

**Annual members meeting  
Thursday 18<sup>th</sup> July 2019**

Chris Outram	Chairman	Ann Gavin-Daley	Public Governor
Roger Spencer	Chief Executive	Louise Westcott	Company Secretary (Minutes)

		Action
<b>1</b>	<b>Welcome &amp; introduction</b>	
	<p>CO welcomed members, governors, staff and volunteers to the 2019 Annual Members meeting of The Christie at which we will be looking at the work and achievements of the trust in 2018/19.</p> <p>CO thanked everyone for attending and commented that it is fantastic to see so many people here. It has been another great year with many new developments and steps taken towards our mission of providing world beating care, research and education. CO stressed that it is the people and especially our patients, who are at the centre of all this. She thanked everyone for their continued support.</p> <p>The formal part of the meeting will be followed by a presentation from Professor Fiona Thistlethwaite, Medical Oncology Consultant in the Experimental Cancer Medicine Team. CO extended a warm welcome to Fiona and commented that it is fantastic that we are hearing about the progress that is being made in immunotherapy.</p> <p>CO pointed everyone to the pack of information that contains the agenda, minutes and a feedback form. A summary of the annual report &amp; accounts is also available to pick up in the foyer.</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 afternoon tea following the meeting.</p>	
<b>2</b>	<b>Report from the Chairman</b>	
<b>2.1</b>	<b>Minutes</b>	
	CO noted that the minutes for the previous annual members meeting from 19 <sup>th</sup> July 2018 are in your pack. These have been available on the website prior to today's meeting. CO asked that these are approved. Approved	
<b>2.2</b>	<b>Governor elections &amp; thanks</b>	
	<p>CO announced the results of the recent governor elections;</p> <p>Derek Harrison has been re-elected as public governor in the North West constituency and Matt Bilney has been re-elected as staff governor for registered nurses, both for 3 year terms.</p> <p>We also have 2 new governors;</p> <p>Janet Morley has been elected as public governor for Manchester (uncontested) and Victoria Hallam has been elected as public governor for the remainder of England &amp; Wales (uncontested), both for 3 year terms.</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 noted that we have 3 outgoing governors, Roger Bowman who has completed the maximum term allowed under our constitution of 9 years as public governor for Trafford. He has been a valued member of the Development &amp;</p>	



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	<p>Sustainability Committee. CO thanked Roger for his fantastic contribution to the council and the Trust.</p> <p>Madelaine Mansfield and Fiona Wolstenholme have both completed 3 years as public governors for Manchester and have been valued members of the Membership &amp; Community Engagement Committee.</p>	
<b>2.3</b>	<b>Appointment of Directors</b>	
	<p>CO outlined the changes to the board in 2018/19;</p> <p>The Nominations Committee recommended the reappointment of Kieran Walshe, Jane Maher and Robert Ainsworth for a further term of 3 years each. The Council of Governors approved all of these extensions.</p>	
<b>2.4</b>	<b>Amendments to trust constitution</b>	
	CO outlined that there have been no changes to the constitution in 2018/19.	
<b>3</b>	<b>Report of the Chief Executive</b>	
<b>3.1</b>	<b>Annual report &amp; accounts &amp; future plans</b>	
	<p>RS welcomed everyone.</p> <p>RS introduced the annual report &amp; accounts and noted that at The Christie we are passionately committed to improving the outcomes and experiences for cancer patients.</p> <p>In 2018/19 our team has delivered an outstanding set of results. RS described how the meeting would see a short film that describes some of the highlights of the last year. He first outlined some of the details.</p> <p><b>Quality Standards</b></p> <p>RS noted that we met all the required quality standards across the year with the exception of the 62 day target. We have achieved all of our safety measures such as all other 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. You will hear more about this shortly.</p> <p><b>Financial Performance</b> – our results were better than plan</p> <p>We have made a consolidated surplus of £28.5m (charity &amp; NHS). The charity has received £13.6m in donations and funded £4.4m of projects.</p> <p>NHS commissioners have invested £20.6m more in patient treatments than in previous years.</p> <p>We have invested £40.1m on new assets including:</p> <ul style="list-style-type: none"> <li>• Maintenance of patient areas to ensure they are of the highest standard – including the creation of a new Outpatient department &amp; associated enhanced patient facilities;</li> <li>• Replacement of major diagnostic equipment including a PET-CT;</li> <li>• Completion of the Proton Beam Therapy facility.</li> </ul> <p><b>Auditors Opinion</b></p> <p>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><b>Regulators Assessment</b></p> <p>We have complied with the required standards 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"> <li>• quality of care</li> <li>• finance and use of resources</li> </ul>	



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	<ul style="list-style-type: none"> <li>• operational performance</li> <li>• strategic change</li> <li>• leadership and improvement capability</li> </ul> <p>The CQC continue to rate our services as Outstanding.</p> <p>RS 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>RS noted that there is a Horizon programme on BBC2 this Monday telling the story of the Proton Beam Therapy service.</p> <p>The video of the highlights of the year was shown.</p> <p>RS asked that people help themselves to the summary review of the annual report and accounts that is available in the foyer.</p> <p>CO thanked RS and introduced Ann Gavin Daley.</p>	
<b>4</b>	<b>Report from the council of governors</b>	
	<p>Ann Gavin Daley (AG) introduced herself as the public governor for Salford and a member of the Quality Committee of the Council of Governors. She noted that she has been a governor for 8 years.</p> <p>AG gave a brief summary of the work of the council and its committees in 2018/19.</p> <p>The Membership &amp; Community Engagement Committee have been working to develop the Membership Strategy 2019 – 2022. This continues the work of the previous strategy with the main focus on increasing engagement and representation in the membership. At the end of the year 2018/19 our total membership was 19,547 members (this is including staff and volunteers), this has been reduced from 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 and reviewed the quality accounts for the year.</p> <p>The Development &amp; Sustainability Committee has been involved with the Annual planning process and has worked on reviewing progress against the Trust Strategy &amp; the Operational Plan as well as the Greater Manchester cancer plan. This committee has also provided governor input to major capital programme developments including the Proton Beam Therapy build, the Paterson site redevelopment, the tiered car park and the outpatients’ redevelopment as well as receiving updates on the financial planning process.</p> <p>The council of governors as a whole have had a good and busy year. Amongst other things they have reviewed the appraisals of the non-executive directors including the chairman and worked on the development of the refreshed strategy of the Trust.</p> <p>Another busy and productive year for the council of governors.</p> <p>CO thanked AG for her presentation.</p>	
<b>5</b>	<b>Questions</b>	
	<p>Q - What is the average wait time for patients?</p> <p>RS responded that the 62 day standard only covers a small number of patients and that our performance has been 5% lower than we want. The vast majority of patients are seen for their first treatment within 24 days and we are working towards this for all patients. We don’t have a big backlog of patients and we don’t accept long waiting times.</p> <p>Q - What can you say about the progress with the Paterson development?</p> <p>RS responded that demolition is well underway. This will be completed by the end of August. Plans are being considered by Manchester City Council and we expect to</p>	



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	<p>hear the result of this process by the end of August. If we get approval work would start straight away and we would anticipate this to be complete towards the end of 2021.</p> <p>Q - What are the Trusts contingency plans for fire?</p> <p>RS responded that we have extensive and comprehensive plans for any emergency event including fire. These plans are tested regularly and guidance is sought from experts. We test the plans and approve compliance through the board. We've had other disruptions from electrical issues etc and this has caused very limited impact on patients.</p> <p>CO noted that this is the end of the formal business of the Annual Members meeting and introduced our clinical presentation from Professor Fiona Thistlethwaite.</p>	
<b>6</b>	<b>Driving CARS at The Christie – Professor Fiona Thistlethwaite</b>	
	<p>FT introduced the new form of treatment called CAR-T therapy which involves genetically modified T-cells that are being used to kill cancer.</p> <p>Our immune systems play a significant role in fighting cancer and this development works with this to develop treatment for certain cancers.</p> <p>FT described the work that has been undertaken to develop new treatments and using the immune system to fight disease.</p> <p>She described how one single T-cell can kill 100's of thousands of cancer cells and the realisation that we could give one treatment of modified t-cells to direct them to the cancer, this then sets off a chain reaction of T-cells multiplying and attacking cancer and then staying in the body to attack future cancer cells that develop.</p> <p>FT described the process of getting the T-cells from the patients, taking them to the lab and infecting the cells with a gene modified virus that codes the T-cells. They are then grown into millions of CAR-T cells. The patient then comes in to have chemotherapy to wipe out the remaining immune system before the CAR-T cells are put back in to the same patient.</p> <p>10 years ago we delivered the first CAR-T treatment and there have been many small trials of these therapies that have been very difficult to deliver.</p> <p>FT showed trial results of leukemic patients that gave incredible outcomes and durable remissions over years. These results resulted in fast adoption of some of these therapies. FT highlighted that the treatment is very expensive currently but is a one off treatment and therefore saves other forms of care down the line.</p> <p>There is a huge opportunity now in Manchester through the experience over the last 10 years. The government has recognised that this form of therapy should be delivered in the NHS. The government wants a joined up approach so has released money to form centres of excellence. iMatch (Innovate Manchester Advanced Therapy Centre Hub) has been formed and a bid put in for this money – this is a collaboration of 12 partners in 1 City including commercial partners. This looks mainly at clinical trials in T-cell therapy.</p> <p>FT noted that there are side effects to the treatment and serious toxicity can be experienced by patients that means they need other care such as ITU.</p> <p>The iMatch bid was successful and work is now underway on traceability &amp; tracking systems, data capture, scaling up of the treatment and safe delivery.</p> <p>FT noted that we are now 1 year into a 3 year programme. There are 18 trials of adoptive cell therapy in Manchester.</p> <p>FT highlighted some trials that have been funded and the training and education programme that is underway. A new MSc has now developed at the University of Manchester.</p> <p>CAR-T is now available in the UK and patients have started being treated at The</p>	



	<b>Action</b>
<p>Christie with CAR-T therapy. Plans are being developed for the future in terms of increased collaborative working and shared learning. CO thanked FT for her presentation.</p>	
<p>Questions were invited. Q – What is happening with large tumours, are there plans to look at solid tumours as well as blood cancers? FT responded that large cancers are made up of billions of cancer cells, tissue and other cells. Clinical trials are underway in ovarian cancer. The key is for the T-cell to attack the right protein on the tumour. FT noted that she is not aware of neuroendocrine trials currently but that this could come further down the line. Q – is there a way that treatment could be effective for colorectal cancer? FT responded that research is taking place to find the right protein so that therapy can be designed for these cancers and this will continue to develop. Q – I saw a recent programme about CAR-T and patients were terribly ill and eventually died. FT noted that these therapies have major side effects currently but for some patients who have no other treatment options this could provide a chance for recovery. Patients are very carefully chosen for this treatment. The challenge in solid tumours is that we haven't seen such strong responses and this is why this continues in trials. We still have a lot to learn about this but there is a lot of cutting edge laboratory research going on to make this type of treatment less toxic. This will not be the standard of care for all cancers but will be good for some. Q – could you use one patient's immune cells in other patient? FT responded that there is work going on to produce an off the shelf product for any patient.</p>	
<p>CO thanked everyone for attending and for the support given. Meeting closed.</p>	

