



annual report

and accounts

05/06



Welcome from the Chair and Chief Executive

It has been an exciting and challenging year.

Developing our plans for a new hospital has been a major piece of work. We held a number of listening events, workshops and open public debates to make sure as many people as possible could be involved. We were overwhelmed by the swell of support that Alder Hey should stay in Liverpool when at one point it looked as though we may have to move.

Our wide range of services has continued to develop. Many of these improvements have been achieved by working in partnership with our staff, patients and their families, and colleagues from other organisations. We are also pleased that our research and development teams have continued to make great strides in a number of areas. We are proud to have been made the joint national coordinating centre for child medicine research, which means we are at the forefront of developing better treatments for children across the world. Some of these developments are outlined later in this report.

One of the big successes of the year has been the launch of the Trust's charity, the Imagine Appeal. We thank the people of Liverpool for their incredible support. We are also grateful to a number of celebrities who continue to endorse the appeal.

There is much to look forward to in the coming year. We will be consulting on becoming a Foundation Trust and are excited by the opportunities this will bring to further develop patient and family-centred services.

We will also be consulting on our plans for the new hospital, as well as the way we deliver services in the future. This "model of care" looks to deliver more healthcare in a community setting which is often more convenient for patients and their families.

This document is but a snapshot of the year. Much of our work goes unreported, and it is impossible to detail it all here. As such we would like to pay tribute to all those who have worked so hard over the last year to make the Royal Liverpool Children's NHS Trust so successful. This includes our staff, fundraisers, parents and carers, colleagues from partner organisations, and the children and young people who access our services. Your loyalty to Alder Hey never ceases to amaze us.



Angela Jones
Chair



Tony Bell OBE
Chief Executive

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Introduction



The Royal Liverpool Children's NHS Trust treats around 200,000 children and young people every year from a catchment population of more than seven million. We deliver services in both a hospital and community setting for people living locally, as well as regionally, nationally and internationally.

We offer a comprehensive range of specialist and general health services at our main site, Alder Hey Hospital in West Derby, Liverpool. Specialist services include a dedicated paediatric intensive care unit, burns unit, and a bone marrow transplant centre. We are a centre of excellence for children with cancer, heart, spinal, and brain disease. We are a regional centre for specialist mental health services and a national centre for head and face surgery.

Our general services include an accident and emergency department which treats 65,000 children every year. We have 10 state-of-the-art operating theatres, 309 inpatient and day case beds, and a child and adolescent mental health service.

Working closely with primary care trusts¹, we also offer community and mental health services at 50 sites across Merseyside. This is in addition to more than 800 specialist clinical sessions a year delivered across the North West of England, North Wales, Shropshire and the Isle of Man. In fact, 10 per cent of our work is carried out in community settings such as clinics and GP surgeries.

It is thanks to the dedication and hard work of our 2,700 staff that we have achieved the highest possible score (three stars) in the national performance ratings for the last three years.

¹: One of the roles of a primary care trust is to make sure healthcare is provided to meet the needs of individuals and communities.

Our history: At a glance

Alder Hey Hospital was founded	The Royal Liverpool Children's NHS Trust formed to manage the hospital services	Began delivering community services in Liverpool and Sefton	When we are hoping to become a Foundation Trust
1914	1991	1992	2007



Our vision and values

Our vision is to lead world class healthcare for children and young people by committing to excellence through:

- Partnership
- Research
- Innovation
- Learning

Our values:

- CCommunicate effectively at the right time, in the right way, to the right people
- Honesty and openness about how we work together
- Innovate to continuously improve services
- Lead others and improvements in service
- Develop staff to ensure they can reach their full potential
- Respect for all, at all times
- Energise and enthuse others to deliver excellence in everything we do
- Nationally and internationally promote research and best practice

To achieve our vision we have a number of long-term goals:

1 Making sure we are financially sound by:

- Working efficiently
- Having the right financial controls in place

2 Improving the design and quality of our services by:

- Continual improvement through the values and behaviour of our staff
- Listening and responding to the views and experiences of patients and their families

3 Achieving high performance by:

- Achieving "excellence" in the Healthcare Commission's² annual performance ratings
- Meeting service access targets
- Being able to respond quickly to change

4 Managing risk effectively by:

- Having the right systems to assess and manage risk
- Developing plans to reduce known risks

5 Continuing to develop our workforce by:

- Making sure our staff have the right skills
- Having the right policies for recruiting and retaining staff
- Developing our staff so they can progress within the Trust

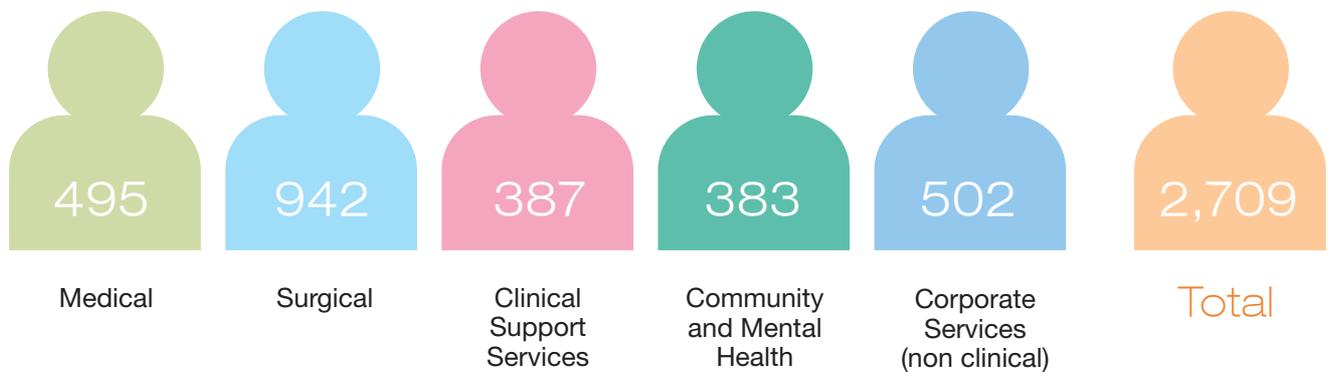
6 Working with other organisations to:

- Improve services
- Safeguard children and young people
- Influence national policy

2: The Healthcare Commission is the independent organisation which inspects NHS trusts to make sure they are working to high standards. For information log onto their website: www.healthcarecommission.org.uk

Our services

There are five care groups responsible for the services we provide. These are:



Medical

A range of services including: accident and emergency; dietetics; special feeds unit; and medical specialties (such as diabetes, cancer, skin conditions, allergies, breathing problems, and rheumatology).

Surgical

A range of services including: critical care (such as the intensive care unit, high dependency ward, heart surgery) and surgery (such as eyes, ear, nose and throat, dental, cleft lip, and head and face).

Clinical Support Services

A range of services including: pathology; radiology (including medical illustrations); pharmacy; outpatients; medical records; biomedical engineering; and bereavement care services.

Community and Mental Health

A range of services including: community paediatricians; community nursing; therapy services (occupational therapy, speech therapy, physiotherapy and hearing); orthotics (supportive braces and splints); community-based child and adolescent mental health service; psychiatric inpatient unit; transitional care (care in between being in hospital and going home); and a severe learning disabilities service.

Corporate Services (non clinical)

Provides support to frontline services and includes: chaplains; communications; equality and diversity; estates; executive team secretariat; finance; fundraising; hotel services; human resources; patient advice and liaison service; play and childcare services; research and development; risk management; information management and technology.



How are we doing?

We have continued to build on our consistently high standards, and have met all of the national performance targets applicable to specialist trusts this year. These show how efficient we are, how well we are doing against planned targets, and how much work we are doing. They include:

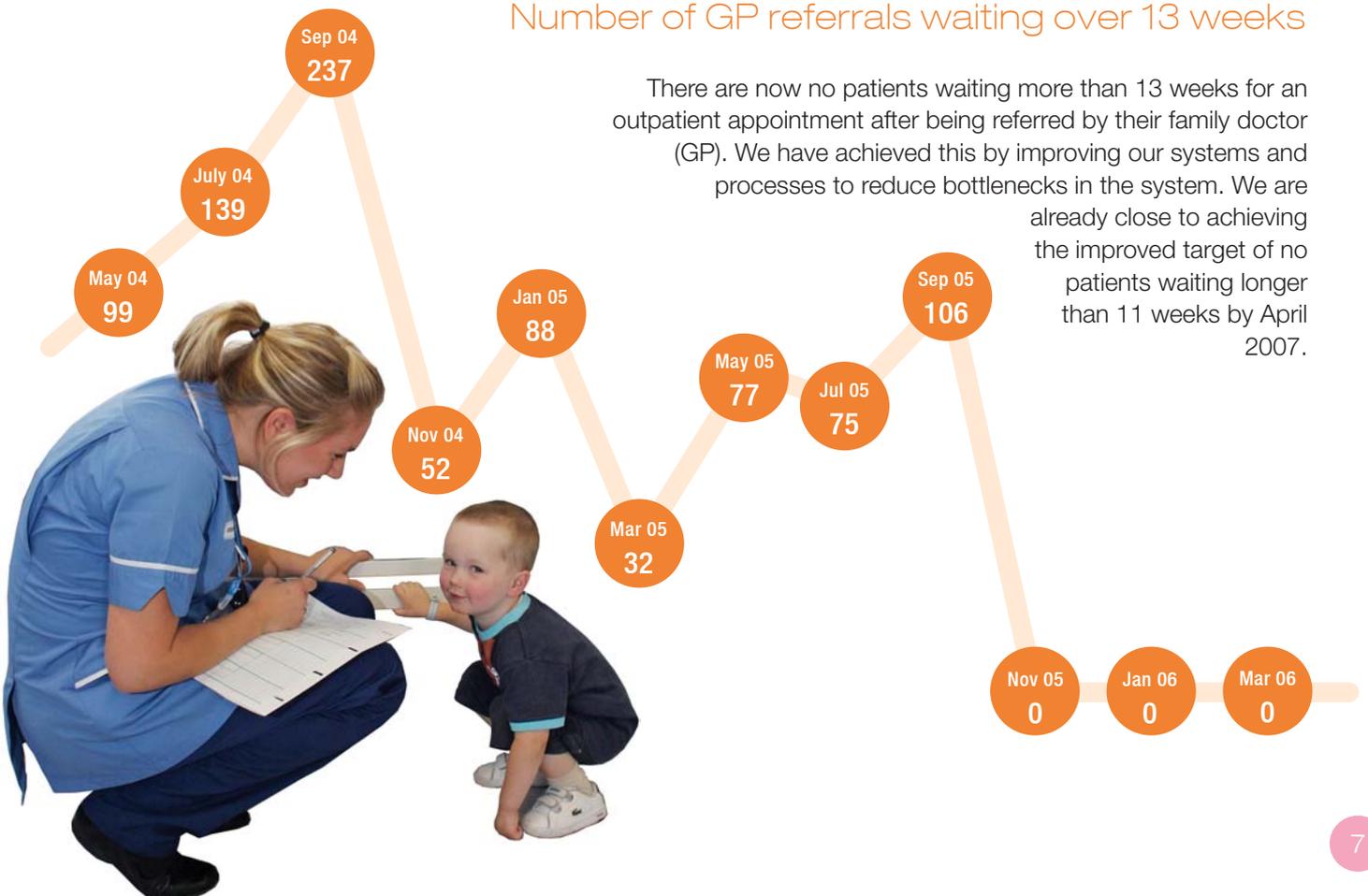
National target	Achieved
no patients waiting more than six months for an operation	Yes ✓
no patients waiting more than 13 weeks for an outpatient appointment after being referred by their family doctor (GP)	Yes ✓
98% of all patients at accident and emergency (A&E) seen within four hours	Yes ✓ (we achieved 98.6%)
all urgent cancer referrals seen within two weeks	Yes ✓
all patients with cancer treated within 31 days	Yes ✓
to balance our books	Yes ✓
no more than 12 MRSA infections	Yes ✓ (there were five)

The year: At a glance

- 10,180 day cases
- 26,879 inpatients
- 65,886 A&E attendances
- 114,303 outpatients
- 39,195 x-rays
- 500 medical students
- 400 children looked after at our "hospital at home" service
- 3.5% rise in planned work
- 7% rise in planned operations

Number of GP referrals waiting over 13 weeks

There are now no patients waiting more than 13 weeks for an outpatient appointment after being referred by their family doctor (GP). We have achieved this by improving our systems and processes to reduce bottlenecks in the system. We are already close to achieving the improved target of no patients waiting longer than 11 weeks by April 2007.



Number of elective inpatients

The numbers of patients who come for planned care has increased over the last few years. This is because we are carrying out more treatments to make sure we meet national targets, and also because more patients are being referred by other less specialist hospitals.

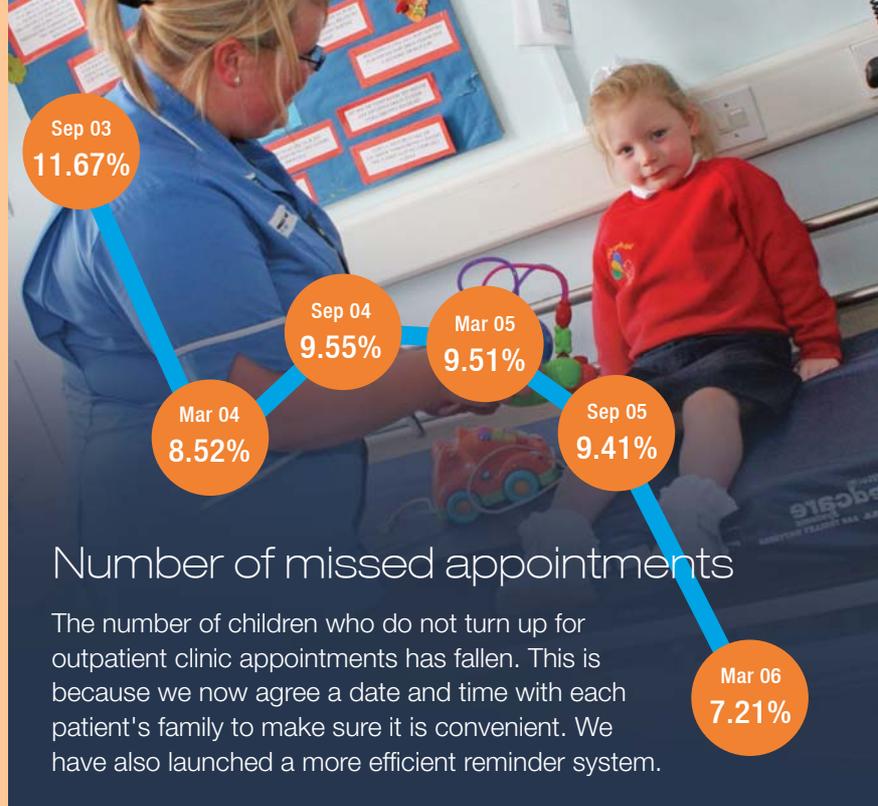
2001/02
16,078

2002/03
16,908

2003/04
17,159

2004/05
16,682

2005/06
17,273



Sep 03
11.67%

Mar 04
8.52%

Sep 04
9.55%

Mar 05
9.51%

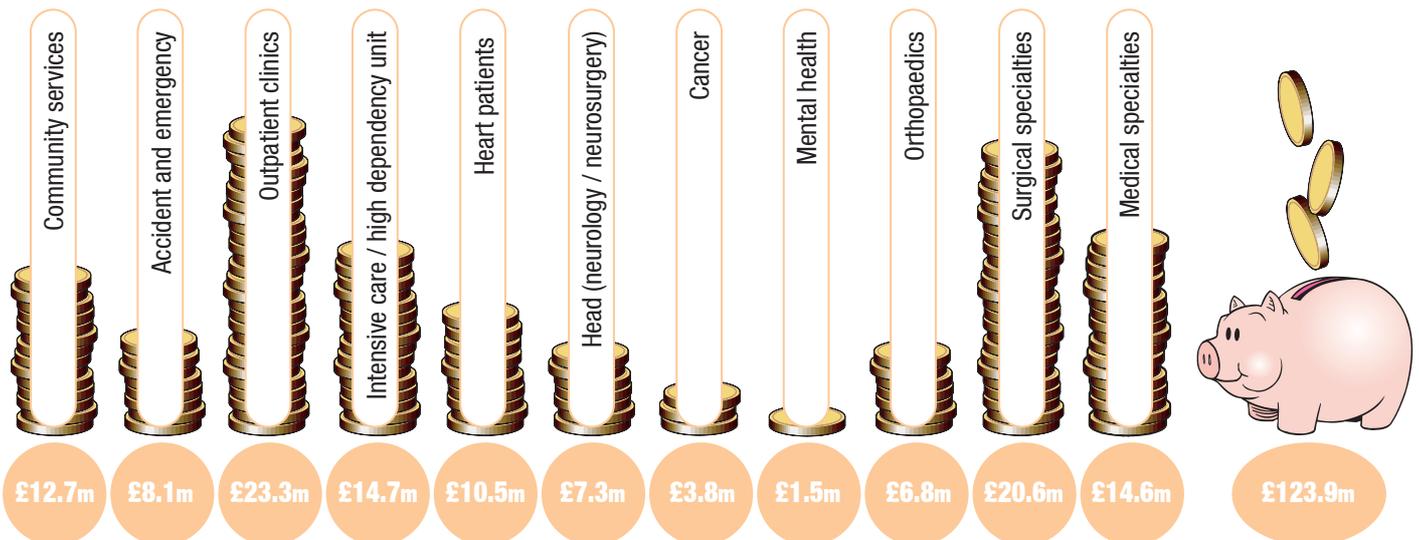
Sep 05
9.41%

Mar 06
7.21%

Number of missed appointments

The number of children who do not turn up for outpatient clinic appointments has fallen. This is because we now agree a date and time with each patient's family to make sure it is convenient. We have also launched a more efficient reminder system.

How we spend our money



Infection rates

There were five MRSA infections last year, compared to the national hospital average of 20. MRSA (Methicillin-Resistant Staphylococcus Aureus) is a bacterium which lives harmlessly on skin and in the lining of the mouth and nose of about one third of healthy people. It can, however, cause infection once it enters the body through a cut or abrasion. MRSA is resistant to some of the antibiotics that are commonly used to treat infection. Our infection rates are low thanks to the diligence of staff who follow our hand hygiene programme, and the thoroughness of our cleaners.

Independent assessment

The Healthcare Commission is responsible for carrying out independent assessments of the performance of every NHS organisation. Its annual health check system, which this year replaces the 'star ratings' assessment system, is based upon measuring performance within a framework of national standards and targets set by Government, some of which have been described.

The annual health check looks at a much broader range of issues than the targets used previously, and seeks to make much better use of the data, judgments and expertise of others to focus on what matters to people who use and provide healthcare services.

The Healthcare Commission is assessing our overall performance against the standards expected as part of the annual health check. This will be published in October 2006, which is after the publication of this report. Details will be posted on our website.

For more information about the Healthcare Commission or the annual health check log on to www.healthcarecommission.org.uk

A change for the better

Foundation Trust application

We are applying to become a Foundation Trust. We believe this will offer benefits to both the organisation and to patients, their carers and staff. We are running a public consultation from July to October 2006 to test our plans. This includes how we believe the organisation should be run in the future.

NHS Foundation Trusts are membership organisations. As such, we need to recruit members. We are proposing they will be drawn from patients, their parents or carers, staff, and people interested in children's health and wellbeing. Our membership strategy is part of our wider patient and public involvement strategy.

As a Foundation Trust we will remain part of the National Health Service. We will have to maintain the same high quality standards, and will continue to have independent inspections from the Healthcare Commission just like other NHS organisations.

For more information, or to find out how to become a member, please log onto our website or contact us using the details on the back page.

Foundation Trust benefits: At a glance

- Stronger links with children and families to make sure their needs are at the heart of our work
- Our staff will have a greater involvement in shaping our future
- We will be able to make crucial decisions about new services and facilities more independently
- We will gain more freedom over how we manage our finances

Our vision for the future



With help from our members, and by truly understanding their views and experiences, we will be able to make our services and the care we provide even better. In line with the Government's white paper on healthcare outside hospitals, we will be looking to develop some new services in community settings. We want to make sure that our patients are seen in the right place, at the right time, by the right healthcare professional. We will use our membership to make sure that we make decisions which best meet the needs of the people we serve.



A new hospital in the park

We are planning to improve the hospital premises, which need developing to make them fit for providing 21st century healthcare. Our vision is a "Children's Health Park" - a hospital surrounded by parkland. This will give children access to fresh air and space, which will help them get well. It will also give us opportunities to engage with local communities and promote healthy living.

Over the past 12 months we have held a number of events to help us develop plans to build in Springfield Park, adjacent to our current site. A total of 1,500 people contributed, including parents, children, local people, our staff, and partner organisations. The involvement of Liverpool City Council and commissioners³ was crucial. We were also greatly assisted by the Prince's Foundation, a charity which puts people and communities at the centre of design processes. They facilitated three events involving the public, architects and Liverpool City Council which generated new ideas.

Where are we now?

Due to the financial challenges we face (see page 24 for more information), an alternative design is being developed which will keep the overall vision of the health park affordable and deliverable.

The new hospital will be supported by a new model of care (the way we make sure we deliver the right services in the right places). We are planning to go out to formal public consultation on our proposals in autumn 2006. We expect to advertise nationally and internationally for partners to build the hospital in May 2007.

For information please contact us using the details on the back page.

³: A commissioner, such as a primary care trust, assesses the health needs of a population and buys healthcare from organisations like Alder Hey to meet that need.

Improving our services for children and young people

As one of the largest specialist integrated children's hospitals in Europe, we run numerous health services in a hospital and community setting. Our staff work tirelessly to improve services for both patients and their families and carers. Highlights from the last year include:

Combating alcohol-related problems

We continued to develop a new service for young people who attend accident and emergency (A&E) with alcohol-related problems. A weekly clinic run by senior A&E nurses identifies problems as early as possible. Our alcohol team has also established important links with other organisations which allow us to work together to address this serious issue. Where appropriate, young people are referred to community support services for counselling.

The country's first children's walk-in centre

We worked with Central Liverpool Primary Care Trust (PCT) to develop the country's first NHS walk-in centre for children. Based in Smithdown Road, Sefton Park, it treats children and young people with minor illness and injury.

New high dependency unit

In April 2005 we opened a new 16 bed neurosurgical ward which has five high dependency beds. This provides care for children who have had skull or face surgery, or who have suffered a life-threatening head injury. These children now spend less time in intensive care.



Healthy living centre

We worked together with a number of agencies to start delivering some Alder Hey services at a healthy living centre in Bootle. This has brought community paediatrics, eye clinics, and general paediatric clinics closer to people's homes. The May Logan Centre provides health services, resources and facilities to support families to improve their health and wellbeing. For more information log onto: www.maylogan.org.uk

Expanded neurosciences services

We have improved our epilepsy service, and expanded our complex spinal and neurosurgical services. We are hosting the annual meeting of the International Society of Paediatric Neurosurgeons in 2007 in recognition of our standing as a unit.

Better care for children with infections

We appointed a consultant and a clinical nurse specialist in infectious diseases and immunology. They are improving the care given to children with severe or unusual infections, and those who have difficulty fighting infection. The team has developed links with specialists outside the Trust to bring their expertise to children across Merseyside.



Protected mealtimes for children

In January we launched protected mealtimes for children. They can now enjoy their food without being interrupted by ward rounds or diagnostic investigations. The scheme was rated "excellent" in a recent Patient Environment Action Team inspection, which assessed hospital food and cleanliness.



Newborn hearing screen

Our audiology team helped to set up the Newborn Hearing Screening Programme at the Liverpool Women's Hospital, which was launched in February 2006. A hearing screen is now routine for every baby born in England. If problems are identified early in a baby's life, precious time is gained to help them and their family develop communication skills.

Refurbished outpatients

The clinic rooms in our general outpatients department have been refurbished to improve our patients' experience and create a better working environment for our staff.

Expanding screening services

We set up neonatal screening for sickle cell disease and thalassaemia (inherited forms of anaemia). We are planning to set up a newborn cystic fibrosis screening service by the end of 2006.

Improving medication safety

Our pharmacy team has focused on improving medication safety, and have published a booklet for prescribers and nurses. Medicines Management: Key Points for Patient Safety contains tips on prescribing and medicine administration. The team also worked with our risk management department to provide workshops and training.

New sleep service

Our new sleep service helps children from Liverpool and South Sefton aged under five with special needs. Two senior nurses and a psychologist have trained 70 early years' workers to assess and manage sleep difficulties. Sixteen had extra training to become sleep counsellors. There are now sleep clinics running in seven children's centres in Liverpool and one in Sefton.

Bereavement care

Our bereavement care team provides support and advice to families and staff when children have died. This service was recognised by the Department of Health as an example of best practice.

Better access to mental health services

We recruited a nurse consultant for child and adolescent mental health services. In line with the Government agenda to make sure all children have the most appropriate support, this post will increase access to mental health services across Liverpool and Sefton.

Improving patient information

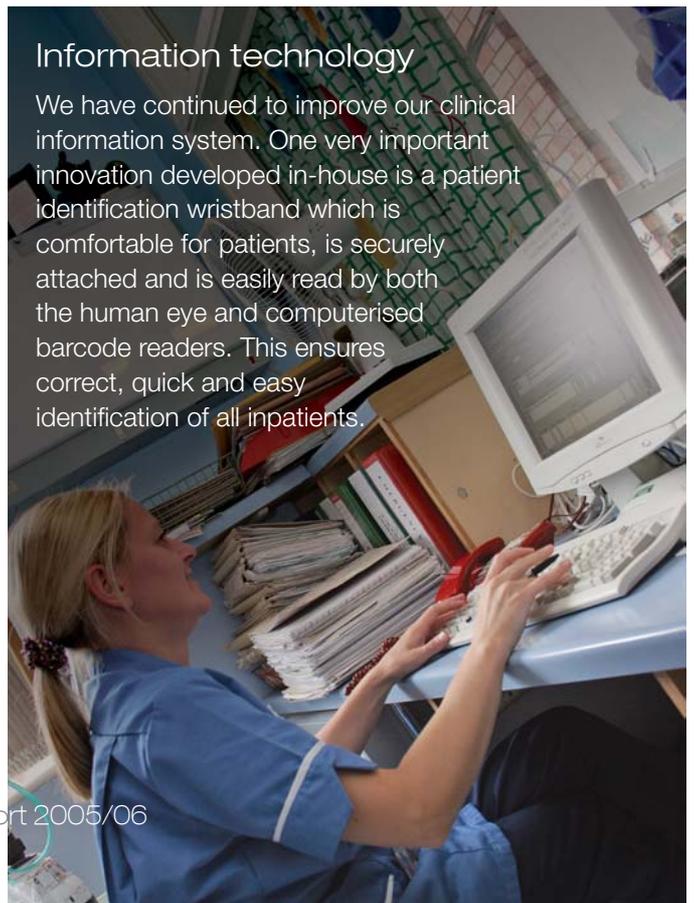
Our patient information service has continued to develop. Initiatives include developing electronic resources for staff, producing patient information leaflets, hosting information displays for voluntary organisations, and promoting health campaigns.

Alder Centre extension

The Alder Centre, which supports anyone affected by the death of a child, was extended in February 2006. It now has disabled access, a new waiting room and a group therapy and training room. The centre also offers staff an assistance programme, which includes counselling and advice on a range of issues.

Information technology

We have continued to improve our clinical information system. One very important innovation developed in-house is a patient identification wristband which is comfortable for patients, is securely attached and is easily read by both the human eye and computerised barcode readers. This ensures correct, quick and easy identification of all inpatients.





Together we are making it happen

We work closely with many organisations to improve health services for children across our huge catchment area. An important example is our membership of the National Children's Health Alliance. This group worked hard to influence the Department of Health to resolve the financial problems encountered by children's specialist trusts due to Payment by Results (PbR). PbR is the new scheme where trusts receive a set payment for each treatment carried out. Much of our work is very specialised and, as such, costs more than the national tariff.

Another important example is our partnership with Liverpool City Council to deliver the Government's Every Child Matters programme. This aims to improve opportunities for all children and young people.

Assisting developing countries

A number of staff members have worked with charities in developing countries to give practical help and much needed teaching. Supported by the Cleft Lip and Palate Association, head of speech therapy Siobhan McMahon went to rural Nepal to a cleft palate camp. Consultants Durai Nayagam and Ken Graham led a team, which included theatre practitioner Claire Barnett, to Pakistan to provide orthopaedic and plastic surgery services to victims of the recent earthquake.

Other ventures have included providing heart surgery services in China and Mozambique, and consultant Arvind Chandna's ongoing contributions to the eye charity Orbis.

Cleft Lip and Palate Network

Following public consultation, there has been progress in the development of the Cleft Lip and Palate Network for North West England, the Isle of Man and North Wales. Our consultant orthodontist is the clinical director. Some £550,000 has been received from specialised commissioners in the North West and North Wales for clinical appointments to improve provision. Children's surgery will in future be provided at Alder Hey and Manchester's Booth Hall hospital.

North West Paediatric Partnership Board

The North West Paediatric Partnership Board includes Manchester Children's Hospital, Alder Hey and specialist commissioners across the North West of England and North Wales. Joint bids to develop services for rheumatology, cardiology and immunology have been made to develop specialist children's services in Liverpool.

Working with our patients and their carers

We are committed to involving our patients, their parents, carers and representatives. Their views and experiences enable us to continually improve services.

Patient Advice and Liaison Service (PALS)

PALS provides support and advice to patients and their carers. During the last year the service offered information, help, advice and support to more than 225 individuals and families.

Patient and Public Involvement Forum

We have continued to build on our excellent relationship with the Patient and Public Involvement Forum, a dedicated group of volunteers who have statutory powers to monitor our services. They have been invaluable in helping us on a number of issues, including the consultation around our proposed new hospital.

Parents and Carers' Council

We work closely with the Trust's Parents and Carers' Council, which meets monthly. This year members have been involved in a project designed by the University of Liverpool to help develop communication skills training for medical students. To encourage more people to join the group, the Council will hold half of its meetings in community locations next year.

The Children and Young People's Council

The Children and Young People's Council has worked hard over the last year. Members planned and completed a pain audit, which describes 10 pledges from the Trust about the care children can expect, particularly around pain relief. The Council has also been involved with the planning of the proposed new hospital.





Valuing our staff

Our staff are key to our success, it is thanks to them that we are able to provide the best possible care for our patients.

We are committed to involving our staff in all aspects of running the Trust. We consult staff through our Trust Partnership Forum, which brings management and staff side (trade union representatives) together every two months. Staff are kept informed through a number of mechanisms, all of which encourage feedback. These include monthly team briefings, our weekly e-newsletter Trust Weekly, our quarterly in-house magazine The Trust, attachments to payslips, presentations, emails, the intranet, and website.

This year we have invested in new and replacement computer equipment for staff working in both hospital and community settings. Our community areas now have secure remote access which uses broadband via the internet coupled with authentication software.

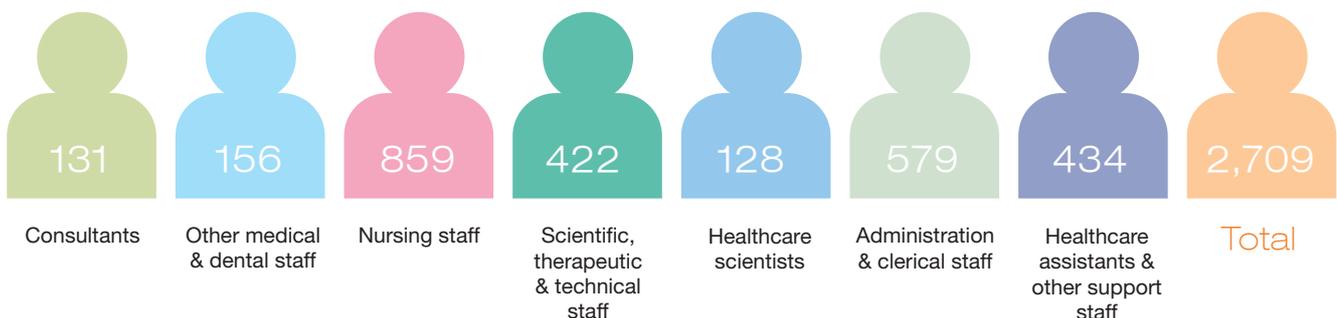
Improving working lives

We achieved the Government's Improving Working Lives "Practice Plus" status, which recognised the Trust as a good employer. Areas assessed include healthy working, training and development, communication, and equality and diversity.

Looking after our staff

The Alder Centre offers advice and counselling about emotional and mental health problems caused or exacerbated by work and work life balance issues. The team also provides training around issues such as bullying, harassment and conflict management.

Our staff: At a glance*



*Staff figures are based on an actual head count rather than an average of whole time equivalents as outlined in the accounts.



Staff views

The national staff survey is carried out in every NHS trust in England each autumn. It covers areas such as work life balance, appraisal, learning and development, team working, supervision, and communication. It provides information which can be used to improve both patient care and the working lives of staff.

The survey shows that our staff believe that:

- care of patients is the Trust's top priority;
- if they were a patient they would be happy with the standard of care provided; and
- the appraisal system is a useful process in developing objectives to improve their work.

An action plan will be developed with staff side colleagues, managers and staff to address some of the areas for improvement.

The full report is available from the Healthcare Commission on www.healthcarecommission.org.uk/staffsurveys

Treating staff equally

We have continued to move the equality and diversity agenda forward through the work of our positively diverse steering group. This year we developed and agreed our equality and diversity policy and delivered a range of staff awareness and training sessions. All of our employment policies, which are accessible on our intranet, include a commitment to treating staff equally. We have a race equality scheme in place, which has a three year action plan. We are working to develop an equality and diversity strategy which will encompass all aspects of diversity including disability.

Effective leadership

We recognise that now, perhaps more than ever, we need managers and leaders across all levels of the organisation to help us reach our tough objectives. Our staff leadership development programme will be key to our success.

Organisational development

We appointed a head of organisational development whose areas of responsibility include learning, leadership and workforce modernisation. This will help us develop as an organisation through this period of change.

People working differently

We continued to implement Agenda for Change, the new national NHS pay system which is based on the principle of equal pay for work of equal value. Importantly, Agenda for Change provides an opportunity to develop new roles and extend existing ones. More than 200 of our staff have been involved in identifying our future workforce requirements.

Case study

Patients with minor illnesses and injuries are seen quicker in A&E thanks to two members of staff who developed their skills through a Masters degree in paediatric ambulatory care. By providing more support for patients they also free up junior doctors' time. Run by Liverpool John Moores University as part of a two year research study, it is the country's first such paediatric qualification. A second intake of students has begun.

Research and development

It has been an exciting year. We continue to be at the forefront of child health research, attracting funding from research councils, charities, industry and the Department of Health. The Imagine Appeal includes a strand of funding for research. This will be used to invest in outstanding areas of research potential identified by us and our partners.

The Institute of Child Health, on the Alder Hey site, now hosts the National Medicines for Children Research Network. In December 2005 the Trust was awarded £1.5m to run one of the country's six Medicines for Children Local Research Networks. It covers Cheshire, Merseyside and North Wales.

We lead eight Department of Health research programmes, all of which were given favourable reviews from the Department in 2005. These cover a range of specialties including paediatric surgery, respiratory medicine, mental health, cancer and infectious diseases.

We are the international base for the work of the Cochrane Cystic Fibrosis and Genetic Disorders Group. Researchers from the Trust also contribute to programmes undertaken elsewhere and carry out numerous individual projects. The evidence-based Child Health Unit and Clinical Audit Department run a horizon scanning service which informs healthcare professionals of the results of high quality research.

This means we can be sure that our patients receive care based on the very best evidence available.

We continue to work very closely with our local partners, including the University of Liverpool and Liverpool Women's Hospital. A project team, with representatives from all three institutions, produced a strategy document setting out a plan for developing child health research across Merseyside over the next five to ten years. It was approved by the Trust Board in September 2005.

Research governance - the system through which research is directed and controlled - is very important. It makes sure research is carried out to the highest possible scientific and safety standards. During the past year we have rolled out a training programme for staff, which highlights the legal, ethical and management issues which must be addressed when undertaking research involving children.

The new NHS research strategy Best Research for Best Health presents us with both opportunities and challenges. It includes radical plans for changing the way NHS research is funded. In the coming months we will have to work hard to compete for financial support. We are confident, however, that our research potential and our excellent track record will mean we continue to attract funding.



Alder Hey arts

Our arts programme is gaining a reputation for national excellence. Developments this year include our first ever artist-in-residence (an artist who helps us to develop arts programmes), and the appointment of an arts coordinator who will work with our cultural partners to develop a programme of exciting arts events. Partners include arts organisations within the North West such as: Tate Liverpool; Royal Liverpool Philharmonic Orchestra; Liverpool Comedy Trust; Foundation for Arts and Creative Technology; Merseyside Dance Initiative; Walk the Plank Children's Theatre Company; METAL; the Windows Project for creative writing; the Arts Council North West; and Liverpool Culture Company.

This programme is funded through grants and charities. We are very grateful to the Arts Council North West, the Wallace and Gromit Children's Hospital Fund and the Liverpool Culture Company for their financial support.

Over the next twelve months we can look forward to a dynamic programme. This includes workshops with children and families, training for staff in using the arts, enhancing the hospital environment through artwork displays, and participation in many national initiatives such as National Children's Art Day.

This year's highlights include:

- Transformation of the latest MRI scanner and examination room (pictured above). Our artist-in-residence designed an imaginative underwater scene, complete with colourful fish and other sea creatures, and turned the scanner itself into a huge, bright yellow submarine. The examination room has been transformed into a relaxing ambient environment.
- A visit from the Liverpool crew for the Clipper Race 2005/06, and its founder, Sir Robin Knox-Johnson. Its route is now mapped out along the main hospital corridor and illustrated by the children's art work. Alder Hey school, where long-term patients can continue formal education, has maintained email contact with the Liverpool Clipper. A patient, inspired by the sea, was a prize winner in a local poetry competition.
- Musicians from the North West and Paris, France, worked together to explore the effects of music on patients and staff. The project included visits to hospitals in France and Ireland. It ended with a seminar in Paris in July 2006 and the release of a DVD.

Fundraising

We launched our new charity, Imagine, in October 2005 to coincide with what would have been John Lennon's 65th birthday. This is after Yoko Ono kindly gave her permission to use one of her late husband's sketches as the charity's logo. She then fronted an ongoing campaign to get as many celebrities as possible to wear an Imagine t-shirt to show support for the Trust. She even allowed a very famous photograph of John to be changed to show him wearing the t-shirt!

The face of our fundraising efforts from now on, Imagine will raise money to support advances in children's medicine through research. It will also be used to buy medical equipment, facilities for children and families, and to improve the environment in which we treat our patients. To celebrate the launch, the fundraising team moved to a new base opposite the restaurant on the main corridor so they could be more accessible. Design agency, Staley Peters, donated their expertise and time to completely decorate the office with the Imagine brand and herald a new beginning for the Trust's fundraising efforts.

Our links with the world of National Hunt racing continued to grow and their annual golf day raised £60,000. Imagine also became the first charity ever to own a pair of racing silks after we ran a competition for a patient's design. Ted Griffiths, 11, from Warrington, came up with the winning combination. He was guest of honour at Aintree when the silks were worn by jockey Warren Marston as he rode Giovanna at the Grand National meeting (pictured left).



imagine

Living for today giving for tomorrow

Safeguarding high standards

We are committed to providing safe and effective care for our patients and a safe and healthy environment for staff, contractors and visitors. This is why we went smoke free in January 2006. Our new policy includes the hospital car parks and grounds, as well as our community premises.

Clinical governance

All trusts have a statutory duty to have comprehensive arrangements for monitoring and improving the quality of healthcare. This is called clinical governance and includes:

- Ensuring that professional principles are developed and applied to all services.
- Working openly and cooperatively with external organisations which audit and inspect our services.

The Board of Clinical Governance is the mechanism through which the Trust Board is assured of matters related to clinical governance. In early 2006 membership was revised to support the work required to meet the Healthcare Commission's Standards for Better Health targets. These are the essential standards that are expected of healthcare organisations as defined in the Health and Social Care Act 2003, and include safety, access and public health. We have declared full compliance with all 44 core standards. During the coming months the focus will be to monitor progress.

Complaints

We take all complaints seriously and try to resolve each one quickly and efficiently. We always seek to learn and improve as a result. Last year we received 131 complaints compared to 155 in the year before. Of these, 94 (71%) were responded to within the national target of 20 working days. There have been seven requests to the Healthcare Commission for independent reviews. To date, one has been dealt with. The outcome of the remaining six cases is awaited.

Some examples of the improvements and changes made as a result of complaints include:

- A review of allergy procedures after a patient had a severe reaction to surgical tape put on after an operation.
- Clinic appointment letters are being reviewed and amended to include all relevant information, including time, date, clinic and location. This follows a complaint about inadequate information on a clinic appointment letter.

Catagories of complaints



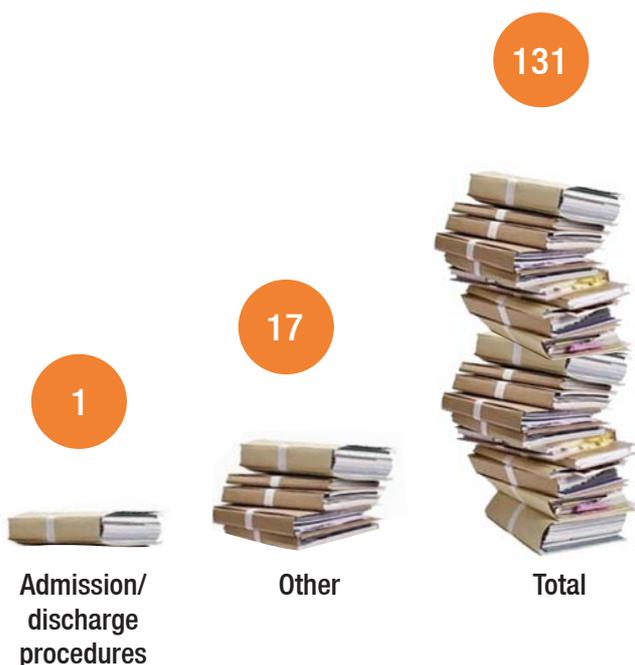
Risk management

We have systems in place to identify and remove or reduce potential risks to patients, staff, others and the organisation itself. Identified risks are put on our risk register, which is reviewed every two months by our risk management committee. An assurance framework, which outlines risks and what is being done to address them, has been agreed by the Trust Board.

Being prepared for an emergency

Under the Civil Contingency Act 2005 we have to produce a business continuity plan which explains how we would continue to deliver critical services in an emergency. Our executive lead for business continuity / emergency preparedness has worked with senior managers across the organisation to develop a plan to address several potential threats. These include a flu pandemic, a fire or a flood. Work is ongoing to make sure that plans are in place and available to staff. Aspects of the plan are tested in the following ways:

- Communication exercises to test the availability of key staff.
- Exercises and training days to test our response to different scenarios.
- A live mock major incident exercise every three years or so.



Looking after our environment

We are committed to contributing to a sustainable environment, which is vital for the wellbeing of children, young people and their families now and in the future.

One third of our staff live within two miles of the main hospital site, and two thirds within five miles. Our green transport plan led to twice as many staff cycling to work last year. This follows a successful grant application which funded a series of cycling promotion days and an extra 12 cycle storage pods. We also introduced car park charges, which we expect to encourage staff to use alternative transport. We contributed to the Merseyside Travel Plan promoting green transport.

We are doing what we can to reduce energy usage. However, the age of most of our buildings makes energy and water conservation difficult.

We have, however, made significant improvements in security, energy efficiency and patient comfort by upgrading the existing accident and emergency department and B1/D1 outpatient departments. This is in line with recommendations from the Patient Environment Action Team inspections of 2004/05.

Our new neurosurgical high dependency unit (see page 11) is energy efficient. It has double glazing, high levels of insulation, natural light via light tubes, and energy efficient light fittings and equipment wherever possible. Much of the building structure can be recycled at the end of its natural life - but the ultimate recycling is the reuse of the building itself when the Trust lease has finished.

Our plans for the Children's Health Park (see page 10) are to make it as environmentally friendly as possible. We are working closely with the Environment Agency to achieve that aim. We propose to include as many energy saving measures as possible and are investigating rain capture, ground source heating and even the possibility of a wind farm to generate some of our electricity.



The Board

- 1** Angela Jones, Chair
- 2** Lorraine Dodd, Non-Executive Director
- 3** Susan Malthouse, Non-Executive Director
- 4** Chris Vellenoweth, Non-Executive Director

- 5** Tony Bell, Chief Executive
- 6** Moya Sutton, Executive Nurse
- 7** Jayne Shaw, Acting Director of Human Resources
- 8** Dr Steve Ryan, Medical Director
- 9** Alan Sharples, Director of Finance, Information and Commissioning
- 10** Terry Windle, Director of Strategic Planning

- 11** Paul Hetherington, Chief Operating Officer
- 12** Roger Cooke, Chief Nurse

Key:

- Non-Executive Director
- Executive Director
- Executive Team Member (does not sit on the Board)

Not pictured:

- Susan Rutherford, Non-Executive Director
- Leslie Taylor-Duff, Non-Executive Director
- Professor Ros Smyth, Head of the Institute of Child Health, Associate Partner



Appointments

The Chief Executive and Executive Directors are recruited and appointed following public advertisement and a recruitment panel which usually includes the Chair (or a non-executive nominee) and an external assessor. The appointments made do not have fixed terms; they are the normal contracts of employment that apply to all staff. Their salary and performance is reviewed by the Remuneration Committee. Should questions arise about performance, they are dealt with through the same arrangements as all employees.

The Chair and Non-Executive Directors are appointed by arrangements overseen by the Appointments Commission. This is an independent body that covers appointments to public bodies of non-executive members. The terms of office are specified when appointed.

Corporate governance

Our strategy is set by the Board. The Board - which is the main mechanism for public accountability - meets in public every other month. Agendas can be found on our website.

The Executive Team, the Trust's most senior management team, meets fortnightly to make sure the strategy becomes reality.

The Board has a number of sub-committees and their proceedings are recorded as part of the main Board agenda. The sub-committees are:

- Audit (meets five times a year)
- Communications (meets quarterly)
- Endowment and Investment (meets bi-monthly)
- Board of Clinical Governance (meets monthly)
- Finance (meets monthly; set up 12 April 2006)
- Outline Business Case Project Board (meets bi-monthly)
- Continuous Quality Improvement (meets monthly)
- Remuneration (meets when required)

A membership list of the Audit and Remuneration Committees is given in the table on page 28.

For further information about what these committees do please contact us using the details on the back cover of this report.

Financial review

We received a 7.8% increase in income this year (£9.17m). This included £964,000 for planned work made possible through extra consultant sessions in modular theatre facilities bought last year. We also received £910,000 for training, education and research. This followed a review of specialist registrar posts which the Strategic Health Authority (SHA) concluded had been historically underfunded.

Even so, it has been a difficult year for the Trust and other NHS organisations in Liverpool. We started the year with a requirement to make £7.25m savings, which is in addition to the Government-directed cost improvement programme of £1.6m. We met this by using the extra income described above and through a challenging savings programme, which included vacancy control, getting better prices for the goods we buy, and reducing our reliance on agency staff. Almost £4.5m of the savings are permanent (i.e. they are recurrent).

Despite this, we were successful in meeting all of our statutory financial duties including the duty to achieve financial balance. We even made a modest £1,200 surplus. Details of financial statements are given on pages 25-27.

As one of only four specialist children's trusts in the country, we have service level agreements (contracts) with all 42 primary care trusts (PCTs) across the North West of England. During the year we dealt with patients from 125 other PCTs across England, as well as Wales, Scotland and Northern Ireland. Our finance department has good relationships with many of these PCTs. As part of the Government's agenda to improve patient care, from October 2006 the number of PCTs is reducing from 350 to 150. We will have to establish and build relationships with these new organisations.

We face a challenging financial agenda next year. For the third year running the inflationary uplift received by the NHS has not been enough to meet the actual inflationary pressure. This, together with the impact of Payment by Results (PbR, the new national tariff), meant we faced a £13m deficit at the start of the year.

Since then the SHA has provided £4.9m to remove the impact of PbR and £1.9m to rectify historic underfunding. The Board has also identified potential savings to solve the remaining £6.5m problem

PbR is a problem for all specialist children's trusts because the cost of treating children and carrying out specialist work is more than the national tariff. This has been recognised by the Department of Health and a revised system for a separate children's tariff should be introduced by 2008/09

As part of our statutory duties, we are required to manage our cash within the external financing limit set by Government. This outlines how much extra money we can borrow or how much we have to pay back to the Treasury. Although we always achieve this target, there is an underlying cash problem of £4m because of historic adjustments to our balance sheet dictated by the NHS accounting rules. Cash management has been achieved with the cooperation of local PCTs making advance payments and the SHA facilitating temporary public dividend capital allocations. We are in discussion with the SHA to resolve the issue permanently.

Like all public bodies we are required to demonstrate that our procurement (the buying of goods) provides best value for money and complies with the relevant European Union directives. The specialist nature of many of the items we use in the Trust means that they can only be obtained from multi-national companies. Despite this we estimate that half of our non-pay spend is with companies in the North West of England, which is where most of our patients are from.

2005/06 was another year of continuing progress and achievement. This excellent performance was due to the hard work and dedication of all of our staff. We would also wish to acknowledge that the success of the Trust has been made possible by the continued confidence and support of service commissioners, the SHA and through the heart-warming generosity of all those who have contributed to our charitable funds, for which we are very grateful.

Summary of financial statements

Income and expenditure account for the year ended 31 March 2006

	2005/06 £000	2004/05 £000
Income from activities:		
Continuing operations	110,572	103,390
Other operating income:		
Continuing operations	15,468	13,481
Operating expenses:		
Continuing operations	(123,949)	(114,765)
OPERATING SURPLUS/(DEFICIT):		
Continuing operations	2,091	2,106
Cost of fundamental reorganisation/reconstruction	0	0
Profit/(loss) on disposal of fixed assets	1	0
SURPLUS/(DEFICIT) BEFORE INTEREST	2,092	2,106
Interest receivable	144	213
Interest payable	0	0
Other finance costs - unwinding of discount	(13)	(21)
Other finance costs - change in discount rate on provisions	(61)	0
SURPLUS/(DEFICIT) FOR THE FINANCIAL YEAR	2,162	2,298
Public dividend capital dividends payable	(2,161)	(2,288)
RETAINED SURPLUS/(DEFICIT) FOR THE YEAR	1	10
Note to the NHS Trust Income and Expenditure Account	£'000	£'000
Retained surplus/(deficit) for the year	1	10
Financial support included in retained surplus/(deficit) for the year - NHS Bank	0	0
Financial support included in retained surplus/(deficit) for the year - internally generated	0	0
Retained surplus/(deficit) for the year excluding financial support	1	10

Balance sheet as at 31 March 2006

	£000	2005/06 £000	2004/05 £000
FIXED ASSETS:			
Intangible assets	0		0
Tangible assets	69,695		68,472
Investments	0		0
		69,695	68,472
CURRENT ASSETS:			
Stocks and work in progress	672		818
Debtors	9,853		7,559
Investments	0		0
Cash at bank and in hand	347		347
		10,872	8,724
Creditors: Amounts falling due within one year		(7,047)	(8,781)
NET CURRENT ASSETS/(LIABILITIES)		3,825	(57)
TOTAL ASSETS LESS CURRENT LIABILITIES		73,520	68,415
Creditors: Amounts falling due after more than one year		0	0
PROVISIONS FOR LIABILITIES AND CHARGES		(1,180)	(2,164)
TOTAL ASSETS EMPLOYED		72,340	66,251
FINANCED BY:			
TAX PAYERS EQUITY			
Public dividend capital		45,803	40,536
Revaluation reserve		20,979	19,708
Donated asset reserve		4,226	4,612
Government grant reserve		0	0
Other reserves		160	225
Income and expenditure reserve		1,172	1,170
TOTAL TAX PAYERS EQUITY		72,340	66,251



Tony Bell OBE
Chief Executive

Date: 7 July 2006

Cashflow statement for the year ended 31 March 2006

	2005/06	2004/05
£000	£000	£000
OPERATING ACTIVITIES		
Net cash inflow from operating activities	1,551	4,688
RETURNS ON INVESTMENTS AND SERVICING OF FINANCE		
Interest received	144	213
Interest paid	0	0
Interest element of finance leases	0	0
Net cash inflow/(outflow) from returns on investments and servicing of finance	144	213
CAPITAL EXPENDITURE		
Payments to acquire tangible fixed assets	(4,878)	(1,798)
Receipts from sale of tangible fixed assets	33	0
(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	(4,845)	(1,798)
DIVIDENDS PAID		
Net cash inflow/(outflow) before management of liquid resources and financing	(2,161)	(2,288)
MANAGEMENT OF LIQUID RESOURCES		
Purchase of current asset investments	0	0
Sale of current asset investments	0	0
Net cash inflow/(outflow) from management of liquid resources	0	0
Net cash inflow/(outflow) before financing	(5,311)	815
FINANCING		
Public dividend capital received	7,318	0
Public dividend capital repaid (not previously accrued)	(2,051)	(817)
Public dividend capital repaid (accrued in prior period)	0	0
Loans received	0	0
Loans repaid	0	0
Repayable cash brokerage (paid to)/from other NHS bodies	0	0
Other capital receipts	44	86
Capital element of finance leases	0	0
Cash transferred (to)/from other NHS bodies	0	0
Net cash inflow/(outflow) from financing	5,311	(731)
Increase/(decrease) in cash	0	84

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

	2005/06	2004/05
	£000	£000
Surplus/(deficit) for the financial year before dividend payments	2,162	2,298
Fixed asset impairment losses	0	0
Unrealised surplus/(deficit) on fixed asset revaluations/indexation	1,359	1,003
Increases in the donated asset and Government grant reserve due to receipt of donated and Government grant financed assets	44	87
Reduction in the donated asset and Government grant reserve due to the depreciation, impairment and disposal of donated assets and government grant financed assets	(517)	(638)
Additions/(reductions) "other reserves"	(65)	(95)
Total recognised gains and losses for the financial year	2,983	2,655
Prior period adjustment	0	0
Total gains and losses recognised in the financial year	2,983	2,655

Section 2: Remuneration report

Salaries and pension entitlements of senior managers

Name and Title	2005/06			2004/05		
	Salary (bands of £5,000) £000	Other remuneration (bands of £5,000) £000	Benefits in kind rounded to the nearest £100	Salary (bands of £5,000) £000	Other remuneration (bands of £5,000) £000	Benefits in kind rounded to the nearest £100
Mr A P Bell Chief Executive (R)	120-125	0	0	115-120	0	0
Mr A Sharples Director of Finance, Information & Commissioning	75-80	0	14	70-75	0	37
Mrs R Burke-Sharples Director of Service Development / Executive Nurse to 17.04.05	0-5	0	0	75-80	0	0
Mr R Cooke Acting Executive Nurse from 17.04.05 to 27.02.06	55-60	0	0	0	0	0
Mrs M Sutton Executive Nurse from 27.02.06	5-10	0	0	0	0	0
Dr S Ryan Medical Director	70-75	75-80	0	65-70	75-80	0
Miss N Elliott Director of Human Resources to 30.11.05	40-45	0	0	60-65	0	0
Mrs J Shaw Acting Director of Human Resources from 01.12.05	20-25	0	0	0	0	0
Mr T Windle Director of Strategic & Operational Planning	85-90	0	36	80-85	0	34
Ms A Jones Chair (R)	15-20	0	0	15-20	0	0
Mrs L Dodd Non Executive Director (A) (R)	5-10	0	0	5-10	0	0
Mrs S Rutherford Non Executive Director (A) (R)	5-10	0	0	5-10	0	0
Mr C Vellenoweth Non Executive Director (A)	5-10	0	0	5-10	0	0
Mr J Waszek Non Executive Director to 31.03.04	0-5	0	0	0-5	0	0
Mr L Taylor-Duff Non Executive Director from 01.11.04	5-10	0	0	0-5	0	0
Mrs S Malthouse Non Executive Director	5-10	0	0	5-10	0	0

Pension benefits

Name and Title	Real increase in pension and related lump sum at age 60 (bands of £2,500) £000	Total accrued pension and related lump sum at age 60 at 31 March 2006 (bands of £2,500) £000	Cash equivalent transfer value at 31 March 2006 £000	Cash equivalent transfer value at 31 March 2005 £000	Real increase in cash equivalent transfer value £000	Employers contribution to stakeholder pension To nearest £100
Mr A P Bell Chief Executive	7.5-10	177.5-180	*	*	*	0
Mr A Sharples Director of Finance, Information & Commissioning	5-7.5	117.5-120	481	400	49	0
Mrs R Burke-Sharples Director of Service Development/Executive Nurse to 17.04.05	0-2.5	155-157.5	580	374	6	0
Mr R Cooke Acting Executive Nurse from 17.04.05 to 27.02.06	*	*	*	*	*	*
Mrs M Sutton Executive Nurse from 27.02.06	0-2.5	77.5-80	266	200	4	0
Dr S Ryan Medical Director	7-7.5	132.5-135	486	438	26	0
Miss N Elliott Director of Human Resources to 30.11.05	*	*	*	*	*	*
Mrs J Shaw Acting Director of Human Resources from 01.12.05	*	*	*	*	*	*
Mr T Windle Director of Strategic Planning	2.5-5	142.5-145	586	541	22	0

Salaries and pension entitlements continued...

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, and from 2004-2005 the other pension details, include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS Pension Scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

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

* This indicates that the individual has exercised their right under the Data Protection Act to refuse publication of this information.

(R) This indicates that the individual is a member of the remuneration committee.

(A) This indicates that the individual is a member of the audit committee.

The salary paid to Mrs L Dodd is paid to Rathbone Brothers Ltd.

As Non-Executive members do not receive pensionable remuneration, there will be no entries in respect of pensions for Non-Executive members. Mr Sharples and Mr Windle have leased cars provided by the Trust.

The statement of Directors' responsibility in respect of internal control can be found in the Trust's annual accounts.

Rocking Horse Promotions Ltd is a trading company which covenants its profits to the Royal Liverpool Children's Charitable Fund. Mr Alan Sharples, Director of Finance, Information and Commissioning is currently a Director of Rocking Horse Promotions Ltd. The Royal Liverpool Children's NHS Trust provided financial services to that company in 2005/06 for an administrative fee of £300. This transaction is considered to be at arms length.

Pensions

Past and present employees are covered by the provisions of the NHS Pension Scheme. Further details are available in the notes to the accounts, the remuneration report and on the NHS Pensions Agency website at www.nhspa.gov.uk



Tony Bell OBE
Chief Executive

Date: 7 July 2006

Full set of accounts

These financial statements are summaries of the information contained in the Trust's annual accounts. A full set of accounts is available on our website, or contact the finance team on 0151 252 5011.

Paying our suppliers

The Trust is committed to following the 'Better Payment Practice Code' in dealing with our suppliers. The code, developed by the Better Payment Practice Group, sets out the following principles:

- agree payment terms at the outset of a deal and stick to them
- pay bills in accordance with any contract agreed with the supplier or as agreed by law
- tell suppliers without delay when an invoice is contested and settle disputes quickly.

During 2005/06 the percentage of bills paid within target, set under the Better Payment Practice Code, was 93% for non-NHS suppliers and 87% for NHS suppliers. The number of bills paid continues to increase and, once again, no claims were made against the Trust for late payment.

	2005/06	
	Number	£ 000
Non-NHS		
Total bills paid in the year	35,979	27,030
Total bills paid within target	33,419	23,855
Percentage of bills paid within target	92.88%	88.25%

NHS

Total bills paid in the year	1,772	7,245
Total bills paid within target	1,544	5,997
Percentage of bills paid within target	87.13%	82.77%

The Late Payment of Commercial Debts (Interest) Act 1998

	2005/06	2004/05
Amounts included within Interest Payable arising from claims made by small businesses under this legislation	0	0
Compensation paid to cover debt recovery costs under this legislation	0	0

Auditors' work

The total cost of external work carried out was £146,000 and this was all in relation to work as our statutory auditor.

Section 3:

Public interest and other

Statement on internal control

Our Directors have produced a statement of internal control, which outlines assurance that there are systems in place to ensure the proper running of the organisation. This can be found with the full accounts on our website.

Register of interests

Like all NHS organisations, we keep a register of interests which is available for public inspection. It contains those items where there could be an actual or potential conflict of interest declared when members of the Board make decisions. For a copy of the register please log onto our website.

Audit services

Our external auditors are:

Baker Tilly
Brazenose House
Lincoln Square
Manchester
M2 5BL

Independent auditors' report to the Directors of the Board of Royal Liverpool Children's NHS Trust

We have examined the summary financial statements set out in pages 25 to 27.

This report is made solely to the Board of Royal Liverpool Children's NHS Trust (the 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. Our responsibility is to report to you our opinion on the consistency of the summary financial statements within the annual report with the statutory financial statements. We also read the other information contained in the annual report and consider the implications for our report if we become aware of any misstatements or material inconsistencies with the summary financial statements.

Basis of opinion

We conducted our work in accordance with Bulletin 1999/6 "the auditors' statement on the summary financial statements" issued by the Auditing Practices Board.

Opinion

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



Baker Tilly
Registered Auditor and Chartered Accountants
Brazenose House, Lincoln Square
Manchester, M2 5BL

Date: 14 August 2006

Messages of thanks

My son Liam is now seven years old, but if it wasn't for the care and treatment he wouldn't be here today. The craniofacial team saved my baby's life and without them and Alder Hey I would have lost him. My boy is my world and every day I thank God for Paul May and his team; long may they go on saving children's lives.

Thanks to all the nurses on ward K1 that looked after me on my short visit to Alder Hey. You were all great nurses. Thanks again, Melissa xx

My little boy stayed for a week having an operation for pyloric stenosis and you would never imagine how fit and healthy he is now. Thanks to all the doctors and nurses.

Thank you so much for looking after my daughter. She had open heart surgery and was so well looked after - everyone made the time in hospital so much easier. Thank you will never say enough.

I would like to say a big thank you to all the nurses on Oncology, K3 and M3 for looking after me after my operations and whilst having chemo. I would also like to say a big thank you to Mr Pizer for looking after me. Thanks a lot, Zoe xxxx

It is one year to today since our daughter Ffion had open heart surgery. A very special thank you to Mr Pozzi and his team, Dr Ladusans and all the staff on K2, cardiac clinic and PICU - you are all fantastic!! Ffion is doing really well but will need further surgery. Once again many thanks - without you Ffion would not be with us today.

My family and I would like to sincerely thank all the staff on ward N3 including Kelly, Dawn and Eunace (and everyone else!) and the surgical team especially Mr Kelly for the fantastic job in looking after our son Thomas during his stay. You all did a fantastic job and are wonderful people.

Many thanks to all the staff on L1 who made a traumatic experience more bearable. Our son Jack was badly scalded in October 2005. He received first class treatment and is a happy toddler once again.

If you would like more details about any of the issues contained in this report, or if you would like more information about becoming a member of the Foundation Trust, contact:

**Communications Department
Royal Liverpool Children's NHS Trust
Alder Hey Hospital**

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Liverpool
L12 2AP

Telephone: 0151 293 3502

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Web: www.alderhey.com

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The front page picture shows Connor Daly, aged 2½, with his mother Janette, at Alder Hey, June 2006.

This report is available in other languages
and formats upon request.



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