

## Whittington Health Trust Board

26 June 2013

<b>Title:</b>	<b>London Cancer - Memorandum of Agreement. A contract between Whittington Health and London Cancer to deliver better cancer related outcomes and experience for cancer patients and local communities.</b>						
<b>Agenda item:</b>	<b>13/088</b>		<b>Paper</b>			<b>5</b>	
<b>Action requested:</b>	For agreement						
<b>Executive Summary:</b>	The Agreement confirms that Whittington Health are and continue to be: <ul style="list-style-type: none"> <li>• Accountable to commissioners for meeting national and local quality standards at local sites e.g., waiting times, patient-experience, complaints, incidents, and peer review including MDTs;</li> <li>• Responsible for day-to-day operational management of cancer care;</li> <li>• Responsible for contract negotiation and review with commissioners;</li> <li>• Responsible for comprehensive, accurate capture of a common data set (including staging) and submission to Thames Cancer Registry, national audits, etc.; and</li> <li>• Responsible for regulatory compliance.</li> </ul>						
<b>Summary of recommendations:</b>	Whittington Health to sign Memorandum of Agreement.						
<b>Fit with WH strategy:</b>	Integrated Care; No decision about me without me; Efficient and Effective Care; Improving Population Health.						
<b>Reference to related / other documents:</b>	<a href="https://www.gov.uk/government/publications/improving-outcomes-a-strategy-for-cancer">https://www.gov.uk/government/publications/improving-outcomes-a-strategy-for-cancer</a>						
<b>Date paper completed:</b>	April 2013						
<b>Author name and title: London Cancer</b>				<b>Director name and title:</b>	Lee Martin Director Of Surgery Cancer and Diagnostics		
<b>Date paper seen by EC</b>	n/a	<b>Equality Impact Assessment complete?</b>	n/a	<b>Risk assessment undertaken?</b>	n/a	<b>Legal advice received?</b>	n/a

## **Integrated Cancer System - *London Cancer***

**Memorandum of Agreement: April 2013-March 2014**

### ***Introduction***

This document updates and replaces *London Cancer's* previous Memorandum of Agreement, which covered the period from April 2012 to March 2013.

It restates the previous commitment of each of the signatories and *London Cancer* to deliver better cancer related outcomes and experience for our patients and local communities by working in partnership.

This Memorandum of Agreement incorporates the significant progress made together since July 2011 to develop effective governance and reporting frameworks, and the work undertaken since *London Cancer* was officially established in April 2012 to build a platform from which to deliver our collective vision.

To this end, the signatories are now agreeing to enter into this updated Memorandum of Agreement, which runs from April 2013 to March 2014. This Memorandum of Agreement may be superseded during this timeframe if more detailed proposals are approved and agreed to be implemented.

### ***London Cancer***

*London Cancer* is an Integrated Cancer System for North Central and North East London and West Essex. It brings together providers from across the health community, academia and the voluntary sector to drive step change improvements in outcomes and experience for the cancer patients and populations we serve. Together the following provider organisations working with UCLPartners have to date led the co-creation of *London Cancer*:

- Barnet and Chase Farm Hospitals NHS Trust
- Barts Health NHS Trust
- Barking, Havering and Redbridge University Hospitals NHS Trust
- Great Ormond Street Hospital for Children NHS Foundation Trust
- Homerton University Hospital NHS Foundation Trust
- Moorfields Eye Hospital NHS Foundation Trust
- North Middlesex University Hospital NHS Trust
- Princess Alexandra Hospital NHS Trust
- Royal Free London NHS Foundation Trust
- Royal National Orthopaedic Hospital NHS Trust
- University College London Hospitals NHS Foundation Trust
- Whittington Health

*London Cancer* is committed to working with its partners across the health community, academia and the voluntary sector in North Central and North East London and West Essex to deliver, by 2015, the following priority measures:

- Improved one year survival for patients within *London Cancer*\*\*;
- Improvement in patients self-reported experience of the care they receive; and

- Increased participation in clinical trials to 33% of all patients.

\*\* used as a proxy measure for patients being diagnosed earlier in the course of their cancer

### ***Accountability, reporting and governance***

*London Cancer* will continue to focus on transformation which can only be achieved through partnership, not on the business-as-usual improvements which will be driven by individual providers. This focus will enable *London Cancer* to drive change with its partners at pace and scale. To ensure there is clarity for stakeholders and that we avoid duplication of effort, we will continue to clarify carefully responsibilities.

All parts of the system will be responsible for driving forward leadership skills and behaviours that deliver an integrated partnership around patients and local populations. Furthermore, all parts of the system will work together to align objectives and priorities within the wider climate of multiple and sometimes competing pressures.

Working with the signatories below, *London Cancer* has developed core governance processes, which were approved in principle by the signatories to the original Memorandum of Agreement. These were set out in proposals from the *London Cancer* governance working group dated 17 October 2011.

At the centre of these proposals is the appointment of an independent skills-based Board to lead *London Cancer*. This Board met for the first time in February 2012 and, meets on a monthly basis.

From April 2013 through to March 2014 processes for agreeing and implementing responsibilities, reporting and governance processes and procedures will continue to be developed and reported along the lines of those already agreed in principle. These proposals will be consulted on and, in due course, be submitted for approval by the Trust Boards which are signatories to the Memorandum of Agreement.

The current structures within *London Cancer* and its key external relationships are set out at Appendix 1.

### ***London Cancer Board***

The membership of the *London Cancer* Board will continue to be agreed by Trust Chief Executives who are members of the UCLP Executive Group. The primary purpose of the *London Cancer* Board is to provide skills-based leadership for *London Cancer* that is independent of the provider and other institutions. The full terms of reference are detailed in Appendix 2.

*London Cancer's* Board will work closely with a range of stakeholders including in particular the signatories below and the Joint Development Group. This latter group is the forum for discussions between *London Cancer* and the commissioners for our system. It is chaired by the Chief Executive of the North East London Cluster on behalf of North East and North Central London's commissioners, and will continue through the NHS North and East London Commissioning Support Unit. The stated purposes of this group are to:

- Ensure that there is a common understanding and agreement across providers and commissioners regarding the priority changes in cancer care;
- Agree *London Cancer's* Service Plan to implement the agreed Model of Care<sup>1</sup> for Cancer in London; and
- Identify those service changes that require action by providers and commissioners and then to agree respective actions.

It is recognised by the signatories to this document that the Joint Development Group has an important role to play in ensuring that system level commissioning objectives and requirements are taken into account and, as appropriate, incorporated within the overall plans and objectives of *London Cancer*.

### **Cancer Pathway Boards**

Cancer pathway boards are in place for each major cancer type, with a competitively appointed senior clinical leader. The boards have representation from all relevant providers, users, primary care and public health. They have taken over the responsibilities of the previous network site-specific groups of NCL and NEL Cancer Networks but with additional executive responsibility as below. Cancer pathway boards are accountable to the *London Cancer* Board and:

- Lead the co-design, implementation and management of adherence to integrated care pathways, including implementation of Model of Care recommendations appropriate to the pathway;
- Offer pathway-specific advice to commissioners;
- Build relations across the pathway, including public health and public/ patient engagement;
- Identify best practice and support its roll out; and
- Undertake governance roles for partners around peer review and Multidisciplinary Teams (MDTs).

**Provider Trusts**, which are signatories to the Memorandum of Agreement, will continue inter alia to be:

- Accountable to commissioners for meeting national and local quality standards at local sites e.g., waiting times, patient-experience, complaints, incidents, and peer review including MDTs;
- Responsible for day-to-day operational management of cancer care, including supporting implementation of relevant recommendations emanating from *London Cancer* Pathway Boards, and responsible financial management of cancer services;
- Responsible for contract negotiation and review with commissioners;

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<sup>1</sup> Commissioning Support for London, *A Model of Care for Cancer Services*, 2010

- Responsible for comprehensive, accurate capture of a common data set (including staging) and feeding this to a system-wide database for provision to Thames Cancer Registry, national audits, etc.; and
- Responsible for regulatory compliance.

### **Members and Stakeholders Council**

A combined UCLPartners and NCEL Local Education and Training Board (LETB) members and stakeholders council will be the forum where *London Cancer* will present to our population. This will operate on the principles of openness and transparency. As a minimum, *London Cancer* will ensure compliance with the requirements within the Health and Social Care Act 2012 around patient involvement and public accountability.

### **Mutual responsibilities**

Each of the signatories below recognises:

- The obligations that each provider organisation, UCLPartners and *London Cancer*, and their Boards have to patients, regulators, commissioners, governors, members and staff;
- The objectives of *London Cancer* (as set out in this Memorandum of Agreement);
- The crucial and central interests of patients; and
- The interests of commissioners.

Each of the signatories to the Memorandum of Agreement also recognises that to deliver the objectives of *London Cancer* will require co-operation and collaboration between providers and other partners across the pathway.

This will necessitate different ways of working and will be in the form of:

- Sharing reliable, complete and timely information with Cancer Pathway Boards and the *London Cancer* Board;
- Engaging fully and co-operating with other parts of the pathway;
- Investing in appropriate equipment;
- Engaging in MDTs in the right manner;
- Co-operating and collaborating in key clinical appointments; and
- Reduced waiting times, improving the quality of patient experience and delivering superior outcomes.

It is accepted that where these behaviours can't be evidenced, the capacity and capability of a signatory to the Memorandum of Agreement to contribute effectively to the delivery of the objectives of *London Cancer* may be in doubt.

In such circumstances, and where the clinically evidence based shortfall is not satisfactorily rectified, it is recognised that the *London Cancer* Board may recommend sanction. Following discussion with commissioners, this may result in a decision to decommission services or the removal of a provider from *London Cancer*.

*London Cancer* further agrees to:

- Keep information which is shared with it confidential as appropriate;
- Report to each of the organisations impacted at the earliest opportunity any matter which may risk an organisation and its reputation;
- To act only on clinical evidence, and only then once a full impact analysis has been undertaken and shared;
- Seek to consult and include wider representation wherever possible; and
- To act in a manner independent of all organisations within *London Cancer*.

**Tim Peachey, Interim CEO**  
BARNET AND CHASE FARM HOSPITALS NHS  
TRUST  
Signature.....

**Julie Lowe, CEO**  
NORTH MIDDLESEX UNIVERSITY HOSPITAL NHS  
TRUST  
Signature.....

**Peter Morris, CEO**  
BARTS HEALTH NHS TRUST  
Signature.....

**Yi Mien Koh, CEO**  
WHITTINGTON HEALTH  
Signature.....

**Averil Dongworth, CEO**  
BARKING, HAVERING AND REDBRIDGE  
UNIVERSITY HOSPITALS NHS TRUST  
Signature.....

**Melanie Walker, CEO**  
PRINCESS ALEXANDRA HOSPITAL NHS TRUST  
Signature.....

**Jan Filochowski, CEO**  
GREAT ORMOND STREET HOSPITAL FOR  
CHILDREN NHS FOUNDATION TRUST  
Signature.....

**David Sloman, CEO**  
ROYAL FREE LONDON NHS FOUNDATION TRUST  
Signature.....

**Tracey Fletcher, CEO**  
HOMERTON UNIVERSITY HOSPITAL NHS  
FOUNDATION TRUST  
Signature.....

**Rob Hurd, CEO**  
ROYAL NATIONAL ORTHOPAEDIC HOSPITAL  
NHS TRUST  
Signature.....

**John Pelly, CEO**  
MOORFIELDS EYE HOSPITAL NHS FOUNDATION  
TRUST  
Signature.....

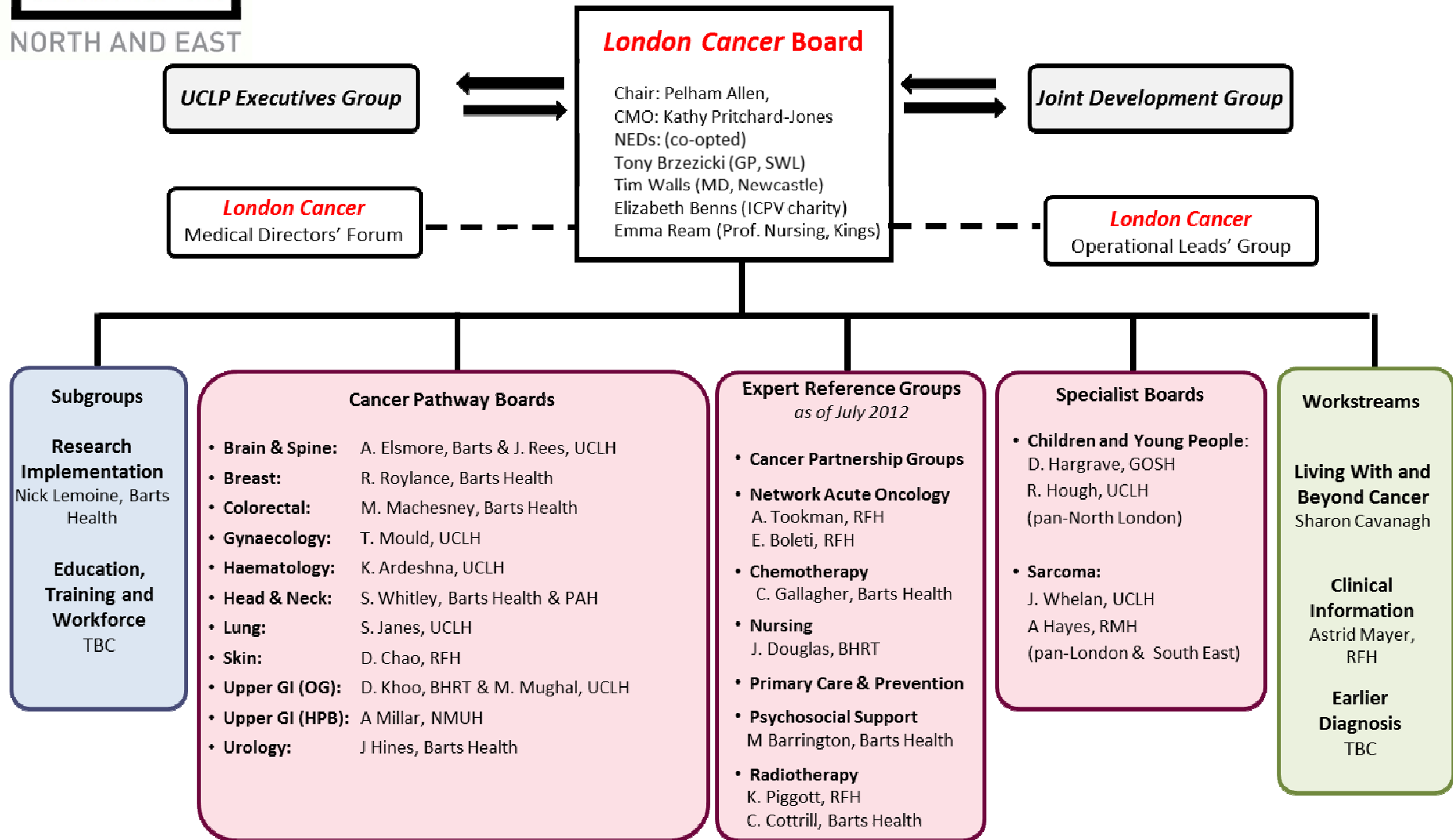
**Sir Robert Naylor, CEO**  
UNIVERSITY COLLEGE HOSPITALS NHS  
FOUNDATION TRUST  
Signature.....

**David Fish, MD**  
UCLPARTNERS  
Signature.....

**Kathy Pritchard-Jones, CMO**  
LONDON CANCER  
Signature.....



NORTH AND EAST





## **Appendix 2: London Cancer Board: Terms of Reference**

*London Cancer* is an Integrated Cancer System for North Central & North East London and West Essex. It brings together providers from across the health community, academia and the voluntary sector to drive step change improvements in outcomes and experience for the cancer patients and populations we serve.

Together the following provider organisations working with UCLPartners have to date led the co-creation of *London Cancer*:

- Barnet and Chase Farm Hospitals NHS Trust
- Barts and the London NHS Trust
- Barking, Havering and Redbridge University Hospitals NHS Trust
- Great Ormond Street Hospital for Children NHS Trust
- Homerton University Hospital NHS Foundation Trust
- Moorfields Eye Hospital NHS Foundation Trust
- Newham University Hospital NHS Trust
- North Middlesex University Hospital NHS Trust
- Princess Alexandra Hospital NHS Trust
- Royal Free Hampstead NHS Trust
- Royal National Orthopaedic Hospital NHS Trust
- University College London Hospitals NHS Foundation Trust
- Whipps Cross University Hospital NHS Trust
- Whittington Health

*Note: subsequent to the approval of the Terms of Reference on 28 February 2012, the following events have occurred:*

- *With effect from 1 March 2012, Great Ormond Street Hospital for Children NHS Trust has been awarded foundation trust status and is now Great Ormond Street Hospital for Children NHS Foundation Trust;*
- *With effect from 1 April 2012, Royal Free Hampstead NHS Trust has been awarded foundation trust status and is now Royal Free Hampstead NHS Foundation Trust; and*
- *With effect from 1 April 2012, Barts and the London NHS Trust, Newham University Hospital NHS Trust and Whipps Cross University Hospital NHS Trust merged to form Barts Health NHS Trust.*

### **London Cancer – mission and aims:**

*London Cancer's* mission is to improve survival from cancer and experience of care for its patients and local communities. We aim to achieve this by leading a radical redesign of how cancer services are delivered across a population of nearly 4 million people in North Central and North East London and West Essex. This will be driven by all provider Trusts in *London Cancer* taking collective responsibility for the quality and outcomes of integrated care pathways, working in partnership with patients, primary care, commissioners, public health and the voluntary sector. Our ambition is to create a new model of cancer care for the NHS that empowers patients, facilitates equitable access to best practice and innovation and increases value for the health economy. We aim to support our staff to be leaders in cancer care – locally, nationally and globally. Ultimately, *London Cancer* aims to create a “virtual comprehensive cancer centre” serving the whole population of North Central and North East London, that comprises all of its partner organisations and is recognised globally for the excellence of its patient care and outcomes, education, training and research.

As partners we have developed *London Cancer* through engagement efforts reaching over 1000 staff, patients, carers, primary care and the voluntary sector, with the vision to:

- Be *patient-focused* through listening, communication, involvement, information, education, choice, and personalisation. Patient need and the patient journey will be the organising framework for care
- *Optimise care along a co-ordinated pathway* through earlier diagnosis, excellent treatment for all, local treatment where appropriate, compassionate aftercare and empowering/supporting patient self-management
- *Embed research* for personalised care, equitable access to trials, the discovery of new treatments and evaluating new ways of working together with patients
- *Increase value* through superior outcomes for patients per pound invested; continual improvement over time against our previous performance

The current priority measures are, by 2015, to:

1. Improve one year survival for patients within *London Cancer*\*\*,
2. Improve patients self-reported experience of the care they receive
3. Increase participation in clinical trials to 33% of all patients.

\*\* used as a proxy measure for patients being diagnosed earlier in the course of their cancer

#### ***London Cancer Board - purpose:***

The primary purpose of the London Cancer Board is to provide skills-based leadership for *London Cancer* that is independent of the partner institutions, to ensure the successful delivery of *London Cancer's* mission and goals, including:

- Setting and directing *London Cancer's* overall strategy
- Driving innovation, change and shaping new models of cancer care
- Securing behaviours and commitment from partners and participants along cancer pathways which are consistent with the overall goals of *London Cancer*
- Agreeing national and international benchmarks against which to measure and promote improved performance and changed models of cancer care
- Making evidence-based, clinically led and deliverable recommendations to commissioners of cancer care across North Central and North East London
- Influencing and informing the development of national strategies for value based healthcare in the NHS
- Horizon scanning to provide advance notice of new and emerging cancer technologies and practices that might require evaluation, consideration of clinical and cost impacts, or modification of clinical guidance prior to launch in the NHS

The *London Cancer* Board will work with Cancer Pathway Boards, subgroups and work-streams, to ensure that on an ongoing and continuous basis, *London Cancer* takes steps to drive improvements and new models in cancer care for patients and its population.

**Key responsibilities:**

- To set, update and direct delivery of the overall strategy for *London Cancer* (including consideration and challenge of Pathway Board, key subgroup and work-stream plans)
- To prioritise consideration of potential cancer pathway changes taking into account and balancing:
  - likely impact on outcomes, patient experience and meaningful patient voice within the relevant cancer pathway
  - overall impact of change within and beyond cancer services
  - healthcare value, reflecting both cost and quality
  - potential resulting impact for treatments and commissioning of services other than cancer (e.g.: funding, location and sustainability of other services and organisations, use of healthcare resources, impact on ancillary services, equipment and other operating capacity)
- To consider and challenge recommendations from Cancer Pathway Boards and subgroups or work-streams (including evidence, impacts and mitigations)
- To make specific recommendations on behalf of *London Cancer* to commissioners for potential changes to cancer services and pathways
- To hold providers of cancer care accountable on an ongoing basis for their behaviours and commitment to the delivery of the overall goals of *London Cancer*
- To maintain an ongoing focus on the needs of local cancer patients and the population, ensuring *London Cancer* is constantly innovating and embedding its work in evidence to improve outcomes for patients and healthcare value
- To report recommendations and progress to UCLP Executive Group
- To review on a periodic basis a defined set of pathway metrics / outcome measures and agree any remedial steps as required (including the potential for exclusion of a partner from *London Cancer*)
- To require and review bench-marking (national and international) of evidence to demonstrate progress against agreed goals and the effectiveness or otherwise of changed models of cancer care
- To review, oversee the consultation on and update outcome focused compliance measures for cancer services
- To work in partnership with commissioners to develop and agree effective incentives (including to ensure GP engagement) designed to promote and support improvements in cancer services
- To oversee *London Cancer's* influencing and communication strategy (including publication of information and data) including, but not limited to, the development of national strategies for value based healthcare in the NHS

- Horizon scanning to provide advance notice of selected new and emerging technologies and practices that might require evaluation, consideration of clinical and cost impacts, or modification of clinical guidance prior to launch in the NHS
- To ensure effective engagement with and involvement of stakeholders on an ongoing basis
- To approve appointments of Cancer Pathway Directors
- To receive notification of membership of Cancer Pathway Boards to ensure proper representation
- To consider on an ad hoc basis solutions to specific and significant cancer-related challenges
- To ensure that momentum is maintained in the pace of work of *London Cancer*, and ensure that good and proper process does not delay progress in achieving the desired outcomes

**Membership (and skills):**

- The Board will include an independent Non-executive Chair
- The Chief Medical Officer, which will be an executive role, will be on the Board
- The Board will in addition have 6 independent Non-executive Directors, who will with the Chair and the Chief Medical Officer bring together the following skills and knowledge:
  - Cancer pathways and quality outcomes
  - Leadership of service transformation
  - Workforce development across partners
  - Strategy and financial governance
  - Clinical expertise in cancer
  - Patient and population focus
  - Public health priorities for cancer
  - Commissioning and value based healthcare
  - Primary care

**Authority:**

- To make recommendations and then agree with commissioners the appropriate incentives and any sanctions necessary to drive the prioritised recommendations from Cancer Pathway Boards on behalf of *London Cancer*
- To report recommendations to UCLP Executive Group
- To receive recommendations from Cancer Pathway Boards, subgroups and work-streams
- To commission further review, analysis or information gathering as necessary to support recommendations
- To recommend appointments to London Cancer Board (subject to the approval of UCLP Executive Group)
- To approve:
  - Changes in cancer metrics and outcome measures at the system level
  - Publications and other public announcements on behalf of *London Cancer*

- Appointment of Cancer Pathway Directors

***Appointments to London Cancer Board:***

- Initial appointments to be made by UCLP Executive Group
- Subsequent appointments to be made by *London Cancer* Board and approved by UCLP Executive Group

***Support:***

- Board support / administration through a *London Cancer* Board Secretary
- Communications support
- Cancer Pathway Boards
- Subgroups and work-streams

***Meeting frequency:***

Monthly