Introduction and vision and values

Last year Mayday’s Board agreed a vision and a set of values for the Trust. People now have more choice about where they are treated and where they choose to work. Mayday wants to stand out from the crowd and be the kind of place which people actively choose.

In essence, the vision agreed by the Board was that Mayday would become a great place.

Each year we make considerable progress towards achieving this vision. This annual report is an opportunity to explain to the communities we serve, and to remind our staff, how we are working to make Mayday great.

People caring for people: the Vision and Values of Mayday Healthcare NHS Trust

Our overall aim:

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

To do this we have a vision of how Mayday Healthcare will be in the future and we are working towards a set of core beliefs. In essence:

Our vision: Mayday Healthcare will provide the people of Croydon and further a field with the highest quality health care in modern, safe and well-equipped environments. We will be the Trust of choice for patients, their advocates, our staff and potential employees.

Our values: To help us achieve this vision we are working towards a number of shared beliefs.

Overall we believe in putting patients at the heart of everything we do. We also each believe in:

- Mutual respect, equitable 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
Chairman’s Introduction

“What a great welcome - Mayday is always so friendly!”

I hear that said many times by visitors and new staff that come through our doors and discover Mayday’s secret. We’re good at what we do and proud of it, but we are striving to make Mayday great for everyone - staff, patients, visitors, volunteers and friends.

This year’s annual report aims to share our triumphs over the last year, including the achievement of a three star (top) Healthcare Commission rating, and some of the things we plan to do this year and in the future. Being great for a hospital can mean many different things…the midwife who stays beyond her shift to share a precious birth with Mum and Dad…the volunteer who takes a nervous patient to her scan and stays until she is comfortable…the patient who shares his experience at a staff forum to help them appreciate his needs…the manager who ensures that a patient’s special diet is accommodated even if his stay is longer than planned.

Our aim as a Trust Board is to use what we hear from patients, staff, the public, media, local businesses and policymakers to provide services that are responsive, honest, safe and effective. The business climate in which we work as a hospital is changing; we have a tough year ahead and we are working closely with our partners in other health organisations to ensure what we do is efficient and value for money so we will remain the hospital of choice for Croydon. The best ideas come from those who are close to patients, and we have involved staff, GPs and users more and more in telling us what we need to do to make Mayday even greater in their eyes.

Making Mayday fit for the future depends on our people, and to this end, we want to invest in them; setting clear agreed expectations of behaviour and rewarding achievement, encouraging innovation whilst valuing long service, and above all focussing on what makes Mayday feel great for them and their patients.

We’re not all the way there yet, but this annual report demonstrates our new approach to a traditional need - we want local people and staff to be heard and tell us how they feel Mayday could be greater without losing its tradition and closeness.

We have done great things this year as you will see from this Report. Our future depends on everyone, including you, helping us to become even better.

Thank you for your continued support for Croydon’s three star NHS trust!

Sue Eardley
Chairman
The Jubilee Wing has a range of in-built design features to help us reduce the spread of infection (such as alcohol gel dispensers by the entrances and beds, minimal-touch doors and light switches etc). The spread of hospital acquired infections has been one of the many vital issues raised by our patients this year and I am pleased to report that we have seen a drop in the incidence of MRSA at Mayday placing us as one of the best performing Trusts in the area.

Listening to patients and staff, acting upon their concerns and explaining our decisions have been key themes for my first year.

During the year I have made further changes to the way the Trust is managed to ensure that we get the maximum involvement of doctors and nurses in planning our services. We now have five divisions headed by a team consisting of a senior doctor, a senior nurse and a senior manager. Management development for these teams has been high on our agenda and a programme for doctors run with the British Association of Medical Managers was very successful.

We have also developed improved ways to listen to and involve staff and patients.

For our staff we have implemented a range of new communications methods including a monthly face-to-face team-brief, a new staff magazine and a series of open forums where staff can meet me and my team to discuss concerns or make valuable suggestions.

Patients are now getting quicker access to our services - and they are really noticing the difference this year. Our new Emergency Assessment Unit and an investment in additional staff in the accident department have gone some way towards meeting the challenging national target which is to ensure that 98% of patients attending A&E are seen, treated and admitted or discharged in four hours. This is a particular challenge, as the number of attendances at A&E has risen again to 120,000, an increase of over 1000 per month on last year.

I am pleased to say that we met all of the other access targets, a fantastic achievement which results from hard work and co-operation and which led in July 2005 to the award of three stars in the Healthcare Commission’s annual assessment of Trusts.
Despite record levels of investment in the NHS we are still challenged by the need to deliver these improvements within a tight budget. Last year we managed to deliver a small surplus but this masks a number of underlying financial challenges which will require us to find new and more cost effective ways of doing things this year.

Throughout this Report you will see examples where we have already made a real difference through service improvements. Challenging ourselves to look differently at what we do and, where appropriate, to use approaches that are proven to work elsewhere are major themes at Mayday. By doing this we have safely reduced the amount of time patients stay in hospital, increased the amount of surgery performed as day cases and given patients more choice over when they attend for appointments with our clinicians.

“...we have again been driven by a desire to continuously improve the range and quality of services we provide to local people.”

Despite the continuing pressures and the challenges we face, Mayday is becoming a great place in which to be treated and a great place to work.

I therefore want to end my comments on 2004/05 by thanking everyone connected with Mayday’s success; our staff and volunteers, our patients and their relatives and carers, our partners in health and social services and everyone who has supported us in the last twelve months.

Vannessa Wood
Chief Executive
About Mayday

Mayday Healthcare, which became an acute NHS Trust in 1993, provides a range of health services to a population of around 360,000 centred on the London Borough of Croydon.

The Trust provides services from four main centres:

- Mayday University Hospital; a 750 bedded acute District General Hospital in Thornton Heath (305 of those beds housed in a new ward block opened in late 2004)
- Purley Hospital; a community facility currently being redeveloped to provide a range of diagnostic services and a new minor injuries unit
- The Sickle Cell and Thalassaemia Centre located in Thornton Heath
- A minor injuries unit in New Addington providing a nurse-led walk-in clinic.

The Trust is part of the South West London Strategic Health Authority and its main source of income is from services commissioned by Croydon Primary Care Trust (CPCT). The Trust has smaller contracts with other PCTs in the locality.

The Trust has gained two stars in the national performance ratings each year since the ratings were introduced until the year covered by this Annual Report when it was awarded three stars, the highest possible rating.

"...because it’s like coming home! It’s friendly, warm, inviting and the people who work here are simply the best." Wendy Daniels Sister in A&E
Mayday is great because ... of the services it provides

Friendly and caring
Every year Mayday has over 400,000 chances to show local people how great their health services are.

In this last year we saw around 230,000 people in out-patient clinics, over 60,000 were in-patients and over 120,000 attended our accident and emergency department. This makes us one of the busiest hospitals in London. We employ around 3000 staff and volunteers and spend over £145m of public money to deliver these services.

But the simple numbers do not give a proper sense of why our services are great.

Many people tell us that Mayday is already a friendly and caring environment in which to work and be treated. During this last year we made a number of further developments towards achieving the “greatness” to which we aspire.

New Jubilee Wing
In December 2004 we were delighted when the new Jubilee Wing on the Mayday Hospital site took its first patients. The Jubilee Wing is a £22 million publicly funded development consisting of 11 wards providing 305 beds and 4 day case operating theatres.

Planned with our staff and around the needs of patients, it replaced the same number of beds in out-dated Victorian accommodation at Purley Hospital and in the Woodcroft Wing at Mayday.

It was a great moment for the Trust when the then Secretary of State for Health, The Rt. Hon. Dr John Reid, formally opened the new wing in January 2005.

We’re making Mayday greater ... by improving the hospital experience for patients

No-one relishes the thought of coming into hospital. Therefore, in order to improve the experience for patients we try to find ways of safely reducing the amount of time they have to spend with us. If we can get patients home more quickly it is good for them and it means we can treat more patients or treat the same number of patients more efficiently.

In 2004/05 we took two approaches to this, both of which worked well. The first was to admit some patients into hospital on the day of their surgery rather than the day before. This was achieved by changing the way we work. Patients are now clerked and consented differently; by a nurse specialist at the time of the patient’s pre-assessment. Nurses are also able to safely discharge patients using agreed criteria, so those patients don’t have to wait in hospital to see a doctor before they can go home.

The second approach we have taken is to increase the number of procedures undertaken as day surgery. A brand new day surgery unit was opened as part of the Jubilee Wing in January 2005. “Day surgery” is where appropriate patients are admitted, operated on and discharged all on the same day.

83% of the 25 procedures identified by the Audit Commission that should be converted to day cases have been successfully converted at Mayday - the target from the Commission was 75%.

The average length of stay for planned in-patient surgery has decreased over the year from nearly five and a half days down to four and half.
Plans for Purley

Plans for a new facility on the site of the Purley War Memorial Hospital also advanced during the year. Planning permission has been granted to build a first class diagnostic and outpatients centre. The current building (originally opened in 1909) will be replaced with a centre fit for the 21st century including an emergency minor injuries unit, well-woman suite, outpatients, x-ray and ultrasound. The centre will also accommodate mental health outpatients’ facilities.

Safe and secure

Our hospitals are becoming safer places to be thanks to a £300,000 investment this year in additional security officers, more CCTV cameras and a new security base in the Jubilee Wing.

Changes in emergency care

Mayday has witnessed increasing demand for its emergency services year on year. In 2004/05 the number of people attending the accident and emergency department increased by 14,000 to 120,000 (up from 106,000 last year). New ways of working this year (including the implementation of a rapid assessment area and an 8 bed observation ward) and an injection of additional staff helped the department cope with the increased demand. After a difficult period in 2004, these changes greatly helped us in achieving the Government’s target that 98% of patients should be seen, treated and leave the department within four hours.

The phased opening, begun in November 2004, of a 40 bedded Emergency Assessment Unit (in refurbished wards in the vacated Woodcroft Wing) has also made a significant difference to the experience of patients attending Mayday in an emergency.

New screening services

New services introduced this year include a new neonatal screening programme to detect sickle cell disease and a universal programme of “nuchal fold screening” which uses ultrasound to help give an assessment of a baby’s risk of Down’s syndrome and other chromosomal abnormalities.
A second CT (Computerised Tomography) scanner was introduced at Mayday in November 2004. The new scanner employs the latest imaging technology to take 16 cross-sectional views at the same time and allows clinicians to see remarkably detailed images (a virtual 3D picture). The scanner benefits patients by allowing lower radiation doses, improved scan quality, faster scanning, and new techniques such as non-invasive imaging of blood vessels.

Improvements in cancer care

The Trust has made significant improvements this year in waiting times for patients with cancer, in particular the way that men with suspected prostate cancer progress more quickly through the Trust.

In the past a man with suspected prostate cancer would be urgently referred by his GP to a consultant at Mayday who would then refer him on for a biopsy. Mayday has now implemented a system of direct access to these tests and patients who are urgently referred now wait less than 14 days for the biopsy. Non-urgent referrals have been reduced from 10 weeks to 3.

The new streamlined process also means that within 14 days of the biopsy these men hear their diagnosis and receive their treatment plans - all on the same day.

Keeping us safe

Mayday has a policy for dealing with major incidents which is fully compliant with the Department of Health’s ‘Handling Major Incidents’ operational doctrine and accompanying NHS guidance. We regularly review and make improvements to our major incident plan. On 7th July this year the plan was tested for real when Mayday University Hospital was put on alert following the bombings in central London. Our staff responded incredibly well to the call to implement the plan and although we did not ultimately take any casualties, the events helped us revise the plan again.
Improving information for patients
In December 2004 every bedside locker in the Trust was equipped with a “hotel-style” information folder. This included all of the information that patients (and their visitors) told us they wanted to access whilst they were with us. This helps patients understand how the hospital works and what to expect at various stages of their care, how they can access services like the chaplaincy etc. Now, to make the experience more user-friendly, patients are only sent the relevant essential information they need prior to coming into hospital.

Another example of improved patient information is an in-house video developed by staff about cardiac rehabilitation. To recognise the needs of our patients for whom English is not their first language this short video was also dubbed into Hindi, Urdu and Gujarati.

Fantastic food
In September 2004, Mayday launched a new range of dishes on its menu after extensive research, tasting and testing by staff and local people. The “general menu” - used by most patients in Mayday - now includes “chef’s specials” - dishes specially chosen for the NHS by leading chefs working with Loyd Grossman. Examples of chef’s specials include Pork Apple and Sage Crumble, Bean Goulash, and Toasted Oatmeal Trifle.

For patients who are not used to a western style diet, the hospital also launched four new à la carte ethnic menus: Halal, Asian Vegetarian, Kosher and African/Caribbean. The hospital invited representatives of community groups to a sampling session to comment on how tasty the food was, how suitable for their needs, and how they would feel about the dish if they were unwell. As well as main courses, the new menus also include suitable accompaniments such as chapatti or rice, and desserts.
We’re making Mayday greater … by making our services safer

Mayday remains committed to ensuring that the standards of care provided to our patients are of the highest possible quality. We achieve this partly through sound clinical governance. Clinical governance simply means that the Trust has a responsibility and accountability to the public for the delivery of safe and quality care.

One of the ways we have done this has been through the introduction of monthly half day meetings for multidisciplinary teams within the clinical divisions. These sessions have proved valuable learning opportunities for staff to reflect and consider various issues, including staffing and staff management, risk management, complaints, etc.

Improvements and changes in practice related to complaints and incidents are fed back through the Clinical Risk Management Committee and the Quarterly Complaints Committee, so that there is a system to monitor the changes and where appropriate for these to be implemented across the Trust.

The Trust Research and Development day has continued to be successful in sharing good clinical practice and how the latest research can be used to improve patient care.

The new Healthcare Commission Standards for Better Health which will replace the star-rating system will provide a way of assessing that we are ‘getting the basics right’. Although the Trust is not required to declare their compliance until 2005/6, work has been undertaken to understand these standards and to make an early assessment of our position. The Assurance framework for next year has been built around these standards as a means to monitor progress.

“… because staff are a united workforce; working together and committed to providing the very finest patient care.”

Chris Springall Research Nurse, Cancer Research Network
Mayday is great ... so we are told

Outside approval
Mayday staff are very proud to be part of their local hospital and it is inevitable that we would want to “talk it up”. But it is not just us who recognise the great things happening here.

In 2004 Mayday gained national approval from the Royal College of Obstetricians and Gynaecologists to offer subspecialty training to develop future consultant urogynaecologists. Urogynaecology is a specialist area within gynaecology which includes problems with incontinence and prolapse. We are one of only nine other UK centres to be approved in this way.

Our maternity services were assessed this year by the National Health Service Litigation Authority (NHSLA) and awarded Level 2 under the Clinical Negligence Scheme for Trusts. This award recognises patient safety and quality standards and follows a separate Level 2 award to our general wards in March 2004.

These are just two examples where the Trust’s services have been assessed by outside bodies and pronounced of a high quality. Others include

• Recognition by the Royal College of Anaesthetists of the training we provide in anaesthetics and their approval for us to appoint to three more posts
• Accreditation for our pathology laboratories by the official accreditation body, Clinical Pathology Accreditation(UK) Ltd
• A “Good” score from the Patient Environment Action Team (PEAT) in all areas of cleanliness and environment

Award winning staff
Trust staff won two awards in the South West London Health Authority Excellence Awards for 2004/05. These awards recognise achievement in a range of categories and Mayday triumphed in the Emergency Care category for its Operations Team (see box on page 6) and in the “Cleanliness and Food in Hospital” award (see box on page 8).

Mayday Healthcare Charitable Funds consist of donations, bequests and income from investments. We have one general fund (the General Amenities Fund), which is mainly used to contribute to projects around the hospital, and various restricted funds. The restricted funds contribute to the welfare of both staff and patients around the hospital and are specifically for a ward or specialty.

During the financial year 2004/05, £136,000 were received from donations and £427,000 from legacies. We have spent £752,000 on various grants to departments across the Trust. This included a new ultrasound system, mobile x-ray machine and incubators for the Special Care Baby Unit, which have greatly improved the patient care in this department.

We’re making Mayday greater ... by listening and involving

As well as recognition, approval and awards the Trust constantly seeks feedback and opinions from patients, monitors complaints and studies closely what patients tell us in letters both to us and to the media.

This year multi agency work has been undertaken, looking at the needs of clients with learning disabilities, older adults with mental health needs and multi faith groups.

This project has resulted in the development of a “Vulnerable Adults Checklist”, which was designed by the matron for surgery, and the Assistant Director of Nursing for specialist nurses.

We have spent £752,000 on various grants to departments across the Trust. This included a new ultrasound system, mobile x-ray machine and incubators for the Special Care Baby Unit, which have greatly improved the patient care in this department.
We’re making Mayday greater ... by delivering care more quickly

Our staff have successfully reduced the length of time that patients must wait for treatment this year and achieved all of the Government’s access targets.

No patients are waiting longer than nine months to be admitted to hospital for inpatient or day case treatment. The next target is that by December 2005 no patient should be waiting longer than six months. We are on target to achieve this.

No patients are waiting longer than 17 weeks for an outpatient appointment. By the end of 2005 this must be reduced to thirteen weeks. There were only 32 patients waiting longer than 13 weeks by the end of March.

This progress means that the Trust not only met its current targets but is already well on the way to achieving the December 2005 targets.

Working with our community

The Trust has strong relationships with the community. Mayday is an active member of the Healthy Croydon Partnership, which brings together patient groups, voluntary groups, community care forum, social services, primary and secondary care. During the year joint working has started with the newly formed Patient and Public Involvement (PPI) Forum. The Trust regularly reports to the Overview and Scrutiny Committee. In addition there are a series of user groups set up in different areas across the Trust to involve patients in the design, delivery and improvement of services.

Acting on feedback

The Trust received 493 formal complaints in 2004/05. These provide a rich source of information and feedback from patients on which to base service improvements. A whole host of changes to service were made as a result of complaints, including:

- The introduction of the ALERT course for patients who are critically ill
- The introduction of the Attitude, Behaviour and Communication policy across the organisation
- The development of a critical care outreach service

Mayday is committed to learning from its mistakes. During 2004/05 we set up dedicated clinical governance half day sessions when clinical commitments are cancelled and teams review their practice and work to improve working practices. Complaints are regularly discussed at these sessions to ensure that key lessons are learnt.

Mayday aims to be as responsive as possible in dealing with complaints. Only 15 were not resolved through local resolution. We have a dedicated PALS team who deal with patient issues as they arise. Those that are received as formal complaints receive a full written response from the Chief Executive. If there are any outstanding issues we will often resolve these at a face to face meeting.

389 (78.9%) complaints were responded to within the 20 day target. Responses sometimes took longer than 20 days where there were particularly complex issues or involving a number of different teams, where staff involved had left and difficulties were encountered in contacting them, and where key members of staff were on leave.
Mayday is great … because of our staff

Communication is key

Mayday constantly strives to be a great place to work; for its entire staff. Communication is recognised as being key to this. During 2004/05 the Trust ran two series of Staff Open Forums with the Chief Executive. These forums were an excellent way of improving two-way, face-to-face communication between the three hundred or so staff that attended and the senior management team.

The forums, which were also run at 10pm for night staff, complement the monthly team briefing which has now been running for over a year. Points of wide interest are communicated in a cascade each month following the Trust Board meeting. It is expected that all staff will be briefed within 48 hours of the meeting. Staff are then encouraged to feed back any thoughts or questions following the briefing.

The Trust also launched a new quarterly staff magazine this year called “Mayday”. It is a lively, staff-focused “lifestyle” magazine developed by an Editorial Panel of staff from across the hospital.

We’re making Mayday greater … by encouraging life long learning

Training and education remain central to the Trust’s human resources strategy (which was approved this year). The Trust expects all staff to be appraised each year and agree a Personal Development Plan with their manager to address their education and learning needs.

In January 2005 eighty-five staff attended a special ceremony to recognise those who have achieved qualifications in the previous year. These ranged from Adult Literacy in the Work Place to a Masters in Health Service Management.

Each May is a “Month of Learning” at Mayday. In 2004 the Trust offered belly dancing, Indian head massage, calligraphy and learning to tie a sari as part of a Fun Day during the month which is designed to encourage life long learning, something to which the Trust is very committed.

In addition, a blended learning approach of e-learning is being designed that allows staff to undertake training at convenient times for them and the service.

As part of Mayday’s widening access approach many more staff have accessed a range of training and education including basic skills training, customer care, diversity awareness, Computer “driving licences”, and NVQs.
Consulting and involving
As well as the formal consultative mechanisms that exist with the Trade Unions, this year the Trust also undertook a series of staff consultations around issues such as staff car-parking charges and out-of-hours clinical cover. The involvement of staff in these areas has certainly improved the quality of the final decisions.

Involving staff more closely in the management of the Trust has been a key theme for the Chief Executive in 2004/05 and she has led a programme of changes to the organisation and its structure designed to improve the involvement of clinicians in management.

General management units have been developed led by a manager, a senior nurse and a new post of Associate Medical Director. These latter posts are held by consultant doctors who have attended a leadership programme developed by the Trust with the British Association of Medical Managers. There are now five post-holders supporting the new Medical Director in the performance of his duties.

Creating new posts
A range of other new posts have been developed during the last year to respond either to the changing demands of patients or the needs of the developing Trust.

Ten new consultant posts have been created including three new anaesthetists, two new paediatricians, two new care of the elderly consultants and new consultants in obstetrics and gynaecology, haematology and rheumatology.

Other new posts for Mayday include a new cancer nurse specialist, a consultant physiotherapist (appointed by the Primary Care Trust) and a GP liaison nurse.

Recruitment
Recruiting new staff to Mayday is a challenge because of the high cost of living locally. The Trust has now opened its own recruitment bureau in the main entrance to the hospital which is visited throughout the week by potential recruits. Innovative advertising (for instance the “Bloody… Busy” campaign for A&E), attendance at recruitment fairs and some European recruitment are paying dividends.

We are also looking to “grow our own” staff. 28 Health Care Assistants and Nurse Cadet secondees are now undertaking their professional nurse training.

Improving working lives
The national NHS “Improving Working Lives” standard is the framework with which Mayday continues to develop and implement policies and practices which are aimed at maximising our ability to attract and retain the best staff.

Mayday has continued to work towards high standards set through “Improving Working Lives – practice plus”. This is the “gold standard” in employment practice and includes such elements as, HR Strategy, Equality and Diversity, Communication/Staff Involvement, Flexible Working, Healthy Workplace, Childcare and Training & Development. Currently we are working through our action plan and would expect to be validated between January and March 2006.

Equality and Diversity
Through the leadership of the Trust’s Equality and Diversity Action Group we have set out an action plan for the next year following the successful achievement of our last set of objectives. Trust Board approval has been received for our new Race Equality Scheme for the next three years. The scheme outlines priorities for the workforce and access to services for patients. Mayday has also worked hard at validating the workforce data to ensure workforce monitoring is accurate and up to date. The Trust has developed a Black and Minority Ethnic staff network and this will be formally launched in the autumn of 2005.

One of the key objectives for the Equality and Diversity group has been to develop greater awareness of the needs of people with physical disabilities. Work continues with local networks to develop this agenda and with the local community on opportunities for employment with candidates who may have a disability.

Agenda for Change
The Trust has commenced with the implementation of the new NHS Pay Modernisation system, Agenda for Change. Whilst progress was initially slow nearly 60% of the workforce have now received new Terms and Conditions and have been assimilated onto the new pay scales. Implementation of the new national Consultants’ Contract went well with 95% of this staff group agreeing to the new terms and conditions.

Views of our staff
In the 2004 staff survey the Trust either improved or maintained its score in 81 of the 111 indicators where it was possible to compare with the previous year. Improved scores include those relating to training, teamwork, staff views on senior management and the action that is being taken on bullying and harassment. However, we appeared to have worsened our scores in areas linked to flexible working, appraisal, and the number of errors or near misses staff are reporting. In around 70% of the indicators the Trust’s scores were statistically similar to the national average.
Names of Trust Board Directors (1st April 2004 to March 31st 2005)

Sue Eardley - Chairman*

Kathryn Bonds - Non-Executive Director#*
David Jones - Non-Executive Director*
David Jordan - Non-Executive Director#*
Jagdish Sharma - Non-Executive Director**
Elaine Wilde - Non-Executive Director*

Vannessa Wood - Chief Executive (substantive from 4th May 2004) previously Acting Chief Executive from November 2003

Ben Gowland - Director of Service Improvement (from 29th November 2004)
Caron Hitchen - Director of Human Resources
Mark Jones - Director of Finance and Information (from 4th October 2004)
Paulette Lewis - Director of Nursing
Nikki Luffingham - Director of Operations (substantive from 21st May 2004) previously Acting Director of Operations (from November 2003)
Syamala Thomas - Medical Director

Jon Sargeant - Director of Finance and Information (to 30th July 2004)
Peter Burnett - Acting Director of Finance (31st July 2004 to 3rd October 2004)

#Members of the Audit Committee
*Members of the Remuneration Committee
Summary Financial Statement

How we spend your money

I am pleased to report that the Trust made a surplus of £252,000 on income and expenditure in 2004/5, despite having to handle a range of financial pressures during the year. Key challenges were to manage the costs of reducing waiting times in the Accident and Emergency department, implement national pay arrangements for staff, and cope with some reductions in income. With the support of Croydon Primary Care Trust these problems were overcome. However many of these financial pressures will appear again in 2005/6, and, combined with new ones, will make for a very challenging time for the Trust next year.

For the ninth year in succession the Trust met its statutory financial targets. In addition to its surplus on income and expenditure, the Trust achieved its External Financing Limit, Capital Resource Limit, and Capital Absorption Rate targets.

The Trust’s performance against the Public Sector Pay Policy target deteriorated compared to the previous year with 88% of non NHS invoices paid within 30 days. Management costs at £4.826m reduced to 3.2% of total income from the previous year.

We made some important capital investments in 2004/5:

- New Jubilee Wing (£4.4m for the final year of the scheme)
- Emergency Assessment Unit (£1.1m)
- CT Scanner (£1.1m)
- Infrastructure, health and safety, information technology (£1.1m)
- Medical equipment (£0.6m)

In common with the rest of the NHS, the Trust’s land and buildings were revalued. That, combined with the bringing into use of the Jubilee Wing, took the value of the land and buildings of the hospital to £143.0m at the end of the year.

Finance staff spent a lot of effort during the year in preparing for the introduction of Payment by Results (PBR) in 2005/6. This is the government’s new funding system under which hospitals are paid according to the number of patients seen using fixed national prices. This means the Trust will be paid for the work done rather than receiving a lump sum payment from its purchasers, irrespective of how many patients it sees. For 2005/6 the PBR system will apply only to elective inpatients and day cases, but in time is expected to extend to other types of care.

Mark Jones
Director of Finance and Information
Summary Financial Statements

Foreword to the summarised accounts
The summary financial statements set out on pages x to y are a summary of the information published in the full accounts for the year ended 31 March 2005 and they reflect the fully audited position. Copies of the full published accounts are available from the Communications Department, Mayday Healthcare NHS Trust on (020) 8401 3351.

The Trust’s external auditors are the Audit Commission. Audit fees amounted to £157k in the year ended 31 March 2005.

These accounts for the year ended 31 March 2005 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.

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.

Vannessa Wood  
Chief Executive  
Date: 16 September 2005

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

Vannessa Wood  
Chief Executive  
Date: 16 September 2005

Mark Jones  
Finance Director  
Date: 16 September 2005

Independent Auditors’ Report to the Directors of the Board of Mayday Healthcare NHS Trust on the Summary Financial Statements
I have examined the summary financial statements set out on pages 20 to 24.

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 54 of the Statement of Responsibilities of Auditors and 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 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 auditor's statement on the summary financial statements' issued by the Auditing Practices Board for use in the United Kingdom.

Opinion
In my opinion the summary financial statements are consistent with the statutory financial statements of the Trust for the year ended 31 March 2005 on which I have issued an unqualified opinion.

Philip Johnstone
District Auditor
Date: 16 September 2005

Audit Commission
1st Floor, Millbank Tower
Millbank
London
SW1P 4HQ

Statement of Internal Control 2004/2005

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 healthcare 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 Strategic Health Authority 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 to the StHA. Reporting of serious untoward incidents and action 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 2005 and up to the date of approval of the annual report and accounts.

Capacity to handle risk
The Trust has in place an integrated Healthcare Governance Strategy, 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 strategy 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.

A 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 risk register and reviewed appropriately.
The Director of Finance and Information and the Medical Director has 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 respectively.

Learning sets and opportunities through adverse event reporting, both internally and externally, are shared widely through local clinical governance forums and newsletters. Since September 2004 all learning sets and opportunities were shared through the new 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 Trust Risk Register: which forms the basis and contributes to the business planning and clinical care management process.

The Trust Assurance Framework 2004/05 is in two parts. Part 1 sets all key clinical and non-clinical areas with defined strategic objectives and operational targets with associated strategic risk. Part 2 sets out to explain the principal risks, current key controls, gaps in controls, positive assurance and gaps in assurance for each identified risks. Additionally, the Assurance Framework is complemented by the Trust Risk Register which identifies substantive clinical risks across all clinical areas with appropriate current and proposed control measures.

The Trust Assurance Framework was reviewed by the Trust Board during the course of the year. The Assurance Framework identifies some gaps in controls for risks including Medical Devices, Pathology, CSSD (performance indicators), A&E targets and Research & Development. There are some gaps in assurance for risks including Pathology and CSSD. 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 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.

The Trust considers that the Assurance Framework is still in development. A major revision is planned for 2005/6, to take account of the new Standards for Better Health. This is expected to make the Assurance Framework a more effective tool in future.

Review of effectiveness
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 2 accreditation
- RPST Level 1 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

I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Clinical Governance Review. A plan to address weaknesses and ensure continuous improvement of the system is in place and was presented to the Healthcare Governance Committee for scrutiny and review.
The Trust Board developed its Assurance Framework and progress on filling any gaps is monitored by the Board. The Audit Committee reviews the overall approach to risk management and receives a regular report from the Internal Audit thereon. The Healthcare 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 there is a significant financial risk in 2005/6. Expenditure may exceed income, and the risk is that the measures to reduce expenditure may not come into effect early enough.

On behalf of the Board

Vannessa Wood  
Chief Executive  
Date: 16 September 2005
### Balance sheet as at 31 March 2005

<table>
<thead>
<tr>
<th></th>
<th>31/03/05 £000</th>
<th>31/03/04 £000</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>FIXED ASSETS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intangible assets</td>
<td>534</td>
<td>742</td>
</tr>
<tr>
<td>Tangible assets</td>
<td>143,113</td>
<td>102,939</td>
</tr>
<tr>
<td><strong>TOTAL FIXED ASSETS</strong></td>
<td>143,647</td>
<td>103,681</td>
</tr>
<tr>
<td><strong>CURRENT ASSETS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stocks and work in progress</td>
<td>1,892</td>
<td>1,492</td>
</tr>
<tr>
<td>Debtors</td>
<td>8,176</td>
<td>5,479</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>10,117</td>
<td>7,020</td>
</tr>
<tr>
<td><strong>CREDITORS: Amounts falling due within one year</strong></td>
<td>(17,143)</td>
<td>(17,108)</td>
</tr>
<tr>
<td><strong>NET CURRENT ASSETS (LIABILITIES)</strong></td>
<td>(7,026)</td>
<td>(10,088)</td>
</tr>
<tr>
<td><strong>TOTAL NET EQUITY</strong></td>
<td>136,621</td>
<td>93,593</td>
</tr>
<tr>
<td><strong>CREDITORS: Amounts falling due after more than one year</strong></td>
<td>0</td>
<td>(19)</td>
</tr>
<tr>
<td><strong>PROVISIONS FOR LIABILITIES AND CHARGES</strong></td>
<td>(2,946)</td>
<td>(2,974)</td>
</tr>
<tr>
<td><strong>Total assets employed</strong></td>
<td>133,675</td>
<td>90,600</td>
</tr>
</tbody>
</table>

**FINANCED BY:**

**CAPITAL AND RESERVES**
- Public dividend capital: 60,750
- Revaluation reserve: 74,084
- Donation reserve: 2,314
- Income and expenditure reserve: 3,473

**TOTAL CAPITAL AND RESERVES**
133,675

### Income and expenditure for the year ended 31 March 2005

<table>
<thead>
<tr>
<th></th>
<th>2004/5 £000</th>
<th>2003/4 £000</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Income from activities</strong></td>
<td>136,753</td>
<td>121,259</td>
</tr>
<tr>
<td><strong>Other operating income</strong></td>
<td>12,608</td>
<td>13,535</td>
</tr>
<tr>
<td><strong>Operating expenses</strong></td>
<td>145,619</td>
<td>131,909</td>
</tr>
<tr>
<td><strong>OPERATING SURPLUS (DEFICIT)</strong></td>
<td>3,742</td>
<td>2,885</td>
</tr>
<tr>
<td>(Loss) on disposal of fixed assets</td>
<td>(8)</td>
<td>0</td>
</tr>
<tr>
<td><strong>SURPLUS (DEFICIT) BEFORE INTEREST</strong></td>
<td>3,734</td>
<td>2,885</td>
</tr>
<tr>
<td>Interest receivable</td>
<td>232</td>
<td>184</td>
</tr>
<tr>
<td>Interest payable</td>
<td>(3)</td>
<td>(4)</td>
</tr>
<tr>
<td>Other finance costs-unwinding of discount</td>
<td>(45)</td>
<td>0</td>
</tr>
<tr>
<td>Other finance costs-change in discount rate on provisions</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>SURPLUS (DEFICIT) FOR THE FINANCIAL YEAR</strong></td>
<td>3,918</td>
<td>3,065</td>
</tr>
<tr>
<td>Public Dividends payable</td>
<td>(3,666)</td>
<td>(3,228)</td>
</tr>
<tr>
<td><strong>RETAINED SURPLUS (DEFICIT) FOR THE YEAR</strong></td>
<td>252</td>
<td>(163)</td>
</tr>
</tbody>
</table>

**Note to the Income and Expenditure Account for the Year Ended 31 March 2005**

- Retained surplus for the year: 252
- Financial support included in retained surplus for the year - NHS Bank: 0
- Financial support included in retained surplus/(deficit) for the year - Internally Generated: 0
- Retained surplus for the year excluding financial support: 252
Why is Mayday great…?

“…because Mayday is a place where I can still feel the love of my friends and family who are abroad.”

Immanuel Sam-William Occupational Therapy

“Aitor Cisneros Supplies

“…because everyone cares about everyone!”

Peter Philips Facilities

“…because my beautiful son was born here and the Admissions team are simply the best!”

Anne Smith Admissions Team

“…because care, consideration and companionship are the three key virtues which exist between staff and with the patients.”
### Cash flow Statement for the year ended 31 March 2005

<table>
<thead>
<tr>
<th>OPERATING ACTIVITIES</th>
<th>2004/5 £000</th>
<th>2003/4 £000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Net cash inflow from operating activities</td>
<td>4,730</td>
<td>12,766</td>
</tr>
</tbody>
</table>

### RETURN ON INVESTMENTS AND SERVICING OF FINANCE:

<table>
<thead>
<tr>
<th></th>
<th>2004/5 £000</th>
<th>2003/4 £000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interest received</td>
<td>218</td>
<td>184</td>
</tr>
<tr>
<td>Interest paid</td>
<td>(3)</td>
<td>(4)</td>
</tr>
<tr>
<td>Net cash inflow (outflow) from returns on investment and servicing of finance</td>
<td>215</td>
<td>180</td>
</tr>
</tbody>
</table>

### CAPITAL EXPENDITURE

<table>
<thead>
<tr>
<th>(Payments) to acquire tangible fixed assets</th>
<th>2004/5 £000</th>
<th>2003/4 £000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Receipts from sale of tangible fixed assets</td>
<td>0</td>
<td>4,221</td>
</tr>
<tr>
<td>Net cash inflow/(outflow) from capital expenditure</td>
<td>8,164</td>
<td>7,686</td>
</tr>
</tbody>
</table>

### DIVIDENDS PAID

<table>
<thead>
<tr>
<th>2004/5 £000</th>
<th>2003/4 £000</th>
</tr>
</thead>
<tbody>
<tr>
<td>(3,666)</td>
<td>(3,228)</td>
</tr>
</tbody>
</table>

### Net cash inflow/(outflow) before financing

<table>
<thead>
<tr>
<th>2004/5 £000</th>
<th>2003/4 £000</th>
</tr>
</thead>
<tbody>
<tr>
<td>(6,885)</td>
<td>(2,032)</td>
</tr>
</tbody>
</table>

### FINANCING

<table>
<thead>
<tr>
<th></th>
<th>2004/5 £000</th>
<th>2003/4 £000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public dividend capital received</td>
<td>6,885</td>
<td>7,511</td>
</tr>
<tr>
<td>Public dividend capital repaid (not previously accrued)</td>
<td>0</td>
<td>(4,221)</td>
</tr>
<tr>
<td>Public dividend capital repaid (accrued in prior period)</td>
<td>0</td>
<td>(5,322)</td>
</tr>
<tr>
<td>Net cash inflow (outflow) from financing</td>
<td>6,885</td>
<td>(2,032)</td>
</tr>
</tbody>
</table>

### Increase/(decrease) in cash

<table>
<thead>
<tr>
<th></th>
<th>2004/5 £000</th>
<th>2003/4 £000</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
Financial Performance Targets

Breakeven Performance

The trust's breakeven performance for 2004/2005 is as follows:

<table>
<thead>
<tr>
<th>Year</th>
<th>£000</th>
<th>£000</th>
<th>£000</th>
<th>£000</th>
<th>£000</th>
<th>£000</th>
<th>£000</th>
<th>£000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Turnover</td>
<td>75742</td>
<td>84554</td>
<td>93577</td>
<td>101456</td>
<td>112896</td>
<td>130995</td>
<td>134794</td>
<td>149361</td>
</tr>
<tr>
<td>Retained surplus (deficit) for the year</td>
<td>107</td>
<td>31</td>
<td>(300)</td>
<td>0</td>
<td>4</td>
<td>4</td>
<td>(163)</td>
<td>252</td>
</tr>
<tr>
<td>Break-even in-year position</td>
<td>107</td>
<td>31</td>
<td>(300)</td>
<td>0</td>
<td>4</td>
<td>4</td>
<td>(163)</td>
<td>252</td>
</tr>
<tr>
<td>Break-even cumulative position</td>
<td>107</td>
<td>138</td>
<td>(162)</td>
<td>(162)</td>
<td>(158)</td>
<td>(154)</td>
<td>(317)</td>
<td>65</td>
</tr>
<tr>
<td>Materiality test:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Break-even in-year position</td>
<td>0.1%</td>
<td>0.0%</td>
<td>-0.3%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>-0.1%</td>
<td>0.2%</td>
</tr>
<tr>
<td>- Break-even cumulative position</td>
<td>0.1%</td>
<td>0.2%</td>
<td>-0.2%</td>
<td>-0.2%</td>
<td>-0.1%</td>
<td>-0.1%</td>
<td>-0.2%</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

Management costs

<table>
<thead>
<tr>
<th>Year</th>
<th>£000</th>
<th>£000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Management costs</td>
<td>4,825</td>
<td>4,664</td>
</tr>
<tr>
<td>Income</td>
<td>149,361</td>
<td>130,750</td>
</tr>
</tbody>
</table>

Better Payment Practice Code - measure of compliance

<table>
<thead>
<tr>
<th>Year</th>
<th>2004/05</th>
<th>2004/05</th>
<th>2003/04</th>
<th>2003/04</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total bills paid in the year</td>
<td>Number</td>
<td>£000</td>
<td>Number</td>
<td>£000</td>
</tr>
<tr>
<td>2004/05</td>
<td>61,336</td>
<td>45,623</td>
<td>49,382</td>
<td>43,325</td>
</tr>
<tr>
<td>Total bills paid within budget</td>
<td>Number</td>
<td>£000</td>
<td>Number</td>
<td>£000</td>
</tr>
<tr>
<td>2004/05</td>
<td>51,896</td>
<td>40,339</td>
<td>45,289</td>
<td>39,948</td>
</tr>
<tr>
<td>Percentage of bills paid within target</td>
<td>85%</td>
<td>88%</td>
<td>92%</td>
<td>92%</td>
</tr>
</tbody>
</table>

The Better Payment Practice Code requires the Trust to aim to pay all valid non-NHS invoices by the due date or within 30 days of receipt of goods or a valid invoice, whichever is later.
## Salary and Pension entitlements of senior managers

### A) Remuneration

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Salary (bands of £5000)</th>
<th>2004/05 Other Remuneration (bands of £5000)</th>
<th>Benefits in Kind Rounded to the nearest £100</th>
<th>Salary (bands of £5000)</th>
<th>2003/04 Other Remuneration (bands of £5000)</th>
<th>Benefits in Kind Rounded to the nearest £100</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Ms Vanessa Wood</em></td>
<td>Chief Executive</td>
<td>110 - 115</td>
<td>0</td>
<td>0 *80 - 85</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Dr Syamala Thomas</td>
<td>Medical Director &amp; Consultant Pathologist</td>
<td>60 - 65</td>
<td>75 - 80</td>
<td>0</td>
<td>55 - 60</td>
<td>50-55</td>
<td>0</td>
</tr>
<tr>
<td>Mr Jon Sargeant</td>
<td>Director of Finance &amp; Information (left 1st August 2004)</td>
<td>30 - 35</td>
<td>0</td>
<td>0</td>
<td>80 - 85</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Mr Peter Burnett</td>
<td>Acting Director of Finance (1st August 2004 - 3rd October 2004)</td>
<td>10 - 15</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Mr Mark Jones</td>
<td>Director of Finance and Information (from 4 October 2004)</td>
<td>40 - 45</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Ms Caron Hitchen</td>
<td>Director of Human Resources</td>
<td>75 - 80</td>
<td>0</td>
<td>0</td>
<td>70 - 75</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Ms Paulette Lewis</td>
<td>Director of Nursing</td>
<td>70 - 75</td>
<td>0</td>
<td>0</td>
<td>70 - 75</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Ms Nicola Luftingham</td>
<td>Director of Operations</td>
<td>75 - 80</td>
<td>0</td>
<td>0</td>
<td>60 - 65</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Mr Ben Gowland</td>
<td>Director of Modernisation</td>
<td>(commenced 29th November 2004)</td>
<td>25 - 30</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Mrs Sue Eardley</td>
<td>Chairman</td>
<td>15 - 20</td>
<td>0</td>
<td>0</td>
<td>15 - 20</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Ms Kathryn Bonds</td>
<td>Non Executive Director</td>
<td>5 - 10</td>
<td>0</td>
<td>0</td>
<td>5 - 10</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Mrs Elaine Wilde</td>
<td>Non Executive Director</td>
<td>5 - 10</td>
<td>0</td>
<td>0</td>
<td>5 - 10</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Mr David Jones</td>
<td>Non Executive Director</td>
<td>5 - 10</td>
<td>0</td>
<td>0</td>
<td>0 - 5</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Mr David Jordan</td>
<td>Non Executive Director</td>
<td>5 - 10</td>
<td>0</td>
<td>0</td>
<td>5 - 10</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Dr Jagdish Sharma</td>
<td>Non Executive Director</td>
<td>5 - 10</td>
<td>0</td>
<td>0</td>
<td>5 - 10</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

*Acting Chief Executive from 26th Nov 2003 until made substantive on 4th May 2004*
<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Real increase in pension and related lump sum at age 60 (bands of £2500)</th>
<th>Total accrued pension and related lump sum at age 60 at 31 March 2005 Bands of £5000</th>
<th>Cash Equivalent Transfer Value at 31 March 2005</th>
<th>Cash Equivalent Transfer Value at 31 March 2004</th>
<th>Real increase in Cash Equivalent Transfer Value as funded by Employer</th>
<th>Employers Contribution to Stakeholder Pension</th>
</tr>
</thead>
<tbody>
<tr>
<td>Executive Directors</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ms Vanessa Wood</td>
<td>Chief Executive</td>
<td>5-7.5</td>
<td>110-115</td>
<td>436</td>
<td>313</td>
<td>114</td>
<td>0</td>
</tr>
<tr>
<td>Dr Syamala Thomas</td>
<td>Medical Director &amp; Consultant Pathologist</td>
<td>*</td>
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<tr>
<td>Mr Jon Sargeant</td>
<td>Director of Finance &amp; Information (left 1/8/04)</td>
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<td>Mr Peter Burnett</td>
<td>Acting Director of Finance (1 August 2004-3 October 2004)</td>
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<td>Mr Mark Jones</td>
<td>Director of Finance and Information (from 4 October 2004)</td>
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<td>Ms Caron Hitchen</td>
<td>Director of Human Resources</td>
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<td>Ms Paulette Lewis</td>
<td>Director of Nursing</td>
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<tr>
<td>Ms Nicola Luffingham</td>
<td>Director of Operations</td>
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<tr>
<td>Mr Ben Gowland</td>
<td>Director of Modernisation (from 29 November 2004)</td>
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* Consent to disclosure withheld