



# ANNUAL REPORT & ACCOUNTS 2001/2002



**LIVERPOOL WOMEN'S HOSPITAL  TRUST**

In partnership with Aintree Centre for Women's Health



## Mission Statement

*'The purpose of the Liverpool Women's Hospital and Aintree Centre for Women's Health is to be the best hospitals for the care of women and babies;*

*by caring with courtesy, kindness and warmth for them and their families;*

*by further improving the existing excellent clinical services;*

*by providing choice where possible and by being responsive to needs;*

*by providing appropriate trained staff at all levels with continuing education and training; and*

*by ensuring a supportive environment which enables staff to work to their potential and where they will be recognised'.*



The Pool of Life tapestry (main reception) – artist Norma Heron, 1995

## Index

	<i>Page</i>		<i>Page</i>
Introduction	3	Research and Development	9
The Board	3	Clinical Governance	9
Obstetrics	4	NHS Plan Developments	9
Neonatal Services	5	Human Resources	10
Gynaecology	6	Quality and Patient Charter	10
Theatres and Anaesthetics	7	Finance Director's Report	11
Clinical Support Services	7	Accountable Officer's Statement on Internal Control	11
Medical Genetics	8		



## CHAIRMAN & CHIEF EXECUTIVE'S INTRODUCTION

Liverpool Women's Hospital NHS Trust provides services to the women and babies of Merseyside and beyond at its two sites at Liverpool Women's Hospital and Aintree Centre for Women's Health. Clinical laboratory based genetics services are also provided to the people of Merseyside and Cheshire.

The Trust produces a report each year to explain to patients, staff and the general public about how resources have been used in the provision of services, and to describe the progress that has been achieved towards the implementation of plans and developments.

A major area of activity during the year has been the review of women's services across the city. This is being undertaken to explore different ways of delivering services, which make best use of available resources, whilst continuing to provide high quality services which are accessible to patients. This process is being led by North Liverpool Primary Care Trust, and has already incorporated the views of a wide range of stakeholders.

Other significant developments during the year included the accreditation of Liverpool Women's Hospital as the gynaecology cancer centre for the whole of Merseyside and Cheshire. This will now result in a number of service developments, including the appointment of two additional cancer surgeons. There was also substantial investment in the Medical Genetics department, enabling the purchase of sophisticated testing equipment for the laboratories, and the recruitment of additional staff to develop both general and cancer services. The Trust also appointed four new

consultants in gynaecology, to enhance services in reproductive medicine, urogynaecology, and cancer. An additional obstetrician was appointed to further improve labour ward cover.

A great deal of progress was made towards achieving NHS Plan targets. Matrons have been appointed across both sites, and housekeepers have been introduced at Aintree. A Patient Information Centre has been set up, and the Trust was one of the first to appoint a Patient Advice and Liaison Manager. In recognition of this, the Secretary of State, Alan Milburn, visited the Trust in March 2002 to open the new Patient Information Centre.

Our staff are our most important asset, and this year, a great deal of progress has been made under the Improving Working Lives initiative to address issues of work-life balance. This includes the introduction of new policies, which give protected time off for education, training and development, and also for carers' responsibilities.

During the course of the year, the Trust was reviewed by the Commission for Health Improvement, which looks at the quality and safety of services provided to patients. The report received was very positive, and praised the commitment and dedication of staff, and the high quality of clinical services.

Finally, as well as the developments and innovations described, the Trust achieved all of the targets set for patient throughput and waiting times, and all financial targets.

## THE BOARD



Front row – left to right – David Richmond – Medical Director, Rosie Cooper – Chairman, Ann Marr – Chief Executive, Charles Parkinson (A, R) – Vice Chairman

Back row left to right – Dorothy Bogle (R), Gill Vince (R), Ebi Edward-Inatimi (A, R), Ann McCracken (A, R) – Non-executive Directors, Liz Craig – Director of Nursing & Midwifery, David Young – Director of Finance, Anne-Marie Stretch – Director of Human Resources

Key to membership of committees – Audit, A – Remuneration, R.

The Trust Board normally meets on the first Friday of each month in the Boardroom at Liverpool Women's Hospital. Members of the public are welcome to attend.

# Obstetrics

Liverpool Women's Hospital offers a Consultant Led Unit which admits high and low risk women. The Trust is a tertiary referral centre accepting high risk patients from other Trusts, as well as in-utero transfers where the baby will require transfer to the neonatal unit

The hospital also accommodates a Feto-Maternal Medicine Unit to which patients from other hospitals throughout the North West are referred. Diagnosis and counselling is provided for women with medical conditions such as diabetes, epilepsy, haemolytic antibodies, as well as women who have had a previous baby with chromosomal or structural abnormality. A number of other specialist clinics are available, such as twins clinic, pre-pregnancy counselling, genetic, miscarriage, fetal cardiac and services for black and ethnic minority groups.

The hospital also contains a Midwife Led Unit which provides total midwifery care during labour, delivery and the post-natal period for low risk women.

Aintree Centre for Women's Health provides services for both high and low risk obstetrics, as well as a number of specialist antenatal clinics such as the combined obstetric/neurology clinic for women with epilepsy.

Developments in the year:

- A Consultant Midwife was appointed to work on public health issues in Liverpool and South Sefton.
- Three midwives were seconded to work within Sefton as Public Health Neighbourhood Midwives to work with nurses and health visitors to meet the reducing health inequality agenda.
- Additional support is also being provided to pregnant asylum seekers and their families through the appointment of a dedicated midwife.
- Midwives have been seconded to Sure Start programmes in deprived areas providing midwifery services that focus on Sure Start principles.
- Community link workers are closely involved in the ante-natal link clinic, offering support and translation services to women whose first language is not English.
- Aintree Centre for Women's Health achieved the UNICEF Global Baby Friendly Initiative in recognition of the Trust's commitment to breast-feeding.



Sandra Shannon, Directorate Manager  
and Steve Walkinshaw, Clinical Director



Parents-to-be –  
Victoria Birchall  
and Robert  
Leyland, with  
midwife,  
Jeanette Seddon



Link workers – from left to right – Sirad, Faiza, Yasmin and Sue Xiao



Marie Harris, right – Sure Start Midwife  
for West Everton and Breckfield – with from left to right, Gerry and  
Thomas, Donna and Andrew, Hazel and Cameron, in front of the  
Sure-Start logo designed by Abbey Evans aged 6



Presentation of UNICEF award – Jennifer James  
of Coronation Street holding baby, Oliver, with Breastfeeding  
Co-ordinating Midwives, Carol O'Keefe, Mary Fadzill and Kim Sefia



# Neonatal Services

The Neonatal Unit at Liverpool Women's Hospital is the Regional Neonatal Intensive Care Unit and has a capacity of 40 cots. Care at the maximum level of dependency is provided. This encompasses the extremely premature or small baby who requires assisted ventilation and constant monitoring, and any baby requiring surgery or intensive medical treatment. A transport service is provided for transfer or collection of sick or premature neonates.

The unit also offers a specialised regional service for the investigation and treatment of babies at risk of developing eye problems as a result of premature birth, using cryo and laser technology.

The unit at Aintree provides high dependency and special care and has a total of 12 cots. Babies can be ventilated for up to 24 hours to stabilise their condition.

Neonatal research is also well established, and current projects include research into lung injury, heart function, and long-term follow up of premature infants and school performance.

Developments in the year:

- The unit has undertaken a significant recruitment programme of experienced nurses which will ensure a continued high quality service.
- The unit has one of the most advanced patient data management systems available. This system has been developed in collaboration with Drager Medical.
- The clinical incident reporting system developed within the unit has been adopted across the Trust. The purpose being to ensure thorough and comprehensive investigation and that lessons learnt are shared.
- The Special Care Baby Unit at Aintree underwent a significant refurbishment programme. New flooring, improved workstations and redecoration resulted in a much brighter welcoming environment for both families and staff.



Ben Shaw, Clinical Director and Penny Newmarch, Directorate Manager



Baby, Dylan Coles (15oz – 440 grams) smallest surviving baby nursed in the unit



Baby in special care baby unit, Aintree Centre for Women's Health



Some of the neonatal team, front row, left to right; Emma Baxter, Neonatal Assistant; Nim Subedhar, Consultant Neonatologist; Jacqui Hartley, Neonatal Assistant; Pam Dillon, Advanced Neonatal Nurse. Back row – Margaret Peake, Advanced Neonatal Nurse Practitioner; Ronnie Kehoe, Matron; Val Irving, Neonatal Team Leader; Carol Hindley, Neonatal Assistant



Pam Dillon, Advanced Neonatal Nurse Practitioner, holding baby Evie Burton-Baddeley with Ronnie Kehoe, Matron, and proud grand-father, Michael Broadbent. Evie was born on 22nd June 2002 and weighed 1lb 6oz – 630 grams

# Gynaecology

Liverpool Women's Hospital provides a comprehensive range of in-patient and out-patient gynaecology services. It is a regional centre for oncology and reproductive medicine and provides specialist services for urogynaecology, miscarriage and pregnancy termination.

Dedicated gynaecology emergency room facilities are provided 24 hours a day, ensuring rapid access to ultrasound scan and medical treatment for women who are experiencing any gynaecological emergency especially in early pregnancy.

Aintree Centre for Women's Health provides a full range of secondary gynaecology services. The centre is one of the 6 regional cancer units. The unit contains a gynaecology assessment facility and an early pregnancy assessment clinic providing rapid access to ultrasound scan and medical treatment for women experiencing bleeding in early pregnancy.

Developments in the year:

- Four new consultants have been appointed, with specialist interests in urodynamics, menorrhagia, reproductive medicine and cancer.
- The multidisciplinary cancer team has continued to embrace its philosophy of ensuring the best possible care is delivered to patients and their carers.
- The Directorate works in close collaboration with the Royal Liverpool University Hospital to provide breast care services. With the advantage of strong medical and nursing links between the hospitals we have been commended by patients for providing high standards of seamless care during their treatment.
- Following regional implementation of the Calman-Hine report the hospital has been accredited as a Gynaecology Oncology Centre within the Mersey Gynaecological Network.
- Nursing staff have taken on additional roles which have improved the care we offer to our patients and their carers. At Aintree, an Oncology Link Nurse has been appointed. Out-patient nurse led clinics have been introduced as well as pre-operative clinics.

## Reproductive Medicine Unit

The Reproductive Medicine Unit continues to thrive as the largest single provider of NHS assisted conception services in the UK. Nursing involvement has developed with the appointment of the unit's first Fertility Nurse Specialist. Cutting-edge technology continues, with pregnancies resulting from the use of 'blastocyst culture' where embryos are developed in the laboratory for up to 6 days. An extremely favourable report was received from the Commission for Health Improvement. The Seminology Laboratory is one of the first specialist semen analysis laboratories to receive accreditation from CPA (UK) Ltd.



Robert Kingston,  
Clinical Director



Jenny Lewis,  
Directorate Manager



Staff Nurse,  
Emer Bell, with  
Veronica Dobson



Dawn Valentine-  
Gray, Oncology Link  
Nurse, and  
September  
Employee of the  
Month, receiving  
her award from  
Rosie Cooper,  
Chairman of the  
Trust



Kate Sheldon,  
Colposcopy Nurse,  
with patient



## Theatres and Anaesthesia

At Liverpool Women's Hospital all obstetric activity is undertaken in delivery suite where there are two obstetric theatres for all elective and emergency activity. In addition, one of the high dependency rooms can be used as a temporary theatre if required in an emergency.

All gynaecology and breast surgery is performed in the main theatre suite, which contains 5 theatres with a capacity for 50 in-patient or day case sessions.

At Aintree Centre for Women's Health, all obstetric theatre activity is undertaken in delivery suite theatres. All gynaecology theatre provision is through a service level agreement with Aintree Hospitals.

Developments in the year:

- A learning programme has been developed to train new theatre nurses in peri-operative care.
- Audit has played a big part in the service development, which includes pain relief following day case gynaecology surgery and timing of prophylactic antibiotic administration during caesarean section.
- ACE (Adverse Clinical Event) reporting systems were developed.



Joanne Wildman, Directorate Manager and Terry Ryan, Clinical Director



Jenny Anderson, new nurse, with Dawn Pennington, theatre sister, studying training manual

## Clinical Support Services

Clinical Support Services covering Pharmacy, Physiotherapy, X-Ray, Ultrasound, and Dietetics are provided to all directorates.

Developments in the year:

### ● Pharmacy

A key development has been the implementation of the electronic prescribing system across the gynaecology directorate which enables doctors to prescribe and record and nurses to record administration of medicines electronically. This has a number of advantages associated with minimising risks associated with these activities.

### ● Physiotherapy

Input into developing services has been especially evident in urodynamics where physiotherapists have an on-going commitment to supporting clinics and out-patient treatments.

### ● X-Ray/Ultrasound

The role of radiographers has been developed through training to enable them to perform hysterosalpingogram investigations without medical supervision. This has improved patient access and waiting times for this service.

### ● Dietetics

A Macmillan Cancer Relief funded post has enabled a valued contribution to the provision of cancer services to be made.



L to r: Liz McDonald – X-Ray/Ultrasound Manager, Sheila Jump – Physiotherapy Manager, Linda Matthew – Directorate Manager, Eileen Reynolds – Pharmacy Manager



Sharron Briers, Snr. Ultrasonographer, performing ultrasound

# Medical Genetics

The Medical Genetics Service provides a comprehensive package of clinical and laboratory diagnostic services for inherited, genetic and congenital syndromes in the Merseyside and Cheshire area. The service is composed of three arms, Clinical Genetics (currently located at Alder Hey Children's Hospital) Cytogenetics and Molecular Genetics Laboratories based at Liverpool Women's Hospital. The Cytogenetics and Molecular Genetics Laboratories are extensively involved in the screening of pregnancies and children with suspected genetic abnormalities and providing specialist advice to referring clinicians.

The Clinical Genetics Department provides genetic counselling and maintain contact with families coping with a wide variety of inherited genetic and malformation syndromes. Specialist advice is provided to other hospital services and clinicians as well as to Public Health and Health Authorities in the North West Region. An active research programme runs in parallel to the directorate's service work.

Developments in the year:

- The Medical Genetics Directorate received £847K funding from the Department of Health. This funding is to be phased over the next three years. In addition a further £134K per annum for the next three years was successfully attained from local allocations.
- This funding secured the necessary staff to offer a more substantial cancer genetics service and will go a long way to reducing patient waiting times to within the guidelines of the NHS Plan initiatives.
- The funding has also allowed the directorate to purchase much needed state-of-the-art equipment – a genescanner and a wave mutation detection machine. These will greatly increase the capacity of the laboratory and will lead to improved quality of existing services. They will also allow the directorate to provide a comprehensive service for familial cancers, specifically breast and ovarian.
- The Molecular Laboratory continues with its long-standing collaboration with the European Pancreatitis and Pancreatic Cancer (EUROPAC). In addition, new research collaborations were initiated, including a study into chronic lung disease and retinopathy in preterm infants.



Ian Ellis,  
Clinical Director



Angela Douglas,  
Directorate Manager



New ABI 3100 genescanner

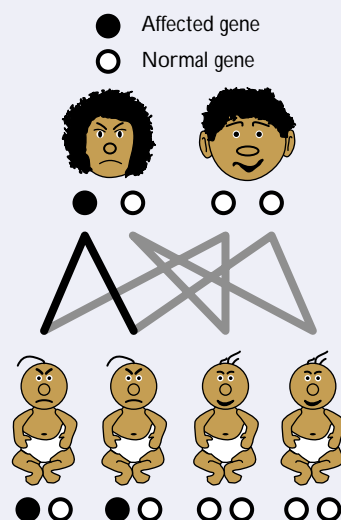
## Real Life Stories –

### How is Huntington's disease inherited?

Huntington's disease is inherited when just one copy of the gene is passed to a child from either the mother or father.

The parent who has the Huntington's gene will also develop the condition.

If one parent has the gene, each of their children has a 50:50 chance of inheriting it. This pattern of inheritance is called dominant.

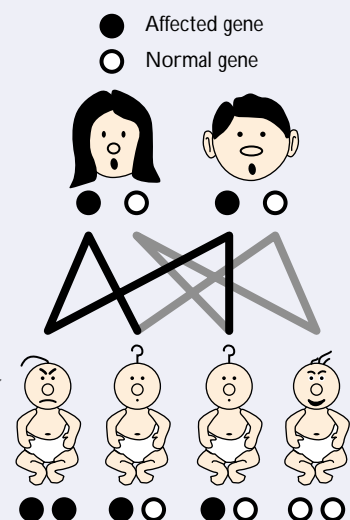


### How is cystic fibrosis inherited?

A child will develop this condition if they inherit two copies of the cystic fibrosis gene, one from each parent.

When both parents carry this gene, there is always a one-in-four chance that any child will be affected. However, the parents themselves will be healthy carriers.

This pattern of inheritance is called recessive.





# Research and Development

Clinical Lead, Ben Shaw · Co-ordinator, Carol Kingdon

Developments in the year:

- **PROGRAMS: A multi-centre randomised controlled trial of Prophylactic Granulocyte Macrophage Colony Stimulating Factor to reduce systemic sepsis in preterm neonates.**  
Premature babies are very vulnerable to infection. The aim of the trial is to find out whether treatment with a naturally occurring substance called 'Granulocyte Macrophage Colony Stimulating Factor' will reduce the high risk of infection in premature babies and improve their later health and development.
- **UKTOCS: UK Trial of Ovarian Cancer Screening.**  
Ovarian cancer is the fourth commonest cause of death from cancer amongst women in the UK. The purpose of the trial is to determine whether screening will detect

ovarian cancer at an early stage when treatment is more effective, thereby reducing the number of deaths from the disease.

- **The MAGPIE TRIAL: Magnesium sulphate for treatment of pre-eclampsia – a trial to evaluate the effects on women and their babies.**

The aim of the trial was to find out whether magnesium sulphate stops women with pre-eclampsia developing eclampsia which is a more serious condition. The trial found that women who received magnesium sulphate did better than women who did not, as did their babies. Based on evidence from the trial, guidelines for the treatment of women with pre-eclampsia attending the hospital have been changed.

## Clinical Governance

Clinical Lead, Richard Cooke · Director, Liz Craig

Clinical Governance is a key feature of the government's focus on improving the quality of health care in the NHS. Clinical governance has had a formal structure here since 1999 but this structure has continued to be developed to enable clinical governance to advance. The Clinical Governance Committee is responsible for ensuring that the Trust's clinical governance plans are implemented and that the results of those plans are reported to the Trust Board on a monthly basis

The Commission for Health Improvement reviewed the Trust during 2001. The overall results of the review were extremely favourable.

The Trust was praised by the Commission for Health Improvement for having improved its complaints handling and communications with patients.

An innovative system for Adverse Clinical Event reporting was introduced.



The Secretary of State, Alan Milburn MP, opens Patient Information Centre, with, l to r; Ann Marr, Chief Executive; Rosie Cooper, Chairman and Maria Eagle MP

## NHS Plan Developments

The Trust has delivered a number of key targets in the NHS Plan, including:

- The introduction of seven 'modern matrons'. The appointment of two 'housekeepers' on the Aintree Centre as a pilot project.
- The Trust received the highest rating for standards of cleanliness and patient environment.
- The introduction of bedside menus, 'chef's special' dishes and 24 hours availability of food and drinks as part of the 'Better Hospital Food' initiatives.
- A Patient Involvement Steering Group was set up.
- A Patient Information Centre was opened and a Patient Advice and Liaison Manager appointed.



Matrons, front row l to r; Pam Dutton, Lydia Moore, Corina Casey-Hardman; back row l to r; Cath Finnegan, Brenda Webster, Shirley Hill, Ronnie Kehoe

# Human Resources

Staff are our most valuable asset. The Trust is committed to supporting staff in balancing their work and home lives and managing them in a way where their potential can be fully realised.

Developments in the year:

## ● Improving Working Lives:

Five sub-groups have been meeting to assess progress towards achieving the practice award, taking into account the Staff Attitude Survey. Many of their suggestions are being implemented, including:

- Carers leave policy which provides paid leave to staff in emergencies
- Time-off policy for education, training and development
- Poster campaign to raise awareness about harassment and bullying, equality and diversity and raising concerns
- 'Eat and Meet' the Chairman and Chief Executive
- Supported places for HCAs to undertake Nursing or Midwifery training
- Range of initiatives for staff to help them stay healthy
- Flexible working options

## ● Equality Statement:

The Trust is committed to becoming an organisation where diversity is valued and appreciated and where it is recognised that individual experience, knowledge and skills can make a difference in delivering service goals. The Trust is developing services which are open and equally accessible to all sections of the community.



Staff with Rosie Cooper, Chairman; Ann Marr, Chief Executive and Anne-Marie Stretch – Human Resources Manager at the first 'Eat and Meet'

- The Trust's Cultural Awareness Group continues to deliver training to staff, improve interpreting services and produce multi-lingual information leaflets.
- The Trust's Disability Adviser provides support and advice to women with disability/special needs and supports the Disability Working Group in implementing the provisions of the Disability Discrimination Act. The Trust has signed up to achieving the Employment Service's five commitments in relation to the employment of people with a disability.
- The Race Relations Amendment Act (2000) places a new statutory duty on all public bodies to promote equality and to ensure unlawful discrimination on the grounds of race does not occur. A Race Equality Scheme has been implemented.

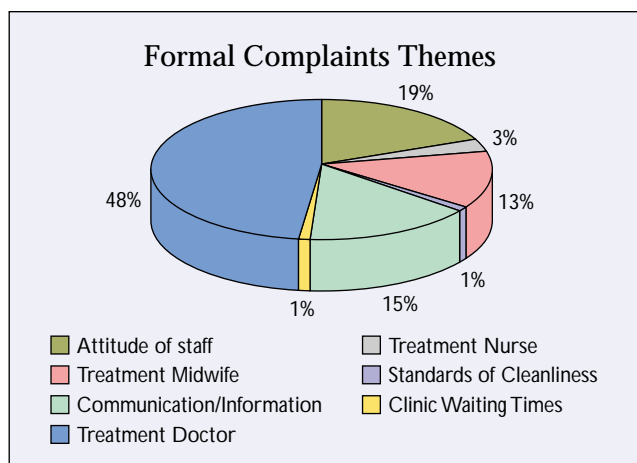
# Quality and Patient Charter

## Complaints

Both formal and informal complaints are thoroughly investigated by the Trust. All formal complaints receive a response from the Chief Executive within 20 working days as required in the NHS Complaints Procedure. A detailed quarterly report of formal and informal complaints is presented to the Board.

In 2001/2002 the Trust received eighty formal complaints. All these complaints were resolved locally using the complaints procedure. Four requests for an Independent Review were made; all of which were declined.

The main themes found were:



The Trust is keen that we learn from complaints and, where appropriate, changes are made to prevent a recurrence and improve the service. Some examples are:

- *New intercom system for use by patients/visitors who have a disability*
- *Notice boards on clinic waiting room areas indicating any delays*
- *Production of information leaflet for preparation of formula feeds and sterilisation of feeding equipment*
- *Review of treatment of thrombolytic disease in pregnancy*
- *New procedures for out of hours patient enquiries*

## Waiting times for first appointment

83% of patients were seen in the outpatient clinic within 13 weeks of referral from their General Practitioner. All patients are seen in the clinic within 26 weeks of referral.

## Waiting time for hospital admission

All patients are admitted for their operation within 9 months of being placed on the waiting list.

## Emergency admissions

All patients are admitted to the ward within 1 hour of the decision to admit.

## Cancelled operations for non-medical reasons

77 patients had their operations cancelled on the day of the operation for non-medical reasons.



## Finance Director's Report

2001/02 was a difficult financial year for the Trust with many pressures that impacted on our budgets. Despite these the Trust succeeded in achieving its financial duties and targets:

- **Income & Expenditure Breakeven year on year:** The Trust ended the year with a breakeven position (£27,000 in 2000/01).
- **6% Capital Cost Absorption:** The Trust achieved a capital cost absorption rate of 6.8% (6.1% in 1999/2000) thereby exceeding the duty.
- **Remain within the External Financing Limit:** The Trust achieved its External Financing Limit of – £1,134,000 exactly.
- **Remain within the Capital Resource Limit:** The Trust Capital spend was £959,000, which was equal to the capital resource limit.

In addition to these there are other targets which we are expected to meet:

- **Public Sector Payment Policy:** The Trust achieved a performance of 94.51% by number and 95.51% by value, against the target of 95% for both measures.
- **Management Costs:** Management costs for the year were £1,737,000, which is £29,000 above target. The main reason for this overspend was the increase in external audit fees for national performance management reviews carried out for the Department of Health.
- **Pay for NHS Managers:** The pay award to Trust senior managers and other non review body staff was set at 3.7% in line with the request of the Chief Executive of the NHS.

There were significant increases in both income and expenditure as the full year financial impact of the merger with Aintree Centre for Women's Health took effect. This accounted for £8 million of the increase in income growth over the previous year. The remainder of the increase in income was due to inflation funding and a number of special allocations from NHS Modernisation Funds. These funds were used to develop services, with particular emphasis on improving equipment and the environment in the Aintree Centre for Women's Health where a total of £234,000 was allocated for special projects.

Capital expenditure amounted to £959,000 of which £776,000 was spent on new and replacement medical equipment including five ultrasound machines and analytical machines for the genetics laboratory. The balance was invested in IT systems and building improvements.

The financial outlook for 2002/03 is challenging. The Trust Board has set a balanced budget for the year that includes a small number of service developments. Robust controls are in place to manage budgets and financial pressures, as a result of which the Board expects to be able to report a balanced budget at the year-end.

**David Young**  
Director of Finance & Information

## Accountable Officer's Statement on Internal Control

The Board is accountable for internal control. As Accountable Officer and Chief Executive Officer of this Board, I have responsibility for maintaining a sound system of internal control that supports the achievement of the organisation's objectives and for reviewing its effectiveness. The system of internal control is designed to manage rather than eliminate the risk of failure to achieve these objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness.

The system of internal control is based on an ongoing risk management process designed to identify the principal risks to the achievement of the organisation's objectives; to evaluate the nature and extent of those risks; and to manage them efficiently, effectively and economically. The system of internal control is underpinned by compliance with the requirements of the core controls assurance standards:

- Governance
- Financial and Risk Management

I plan to have the necessary procedures in place by the beginning of the financial year 2003/2004 necessary to meet the Treasury guidance. This takes into account the time needed to fully embed the processes that the Board has agreed should be implemented.

The actions taken so far include:

- The organisation has undertaken a self-assessment exercise against the core Controls Assurance standards (Governance, Financial Management and Risk Management). An action plan has been developed and implemented to meet any gaps.
  - The organisation has in place arrangements to monitor, as part of its risk identification and management processes, compliance with other key standards, including relevant Controls Assurance standards covering areas of potentially significant organisational risk.
  - Establishment of Corporate Governance and Clinical Governance Committees
- In addition to the actions outlined above, in the coming year it is planned to:
- Extend risk awareness training for key staff and the Board
  - Introduce the new Risk Management Standard and develop systems and procedures to ensure compliance
  - Fully implement the Trusts risk register in a consolidated format and utilise as a basis for monitoring and review
  - Work towards achieving level two in the milestones for performance improvement as defined by the Department of Health

As Accountable Officer, I also have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control has taken account of the work of the internal auditors, and of the executive management team within the organisation who have responsibility for the development and maintenance of the internal control framework. I have also taken account of comments made by external auditors and other review bodies in their reports.



21 August, 2002  
Chief Executive Officer (on behalf of the Board)



If you have any questions, comments or queries arising from the content of this report, or wish to raise any issues relating to Liverpool Women's Hospital and Aintree Centre for Women's Health and the services they provide, please write to:

The Chief Executive  
**Liverpool Women's Hospital**  
Crown Street  
Liverpool  
L8 7SS

