

The Royal Liverpool and  
Broadgreen University Hospitals



★ ★ ★ NHS Trust

# Annual Report 2005 - 2006



## Profile

### Services and Facilities

The Royal Liverpool and Broadgreen University Hospitals NHS Trust is one of the largest and busiest hospital trusts in the North of England employing over 5000 staff and providing services to almost 1 million patients each year. As well as providing general hospital services and emergency services to local Merseyside communities, the Trust offers high quality specialist care including renal services, cancer services, cardiovascular, gastroenterology, haematology, orthopaedics, ophthalmology and dental services to the wider population of North West England and North Wales.

As one of a small number of teaching hospitals across the country, the Royal and Broadgreen are closely linked with Liverpool and John Moores Universities and the Trust provides a large number of placements for student doctors, dentists and nurses all of whom benefit from the expertise and experience of some of the most skilled and respected medical and nursing staff in the country.

Activity for 2005/2006 includes 474,724 Outpatients appointments, 125,591 patients attending our Emergency Services Departments and 83,353 in-patients who have been treated.

Our budget this year was £294million.

### External Environment

The NHS is undergoing a significant period of reform and it is within this environment that the Trust must operate:

- The development of Independent Sector Healthcare Centres, allowing patients choice in the selection of the hospital where they have their treatment, will impact on the demand for services at the Royal and Broadgreen hospitals. The Trust Board places significant importance on the issues which will ensure that our Hospitals continue to be the places where patients choose to have their treatment.

- Pay reform agenda for all staff within the NHS has equalised pay rates across the NHS. These reforms have been implemented with significant additional investment from the Department of Health and there is an expectation that all organisations will benefit from improvements in efficiency arising from lower sickness absence, turnover of staff and redefined roles.
- The introduction of the tariff system 'Payment by Results' will change the way the Trust is paid for the services it provides and will lead to service redesign to ensure that expenditure is within the income received.
- The White Paper, 'Our health, our care, our say: a new direction for community services', has identified clear intent to move services out of Hospital care. The Trust embraces this objective and is working in partnership with the PCTs to develop clinical pathways and diagnostic services, which will result in patients obtaining their care in the most appropriate setting.

The Trust was awarded a maximum three stars by the Independent Healthcare Commission, in July 2005 for its improvements in clinical services



### Aims

We will ensure that high quality services are designed and delivered in collaboration with all our major partners in the local health and social care system, to promote and improve the health of the population, reduce health inequalities and to promote the early diagnosis and management of major disease areas, and specialist services.

The services within our hospitals will be organised so that patients receive services promptly, have choice in access to services and treatments that are delivered to assured standards of clinical care.

Care will be provided in an environment that promotes patient and staff well being; respects patients' privacy, needs, and preferences and is provided through modern facilities which are able to support twenty first century service standards.

We will continue with our strategic alliance with the University of Liverpool and other partners to be a recognised centre of excellence in biomedical, clinical and health service research ensuring that patient individual needs are based on what assessed research evidence has shown provides effective clinical outcomes.

Our aim is to provide quality undergraduate, postgraduate and continuing education and development in all disciplines, promoting the organisation's culture and working practices, and ensuring that quality improvement and patient safety are core values within the Trust.

We will deliver healthcare in partnership with patients, their carers and relatives, respecting their diversity whilst ensuring that their changing health care needs are met.

As a Trust we wish to be regarded as an effective, well run organisation, meeting financial duties, providing a supportive environment for staff and ensuring that activities are planned in a way to deliver NHS performance targets.

## Foreword



These are very challenging times for the Trust and I am delighted that we have come through them to date in such good shape. For this achievement we must thank our staff for their enormous cooperation in overcoming the difficulties that faced us during the year.

These difficulties were both financial and operational.

Financially we overcame the shortfall in funding for the new Consultant Contracts as well as Agenda for Change. We overcame the initial introduction of Payment by Results although the amount of money we will receive on a like for like basis will be reduced by some £4.3 million in 2006/07. We will therefore not be immune from difficulties that are affecting so many other Trusts up and down the country. However, it gives me pleasure to write that we ended this year in financial balance.

Operationally we treated 3% more patients in A&E and 4% more inpatients and 6% more out patients than the previous year.

Looking ahead I believe 2006/07 is going to be a watershed as the NHS continues to implement the NHS Plan which was written in 2000. The patient-led NHS is becoming a reality with patient choice of where they will be treated, online booking of appointments and the greater use of independent sector facilities paid for by the NHS. It will be a challenge to meet these objectives and remain in financial balance.

This challenge will only be partially mine since I retire from the “Royal and Broadgreen” after 10 years as Chairman on 30<sup>th</sup> November 2006.

Before leaving I would like to pay tribute to all our staff who over these ten years have worked tirelessly for the NHS. I genuinely believe that the NHS has improved greatly with waiting times being reduced dramatically. I believe competition will drive us to greater efficiencies and I am sure the management team and my successor will strive to make this Trust the hospital of choice for those on Merseyside by continuing to provide excellent medical and surgical care within an improving environment.

Finally a big thank you, once again, to my Board colleagues for their support and commitment over the last year. In December we welcomed Colin Duncan to the Board who replaced Christine Johnson who had been a Board member for the previous 8 years.

Roger James  
*Chairman*

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# Welcome



I am pleased to introduce my 3rd Annual Report as Trust Chief Executive, incorporating the Operating and Financial Review. I am delighted to continue my association with the Trust and to be involved in the ongoing improvement of services to our patients.

The Trust continues to treat more patients to higher standards. Once again we have delivered a balanced budget and I wish to commend all Trust staff for their efforts in achieving this. The Trust has also achieved all the financial and key targets set by the Department of Health whilst at the same time delivering high quality services. The achievements throughout the year were again particularly impressive having regard to the background of increased activity and demand on our services, as mentioned in the Chairman's Foreword to this Report.

There have been major capital projects completed during the year. These include a new Radio Pharmacy Department and Interventional Radiology Suite at the Royal Liverpool University Hospital. In the Liverpool University Dental Hospital a new Oral Health Suite and a new Operative Skills Suite have been installed together with an innovative Endodontic Suite. On the Broadgreen site the new major Treatment Centre development at Broadgreen Hospital, in partnership with the Cardio Thoracic Centre, is on schedule, a new 750-space car park in partnership with Vinci Park UK Ltd has opened, we have continued with the refurbishment of the four staff residence blocks and have completed a new Energy Centre. All represent significant investment in 21st Century facilities.

I am grateful for the valuable contribution of our staff throughout the year particularly in respect of the major NHS reform projects like Agenda for Change, the introduction of the Picture Archiving Communication System (PACS) and service re-design of Services for Older People, including the development of a new Stroke Pathway. All Trust staff have worked extremely hard throughout the year in order to make improvements to so many of our services. This year 15 teams again submitted entries for the Trust's "Team of the Year" competition and I wish to offer my congratulations to all those teams who submitted entries and to recognise the achievement of the prize winning Renal Conservative Management Team. I am delighted to report that the Trust at the end of March 2006 achieved Improving Working Lives Practice Plus status.

The Trust has updated its assurance framework, which assists in the management of the critical risks facing the organisation.

As a 3-Star Trust we are eligible to consider an application for NHS Foundation Trust Status. A Foundation Trust Diagnostic Study last year supported the conclusion that the Trust would be fit for purpose to apply for Foundation Trust Status in 12-24 months time. The Trust Board has yet to make a decision on the timing for Foundation Trust Status application. At the appropriate time, such an application would involve preparatory work and a period of consultation with our local community.

The Trust has collaborated closely with the Primary Care Trusts in developing Clinical Pathways in order to ensure that patients are treated in the appropriate location. To that end, the Trust has worked with the Primary Care Trusts to ensure that patients come to hospital only when they need to.

Work has continued throughout the year on planning for the replacement of the Royal Liverpool University Hospital for which we are currently developing an Outline Business Case. The work to date has focused on determining the size and scale of a new hospital and the development of the Service Delivery Model which will help to describe how clinical services will be delivered in the future. Following discussions with the Primary Care Trusts projected future activity levels for the new hospital have been agreed.

The Trust has been in discussion throughout the year with Liverpool City Council with regard to the Council's proposed Hall Lane Relief Road Scheme. Following those discussions, the City Council has agreed to withdraw the current Hall Lane Road Scheme, allowing the hospital to identify a site of suitable size to redevelop the Royal in its current location. The Trust regrets that it was not possible to enable the road and the hospital to proceed in tandem. It recognises the leadership of the Council Leader in reaching the decision to give precedence to the hospital which the Trust and City Council believe to be in the best long term interests of the population of Liverpool. The Trust will work together with the City Council to ensure a suitable road solution in the long term. The Trust is developing a Patient and Public Involvement process for the new hospital project and the Trust looks forward to achieving a world-class hospital in the City Centre co-located with the University of Liverpool by 2014.

I wish again to commend all our staff, our contractors' staff, and all of our volunteers for their achievements, for their teamwork and effort, which has led to the improvement in the range and quality of the services we have provided to our patients. I look forward to the next 5 years and to the challenge of the further work on the development of the new Royal and to the sustained improvement in services on both the Royal and Broadgreen Hospital sites.

Maggie Boyle (Miss)  
Chief Executive

# Making an Impact

## Sustained Improvement

The Trust is part way through the NHS Plan reforms. This is the sixth year since 2000 of sustained improvement. The innovations and reforms introduced over this period are making an impact and we are delighted to set out in this report how we have made tremendous strides in the delivery of services for our patients.

Some of our main achievements are:-

- A big improvement in the speed and convenience of services.
- Patients on planned surgical waiting lists at the end of March:-  
2002 no patients waited more than 17 months  
2003 no patients waited more than 14 months  
2004 no patients waited more than 11 months  
2005 no patients waited more than 9 months  
2006 no patients waited more than 6 months
- 98.2% of all patients attending A&E are seen, admitted or treated within four hours.
- Emergency attendances have increased over the last five years and this year was just over 125,000, an increase of 3% on last year.
- The waiting list for patients requiring surgery is 5,176, a significant reduction of 33% since 2002.
- Although outpatient attendances were up from 449,441 in March 2005 to 474,724 in March 2006 (6%), no patients waited over 13 weeks as at 31st March 2006.
- The Trust has successfully introduced an electronic booking system which enables GPs to directly book outpatient appointments onto our Patient Administration System.

- There is continuous improvement with reducing the number of Delayed Discharges (bed blocking) and also bed days lost.

## Cleaner Hospitals

In 2005/06 the Trust continued to invest time and resource into cleaning. We consider that cleanliness is a high priority. Detailed below are some positive steps taken that highlight this:-

- The Trust introduced a computerised package for recording cleaning standards which allows information regarding cleanliness to be distributed to Matrons much more effectively.
- ISS Mediclean, the Trust's current provider of Hotel Services including cleaning, took a decision supported by the Trust to separate out catering and cleaning services at ward level; this facilitated greater definition around the cleaning role.
- The Trust has continued to work toward achieving the frequencies laid down within the National Standards and Trust representatives are actively involved in the national working group responsible for those standards.
- The Trust has invested in a dedicated Janitor role for its public areas to ensure that our visitors have improved services in what are very busy areas.
- The Trust has invested in housekeeper roles to improve cleaning for barrier nursing rooms and the quality of 'deep clean' in certain critical areas.
- Patient and Public Involvement Forum (PPIF) visits to both sites of the Trust have been, largely, complementary regarding cleanliness within the Trust.

## Emergency Preparedness

The Trust's Major Incident Plan has been revised to reflect the requirements of the NHS Emergency Planning Guidance 2005 and of the Civil Contingencies Act 2004.

The Major Incident Plan is supplemented by Directorate/Departmental Major Incident and Business Continuity Plans and by topic specific emergency plans. A revised Trust Pandemic Influenza Plan has also been prepared, which is also supplemented by Directorate/Departmental Pandemic Influenza Plans.

The Deputy Chief Executive has been designated to take responsibility for emergency preparedness on behalf of the Trust and is supported in that role by a nominated Non-Executive Director. The Head of Corporate Affairs is the Emergency Planning Liaison Officer.

The Trust Board receives regular reports, at least annually, on emergency preparedness exercises, training and testing undertaken by the Trust.

## Information Governance

Information is critical to the Trust's ability to implement change. Data quality and accuracy are extremely important and a set of standards has been published to assist Trusts in assessing their arrangements around information. The Information Governance Toolkit comprises of 8 initiatives and 121 standards. A recent audit gave significant assurance of Information Governance Standards within the Trust.

The Self-Assessment carried out during March 2006 against the standards revealed a new overall score of 90%, with a rating of Green in all initiatives. This continued improvement reflects the Trust's commitment to best practice in the use and security of information.

## Infection Prevention and Control

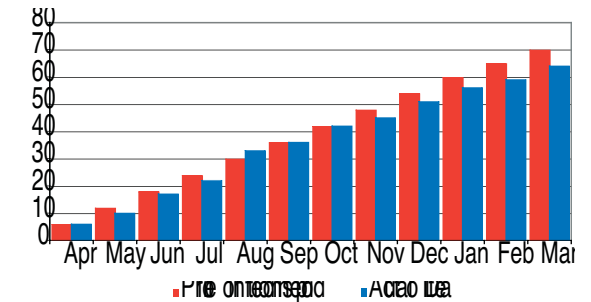
The year 2005-06 has been a challenging year for the infection control team who welcomed a nurse consultant in December 2005. During the year the infection control nurses moved office accommodation and incorporated the use of a new database into the clinical advisory service.

Notable achievements included:-

- The introduction of a peripheral cannulation pack into most clinical areas during 2005.
- Two successful promotional days focussing on aseptic technique at the Royal and Broadgreen Hospitals.
- Leading participation in the national Clean Your Hands Campaign, auditing hand hygiene compliance and improving performance by regular review.
- Working with matrons & infection control link nurses undertaking additional comprehensive infection control audits of their areas, the results of which have been reviewed by the Infection Control Sub Group.
- Participating in the 3rd National Prevalence Survey of Hospital Acquired Infection. Results to be published in October 2006.
- Participated in enhanced MRSA bacteraemia surveillance in addition to mandatory Staphylococcus aureus bacteraemia surveillance, clostridium difficile diarrhoea surveillance, glycopeptide resistant enterococcal bacteraemia surveillance and orthopaedic surgical site surveillance.

- Completion of the final phase of the 2 year National CHART study assessing whether regular feedback of data on MRSA acquisition to specific ward areas contributes to reducing acquisition.
- The Trust met its target for MRSA bacteraemia reduction for 2005-06.
- The Trust has signed up to the Department of Health 'Saving Lives' Programme which focuses on embedding knowledge and responsibility for infection control throughout the organisation and adoption of simple high impact interventions in clinical areas to reduce the risk of hospital acquired infection.

MRSA Actual Against Profile 2005-06



# Collaborative Healthcare

## Nephrology

The Nephrology Directorate at the Royal Liverpool University in collaboration with Aintree Hospital's Nephrology Unit has recently launched a new website called <[www.merseyrenalunits.nhs.uk](http://www.merseyrenalunits.nhs.uk)>

The website has been produced as a tool to inform and educate GPs across the Strategic Health Authority (SHA) around referral criteria for patients being referred into the Nephrology directorates.

The basis of all Nephrology referrals is now around the patient's estimated Glomerular Filtration Rate (eGFR). It was necessary to highlight this new referral pattern to GPs and a website was considered the best option.

There was close liaison with the laboratories at both hospitals and eGFR is now reported to GPs.

The Chronic Kidney Disease Nurse Practitioner has worked closely with the GPs in the SHA to highlight the new GP Quality Outcome Framework for Renal Services which came into effect on 1st April 2006 and a number of educational sessions have been organised for GPs. The Directorate saw this as an opportunity to engage the GPs whilst controlling the flow of referrals into the hospital.

The aim was to get appropriate referrals, with quality information, to aid a speedy referral process. Dr GM Bell and Dr H Anijeet have been the lead clinicians at the RLBUHT on this initiative with Dr B Pandya at Aintree Hospitals NHS Trust.

The Nephrology & Renal Transplant Directorates recognise that in order to effectively manage patients with chronic illness it is imperative that close working relationships need to be established with colleagues in the community.

With this in mind the role of senior nurses within the Directorates are currently under review, in terms of which professional (whether hospital based or in the community) is best placed to provide specific aspects of care.

The Directorate has worked with the I V Therapy at Home Team which has enabled patients to have intravenous iron in their home rather than to have to make the journey to hospital.

## Gastroenterology

The Directorate has performed well during this year. We have managed further decreases in our waiting times for Endoscopy and Outpatients despite increase in referrals. There remain significant challenges in maintaining and improving on this performance.

The Gastroenterology Directorate has benefited from increased funding support to improve and re-design services to patients attending the outpatient clinics particularly around the increasing demand for Liver Services. The Trust has further agreed to fund a Nurse Consultant in Hepatology (Liver Medicine) with clerical support.

Trust support was also given to the Nurse Consultant in Gastroenterology to implement an Iron Deficiency Anaemia Clinic. This has improved the patient pathway considerably by patients undergoing appropriate investigations in a timely way.

Both of these initiatives have been successful in seeing patients more quickly.

Achievements in the field of Gastroenterology research continue under the direction of the Academic Gastroenterologists with the focus continuing on cancers of the stomach and colon and inflammatory bowel disease. Funding from various sources

include the Medical Research Council, Wellcome Trust, and the North West Cancer Research Fund. NHS Research and Development support the research and members of the directorate staff have had several recent publications in well respected journals such as 'Gastroenterology'.

Three Nursing staff are undertaking Masters Degrees, and several have undertaken advanced courses in Advanced Life Support, Prescribing, Physical Examinations Course and Clinical Diagnostics. This education will enhance their practice and develop further nurse led clinics that are already in evidence. Specialist Nurse in Inflammatory Bowel Disease Belle Gregg was awarded a £1,000 prize for being voted by patients of the National Crohn's and Colitis Society as Nurse of the Year for her work in improving patient care.

The Directorate is particularly proud of the appointment of Professor Tony Morris as President of the British Society of Gastroenterology and Professor Ian Gilmore as President of the Royal College of Physicians in London.

## Specialist Services for Older People

### The Model of Care

The Trust was asked to develop an extended stroke model of care, which would address an identified gap in service provision following discharge from hospital care. Clinical guidelines advise that acute stroke care specialists should support ongoing rehabilitation to improve care outcomes and the model was developed on the following assumptions:

- Those who have experienced a stroke should be treated in a dedicated specialist acute stroke unit.
- Inpatient rehabilitation should be available.

- Dedicated multi-disciplinary rehabilitation support (Early Supported Discharge) to be provided by the extended specialist service in a community setting for up to six months post stroke.
- Co-ordinate disparate stroke services across all care sectors in a virtual multi-disciplinary team framework to pool resource and provide a programme of care that is based on individual need.

### Internal Development

Dr Shankar Loharuka and Dr Glyn Scott were appointed in 2005 as Consultant Geriatricians with an interest in stroke care and have been heavily involved in the development of the service. Since their arrival the following critical components of stroke care provision are now available:

- Transient Ischaemic Attack clinics take place twice weekly with access to the Vascular Laboratory for immediate Doppler investigation.
- The introduction of thrombolytic therapy, which although not suitable for all patients who have experienced an ischaemic stroke, improves the care outcomes significantly for those who do meet the criteria. This treatment has to be given within 3 hours of stroke onset which poses challenges for Accident and Emergency, Acute Medical Unit, the Acute Stroke Unit and the Radiology Department as a CT scan is critical for accurate diagnosis.
- Additional Telemetry equipment and training for staff in the Acute Stroke Unit.
- Review of inpatient rehabilitation service provision following the publication of a recent rehabilitation research project undertaken in partnership with the University of Central Lancashire.
- Secondary prevention by undertaking one, three and six monthly review in the Stroke Review Clinic.

- A comprehensive rationalisation of all documentation within a dedicated Stroke Care Pathway as determined by clinical guidelines.
- A Transfer of Care Summary document as determined by clinical guidelines.
- The development of a dedicated data base to inform the National Stroke Sentinel Audit and the National Stroke Register.
- The standardisation of patient information made available at all points of service contact in the first six months.

### External Development

An initial wave of additional posts have been advertised to include a Stroke Specialist Nurse, Speech and Language Therapy, Dietetics, Occupational Therapy and Physiotherapy. The second wave is anticipated to include dedicated Clinical Psychology, additional Speech and Language Therapy and Dietetic support and Social Work input.

The Stroke Specialist Nurses will lead the provision of weekly virtual multi-disciplinary team meetings that will be based at Venmore Resource Centre and the Broadgreen Day Hospital. With a community orientated focus these facilities will provide access to a comprehensive range of dedicated stroke support resources to include therapists, social care, employment advice, user support, Stroke Association, Local Solutions Carers Support and Crossroads. The virtual multi-disciplinary team will have formal links to the Consultants Stroke Review Clinic through the role of the Stroke Specialist Nurse.

Both facilities will be equipped to provide comprehensive rehabilitation programmes closer to home.

A Reference Group has been meeting alongside the implementation process as a constant check and balance to the model being developed. The Group includes service users, carers representatives, academic representatives and other related Voluntary Sector services. This has been a helpful and informative process of ongoing external consultation, which has advised subtle amendments enhancing the model.

The Trust has worked closely with Aintree Hospital NHS Trust throughout the development of this model to ensure equity of service provision throughout the North Mersey area.



### Evaluation

The extended stroke pathway will be fully operational in August 2006. Those who use the service will be asked for their views on a systematic basis and questions will be based on the standards that have been developed within a mission statement for the extended pathway which include the following:

The extended stroke pathway has agreed a target of a reduced length of stay in a hospital setting from 30 days (performance based on the National Sentinel Audit 2004) to 18 days. The National Sentinel Audit will be completed again in October 2006 and significant improvement is anticipated.

A formal launch of the extended stroke pathway is anticipated and will include collaboration with The Stroke Association using their FAST campaign (Facial weakness, Arm weakness, Speech problems, Test all three) to raise the awareness of the general public in treating stroke as a medical emergency.

### Emergency Services

The Emergency Department has had an eventful year. The two Australian Consultants who came to Liverpool to work with us for 2 years returned to Australia at the end of the year. One of these, Dr James Rippey, developed his own expertise in ultrasound and established an Ultrasound Course as part of the ongoing programme of education for Emergency Department Senior Doctors. All senior doctors in the department have undergone this training and the course is established on a regional (soon to be national) basis.

The departure of our Australian colleagues has seen new appointments to the consultant team of Dr Jay Rathore and Dr Jane McVicar as locum Consultant. All consultant posts in the Emergency Department are now filled.

In October 2005 two advanced Nurse Practitioners were appointed to the department to support the junior doctors' workload. Educated to Masters Degree level, they work in the 'Majors' part of the department assessing and treating patients.

Money, gained by the department in recognition of achieving national targets, has been used to install new cardiac monitors in the resuscitation room, linked to the central nurses station and to replace the aging ventilators.

During the year the Acute Medical Unit (AMU) has successfully set up a new Deep Vein Thrombosis (DVT) service with the Old Swan Walk-In Centre. GPs now refer patients directly to the Walk-In Centre where blood tests and a clinical assessment are performed. This has led to a 70% reduction in DVTs presenting in the AMU. Those patients who test positive for a DVT are then referred from the Walk-In Centre to the AMU for treatment.



## Faster, more convenient services

### “The One Stop Shop”

The opening of the new Urology Treatment Centre at Broadgreen Hospital in the Autumn of 2005 was as a result of a Directorate Team effort including medical staff, nurses, secretaries, clerical staff and help from other Departments including Operating Theatres, Medical Records and the Radiology Directorate.

Patients who were previously referred by their GP with haematuria would make at least three visits to the hospital before a diagnosis could be made. Now these patients attend the Treatment Centre in the morning and, following consultation, they set off on their journey through the Treatment Centre which includes the venepuncture room, the flexible cystoscopy suite and the ultrasound room. Results are gathered prior to a final consultation when the diagnosis will be discussed and a treatment plan agreed the same day. Similarly, patients with many other urological conditions can be seen and treatment started on the same day. Many patients are referred back to Primary Care for their management/follow up.

### Renal Services

A home haemodialysis programme has been re-established across Merseyside and Cheshire. A formalised training programme has been devised and all suitable patients opting for home haemodialysis will be supported by a specialist team of nurses both within the hospital setting and in their own home.

A haemodiafiltration (HDF) programme has been set up at the Royal site. This renal replacement therapy treatment option offers a form of dialysis for those patients who are unstable on the more conventional haemodialysis, e.g. patients with cardiac problems.

The Renal Transplant Directorate is in the process of putting together business cases to support both

a laparoscopic donor nephrectomy (kidney removal) programme and blood group incompatible renal transplant programme. The introduction of these programmes will not only increase the number of kidney transplants but will allow hope for some patients for whom transplantation has in the past not been an option.

### EVLT Development at RLBUHT

Endovenous Laser Ablation (EVLT) of varicose veins is a minimally invasive procedure, which is replacing surgery and is now the ‘gold standard’ method of treatment. Unlike conventional surgery this treatment only uses local anaesthetic. There is no need for hospitalisation and there are lower risks of complications. Patients can return to their normal activities much sooner than having conventional surgery. It is reported to have a high success rate (93-98%). Conventional surgery has a longer recovery time, requires hospitalisation and a general anaesthetic with two large incisions. It is associated with a recurrence rate of 10-15%.

The surgeon, using ultrasound to guide him, will insert a very small catheter into the affected vein at knee level and advance it up towards the groin. A laser fibre is inserted through the catheter and is activated to cause damage to the internal vein wall, causing it to seal down on itself. The body will eventually absorb this vein.

Up to the end of March 2006 128 patients have attended the

Vascular Surgery Unit at the RLBUHT for EVLT of varicose veins. Thirty-six patients have attended for duplex ultrasound follow-up. In all of these patients the procedure has been successful. Patients are now considered for EVLT as a first option and only if duplex ultrasound indicates that they are not suitable are they then listed for conventional surgery.



# Research and Development

## Research in the Trust & University of Liverpool

The Trust in collaboration with its main academic partner, the University of Liverpool, is active in a variety of research areas including cancer, circulatory disease, gastroenterology, ophthalmology, infectious diseases, metabolic disorders, pharmacology and care of the elderly. The Trust has an annual funding allocation from the NHS Research & Development Levy of approximately £3.9 million supporting external grant funding in excess of £10million. The Trust currently has approximately over 350 research projects active within the organisation.

The Research & Development (R&D) Department is based on the 4th floor of the Linda McCartney Centre on the Royal Liverpool site. The R&D team is a multidisciplinary team led by the Trust's R&D Director Professor J Rhodes. The Trust employs over 20 research nurses who work across a number of disease specialities providing an important service to patients attending the hospital. The overall aims of the R&D Directorate and Principal Researchers in the Trust are to support and facilitate clinical research and researchers within the Trust and University. They do this by:

- Providing guidance & support to all those involved in NHS Research & Development.
- Assisting researchers to continuously improve the quality of patient care through evidence based practice.
- Ensuring effective research governance & management of research across the Trust in partnership with the University of Liverpool.
- Promoting an active research culture and a commitment to research in the NHS.
- Striving for best research practice.
- Disseminating research findings through publications in high quality journals as well as giving presentations on research findings at National and International meetings.

- Improving research quality through education, training, effective research governance and collaborative working practices.

Further information on Research & Development in the Trust can be found on the Trust's website or by contacting the R&D Manager in the Trust via the R&D office on 0151-706-3771.

## Department of Health Strategy "Best Research for Best Health-2006"

Research underpins everything we do in the National Health Service. In January 2006 the Department of Health launched a new strategy for Research & Development (R&D) for the United Kingdom. The implementation of this strategy will provide a number of exciting challenges & opportunities for the Trust and its research staff. This Trust is committed to working with its NHS, academic partners and patients / public to provide the best possible research based care for our patients. The Trust has recently submitted a number of outline bids to the Department of Health to strengthen its current research portfolio across a number of disease areas. The Trust has developed strong links with our partners across the R&D community including Manchester and beyond.

## Artificial Intelligence

The work of Drs Azzam Taktak, Christian Setzkorn and Tony Fisher of the Department of Clinical Engineering in the application of artificial intelligence (AI) and mathematical modelling to solve problems in medicine has been recognised by membership of the Network of Excellence under the EU Biopattern FP6 Programme. Their recent work has led to the development and implementation of novel expert systems, including outcomes prediction in ocular cancer, generalisable models for differential diagnosis and automated reporting of electrophysiological recordings. World wide web access to these applications is at [www.liverpooleye.org](http://www.liverpooleye.org)

## The University of Liverpool Faculty of Medicine



The relationship between the Faculty of Medicine at the University of Liverpool and the Trust is a very close one. Many of the clinical academic staff of the Medical School provide clinical services to patients attending the Trust Hospitals and much of the laboratory service work is provided from the University. In return, NHS staff are involved in teaching medical, dental, nursing and many other healthcare students, on courses at the University.

The Faculty aims to provide excellence in the education of all healthcare professionals in medicine, dentistry, nursing and the allied health professions. The Faculty and its associated NHS Trusts are internationally recognised for the quality and innovation of its teaching in medicine and other subjects and significant numbers of its graduates move on to take up posts in the Royal Liverpool and Broadgreen University Hospitals NHS Trust.

Our partnership with the Trust is also built upon a shared strategy for identifying research areas in which we are internationally competitive and focussing on these to provide the basis of innovative clinical practice and to train future generations of research-aware healthcare professionals.

*Professor John Caldwell  
Dean  
Faculty of Medicine  
The University of Liverpool*

# Modern Facilities 21<sup>st</sup> Century Standards

## **Broadgreen Hospital New Development:**

The final section of the new build element of the Broadgreen / Cardio Thoracic Centre Development at Broadgreen Hospital reached practical completion on 1 May 2006.

### **This section comprises**

- Four new wards
- Eight operating theatres
- Orthopaedic outpatient department
- Pre-operative assessment
- Musculo-Skeletal Therapies
- Cardiac Rehabilitation
- Radiology

This was completed on time with two of the wards completed ahead of time.

The Project Office team is now working hard with the commissioning leads from the various departments on getting these departments ready for their opening. This includes all the final tests and checks, staff training and installing the considerable amount of equipment involved.

This last year has been a busy one at the Broadgreen project with Sections 2 to 5 opening, including the new Urology Centre and Refractory Angina, plus the shared Pharmacy, Pathology and Radiology Departments. The Radiology Department has some of the very latest technology including the first 64 slice CT scanner in the country plus an MR scanner, both of which have additional capability of undertaking specialised cardiac work. In addition, a Picture Archiving Communication System (PACS) was introduced and also went live on the day of the department's opening. The Radiology Department is planned to accommodate further diagnostic equipment in the future.

We were fortunate to secure funding for the new main entrance (£2m). This has also been handed over in this section. The new main entrance includes a purpose-built Outpatients Ambulance Lounge. We are now in the process of securing tenants for the retail area.

In addition, the new car park has opened and there is now no longer any difficulty parking on the site. We have incorporated additional foundations and enhanced the structure of the car park so that additional decks can be added later with minimal disruption if this proves necessary

## **National Endoscopy Training Centre**

The National Endoscopy Modernisation Team have devised a toolkit, the Global Rating Scale (GRS), to measure Quality & Safety and Customer Care for Endoscopy Practice. The Gastroenterology Unit Staff have worked hard throughout the year to achieve a good score on the GRS. The unit underwent a vigorous assessment of all Endoscopy Training, documentation, procedures, risk management, education, levels of quality and standards of care and practice. We were complimented on all aspects and were awarded accreditation as a Training Centre in accordance with JAG (Joint Advisory Group, Academy of Royal Colleges).

Both the GRS and the JAG Accreditation are essential components in order to meet the criteria of the Government's Bowel Cancer Screening Programme. The Unit was successful in its bid to become one of the first wave Colon Cancer Screening Centres to be rolled out during 2006.

The Audit Commission have also undertaken a review of Endoscopy services and, in comparison with other University Hospitals outside London, we have performed very well with above average performance in most indicators.

## **Cardiology**

This year has seen Cardiology successfully bid for funding to build a new dedicated cardiac catheter suite which will contain state of the art equipment and will be the most modern in the North West. This will replace the present old and unreliable catheter laboratory shared with the interventional radiologists. The new facility will allow us to upgrade and improve our capacity to perform cardiac catheterisation and permit us to start a new pacing service for the first time at RLBUHT. It is envisaged that permanent pacing will start in June 2006 and the full time on-site catheter laboratory available in September 2006. A new 6th consultant Cardiology post has also been approved in order to support these new developments. A locum consultant started in June 2006. These services will also be supported by the expansion of new physiologist appointments in the Cardio-Respiratory Department.

Drs Patel and Fisher have also been successful in winning a Cordis Interventional Cardiology Fellowship award. This national competition, judged by an eminent committee, awarded £60,000 to Dr Patel and Dr Fisher for their work on "The role of inflammatory state in downstream vascular injury post PCI".

The heart failure service has become fully integrated in Cardiology with links to the cardiac rehabilitation service and the expanded heart failure service in the community. Cardiac rehabilitation has also developed to encompass a broader range of patients. This expansion will be supported by the new facilities in the new cardiac rehabilitation facility at Broadgreen Hospital.

## Radiology

**Ultrasound** - The Ultrasound Department opened in November 2005 and we have provided four new ultrasound rooms within the department. These ultrasound rooms have been designed to have access for patients in wheelchairs and beds and to provide a service for the whole hospital, outpatients and for G.P. patients.

**Interventional Scheme** - The first phase of the new interventional theatre scheme opens in October 2006. It will provide three new theatre style interventional x-ray rooms including a dedicated cardiology x-ray room and the second phase will be completed in March 2007. This will provide a dedicated patient waiting area and day case trolley area for patients.

**Picture Archiving Communication System (PACS)** - This digital imaging system removes the need for x-ray films. It is expected that installation of the system in the Royal Liverpool University Hospital will be complete by Autumn 2006. The first phase of the system, within the Radiology Department, will be complete by July 2006.

When the system is complete, a patient's x-ray image will be able to be viewed on computer monitors in wards and clinics.

## Royal Visit to the Bone Densitometry Unit

As the President of the National Osteoporosis Society, HRH the Duchess of Cornwall made a special visit to the Royal on Friday 18th November 2005. The Duchess toured the Bone Densitometry Unit, the Metabolic Bone Disease Unit based on Ward 2C and the Department of Clinical Biochemistry. The regional bone disease service based on these units has developed an excellent reputation and a great deal of positive feedback from service users. The Duchess showed a particular interest in the laboratory

services that support the clinical activity. She commented that this was the first occasion, despite many visits to densitometry units, that she had been given the opportunity to see the vital service that laboratories provide in the management of a wide variety of clinical conditions.

A plaque was unveiled in the laboratory to mark its formal opening. This state of the art automated facility processes in excess of 3000 samples per day generating a massive 6 million test results each year. The Duchess was keen to speak to as many staff and patients as possible and her friendly, interested and knowledgeable approach was greatly appreciated. This was certainly a very special day that acknowledges the prestigious work done in this field.



## Our Workforce

To deliver the best possible levels of care and achieve its objectives the Trust needs to recruit, develop and retain the highest calibre of staff to an environment that is well managed and supports individual and service needs. We are working to achieve this in collaboration with staff, managers, trade union organisations and local community partners.

### Effective People Management

#### Model of HR Service

The Trust continues to work in collaboration with North, Central and South Liverpool Primary Care Trusts to provide an integrated model of HR Services led by a jointly appointed Director of Human Resources. The service is designed around the delivery of customer facing support for staff and managers, transactional services, specialist services and project management support. With the introduction of the new Electronic Staff Record 2006/07 we will see further developments and streamlining of HR Services to improve provision for our customers.

#### HR Governance Arrangements

In line with the Trust's reporting structures a new HR Governance framework has been introduced. The Human Resources Committee (Sub Committee of the Trust Board) oversees the development of strategic HR issues, the effective delivery of HR projects against targets and the implementation of the HR Strategy across the organisation. This Committee is supported by Sub Committees in the areas of Policy Development, Learning & Organisational Development and Equality & Diversity. This formal structure is complemented by Project Groups to oversee the implementation of initiatives including Agenda for Change, Electronic Staff Record and Improving Working Lives.

#### Implementing the HR Strategy – 2005/08

The Human Resources Strategy was approved by the

Trust Board in November 2005 following a period of detailed consultation with key stakeholders. The strategic objective is to provide “a service focused Human Resources Strategy that actively supports progressive people management practices and informs the direction, priorities and processes of the Human Resources service for the Trust between 2005 – 2008”

Work continues on the development of supporting Delivery Plans at local level in line with service priorities and the implementation of the Workforce Balanced Scorecard.

### Becoming a Model Employer

#### Achieving IWL Practice Plus

Improving Working Lives (IWL) recognises that the best services for patients can only be delivered from a well-managed, flexible working environment that supports staff, promotes their welfare and development and provides a productive balance between work and life outside work. Since the achievement of IWL Practice Status the Trust has worked, in partnership with Staff Side colleagues, to reach the IWL Practice Plus standard. Following a thorough internal self-assessment process and an external Validation Visit the Trust was awarded IWL Practice Plus accreditation in March 2006. We will continue to monitor progress and activities to fully embed IWL principles and practices as the Trust continues its journey towards becoming a Model Employer.

#### Working Families Advisory Service

The Working Families Advisory Service (WFAS) is a key part of Human Resources. The service supports parents and carers through the provision of both childcare and carers' advice, support and advocacy. It also provides a service to staff and managers around flexible working and work life balance solutions.

The information and guidance given by the WFAS aims to reflect a balance between individual aspirations, and organisational and legislative requirements.

### Valuing Our Staff

#### Staff Involvement & Consultation

The Trust remains committed to both formal and informal involvement and engagement of staff in decision-making. With support from the TUC Partnership Institute, work with Staff Side organisations is progressing with the aim of establishing formal partnership working and infrastructures to support positive employee relations. Wider staff involvement activities formed the basis of the Improving Working Lives Self Assessment exercise and the establishment of Staff Forums across the Trust.

#### Staff Survey 2005

The National Staff Opinion Survey is conducted annually by the Healthcare Commission. The overall aim is to gather information relating to the working lives of staff and to inform improvements in working conditions and practices. The response rate for 2005 was 53%, in line with the National average for Acute Trusts. Key themes and recommendations from the 2005 Staff Survey were reported to the Trust Board, Executive Management Team and via an Open Forum session with plans in place to address improvement areas.

### Delivering Major Projects

#### Agenda for Change

Agenda for Change has been the biggest change to the pay structure of NHS staff for over 50 years. It has been a huge project to manage and implement involving nearly all staff in the Trust and has been delivered in partnership with the trade union organisations. The first stages of implementation, to introduce new terms and conditions and to assess

every post with transition to an Agenda for Change pay banding, is now reaching completion. The longer-term element of implementation, the Knowledge and Skills Framework, is now being rolled out. This supports personal development and career progression through the comprehensive process of annual development reviews and personal development plans. The framework is intended to help staff develop their skills to the full.

### ESR

Electronic Staff Record (ESR) is a new computer system that will manage all staff records for the NHS. It is a national system, sponsored by the Department of Health and integrates Payroll and HR information together into one IT system. The Royal Liverpool and Broadgreen University Hospitals Trust is part of the 4th wave of the national rollout of the system, with implementation scheduled for September 2006.

## Mainstreaming Equality & Diversity

### Equality & Diversity Strategic Overview

During 2005/06 the Trust continued to progress and embed Equality & Diversity (E&D) principles into mainstream activities. We have made good progress in relation to effective policy making, strategy development and review of the Race Equality Scheme. The Trust has developed or updated policies in relation to Equality & Diversity, Reasonable Adjustments and Parking for Disabled Patients, Visitors and Staff. The Trust also strengthened the provision of E & D training through Induction & Mandatory provision and Managers Sessions. Progress will be monitored and assessed by the Equality & Diversity Sub Committee.

### Equality & Diversity Leadership

The Trust is working in partnership with the Liverpool PCTs and has developed an integrated model of E&D Leadership across the Health Community. This is underpinned by the establishment of 3 senior level posts working collaboratively in the areas of Service Delivery, Employment and Disability.

### Team of the Year 2006

At the Trust's annual premier award night held in the Marriott Hotel on Wednesday 7th June 2006, Roger Phillips from Radio Merseyside once again opened the golden envelope to present the Renal Conservative Management Team with the prize for Team of the Year 2006.

The service was set up when it was identified that a small group of patients often did not benefit greatly from dialysis. These

patients not only had a short life duration on dialysis but also had a poor quality of life in that much of it was spent in hospital.

The team decided to offer these patients the opportunity of treatment without dialysis in the hope that this would provide them with a better quality of life.

Over 70 patients have now undergone this treatment with a large number of patients being treated at home by a Community Nephrology Nurse with the input from the team's Social Worker.

The team have audited their results, which show that 60% of patients who have opted for this type of management have had no admissions to hospital and the survival rate is considerably better than the team expected.

Not only have the patients benefited from this model of care but all members of the multidisciplinary team feel they have benefited from this way of working and wish to extend it into other areas of their practice.

Three other short-listed teams shared in the excitement of the evening:

- The Lower Limb DVT Proforma Team, who work with Primary Care to improve the diagnostic service given to patients with suspected DVT.
- The Haematology Patient Support Group who offer emotional, practical and educational information to patients in an informal and neutral setting.
- The Falls Assessment Service. This new service offers a comprehensive assessment and practical advice, support and treatment to older patients who attend the Emergency Department after a fall.



### Employee of the Year

Christine Atkinson is a Foot and Ankle Nurse Specialist working with the Orthopaedic Team. Since joining this team Chris has been instrumental in totally revamping the service and working tirelessly on improvements.

She places great importance on being there for the patients through the whole of their journey right through to discharge. The Orthopaedic directorate regularly receives formal thank you letters from patients each month praising Chris. One of these letters said "what you have in Chris is a combination of qualities you don't often find in one person. She is very kind, caring and professional, a typical example of what a nurse should be. It is a credit to your hospital that such a unique and special person is caring for patients."

### Education Service

Modernising Medical Careers (MMC) is a government initiative which represents the greatest ever change to post-graduate medical training. Its aim is to provide 'fit for purpose' training to enable doctors to deliver the future healthcare needs of a modern society.

The Education Service has met the enormous challenge of implementing this by rolling out a 2 year nationally identified curriculum of clinical skills and competency training together with a robust system of continual assessment for all newly qualified doctors appointed to the Trust. The new programme is known as Foundation training, and provides highly supervised and more focused training for junior doctors while the rigorous and regular appraisal will help us to identify and remedy any problem areas junior doctors may encounter.

Dr Philip Weston, Director of Postgraduate Medical Education, has become MMC lead for the Trust and

is also heading up the newly formed Mersey School of Medicine which forms part of the MMC agenda and will set the standards for post Foundation Training.

A rolling programme of clinical competences based on the individual training needs of nursing staff and clinicians has been developed. A drop-in facility has also been established which enables all clinicians and health care professionals to develop and practice skills.

### Undergraduate developments

In addition to the usual complement of 3rd, 4th & 5th year and Graduate students on clinical attachments from Liverpool University Medical School we welcomed 120 2nd year students for a 28 week attachment. Under the leadership of newly appointed Clinical Sub Dean, Dr Tom Kennedy, we introduced a new,

more varied clinical programme together with a weekly programme of associated lunchtime lectures. Further to this we devised and introduced a log book for 2nd year students to record and evaluate their experience. Dr Kennedy intends this information be used to further improve the quality of the clinical attachments we provide.



## Our Patients

### Patient and Public Involvement Strategy

To ensure that patients' voices are heard at every level of the organisation a 3-year Patient and Public Involvement strategy has been developed. This has been influenced by research undertaken by the Department of Health with patients and the public which identified five key dimensions for achieving a good patient experience. The 5 key dimensions are:

1. Safe, high quality, co-ordinated care.
2. Building closer relationships.
3. Clean, comfortable, friendly place to be.
4. Improving access and waiting times.
5. Better information, more choice.

This Strategy aims to ensure that there is ongoing improvement in patient centered care and that Patient and Public Involvement is embedded in the organisation and delivers real measurable benefits.

### Patients' Feedback

The Trust continues to undertake patient satisfaction surveys at national and local level, analyse results and use patient and carers' views to evaluate and improve our services wherever possible.

New suggestion leaflets have been developed and are now available throughout the hospitals. Feedback from the leaflets is used to develop and influence service improvement.

In April 2005 the Trust hosted a Patient and Public Involvement Awareness Day in the main reception of the Royal Hospital. The event was a huge success and helped to develop closer relationships between staff and patients, improve partnership understanding/working with local health related groups and demonstrate how information, provided by patients, helps us to make improvements to our services. The highlight of the day was the Big

Brother type "Diary Room" in which patients were able to voice their opinion and have them recorded on camera. The feedback from the video was mostly positive. The day was repeated in June 2006.

The Trust continues to forge links with partner organisations and local volunteer groups. The Trust had representation at a number of events in the community. These include a Yemeni celebration day at which the Ambassador to the Yemen was present and the annual Carers event held at Liverpool Football Club.

The National Inpatient Survey was undertaken in 2005. Statistical analysis of the results is generally positive but some negative comments relating to cleanliness and provision of food were received. An Action Plan has been developed to demonstrate how the Trust proposes to address outstanding issues highlighted from the survey.

### Patients' Council

The Patients' Council has continued to grow and develop throughout 2005/2006. To ensure that members focus on what they consider high priority they have produced a yearly work plan, which will focus on the following issues.

- Nutrition
- Recruitment of Council members
- Improving the patients' journey through outpatients
- Environment

### Patient and Public Involvement Forum

The statutory Patient and Public Involvement Forums (PPIF) have been in place since December 2003 and are part of a national network to promote patient and public involvement in health services. Over the year the Trust has further strengthened its links with the Forum and its local provider, Age Concern. This year Forum members have been

involved in monitoring the cleaning within the hospital ("Bug Watch") and are represented at the following Trust work groups:

- Patient Experience Group
- Stakeholder Workstream Group

### Carers Desk

The Carers Information Desk is an innovative project developed as a result of a successful partnership between the Trust and Local Solutions. This service continues to be used extensively and responds to the specific needs identified by carers.

This project is funded by the Trust but the volunteers are recruited and trained by Local Solutions. The Carers Desk is now in operation five days per week at peak times on the Royal Site and offers an outreach service on the Broadgreen Site.

### Volunteers

The "Lend A Hand" Volunteers Scheme was launched in October 1998. The busy and dedicated Volunteers will not only guide you to where you need to be, they will shop for patients and staff, take patients home from hospital, visit lonely patients, visit with the Library trolley / Provisions trolley and generally "Lend A Hand" to busy staff.

### Fundraising

During the year an increasing number of people and groups have supported fundraising activities within the Trust. Many departments have benefited from the funds raised which have helped staff to develop and improve services to our patients. The Trust wishes to thank all of our fundraisers for their valuable work. The two main fundraising appeals are the Linda McCartney Centre 'Forget-Me-Not' Appeal and the Foundation for the Prevention of Blindness. These appeals raised £134,700 and £181,500, respectively, during the year.

## Our Future

### Royal Redevelopment

Work on our plans for a new hospital to replace the Royal has been gathering momentum. We are currently developing the outline business case. Once this has been approved by the Department of Health, next year, we will be able to advertise for a private sector partner to develop, construct and maintain the new hospital building under a private finance initiative (PFI).

In June 2006 the City Council agreed to set aside its proposals for the Hall Lane road scheme. This allows the Trust to proceed with its plans to rebuild the Royal next to the existing hospital within the city centre and retaining its close links with the University of Liverpool. The Trust will continue to work with the City Council to find a solution to the road congestion in the area.

The skills and resources needed to deliver such a major project are considerable. We are building a strong internal project team, and appointing experienced external specialist advisers to assist us. The project structure is established, with a number of workstreams overseeing key areas.

The Clinical Workstream Group, which includes medical staff, nurses, therapists, pharmacists and representatives from primary care, has developed the Service Delivery Model to guide our planning. This is founded on the North Mersey Model of Care and describes how clinical services will operate within the new Royal and the expected developments in out of hospital care. Over the coming months, we will be working with colleagues across the Trust on the future shape of their services in line with this model and how that will translate into the new hospital, in a way that is affordable and deliverable.

The next stage of the project will involve option development and appraisal with the preferred option identified by the end of the year. The Stakeholder Workstream Group is leading the

process of ensuring we get good patient and community input into the process.

### Dental Hospital

The new Oral Health Suite, based at the Liverpool University Dental Hospital, includes three new surgeries with facilities for 'conscious sedation' which is particularly suited to children. This is specifically designed as an alternative to general anaesthetic to relax young patients with 'dental anxiety' and improve their response to treatment.

The facility will also accommodate a diverse range of specialist clinics including orthodontics for the treatment of children born with cleft lip and palate.

As well as specialist treatment and teaching the unit will provide a focus for two important international research programmes that will benefit the wider community. Liverpool is already a leading centre for state-of-the-art diagnostic techniques such as Quantitative Light-Induced Fluorescence (QLF), which is a method for the early detection and monitoring of the loss of minerals in teeth.

The expansion in dental undergraduate training in Liverpool has been given a "head start" with the installation of a new cutting-edge Operative Skills suite in the Dental Hospital and School. Liverpool is the first Dental School in England to build a new facility to accommodate the increase in dental undergraduate numbers announced in late 2004. 46 patient simulators allow students to acquire and perfect their operative skills. In a unique departure from traditional phantom head facilities there are also two-way audio-visual links between the Operative Skills suite and a newly refurbished clinical area in the Department of Restorative Dentistry, also within the Dental Hospital.

The clinical refurbishment of 15 dental chairs includes an innovative 5-chair "Endodontic suite". The only facility of its sort in the North West, each of the units

is equipped to a very high specification with operating microscopes and digital radiography linked to on-chair screens and, via a seminar room within the clinical area, the Operative Skills suite.

### Challenges for 2006/07

#### NHS Targets for Patient Access

In 2006/07 patients will have more choice in selecting the hospital where they receive care and will be able to book appointments to suit their own circumstances from the GP surgery. There will also be shorter waiting times for out patients and inpatients as progress is gradually made to reducing waiting times from GP referral to start of in patient treatment down to 18 weeks by the end of 2008. The Trust focus at this time is to improve the patient experience at our hospitals, such that the Trust remains the first choice for our patients. To do this we will act on the feedback we receive from all of our service users, and make improvements in the areas which have the longest waiting times.

#### Efficiency, Productivity and Financial Balance

There is a drive for greater efficiency across the NHS and in 2006/07 all organisations are expected to deliver efficiency savings of 2.5%. The introduction of the new tariff for treatments at hospital means that the Trust will no longer receive income at the same level as in previous years. As a result of both of these changes, the Trust will need to save some £13.4m in order to achieve financial balance in year.

#### Workforce

One of the Trust's great strengths is its well trained and committed staff. The NHS is changing rapidly and owing to changes in technology, research advances, European legislation and productivity improvements there will be a need to redefine roles and find new ways of working. 2006/07 will be a time for considerable organisational change across the Trust and communication with and participation by staff during this period is essential to the continued success of the organisation.

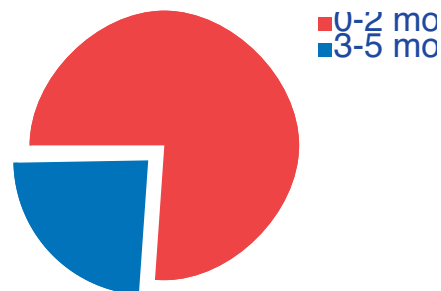
# Resources and Performance Performance and Activity

## In-Patient & Day Case Activity by Method of Admission



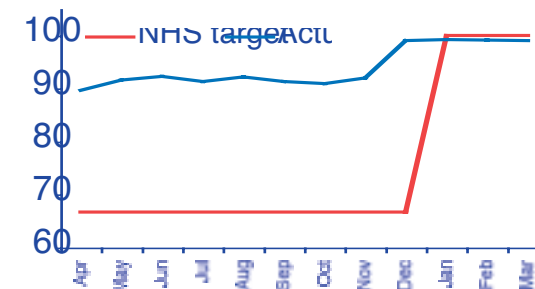
Total in-patient and day case activity was 83,353, an increase 3,362 (4%) on previous year. This increase was mainly due to a rise in Emergency admissions. The decrease in day case activity from 2001/02 to 2002/03 was due to reclassification of activity to outpatient attendance.

## Elective Waiting List Waiting Times Appointments



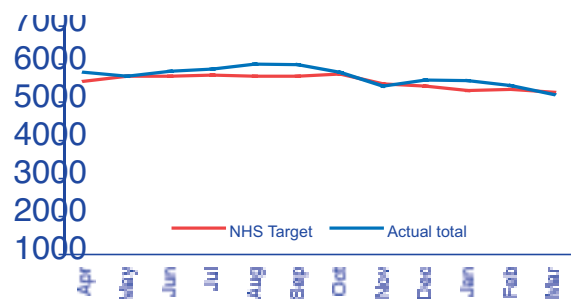
As at 31 March 2006 the number of patients awaiting elective admission was 5,176. Over the same period the number of patients waiting over 6 months was reduced to 0.

## Elective Admission % of patients pre-booked



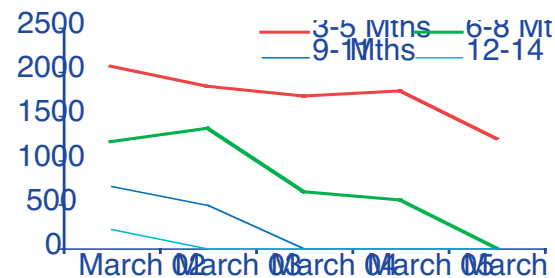
As at March 2006 the Trust pre-booked 99% of elective admission compared to 83% as at March 2005. The NHS target was 100% for March 2006.

## Total Waiting Lists



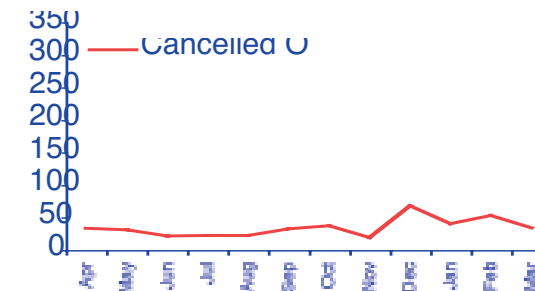
At 31 March 2006 there were 5,176 patients waiting, better than the agreed target of 5,241 (-1%).

## Patients Awaiting Surgery



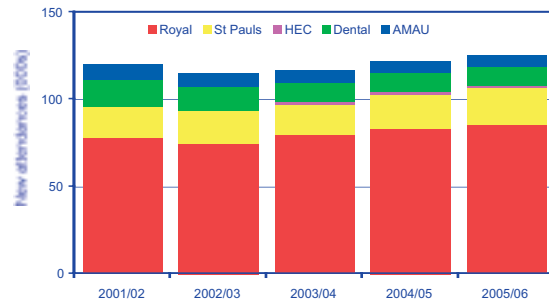
By March 2006 patients waiting on planned surgical lists were being admitted within 6 months - a major achievement from 2001.

## Cancelled Operations on day of surgery for non medical reason



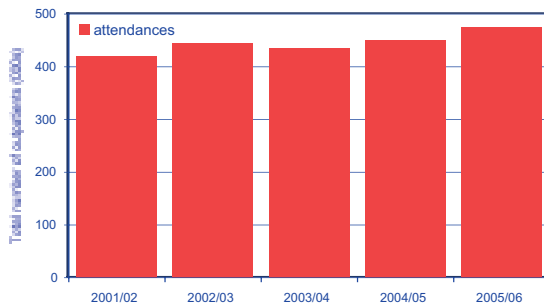
In total 412 of the 28,067 planned operations (1%) were cancelled on day of surgery for non medical reasons.

## Accident & Emergency Total Attendances



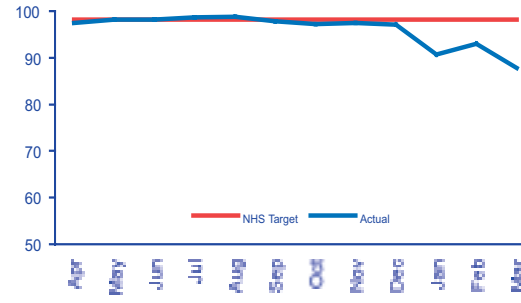
Total attendances through Emergency Departments were 125,59, an increase of 3,364 (3%) on previous year.

## Outpatient Clinics Outpatients Activity



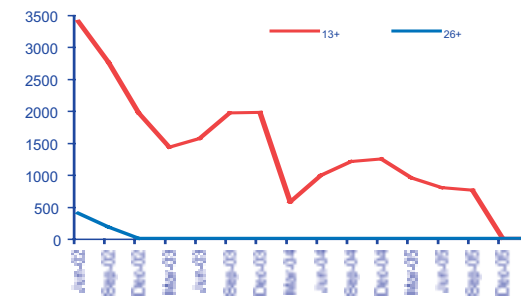
Total outpatient attendances were 474,724, an increase of 25,353 (6%) on previous year.

## % Admitted, Transferred or Discharged within 4 hours



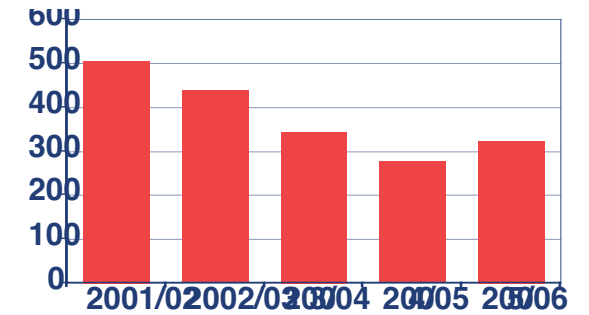
In 2005/06 96% of patients attending Emergency Departments were admitted, transferred or discharged within 4 hours.

## Waiting Times



The Trust reduced waiting time from GP referral to 1st outpatient appointment to 13 weeks.

## Complaints



322 Complaints were received by the Trust in the year to the end of March 2006, of which 88% were responded to within 20 days. The top 5 subjects of complaints related to:

- All aspects of clinical treatment
- Appointments delay/cancellation (Outpatients)
- Attitude of staff
- Admission, discharge and transfer arrangements
- Communication/information to patients (written and oral)

The Trust has prepared action plans to address these areas.

If a complainant is dissatisfied with the Trust's response to a complaint the complainant may request an Independent Review of the complaint. In the year to the end of March 2006 26 requests for Independent Review were received.

# Managing the Hospitals

## Trust Board and Committees

The Trust Board and its sub-committees monitor standards within the Trust. They are responsible for formulating policies and ensuring that Clinical Excellence is maintained.

	The Board Members listed between 1st April 2005 to 31st March 2006 were:	Committee Membership
<b>Chairman</b>	Mr R L James	◆ ▲* ●* ■* ▼*
<b>Chief Executive</b>	Miss M Boyle	◆ ▲ ○ ●
<b>Non Executive Directors</b>	Mr G Hollick	◆* □
	Mr M Carr	◆ □*
	Mrs A Bebb	◆ □
	Ms J Mawer	▲ ▲ ○ ● ■ ▼
	Ms C Johnson <i>until November 2005</i>	▲ ▲ ○*
	Mr C Duncan <i>from December 2005</i>	□
<b>Other Directors</b>	Mr A J Wilks <i>Deputy Chief Executive</i>	◆ ▲
	Miss C Lyons <i>Director of Finance</i>	◆ ▲
	Dr F E White <i>Medical Director</i>	▲ ▲
	Mrs D Carroll <i>Acting Director of Nursing &amp; Quality (Feb 05-Sept 05)</i>	▲ ▲ ○ ●
	Mr T Yaseen <i>Director of Nursing &amp; Quality (from October 2005)</i>	▲ ▲ ○ ●
	Ms J Green <i>Director of Human Resources</i>	▲ ▲ ○ ●

<b>Key:</b> (* Chair)	○ Human Resources Committee
◆ Finance Committee	● Clinical Governance Committee
□ Audit Committee	■ Remuneration Committee
▲ Charitable Funds Committee	▼ Charitable Investments Committee

## Clinical Governance

2005/06 was a year of significant development in the Clinical Governance framework for the Trust. The Board revised the committee structures and reporting arrangements for Clinical Governance and the Healthcare Commission (HCC) published new core 'Standards for Better Health' against which the Trust measured its own performance. We received a positive visit from the HCC in December 2005, when our draft declaration against the standards was tested by the HCC team. In March 2006, using the experience gained, the Trust was able to confirm compliance with all 7 of the core standards in the Declaration: Safety, Clinical and Cost Effectiveness, Governance, Patient Focus, Accessible and Responsive Care, Care Environment and Amenities and Public Health. Copies of the declaration are available from [www.rlbuh.nhs.uk](http://www.rlbuh.nhs.uk). Work is ongoing to make an assessment of compliance with the new development standards which will be introduced in 2006/07.

## Clinical Risk Management

The focus for managing risk in 2005/06 has been in three key areas; falls, medicines management and violence and abuse to staff and patients. A multidisciplinary task group has been established for each area to identify the key issues and to make recommendations to improve systems in order to reduce the number of incidents. Detailed work has also been done in the Surgical, Medical and Clinical Support Service Divisions to identify the key risks in each area.

The Trust updated its assurance framework, which assists in the management of the critical risks facing the organisation.

# Summary of Financial Statements

The Trust has had a successful year meeting all of its key financial targets during a year of transition in the finance regime of the NHS. 2005/06 reforms included the introduction of the 'Payment by Results' funding mechanism for in-patients attending for planned procedures and the continuation of NHS Pay reform in which all staff were transferred to a new pay spine under a programme called 'Agenda for Change'. Against this background of change, the Trust achieved a significant savings programme, reducing the cost of running the Trust in order to live within its budget.

During the year, the income for certain renal services transferred to Specialist Commissioners and the wheelchair service transferred to the Liverpool Primary Care Service. As a result, income and expenditure of £7.4m was no longer recorded at this Trust. The remaining Income earned by the Trust increased by 6%, which was used for additional activity, a reduction to waiting times for inpatients and outpatients, inflation, pay reform and the development costs of the scheme to rebuild the Royal Liverpool Hospital.

Specific Performance on the Trust's key Financial Targets is set out below:

- **Break-even Performance**

A surplus of £18k was achieved on Income over Expenditure in 2005/06. On a cumulative basis over the last nine years, the Trust now has a surplus of £205k.

- **Capital Cost Absorption Rate**

The Trust is required to make a return on capital at a target of 3.5%. The rate is calculated as the percentage that dividends paid bears to average relevant net assets. The actual rate achieved for the year was 3.4% and was within the permitted range of 3.0% to 4.0%.

- **External Financing Limit**

The Trust met its External Financing Limit.

Maggie Boyle  
Chief Executive

Cathy Lyons  
Director of Finance

## Income and Expenditure Account for the year ended 31 March 2006

	2005-06	2004-05
	£000	£000
<b>Income from activities:</b>		
Continuing operations	242,069	234,746
<b>Other operating income</b>		
Continuing operations	52,102	49,490
<b>Operating expenses:</b>		
Continuing operations	(286,757)	(278,023)
<b>OPERATING SURPLUS (DEFICIT)</b>		
Continuing operations	7,414	6,213
Cost of fundamental reorganisation / restructuring	0	0
Profit (loss) on disposal of fixed assets	0	0
<b>SURPLUS (DEFICIT) BEFORE INTEREST</b>	7,414	6,213
Interest receivable	375	350
Interest payable	0	0
Other finance costs - unwinding of discounts	(75)	(99)
Other finance costs - change in discount rate on provisions	(324)	0
<b>SURPLUS FOR THE FINANCIAL YEAR</b>	7,390	6,464
Public Dividend Capital dividends payable	(7,372)	(6,464)
<b>RETAINED SURPLUS (DEFICIT) FOR THE YEAR</b>	18	0

During 2005/06 £1,052,000 was received as planned in year support.

## Statement of total recognised gains and losses for the year ended 31 March 2006

	2005-06	2004-05
	£000	£000
		Restated
Surplus (deficit) for the financial year before dividend payments	7,390	6,464
Fixed asset impairment losses	0	0
Unrealised surplus (deficit) on fixed asset revaluations/indexation	3,396	19,390
Increase in the donated asset and government grant reserve due to receipt of donated and government grant financed assets	117	534
Defined benefit scheme actuarial gains / (losses)	0	0
Additions/(reductions) in "other reserves"	0	0
<b>Total recognised gains and losses for the financial year</b>	10,903	26,388
Prior period adjustment	0	0
<b>Total gains and losses recognised in the financial year</b>	10,903	26,388

**Cash flow statement**  
for the year ended 31 March 2006

	2005-06	2004-05
	£000	£000
<b>OPERATING ACTIVITIES</b>		
Net cash inflow from operating activities	14,136	22,383
<b>RETURNS ON INVESTMENTS AND SERVICING OF FINANCE:</b>		
Interest received	372	353
Interest paid	0	0
Interest element of finance leases	0	0
Net cash inflow (outflow) from returns on investments and servicing of finance	372	353
<b>CAPITAL EXPENDITURE</b>		
Payments to acquire tangible fixed assets	(24,535)	(19,458)
Receipts from sale of tangible fixed assets	42	33
(Payments to acquire)/receipts from sale of intangible assets	0	0
(Payments to acquire)/receipts from sale of fixed asset investments	0	0
Net cash inflow (outflow) from capital expenditure	(24,493)	(19,425)
<b>DIVIDENDS PAID</b>		
Net cash inflow (outflow) before management of liquid resources and financing	(17,357)	(3,153)
<b>MANAGEMENT OF LIQUID RESOURCES</b>		
Purchase of investments	0	0
Sale of investments	0	0
Net cash inflow (outflow) from management of liquid resources	0	0
Net cash inflow (outflow) before financing	(17,357)	(3,153)
<b>FINANCING</b>		
Public dividend capital received	17,737	5,255
Public dividend capital repaid (not previously accrued)	0	0
Public dividend capital repaid (accrued in prior period)	(172)	(2,097)
Loans received	0	0
Loans repaid	0	0
Other capital receipts	0	0
Capital element of finance leases rental payments	0	0
Cash transferred from / to other NHS bodies	0	0
Net cash inflow (outflow) from financing	17,565	3,158
Increase (decrease) in cash	208	5

**Balance Sheet**  
as at 31 March 2006

	2005-06	2004-05
	£000	£000
<b>FIXED ASSETS</b>		
Intangible assets	0	0
Tangible assets	238,917	218,809
Investments	0	0
	238,917	218,809
<b>CURRENT ASSETS</b>		
Stocks and work in progress	5,586	5,692
Debtors	18,187	18,263
Investments	0	0
Cash at bank and in hand	867	659
	24,640	24,614
<b>CREDITORS: Amounts falling due within one year</b>	(25,002)	(25,694)
<b>NET CURRENT ASSETS (LIABILITIES)</b>	(362)	(1,080)
<b>TOTAL ASSETS LESS CURRENT LIABILITIES</b>	238,555	217,729
<b>CREDITORS: Amounts falling due after more than one year</b>	0	0
<b>PROVISIONS FOR LIABILITIES AND CHARGES</b>	(7,099)	(7,029)
<b>TOTAL ASSETS EMPLOYED</b>	231,456	210,700
<b>FINANCED BY:</b>		
<b>TAXPAYERS' EQUITY</b>		
Public dividend capital	151,602	133,865
Revaluation reserve	71,292	68,035
Donated asset reserve	7,083	7,332
Government grant reserve	61	68
Other reserves	0	0
Income and expenditure reserve	1,418	1,400
<b>TOTAL TAXPAYERS' EQUITY</b>	231,456	210,700

### Better Payment Practice Code - measure of compliance

The NHS Executive target is to pay non NHS trade creditors within 30 days of receipt of goods or a valid invoice (whichever is the later) unless other payment terms have been agreed with the supplier.

	2005/06		2004/05	
	Number	£000	Number	£000
Total Non-NHS trade invoices paid in the year	88,323	140,568	97,272	120,209
Total Non-NHS trade invoices within target	70,450	123,773	78,733	104,664
Percentage of Non NHS trade invoices paid within target	80%	88%	81%	87%
Total NHS trade invoices paid in the year	3,787	19,513		
Total NHS trade invoices paid within target	2,184	16,258		
Percentage of NHS trade invoices paid within target	58%	83%		

### Management Costs

	2005/06 £000	2004/05 £000
Management costs	10,199	9,341
Income	288,967	278,621
Costs as percentage of income	3.35%	3.35%

### NHS Managers Pay Compliance

The Trust complied with the Secretary of State's request that pay awards for Board Members and Senior Managers be limited to a maximum of 3.35% in year.

### Capital Developments

In 2005/06 we invested £27m in buildings and equipment to improve the facilities on our Hospital sites. The most significant investment was £14.4m for the Diagnostic and Treatment Centre on the Broadgreen site, providing a state of the art theatre suite, new in patient beds, a Radiology Department, equipped with latest digital imaging facilities and out patient clinics. This scheme will in total cost £79m as part of a shared development programme with the Cardio Thoracic Centre, and the total investment made by this Trust for the scheme will be £38m. The final phase will be completed in 2006/07.

Two other schemes, which have modernised the services on the Royal site, are investments in year of £1.7m on the Radiopharmacy Department, which provides a specialist regional service and £1m on the Radiology Interventional Suite, providing new equipment and significantly upgrading the environment for patients. Both schemes have been in progress over more than one year and total expenditure on each scheme was £1.8m and £3.2m respectively.

£2.1m was spent on new medical equipment, which is a continuous process of renewal and replacement aiming to provide equipment to support 21st Century healthcare standards.

Looking to the future, the Trust purchased the Blood Transfusion Centre site in 2005/06. The £2m acquisition will provide flexibility in the redevelopment of the Royal Liverpool Hospital. In addition, as part of the National programme to invest in modernising the IT capability within the NHS, the Trust invested £2.4m implementing a digital imaging system (PACS) which replaces the need for X Ray films.

**The Trust is required to declare the pensions benefits for certain senior managers. Information is declared for all members of the Trust Board.**

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 the disclosure applies. The CETV figures 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 pension scheme or arrangement) and uses common market valuation factors for the start and end of the period.

# Remuneration Report

Elements of this remuneration report are subject to audit; the salary and pension entitlements of the Board, the membership of the Remuneration Committee, the Trust policy on remuneration of senior managers including employment contracts, early terminations and any significant awards made.

## Salary and Pension entitlements of Trust Board : Table 1

Name and Title	2005/06			2004/05		
	A	B	C	A	B	C
<b>Executive Directors</b>	£000	£000	£	£000	£000	£
M Boyle - Chief Executive	140-145			145-150		
A J Wilks - Deputy Chief Executive	95-100			90-95		
C Lyons - Director of Finance (from April 05)	90-95					
J Green - Director of Human Resources*	100-105			95-100		
M Carroll - Director of Nursing (to April 04)	0			0-5		
J Galvani - Acting Director of Nursing (to Feb 05)	0			60-65		
D Carroll - Acting Director of Nursing (to Sept 05)	25-30					
TH Yaseen - Director of Nursing & Quality (from Oct 05)	45-50					
F E White - Medical Director	45-50	110-115		50-55	110-115	
<b>Chairman &amp; Non Executive Directors</b>						
R L James - Chairman	20-25		1,700	20-25		1,100
M Carr - Non Executive Director	5-10			5-10		
A M Bebb - Non Executive Director	5-10			5-10		
J Mawer - Non Executive Director	5-10			5-10		
C Johnson - Non Executive Director (to Nov 05)	0-5			5-10		
G Hollick - Non Executive Director (from March 05)	5-10			0-5		
G Parker - Non Executive Director (to Nov 04)	0			0-5		
C Duncan - Non Executive Director (from Dec 05)	0-5			n/a		
* The Director of HR provides a shared HR service to North, South and Central Liverpool PCTs. The Trust receives income for this service.	A - Salary (bands of £5000) B - Other Remuneration (bands of £5000) C - Benefits in kind (rounded to the nearest £100)					

## Remuneration Committee

To succeed in delivering an excellent service to patients and to be at the forefront of teaching and research, we must have the best people in place. The Board has established a Remuneration Committee, comprising the Chairman and all Non Executive Directors of the Trust, whose role is to determine, on behalf of the Board, appropriate remuneration and terms and conditions for the Chief Executive, Executive Directors, Senior Managers on Trust Contracts and all other staff employed on Trust terms and conditions.

## The Policy on Remuneration

**Inflation:** Committee has resolved to uplift pay in line with general NHS inflationary uplift.

**Performance:** The Trust has been through a period of reorganisation of the management and committee structure, which has strengthened the operational Divisional Teams, established an effective HR structure and established the role of Deputy Chief Executive. A performance framework for assessment and development of Directors and Senior Managers is planned, but not in place, therefore at this point there have been no performance related pay awards.

**Contracts:** Directors and Senior Managers are appointed on permanent contracts with generally a three month termination period. The Committee may, if appropriate, consider fixed term appointments for specific time limited schemes. There were no payments for early termination for Directors or Senior Managers in the year.

## Directors' Remuneration

Table 1 records the total Remuneration, pay and benefits in kind of Trust Directors for the year 2005/06

## Pension Benefits

Name and Title	Real increase in pension at age 60 (bands of £2,500)	Increase in lump sum at aged 60 related to real increase in pension (bands of £2,500)	Total accrued pension at age 60 at 31 March 2006 (bands of £2,500)	Lump sum at age 60 related to accrued pension at 31 March 2006 (bands of £2,500)	Cash Equivalent Transfer Value at March 2006	Cash Equivalent Transfer Value at March 2005	Real increase in Cash Equivalent Transfer Value	Employer's Contribution to stakeholder pension
	£000	£000	£000	£000	£000	£000	£000	£000
M Boyle - Chief Executive #	40-42.5	120-122.5	40-45	130-135	671	64	605	0
A J Wilks - Deputy Chief Executive	0-2.5	2.5-5	45-50	140-145	869	804	45	0
C Lyons - Director of Finance	0-2.5	2.5-5	25-30	85-90	420	375	36	0
D Carroll - Acting Director of Nursing	7.5-10	0.2.5	20-25	60-65	271	247	8	0
TH Yaseen - Director of Nursing & Quality	0-2.5	2.5-5	20-25	70-75	307	268	9	0
J Green - Director of Human Resources	0-2.5	5-7.5	0-5	5-10	42	21	21	0
F E White - Medical Director	2.5-5	7.5-10	55-60	165-170	969	912	34	0

# These figures are provided by the NHS Pensions Agency. The increase in pension benefits is due to the transfer of benefits in 2005/06 from a scheme outside of the English NHS scheme.

As Non Executive members do not receive pensionable remuneration, there will be no entries in respect of pensions for Non Executive members

# Audit Services

The Audit Commission provides external Audit services to the Trust.

The main objective of the Audit Commission is to plan and carry out an audit that meets the requirements of the Code of Audit Practice as revised on 1 April 2005.

Audit work is focused on the Trust's significant financial and operational risks that reflect the risks for the NHS as a whole and for 2005/06 were identified as:

- The Trust's arrangements for ensuring value for money in its use of resources
- The impact of Payment by Results on activity, casemix and budget management
- Performance management arrangements
- Data quality in the management of key targets
- Annual accounts production process

Areas examined included:

- Performance management
  - Acute hospitals portfolio. The three main topics covered in 2005/06 were:
    - Diagnostic services (including pathology, radiology and endoscopy)
    - Medicines management
    - Hospital admissions
  - Review of Data Quality
    - Review of arrangements to improve data quality
  - Use of resources:
    - IM&T governance
    - E-booking
    - Organisational capacity
    - Project management
    - Effectiveness of management of human resources

- Financial Aspects of Corporate Governance – in particular, examining
  - Systems of internal financial control
  - Standards of financial conduct, fraud and corruption
  - Legality of financial transactions
  - Financial standing
- Accounts
  - Examination of the Trust's annual accounts and provision of an audit opinion as to their accuracy and robustness
  - Review of the effectiveness of the Trust's closedown procedures and QA process

The cost of these audit services in 2005/06 was £178,000

In addition, the Audit Commission audited the Funds Held on Trust accounts for 2005/06. The fee for this was £12,000.

All services provided by the Audit Commission were of a statutory nature.

The Non Executive Directors who were members of the Audit Committee during 2005/06 were Mr M Carr, Mrs A Bebb, Mr G. Hollick and Ms C Johnson.

The Annual Accounts were approved by the Trust Board at their meeting held on Tuesday 4<sup>th</sup> July 2006 and signed by the Chief Executive

The information contained within this report is a summary of the annual accounts.

**The Trust is also required to make a statement on internal control which forms part of the annual accounts. A copy of this statement, or a full set of accounts is available on request from:**

**The Director of Finance, Royal Liverpool & Broadgreen University Hospitals NHS Trust, Prescot Street, Liverpool L7 8XP.**

## Independent auditor's report to the Directors of the Board of the Royal Liverpool and Broadgreen University Hospitals NHS Trust

I have examined the summary financial statements set out on pages 21 to 24.

This report is made solely to the Board of the Royal Liverpool and Broadgreen University Hospitals NHS Trust in accordance with Part II of the Audit Commission Act 1998 and for no other purpose, as set out in paragraph 36 of the Statement of Responsibilities of Auditors and of Audited Bodies prepared by the Audit Commission.

## Respective responsibilities of Directors and Auditors

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

## Basis of opinion

I conducted my work in accordance with Bulletin 1999/6 'The auditors' statement on the summary financial statement' issued by the Auditing Practices Board.

## Opinion

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

Mark Heap  
Audit Commission  
Aspinall Close  
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Date: 6<sup>th</sup> July 2006

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