



**Annual members meeting
Thursday 20th July 2017**

Chris Outram Chairman
Roger Spencer Chief Executive

Alex Davidson Lead Governor
Louise Westcott Company Secretary
(Minutes)

		Action
1	Welcome & introduction	
	<p>CO extended a warm welcome to our members, governors, staff and volunteers. This is the Annual Members meeting of The Christie 2017 where we will be looking at the work and achievements of the trust in 2016/17.</p> <p>CO thanked everyone for attending and commented that it is fantastic to see so many people here. It has been a great year with many new developments and big steps taken towards our mission of providing world beating care, research and education. People – and patients are at the centre of all this. Thank you for your support.</p> <p>The formal part of the meeting will be followed by a presentation from one of our Consultant Radiologists, Dr Jon Bell who will be talking about our Interventional Radiology service and the new Integrated Procedures Unit where this service is delivered.</p> <p>CO pointed everyone to the pack of information that contains some information about the meeting – agenda, minutes and a summary of changes to our constitution in 2016/17 as well as a summary of the annual report & accounts, some information about the charity and a feedback form.</p> <p>CO asked that attendees fill in the feedback form and post it into one of the silver boxes outside the auditorium.</p> <p>CO also invited everyone to stay for an afternoon tea following the meeting.</p>	
2	Report from the Chairman	
2.1	Minutes	
	<p>CO noted that the minutes for the previous annual members meeting from 21st July 2016 are in your pack. These have been available on the website prior to today's meeting. CO asked that these are approved. Approved</p>	
2.2	Governor elections & thanks	
	<p>CO announced the results of the governor elections;</p> <p>Alice Choi has been re-elected as public governor for Cheshire</p> <p>Lisa Wylie has been re-elected as public governor for Bolton (uncontested)</p> <p>M.I Qureshi has been re-elected as public governor for Bury (uncontested)</p> <p>Ann Gavin Daley has been re-elected as public governor for Salford (uncontested)</p> <p>Mary Maden has been re-elected as public governor for Tameside & Glossop (uncontested)</p> <p>Rachel Daniel has been re-elected as governor for Staff: Non-clinical (uncontested)</p> <p>We also have some new governors;</p> <p>Susan Mee has been elected as public governor for Oldham (uncontested)</p> <p>Alison Armstrong has been elected as governor for Staff: Other Clinical Professional (uncontested)</p>	

		Action
	<p>Richard Hubner has been elected as governor for Staff: Registered Medical Practitioners (uncontested)</p> <p>CO welcomed our new governors and added that she is looking forward to working with them. She also congratulated the existing governors on their re-election to the council.</p> <p>CO also mentioned the outgoing governors;</p> <p>Frank Howard stood down as public governor for Oldham after serving for 3 years & was a valued member of the Development & Sustainability Committee and Paul Fulford stood down as staff governor for Registered Medical Practitioners after serving for 6 years and being a member of the Nominations Committee appointing new NED's – CO noted that she is very grateful for his contribution in these appointments.</p>	
2.3	Appointment of Directors	
	<p>CO outlined the changes to the board in 2016/17;</p> <p>Wendy Makin was appointed as Internal Medical Director from 1st November 2016</p> <p>Tarun Kapur was appointed in June 2016 for an initial term of 3 years.</p> <p>Thanks were extended to Mr Tony Blower who stepped down from his role as Internal Medical Director at the end of October 2016 after 3 years on the board.</p> <p>CO also noted that Eve Lightfoot was appointed as Director of Workforce (a non-voting member of the board) in May of this financial year.</p>	
2.4	Amendments to trust constitution	
	<p>CO noted that minor amendments have been made to the constitution in 2016/17.</p> <ul style="list-style-type: none"> • The first change is in Annex 8, section B, item 2 'The Board'. The change in the wording is to better describe the arrangement for joint board members; • The second change is in Annex 3, item 4 and relates to the composition of the council of governors and specifically the description of the partner governor organisations. This updates the section to reflect the organisations currently represented on the council. <p>The amendments have already been approved in the appropriate way through the board & council. The meeting approved the changes.</p> <p>Approved</p>	
3	Report of the Chief Executive	
3.1	Annual report & accounts & future plans	
	<p>RGS introduced the annual report & accounts and noted that at The Christie we are passionately committed to improving the outcomes and experiences for cancer patients. In 2016/17 our team has delivered an outstanding set of results that do just that. He added that the meeting would see a short film that describes some of the highlights. RGS pulled out some of the details for the meeting first;</p> <p>Quality Standards</p> <p>In May 2016 we had our comprehensive inspection by the Care Quality Commission. We received an Outstanding rating (the highest possible rating), the breakdown of this rating showed us to be the highest rated specialist trust in the country and in the top 3 rated of all trusts nationally. An amazing achievement.</p> <p>We met all the required quality standards across the year including our safety measures such as waiting list targets and extremely low infection rates. But most importantly we have received excellent feedback from our patients giving us excellent outcome and experience results.</p> <p>Financial Performance – our results were better than plan. RGS reported that we made a consolidated surplus of £20.1m (charity & NHS). The charity has received</p>	

		Action
	<p>£14.34m donations and funded £9.9m of projects</p> <p>NHS commissioners have invested in an extra £8.8m more in patient treatments than in previous years. We have invested £57.2m on new assets including:</p> <ul style="list-style-type: none"> • Development of the Integrated Procedures Unit • Opening of the redeveloped MR suite • Maintenance of patient areas to ensure they are of the highest standard – including Oak Road entrance & associated enhanced patient facilities • Continued work on the Proton Beam Therapy development <p>Auditors Opinion</p> <p>RGS reported that we have been given a clean bill of health by our auditors – who set out in their report that our accounts are a true representation and we pass the required efficient, effective and economic tests.</p> <p>Regulators Assessment</p> <p>RGS reported that we have complied with the required standards and have been rated as Outstanding in the comprehensive CQC inspection as well as achieving the best possible rating (1) in the Single Oversight Framework which assesses performance across;</p> <ul style="list-style-type: none"> • quality of care • finance and use of resources • operational performance • strategic change • leadership and improvement capability <p>RGS noted that more information is available on the website and a full set of accounts can be requested if anyone would like to see them.</p> <p>The video of the highlights of the year was shown.</p> <p>CO thanked RGS and introduced Alex Davidson</p>	
4	Report from the council of governors	
	<p>Alex Davidson introduced himself as the public governor for Cheshire and Lead Governor of the Council of Governors. He noted that he has been a governor for 8 years.</p> <p>AD gave a brief summary of the work of the council and its committees in 2016/17.</p> <p>In 2016/17 the Membership & Community Engagement Committee approved the Membership Strategy for 2016 – 2019. The main focus of the 3 year strategy is on membership levels. This includes a focus on a representative and engaged membership and a retirement programme for members who wish to opt-out. Our current membership is around 30,000 members; the target membership is now 10,000 engaged members.</p> <p>The Quality Committee reviewed issues relating to patient safety, clinical effectiveness and patient experience and are involved in the ‘talking to patients’ initiative that gives them direct engagement with patients, carers and front line staff. They also received the quality accounts for the year.</p> <p>AD noted that as a member of the committee it is really interesting to speak to patients & carers about their experience.</p> <p>AD noted that in 2016/17 the Development & Sustainability Committee has been involved with the Annual Planning process and has worked on reviewing progress against the 5 year Strategic Plan & the 2 year Operational Plan. This committee has also provided governor input to major capital programme developments including the Integrated Procedures Unit and Proton Beam Therapy project.</p> <p>Finally the Nominations Committee has been supporting the Board of Directors in the process of appointing a substantive non-executive director to the board.</p>	

		Action
	<p>AD concluded that the council of governors as a whole have had a good and busy year. Amongst other things they have approved the appointment of a non-executive director, reviewed the appraisals of the non-executive directors including the chairman and approved minor changes to the Trust constitution.</p> <p>Another busy and productive year for the council of governors.</p>	
5	Questions	
	<p>Q – we hear talk about nurses not getting rewarded well enough, do we look after ours.</p> <p>RGS – we have nationally agreed pay levels, we also get staff involved in how we do things. Some other organisations suffer from shortages but currently we don't – this reflects that it is very good to work here.</p> <p>Q – the effect of the fire – do we know how bad this is.</p> <p>CO responded that it was a terrible event but we have made alternative arrangements for the staff in other facilities with help from the University of Manchester & CRUK. Long term the effect will be minimised.</p> <p>RGS added that we have 3 research buildings on the site. The research in the building affected was basic research and not clinical research that directly affects patients. We are providing other facilities for research.</p> <p>Q - Pharmacy – have been a patient for 5 years, pharmacy is deteriorating. Not uncommon to wait 2 hours plus for drugs. Have been coming back next day.</p> <p>RGS – apologised and confirmed that this has been identified as an issue. We have a shortage of pharmacists at the present time and we have a plan to change things to get back to where we were 18 months ago. Currently going through a process to change who we deliver pharmacy with, it's not as efficient as it should be. It may be value for money but it's not effective so we are changing things. CO agreed that this is not good enough and we are addressing it.</p> <p>Q - Clean bill of health by auditors / PLACE assessment – are they independent of each other.</p> <p>RGS – PLACE is led externally and involves patients / governors. Audit of accounts is separate and looks at a financial audit of accounts</p> <p>Q - Will you carry on having enough money for research after Brexit.</p> <p>CO – we want to make sure there are no barriers to cooperation across Europe & further. EU is one of the funders for research. We hope to have access to this going forward. EU research money has been very useful, it's not the only source of funding, and there are other international funders as well as commercial etc. So far this hasn't impacted but we will continue to do our best to ensure we get funding.</p> <p>CO – we hope that whatever the political situation we will continue to be a well-respected research facility. RGS added that the majority of the funding we get for research doesn't come from EU funding.</p> <p>Member commented that this is a great place.</p> <p>CO thanked everyone and noted that this is the end of the formal part of our meeting.</p> <p>CO welcomed Jon Bell.</p>	
6	Interventional Radiology, Dr Jon Bell Consultant Interventional Radiologist	
	<p>JB introduced himself as a consultant interventional radiologist. He informed the meeting that the £6.8m Integrated Procedures Unit (IPU) is now open and that interventional radiology is now a part of this as 1 of 5 services in a single location. This really improves the patient experience.</p> <p>Evert patient who has cancer will have some form of imaging. The interventional radiology team work with all other cancer specialties in the trust.</p> <p>Interventional radiology is minimally invasive procedures under image guidance. Needles are put into tumours, can heat tumours; give chemo & radiotherapy directly</p>	

	Action
<p>to tumours. We look to use these techniques to cure cancer.</p> <p>There are different ways of treating cancer: Radiation, Surgery, Medical Oncology (chemotherapy) as well as interventional radiology.</p> <p>JB noted that this is a relatively new speciality. It performs very well in terms of symptom control – such as supporting patients to swallow and kidney function.</p> <p>He described the directed therapies in the liver – interventional radiology is minimally invasive, targeted (limits side effects), and prolongs survival.</p> <p>JB described a patient story. Scans were shown for a liver tumour that wasn't operable, treatment was given by the interventional radiologists that shrunk the tumour then the patient was fit for surgery and was eventually cured.</p> <p>JB described intervention on a particular patient with bowel cancer that enabled him to be fit for chemo / radiotherapy.</p> <p>JB described the new kit that is now available in the IPU. However, the team needed another piece of kit, this was bought through the charity and the team worked closely with the charity to raise an amazing amount of money to get the second machine. The impact on patients is significant.</p> <p>JB showed a video that was shown as part of the fundraising ask at the Christie Ball earlier in the year. The piece of kit is the first machine of its kind in Europe; we are ahead of even the US with this. This puts us at the forefront of cancer treatment.</p> <p>Staff engagement & relationship with patients mean that the delivery of care is first class. We are collaborating with colleagues across the world to improve patient care here and across Europe. We have a young innovative team and a strategy to move forward to continue to improve.</p> <p>JB described how we are now looking at future technology and what we may be able to procure in the future.</p> <p>CO thanked JB for his presentation.</p> <p>Q - Do you treat neuro endocrine patients?</p> <p>JB responded that we are a European Reference centre for neuroendocrine tumours and that we have multi-disciplinary teams (MDTs) and there are patients that are referred for treatment by the interventional radiology team. The team help them where they can.</p>	