

**MINUTES OF THE 12TH ANNUAL MEMBERS MEETING
HELD AT 5.30PM ON THURSDAY 27TH SEPTEMBER 2018
AT THE CLATTERBRIDGE CANCER CENTRE**

Present: Phil Edgington (in the Chair)
7 Board Members
8 Governors
14 Public members
5 Staff members

Apologies:

Board of Directors - David Teale, Debbie Francis, Mark Baker.

Council of Governors - Andrea Chambers, Brian Bawden, Deb Spearing, Ian Boycott-Samuels, Jane Wilkinson, John Field, Millie Blankstone, Trish Marren, Ray Murphy, Shaun Jackson.

Minutes: Margaret Moore

Item		Action
1	<p>Chairman's Welcome & Introduction</p> <p>Phil Edgington welcomed everyone present to The Clatterbridge Cancer Centre NHS Foundation Trust's 12th Annual Members Meeting (AMM).</p> <ul style="list-style-type: none"> • Apologies were noted as above. 	
2.	<p>Minutes of the last meeting:</p> <p>The minutes of the meeting held on 28th September 2017 were approved.</p>	
	<p>Questions raised:</p> <p>Q. Will the problems at the Royal create problems for CCC? A. <i>Ann Farrar (AF) – Interim Chief Executive – The continued delay to the handover of the Royal does not have any effect on our planned Spring 2020 opening but we have put reasonable measures in place as the new Royal may not be open.</i></p> <p>Q. Person living in Chester who has received treatment at CCC-W, will they continued to received their treatment here? A. <i>Barney Schofield (BS) – Director of Operations & Transformation - The vast majority will still be treated at CCC-W, the exceptions will be (a) if they are required to be an inpatient (b) rare cancers or complex treatment required. These cases would be seen at our new hospital in Liverpool.</i></p>	

	<p><i>BS informed that £10m had been set aside to develop the current CCC-W site, also a new Maggies Centre will open here in 2020.</i></p>	
<p>3.</p>	<p>Chief Executive Report</p> <p>Ann Farrar (AF), Interim Chief Executive thanked and welcomed everyone to the meeting.</p> <p>She stated she was delighted to be part of the great work that is carried out here at CCC and provided the meeting with highlights from her report/presentation.</p> <p>Our Achievements:</p> <ul style="list-style-type: none"> ➤ There has been fantastic progress with our new flagship hospital in Liverpool Knowledge Quarter. ➤ The successful integration of the blood cancer service. ➤ Since January, staff deployed to deliver more care closer to home – ready to offer the first 1000 treatments closer to home. <p>AF complimented our outstanding staff:</p> <ul style="list-style-type: none"> ➤ We had celebrated the 60th Birthday of the Trust. ➤ Received BMJ award for Cancer care awarded to Papillon service. ➤ Nursing Times Innovation award in relation to skin service. ➤ Appointed four consultant Radiographers. ➤ Presented the John Littler Award to Dr Anna Olsson-Brown. <p>Regarding Research & Innovation:</p> <ul style="list-style-type: none"> ➤ The Trust has allocated £1.8m research investment over the next 3-years. ➤ Leading £4m research into liver cancer treatments (TACE-3) ➤ Awarded GDE fast follower status £3m funding ➤ Completed Telehealth Pilot, enabling lung cancer patients to take part in appointments from the comfort of their own home. <p>Finance:</p> <ul style="list-style-type: none"> ➤ We met all our 2017/18 statutory financial targets. ➤ £5.75 surplus on our 2016/17 budget. ➤ £21.36 capital investment. ➤ Investment in new hospital in Liverpool, equipment for Papillon service and EPR system. ➤ The Trust received £530k from the Charity to support Research & Development and patient welfare support. <p>Key Quality highlights of 2017/18:</p> <ul style="list-style-type: none"> ➤ Consistently in Top 20% performing Trusts staff & patient CQC surveys ➤ Inpatient Friends & Family - 99.4% reporting ‘extremely likely’ or ‘likely’ when asked ‘How likely are you to 	

recommend our ward to friends and family if they needed similar care or treatment.

Outpatient Friends & Family – 96% would recommend our service.

- Electronic incident reporting system (DATIX), high reporter status.
- Participated in 13 National Clinical Audits, 1 confidential enquiry ie 100%
- Mandated Waiting Times Targets met (post breach reallocation).
- Infection Control:
 - MRSA bacteraemia - 6 years 272 days since last case
 - C.diff - 205 days since last attributable case
- Research: Experimental Cancer Medicine Centre status gained and appointed Director of Academic Research.
- Expansion of services July 2017 Haemato-Oncology.
- Implementation of new Governance arrangements.

The presentation then moved on to:

Strategic Plan 2018-2022:

- Pivotal point in CCC's Transforming Cancer Care programme including new hospital in Liverpool.
- Significant opportunity to influence care access and outcomes through our future clinical model, haemato-oncology integration, expanded research capacity and access and our digital transformation programme.
- Expected refresh of the national cancer strategy - significant opportunity for CCC to work with partners to shape the future cancer provision, to further transform care and outcomes across the whole pathway.

Our Strategic Priorities to 2022:

- **Delivering highly specialist 21st century cancer care**
We will continually innovate to provide thousands more patients faster, local access to the most advanced treatments, research and expertise provided by multi-skilled teams.
- **Recognised as best in class at research and innovation**
We will offer every patient the choice to access clinical trials to benefit cancer patients now and in the future
We will be recognised as best in class for Quality Improvement and Innovation as we transform cancer care
- **Rewarding and developing our outstanding staff**
We will offer amazing development opportunities and flexible working to fit 21st century care.
We will be recognised by our staff as a first class provider of health and wellbeing support.
- **Achieving excellence for all across Cheshire & Merseyside through collaboration**

	<p>We will deliver equitable standards and outcomes for our population via the Cancer Alliance. We will significantly contribute to the reduction in health inequalities and economic regeneration of our local population.</p> <ul style="list-style-type: none"> ➤ Being Enterprising We will continue to be enterprising in non-core services and reinvest income into patient care. ➤ Maintaining our excellent quality, operational and financial performance We will deliver outstanding quality outcomes and long-term operational and financial strength to re-invest patient care. <p>AF explained what our strategy will mean for patients, staff and our partners:</p> <ul style="list-style-type: none"> ○ Our patients want faster access to wrap-around care – treating the person, not just the cancer –and more opportunities to take part in clinical trials. ○ Our staff want to co-lead implementation of our future clinical model, opportunities to progress their careers and support for innovation and new ideas. ○ Our partners want us to positively promote our brand of excellence in C&M and be a national trailblazer for outstanding cancer outcomes contributing to a reduction in inequalities and long-term successful economic re-generation for the population we serve. <p>In conclusion AF confirmed:</p> <ul style="list-style-type: none"> ➤ 2017/18 was a year of a solid excellent performance ➤ Patient experience results were outstanding ➤ High appetite by staff to innovate and transform cancer care for the benefit of patients ➤ A lot of discussion on the direction of travel for the future – more outward looking, more collaborative pathway integration and more self-promotion of our great innovative care and experiences ➤ Time feels right to consolidate into approval and action at the Board in October. 	
<p>4.</p>	<p>Council of Governors</p> <p>Stephen Sanderson (SS), Senior Public Governor advised that the Council of Governors is made up of public, staff and nominated representatives who are elected by our fellow members to sit on the Council of Governors.</p> <p>The Governors carry out a range of important and varied work on behalf of our members from active involvement in the Investment in Liverpool to supporting developments to improve patient care and experience.</p> <p>The outcome of the 2018 Governor election process was:</p>	

	<p>Public constituencies: (8 newly elected & 3 re-elected)</p> <ul style="list-style-type: none"> • Wirral & rest of England – Christine Littler & Andrew Waller • Cheshire West & Chester – Brian Blundell • Liverpool – Millie Blankstone • St Helens & Knowsley – Brian Bawden • Sefton – Carla Thomas – re-elected • Wales – Jane Wilkinson – re-elected <p>Staff Constituencies: (3 newly elected)</p> <ul style="list-style-type: none"> • Doctor – Amit Patel • Radiographer – Samantha Wilde • Nurse – Laura Brown • Volunteers, Service Provider, Contracted Staff – Burhan Zavery – re-elected <p>All of the above are appointed for a 3 year term of office with effect from the Annual Members Meeting.</p> <p>Membership: SS advised in 2017/18 we had 382 new members and 148 leavers. He informed the meeting that the Membership strategy was to:</p> <ul style="list-style-type: none"> • Maintain membership levels • Develop ways to engage with areas of under representation • Build effective ways of keeping members in touch with the Trust 	
5	<p>Engaging on our Strategic Direction:</p> <ul style="list-style-type: none"> • Harnessing new technology to transform care for our patients: <p>Sarah Barr (SB) – Associate Director of IM&T highlighted points from her presentation advising at Clatterbridge we are leading the way in cancer research and care, supporting a population of 2.3 million people across Cheshire & Merseyside. One of our main areas of focus is Digital Health and how technology can be used to improve the health and well being of our patients through compassionate, safe and effective cancer care.</p> <p>Digital Technology is very much a part of everyday life and has the potential to transform not only how care is delivered by our healthcare professionals but also experienced by our patients. Our involvement in Global Digital Exemplar (GDE) and the additional national funding will enable us to move faster with our plans and ultimately transform the use of technology for our patients and clinicians.</p> <p>Having worked together collaboratively, the Chief Information Officer and the Clinical Chief Information Officer over the last 12-months have achieved:</p>	

- The creation of a single local Digital Strategy and Roadmap.
- The Share2Care Programme was established.
- Our eXchange system has been created.
- A&E App went live.
- A leadership community on cyber security has been set up.

Q. Is there an app for CCC?

A. *There is one but it is currently a work in progress.*

Q. Will this be rolled out to Isle of Man?

A. *We are looking to support IOM and working on it.*

- **Research & Innovation 2018-2021**

Maria Maguire (MM) – Research Manager advised the research achievements during the last year.

- Strong delivery of complex studies
- Increased commercial portfolio
- Increase in early phase trials
- Robust governance
- CCC-led studies, grants of circa £7.5m
- Joining of Haemato-oncology
- Gain of Experimental Cancer Medicine Centre (ECMC). This network brings together UK leading researchers to spark new ideas in the fight against cancer.

MM advised the goals and milestone for CCC:

- To increase participant recruitment – to have 1,000 by 2020.
- To develop a research active workforce – 80% of consultants research active by 2021.
- To increase the number of studies for which CCC will act as Sponsor – 10 National studies by 2021.
- Retain ECMC status – retention of ECMC in 2022.

Going forward our Vision and Impact is:

- CCC will be identified nationally as a transformative, research focused organisation.
- Opinion leaders in areas of research strength
- Our patients will have access to the most novel agents, technologies and interventions, empowered to take part in a broad portfolio of research studies.
- Maintain a reputation for whole person compassionate care in a Centre of research excellence.

Q. Is R&D spread equally across the Trust?

A. *The focus is on drug studies, we do need to bring the chemo/radiotherapy forward.*

Q. Do we have a Biobank and what do we store in it?

A. *Yes we do and we store blood, urine or sputum at -150 to -180c.*

	<p>Q. Where are our freezers and how big are they? A. <i>Our freezers are here at CCC and are the same size as domestic freezers with drawers. We store approximately 8,500 samples.</i></p> <ul style="list-style-type: none"> • Immunotherapy – a new era in cancer treatment: <p>Dr Ernie Marshall (EM) – Medical Oncologist introduced this part of the presentation. He explained the changing landscape of Cancer Drug Therapy. He advised the impact of immunotherapy in relation to melanoma treatment. The 1-year overall survival has increased from 20% to 80% with the introduction checkpoint inhibitors. Early suggestions show a 2-year enduring response in 50% of individuals.</p> <p>EM explained how the side effects differ between chemotherapy and Immune related toxicities. One difference is the chemotherapy side effects subside (over a period of weeks/months), whereas the immunotherapy drugs can build up over a period of time.</p> <p>He explained that in the Merseyside & Cheshire area there is a higher than average incidence and mortality from cancer. 26% of patients have a lung cancer diagnosis and there is a high incidence of head and neck, upper GI and melanoma.</p> <p>Our proposed oncology model for Cheshire & Merseyside:</p> <ul style="list-style-type: none"> ○ 1 centre; 4 sector hubs (Liverpool is both a centre and a sector hub) and local hubs ○ First appointment for common cancer at sector hub, with a tumour–site specific team ○ Non complex follow up and chemo delivered at local hospital or home ○ Sector hub based oncology teams ○ Intermediate cancers and rare at Sector/Centre ○ Aligned Acute Oncology with 4 ambulatory units <p>Q. Is immunotherapy used in blood cancers? A. <i>Yes, it is very successful for certain lymphomas, as high as 86%. However, there is a need to balance excitement, to try and understand – benefit and hope against risk. This treatment is not for everyone.</i></p>	
6.	<p>Questions from Governors or members of the public.</p> <p>There were no further questions.</p>	
7	<p>Chair’s closing remarks</p> <p>The Chair concluded that 2017/18 had been a successful year for the Trust in terms of Governance and Financial and that both clinically and financially we are a viable business.</p>	

	<p>He also thanked all members for attending the meeting, the Centre's staff, its volunteers, the Governors and the Trust Board for all their help and continuing hard work throughout the year.</p>	
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