



Annual Members' Meeting Thursday 21st July 2016, 2.00 p.m. The Christie Auditorium

Presenting:

Christine Outram
Roger Spencer
Peter Latimer

Chairman
Chief Executive
Lead governor

Professor Tim Illidge Professor of Targeted Therapy and Oncology

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1	Welcome & introduction	
	CO introduced herself & welcomed our members, governors, staff and volunteers. She extended a huge thank you to the Christie Choir for welcoming us into the meeting. CO introduced the Annual Members meeting of The Christie 2016 which looks at the work and achievements of the trust in 2015/16.	
	CO commented that it is fantastic to see so many people at the meeting and that it has been a great year with many new developments and progress on our world beating care, research and education. She highlighted that people and patients are at the centre of all this and thanked everyone for their support.	
	CO informed the meeting that the formal part will be followed by a presentation from one of our Clinical Oncologists, Professor Tim Illidge who will talk about some of the latest technology and treatments available here.	
	Attendees were asked to refer to the information that they received on arrival which contains some information about the meeting including the agenda, minutes and a summary of changes to our constitution in 2015/16 as well as a summary of the annual report & accounts, some information about the charity and a feedback form.	
	CO asked that people fill in the feedback form and post it into one of the silver boxes outside the auditorium.	
	CO also invited people to stay after the meeting for afternoon tea.	
	Attendees were then talked through the fire procedure.	
2	Minutes of the meeting held on July 16 th July 2015	
	CO noted that the minutes of the previous annual members meeting from July 2015 have been published on the website and are also in the pack that attendees have. CO asked that the minutes are approved. Approved.	
3	Report from the chairman	
	CO informed the meeting that Allen Leitch-Whittaker, public governor for Stockport for 1 year, sadly passed away earlier this year.	
	CO went on to announce the results of the governor elections for 2016.	
	Roger Bowman has been re-elected as public governor for Trafford	
	Damian Heron has been re-elected as public governor for Remainder of England & Wales (unopposed)	

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Matt Bilney has been elected as staff governor registered nurses (unopposed);	
Madeleine Mansfield and Fiona Wolstenholme have been elected as public governors for Manchester;	
Derek Harrison has been elected as public governor for the North West &	
Jackie Collins has been elected as public governor for Stockport (for 2 years)	
CO extended a warm welcome to our new governors, and added that she looks forward to working with them in the future. She also extended her congratulations to our existing governors on their re-election.	
CO then summarised the changes to the board of directors in 2015/16.	
Executive Directors	
Fiona Noden was appointed as Chief Operating Officer in August 2015	
 Chris Harrison was appointed as Executive Medical Director (Strategy) in February 2016 	
Non-executive Directors	
 Kathryn Riddle was appointed substantively for 2 years in May 2015 (following 12 months in an interim capacity) 	
 Neil Large was appointed substantively for 2 years in July 2015 (also following 12 months in an interim capacity) 	
Kieran Walshe was appointed for 3 years from July 2015	
Jane Maher was appointed for 3 years from September 2015	
Robert Ainsworth was appointed for 3 years in early March 2016	
 Ron Stout ended his period as an interim NED at the end of March 2016, CO noted the boards grateful thanks to Ron for his time as an interim on the board. 	
CO also noted that we have made a further appointment in June of this financial year of Tarun Kapur (also for 3 years).	
Amendments to the Constitution in 2015-16	
CO noted that the amendment that has been made to the constitution is detailed in the packs. The council approved the change to the constituencies of the council by the removal of the Staff governor: volunteers post. This was approved at the council of governors meeting on 13 th May 2015.	
CO summarised that this is a minor amendment and has been approved in the appropriate way through the council and board. She asked for this amendment to be approved.	
Report from the chief executive	
RGS introduced his report by talking about how we are passionately committed to improving the outcomes and experiences for cancer patients. He summarised that in 2015/16 The Christie team has delivered an outstanding set of results that do just that.	
Quality Standards - we met all the required quality standards across the year including our safety measures such as waiting list targets and extremely low infection rates. RGS also stressed that most importantly we have received excellent feedback from our patients giving us excellent outcome and experience results.	
Financial Performance – RGS pointed to the summary of our annual report & accounts that gives a bit more information.	
RGS highlighted our results which were better than plan;	

- 1. Consolidated the charity with the NHS accounts
- 2. We have made a consolidated surplus of £11.6m, with our Trust surplus being £3.8m
- 3. The charity received a record £15.9m donations and funded £7.9m of projects
- 4. NHS commissioners have invested an extra £5.6m more than last year in patient treatments
- 5. We have invested £46.8m on new assets including:
 - Upgrade and replacement of two state of the art linear accelerators;
 - Completion of the upgrade to our patient administration system (PAS) and clinical information system;
 - Work on the Integrated Procedures Unit which started towards the end of the financial year;
 - The Manchester Maggies' centre was built and was opened this Summer
 - Continued work on the development of the Proton Beam Therapy unit.

Auditors Opinion

RGS noted 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. We have also had a properly audited set of quality accounts that meet all the requirements.

Regulators Assessment

RGS also reported that we have complied with the required standards and have had our comprehensive CQC inspection in May 2016. We await the outcome but have some very good initial feedback.

RGS outlined our excellent results:

- 1. Continuity of service risk rating 4 the best possible rating
- 2. Governance rating of green

RGS also confirmed that our Annual Report & Accounts 2015/16 have been laid before Parliament.

The review of the year video was then showed that summarised some of the work that has gone on in 2015/16 including patient testimonies and information from clinicians and board members. Some of the technology, builds, work with staff and charity work were outlined as well as the services we offer such as care at home and specialist surgery.

RGS thanked the staff and the whole team at the Christie. He also thanked the governors, patients and their relatives & carers that help us to do fantastic things we do and make great improvements for cancer care.

6 Report of the council of governors

Peter Latimer presented the work of the council of governors in 2015/16.

He noted that it has been a busy year for the council of governors. The work is carried out through 4 committees PL gave a brief description of their work over the course of the year;

Membership & community engagement committee

PL highlighted the following points;

- The committee reviewed the three year membership strategy 2016-2019 on behalf of the council and will be recommending it for approval.
- The committee has a focus on local governor engagement and our governors act as

parking and this pressure will continue while we're building. This will improve in March, but we have provided provision to drop off patients. It was acknowledged that

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	this is a short term problem.	
•	In relation to the research undertaken, is there a particular cancer being targeted. RGS responded that Prof Illidge will talk more about this.	
•	Impact of Brexit on research, staffing etc, does the trust strategy plan for this. CO responded that we are responding and we have written out to staff to reassure them. RGS added that we have done an initial risk assessment, that there is some small amount of funding that comes from the EU. We don't know exactly what the issues might be but are keeping up with the developments that come from the transaction as we leave the EU.	

6 Latest technology & treatments

Professor Tim Illidge introduced himself and thanked the Board for inviting him to present. He has been here for 11 years having worked in Europe and the USA.

TI highlighted that the Christie has the lead radiotherapy related research group. The nature of this success is about partnerships and getting the people together to make advances. The Christie, the University of Manchester (UoM) and CRUK.

The Christie is the largest radiotherapy service in the UK. 60% have a radical (curative) intent. About 40% of patients cured have some radiotherapy and it is a highly cost effective treatment. We are looking at the quality of survival as well as cure.

TI stressed that the best patient outcomes involve treatment where there are high levels of radiotherapy.

TI talked about how we have an incredible history in terms of the development of radiotherapy here. There have been numerous world firsts including MLC, IGRT and IMRT.

TI talked about the team that deliver radiotherapy and the close work between clinical care and science and research. We are developing research by getting groups together – Medical Physics, radiology, clinical oncologists, UoM Physics, CRUK Manchester Institute and the Institute of Cancer Science.

TI talked about dealing with the movement of patients during radiotherapy – breathing, moving – decreases accuracy. The MR-guided radiotherapy is better for soft tissue as enables better delivery of radiotherapy and modification of treatment as it progresses. He talked about the fantastic team including the leading medical physicist in the world.

TI talked about the Proton beam therapy service we are developing and how proton beam has better treatment characteristics. The beam causes less collateral damage to the surrounding healthy tissue.

TI talked about the recruitment of Professor Karen Kirkby as the Professor of Proton therapy and the team she has working with her.

Our drive is to become world leading in this area, we will achieve this by the working together of our stars. We have invested in a research room in the proton centre and are always pushing the boundaries to develop proton treatment and translating research into treatment. We have invested in imaging and image guidance. The next proton conference is also being held in Manchester.

The partnerships have enabled investment which will improve treatment and then outcomes.

TI gave thanks to patients and supporters who also enable this work to happen.

Questions were invited

• When will be no. 1. TI responded that in some areas we are world leading but in radiotherapy we can become world leading in the next 5 years. This takes time and

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	investment. The research room we have is unique.	
	 Why do the US have proton therapy first and do we work with the US. TI responded that we do work together with the world's best centres in radiotherapy delivery. This makes a big difference. Toronto is the biggest radiotherapy centre, we are the second and we work closely. There is an upcoming conference with the world's best coming to Manchester, this will be a great opportunity. 	
	Are the research facilities income generators. TI responded that they can and will be but this isn't the main driver. The programme of research will come from the research council as a result of the quality of the research we are leading. There are industrial collaborations also as well as the improved opportunity to do trials that bring money.	
	 How can we keep up with advances in equipment? TI responded that we will do our best and are investing in the equipment that is the most advanced. It is highly likely that the developments in research will change the requirements of the machines. 	
	 What research is there into the cause (as this is about treatment). TI said that he isn't the expert on this but that he has the honour of working with Salvador Moncado who has done fantastic work on early detection, which is not quite cause but if we were able to diagnose earlier we would get better outcomes. He said that we know a lot about causation. Smoking, drinking, sexual activity and diet are the things that we need to focus on amongst our younger generation. 	
7	Conclusion of the session	
	Thanks were extended from CO for attending today, it has been a great year. Enjoy afternoon tea.	