1. Welcome, introductions and apologies
Apologies were received from Emma Ream (ER) and Kate McFadden-Lewis (KM).

2. Minutes of the London Cancer Board meeting of 6 February 2013 and matters arising
The Board discussed that the previous Board minutes would be longer in format to provide the relevant information regarding the discussion and decision making process that led to the Board’s recommendations for specialist urological cancer surgery reconfiguration. It was agreed that this should be identified and stated in Point 9 of the February minutes. It was also decided to include additional background on the assessment framework used during the designation process. The minutes of the last meeting were approved subject to the inclusion of the above detail. (ACTION: CW/HB)

The action tracker was reviewed by the Board. CW confirmed that three possible dates had been suggested for a meeting with London Cancer Alliance and London Cancer central teams for April. KPJ informed the Board that she was in correspondence with Robert Naylor who may lead on the discussions regarding the single integrated service for radiotherapy. KPJ informed the Board that she would be meeting with clinical leaders of the Essex Cancer Network on Monday 11 March to discuss future relationships.

Chief Medical Officer’s Report
3.1. Pathway Board activities and progress
Details of progress with pathway board development and activities are summarised in the Operational report and Board trackers.

Colorectal cancer: The Board heard that work continues in promoting earlier diagnosis of colorectal cancer. This will be accomplished through a combination of increasing uptake of FOB screening and the introduction of a diagnostic service receiving referrals of symptomatic patients requiring investigation from primary care. PBA has raised a question regarding the rationale for CRC screening being applied only to those aged 60 years and over in England, whereas the age threshold is 50 years in Scotland and many other countries, with Duncan Selbie, Director of Public Health England. Further correspondence on this point is ongoing, with input from the London Cancer CRC pathway director and manager.

Urology: The Board heard that KPJ wished to focus on the learning from the urological reconfiguration process. Members were asked to individually reflect and share their thoughts on the process. The Board recognised the emotional aspect attached to the reconfiguration for those working within current urology services. Looking forward, PBA emphasised the importance of the ICS facilitating collaboration between the two existing sites to ensure the development of quality renal cancer care delivered by a truly integrated single team working across the system.

There will be a ‘learning event’ to discuss this and the following aspects that is being organised for 16 April 2013 at the Congress Centre, 28 Great Russell Street, London WC1B 3LS.
In any future service redesign, the need for trusts to articulate what it would mean if the service left their site and how they could operate as a local unit would require consideration at an early stage. EB discussed how the message about London Cancer’s work needs to be strongly associated with culture change. TW agreed and discussed how communication regarding such strategic decisions should be made clear across the system. There was recognition that the services being developed will ultimately benchmark the rest of the system.

KPJ added that engagement between the Royal Free and Barts Health will continue to be open throughout the process. As such, the Board heard that David Sloman and the leadership of the Royal Free’s renal cancer team have been invited to attend the next London Cancer Board to outline their plans to lead a specialist renal cancer centre for the system. This is to ensure an open and robust approach to planning the implementation and managing any associated risks, including anticipating any necessary further work with other partners whose existing local and/or specialist services would be affected by the proposals (ACTION: CW/HB)

Since the Board reached its decision on the recommended site for specialist renal cancer surgery, there have been two meetings with the renal team at Barts Health to discuss the process. The Board subsequently received a letter sent by Neil Ashman, Director of Ambulatory Care at Bart’s Health on 28 Feb 2013. Although requested by Barts Health, PBA stated that he felt advice over the course of the process should not be put into the public domain as it compromises the position of the external advisor. There was unanimous support for any external advisor report to the Board to be kept confidential until the end of process. The other requests for more detail about the decision making process contained within Dr Ashman’s letter will be answered wherever possible through reference to information placed on the London Cancer website, which is publicly available, and through a written reply from the Board (ACTION: KPJ).

CW outlined how there needs to be assurance of the pathways into and out of the centre as well as the communication channels with local units. CW added that discussions about the pelvic surgical centre should also remain a priority.

As there is the potential for external perceptions of the need for similar reconfiguration processes to be applied to other cancer types, London Cancer should state clearly and as soon as possible, where there is no intention to propose reconfiguration of centres in order to minimise unnecessary concerns. The Board agreed that communication must remain open to ensure that the whole system remains informed of developments. The Board also agreed that there needs to be direct contact with the CEOs across London Cancer regarding reconfiguration. This should be with all CEOs regardless of their trust involvement in the processes to allow for internal communication to filter down to all staff at a trust level.

KPJ mentioned that the timing of the recent Health Service Journal article had the potential to create confusion about some of our processes. Therefore further communications have been posted to the website to ensure that it is clear that the London Cancer Board’s decision on the recommendation of sites for specialist urological cancer surgery were made independently of those regarding cardiac services.

As part of the learning from the urology decision making process, KPJ discussed how the role of the Pathway Board should be clarified. It needs to be clear to all involved in cancer pathway improvement work, that if a Pathway Board can present a well articulated consensus view with a strong clinical evidence base about how services should be redesigned including where they should be sited, this recommendation is likely be accepted by the London Cancer Board. However, where no such clinical consensus can be reached, such as was the case for the Pathway Board in the urology process, then external clinical advice and other objective criteria will be used in reaching the decision to designate one site over another.

**Progress in other year one reconfigurations:**

Head and Neck: The draft of the service specification was circulated to stakeholders and will be completed by end of March 2013.

Upper GI (OG): The Board has agreed to seek external advice on the number of specialist surgical centres it considers optimal to serve the population of 3.5 million, or potentially a wider area. There is agreement
from the three current specialist surgical centre leads and the leadership of their trusts that this is an acceptable way forward. The Board agreed that a minimum of two clinical experts would be appropriate.

Pathway Director Development: An online forum for Pathway Directors to share issues and promote collaboration has been developed and currently has 17 registered members. Discussion topics to date have included how to work with Pathway leads in the London Cancer Alliance, and comment on working with industry partners within the Academic health Science Network. The next meeting of the Pathway Directors will take place on the 20 March with the facilitation of John Mackmersh from UCLP Staff College. KPJ reported that she will be holding mid-year reviews with all Pathway Directors over the next few weeks to discuss annual plans and ensure objectives were being worked on.

2013/4 Business Planning: On 27 February the core team of London Cancer held a half-day meeting to reflect on achievements in 2012/3 and consider priorities for 2013/4. The introductory part of the meeting was attended by PBA, who reinforced for the whole team the overarching ethos and ambitions of what London Cancer aims to achieve for the population we serve and as a model for improving cancer care at a population level more widely. This will help to inform London Cancer central team’s working practices and the internal functioning of the team, as well as team awareness of commissioning objectives, external drivers and the wider context of the ICS.

3.2. Progress on year 1 priorities for London Cancer

Improving patient experience: There has been a delay to finalizing a letter to the CEOs across London asking for access to their free text comments from the National Cancer Patient Experience Survey in order to perform a thematic analysis of key issues. This now aims to be completed for discussion at a joint meeting with London Cancer Alliance in April/May.

Improving participation in clinical trials: 11 cancer trials (out of a total of 56 commercial studies) are now included in the UCLP research harmonisation project that aims to provide a single sign off of approvals processes across UCLP. Due to the planned merger of the North Central and North East Cancer Research Networks and their migration to a single information system, the first integrated full report on patient recruitment is expected to become a quarterly report from April 2013 onwards.

Patient-led research: A meeting is scheduled with Prostate Cancer UK for 19 March to consider a collaboration to support patient-led research looking at how waiting times (and delays in treatment in general) affect men’s experiences of prostate cancer. There is also research planned to better understand patient experience of Mohs surgery by the Skin Pathway Board patient representative. Judith Douglas, the Nursing Expert Reference Group chair, will be meeting with both patients to look at opportunities to facilitate this research.

3.3. Budget: This was verbally presented in Item 5

3.4. Relationships with Commissioners: The Board recognised that the relationship with commissioners continues to evolve.

3.6. Communications: KPJ and CW recognised the work that has been undertaken by the London Cancer Communications team. The team has been very active and helpful in ensuring the urology engagement process has moved forward and in managing the recent high-profile publicity with the HSJ article.

3.7. Governance update: The revised MOA has been approved to be sent to Trust boards for sign off in March. PBA announced the appointment of two further Non-Executive Directors to the Board of London Cancer, Dr. David Colin-Thomé and Dr. Nigel Marchbank.

3.9. Update on London Cancer Alliance: London Cancer Alliance has just appointed 12 clinical leadership roles to head its pathway groups, analogous to the London Cancer pathway directors.
3. **London Cancer Operational Activity Report**

CW presented this report to the group which updates the two monitoring trackers; Pathway Board Tracker and Process Tracker (Objectives and Enablers), with a focus on our ‘year one priorities’.

The Board heard that automated reports are being developed in line with business intelligence plans at UCL Partners. CW would be providing a monthly update at the UCLP Directors meeting regarding the progress of *London Cancer*. It was agreed that if Pathway Boards are recorded in the red section on the tracker over a two month succession that the Pathway Director would be called in to present at the next *London Cancer* Board.

CW highlighted the positive peer review results for the Children’s Cancer and Teenage Cancer groups. KPJ congratulated CW and Donna Chung, the Cancer Quality Manager on the work undertaken to achieve this and in managing the complete Peer Review process for the first time as an ICS.

There will be a *London Cancer*-wide engagement event on the 26 June 2013. The Board agreed that it would be appropriate to develop an annual report to demonstrate the successes of *London Cancer* (**ACTION: CW/KPJ**). CW will send out a paper in advance of the next meeting with regards to Year 2 priorities (**ACTION: CW**).

5. **Budget**

CW reported that the AHSN bid from UCL Partners may assist to clarify assurance for funds for Year 2. It was confirmed that *London Cancer* had agreed funds in place for Year 2. Further detail on this will be discussed alongside the year 2 priorities discussion at the next Board meeting.

6. **Communications**

The Board heard that CW has taken responsibility for the corporate communications across UCLPartners. Members agreed that there should be a review in the relationships with journalists following the recent experience with the HSJ. CW informed the Board that UCLPartners will be using a Stakeholder Member Council to gain wider perspectives and allow alignment with the greater priorities across the programmes at UCLP. The next meeting will be at the end of May and it is likely that *London Cancer* will be asked to participate.

7. **Information Sharing Agreement**: This agreement was developed by Astrid Mayer, lead for Clinical Information. The Board heard that the agreement will be sent out to the Caldicott Guardians of each trust for approval. (**ACTION: AM**)

8. **Lung Pathway Board Update**: KPJ presented an update on plans for improving earlier diagnosis of lung cancer that had been requested by the Board from Dr Sam Janes, Lung cancer pathway director, who was unable to attend. The proposal to improve early diagnosis consists of a single-arm demonstration project, recruiting 1,000 subjects at high risk of lung cancer due to smoking history via primary care. Smokers would be identified from practice records and invited by post to contact the study team. They would be offered a single low-dose CT scan for lung cancer, followed by any further diagnostic work indicated by the scan. The Board noted the individuals included in the study team for this project include prominent researchers from UCL, Queen Mary, the lead investigator of the US version of the study and a nationally recognised lung cancer specialist. The Board supported this project and would like to see demonstrable progress in the next few months (**ACTION: SJ**). The Board requested that Sam Janes present at the London Cancer engagement event on the 26 June (**ACTION: CW**).

9. **Presentation by Expert Reference Group Chairs for Palliative Care (PallE8)**

Adrian Tookman and Clare Phillips presented on behalf of the PallE8 group. It was agreed that KPJ would speak with the PallE8 leadership about the need for a broader strategy to improve end of life care for all cancer patients, including education for front line staff and the pathway to access specialist palliative care.
PallE8 would be asked to provide a report for a future board meeting that outlines the objectives of PallE8 and its connections to, *London Cancer* on these specific aspects (ACTION: KPJ/AT/CP).

10. **Presentation by Lead for Clinical Information**
Astrid Mayer presented her vision for improvements in integrated clinical information. The Board agreed to write to all Chief Executives of partners trusts to ask for their support in improving electronic capture of clinical information in cancer (ACTION KPJ/CW). It was agreed that an action plan for clinical information should be developed and submitted for the May Board meeting (ACTION: AM).

11. **Pathway Board and ERG Annual Plans**
The annual plans for the Chemotherapy Expert Reference Group and the Psychosocial support Expert Reference Group were submitted for the Board’s approval. Some suggestions were made for improvement which will be reported back to the Chairs. (ACTION: KPJ / CW)

12. **London Cancer Memorandum of Agreement:** The MOA for 2013-2014 was attached for information. This is currently out with partner Trusts for sign off by their boards in March/April.

13. **Staffing:** A full staffing list was attached for information.

14. **AOB:**
The Board agreed that the strategic meeting of the Board, scheduled for 2 April, would be held in Newham Hospital and that KPJ would pursue opportunities for the board to visit local services. The regular Board meeting remains scheduled on the 3 April at UCLP.

PBA provided an update on the visits he had made, along with KPJ and CW, to see prestigious cancer services in Holland (Erasmus and Radboud University Medical Centres) with them aim of providing a broader perspective on the work of *London Cancer*. PBA reported that the concept of signing up multiple providers to one vision was seen as very unique. There were also striking differences in the presentation of newly diagnosed cancer through an emergency route. PBA suggested that a date be organised for a strategic gathering in the autumn in order to foster relationships. The Board agreed (ACTION: CW)

**Next Meetings:**
Strategic Planning Meeting, Tuesday 2 April 2013, 3-6pm followed by dinner.
Regular *London Cancer* Board meeting: 10:15am-5pm Wednesday, 3 April 2013, Meeting Room 1, UCLP.