We want Mayday to be the first choice in healthcare for local people, providing a range of quality services which the people of Croydon and the surrounding area actively choose
introduction by the chairman and chief executive

We want Mayday to be the first choice in healthcare for local people, providing a range of quality services which the people of Croydon and the surrounding area actively choose. This is the common cause which unites each member of staff in the Trust and this annual report goes some way towards demonstrating our progress this year. We believe that encouraging patients to choose local health services rather than opting to travel further afield is underpinned by three commitments.

One is a commitment to providing quality, accessible and appropriate health services that meet the specific needs of our local population. Two is a commitment to providing a working environment which encourages the best staff to join us, grow with us and stay with us. Three is a commitment to working and delivering health care in the most effective and sustainable way, offering the best value for the public money invested in us.

In terms of quality we are delighted to highlight a range of new and improved health services for local people this year including our new midwife-led birth unit and our new angioplasty service, which allows local people with certain heart problems to be seen and treated at Mayday rather than needing transfer to another hospital.

These are just two examples of new services this year but they amply demonstrate the dedication of staff across the Trust who work so hard to implement new ideas where they can see the benefits to local people. Each new or improved service relies on joint working between dozens of teams of staff; from doctors, nurses and therapists through to clerical staff and porters.

In terms of the way we worked this year Mayday has once again met most of the national patient care targets, despite considerable pressures on us. We began the year with a substantial financial problem and concerns about this led to our withdrawal from the application to become an NHS Foundation Trust. However, our clear focus on financial recovery which saw us improve services by reviewing our systems, eliminating waste and becoming more efficient has seen us end the year with a small financial surplus.

This concentration on our three commitments; to quality, to people and to the business is putting us in a much healthier position to address the challenges faced by health services (particularly those in London) over the next few years.

We would like to take this opportunity to thank everyone involved in our continuing success; our staff and volunteers, the charities, including The Friends of Mayday, who worked tirelessly for us, our partners in statutory and voluntary health and social service organisations and our patients and their families.
Mayday Healthcare NHS Trust was formed in 1993 and provides hospital-based health services for the people of Croydon and its neighbouring areas from four main sites:

- Mayday University Hospital in Thornton Heath
- Purley War Memorial Hospital, in Purley
- a Sickle Cell and Thalassemia Centre, in Croydon
- an Emergency Minor Treatment Centre in New Addington

Croydon is London's largest borough (of around 336,000) and has a transient, relatively young population with a high level of ethnic diversity. Our workforce reflects this diversity.

Mayday is a large provider with over 126,000 attendances per annum to its main A&E department, 262,000 new and follow up outpatient appointments and 74,000 day cases and inpatient admissions. 90% of this activity is commissioned by Croydon Primary Care Trust (CPCT), and there is a strong history of partnership working across the borough.

Mayday's is the second busiest single site Accident & Emergency department in London, and is situated in one of the more deprived boroughs in Croydon.

In 2006/07 the Trust had a turnover of £160 million, over 2,800 employees and a strong identity as the local hospitals of choice for Croydon people.

In the Healthcare Commission's Annual Health Check ratings published in October 2006 the Trust is rated as “Fair” for the quality of services and “Weak” for finances.
In 2005 the Trust agreed a form of words to outline a clear vision for Mayday. This vision is supported by a set of core values.

We want Mayday to be a great place in which to be treated and a great place to work.

Our vision is that people from Croydon and further afield will choose to come to Mayday and Purley because we provide them with the highest quality health care.

Our services will have a well-deserved reputation for being accessible, individualised and focused around the needs of patients. Furthermore they will be known to be effective because all of our practices will be based on the latest evidence.

Staff will actively choose to come and work at our hospitals because of this. They will each be allowed to reach their full potential in jobs which offer satisfaction and a working environment which fosters respect.

Patients will be fully involved in decisions about their treatment and able to make a valued contribution to decisions affecting the management of healthcare locally.

The environments within which we provide care will be safe, clean, attractive and appropriate for the 21st century.

We will take seriously our roles as guardians of public funds and will demonstrate value for money and prudent management of our resources.

Our values: To help us achieve this vision we are working towards a number of shared beliefs. We believe in putting patients at the heart of everything we do.

Furthermore we believe in:

- Mutual respect, equality of treatment and the consideration of others
- Working to achieve our full potential and supporting others in that aim
- Creating a sense of community at work
- Communication that is frank and honest yet sensitive
- Saying thank-you for a job well done
- Maintaining safe services and a safe environment

Work is ongoing to review the appropriateness of this vision and values statement.
Our objectives, agreed in 2006, were:

- To deliver high quality, value for money healthcare
- To improve links with partners and the local community
- To be an employer of choice

Mayday has made significant progress against all three of these objectives as it moves nearer to becoming the hospitals of first choice for the people of Croydon.

One primary objective is to deliver high quality patient care and this is measured in a range of ways, not the least being our achievement of key national and local access and quality indicators.

Mayday has a long history of achieving its key performance targets and this year was no exception. Of the 126,000 attendances at A&E last year, (which includes people using the Walk-In Centre), 98% of people were seen and admitted, treated or discharged within four hours, consistently meeting the national target.

No-one waiting for treatment as an in-patient or out-patient waits longer than the national standard and we are making progress towards the next set of national targets, including the 18 week referral to treatment target.

Of the 4,700 patients with planned admissions, no one had to wait longer than the national standard of 6 months. 96.9% of patients did not wait longer than 20 weeks (the target for March 2007 was 97% and was missed by 4 patients). Over 86,000 first out-patient appointments were referred to Mayday by a GP. No one had to wait longer than the national standard of 13 weeks before being seen at Mayday. 99.2% of patients did not wait longer than 11 weeks, the target for March 2007.

By 2008 no patient should wait more than 18 weeks from referral by their GP to the start of their treatment. To meet this challenge Mayday is already working with Croydon Primary Care Trust (CPCT) to improve its systems. By March 2008 85% of cases where patients are admitted for hospital treatment and 90% of those not resulting in an admission should be completed within 18 weeks. The Trust already has plans in place to achieve this challenging target and by the end of 2006/07 it was already meeting the target in 34% and 57% of cases respectively.

Waiting times for diagnostic procedures are already reducing. The national target was that all patients awaiting routine imaging procedures should be seen within 13 weeks by the end of March 2007. In the case of non-obstetric ultrasound scans the Imaging Department has already cut the waiting times from 22 weeks to 13 weeks and is now aiming for a maximum 5-6 week wait by March 2008. Additional investment in MRI saw the vast majority of patients scanned within 13 weeks (down from 30 weeks in January 2007). Only 11 patients waited more than 13 weeks.

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“Mayday has a long history of achieving its key performance targets and this year was no exception”
February 2007 were given an appointment within 48 hours. The milestone for this specialty was 70% by March 2007 and work is ongoing to see 100% of people within 48 hours by March 2008.

Patient selection, improved anaesthetic and pre-operative assessment has increased the Trust’s day surgery rate to 83%, placing it amongst the top performing Trusts in the country in this area. Daily efficiency meetings have improved productivity in our operating theatres which ensure a minimum utilisation rate of 85% of the session time available.

The Trust has been very successful in meeting its target for cancellations on the day of surgery. Only 0.2% had to be deferred in this way for non-clinical reasons and all but a very few were rescheduled within 28 days.

All Trust cancer targets were met. 99.9% of all people with suspected cancer were seen within two weeks of their referral being received at the cancer centre. 99.7% of people who went on to be diagnosed with cancer started their treatment within a month of that diagnosis. 97.3% of all people referred to us with suspected cancer had their treatment started in less than two months from urgent referral by their GP.

The Trust is working towards achieving its target of halving the number of MRSA (Methicillin Resistant Staphylococcus Aureus) bloodstream infections by 2008. The Trust has seen a reduction year on year of 27% in MRSA cases. However, in absolute numbers, the recorded number of MRSA blood stream infections at Mayday was 42, against a target of 36.

This is an ongoing challenge for the Trust and we are implementing further measures to reduce cases of MRSA.

The percentage of complaints to which we respond within the 25 day standard has improved to 93% for the year. This was up from around 76% last year due to efforts from all departments. The Trust is also concentrating on the quality of these responses to ensure that fewer complaints are returned for further investigation.

Many of these indicators are part of the Healthcare Commission’s annual health check. The definition and calculation method and the Commission’s full ratings can be found on their website www.healthcarecommission.org.uk.

“The Trust is working towards achieving its target of halving the number of MRSA (Methicillin Resistant Staphylococcus Aureus) bloodstream infections by 2008. The Trust has seen a reduction year on year of 27% in MRSA cases. However, in absolute numbers, the recorded number of MRSA blood stream infections at Mayday was 42, against a target of 36”
It is a key objective of ours to join the growing number of high quality Trusts which have achieved NHS Foundation Trust status. Last year we withdrew from the application process because of our financial performance (see below). Since then we have been successfully completing an action plan aimed at preparing us to become a Foundation Trust by 2009.

The action plan has centred on controlling our finances but has also included:

- An overhaul of our governance arrangements (see page 13)
- The strengthening of the Trust Board with the appointment of a number of new Executive and Non-Executive Directors
- A programme of tactical service redesign
- Improved communications and engagement with our stakeholders

Furthermore the Trust has begun to seriously address a number of business issues including, for the first time, a new focus on the concept of "market share", in particular looking at the number of Croydon patients who use our services in preference to other hospitals in the locality.

Throughout this report there is evidence of new or improved services which have been developed in order to ensure that local people are continuing to use their local hospital (for instance our new birth centre) and that, wherever possible, patients who previously travelled outside of the Borough can now access their care locally (e.g. for angioplasty).

These developments are partly coming about because of an improved understanding about what patients and commissioners want from us. This is being achieved through improved relationships with General Practitioners and strategic engagement with the locality’s two Practice-Based Commissioning Groups.

We have supported this work through the appointment of a Director of Strategy and a small team dedicated to bridging the link between GPs and the Trust. This has led to the joint redesign of a number of patient pathways including those for endoscopy and gynaecomastia. A new monthly Mayday GP newsletter has been launched and a programme of open evenings for GPs is underway.

The Trust is also working on a positive response to the publication of NHS London’s report into the future of health services in London.

Mayday has already joined with other acute Trusts in South West London in a strategy group taking a collaborative approach to shared problems. In advance of the publication of Professor the Lord Ara Darzi’s Healthcare for London report which criticised the provision of services for people with strokes, the group has already been working on
developments which include Mayday starting to offer local thrombolysis (clot-busting drugs) from August 2007.

Mayday is also developing an estates strategy, to support the achievement of its corporate objectives, and this will ensure we have the appropriate quantity of high quality buildings and facilities to continue providing 21st century healthcare.

It is a key priority of ours to deliver financial balance and to ensure that our financial recovery is sustainable. In 2005/2006 we had ended the year with a £5.8 million deficit and this led to the introduction of a rigorous recovery plan aimed at ensuring we did not overspend this year and that we could repay some of our historic debt. This meant delivering a £7.8 million savings programme.

That we ended this financial year 2006/2007 with a £122,000 surplus is testament to the hard work of many people and the seriousness with which the whole Trust took its responsibilities to manage public money appropriately.

Compared with 2005/2006, income rose by 3.0% whilst operating expenditure fell by 0.4%. Whilst maintaining tight financial control the Trust has been able to invest £5.7 million capital in the following projects:

- £1.9 million in new accommodation on the old Queen’s Hospital site
- £0.4 million in new colposcopy facilities
- £0.2 million in a midwifery led unit
- £1.8 million in improvements to the fabric of the building including health & safety works
- £0.7 million in Information Technology
- £0.5 million on medical equipment
- £0.2 million on an extension to the Renal Unit

The Trust will continue to earmark resources for health and safety and fire safety improvements.

The Trust’s spend on management for 2006/2007 of £6,269,000 was 3% higher than that in 2005/06, but this was in line with nationally agreed pay awards and Agenda for Change incremental increases. The Trust’s Recovery Plan for 2007/08 includes a planned reduction of £500,000 in management costs.

The average number of staff employed by the Trust in 2006/07 was 2,865 Full Time Equivalents compared to 3,020 in 2005/06 - representing a 5.1% overall decrease. This was achieved pri-
mainly through service improvements, a large reduction in the use of temporary staff and rigorous vacancy control. The Trust managed to achieve this reduction with very few redundancies. Displaced staff were, in the main, re-deployed into vacancies or into the newly created Nurse Bureau.

The Trust’s Board of Directors maintain a risk register for the Trust, in order to identify risks, assess the effectiveness of the controls to address them and take actions to reduce weaknesses in controls. The Board has identified a number of risks that may affect its strategies and development:

- If the Trust does not succeed with its financial recovery plan in 07/08.
- If the Trust loses activity and therefore income through patient choice
- If failures in infrastructure and estate cause negative patient experience

Equity in the Trust is held entirely by the Treasury in the form of Public Dividend Capital (PDC). Each year the Trust must make a ‘dividend’ payment to the Treasury equal to 3.5% of the value of its average net assets. This percentage can be varied by the Treasury.

To finance a shortfall in working capital resulting from over-spend in previous years the Trust obtained a three year loan of £11m from the Department of Health at 5.5% interest.

The Trust applies accounting policies set for it by the Department of Health (DH). There were no judgements made in accounting policy that had any material impact in 2006/7.
In the financial year 2006/2007 Mayday continued to build on the three main corporate objectives described on page 4.

Mayday has spent much of the year finding innovative and more efficient ways of delivering the services for which we have become justly renowned. Wherever possible we have improved the quality of these services either by making them more accessible or by enhancing the experience for our patients. We have also developed new services, particularly where these mean that local people do not have to travel outside of the borough.

New services....

Following the successful recruitment of two consultant cardiologists the Cardiology Department has, from April 2006, been providing a local angioplasty service for Croydon residents. In the past, patients who were diagnosed with narrowed arteries following a diagnostic angiogram would have been referred to a specialist centre elsewhere in South London. However, they can now proceed directly to an angioplasty following their angiogram. A small inflatable balloon is passed into an artery via the patient's groin or arm and guided to the blocked section of the coronary artery. The balloon is then gently inflated so that it squashes the fatty tissue and widens the artery. The catheter usually contains a 'stent' which is a short tube of stainless-steel mesh. As the balloon is inflated, the stent expands so that it holds open the narrowed blood vessel. The balloon is then let down and removed, leaving the stent in place. At the end of its first year, the Cardiology Department is on target to treat 400 patients in this way. This service has reduced the length of time patients have traditionally waited in hospital for transfer to another hospital, as well as improving the quality of care and provision of local services for Croydon residents.

In August 2006, an acute stroke assessment and treatment facility was set up in the Jubilee Wing at Mayday. It consists of 12 beds alongside the existing rehabilita-
tion and neuro-rehabilitation beds. All patients with a diagnosis of stroke or suspected stroke following assessment in our accident and emergency department are admitted directly to this new unit for assessment and treatment by members of the multidisciplinary team involved in stroke care.

In order to support the team, a nurse practitioner for stroke care was appointed to provide ward leadership and management, expert clinical advice and guidance to ward staff.

During the year a rapid access Transient Ischaemic Attack (TIA) service has been set up. A TIA causes symptoms similar to a stroke - but symptoms last less than 24 hours. The most common cause is due to a tiny blood clot.

The clinic has helped to reduce waiting times for TIA patients and is in accordance with Royal College of Physician guidelines. It is a ward based service providing flexibility to see patients with acute illness with input from members of the stroke specialist team.

A therapeutic garden was opened in the grounds adjacent to the stroke ward. This garden was commissioned and funded by the Friends of Mayday. It is designed so that it can be used by patients during the rehabilitation part of their programme e.g. for practising outdoor mobility.

Following a successful bid for £253,000 from the Strategic Health Authority, work started in January 2006 to refurbish Felicity Ward East as a midwifery-led unit. The Mayday Birth Centre has been developed to offer healthy women with uncomplicated pregnancies real choice with regards to their place of birth and choice of analgesia in labour.

The centre has an emphasis on a hotel like theme and all clinical equipment is kept to a minimum. Five of the rooms have en suite toilet facilities whilst the other two rooms share bathroom and toilet facilities between them. There are three plumbed-in birth pools and all the midwives on the birth centre are happy to facilitate water birth. The centre opened to women on 30th August 2006 and the first baby was born on 31st August 2006. By April 2007 324 babies had been delivered in the birth centre and it is expected that between 600 and 1,000 babies will be born at the centre in a full year.

The Elizabeth Ward Renal Dialysis Unit was expanded by 9 dialysis stations this year which has led to an increase in the number of local people who can be treated in Croydon, rather than having to attend for dialysis further afield.

New ways of doing things....

Our occupational therapists have introduced a Rapid Response Service, which sees them reviewing all referrals on a daily basis.
They can then rapidly take on any patient who can be seen and discharged more quickly, handing over patients who need more intensive intervention to the ward-based occupational therapists.

This process has speeded up access to occupational therapy services and reduced unnecessary delays for these patients.

Our occupational therapy department retained its Charter Mark for the third year running following a period of continuous assessment.

In August 2006 physiotherapists introduced a week-end service into orthopaedics. This was to support easier and faster discharge over the weekend. Audits have shown this new service markedly reduced the length of time patients stayed in hospital (66 bed days were saved in a two month period).

In October 2006 Mayday introduced a new way of supporting pregnant teenagers. A team of six midwives now looks after this often vulnerable client group in a more holistic way.

A named midwife follows the care of an individual teenager (18 or under) through the ante-natal, labour and post-natal period.

The midwives provide additional support, looking after the mental, social and emotional well-being of their clients. Between October and March 77 clients used this service and the named midwife was able to attend the birth in 85% of cases.

The service improves the care available to this group and establishes a bond of trust between client and midwife which has seen young people more likely to use the services available.

In a full year it is expected that around 140 teenagers will use this new service.

**Becoming more efficient...**

Additional investment and improved booking in Endoscopy has reduced the waiting time to six weeks for routine patients and two weeks for urgent patients.

In addition the unit scored "A" in all areas of the Global Rating Score Assessment in
October 2006. This success has enabled the Trust to put forward a strong bid to become a second wave Bowel Screening Centre.

To reduce delayed discharges, increase access and reduce non clinical transfers, the Trust has implemented a protocol which improves the discharge of patients from ITU / HDU to the medical wards.

The percentage of patients transferred within 3 hours has increased from 35% to 60% since its introduction in August 2006.

This, together with the outreach service has helped to reduce the occupancy rate in ITU / HDU by over 5% compared to the previous year.

Our cancer services were peer reviewed in June 2006 and received a favourable report. An action plan was agreed following this to ensure that required improvements were taken forward. The Cancer Team developed a Cancer Strategy which was approved by the Trust board in November 2006.

This has now moved onto the next stage of negotiating improvements to Mayday’s cancer services for the future.

“Endoscopy has reduced the waiting time to six weeks for routine patients and two weeks for urgent patients”
Ensuring good governance...

In 2006 the Trust established a new governance framework to ensure governance arrangements are embedded within the organisation. The arrangements have strengthened the accountability and integration of the existing internal arrangements and provided a clear alignment to the Standards for Better Health. The Governance Committee has played a central role in reinforcing and embedding the new structure.

The Assurance Framework has been developed to focus on the Trust’s three strategic objectives within the Trust’s Business Plan. The risks to these objectives have been mapped directly from the corporate risk register to the Assurance Framework.

The corporate risk register has provided the Trust Board with confidence that the corporate and strategic risks are being managed appropriately at every level of the organisation and that acceptable controls are in place and operating effectively. During 2006/07 the Governance Committee ensured the risk register was updated and reviewed in partnership with executive directors, general managers and internal audit.

The Environmental, Clinical and Information Governance Committees have met bi-monthly. Each of the Committees is chaired by an Executive Director with Non-executive Director representation as support.

The Trust places great emphasis on the safety of its patients and is committed to ensuring appropriate systems, checks and balances are in place. The Clinical Governance Committee has put in place regular reporting procedures to ensure governance in key areas including:

- Clinical Governance half days
- National Service Frameworks
- NICE implementation
- Incident reporting
- Patient safety
- Medicines management.

The Environmental Governance Committee has put in place regular reporting procedures for each of its sub-committees. These have included a review of the terms of reference and clarification of the scope of each group to ensure assurances are given regarding compliance with the Core Standards and other areas of best practice.

The Information Governance Committee achievements for 2006/7 include: establishing a forum for discussing essential issues regarding the Trust’s obligations towards information governance compliance; raising the profile Trust-wide of information governance issues; producing an Information Governance Risk Register; providing a reporting mechanism for sub-committees.

“In 2006 the Trust established a new governance framework to ensure governance arrangements are embedded within the organisation”
The Environment and our estate...

There has been a continued programme of refurbishment of our existing facilities including redecorating four London Wing wards and the Rupert Bear children’s ward, improving the public toilets and the new Birth Centre. Parts of the hospital’s service road were resurfaced with additional pathways created and road barriers installed to help control the speed and access of traffic around the site. Despite this intensive programme of works the Trust has a £18m maintenance backlog which is being addressed in gradual stages.

Work was carried out in plant rooms and the hospital subway to make plant and equipment safer and more energy efficient. Energy efficient lights are now fitted as standard and a Winter Temperature policy was introduced to establish minimum heating levels for wards, departments and offices. This has enabled heating and energy costs to be more carefully controlled. The Trust’s second Combined Heat and Power boiler became operational, using only one fuel source to generate both electricity and hot water for heating thus improving energy efficiency and helping the environment.

New contracts have been let for clinical and non-clinical waste, improving segregation and manual handling and helping to achieve compliance towards the latest waste regulations.

The Trust’s PEAT score (Patient Environment Action Team) remained ‘good’ and we maintained a National Cleanliness score of 91%. An environmental clean was carried out in the medical and elderly care wards to help minimise the risk of infection and all wards have had macerators installed so that disposable bedpans can now be used.

Whilst Purley Hospital has continued to be used for Outpatient clinics, the outside of the building was redecorated and additional works were carried out inside to improve the environment for patients and staff, relocating the Physiotherapy department to the ground floor. A silver ionisation unit has been installed to prevent legionella in the water systems.

The Trust has recently introduced a system for recycling non-confidential paperwork, cardboard and plastic to the main office areas.

Mayday is fully compliant with DH guidelines for major incident planning. All aspects of the plan have been tested including partnership working with other agencies. Training has been given to relevant personnel and the plan is readily available on the staff intranet.
Mayday recognises that its success in being people's first choice for local health care will depend to a great extent on having committed, well informed teams of staff who feel thoroughly engaged in decisions around their working lives.

The diversity of Mayday's staff reflects the diversity of the local population and this undoubtedly contributes to the quality of the services we provide. Mayday employs over 2,800 staff, 26% in part time posts. In addition there are 350 nursing staff who work on our bank of temporary staff. The Trust also benefits from the time and commitment of around 250 active volunteers. Around 80% of our staff are female. 32% of our staff are over 50 and 7% over 60. Of those staff who declared an ethnic origin, around 50% described themselves as white with African and Indian as the two next largest ethnic groups (10% and 9% respectively).

The Trust published its Disability Equality Scheme in December 2006 and through partnership with Croydon Disability Forum and Status Employment has involved disabled people in the ongoing assessment of policies and future activities. The Trust has a number of policies which incorporate the ethos and requirements of an equal opportunities employer. The policies include the Dignity at Work (Harassment & Bullying) Policy and Procedure and the Attitude, Behaviour, Communication Standards Policy.

Every six months the Trust’s Recruitment statistics are analysed and a report is published on the internet. On an annual basis the workforce profile is published on the internet and is reviewed by the People and Organisation Development Committee - a sub committee of the Board.

Weekly updates are sent to all staff via email supported by further information on the intranet. A quarterly staff magazine is published to all wards and departments, supplemented by specific briefings as appropriate (e.g. a regular briefing on financial turnaround was issued this year).

There are monthly staff briefings which are open to all staff and hosted by the Executive Team. These briefings provide a forum for general updates as well as for dialogue with questions and answers which are noted and published on the intranet. Team briefings also take place on a monthly basis which cover corporate news but also allow for local items.

A new Trade Union Recognition Agreement including partnership principles was jointly agreed this year and established a requirement for regular reviews of the operation of the partnership. Regular monthly meetings take place of the Joint Staff Consultative Committee and these are supplemented by bi-monthly operational meetings as well as specialist committees such as Terms and Conditions, Health and Safety etc.
Several significant changes have been subject to formal consultation this year, including the closure of Bensham 2 ward, the reconfiguration of the Emergency Assessment Unit, the adoption of long day rotas for nursing personnel and the review of the management structure.

As well as holding meetings and providing hard copies of documentation, the information and proposals were also lodged on the staff intranet. Letters were also provided for those personally affected along with access to staff side and HR representation.

In the 2006 national NHS Staff Survey the Trust scored above average for acute trusts in England in 16 areas and of these the score in 9 categories put Mayday in the top 20% of acute trusts.

The trust was average in 7 key areas and in 5 areas the trust score was below average for acute trusts in England.

Compared with last year, Mayday scores have significantly improved in 9 key areas and in the remaining key areas the scores have either remained the same or not changed significantly.

This is an indication of the work which is continuing since our award of Improving Working Lives Practice Plus in 2005.

Areas of significant improvement include overall job satisfaction, the quality of job design and the number of staff receiving appraisals.

Areas where the Trust remains below average include the number of staff receiving training opportunities and the number of staff experiencing bullying and harassment from patients and relatives.

An action plan relating to all these issues is currently being implemented.
Information Technology

NHS Connecting for Health (NHS CfH) have recognised Mayday as being consistently in the forefront of using IT to improve patient care. NHS CfH selected Mayday to be the pilot site for London for a Picture Archive Communications System (PACS), and Choose and Book.

PACS enables x-rays to be captured and manipulated digitally and be available immediately 24 hours a day anywhere in the hospital. Choose and Book lets patients book appointments at Mayday from the GP's surgery at a time and date of their choice. This is proving to be very popular with our patients as the number of electronic bookings is constantly increasing.

This year NHS CfH has nominated Mayday as the pilot site for the Right Patient - Right Blood project within the National Programme for IT. This project seeks to evaluate innovative uses of technology making the process of receiving blood transfusions safer. Our proposal to use Radio Frequency Identification and Wireless Fidelity to identify patients, blood products, and to track their whereabouts in real time, was deemed to offer significant improvements over current practice. Our findings will be shared with colleagues in the NHS to make the process of receiving blood safer everywhere.

This technology will also be used to improve patient safety throughout the hospital by allowing us to keep track of medical equipment, locate confused patients, protect babies and allow staff to instantly communicate with each other.

In the summer of 2007 we installed an electronic Theatre Management System which automates patient and surgical team scheduling and tracking to ensure all our theatres are fully utilised. It will prevent cancellation of operations due to equipment being allocated to two different theatres at the same time and also stop the practice of over booking which causes lists to over-run resulting in operations being cancelled. We will therefore be able to reduce delays, maximise the use of resources and operate on more patients.

It is a fact of life that patients in hospitals are at a higher risk of picking up infections on the wards. This happens because patients tend to be older, sicker and weaker than the general population and conditions in hospitals are the perfect environment for the transmission of all manner of infections; of particular concern are the “superbugs” MRSA and Clostridium Difficile.

To help support the activities of infection control and the infection control team a computerised system which will collate, analyse and report on infection rates is being introduced in the summer. This will assist in the reduction of hospital acquired infections.

Our clinical staff have been able to electronically order tests and receive results for many years. This year we have started to provide the same service to our local GPs and 35% of GP practices are trained to use the system. The increasing number of electronic GP orders in Mayday’s Pathology and Radiology Departments will significantly improve our turnaround times in getting results and reports back to the GPs. Patients will benefit by not needlessly being bled for a second time due to being misidentified.
To support the achievement of the three objectives outlined on page 4 we have set a number of corporate objectives for 2007/08:

<table>
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<tr>
<th>A. Delivery of high quality care:</th>
<th>B. Making the most effective use of the resources:</th>
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<tbody>
<tr>
<td>☐ Achieving government targets and Healthcare Commission standards</td>
<td>☐ Development and delivery of high quality deliverable financial recovery programme</td>
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<tr>
<td>☐ Setting and achieving local targets for quality and patient safety improvement and developing a strong national position on patient safety and quality benchmark indicators</td>
<td>☐ Implementing cost effective models of service delivery and achieving a strong national position on productivity indicators</td>
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<tr>
<td>☐ Year on year improvement of patient experience of service delivery at Mayday</td>
<td>☐ Ensure income received for all activity carried out</td>
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<td>☐ Providing a high quality, local setting for service delivery</td>
<td>☐ Effective utilisation of the estate to support service delivery and best value financial performance</td>
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<tr>
<td>☐ Ensuring effective internal systems, processes and information in place to encourage and enable patient choice</td>
<td>☐ The appropriate number of staff with the right skills and attitude in the right place</td>
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<th>C. Understanding the business and developing profitable service provision:</th>
<th>D. Caring for people and developing the organisation to become fit for purpose as a Foundation Trust. This will include the development of:</th>
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<tbody>
<tr>
<td>☐ Ensuring service provision is competitive where required</td>
<td>☐ Directorates as individual business units</td>
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<tr>
<td>☐ Undertake joint working with a range of local providers to support the delivery of high quality cost effective services</td>
<td>☐ Skills and capability of staff at every level to manage in the new environment</td>
</tr>
<tr>
<td>☐ Working with GPs and practice-based commissioning groups to develop high quality care pathways to secure referrals into Mayday</td>
<td>☐ Information reporting and processes at Trust Board and every level throughout the organisation</td>
</tr>
<tr>
<td>☐ Tailoring service provision to the specific health needs of the local population</td>
<td>☐ High levels of engagement in Trust decision-making from all staff groups and high levels of staff satisfaction</td>
</tr>
<tr>
<td></td>
<td>☐ A culture that promotes diversity and social inclusion</td>
</tr>
</tbody>
</table>
Foreword to the summarised accounts

The summary financial statements set out on pages 21 to 26 are a summary of the information published in the full accounts for the year ended 31st March 2007 and they reflect the fully audited position.

These accounts for the year ended 31st March 2007 have been prepared by Mayday Healthcare NHS Trust under Section 98(2) of the National Health Service Act 1977 (as amended by Section 24(2), Schedule 2 of the National Health Service and Community Care Act 1990) in the form which the Secretary of State has, with the approval of the Treasury, directed.

2.1 Statement of the Chief Executive’s responsibilities as the Accountable Officer of the Trust

The Secretary of State has directed that the Chief Executive should be the Accountable Officer to the Trust. The relevant responsibilities of Accountable Officers, including their responsibility for the propriety and regularity of the public finances for which they are answerable, and for the keeping of proper records, are set out in the Accountable Officers’ Memorandum issued by the Department of Health.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in my letter of appointment as an Accountable Officer.

Helen Walley
Chief Executive
31st August 2007

Statement of Directors’ responsibilities in respect of the accounts

The directors are required under the National Health Services Act 1977 to prepare accounts for each financial year. The Secretary of State, with the approval of the Treasury, directs that these accounts give a true and fair view of the state of affairs of the Trust and of the income and expenditure of the Trust for that period. In preparing those accounts, the directors are required to:-

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

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

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

By order of the Board

Helen Walley
Chief Executive
31st August 2007

Tony Leonard
Director of Finance
31st August 2007
Independent auditor's report to the Directors of the Board of Mayday Healthcare NHS Trust

I have examined the summary financial statement which comprises the income and expenditure account, cashflow statement and statement of recognised gains and losses for the year ended 31 March 2007 and the balance sheet as at 31 March 2007.

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

Respective responsibilities of directors and auditors

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

Basis of opinion

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

Opinion

In my opinion the summary financial statements are consistent with the statutory financial statements of the Trust for the year ended 31 March 2007.

Philip Johnstone
District Auditor
Audit Commission
1st Floor Millbank Tower
Millbank
London
SW1P 4QH
31 August 2007

Statement of Internal Control 2006/07

Scope of responsibility

The Board is accountable for internal control. As Accountable Officer, and Chief Executive of this Board, I have responsibility for maintaining a sound system of internal control that supports the achievement of the organisation's policies, aims and objectives. I also have responsibility for safeguarding the public funds and the organisation's assets for which I am personally responsible, as set out in the Accountable Officer Memorandum.

As Chief Executive I have overall responsibility for the governance process across the Trust. This includes a responsibility for ensuring that processes are in place to enable identification and management of current risk and anticipation of future risk.

The NHS London is responsible for the performance management of the Trust. A formal process is in place to report and discuss performance and achievements of Trust objectives, including reporting of serious untoward incidents and actions taken to identify root causes are subject to formal processes.

The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to:

- identify and prioritise the risks to the achievement of the organisation's policies, aims and objectives
- evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically.

The system of internal control has been in place in Mayday Healthcare NHS Trust for the year ended 31 March 2007 and up to the date of approval of the annual report and accounts.

Capacity to handle risk

The Trust has in place an integrated governance framework, incorporating risk management, which is designed to assimilate the three separate strands of risks, i.e. financial, organisation and clinical, with an approach to manage them in a seamless
and holistic way.

The governance framework further sets out the key roles and responsibilities of the Trust Board, its sub-committees, the Executive Directors, Managers and all employees within the organisation in respect of risk management.

The Healthcare Governance Support Unit provides essential risk management support and training to all staff. All significant risks, identified through the local incident reporting system and risk assessments, are placed on the Trust Corporate Risk Register and reviewed appropriately.

The Director of Finance and Information and the Medical Director have delegated authority to manage financial, non-clinical and clinical risk respectively. Both are supported by the Head of Risk Management to implement both non-clinical and clinical risk management programmes across the Trust. Adverse event reporting information is shared widely through local clinical governance forums and newsletters, particularly through the monthly clinical governance half days.

**The risk and control framework**

All risks are identified, analysed, evaluated, and controlled through the Trust IRIS (Incident Reporting and Information System), the risk assessment reviews, clinical audits and other clinical and non-clinical reviews.

All significant risks are subsequently populated into the departmental and corporate risk register, which forms the basis of the business planning and clinical care management process.

The Trust Assurance Framework 2006/07 was reviewed and revised to clearly link risks with corporate objectives and to the Standards for Better Health. It sets out the corporate objectives and the principal risks against achieving them. It details the key controls, sources of assurance and any gaps therein. Additionally, the Assurance Framework is cross-referenced with the Corporate Risk Register to ensure that all risks faced by the Trust are managed seamlessly.

The Trust Assurance Framework was reviewed by the Strategy Committee, Governance Committee and Trust Board during the course of the year. The Assurance Framework identifies some gaps in controls for risks including lack of national guidance for decolonisation and screening of high risk patients and lack of side wards/isolation areas for emergency. The Assurance Framework sets out the actions to fill the gaps identified.

Section 11 of the Health and Social Care Act 2001 places a duty on the NHS to consult and involve patients and the public in the planning and development of health services and in making decisions affecting the way those services operate. The Trust has continued to strengthen closer working relationships with the public stakeholders, for example the Patient and Public Involvement Forum, with the aim of providing information about issues relating to service provision. This is done through an environment of openness, transparency and accessibility in order to allow the public to engage with the Trust to make service improvements.

As an employer with staff entitled to membership of the NHS Pension scheme, control measures are in place to ensure all employer obligations contained within the Scheme regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments into the Scheme are in accordance with the Scheme rules, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations.

**Standards for Better Health**

For the 2006/07 declaration of compliance with the Standards of Better Health the Trust is reasonably assured, following comments from the Strategic Health Authority, the PPI Forum and Croydon Council's Overview and Scrutiny Committee on the Trust's performance, that there have been no significant lapses in meeting the core standards with the exception of standard C4c in 2006/7.

In 2005/06 the Trust declared non-compliance with standard C4c which states that 'Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that all reusable medical devices are properly decontaminated prior to use and that all risks associated with decontamination facilities and processes are well managed'. The Trust developed an action plan which was completed and signed off by the Executive Team on the 29th June 2006. Therefore, the Trust was not compliant for the period April to June 2006 and by implication for the full year 2006/07.

Mayday Healthcare NHS Trust recognises that the Health Act 2006 introduced a statutory duty on NHS organisations from October 1st 2006 to observe the Code of Practice on Healthcare Associated Infections. As a result the Board has reviewed its
arrangements and is assured that it has suitable systems in place to ensure that the code is being observed at this Trust.

There is also a plan in place, for the continual improvement of the developmental standards for safety and clinical and cost effectiveness, monitored by the Governance Committee.

As Accountable Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review is informed in a number of ways. The Head of Internal Audit provides me with an opinion on the overall arrangements for gaining assurance through the Assurance Framework and on the controls reviewed as part of the internal audit work.

Executive Managers within the organisation who have responsibility for the development and maintenance of the system of internal control provide me with assurance. The Assurance Framework itself provides me with evidence that the effectiveness of controls that manage the risks to the organisation achieving its principal objectives have been reviewed. My review is also informed by:

- Successful CNST General Level 2 and Maternity Level 3 accreditation
- Data Quality Review by the Audit Commission
- Acute Hospital Portfolio
- Baseline assessment on the Information Governance Framework
- Internal Audit reviews of the Trust’s Assurance Framework and systems of internal control
- Financial reviews by external consultants
- Overall compliance with core and developmental Standards for Better Health

I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Head of Internal Audit’s Report.

The Trust Board has continued to develop its Assurance Framework and this has been regularly reviewed by the Board sub-committees. The Audit Committee reviews the overall approach to risk management and receives advice from Internal Audit as appropriate. The Governance Committee scrutinises and monitors all key activities of the operational sub-committees and reports to the Board.

The Trust’s risk management arrangements have identified that the main significant risk faced by the Trust is its ability to generate surpluses over the next 3 years to repay its £11m loan to the DoH.

The 3 year financial plan for 2007/08 therefore identifies the necessary actions to deliver this target and monitoring arrangements are in place to ensure delivery.

On behalf of the Board

Helen Walley
Chief Executive

31st August 2007
## Balance Sheet as at 31 March 2007

<table>
<thead>
<tr>
<th></th>
<th>31/03/07</th>
<th>31/03/06</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Fixed Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intangible assets</td>
<td>649</td>
<td>498</td>
</tr>
<tr>
<td>Tangible assets</td>
<td>158,219</td>
<td>148,366</td>
</tr>
<tr>
<td><strong>Total Fixed Assets</strong></td>
<td>158,868</td>
<td>148,864</td>
</tr>
<tr>
<td><strong>Current Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stocks &amp; works in progress</td>
<td>1,995</td>
<td>1,907</td>
</tr>
<tr>
<td>Debtors falling due after one year</td>
<td>5,927</td>
<td>5,963</td>
</tr>
<tr>
<td>Cash at bank and in hand</td>
<td>49</td>
<td>49</td>
</tr>
<tr>
<td><strong>Total Current Assets</strong></td>
<td>7,971</td>
<td>7,919</td>
</tr>
<tr>
<td><strong>Creditors</strong>: amounts falling due within one year</td>
<td>(19,403)</td>
<td>(16,679)</td>
</tr>
<tr>
<td><strong>Net Current Assets (Liabilities)</strong></td>
<td>(11,432)</td>
<td>(8,760)</td>
</tr>
<tr>
<td><strong>Total Assets Less Current Liabilities</strong></td>
<td>147,436</td>
<td>140,104</td>
</tr>
<tr>
<td><strong>Creditors</strong>: amounts falling due after more than one year</td>
<td>(7,334)</td>
<td>0</td>
</tr>
<tr>
<td><strong>Provisions for Liabilities and Charges</strong></td>
<td>(1,338)</td>
<td>(2,386)</td>
</tr>
<tr>
<td><strong>Total Assets Employed</strong></td>
<td>138,764</td>
<td>137,718</td>
</tr>
<tr>
<td><strong>Financed By:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Taxpayers’ Equity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public dividend capital</td>
<td>56,277</td>
<td>65,717</td>
</tr>
<tr>
<td>Revaluation reserve</td>
<td>86,481</td>
<td>76,418</td>
</tr>
<tr>
<td>Donation reserve</td>
<td>5,189</td>
<td>4,888</td>
</tr>
<tr>
<td>Income and expenditure reserve</td>
<td>(9,183)</td>
<td>(9,305)</td>
</tr>
<tr>
<td><strong>Total Taxpayers’ Equity</strong></td>
<td>138,764</td>
<td>137,718</td>
</tr>
</tbody>
</table>

## Income and Expenditure for the year ended 31st March 2007

<table>
<thead>
<tr>
<th></th>
<th>2006/07</th>
<th>2005/06</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Income from activities</strong></td>
<td>155,481</td>
<td>148,453</td>
</tr>
<tr>
<td><strong>Other Operating Income</strong></td>
<td>10,549</td>
<td>12,649</td>
</tr>
<tr>
<td><strong>Operating Expenses</strong></td>
<td>(161,783)</td>
<td>(162,330)</td>
</tr>
<tr>
<td><strong>OPERATING SURPLUS (DEFICIT)</strong></td>
<td>4,247</td>
<td>(1,228)</td>
</tr>
<tr>
<td>Profit/(Loss) on disposal of fixed assets</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>SURPLUS (DEFICIT) BEFORE INTEREST</strong></td>
<td>4,247</td>
<td>(1,228)</td>
</tr>
<tr>
<td>Interest receivable</td>
<td>252</td>
<td>286</td>
</tr>
<tr>
<td>Interest payable</td>
<td>(15)</td>
<td>0</td>
</tr>
<tr>
<td>Other finance costs - unwinding of discount</td>
<td>(26)</td>
<td>(30)</td>
</tr>
<tr>
<td>Other finance costs - change in discount rate on provisions</td>
<td>0</td>
<td>(123)</td>
</tr>
<tr>
<td><strong>SURPLUS (DEFICIT) FOR THE YEAR</strong></td>
<td>4,458</td>
<td>(1,095)</td>
</tr>
<tr>
<td>Public dividends payable</td>
<td>(4,336)</td>
<td>(4,752)</td>
</tr>
<tr>
<td><strong>RETAIENED SURPLUS (DEFICIT) FOR THE YEAR</strong></td>
<td>122</td>
<td>(5,847)</td>
</tr>
</tbody>
</table>
Cash flow statement for the year ended 31st March 2007

<table>
<thead>
<tr>
<th>Section</th>
<th>2006/07</th>
<th>2005/06</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>OPERATING ACTIVITIES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net cash inflow from operating activities</td>
<td>8,244</td>
<td>5,700</td>
</tr>
<tr>
<td><strong>RETURN ON INVESTMENTS AND SERVICING OF FINANCE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interest received</td>
<td>258</td>
<td>286</td>
</tr>
<tr>
<td>Interest paid</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Net cash inflow /outflow from returns on investments and servicing of finance</td>
<td>258</td>
<td>286</td>
</tr>
<tr>
<td><strong>CAPITAL EXPENDITURE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Payments) to acquire tangible fixed assets</td>
<td>(5,377)</td>
<td>(6,129)</td>
</tr>
<tr>
<td>(Payments) to acquire intangible assets</td>
<td>(349)</td>
<td>(72)</td>
</tr>
<tr>
<td>Net cash inflow /outflow from capital expenditure</td>
<td>(5,726)</td>
<td>(6,201)</td>
</tr>
<tr>
<td><strong>DIVIDENDS PAID</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net cash inflow /outflow before management of liquid resources and financing</td>
<td>(4,336)</td>
<td>(4,752)</td>
</tr>
<tr>
<td><strong>MANAGEMENT OF LIQUID RESOURCES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Purchase) of current asset investment</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Sale of current asset investments</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Net cash inflow /outflow from management of liquid resources</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Net cash inflow /outflow before financing</td>
<td>(1,560)</td>
<td>(4,967)</td>
</tr>
<tr>
<td><strong>FINANCING</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public dividend capital received</td>
<td>0</td>
<td>4,967</td>
</tr>
<tr>
<td>Public dividend capital repaid (not previously accrued)</td>
<td>(9,440)</td>
<td>0</td>
</tr>
<tr>
<td>Loans received from DH</td>
<td>11,000</td>
<td>0</td>
</tr>
<tr>
<td>Net cash inflow /outflow from financing</td>
<td>1,560</td>
<td>4,967</td>
</tr>
<tr>
<td>Increase/(decrease) in cash</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
Statement of total recognised gains and losses for the year ended 31st March 2007

<table>
<thead>
<tr>
<th></th>
<th>2006/07 £000</th>
<th>2005/06 £000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surplus/(deficit) for the financial year before dividend payments</td>
<td>4,458</td>
<td>(1,095)</td>
</tr>
<tr>
<td>Unrealised surplus on fixed asset revaluations/indexation</td>
<td>10,351</td>
<td>4,859</td>
</tr>
<tr>
<td>Increases in the donated asset and government grant reserve due to receipt of donated and government grant financed assets</td>
<td>163</td>
<td>193</td>
</tr>
<tr>
<td>Reductions in the donated asset and government grant reserve due to the depreciation, impairment and/or disposal of donated/government granted assets</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total recognised gains and losses for the financial year</strong></td>
<td>14,972</td>
<td>3,957</td>
</tr>
<tr>
<td>Prior period adjustment</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total gains recognised in the financial year</strong></td>
<td>14,972</td>
<td>3,957</td>
</tr>
</tbody>
</table>

Breakeven performance

The Trusts breakeven performance for 2006/07 is as follows:

<table>
<thead>
<tr>
<th></th>
<th>2002/03 £000</th>
<th>2003/04 £000</th>
<th>2004/05 £000</th>
<th>2005/06 £000</th>
<th>2006/07 £000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Turnover</td>
<td>130,995</td>
<td>134,794</td>
<td>149,361</td>
<td>161,102</td>
<td>166,030</td>
</tr>
<tr>
<td>Retained surplus (deficit) for the year</td>
<td>4</td>
<td>(163)</td>
<td>252</td>
<td>(5,847)</td>
<td>122</td>
</tr>
<tr>
<td>Breakeven cumulative position</td>
<td>(154)</td>
<td>(317)</td>
<td>(65)</td>
<td>(5,912)</td>
<td>(5,790)</td>
</tr>
</tbody>
</table>

Materiality test

<table>
<thead>
<tr>
<th></th>
<th>2006/07</th>
<th>2005/06</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breakeven in-year position</td>
<td>0.0%</td>
<td>(0.1)%</td>
</tr>
<tr>
<td>Breakeven cumulative position</td>
<td>(0.1)%</td>
<td>(0.2)%</td>
</tr>
</tbody>
</table>
Salary and Pension Entitlement of Senior Managers

Remuneration Report

The Remuneration Committee is responsible for appointing and setting the terms of service and remuneration of the Chief Executive and Executive Directors.

The Remuneration Committee is a sub-committee of the Trust Board and comprises all the non-executive directors. During 2006/07 the committee was chaired by Brian Phillpott, Trust Chairman.

Members during the 2006/07 year were:

Kathryn Bonds
David Jones
David Jordan
Jagdish Sharma
Elaine Wilde

The committee also monitors and evaluates the performance of the Chief Executive and Directors. The performance of the Chief Executive is monitored through an appraisal system undertaken by the Chairman of the Trust using individual objectives agreed by the Remuneration Committee.

The Chief Executive monitors the performance of the Executive Directors in the same way. This approach is consistent with the overall performance management ethos of the Trust and ensures linkage to national targets and local priorities. In future the Remuneration Committee will be working to ensure greater alignment between the individual objectives of the Directors and the corporate objectives of the Trust.

The Committee's role is to ensure that the Executives are fairly rewarded for their contribution to the Trust, having proper regard to its circumstances and performance and to the provisions of any national arrangements for such staff where appropriate.

Annual data comparisons will continue to be made with other Trusts of a similar size to ensure that Mayday continues to pay what is generally considered to be the market rate.

No part of the Chief Executive's or Directors' remuneration is subject to their performance (in other words they do not attract any kind of performance bonus).

None of the Directors have fixed-term contracts. Their contracts can be terminated by either side giving, in the case of the Chief Executive, six months notice and for the Executive Directors, three months.
## Remuneration 2006/07

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Salary (Bands of £5000) £000</th>
<th>Other Remuneration (Bands of £5000) £000</th>
<th>Cost of early retirement £000</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Executive Directors</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ms Vanessa Wood</td>
<td>Chief Executive (left 31 May 2006)</td>
<td>***</td>
<td>***</td>
<td>***</td>
</tr>
<tr>
<td>Ms Helen Walley</td>
<td>Chief Executive (from 1 June 2006)</td>
<td>85-90</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Mr Gavin Marsh</td>
<td>Medical Director</td>
<td>55-60</td>
<td>85-90</td>
<td>0</td>
</tr>
<tr>
<td>Mr Mark Jones</td>
<td>Director of Finance &amp; Information (left 7 Aug 2006)</td>
<td>25-30</td>
<td>45-50</td>
<td>0</td>
</tr>
<tr>
<td>Mr Peter Burnett</td>
<td>Acting Director of Finance (8 - 31 Aug 2006)</td>
<td>0-5</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Mr Anthony Leonard</td>
<td>Director of Finance &amp; Information (from 1 Sept 2006)</td>
<td>60-65</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Mr Mahendra Hariram</td>
<td>Acting Director of Human Resources (until 14 June 2006)</td>
<td>10-15</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Ms Ruth Lewis</td>
<td>Interim Director of Human Resources (from 1 Dec 2006)</td>
<td>***</td>
<td>***</td>
<td>***</td>
</tr>
<tr>
<td>Mr Michael Dickson</td>
<td>Acting Director of Nursing (from 3 April 2006)</td>
<td>50-55</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Ms Nicola Luffingham</td>
<td>Director of Operations</td>
<td>90-95</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Mr Ben Gowland</td>
<td>Director of Service Improvement and Quality</td>
<td>75-80</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Mr Stephen Wells</td>
<td>Director of Facilities</td>
<td>70-75</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Non-Executive Directors</strong></td>
<td></td>
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<tr>
<td>Mr Brian Phillipott</td>
<td>Chairman</td>
<td>15-20</td>
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<tr>
<td>Ms Kathryn Bonds</td>
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<td>0</td>
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<tr>
<td>Mrs Elaine Wilde</td>
<td>Non-Executive Director</td>
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<td>Mr David Jones</td>
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<td>***</td>
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<tr>
<td>Mr David Jordan</td>
<td>Non-Executive Director</td>
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<td>Dr Jagdish Sharma</td>
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<td>0</td>
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</tr>
<tr>
<td>Mr Jeevan Gunaratnam</td>
<td>Non-Executive Director</td>
<td>***</td>
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</tr>
</tbody>
</table>

*No benefits in kind were paid*
There were no employer contributions to Stakeholder Pensions.

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

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

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Real increase in pension at age 60 (bands of £2,500)</th>
<th>Real increase in lump sum at age 60 (bands of £2,500)</th>
<th>Total accrued pension at age 60 at 31 Mar 2007 (bands of £5,000)</th>
<th>Lump sum at age 60 related to accrued pension at 31 Mar 2007 (bands of £5,000)</th>
<th>Cash equivalent transfer value at 31 Mar 2007</th>
<th>Cash equivalent transfer value at 31 Mar 2006</th>
<th>Real increase in cash equivalent transfer value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ms Vannessa Wood</td>
<td>***</td>
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<td>Ms Helen Walley</td>
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<td>45-50</td>
<td>135-140</td>
<td>735</td>
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<td>Mr Gavin Marsh</td>
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<td>55-57.5</td>
<td>30-35</td>
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<td>Mr Peter Burnett</td>
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<td>20-25</td>
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<td>Mr Anthony Leonard</td>
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<td>Mr Mahendra Hariram</td>
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<td>Ms Ruth Lewis</td>
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<td>Mr Michael Dickson</td>
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<td>Ms Nicola Luffingham</td>
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<td>10-15</td>
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<td>96</td>
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<td>Mr Stephen Wells</td>
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<td>10-15</td>
<td>35-40</td>
<td>117</td>
<td>105</td>
<td>7</td>
</tr>
</tbody>
</table>

* Figures not provided by the NHS Pensions Agency ** Disclosure consent withheld *** Consent to disclose not received
Audit

Audit services - the statutory audit and services carried out in relation to the statutory audit e.g. reports to the Department of Health - were provided to the Trust by the Audit Commission. The cost of those services in 2006/7 was £162,683. The Audit Commission supplied no other services.

The Trust has an Audit Committee, the members being:

David Jordan (Committee Chair)
Kathryn Bonds (left 31st January 2007)
Jagdish Sharma (left May 2006)
David Jones
Jeevan Gunaratnam (commenced 1st August 2006)

All were non-executive directors of the Trust in the financial year 06/07.

Directors’ interests

None of Mayday’s directors held company directorships or held significant interests in companies that did any business, or sought to do any business, within the NHS during the financial year ended 31st March 2007 that conflicted with their managerial responsibilities. The Directors are not aware of any significant differences between the carrying amount and market value of interests in land.

Mayday’s directors confirm there is no relevant audit information of which the NHS body’s auditors are unaware.
Mayday University Hospital is a 613-bedded District General Hospital (with 45 day case beds) and a 24 hour Accident & Emergency Department. The hospital is based on a 19 acre site in Thornton Heath and the earliest buildings date from 1885. The most recent large building project was the new Jubilee Wing, opened in December 2004.

The Trust also provides services from Purley War Memorial Hospital (constructed in 1918 with later additions). Purley Hospital currently provides outpatient services and we have planning permission to rebuild the hospital to provide a first rate diagnostic and outpatient facility in the south of the borough.

The main groups of services are as follows:

**Accident and Emergency**
Including a dedicated paediatric area providing a 24 hour service.

**Medicine and Elderly Care**
The Trust provides both inpatient and outpatient care for patients suffering from a wide variety of medical problems. This includes Cardiac Care, (including, for the first time this year, angioplasty) Endocrinology and Diabetes, Gastroenterology, Stroke Rehabilitation, Respiratory Medicine, Neurology, Nephrology, Dermatology, Rheumatology, Haematology and Genito-Urinary Medicine.

The Elderly Care Department was awarded a Charter Mark in February 1999, which it has maintained for the last 6 years.

The Trust also runs an Emergency Minor Treatment Centre at New Addington (afternoon and evening, 7 days a week) and the Sickle Cell and Thalassaemia Centre in Whitehorse Road, Croydon.

There is an independently run out of hours GP and minor injuries service on the Mayday site, which receives referrals from our Accident & Emergency Department.
Surgery
The Surgical Directorate has more than 30 consultants working across 9 surgical specialties, and treats approximately 19,000 day cases, 4,700 elective inpatients and 50,000 non electives (including emergencies) each year. Admission on the day of operation for all elective surgery was introduced in 2005, as well as the establishment of a short stay ward.

Critical Care
This consists of Endoscopy, ITU/HDU, Theatres, Day Surgery, Surgical Pre Assessment and Anaesthetics. The Trust provides 24/7 anaesthetic and theatre cover. A Critical Care Outreach Team was introduced in July 2005 to deliver critical care outside the intensive care and high dependency units.

Family Care
The Trust has a Maternity Unit which recorded over 4,200 deliveries in 2006/07 and a new Birth Centre, staffed by midwives, opened in August 2006. Gynaecology outpatient and inpatient, both elective and emergency services, are provided. The Trust has an Early Pregnancy Assessment Unit that provides scanning and counselling services for women in the early stages of pregnancy. Fertility and colposcopy services are also provided.

The neonatal unit is a ‘Level Two’ unit providing services to babies delivered in Croydon. The unit is also open to the Emergency Bed Service, which takes babies from as far away as Eastbourne. The number of admissions to the unit averages over 400 per year. Close to 100 babies each year require intensive care services. The unit is part of the Southwest London Neonatal Network.

Paediatric services include a 12 bedded day surgery unit, a Kids in Mayday (KIM) day care unit which cares for 350-450 children per month, paediatric A&E services, a 24 bedded paediatric ward, and a paediatric outpatient department. The Paediatric Unit also provides Social Services, a named nurse for Child Protection and a children’s ‘Hospital from Home’ team.

Pathology, Radiology and Cancer
The pathology department includes cytology, histopathology, microbiology, biochemistry, and haematology. Most of the pathology departments are CPA accredited - this accreditation is full for cytology, and conditional for histology, microbiology and haematology. The cytogenetics and biochemistry departments are in the process of reapplying.

Radiology is well equipped with a new 16 slice CT scanner introduced in 2005, MRI in partnership with the private sector and new x-ray equipment. PACS went live in September 2005. Cancer has a central Trust focus and is part of the Directorate structure.

Therapies
There is a Therapies Unit which includes occupational therapy, physiotherapy and speech and language therapy. The Occupational Therapy Department and Physiotherapy services have been both been awarded a Charter Mark. There is a well-equipped gym, hydrotherapy pool and treatment areas throughout the hospital and on wards.

Outpatients
The main department contains a large suite of generic consulting rooms. There are also other outpatient departments around the site, notably ophthalmology, chest, paediatrics, trauma and orthopaedics, and dermatology.
Mayday University Hospital  
530 London Road  
Croydon  
CR7 7YE  

Telephone: 020 8401 3000

Purley War Memorial Hospital  
856 Brighton Road, Purley  
Surrey  
CR8 2YL

Telephone: 020 8401 3000

Sickle Cell and Thalassaemia Centre  
316 – 320 Whitehorse Road  
Croydon  
CR0 2LE

Telephone 020 8251 7229

Emergency Minor Treatment Centre  
Parkway Health Centre  
Parkway  
New Addington  
Croydon  
CR0 0JA

Tel: 020 8251 7225

The Trust’s website (where an on-line copy of this document can be found) is www.maydayhospital.nhs.uk

Large print copies are also available. Please contact our communications department on comms@mayday.nhs.uk or call 020 8401 3627

Mayday’s Annual Report 2006/07 was produced by the Trust’s communications department which can be contacted on 0208 8401 3959 or via comms@mayday.nhs.uk