Staff and public can get more involved in the life of Lincolnshire's hospitals by signing up to become a member of United Lincolnshire Hospitals NHS Trust.

The Trust is now a membership-based organisation - ensuring that we engage our patients and carers, public and staff more in what we do.

We already have in excess of 1,000 patients and staff signed up as members - and we want you to consider joining up too!

It's free of charge, and becoming a member opens up a whole world of opportunity to get more involved.

Members hold influence over our organisation through our quarterly locality forums, which provide the opportunity for public and staff members to receive updates on what is going on within the Trust and provide a formal mechanism for their views and suggestions to be fed back into the organisation.

Our members can also get involved by accessing training to become a patient representative. They sit on one of the Trust's boards or committees, carry out patient-perspective visits and inspections of our wards and departments and provide feedback.

To find out more about becoming a member, or to sign up today, fill in the form below, log onto the Trust website, call (01522) 572301 or email [foundationtrustoffice@ulh.nhs.uk](mailto:foundationtrustoffice@ulh.nhs.uk)

## Membership form

Title:

First Name:

Surname:

Address:

Town:

Post Code:

Email:

Telephone:

Date of birth (DD/MM/YYYY):

Gender:

Preferred membership contribution:

### **Thought contributor**

(Not expected to attend meetings, but receive regular updates and provide feedback)

### **Time contributor**

(Receive regular updates and may attend some Locality Forum meetings 4- 6 per year)

### **Support contributor**

(Regularly sit on Locality Forums and patient representative events, 6-10 meetings per year)

### **Energy contributor**

(Play an active role in Locality Forums and patient representative activities and sit on the Council of Governors, if elected. Upwards of 10 meetings per year)



Do you consider yourself to have a disability?

Do you have any special requirements? (ie braille, large print, other languages etc)

Services interested in:

All  
Corporate Governance  
Support to Governor Development  
Membership, marketing and communications and equality and diversity  
HR, staff engagement and staff recruitment  
Medicine and elderly care  
Surgery and anaesthetics  
Women and children  
Oncology, palliative care and long term conditions  
Mens health  
Safety and risk including safeguarding and mortality  
Patient experience, compliments and complaints, facilities and hotel services  
Performance improvement, finance and management reporting  
IT and access, booking and choice  
Clinical support services including pharmacy, AHPs, diagnostics and rehabilitation  
Planning and strategy  
Education, research and development

Are you a member of staff?

Ethnic origin:

Membership forms should be sent to: Freepost RTCY-GCGX-ZARR, Membership Office, United Lincolnshire Hospitals NHS Trust, Lincoln County Hospital, Greetwell Road, Lincoln, LN2 5QY

## Major recruitment drive for additional nurses

United Lincolnshire Hospitals NHS Trust (ULHT) created around 100 new nursing posts, to meet the increasingly complex needs of patients.

The Interim Director of Nursing Eiri Jones led a major Trust-wide review into nurse staffing levels. The review was a response to the growing complexity of inpatient cases, which was increasing nursing demands on wards.

More and more patients who need to be admitted to hospital are elderly, frail and with more than one serious health condition. Such cases often require more intensive levels of care.



# Sustainability

United Lincolnshire Hospitals NHS Trust has sustainability, energy efficiency and carbon reduction at the heart of its management policy. In practice this leads us to focus on the following:

- Saving revenue by delivering major carbon reductions.
- By reducing energy consumption and our carbon footprint, we save money, enhance and protect our reputation and help everyone in the fight against climate change.
- ULHT continues to seek out no cost and low cost solutions to reduce energy consumption.
- Engaging with third party providers who are prepared to commit capital expenditure, to deliver energy solutions and guaranteed savings
- Ensuring that policies and practices in all aspects of the Trust's work reflect this commitment.

ULHT is committed to reduce its CO2 emissions by 30% by 2015. By investing in its infrastructure and implementing initiatives ranging from installing biomass boilers and combined heat and power (CHP) to increased staff awareness and encouragement of sustainable behaviours.

## Context

The carbon footprint for NHS England has risen to 21 million tonnes per year. This is larger than some medium sized countries and has increased by three million tonnes since the previous footprint was calculated. This is primarily due to an increase in the growth in NHS services but also because in line with latest conventions we now include other greenhouse gases in our calculations, rather than just carbon dioxide. This is expressed as CO2 equivalent or CO2e.

The Trust continues to reduce carbon omissions in the clear knowledge that sustainable thinking and substantial savings go hand in hand.

## What we've already achieved

Focusing first on engineering improvements, the Trust has installed and is successfully operating CHP plant at both of its major acute sites in Lincoln and Boston. In addition at Pilgrim Hospital Boston, the CHP plant works in combination with a biomass boiler installation, reducing the site CO2 emissions by 35%.

The biomass boiler is fuelled by virgin and recyclable woodchip, sourced from local suppliers whenever possible. Together with the CHP this provides the hospital's base load for heat and hot water except during peak periods in winter, when one of two new oil fired boilers provides top up energy supplies. The Trust is currently considering the installation of a gas boiler to provide the site with greater fuel diversification, further reductions in CO2 emissions and additional revenue savings.

In the last year the Trust developed the business case for the reconfiguration of energy services at Grantham and District Hospital. This project as well as replacing time expired plant and critical infrastructure services, will in addition reduce the energy consumption of the site by 25%. Studies have concluded that by replacing the existing boilers the hospital could reduce its CO2 emissions by 2,000 tonnes per year. With the potential of producing nett revenue savings of circa £100,000 per year.

## Recognition of our work

In the last five years, the Trust has:

- Won the Health Business Award for Sustainable Hospital.
- Received a Highly Commended Award at the CHPQA Awards.
- Achieved a commendation and certificate from the Carbon Trust for its ambitious target towards carbon dioxide reduction.



- And five years after the commissioning of the biomass boiler installation at Pilgrim Hospital; other NHS Trusts still see the installation as a leading example of sustainable development and continue to contact and visit the site to learn from our experiences.

### **Next steps – Key headlines**

Transport, building design, waste management and water management are included in a comprehensive new approach putting sustainability at the heart of Trust policy.

### **Capital expenditure**

The Trust is striving to achieve a further reduction of 10-15% in energy consumption through various capital expenditure initiatives at both Lincoln and Pilgrim hospitals. Projects will only be presented to the Trust if they can deliver guaranteed savings associated with the capital expenditure investment and demonstrate a cash flow positive position.

### **Business as usual**

The Trust is committed to supporting the NHS Sustainable Development route map. To ensure that sustainability is part of every aspect of our 'business as usual'. The Trust is replacing its Carbon Management Plan (approved by the Trust Board in 2009) with a "Sustainable Development Management Plan" (SDMP) which will be monitored and evaluated each year by the Trust Board.

Sustainability refers to the balance required between financial, social and environmental factors in order that future generations do not suffer because of the way we live today. Route Map for Sustainable Health NHS Sustainable Development Unit 2011 .This document outlines the Trust's commitment to ensuring that sustainable development becomes central to the way we do things in every aspect of our organisation.

### **Encouraging sustainable behaviours**

Raising awareness among staff of the impact of their behaviour as individuals is a central priority. The Trust is recruiting communication and environmental champions at each site. It plans to hold staff training days, as well as incorporating responsible energy use into staff inductions.

### **Procurement**

Carbon management is being embedded as a central element to be considered in all process and purchasing decisions. The Trust has already begun to evaluate its suppliers' carbon reduction strategies and how their emissions may be reduced. In addition the Trust is looking at the CO2 emissions resulting from supplier partnerships, and establishing reporting arrangements to keep track of improvements.

### **Waste management, reduction and recycling**

The Trust is working with its waste contractors to increase the level of recycling to 75%. In 2013 ULHT re-tendered its clinical, domestic waste and recycling contract, introducing KPI's onto the contractors to encourage their commitment to help the Trust achieve its goals and best value for money.

The Trust recycles cardboard and non-confidential paper, shreds confidential papers and recycles the shredded paper. It is increasing year on year, recycling of plastics, aluminium and tin cans, glass, furniture and scrap metal.

### **Adaptation**

Extreme weather events are becoming more commonplace. Climate scientists have been predicting this for a number of years and it is likely that the frequency of such events will continue to increase. It is therefore important as a Trust that we examine the potential risks and ensure that we adapt our



buildings, systems and processes to cope with the possible impacts of increased flooding, heat waves and storm damage.

Adaptation planning is an opportunity to ensure a cohesive approach to current and future planning. The process of developing these plans should integrate with the development and refinement of emergency preparedness and business continuity plans. Adaptation will be an integral component of the Trust's Sustainable Development Management Plan (SDMP).

## Health and Safety

The Health and Safety Annual Report 2013/14, was presented to the Trust Health and Safety Committee at the April meeting by the Senior Health and Safety Manager, Philippa Fitzmaurice. The purpose of the report was to inform the committee of the current standard of health and safety throughout the Trust and the progress made by the Trust over the last year. The report forms the basis for improvement for consecutive years, in conjunction with the Health and Safety Strategy, its strategic aims and objectives.

Key areas of performance included health and safety training, delivered at induction and mandatory. The overall goal was to enable all groups of staff through appropriate skills, knowledge and experience to learn and embed health and safety principles in the management of workplace hazards. A model of education provided by the Institute of Occupational Health and Safety (IOSH) was adopted in 2013. This course has been extremely successful, with a 100% pass rate and evaluations from delegates and IOSH verifier have been excellent.

A model of manual handling education, provided by 'Diligent' continued throughout 2013/14 providing a total of 198 places. This education approach provides theory and practical application over a 5 day course. The Ergo Coaches then provide manual handling training and support to staff in the workplace.

The Health and Safety Annual Audit launched in October 2013 and was distributed to ward and department areas with a return of 89%. The main themes identified from the audit include a requirement for managers to undertake risk assessments whether general or specific in Stress, DSE and fire. Reviews of completed Action plans will be monitored by departmental and site based Health and Safety Committees, escalating to the Trust committee, where concerns have been highlighted. The report reflected the challenges faced during 2013, with the Trust involved in extensive consultation with the Health and Safety Executive, delivering on the compliance of three improvement notices served.

The health and safety culture within the Trust is progressing towards a reasonable level of safety with continuing improvement in the management of health and safety and in particular fire safety. This demonstrated by two successful compliance audits undertaken by Lincolnshire Fire and Rescue.

The Board and senior management at the Trust recognise that a healthy workforce and safe environment is vital to us achieving our vision and health and safety awareness needs to be continually addressed by all members of staff to ensure a safe and secure environment is maintained.

We are determined to transform health and safety culture and practices and with the establishment of systems such as the annual health and safety audit and the key performance indicators this will ensure that the effectiveness of health and safety is being monitored in 2014 and beyond.



## Fraud

NHS Protect provides the framework through which NHS Trusts seek to minimise losses through fraud. The Director of Finance and Corporate Affairs is nominated to lead the work and is supported by the Local Counter Fraud Specialist (LCFS).

The Trust follows the guidance contained in the NHS provider standards and ensures our contractual obligations with our local clinical commission groups is adhered to. In 2013/14 we entered into a collaborative arrangement with two other acute NHS trusts, which has allowed us to have an LCFS permanently onsite supported by a team of counter fraud specialists dedicated to countering fraud within a secondary care setting.

A work plan, approved by the Director of Finance and Corporate Affairs, was completed by the LCFS. The work plan addresses the requirements of the Trust's Counter Fraud, Bribery and Corruption Policy. The key aims are to seek to proactively create an anti-fraud culture, implement appropriate deterrents and preventative controls and ensure that allegations of fraud are appropriately investigated. Regular reports are received throughout the year by the Trust's Audit Committee.

### First impressions count: Patients and public involved in improving care in Lincolnshire's hospitals

*"I can tell what kind of care my daughter is going to get within 15 steps of walking onto a ward"*

Patients and members of the public were involved in an initiative to help further improve care in Lincolnshire's hospitals.

The 15 Steps Challenge is a national programme which aims to identify what good quality care looks and feels like from the patient's point of view.

As part of United Lincolnshire Hospitals NHS Trust's ongoing patient experience programme, and following recommendations highlighted in the Keogh Review, non-executive director Tim Staniland developed a proposal to pilot the challenge at Pilgrim Hospital, Boston, with a view to evaluating and adopting it across the Trust.





# Our staff

## Workforce Profile

Our staff are fundamental to our ability to deliver high quality services that will “put our patients at the centre of all that we do and provide the best quality care with passion and pride”. One of the key strategic aims for 2014/15 is to ensure that our staff have the necessary training and skills and development opportunities to enable them to provide safe, effective and high quality care to our patients.

## Analysis of ULHT staff by gender

| ANALYSIS OF ULHT STAFF (HEADCOUNT) BY GENDER     |             |             |             |               |               |
|--|-------------|-------------|-------------|---------------|---------------|
| Staff Group                                      | Headcount   |             |             | Percentage    |               |
|  | Female      | Male        | Total       | Female        | Male          |
| Additional Professional Scientific and Technical | 151         | 73          | 224         | 67.41%        | 32.59%        |
| Additional Clinical Services (Inc HCSW's)        | 1111        | 154         | 1265        | 87.83%        | 12.17%        |
| Administrative and Clerical                      | 1181        | 208         | 1389        | 85.03%        | 14.97%        |
| Allied Health Professionals                      | 313         | 90          | 403         | 77.67%        | 22.33%        |
| Estates and Ancillary                            | 632         | 290         | 922         | 68.55%        | 31.45%        |
| Healthcare Scientists                            | 62          | 54          | 116         | 53.45%        | 46.55%        |
| Medical and Dental                               | 305         | 538         | 843         | 36.18%        | 63.82%        |
| Nursing and Midwifery Registered                 | 2214        | 135         | 2349        | 94.25%        | 5.75%         |
| Students   | 14          | 1           | 15          | 93.33%        | 6.67%         |
| <b>Total ULHT Workforce</b>                      | <b>5983</b> | <b>1543</b> | <b>7526</b> | <b>79.50%</b> | <b>20.50%</b> |

The Trust complies with Equality Act 2010 public sector equality duties. ULHT has implemented the Equality Delivery System (EDS) to ensure good practice, compliance with legislation, provision of a platform for change and an improvement in demonstrating and realising equality in the workplace.

## Employee consultation and communication

The Trust has a wide range of formal and informal mechanisms in place to inform and consult staff and staff side organisations. These include:

- Monthly Executive Partnership Forum with membership from senior management and union representatives from the hospital sites
- Monthly Site Partnership Forums on the three main sites
- Site Medical Advisory Committees
- Trustwide Medical Staff Negotiating Forum
- Site Junior Doctor Forum, including representation from LETB
- Fortnightly meetings between HR and staff side chairs
- Weekly 'Latest News' e-newsletter/communications sent to all staff
- Monthly Team Brief Meetings/sessions
- Executive staff briefings on each site
- Newsletters
- HR News for Managers
- Consultation mechanism in place which include staff side representation
- Organisational change policy allows for staff to comments on proposed changes
- 'Staff Question Time' (available on intranet).

Staff can ask any questions about the Trust, it could be plans for the future, working practices or how the Trust operate and feedback is provided by a senior member of staff. This also provides a section on suggestions from staff.



These methods of communication are also used to ensure that staff are made aware of any factors affecting the Trust and at service level, including individual and team achievement and/or performance.

The executive directors and non-executive directors routinely conduct 'Back to Floor Visits' which enable executive and junior staff to mix in a less formal setting.

In addition to the methods of consultation, engagement and communication with staff, the Chief Executive embarked upon a journey of culture change during May 2013 by introducing Listening into Action (LiA), an innovative, fresh and fast moving way of putting staff at the forefront of making changes that will enable improvements to patient care.

In July the CEO personally met with over 400 staff in 'Big Conversations' with front line staff to ask what was getting in the way of delivering good quality patient care and to ask what changes they would like to make.

Literally hundreds of ideas were taken away from these conversations, then themed and this diagram represents what mattered to staff.

## The BIG Conversation: 'What Matters to Staff'

Listening into Action



We established an LiA team in July 2013 with a supporting director, leads for each site and a coordinator and support. In September the LiA team set about identifying teams led by nurses, doctors and AHP's and supported by managers to make changes over a 20 week period. To date we have had 16 teams complete and a further 29 teams are currently taking action.

The teams achieved some great things for the benefit of patients and staff. These were all celebrated at a brilliant 'Pass It On' event at the end of January 2014.

In addition the LiA teams tackled areas identified by staff which get in the way of good patient care. These quick wins include:

- Moving yellow clinical waste bins to better suite clinical staff
- Smile campaign to embed a sense of pride
- Photo boards of Executive Team and LiA leads across the sites so that staff, patients and families can see who is leading services

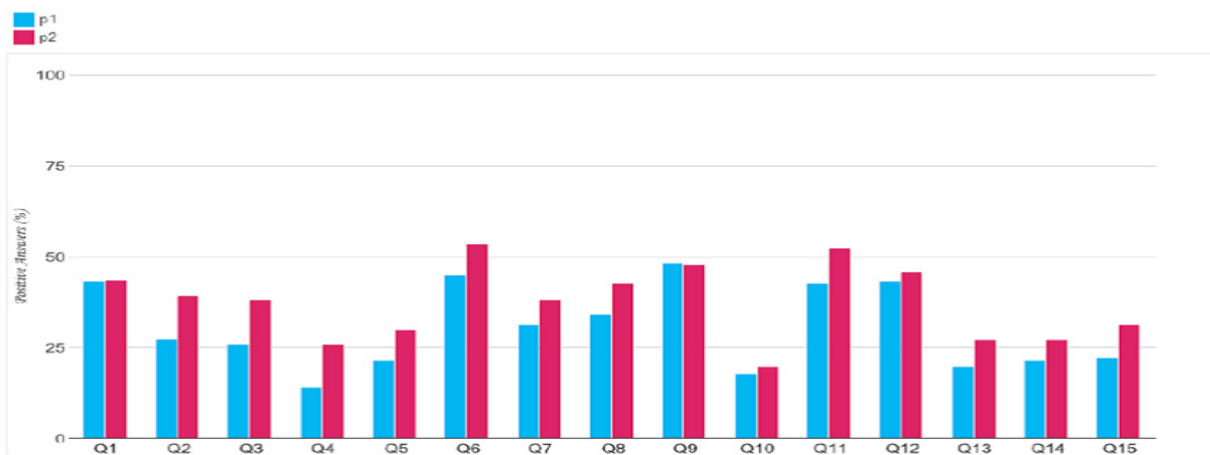


- Face to Face Wednesdays to embed a culture of engagement, of being effective through productive relationships
- Remove a cumbersome authorisation process to enable safer staffing
- Purchase of bariatric concealment mortuary trolleys
- Physiotherapy self-referral for staff to improve staffing, staff satisfaction
- Introducing social media policy
- Introducing mobile system access on tablet devices
- Moving blood gas analyser at Grantham into A&E improving patient experience and safety and reducing inefficiency in porting
- Over 60 eyesores have been addressed to improve patient experience

During this period we continued to support engagement and improvement. We engaged with over 100 junior doctors and over 100 consultants to work with them on this journey. We have had master classes involving over 200 leaders supporting them to make changes and to support teams in their areas. We had over 500 people attend compass checks, pass it on events and sessions all focussed in engaging people in change and celebrating that change.

In March 2014 we ran our second staff pulse check to gauge how staff feel in our organisation. This was first carried out at the start of our LiA journey in July 2013. Over 1,700 staff completed the survey which showed some impressive improvements over the last year, especially in the questions that cover the work being done by LiA.

### Pulse Check Results



P1 = July 2013  
P2 = March 2014

We have been identified as one of the top performing trusts in the impact of LiA and our ambition doesn't stop there. We are selecting nine pioneering teams from across the Trust to become early adopters of LiA at a local level. We will develop those teams and equip them with new skills and toolkits for making improvements.

From the summer we will have further listening events targeting a smaller number of improvements for safety, quality and performance which will impact across the Trust on how we will deliver great care and create a sustainable organisation.

There have been phenomenal results so far, recognised by the Trust Development Authority (TDA) as the single biggest factor in creating a better climate for patient care and with our plans above we look forward to a successful 2014/15.



# Staff Awards

We held our first annual staff awards ceremony in 2014 to thank staff publicly for their hard work, dedication and commitment to providing high quality care for the 800,000 people in Lincolnshire and surrounding areas.

# Our Values

An organisation’s brand is not just a marketing tool. It is the essence of what that organisation stands for - how it behaves, how it is known and wants to be known, what it expects of its staff, and what its customers can expect from it. Both behind and in front of every successful organisation is a strong, living brand.

During 2013, the Trust developed a new vision, mission and values statements and a behavioural framework to define the cultural ambition for the Trust.

## Our Trust values are:

1. Patient-Centred: The delivery and development of our services will be patient-centred
2. Safety: We put our patients safety and well-being above everything
3. Excellence: We measure and continuously improve our standards, striving for excellence at all times
4. Compassion: We offer our patients the compassion which we would want for a loved one
5. Respect: We show respect for you and for each other

This development of the statements has been driven by significant staff involvement, including workshops, engagement sessions, one to one conversations and a series of votes.

## Our vision is simple:

“To provide consistently excellent and safe patient-centred care for the people of Lincolnshire, through highly skilled, committed and compassionate staff working together.”

Feedback from one to one conversations suggests that “patient-centred” should appear in the mission and vision statements and should be an outcome of “living the values” rather than appear as a “stand-alone” value (see diagram).



ULHT vision, mission and values statements and behavioural framework have been produced. Feedback from one to one conversations and Operational Development Board recommend that there should be one behavioural framework for all (i.e. not two frameworks – one for staff and one for leaders).

Our Values and Behaviours Framework is underpinned by a set of agreed behaviours:

|                        |  |
|------------------------|--|
| <b>Patient centred</b> | I am fully committed to providing the very highest standards of care to our patients                         |
| <b>Safety</b>          | I do everything I can to keep my patients and my colleagues safe   |
|                        | I recognise when something is going wrong and I have the courage to do something about it                    |
|                        | I keep my environment clean and tidy   |
| <b>Compassion</b>      | I show a genuine concern for my patients and my colleagues   |
|                        | I communicate well with others, listening and showing an interest in what they have to say                   |
|                        | I am positive, approachable and friendly   |
| <b>Respect</b>         | I treat my patients and my colleagues with dignity and respect   |
|                        | I work openly and honestly as part of an effective team  |
|                        | I keep my promises and do what I say I will, when I said I will, or I will provide an explanation if I can't |
| <b>Excellence</b>      | I will always go the extra mile to improve things for my patients and my colleagues                          |
|                        | I am competent to carry out my role and committed to my personal and professional development                |
|                        | I will share good ideas and best practice and encourage my team members to do so too                         |

## Visual identity

ULHT also explored the option of using a strapline, a simple aspirational slogan which sums up the overall feel, approach and purpose of the Trust. It is integrated into an organisation's visual identity, alongside its logo on stationery, signage and online.

Staff opinions were sought on two options were considered - 'Caring for You', with 'We Care' as a possible alternative. Both were chosen for having the advantage of simplicity and versatility, equally applicable to patients or staff.

'Caring for You' was the preferred choice, using the following visual example:

*Caring for You*

United Lincolnshire Hospitals   
NHS Trust



# Policy in relation to disabled employees

The Trust has a general policy in relation to disabled employees, which is contained within its Single Equality Scheme.

Our objective is that all Trust policies will be subject to an Equality Impact Assessment (EIA), which is a tool for identifying the potential impact of policies, services and functions on an organisation's employees, patients, carers and other stakeholders. It can help staff provide and deliver excellent services by making sure that these reflect the needs of the community. They will also help to improve policies, strategies, procedures, projects, reviews and organisational change for the whole community.

By carrying out EIAs, we are ensuring that the services we provide do not discriminate and promote equality. In doing EIAs equality is placed at the centre of policy development and review, as well as service delivery.

The Trust's Managing Sickness Absence Policy and associated policies recognise the Trust's duties as an employer under the Equality Act 2010. It will take the appropriate steps to ensure no member of staff is treated less favourably as a result of their disability, and will make reasonable adjustments to allow disabled employees to carry out their duties.

The Trust aims to ensure that its recruitment processes, the arrangements for determining who should be offered employment and the terms on which employment is offered should not put disabled people at a disadvantage. Terms of employment and opportunities such as promotion, transfer, training or receipt of benefits should not be refused or withheld on the grounds of a person's disability and other formal processes including disciplinary and capability policies have been through EIA to ensure that disabled employees are not subject to unlawful discrimination.

## Equality & Diversity

*"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 is fully committed to creating an organisational culture of valuing each other and equality. Everyone has a right to enjoy their work and to be appreciated in the workplace and when using our services. This includes things like taking action to reduce the effects of inequalities and making adjustments to the way we do things so that everyone is treated with dignity and respect.

We recognise 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.

We are committed to transforming our organisational culture by actively committing to implementing the Trust Single Equality strategy incorporating EDS 2, and other policies, such as the Dignity in Care policy and the Dignity at Work policy. The Trust will continue to promote equality and challenge discrimination in all service provision, recognising and meeting the needs of the diverse communities we serve.



The Trust is striving to provide an environment in which people want to work and to be a model employer leading in good employment practice. We are 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.

The Trust has a number of key policies that support the Equality and Diversity Agenda e.g. Transgender Policy and Interpretation and Translation Policy.

Becoming a model employer is a key goal for United Lincolnshire Hospitals NHS Trust. Therefore it is vital that the Trust is able to recruit the best staff and skills from across the whole of society. This includes ensuring that transgender people are welcome and respected, and that policies in recruitment, retention and day-to-day employment do not unintentionally operate in ways that discriminate against transgender people.

The Trust takes pride in providing interpreters and translated information to patients and carers who speak English as a second language, have a hearing/visual impairment, or have a learning disability.

The Trust offer staff networks for staff at United Lincolnshire Hospitals NHS Trust, NHS Lincolnshire, LCHS and Lincolnshire Partnership Foundation Trust. These are:

- LGBT (Lesbian, Gay, Bisexual, Transgender) staff network
- BME (Black and Minority Ethnic) staff network
- Staff network for deaf, deafened and hard of hearing staff

The Trust provides equality and diversity to all members of staff. The training provides suitable information for all levels of employees and managers who need to be aware of the best equality and diversity workplace practices, furthermore the training provides an understanding of the employment legislation as well as employer and individual responsibilities.

The Trust holds the disability 'two ticks' symbol, confirming that we positively manage the recruitment and employment of disabled employees.

### **Sickness Absence Data**

The Trust is committed to maintaining and promoting the health and wellbeing of its employees and to support all of them, both as individuals and as team members, in dealing with issues that affect their health and wellbeing.

The table below shows the sickness absence rates for 2013/14. Overall performance over the last four years shows a trend of continual improvement, which shows a slight improvement from 5.08% in 2012/13 to 4.67% in 2013/14 and further improvement will be a key focus for the Trust.

This is the lowest reported annual sickness rate for the Trust since the introduction of ESR in May 2007.



**UNITED LINCOLNSHIRE HOSPITALS MONTHLY PERCENTAGE SICKNESS ABSENCE RATES  
APRIL 2009 TO MARCH 2014**

| 2013/14 |         |         |         |         |         |         |         |         |         |         |         |             |
|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|-------------|
| Apr '13 | May '13 | Jun '13 | Jul '13 | Aug '13 | Sep '13 | Oct '13 | Nov '13 | Dec '13 | Jan '14 | Feb '14 | Mar '14 | Annual Rate |
| 4.63%   | 4.42%   | 4.77%   | 4.78%   | 4.59%   | 4.71%   | 4.70%   | 4.47%   | 4.54%   | 4.90%   | 4.77%   | 4.71%   | 4.67%       |
| 2012/13 |         |         |         |         |         |         |         |         |         |         |         |             |
| Apr '12 | May '12 | Jun '12 | Jul '12 | Aug '12 | Sep '12 | Oct '12 | Nov '12 | Dec '12 | Jan '13 | Feb '13 | Mar '13 | Annual Rate |
| 4.74%   | 5.12%   | 4.62%   | 4.85%   | 4.63%   | 4.71%   | 5.29%   | 5.22%   | 5.65%   | 5.79%   | 5.11%   | 4.96%   | 5.08%       |
| 2011/12 |         |         |         |         |         |         |         |         |         |         |         |             |
| Apr '11 | May '11 | Jun '11 | Jul '11 | Aug '11 | Sep '11 | Oct '11 | Nov '11 | Dec '11 | Jan '12 | Feb '12 | Mar '12 | Annual Rate |
| 4.27%   | 4.39%   | 4.71%   | 4.82%   | 4.78%   | 4.94%   | 5.32%   | 5.42%   | 5.46%   | 5.33%   | 4.93%   | 4.57%   | 4.95%       |
| 2010/11 |         |         |         |         |         |         |         |         |         |         |         |             |
| Apr '10 | May '10 | Jun '10 | Jul '10 | Aug '10 | Sep '10 | Oct '10 | Nov '10 | Dec '10 | Jan '11 | Feb '11 | Mar '11 | Annual Rate |
| 5.31%   | 5.29%   | 5.09%   | 5.33%   | 5.08%   | 5.05%   | 5.20%   | 5.15%   | 5.67%   | 5.58%   | 4.64%   | 4.45%   | 5.18%       |
| 2009/10 |         |         |         |         |         |         |         |         |         |         |         |             |
| Apr '09 | May '09 | Jun '09 | Jul '09 | Aug '09 | Sep '09 | Oct '09 | Nov '09 | Dec '09 | Jan '10 | Feb '10 | Mar '10 | Annual Rate |
| 4.85%   | 5.10%   | 5.22%   | 5.70%   | 5.35%   | 5.23%   | 5.66%   | 6.07%   | 5.84%   | 6.28%   | 5.41%   | 5.30%   | 5.53%       |

## Charging for information

It is government policy that much information about public services should be made available either free or at low cost, (it is in the public interest).

In common with most public organisations United Lincolnshire Hospitals NHS Trust freely posts information about their activities and services on the internet. The Trust also responds to specific queries under the Freedom of Information Act. In most instances this will be at no cost, however where information is not readily available the Trust may choose to charge for costs of preparing the information requested, but would only do so with the express agreement of the recipient.

The Trust therefore ensures compliance with guidance on setting charges for information as set out within HM Treasury's Managing Public Money publication (July 2013).





# Our finances

## Overview

The Trust recorded a deficit of £25.8 million against the breakeven duty for the financial year ending 31 March 2014. This is after technical adjustments of £0.4m relating to impairments and donated / government granted assets.

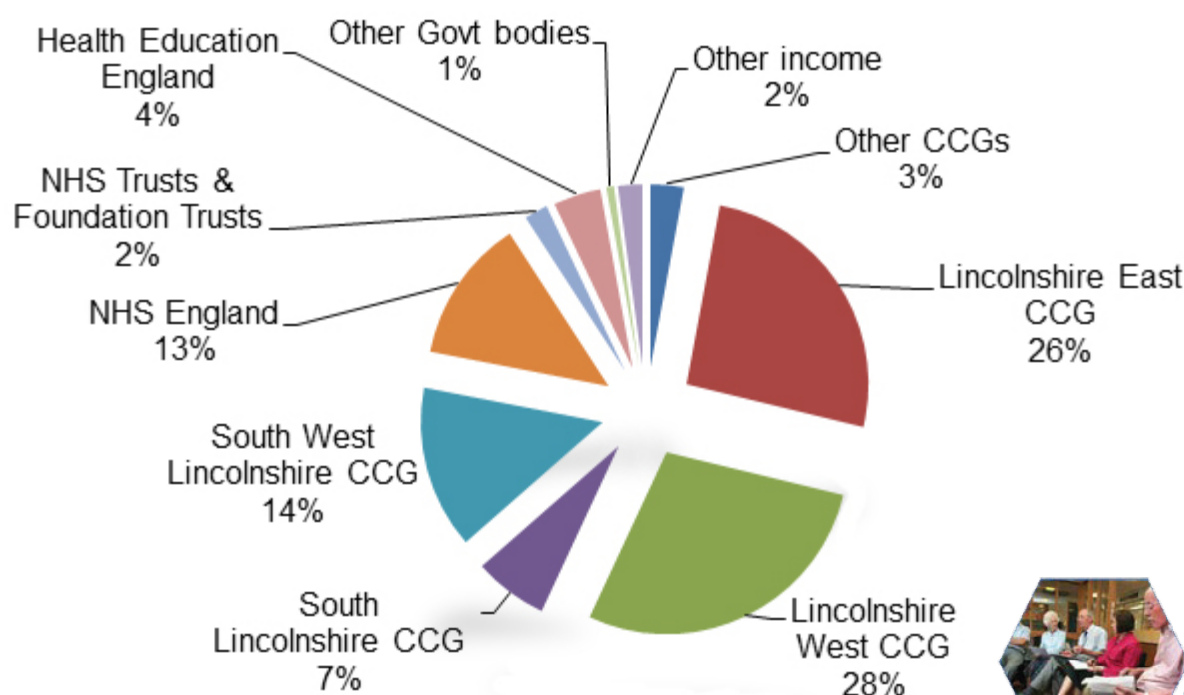
The cumulative position against the Trust five year breakeven duty shows a deficit of £33.9 million.

Performance against the key financial targets during 2013/14 are summarised in the following table:

| Target   |       | 2013/14                      | 2012/13              |
|--|-------|------------------------------|----------------------|
| Income and expenditure position against breakeven duty                         |       | <b>£25.8 million deficit</b> | £0.1 million surplus |
| Manage within External Financing Limit (EFL)                                   |       | <b>Achieved</b>              | Achieved             |
| Manage within Capital Resource Limit (CRL)                                     |       | <b>Achieved</b>              | Achieved             |
| Achieve a capital cost absorption duty of 3.5%                                 |       | <b>3.5%</b>                  | 3.5%                 |
| Better Payment Practice code Invoices paid within 30 days (measured by volume) | Trade | <b>85%</b>                   | 89%                  |
|  | NHS   | <b>77%</b>                   | 74%                  |

## Trust income

We received £425.5 million of income in 2013/14 from the following sources:



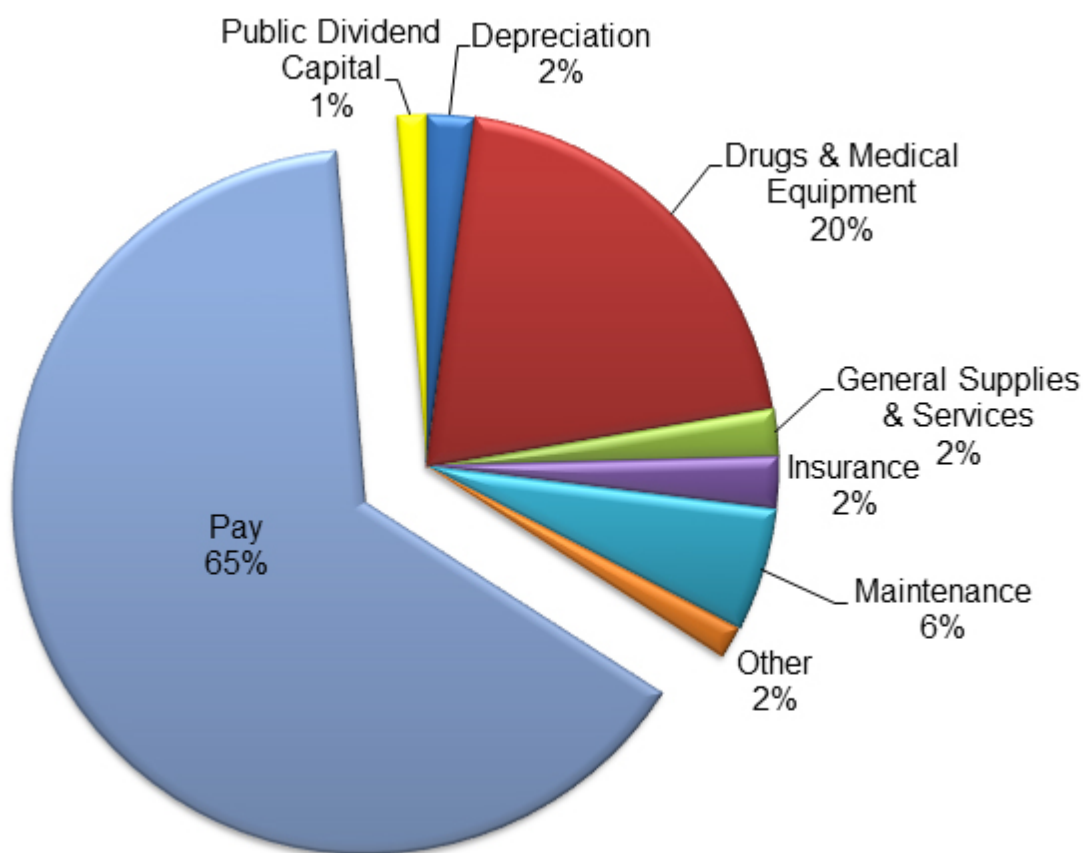
The majority of the income in 2013/14 (£332.1 million or 80% of total income) was earned by providing clinical services to NHS patients under contracts with commissioners, principally the newly formed Clinical Commissioning Groups (CCGs). Lincolnshire West, South West, East and South account for the most significant income element (£319.6m).

The Trust received £18.8 million to support education, training and research. The majority of this income was received from Health Education England and was provided as reimbursement for training of undergraduate doctors, junior doctors, nurses and technical staff.

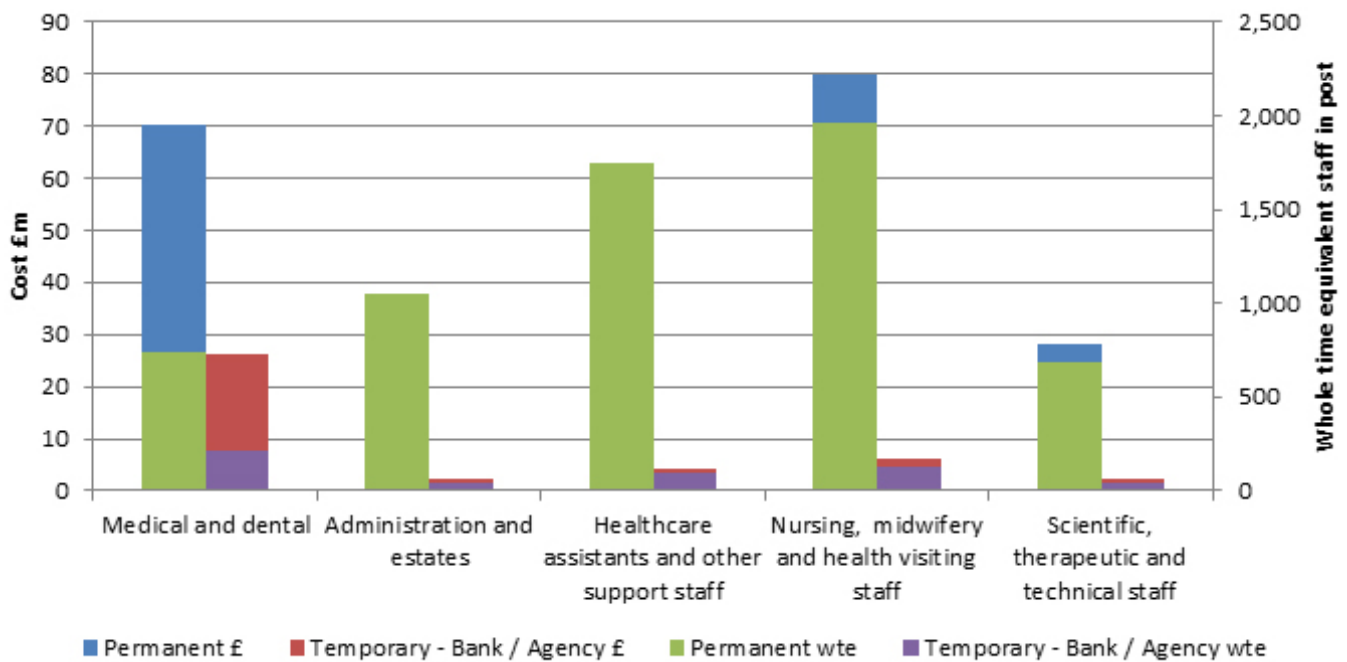
### Trust expenditure

The Trust incurs costs that are predominantly associated with the provision of clinical activity. The largest expenditure area is pay which accounts for 65% of the total expenditure.

The chart below breaks down the Trust expenditure across the main categories:



**a - Pay (£291.8m)** – The Trust’s largest cost each year is paying the salary and associated national insurance and pension contributions of its 6,200 permanently employed staff. Pay costs also include charges for the use of Agency (£21.3m) and bank / locum staff (£20.1m). Pay costs for 2013/14 are set out in detail within Note 10.1 – 10.5 within the Trust Accounts and are summarised by staffing group in the chart below. The pay award settlement for the year was 1%.



The pensions of the majority of NHS staff are administered through the NHS Pension Scheme, details of which can be found within the full accounts (note 10.6). The Trust in common with most employers implemented the requirements of the Pensions Act (2008) through the implementation of pensions auto-enrolment in 2013/14.

The remuneration report sets out details of payments made to Trust senior managers along with accrued pension benefits.

Amongst the recommendations set out within the Keogh Report was the requirement to increase ward nursing levels. The cost associated with the recruitment of an additional 130 nurses in 2013/14 was £4.2m.

Overall pay costs increased by £17.0 million compared to 2012/13.

**b- Public Dividend Capital (£5.9m)** – The Trust has to make a payment to the Department of Health equivalent to 3.5% of assets. This payment is similar in nature to the payment companies would need to make to shareholders.

**c - Drugs and medical equipment (£91.0m)** – The cost of patients’ medication, dressings, syringes and other medical equipment.

**d – Other (£6.8m)** – Includes education and training, legal fees, Non pay recharges to other NHS bodies, losses, finance costs and ‘other’.

**e - Maintenance (£25.5m)** – Includes expenditure on gas, electricity, water and telephone bills as well as business rates and minor repairs and maintenance programmes.



**f – Depreciation and impairments (£10.0m)** – The reduced value of the Trust’s buildings and equipment over time has to be accounted for each year.

**g - Insurance (£10.7m)** – The Trust insures against fire, theft and clinical liabilities claims through the NHS Litigation Authority.

### **Cost Improvement Programme**

The national tariff for 2013/14 had an implied efficiency of 4%, other contracts similarly utilised this figure.

The Trust planned to achieve savings of at least £22.4 million as part of the financial plan; against this target, £19.6 million was successfully delivered.

Looking forward the Trust faces significant future challenges in the delivery of cost improvements and as a consequence financial breakeven and stability.

### **Cash flow**

The cash balance of £1.0 million on 31 March 2014 meant that the cash and Department of Health external financing limit target for 2013/14 was achieved.

The Trust has received cash support from the Department of Health during 2013/14 to improve liquidity. This was initially through a short term loan in the form of temporary Public Dividend Capital (PDC), but in March 2014, a permanent cash drawing of £24.5m was agreed.

The financial plan covering the next two years is for the current deficit to reduce steadily with the Trust returning to a position of annual financial balance by March 2018. These plans include as a consequence, the requirement for further cash support during this period.

Management of cash is governed by the Trust’s Treasury Management Policy which sets out the parameters within which the Trust may invest any surplus cash on a temporary basis. As a non Foundation Trust, investment is restricted to deposits of cash made through the National Loans fund. In 2013/14 the continuing low interest rates and cash availability limited returns to £44,000.

### **Capital**

The Trust invested £9.7 million in the capital programme during the year. The table below summarises this by category.

|                      | £ million |
|----------------------|-----------|
| Buildings and Estate | 2.5       |
| IT Infrastructure    | 4.3       |
| Medical Equipment    | 2.6       |
| Other                | 0.3       |
| Total                | 9.7       |

The capital programme was funded through internally generated resources (depreciation and sale of assets) and donated assets of £0.3 million.

The basis of valuation for Trust assets is set out within note 1.8 to the Accounts. Land and buildings are however re-valued annually; generally this is undertaken on a modern equivalent basis (i.e. the cost of re-providing existing service capacity using modern building / construction techniques).



The only exceptions to this are Laundon House, Sleaford which has been valued on an open market basis at £0.2 million and Progress Living dwellings valued at £22.8 million at 31 March 2014. Note 15 sets out in detail the value of property, plant and equipment owned by the Trust.

## Accounting Policies

The Trust accounting policies are detailed within Note 1 to the accounts. Standard Accounting Policies are mandated by the Department of Health and the ability of NHS Trusts to deviate from these is limited.

There are no material changes to the Accounting Policies set out in 2012/13.

The 2013/14 Accounting Policies of the Trust were approved by the Audit Committee under delegated authority from the Trust Board in February 2014.

## Better Payment Practice Code

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

Performance for 2013/14 against this target is summarised as follows:

|   | 2013-14 |       |
|---|---------|-------|
|   | Number  | Value |
| Percentage of Non-NHS trade invoices paid within target | 85%     | 80%   |
| Percentage of NHS trade invoices paid within target     | 77%     | 78%   |

The Trust has applied to become a signatory of the 'Prompt Payment Code' set up by the Government and Institute of Credit Management. As an approved signatory the Trust would be undertaking to:

- Pay suppliers on time
- Give clear guidance to suppliers
- Encourage good practice

**The Trust Accounts for 2013/14 are set out in full following the main body of this report. These have been prepared on a 'Going Concern' basis and in accordance with guidance issued by the Department of Health, and in line with International Financial Accounting Standards (IFRS). So far as the directors are aware, there is no relevant information of which the auditors are unaware.**

## Going Concern

After making enquiries, the directors have a reasonable expectation that the NHS Trust has adequate resources to continue in operational existence for the foreseeable future. For this reason, they continue to adopt the going concern basis in preparing the accounts.

## Auditors and audit fee

KPMG LLP are the Trust's appointed external auditor and were paid £132,550 (exc. VAT) in respect of statutory audit fees for the 2013/14 financial year. An additional payment of £3,956 (exc. VAT) was also made, this related to additional work required to complete the 2012/13 audit.

The range of audit services provided by the KPMG included statutory review including audit of the Annual Financial and Quality Accounts, value for money assessment and review of the Trust's governance and financial arrangements.



KPMG's review of the 2013/14 Financial Statements resulted in an unqualified opinion.

The Trust internal audit services during 2013/14 were initially provided through Parkhill Internal Audit Services but following merger in October 2013 have been provided by TIAA Ltd.

The Trust uses Parkhill 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.

The Trust accounts for 2013/14 are set out in full as an Appendix within this Annual Report. Further copies of the Trust's Accounts can be obtained from the Associate Director of Finance, Lincoln County Hospital, Greetwell Road, Lincoln or by emailing [colin.hills@ulh.nhs.uk](mailto:colin.hills@ulh.nhs.uk)

## New birthing pool provides more options for pregnant ladies

Pregnant women in Lincolnshire can now benefit from using a new, state of the art birthing pool.

The new birthing pool at Lincoln County Hospital opened on Monday 27 January 2014 and provides a resource for women to use during labour and delivery.

It has been recognised that using a birthing pool can often reduce a woman's need for pain relief during labour and can help create a more relaxing experience during birth.



# Remuneration Report

## Introduction

The FReM requires that Remuneration requires NHS bodies to prepare a remuneration report containing information about the remuneration of senior managers. The definition of 'senior managers' is:

'those persons in senior positions having authority or responsibility for directing or controlling the major activities of the NHS body. This means those who influence the decisions of the entity as a whole rather than the decisions of individuals directorates or departments'.

## Salary and pension entitlements of senior managers

The Trust Remuneration Committee is a sub-committee of the Trust Board and its purpose is to advise the Board about appropriate remuneration, performance, development and succession planning and terms of service for the Chief Executive and board directors, guided by NHS policy and best practice.

Non-executive directors, including the Chairman are appointed by the NHS Trust Development Authority (TDA) on behalf of the Secretary of State for Health and are typically appointed for a standard term of four years.

The committee membership during 2013/14 comprised of the Trust Chairman and all the non-executive directors. The committee's policy on the remuneration of 'senior managers' not covered by Agenda for Change

The committee oversees appropriate contractual arrangements for the Chief Executive and executive directors including the proper calculation and scrutiny of termination payments taking account of such national guidance as appropriate for board level posts.

The Trust does not currently have performance-related salaries for its 'senior managers' and executives and the terms and conditions for its 'senior managers' are subject to the standard terms and conditions of other NHS staff. Any pay uplifts awarded are consistent with guidance issued by the Department of Health, mirroring awards made to all other Trust employees.

During the year, all senior managers employed on permanent contracts had a six months employer to employee notice period.



## Pension Benefits



| Name and title  | Notes | Real increase in pension at age 60 (bands of £2,500) | Real increase in pension lump sum at aged 60 (bands of £2,500) | Total accrued pension at age 60 at 31 March 2014 (bands of £5,000) | Lump sum at age 60 related to accrued pension at 31 March 2014 (bands of £5,000) | Cash Equivalent Transfer Value at 31 March 2014 | Cash Equivalent Transfer Value at 31 March 2013 | 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  | £00  |
| Jane Lewington - Chief Executive                              |       | 10 - 12.5  | 32.5 - 35  | 70 - 75  | 220 - 225  | 1,574   | 1,264   | 283   |  |
| Kevin Turner - Director of Strategy & Performance             |       | 0 - 2.5  | 2.5 - 5  | 60 - 65  | 180 - 185  | 1,200   | 1,121   | 55  |  |
| Stephen Hewitt - Acting Director of Strategy and Performance  | 1     | 0 - 2.5  | 0 - 2.5  | 35 - 40  | 110 - 115  | -   | 665   | -   |  |
| David Pratt - Director of Finance & Corporate Affairs         |       | 0 - 2.5  | 2.5 - 5  | 25 - 30  | 75 - 80  | 420   | 348   | 27  |  |
| Pen Andersen - Acting Director of Finance & Corporate Affairs |       | 2.5 - 5  | 10 - 12.5  | 25 - 30  | 85 - 90  | 496   | 359   | 74  |  |
| Michelle Rhodes - Director of Services Delivery               |       | 0 - 2.5  | 2.5 - 5  | 30 - 35  | 90 - 95  | 512   | 470   | 32  |  |
| Eiri Jones - Director of Nursing                              | 1     | 2.5 - 5  | 7.5 - 10   | 45 - 50  | 140 - 145  | -   | 897   | -   |  |
| Sunil Kapadia - Medical Director                              |       | 5 - 7.5  | 20 - 22.5  | 70 - 75  | 215 - 220  | 1,451   | 1,195   | 163   |  |
| Ian Warren - Director of Human Resources                      | 2     | 2.5 - 5  | -  | 5 - 10   | -  | 104   | 65  | 38  |  |
| Paul Boock - Director of Estates and Facilities               |       | 0 - 2.5  | 5 - 10   | 25 - 30  | 75 - 80  | 397   | 306   | 37  |  |
| Nigel Myhill - Director of Estates and Facilities             |       | -  | -  | -  | -  | -   | 0   | -   |  |

### Notes:

- The Cash Equivalent Transfer Value for both Eiri Jones and Stephen Hewitt are reduced to zero since both have taken retirement benefits in 2013/14.
- Ian Warren is a member of the NHS Pension Scheme under the 2008 section rules. Under this section no automatic lump sum is payable.

### 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.



# Salaries and Allowances

| Name and title  | Notes | Term in post |         | 2013/14                               |   |   |  | 2012/13   |  |                                      |                                       | Total |   |   |  |   |  |                                      |
|---|-------|--------------|---------|---------------------------------------|---|---|--|---|--|--------------------------------------|---------------------------------------|-------|---|---|--|---|--|--------------------------------------|
|   |       | Start        | Finish  | Salary<br>(bands of £5,000)<br>£000's | Expense<br>payments<br>(taxable) total to<br>nearest £100<br>£000's | Performance pay and<br>bonuses (bands of<br>£5,000)<br>£000's | Long term<br>performance pay<br>and bonuses (bands<br>of £5,000)<br>£000's | All pension-<br>related benefits<br>(bands of £2,500)<br>£000's | Benefits in kind<br>total to nearest<br>£100<br>£000's | Total<br>(bands of £5,000)<br>£000's | Salary<br>(bands of £5,000)<br>£000's |       | Expense<br>payments<br>(taxable) total to<br>nearest £100<br>£000's | Performance pay<br>and bonuses<br>(bands of £5,000)<br>£000's | Long term<br>performance pay<br>and bonuses<br>(bands of £5,000)<br>£000's | All pension-<br>related benefits<br>(bands of £2,500)<br>£000's | Benefits in kind<br>total to nearest<br>£100<br>£000's | Total<br>(bands of £5,000)<br>£000's |
|   |       |              |         |                                       |   |   |  |   |  |                                      |                                       |       |   |   |  |   |  |                                      |
| Mr R Buchanan - Chair   |       | Mar-14       | Ongoing | 0 - 5                                 |   |   |  |   |  |                                      |                                       |       |   |   |  |   |  |                                      |
| Mrs P Oulton - Non Executive Director & Acting Chair (Jan - Feb 2014)                   |       | Apr-10       | Ongoing | 5 - 10                                | 30  |   |  |   |  |                                      |                                       |       |   |   |  |   |  |                                      |
| Mr P Richardson - Chair   |       | Jul-09       | Dec-13  | 15 - 20                               | 46  |   |  |   |  |                                      |                                       |       |   |   |  |   |  |                                      |
| Mr T Staniand - Non Executive Director  |       | Mar-07       | Ongoing | 5 - 10                                | 12  |   |  |   |  |                                      |                                       |       |   |   |  |   |  |                                      |
| Mr K Brown - Non Executive Director   |       | May-08       | Sep-13  | 0 - 5                                 | 4   |   |  |   |  |                                      |                                       |       |   |   |  |   |  |                                      |
| Mr M Muntz - Non Executive Director   |       | Jul-09       | Ongoing | 0 - 5                                 |   |   |  |   |  |                                      |                                       |       |   |   |  |   |  |                                      |
| Mr G Hayward - Non Executive Director   |       | Jul-13       | Ongoing | 0 - 5                                 | 7   |   |  |   |  |                                      |                                       |       |   |   |  |   |  |                                      |
| Mr P Gassby - Non Executive Director  |       | Jul-13       | Ongoing | 0 - 5                                 |   |   |  |   |  |                                      |                                       |       |   |   |  |   |  |                                      |
| Prof S Barnett - Non Executive Director   |       | Mar-14       | Ongoing | 0 - 5                                 |   |   |  |   |  |                                      |                                       |       |   |   |  |   |  |                                      |
| Mrs K Truscott - Non Executive Director   |       | Mar-14       | Ongoing | 0 - 5                                 |   |   |  |   |  |                                      |                                       |       |   |   |  |   |  |                                      |
| Mr K Davin - Non Executive Director   |       | Jan-10       | Ongoing | 5 - 10                                | 12  |   |  |   |  |                                      |                                       |       |   |   |  |   |  |                                      |
| Jane Lewington - Chief Executive (Director of Strategy & Performance prior to Dec-12)   |       | Dec-10       | Ongoing | 175 - 180                             | 15  |   |  |   |  |                                      |                                       |       |   |   |  |   |  |                                      |
| Andrew North - Chief Executive  |       | Aug-10       | Nov-12  |                                       |   |   |  |   |  |                                      |                                       |       |   |   |  |   |  |                                      |
| Kevin Turner - Director of Strategy & Performance (Director of Finance prior to Apr-13) |       | Jan-11       | Ongoing | 140 - 145                             | 6   |   |  |   |  |                                      |                                       |       |   |   |  |   |  |                                      |
| Stephen Hewitt - Acting Director of Strategy and Performance                            |       | Dec-12       | Apr-13  | 5 - 10                                |   |   |  |   |  |                                      |                                       |       |   |   |  |   |  |                                      |
| David Pratt - Director of Finance & Corporate Affairs                                   |       | Oct-13       | Ongoing | 55 - 60                               |   |   |  |   |  |                                      |                                       |       |   |   |  |   |  |                                      |
| Pen Andersen - Acting Director of Finance & Corporate Affairs                           |       | Apr-13       | Oct-13  | 55 - 60                               | 5   |   |  |   |  |                                      |                                       |       |   |   |  |   |  |                                      |
| Michelle Rhodes - Director of Service Delivery  |       | Oct-10       | Ongoing | 115 - 120                             | 21  |   |  |   |  |                                      |                                       |       |   |   |  |   |  |                                      |
| Eiri Jones - Director of Nursing  | 1     | Aug-12       | Ongoing | 55 - 60                               | 3   |   |  |   |  |                                      |                                       |       |   |   |  |   |  |                                      |
| Tracy Plicher - Acting Director of Nursing  |       | Jun-12       | Jul-12  |                                       |   |   |  |   |  |                                      |                                       |       |   |   |  |   |  |                                      |
| Sylvia Knight - Chief Nurse   |       | Jul-04       | May-12  |                                       |   |   |  |   |  |                                      |                                       |       |   |   |  |   |  |                                      |
| Sunil Kapadia - Medical Director  |       | Jul-13       | Ongoing | 125 - 130                             | 39  |   |  |   |  |                                      |                                       |       |   |   |  |   |  |                                      |
| David Ley - Medical Director  |       | Apr-11       | Mar-13  |                                       |   |   |  |   |  |                                      |                                       |       |   |   |  |   |  |                                      |
| Ian Warren - Director of Human Resources  | 2     | Feb-13       | Ongoing | 60 - 65                               |   |   |  |   |  |                                      |                                       |       |   |   |  |   |  |                                      |
| Jaki Lowe - Interim Director of Human Resources   | 3     | Sep-11       | Jan-13  |                                       |   |   |  |   |  |                                      |                                       |       |   |   |  |   |  |                                      |
| Paul Boscoboc - Director of Estates and Facilities                                      |       | Oct-13       | Ongoing | 40 - 45                               | 10  |   |  |   |  |                                      |                                       |       |   |   |  |   |  |                                      |
| Nigel Myhill - Director of Estates and Facilities                                       | 4     | Oct-12       | May-13  |                                       |   |   |  |   |  |                                      |                                       |       |   |   |  |   |  |                                      |
| Mike Speakman - Director of Estates and Facilities                                      |       | May-08       | Oct-12  |                                       |   |   |  |   |  |                                      |                                       |       |   |   |  |   |  |                                      |

## Notes:

1. Eiri Jones was initially seconded from Bedfordshire NHS Trust in 2013 /14 at a cost of £43,128 (2012 /13 : £88,125) before being appointed substantively in August 2013. Retirement was taken in December 2013 before returning to the Director of Nursing role on a part time basis in February 2014. Payments of £19,500 were thereafter made through a private limited company.
2. Ian Warren was initially seconded on a part time basis from Lincolnshire Community Health Services NHS Trust (LCHS) before being appointed to the Director of Human Resources post on a permanent full time basis in October 2013. The secondment initially formed part of a wider cost and resource sharing exercise between the two organisations and United Lincolnshire Hospitals were not recharged directly for Ian Warren's costs until August 2013. Costs recharged thereafter totalled £19,181. Details of Mr Warren's Salary and Pensions Benefits prior to appointment are disclosed in full by LCHS.
3. Jaki Lowe was employed through a private company at a cost of £133,062 during 2012/13
4. Nigel Myhill was seconded on a part time basis from Northern Lincolnshire and Goole Hospitals NHS Foundation Trust (NLAG) at a cost of £9,400 (2012/13 : £25,100). Details of Mr Myhill's Salary and Pensions Benefits are disclosed in full by NLAG.

## Definitions:

### Salary

The total amount of salary, fees and allowances paid to the individual for services provided. This excludes reimbursement for expenses and employers superannuation and national insurance contributions.

### Expense Payments

Expense Payments relate to reimbursement for travel, subsistence and where appropriate re-location expenses. Figures presented are shown gross, before tax.

### Benefits in kind

These relate to tax paid by the Trust for home to base travel on behalf of Non Executive Directors.

### Pension related benefits in kind

Other pension related benefits disclosed arise from membership of the NHS Pensions defined benefit scheme. They are not remuneration paid, but are the increase in pension benefit net of inflation for the current year calculated by applying a prescribed formula as set out within the Finance Act (2004). For those Senior Managers who have served in post part year, the increase in pension related benefits for the full year have been adjusted pro rata. Further details of the board's pension benefits are disclosed in the Pension Benefits table below.

No performance related pay or bonus payments have been made in 2012/13 or 2013/14.



## Remuneration report in relation to Pay Multiples

Reporting bodies are required to disclose the relationship between the remuneration of the highest-paid director in their organisation and the median remuneration of the organisation's workforce.

The banded remuneration of the highest paid director in United Lincolnshire Hospitals NHS Trust in the financial year 2013-14 was £181,800 (2012-13, £180,000). This was 7.94 times (2012-13, 7.63) the median remuneration of the workforce, which was £22,903 (2012-13, £23,589)

In 2013-14, zero (2012-13, zero) employees received remuneration in excess of the highest-paid director. Remuneration ranged from £181,800 to £5,214 (2012-13 £180,000-£5,214)

Total remuneration includes salary, non-consolidated performance-related pay, benefits-in-kind as well as severance payments. It does not include employer pension contributions and the cash equivalent transfer value of pensions."

## Review of Tax Arrangements of Public Sector Appointees

Public sector bodies are required by HM Treasury to report arrangements where individuals engaged within the business are paid through their own companies rather than the organisations payroll. They are therefore responsible for their own tax and national insurance arrangements and not subject to tax and national insurance deductions at source.

The tables below present the number of 'off payroll' engagements at United Lincolnshire Hospitals in the format prescribed by the Treasury and Department of Health.

**Table 1: For all off-payroll engagements as of 31 March 2014, for more than £220 per day and that last longer than six months:**

|  | Number |
|--|--------|
| Number of existing engagements as of 31 March 2014     | 13     |
| <i>Of which, the number that have existed:</i>         |        |
| for less than one year at the time of reporting        | 2      |
| for between one and two years at the time of reporting | 8      |
| for between 2 and 3 years at the time of reporting     | 1      |
| for between 3 and 4 years at the time of reporting     | 0      |
| for 4 or more years at the time of reporting           | 2      |

The Trust has developed a procedure to assess the appropriate employment status for individuals paid off payroll using the HMRC Employment Status Indicator tool. Work is on-going to embed the procedure within the Trust.

Tests using the HMRC Indicator have been completed for five of the above engagements, each has confirmed that the individuals should not be categorised as employees and that it is therefore appropriate to make payments 'off-payroll'. In addition, following a comprehensive review of this area in 2013/14 by HMRC Inspectors no compliance issues were identified.



**Table 2: For all new off-payroll engagements, or those that reached six months in duration between 1 April 2013 and 31 March 2014, for more than £220 per day:**

|  | Number |
|--|--------|
| Number of new engagements, or those that reached six months in duration, between 1 April 2013 and 31 March 2014  | 10     |
| Number of new engagements which include contractual clauses giving the Trust the right to request assurance in relation to income tax and National Insurance obligations | 0      |
| Number for whom assurance has been requested   | 0      |
| <i>Of which:</i>   |        |
| assurance has been received  | 0      |
| assurance has not been received  | 0      |
| engagements terminated as a result of assurance not being received   | 0      |

Since 1st April 2014 contracts have been put into place to formalise each of the on-going engagements identified in the above tables. These contain clauses allowing the trust to request assurance that tax and national insurance obligations have been met.

**Table 3: Off payroll engagements with individual Board Members**

|   |    |
|---|----|
| * Number of off-payroll engagements of board members, and/or senior officers with significant financial responsibility, during the year   | 1  |
| Number of individuals that have been deemed “board members, and/or senior officers with significant financial responsibility” during the financial year. This figure includes both off-payroll and on-payroll engagements | 11 |

\* The NHS Chief Executive wrote to NHS Trusts in August 2012 setting out requirements for implementing the recommendations of HM Treasury’s review of tax arrangements.

A key recommendation was that: Board members and senior officials with significant financial responsibility should be on the organisation’s payroll, unless there are exceptional circumstances – in which case the Accounting Officer should approve the arrangements – and such exceptions should exist for no longer than six months.

During 2013/14 the Director of Nursing has been paid ‘off-payroll’ for a period of two months. The circumstances leading to this were deemed exceptional for the following reasons:

1. The Trust was unsuccessful in appointing a substantive Director of Nursing despite exhaustive efforts to recruit.
2. The Director of Nursing role was key to delivery of improvements in the Trust following the Keogh inspection in 2013.
3. The period of payment was not expected to be for more than two months.

The remaining 10 Board members were each engaged and paid via the Trust payroll in 2013/14.

