

BARTS HEALTH NHS TRUST

ANNUAL GENERAL MEETING

Minutes of the Annual General meeting held in public on Wednesday 9 July 2025 at 6.00pm
held via MS Teams

- Present:**
- Prof I Jacobs (Chair)
 - Mr S DeGaris (Group Chief Executive)
 - Ms C Alexander (Chief Nurse)
 - Prof H Thomas (Non-Executive Director)
 - Ms K Kinnaid (Non-Executive Director)
 - Ms S Teather (Associate Non-Executive Director)
 - Mr C Williams (Associate Non-Executive Director)
 - Prof Sir M Caulfield (Non-Executive Director)
 - Prof S Sharma (Chief Medical Officer)
 - Mr A Hines (Director of Group Development)
 - Mr H Virdee (Chief Finance Officer)
 - Mr A Abraham (Director of Inclusion and Equality)
 - Ms L Seary (Non Executive Director)
 - Ms J Nelson-Ferns (Non Executive Director)
 - Ms R Carlton (Chief Operating Officer)
 - Mr A Sharples (Vice Chair)
 - Ms A Hepworth (Director of Strategy and Partnerships)
 - Ms H Spice (Non Executive Director)
 - Dr A Jhund (Chief Executive, Whipps Cross Hospital)
 - Mr S Anandaciva (NExT Director)
 - Mr S Ashton (Newham Hospital CEO)
 - Prof C Knight (CEO, St Bartholomew's Hospital)
- In attendance:**
- Mr S Collins (Trust Secretary)
 - Mr J Hibbs (Director of Communications)
 - Ms R Akinlade (Internal Communications)
 - Mr L Slattery (Deputy Director of People)
 - Mr J Middleton (Newham Hospital Deputy CEO)

1 WELCOME AND INTRODUCTION

The Chair opened the meeting and welcomed members of the public. He thanked the significant number of attendees who had taken time to join the meeting.

2 ANNUAL REPORT AND AUDITED ACCOUNTS

The Trust Board received and adopted the Annual Report and Accounts for 2024/25. The Chair confirmed that these statutory reports had been reviewed and approved by the Trust Board and board committees prior to publication.

3 **GROUP CHIEF EXECUTIVE'S REPORT**

The Group Chief Executive gave a presentation which summarised the Trust's activities over the past year. [Link to Group CEO's 2025 AGM presentation](#)

4 **QUESTIONS FROM MEMBERS OF THE PUBLIC AND STAFF**

Responses were provided by group executives to questions on the following topics:

Locally employed doctors and inclusive rotas

The Chief Medical Officer noted steps to attract and retain doctors through inclusive rota arrangements. He recognised that some instances of late notice of workforce changes could complicate rota arrangements and noted that maintaining high fill rates (which supported manageable rotas) remained a priority.

Resources in Newham West Wing

The Newham Deputy CEO noted that a recent listening event had been held to hear concerns of staff in this area. He confirmed the need to work through the issues, balancing quality and performance imperatives, and remained confident that a plan would be developed that addressed staff concerns.

Newham demographic growth outstripping hospital capacity

The Newham Deputy CEO noted the development of a clinical strategy for the group and Newham hospital to map out future service provision. He recognised the need to work through the implications of demand growth and some service-specific responses to this.

NHS England changes and implications

The Group CEO noted steps to streamline NHS governance, resources and decision-making which appeared to largely return to a model where DHSC set strategy and other organisations focused on delivery. He felt that the resource constraints across the NHS would generate some hard questions requiring tough answers. He noted also a policy trend towards moving care out of hospitals and closer to home which would require some changes to traditional acute care provision.

Car parking costs

The Chief Financial Officer noted that for many years the Trust had opted to freeze car parking charges, with the result that the Trust was out of kilter with many boroughs and trusts on the fees charged. He recognised the needs to ensure affordable parking for staff and patients, the context of financial constraints requiring reprioritisation decisions and recognition of limitations on space and car parking facilities across London.

Private patients opportunities

The Director of Strategy and Partnerships confirmed that there may now be emerging plans to develop private patient activity, noting that the Trust had lower levels of private patients activity than many trusts in London. This would have some benefits in generating income gains which could be redirected to support NHS activity. She also noted the need to balance any such activity with immediate NHS waiting list priorities.

Private patient income and benefits for NHS patients

The CFO noted that any gains from income, for example, at St Bartholomew's Hospital would be returned into the hospital's income and expenditure position and become available to support NHS work.

Uniform policy and political symbols

The Group CEO recommended that attendees view the Director of Equity and Inclusion's blog on the WeShare intranet site addressing this topic; this blog set out some key sensitivities and the rationale supporting the Trust's stance on expression of political beliefs in the workplace. He noted that the recent national introduction of nursing uniforms had prompted the review of the existing Trust's policy. This new policy reaffirmed the need to avoid the wearing of symbols that supported specific nations or political positions not formally supported by the NHS. During policy consultation with staffside and other groups the issue of political symbols had been discussed. He anticipated that further staff engagement events would be arranged to support this given the level of staff interest.

Vacancies and restrictions on backfill serving as a barrier to promotions

The Deputy Director of People confirmed that, where promotion opportunities arose, consideration was applied to make exceptions to any recruitment restrictions in relation to backfill for arising vacancies.

Withdrawal of job offers for disabled applicants

The Deputy Director of People requested more detail of any specific concerns. He noted the development of a training package for managers to understand disability and the rules supporting inclusive and equitable recruitment. He recognised that there could be some complexity where

occupational health checks identify workplace requirements for new starters and highlighted the expectation that managers accessed available support on workplace adjustment options. He noted also the involvement of the BartsAbility network to support this work.

Equity of access to B7 and B8 roles

The St Bartholomew's Hospital Deputy CEO noted the role of inclusion networks to support widening access to senior grades. He recognised that he may need to receive further details of the background to this specific query to understand the extent to which this query might reflect a lack of senior positions currently being advertised.

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CLOSE

The Chair thanked the public for attending and staff involved in the organisation of the event.