



**Minutes of the seventh Annual Members' Meeting of
The Christie NHS Foundation Trust held on
Saturday 13th September 2014 at 2 pm in the Auditorium at The Christie**

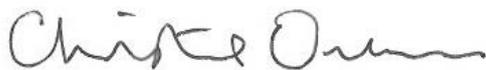
There were 106 attendees at the meeting

1.	Welcome and introduction
	<p>The chairman, Hugh Taylor opened the meeting and extended a very warm welcome to members, staff, volunteers, supporters, governors and directors of The Christie NHS Foundation Trust. He explained the Annual Members' Meeting (AMM) is the formal part of the event and outlined the running order of the meeting. This included the launch of The Christie Quality Mark led by the Executive Director of Nursing & Quality following the formal meeting.</p> <p>Any questions will be taken at the end of the meeting.</p>
2.	Minutes of the annual members meeting held on 12th September, 2013
	<p>The chairman explained that the draft minutes of the previous annual members' meeting needed to be adopted. The minutes were approved.</p>
3.	Amendments to the constitution
	<p>The chairman drew the meetings attention to the summary document in the meeting pack outlining the minor amendments that were made to the constitution since the last meeting. The changes have been approved by the board of directors and council of governors. Amendments approved.</p>
4.	Results of governor elections
	<p>Governors represent members and hold the trust to account through non-executive directors and provide key activities in support of the trust. The election results were outlined.</p> <p>Re-elected:</p> <ul style="list-style-type: none">• Ann Gavin-Daley Salford• Mr Paul Fulford Staff: Registered Medical Practitioner (unopposed) <p>Elected:</p> <ul style="list-style-type: none">• Lisa Wylie Bolton• Dr Mohammad Qureshi Bury• Alice Choi Cheshire• Frank Howard Oldham• Mary Madden Tameside & Glossop• Rachel Daniel Staff: Non Clinical (unopposed) <p>HT congratulated Ann and Paul on being re-elected and extended a warm welcome to all the new governors.</p> <p>Thanks were extended to departing governors. The Chairman made a personal note of thanks to the Council of Governors following his brief time as chair. Specific thanks were extended to the Nominations Committee for their support to the Chairman and their work on appointments.</p>
5.	Appointment of directors
	<p>2013/14 has been an excellent year for both clinical and financial performance. This is a very high quality organisation that has been through a turbulent period in terms of the board of directors. The chief executive, Caroline Shaw was suspended in December and this is now a matter for NHS Protect and the Crown Prosecution Service who are investigating criminal allegations. Roger Spencer has been appointed as Interim chief executive, Jason Dawson as Interim chief operating officer. The Chairman called Roger a wise and skilful leader of the organisation and paid tribute to him following the difficult times that he has led the organisation through. Thanks were also extended to the executive team.</p> <p>As the NEDs were divided in their views over the suspension of the CEO, the then Chairman, Lord Keith Bradley, resigned from his post. Monitor then intervened and on 17th March, Sir Hugh Taylor was appointed and the organisation was rated red for governance.</p> <p>As interim chair, and with the Nominations Committee, the organisation has now appointed a substantive chair from 1st October. Christine Outram will provide leadership from then.</p>

	<p>Changes to the non-executive directors (NEDs) were outlined. Jenni Murray / Lee Childs – both came to the end of their terms. The other 3 NEDs, Jenny Johnson, Pat Loftus and Barrie Bernstein were publicly unhappy so stood down. This then allowed for maximum freedom to get a team in place to move forward.</p> <p>The Nominations Committee and Council of Governors supported the interim appointment of 4 NEDs. Christine Beasley, former Chief Nurse of the NHS and Kathryn Riddle, a qualified lawyer and experienced non executive in June 2014 and Dr Ron Stout, former medical director of the trust and Neil Large, a qualified accountant and current chair of Liverpool Heart and Chest in July 2014. One other interim NED will also be appointed imminently.</p> <p>When the new chair comes into post a new substantive team can be built and a line be drawn under all the recent problems with the board.</p> <p>The Chairman introduced Roger Spencer (RS), Interim Chief Executive.</p>
6.	<p>Report of the chief executive</p>
	<p>RS outlined the passion the organisation has for providing excellent patient outcomes and experience. In 2013/14 there have been some outstanding successes. All quality standards have been met and surpassed. Infection rates, waiting times and feedback on patient experience have all been excellent.</p> <p>In terms of our finances we have shown the best performance ever and we have consolidated the charity accounts into the trust accounts for the first time. Our NHS services have delivered an £18m surplus that can be reinvested into patient services. The Charity have had their best year ever raising £14.8m, £16.5m of charity money has been invested in projects.</p> <p>Commissioners invested more than ever before, £16.5m into new patient treatments. £22.5m has been invested into new assets, e.g. YOU / HTU, brachytherapy and mobile chemotherapy.</p> <p>RS referred members to the Annual Report booklet in their packs for further details.</p> <p>The Audit opinion for 13/14 said that the accounts were a true representation and met the efficiency, effective and economic test.</p> <p>The regulators assessment showed the best results possible in 13/14, a maximum score of 4 in the Continuity of Services risk rating and a governance rating of green, until 17th March when the rating became red as a result of Monitor intervention relating to board governance.</p> <p>In recent months our regulators, Monitor and the CQC, have visited the trust and reviewed services. Our initial feedback shows no concerns about the care and treatment of patients which is very good news. The full report is expected in the coming weeks.</p> <p>RS showed a video summarising a review of 2013/14.</p> <p>RS summarised that it had been an outstanding year and that the excellent results were achieved by a team. He extended thanks to governors, members and supporters. He went on to say that we are also looking forward to exciting things to come, such as the Maggie's Centre, MCRC and Proton Beam Therapy.</p> <p>RS introduced Jackie Collins (JC), Lead governor and public governor for Stockport.</p>
7.	<p>Report of the Council of Governors</p>
	<p>JC introduced herself and has been a governor since 2007 when The Christie became an FT. JC outlined the activities of the Council which comprises 15 public governors, 5 staff governors and 9 partner governors. The public and staff governors are elected and therefore their constituencies come up for re-election periodically. This provides turnover of governors. Once</p>

	<p>a governor is elected they are assigned to a council sub-committee. It is in these sub committees that the majority of the work of the council is undertaken.</p> <p>A brief summary of the work of each committee was outlined.</p> <p>Membership Committee – maintain membership (currently at 30,000 members), approved 3 year membership strategy, focus on local governor engagement.</p> <p>Quality – reviewed issues relating to patient experience, safety and clinical effectiveness. Governors speak to patients about their experience and the feedback is excellent; this is the ultimate assurance for governors of a top class service.</p> <p>Development and Sustainability Committee – 2 year operational plan and 5 year strategic plan, capital developments (including Protons). Annual planning process involvement.</p> <p>All of the sub committees report on a quarterly basis to the full council.</p> <p>Nominations Committee – meets as and when to support the Board in the appointment of NEDs. The committee has been involved with some excellent appointments. JC thanked Hugh Taylor from the Nominations Committee. JC thanked the other governors for their support.</p>
8.	Questions from the Annual Members Meeting
	<p>The chairman ended the formal business of the AMM and asked if there were any questions relating to the AMM.</p>
	<p>Q – Can you explain why there has been a lack of information in relation to the difficulties with the board to members.</p> <p>HT – we have reported on a very regrettable set of circumstances. The situation should have been dealt with totally confidentially but it has been very difficult for the trust as certain elements have been made public and reported in the press. HT has worked actively to keep the Council of Governors (CoG) informed. The CoG were not given a choice in his appointment (Monitor made the decision). The nature of the situation calls for confidentiality. The circumstances have been remarkable.</p> <p>The outstanding issue of the suspension of the CEO is being managed confidentially by the trust.</p> <p>JC – the CoG have been kept in the picture about any press releases and have had numerous extra meetings to share information.</p>
	<p>Q – one of the volunteers expressed concern at the lack of research into the use of alternative, natural products in the treatment of cancer.</p> <p>HT - The chairman remarked that The Christie uses complimentary therapies very well and that some strands of research are looking at natural treatments. We also look at relationships with other countries and how they are approaching treatment.</p>
	<p>Q – a member asked a question in relation to visits to a clinic where delays are common</p> <p>RS –details of the specific patient and their experience will be taken after the meeting so that this can be investigated and fed back. Apologies were extended for any negative experience. Reassurance was also given about a recent visit from the CQC that looked at clinical areas and no issues have been raised about care and treatment as a result.</p>
	<p>Q – The influence the trust has on ancillary services around the care we provide. Specifically transport.</p> <p>RS – we have worked with Arriva and volunteer services to provide appropriate transport and continue to do so to improve services to our patients.</p>
	<p>Q – Is it possible to make a comment on services rather than a complaint to get issues across and try and get feedback?</p> <p>RS – the trust has a PALs service and details can be passed to them.</p> <p>The issue was actually with The Christie Clinic – this will be passed to them.</p>
	<p>Q – Altrincham & Sale Fundraising Group member – get great feedback but useful to know what ROI figure is (% used for admin from donations)</p> <p>RS – excellent comparative figure (better than 5:1 – i.e. 5/6th goes to services), policed by CFC and constantly scrutinised. This information can be passed to fundraisers in future.</p> <p>HT – noted that this is a very good figure comparatively.</p>

	Christine Mathewson reminded members that they can always ring the membership office and ask for the contact details for their public governor and feedback information through them. RS reiterated that the CFC are always looking at ways of improving efficiency. This is part of the culture of the organisation which extends to the charity.
	AGD noted that governors do proactively try to feedback to staff after talking to patients.
9.	Closing Remarks
	<p>The chairman closed the Annual Members Meeting and thanked everyone for attending. He concluded that the trust provides outstanding services but that there are always things that can be done better. The best organisations listen, learn and improve and feedback loops are vital as the key to driving forward care and services.</p> <p>He asked those present if they would complete and return the feedback form contained in the pack.</p> <p>The AMM meeting closed at 3.10 p.m.</p>
10.	Launch of the Christie Quality Mark
	<p>Jackie Bird presented the Christie Quality Mark. She outlined that this has come about through listening to what patients want. This is a pledge about The Christie experience, a promise to patients. Jackie showed a short film about the development of The Christie quality mark.</p> <p>The Quality Mark programme is supported by the Patient Experience Committee and the Governors Quality Committee. Membership was outlined. There has been a focus group looking at the development of the quality mark. Patient standards were identified and the development of standards outlined. This is a clinical and patient experience standard. We will be working over the next year to 2 years to implement the standards across our other sites.</p> <p>Questions were invited.</p> <p>Is this a quality outcome framework as well as standards? We recognise this and take account of it in the development of the standards.</p> <p>Is Mid-Cheshire covered by the work? Mid-Cheshire has been visited as part of the development and had feedback.</p> <p>HT concluded the meeting and thanked everyone for attending.</p>



Signed:

Date: 16th July 2015