TB 140/04

BARTS AND THE LONDON NHS TRUST

TRUST BOARD MEETING

Minutes of the Annual Public Meeting of the Trust Board held at 4.30pm on Wednesday 29 September 2004 in the Conference Suite, West Wing, St Bartholomew’s Hospital, London EC1A

Present: Dr J Ashworth (Chairman)
         Mr L March (Vice Chairman)
         Mr P M White (Chief Executive)
         Dr C Gutteridge (Medical Director)
         Ms K Fenton (Director of Nursing and Quality)
         Mr J Goulston (Director of Finance)
         Mr S Saunders (Director of Capital and Facilities)
         Mr J Adshead (Non Executive Director)
         Ms M Elford (Non Executive Director)
         Mr L Rahman (Non Executive Director)

In Attendance: Mrs G Beer (Director of Performance Management and Planning)
                Ms S Cunnington-King (Director of Communications)
                Ms M Dover (Director of Service Transformation)
                Ms A Macintyre (Director of Human Resources)
                Mr I Walker (Trust Secretary)
                Dr Elliot Smith (Research Registrar, Cardiology)
                Dr Charles Knight (Consultant Cardiologist)
                Dr John Moore-Gillon (Respiratory Medicine Consultant)
                Mr Talha Al-Shawaf (Fertility Consultant)
                Ms Claire Gillott (Senior Embryologist)

Apologies: Miss B Ubhey (Non Executive Director)
           Professor N Wright (Non Executive Director)

1. WELCOME/INTRODUCTION

   The Chairman welcomed everyone to the Annual Public Meeting of the Board of Barts and The London NHS Trust and suspended Standing Orders to allow members of the public to ask questions.
The purpose of the meeting was to receive the Trust’s Annual Report and audited accounts for 2003/04, to outline the Trust’s achievements during this period and to look forward to the year ahead.

2. DECLARATION OF INTERESTS

Attendees were reminded of the need to declare any interests they may have in connection with the agenda or interests acquired since the previous meeting, including gifts and hospitality.

No declarations were made.

3. ANNUAL REPORT AND AUDITED ACCOUNTS FOR 2003/04

The Chairman introduced the Annual Report and audited accounts for 2003/04, which were received by the Trust Board. Copies of the document had been made available prior to the meeting together with copies of the Trust’s full financial accounts for the year.

The Chairman highlighted the Trust’s good performance against key patient activity targets in 2003/04, as summarised on page 56 of the Annual Report. The Annual Report demonstrated the breadth and complexity of the services provided and showed how the Trust was succeeding in improving clinical quality, efficiency and patient experience across its services. He congratulated Mr White and his colleagues on their management of the organisation during the year.

The Chairman also noted the significant ethnic diversity within the Trust’s catchment area and the fact that the Trust covered both some of the poorest and some of the richest parts of the UK. In addition, Tower Hamlets also had one of the youngest populations in the country. Taken together, these factors presented the Trust with major challenges which were not always recognised by NHS policies which were set for the country as a whole.

The Chairman explained that an overview of the Trust’s work and achievements during 2003/04 and a look forward to 2004/05 would be provided through a series of presentations and introduced the Trust’s Chief Executive, Mr Paul White.
4. OVERVIEW OF THE TRUST’S WORK AND ACHIEVEMENTS

a) Overview of achievements in 2003/04

Mr White described the key roles of Barts and The London NHS Trust as the district general hospital for Tower Hamlets and the City, a tertiary centre for North East London with a catchment area of 2.5 million people, a provider of innovative and leading-edge clinical services for London and the UK and a centre for education and research.

The Trust had continued to make good progress over the past year in pursuit of its vision of ‘bringing excellence to life’. The work of the Trust had been highlighted in the BBC Trauma series which followed the work of the London Air Ambulance based at The Royal London Hospital, the Trust had maintained one of the lowest mortality rates in the country, it had the lowest MRSA rate among London’s teaching hospitals and its second star had been restored in the annual star ratings.

During the year the Trust had also taken a major step forward with the launch of the Pathfinder clinical strategy. Developed by 300 clinicians and managers in conjunction with partner organisations, the strategy provided a five-year framework for delivering excellence through a clear focus on clinical quality, patient experience and service efficiency.

Performance highlights during 2003/04 included:

- **Clinical quality**: award of the top band in the clinical focus category of the star ratings, a strong performance against all relevant National Service Framework milestones, pioneering treatments in hepato-biliary and pancreatic surgery and the opening of a flagship Cancer Research UK research centre.

- **Patient experience**: the launch of a new Patient and Public Involvement Forum, 86.1 per cent of inpatients and 90.2 per cent of young patients rating their care as excellent, very good or good in national surveys and a medium overall rating in the patient focus category of the star ratings.

- **Service efficiency**: large falls in waiting times for diagnostic imaging, work to improve discharge planning and making better use of beds and the launch of a new Short Stay Surgical Service at St Bartholomew’s Hospital.
• **Improving patient access:** over 90 per cent of patients spending less than four hours in A&E by the end of the year, major improvements in access to phlebotomy services, no inpatients waiting over 9 months and no outpatients waiting over 17 weeks by the end of the year and increased booked admissions and appointments.

• **Strengthening our partnerships:** development of a seamless care pathway for long-term conditions, a diabetes nursing service joint initiative with Tower Hamlets PCT, a round-the-clock neonatal transfer service and a new sexual assault referral service.

The Trust had also achieved its statutory financial duties for 2003/04 including break-even on its income and expenditure account, a Capital Absorption Rate of 3.5 per cent and meeting its External Financial Limit and Capital Resource Limit targets set by the Department of Health.

Mr White concluded his presentation by emphasising that none of the above could have been achieved without the professionalism, commitment and hard work of the Trust’s staff and he expressed his and the Board’s admiration for and thanks to all staff who had contributed to the success of the Trust in 2003/04.

**b) Improving our services**

**Acute intervention cardiology**

Mr White introduced Dr Elliot Smith and Dr Charles Knight from the primary angioplasty service based at The London Chest Hospital. The service had recently won the Outstanding Achievement in Emergency Care award in the NHS Health and Social Care Awards (London region).

Dr Smith and Dr Knight described how the service delivered immediate coronary intervention to heart attack patients, reducing cardiac damage and improving prognosis. By using primary angioplasty rather than thrombolysis it was possible to reopen the artery mechanically under X-ray guidance and fully restore blood flow in 90-95 per cent of cases.

The pilot service had opened in April 2003 as a collaboration between the Trust’s Cardiology department, the A&E department and the London
Ambulance Service (LAS) covering three feeder hospitals. The average time from arrival at hospital to completion of the primary angioplasty procedure was 39 minutes, with an average hospital stay of 3.1 days, compared with 8.5 days for thrombolysis treatment. Outcomes were also shown to be better for primary angioplasty.

Looking forward, it was hoped to expand the catchment area for the service to the North East London Sector and to be able to provide the service 24 hours a day, 7 days a week.

**Tuberculosis services**

Dr John Moore-Gillon explained that there were 7,000 new cases of tuberculosis in the UK each year, resulting in 600 deaths. Rates in London had doubled in the past 10 years.

The role of the Trust’s tuberculosis service was to manage cases of active TB, investigate contacts to detect secondary spread, provide a screening service for new arrivals and investigate suspected cases identified by the school BCG programme.

In addition to consultant and nursing staff, the service included specialist TB advocates, a tri-lingual help line and in-house competence in Bengali, Sylheti, Somali, Urdu, Gujarati and French. Particular strengths of the service were nurse-led triage clinics for GP referrals, open access new entrant screening and contact and treatment supervision. The service also included nurse prescribing and in-clinic dispensing, community education and clinical and operational research. The team played an active role in developing best practice in North East London and nationally.

**Fertility preservation for cancer patients**

Mr Talha Al-Shawaf and Ms Claire Gillott described the fertility preservation options available to male and female cancer patients.

The Trust’s multidisciplinary team, based in the newly refurbished Kenton and Lucas Block at St Bartholomew’s Hospital, received referrals from a wide cancer network and provided an appointment within one week of referral. The range of treatment options was explored, counselling was made available and treatment was agreed and commenced as soon as feasibly possible.
In terms of the available services:

- 400 patients had sperm stored with the Trust. 17 patients had returned to use the sperm and this had resulted in 5 pregnancies.

- 19 patients had stored embryos, 4 patients had undergone Frozen Embryo Replacement (FER) and 1 had conceived. The Trust’s FER pregnancy rate of 24 per cent compared favourably with a national average of around 14 per cent.

- The Trust had the second largest ovarian tissue bank in the UK with 77 patients having tissue stored.

- The Trust had recently been licensed by the Human Fertilisation and Embryology Authority to provide oocyte cryopreservation services.

Looking forward, the service would be focusing on developing closer working relationships with cancer networks and developing its research programmes.

c) Moving forward

The Chairman invited Mr White to describe the key issues facing the Trust and the local health community in 2004/05.

Mr White highlighted the Patient Choice initiative, funding flows which would follow the patient and the new Payment by Results funding system as key drivers for change in the period ahead.

In delivering its Pathfinder clinical strategy, the Trust would be focusing on new ways of supporting, developing and rewarding staff, the values and culture of the organisation, partnership working, introducing new technology and the redevelopment of the hospitals. Taking each in turn, Mr White set out the key elements:

- **Supporting, developing and rewarding staff**: the Trust would be implementing Agenda for Change which would introduce a new national pay system and terms and conditions for all non-medical staff and provide a catalyst for performance improvement. The Trust would also develop new and extended
roles, support career development and work to secure Improving Working Lives Practice Plus status.

- **Values and culture**: the Trust would promote a culture of working together and taking responsibility, encouraging professionalism, courtesy and respect, valuing responsiveness, creativity and flexibility, trialling new ideas and sharing best practice.

- **Smarten Up Campaign**: the Trust would continue its Smarten Up campaign with the aim of delivering a cleaner, tidier more pleasant hospital environment, the highest standards of professionalism and improved customer service. As part of the Smarten Up Launch Week, the Trust had introduced new policies on no smoking, uniform, dress code and mobile phone safety and etiquette.

- **Partnerships**: the Trust would be working closely with a wide range of partners to deliver high quality care, including education and research partners, Barts and The London Charitable Foundation, the North East London Strategic Health Authority, Tower Hamlets PCT and local GPs, other referring PCTs and hospital trusts and local authority partners.

- **Care Record Service (CRS)**: the Trust would be an early implementer of CRS – the largest integrated electronic health record system in the world which would enable fast and easy sharing of information across the NHS. From autumn 2005, CRS would begin to replace existing IT systems in the Trust and transform ways of working.

- **New hospitals project**: following extensive public consultation - including hospital displays and exhibitions, outreach meetings with local groups, a local newsletter and a freephone information line - planning approval for the redevelopment at St Bartholomew’s Hospital had been received earlier in the month. The Trust was working closely with the London Borough of Tower Hamlets and the Greater London Authority to address outstanding issues in relation to the redevelopment of The Royal London Hospital.

Construction would run from 2005 to 2013 and the redeveloped hospitals would have 1,248 beds, 40 per cent of which would be
in single rooms with the remainder in four-bedded bays. Airy glass atria and landscaped gardens would provide a healing environment for patients.

The redeveloped Royal London Hospital would be Britain’s biggest new hospital providing district general hospital and specialist tertiary services, London’s leading trauma and emergency care centre, London’s second largest paediatric service within a dedicated women and children’s hospital and a new health campus integrated with new medical and dental schools.

St Bartholomew’s Hospital would be a Cancer and Cardiac Centre of Excellence with the largest cardiac department in the UK incorporating the services of The London Chest Hospital plus additional specialist services.

In addition, two of the advance schemes had now been completed – the Barts and The London Breast Care Centre and Kenton and Lucas Blocks housing the integrated rehabilitation unit, the sexual health service and the centre of reproductive medicine. The third advance scheme - the new Pathology and Pharmacy Block at The Royal London – was due for completion by the end of August 2005.

5. QUESTIONS FROM MEMBERS OF THE PUBLIC

The Chairman invited questions from members of the public in relation to the presentations or any other aspect of the Trust’s activities.

A number of questions were posed which were duly answered.

6. THE WEST WING BREAST CARE CENTRE

Dr Robert Carpenter gave a presentation on the new West Wing Breast Care Centre at St Bartholomew’s Hospital. The service was provided by a multidisciplinary team comprising breast surgeons, radiologists, pathologists, specialist nurses, oncologists, radiotherapists and radiographers. The service covered symptomatic referrals from across North East London, breast cancer treatment, screening mammograms, screening assessments, a diagnostic service for Newham and Homerton hospitals plus research, teaching and quality assurance activities.
The previous physical environment within which the service had been provided was outdated and a major appeal had been undertaken to raise the funds necessary to redevelop the West Wing. Dr Carpenter thanked all those who had contributed.

7. **CLOSE**

The Chairman brought the Annual Public Meeting to a close, thanking everyone for attending and inviting members of the public to join a tour of the new West Wing Breast Care Centre.

Signed ………………………… Dated ……………………..

Ian Walker
Trust Secretary
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