NHS England

Reconfiguration of the future location of very specialist cancer treatment services for children in south London and much of south east England

Minutes

Date and time	10:30 – 13:30, 14 March 2024
Venue details	133-155 Wellington House, Waterloo Road, London, SE1 8UG
In attendance	**Chair: Caroline Clarke, Regional Director, London** *(Decision-maker as per Scheme of Delegation)* **South East Executives:** Anne Eden, Regional Director *(Decision-maker as per Scheme of Delegation)* Caroline Reid, Regional Director of Commissioning (including specialised) *(Decision-maker as per Scheme of Delegation)* Andrew Lewis, Regional Chief Nurse Vaughan Lewis, Regional Medical Director Louise Hall, Workforce, Training and Education Interim Joint Director Steve Gooch, Regional Finance Director David Radbourne, Regional Director of Strategy and Transformation **London Executives:** Will Huxter, Regional Director of Commissioning (including specialised) *(Decision-maker as per Scheme of Delegation)* Jane Clegg, Regional Chief Nurse Chris Streather, Regional Medical Director and Chief Clinical Information Officer Hannah Witty, Regional Director of Finance Lizzie Smith, Interim Director of Workforce, Training and Education Helen Pettersen, Director of Recovery Martin Machray, Director of Performance **In attendance:** Simon Barton, Medical Director for Specialised Commissioning, London Ailsa Willens, Programme Director, London John Stewart, National Director for Specialised Commissioning, NHS England Catherine Croucher, Public Health Consultant, London Sabahat Hassan, Head of Partnerships and Engagement, South East Commissioning Directorate Fiona Gaylor, Engagement Lead, Transformation Partners in Health and Care Gerard Hanratty, Legal Advisor, Browne Jacobson LLP Paul Plummer, Financial Strategy Manager, London

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Apologies	Alison Barnett, Regional Director of Public Health, South East Dan Bradbury, Regional Director of Performance and Improvement, South East Mark Watson, Director of Workforce, London Kevin Fenton, Director of Public Health, London

Item No.	Item
1	**Welcome and apologies** The Chair introduced herself as Caroline Clarke, Regional Director for NHS England In London and her Deputy Chair Anne Eden, Regional Director for NHS England South East. The Chair outlined that due to the population it serves, the programme is led by NHS England London and South East Regions and membership for the meeting encompasses Executives from both London and South East regions, John Stewart, National Director for Specialised Commissioning and subject matter experts. It is a meeting in public – although the public cannot ask questions during the meeting, they are welcome to send questions following the meeting. NHS England are responsible for commissioning specialised services which include children's cancer services provided by Principal Treatment Centres. In line with the Scheme of Delegation for NHS England, Decision-makers around the table are Regional Directors (London and South East) Caroline Clarke and Anne Eden; and Regional Directors of Commissioning (London and South East) with responsibility for specialised commissioning, Will Huxter and Caroline Reid. All colleagues introduced themselves in turn. Apologies for absence were received from Alison Barnett, Regional Director of Public Health, South East; Dan Bradbury, Regional Director of Performance and Improvement, South East; Mark Watson, Director of Workforce, London; Kevin Fenton, Director of Public Health, London.
2	**Introduction to proceedings and declarations of conflicts of interest** The Chair summarised work leading up to this meeting, from the NHS England Board asking the Regions to lead a process to identify a future location for the service in 2020, to the recent public consultation on the two shortlisted options, noting that we are fortunate to have two strong options for the potential future location. The Chair outlined that the purpose of the meeting is to come to a decision on the future location of the children's

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cancer Principal Treatment Centre for children in south London and much of the south east of England which will provide the best quality for children with cancer for decades to come.

The agenda for the meeting was published a week ago and papers have been published this morning and are available on the website.

Any questions may be submitted to england.childrenscancercentre@nhs.net

Anne Eden, Deputy Chair and the Regional Director of the South East introduced herself and is representing the population of the South East currently affected by this service. Anne outlined she is keen to use the meeting to engage in an open, transparent and robust discussion on the merits of both options. The South East Region have worked jointly with London Region throughout the process and have recently worked together to consider the themes and concerns raised through public consultation.

The Chair asked members:

- whether they are satisfied that they have had enough time to review the papers, including the Decision Making Business Case, which has been prepared to inform this meeting;
- noting all declarations of conflicts of interests have been recorded and considered prior to this meeting, whether anyone has any conflict of interest to declare in relation to today's agenda
- to declare anything else we need to know to make the decision.

All members in turn stated they were satisfied they had enough time to read the papers, and no one had anything additional to declare.

No declarations of interest were raised over and above those held on record and no direct conflicts of interest were raised in respect of business covered by the agenda. Three previously stated declarations of conflicts of interest were reiterated for transparency:

- Simon Barton: Chair of the option appraisal working group three years ago, and attended visits at both sites and met both staff groups.
- Catherine Croucher: undertook a 12 month placement as a Specialty Registrar in Public Health with St. George's Hospital (strategy team) in 2010.
- Chris Streather: Consultant at St Georges Hospital for nearly 13 years and during latter part was the Medical Director and Director of Strategy, and wife is a consultant paediatric anaesthetist at GSTT.

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3 Executive discussion on the Decision-Making Business Case

Summary of work to date: Background and case for change

The National Director for Specialised Commissioning spoke to the case for change and background to the programme. In 2019, NHS England published for consultation a draft service specification for children's cancer services to improve access to care, outcomes and patient experience. The draft specification stopped short of saying that co-located services are a requirement, but feedback raised during consultation resulted in Sir Mike Richards being commissioned by NHS England to independently review all responses to public consultation and advise as to whether co-location with level 3 Paediatric Intensive Care Units (PICU) should be mandatory. In 2020, Sir Mike Richards reported that all Principal Treatment Centres (PTC) must be co-located with level 3 PICU and other critical interdependent services. The report explained why the current joint arrangement between The Royal Marsden (RM) and St George's University Hospital cannot continue including the risk to patient safety, how the separation of services impacts adversely on patient experience, and how looking forwards, the safe delivery of complex new and intensive therapies and innovative treatments will not be possible under the current arrangements. It is against this backdrop that today's decision is needed to ensure that the future service is able to comply fully with the national service specification which NHS England has agreed is required.

A short video was played showing a recording of Professor Sir Terence Stephenson sharing his thoughts and reflections on the case for change. Professor Sir Terence Stephenson has helped the programme with clinical advice and expertise over the years and is Nuffield Professor of Child Health, UCL Great Ormond Street Institute of Child Health and Consultant Paediatrician, University College Hospital and Great Ormond Street Hospital.

Slides to support the discussion were shared on screen – please refer to these for full detail. These will be published following the meeting on our website: Key information (transformationpartners.nhs.uk).

The London Regional Medical Director noted that radiotherapy would move to University College London Hospital (UCLH) with either option. Currently only The Christie in Manchester and UCLH in London deliver Proton Beam therapy in England. As the proportion of children needing proton beam therapy is increasing and in order to future proof the service, it is proposed that in the future, both conventional and proton beam therapy take place at UCLH.

The Consultant in Public Health spoke to the geography the current service covers. Around 1,400 children, aged one to 15 are under the care of the current PTC. In 2019/20,

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the PTC treated 536 children as inpatients. More than 60% of the centre's patients are from outside London.

The Programme Director recapped the process to date, which is detailed in the Pre-Consultation Business Case (PCBC) and the Decision Making Business Case (DMBC). London and South East Regions were tasked by NHS England with looking at all available options to produce a future location for the PTC abiding by the national service specification. Through applying fixed and hurdle criteria, two shortlisted options were established. Prior to public consultation, an option evaluation process was undertaken on the two options by a range of experts to capture the requirements of the specification. Experts developed criteria focused on four key areas with weighting attributed through the Programme Board. Sub-criteria, and associated weightings were developed through multiple stakeholders. Through this process, both options scored well, but The Evelina scored more highly.

Through work to date, NHS England are assured that both options would deliver the service specification. Both options have demonstrated they can meet the capacity required and both have committed to work with partners collaboratively to build the future service. Neither currently deliver the specialist care delivered by RM, so will work with RM staff to encourage them to transfer and bring their expertise to the new location.

Questions:

Q: Have we given enough attention to health inequalities and underserved communities? A: This will be covered off in the next section about engagement and consultation responses.

Q: Are any other PTCs in England not co-located with level 3 PICU? A: All other PTCs in England are co-located.

Summary of work to date: Assurance and scrutiny

The Programme Director detailed the scrutiny, advice and assurance process which the proposals were taken through prior to public consultation. The London and South East Joint Clinical Senate provided advice and recommendations to inform both considerations of the options and the implementation phase. The programme was scrutinised by the NHS England reconfiguration process which concluded prior to consultation launch and ensured that proposals were robust. The programme has consulted and engaged with Joint Health Overview and Scrutiny Committees (JHOSC) and Heath and Overview Scrutiny Committees (HOSCs) from across the catchment area. The London Mayor has shared advice as part of the consultation.

Summary of work to date: pre-consultation engagement and the consultation

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Sabahat Hassan, Head of Partnership and Engagement and Fiona Gaylor, Engagement Lead at Transformation Partners in Health and Care introduced themselves and spoke to the programme's engagement work and public consultation reach and responses. A mixed method approach was used during pre-consultation to engage with stakeholders resulting in a good reach, with thanks to Trusts who supported in these efforts. There was a formal petition from #hearthemarsdenkids which, along with other petitions, has been referenced in the post consultation output report and the DMBC. During consultation, the largest group we heard from was staff and families. A mid-point review showed which stakeholder groups needed more engagement, which was actioned during the second half of consultation. The consultation process met the four Gunning Principles. In terms of allowing adequate time for consideration and response, Explain (the organisation who prepared the independent consultation report) highlighted that as no new themes were emerging, extending the consultation further was unlikely to alter the feedback themes.

Questions:

Q: Has the previous question on health inequalities been answered? A: Yes. There was good reach to all groups indicated in the Integrated Impact Assessment (IIA), but there was a larger response from higher socio-economic groups.

Q: Why are Gunning Principles important, and do they address confirmation bias when a preference is expressed? A: The principles are important to ensure a proper process is undertaken by engaging, with an open mind when proposals are formative which ensures enough information is available to be well equipped for the decision-making meeting. From a legal perspective, if a preferred option was not stated when the evidence points to it, there would be an alternative argument which is it could be considered the consulting body was not being open and transparent. Moseley, and a more recent case, expect fairness from public bodies in how a decision is made, and to be open, transparent and honest as to current thinking, which this programme has done. This allows the public to respond and react to the basis of the preferred option, allowing them to bring forward evidence that the programme can consider at that time, and which will ensure that all evidence is available for the final decision.

Q: How were children and young people's views accounted for? A: Starlight were commissioned to deliver play specialist sessions, online sessions were delivered to children, and community focus groups with children and young people who didn't have cancer.

Q: Through a family, parents and carer lens, did consultation do enough? A: There is always more we can do, but a longer consultation would have been unlikely to have altered the feedback received, as no new themes were emerging.

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Q: What was done to reach those whose first language isn't English? A: In person sessions with these groups were held, and translations were offered for key materials and online public events.

The London Regional Medical Director added that travel and parking were areas that came back loud and clear in the consultation and it is incumbent the good provision at RM is taken forwards to maximise family experience.

The Programme Director outlined the breadth of stakeholders who fed back to the consultation, including responses from the Trusts impacted, local authorities, Health Watch, the London Mayor and Health Overview and Scrutiny Committees (HOSC). Although stating a preference wasn't asked during the consultation, some organisations and responses included it in their response. The South West London and Surrey Joint HOSC stated a strong preference for St George's, echoed by associated local authorities, and the South East London Joint HOSC stated a preference for The Evelina, echoed by associated local authorities.

The themes arising from the feedback have been grouped into themes and will be discussed in more detail in turn.

Questions:

Q: How was the large amount of evidence weighed up and assessed? A: It was all read in detail. A thorough process determined whether feedback was; new information, taken into account during the option appraisal or material to the implementation phase. Working groups and sessions were held to review the information and whether it was material to the current understanding of either option, and the impact it may have.

Q: How has the Mayor's response been taken into account? A: It was considered through the feedback process alongside all other responses. Subsequently further work was initiated, including updating the IIA following recommendations in the response.

<u>Themes from consultation feedback:</u>

The London and South East Executive teams reviewed and considered the consultation responses and feedback in detail prior to this meeting.

1. Clinical model. The Programme Director summarised the feedback related to the clinical model, areas that will be looked at in more detail during implementation and recommendations for the future model, primarily focused on benefits realisation, mandatory services, independent services, neurosurgery and networking. It was stated that both Trusts would deliver the mandatory services required but not all interdependent services will be provided by either proposed option. New information received during consultation increased our understanding of mitigations for interdependent services that will not be on site, depending on the option that is

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chosen as the location of the future Principal Treatment Centre, particularly neurosurgery.

Several questions were asked and answered digging into the detail of the clinical model. It was agreed that, as the services in their current form will not be the same as the services we deal with in two to five years given demand and accessibility of new treatments such as CAR-T, either site would provide future resilience. The national service specification also took into account future proofing services. There is a difference of opinion between desirable co-located services, and both St George's and The Evelina have different desirable co-located services – the availability of tertiary cardiology and renal services at The Evelina are a relative advantage as is neurosurgery at St George's. There has been good assurance and scrutiny of the importance of networks and clinical expertise, with input from Great Ormand Street Hospital (GOSH) throughout the process, and the sophistication of networks part of the options evaluation criteria. Regarding networked care provision, whilst not the main subject of this consultation, it was acknowledged that strong shared care services can reduce the negative impacts of further travel for patients. Regarding the maturity of networking that already exists across a range of services, the networking with London tertiary providers is critical for the South East Region who rely on London for a number of tertiary services. Although there is relatively low acuity of care provided in Kent, Surrey and Sussex in the children's cancer shared care arrangements, this isn't the case for a range of other paediatric specialities in the region.

2. Patient pathways. The Consultant in Public Health summarised feedback received relating to patient transfers and the transition to teenage and young adult (TYA) services, which will remain at RM. Although transfers can't be prevented completely, the change will eliminate transfers for emergency care, and the feedback highlighted the importance of the chosen provider minimising transfers and when needed, ensuring they are well managed. A national service specification for TYA services was published last year. Recommendations for planning for the future location echo the need for a focus on the effective transition to TYA services and to support the sustainability of the TYA service in Sutton.

   A couple of follow up questions were asked, and it was stated that the information received during consultation reiterated, and strengthened, what was already understood through the pre-consultation period. It was agreed that the RM workforce, in relation to staff currently working across both the children's cancer centre and TYA service, should be discussed in more detail during the implementation phase.

3. Travel and access. The Consultant in Public Health summarised the information gathered through public consultation, noting it strengthened information previously received. She talked through the importance of the new location having sufficient parking provision, high quality on-site accommodation with enough capacity and

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information about travel and access costs available in a range of easily accessible formats. Good non-emergency patient provided transport is a key mitigation for travel concerns. As a result of consultation feedback and recommendations from the London Mayor, travel time analysis and cost analysis were strengthened. All providers involved in programme have committed to running dedicated travel and access workstreams during the implementation phase.

Several questions were asked and answered regarding travel and access concerns, and the importance of this area to patients and families was emphasised. It was clarified that the difference in the reduction of average driving costs to St George's is slightly greater than to The Evelina, when compared to RM. The travel cost analysis shows both options cost less to get to than RM by car – based on a return journey the difference would be less than £5 reduction. It was acknowledged that accessibility and affordability is a key component for those who use the service, including in the South East, and further clarified that the Ronald McDonald House has facilities in both proposed locations (short walk away at The Evelina, and on-site at St George's) and is free of change. Travel time impact could be moderated by a more robust shared care provision, however although there is potential for a significant contribution to patient experience, this can't yet be quantified.

There is further work planned to mitigate travel costs during the implementation phase.

4. Radiotherapy. The Programme Director summarised the feedback relating to the proposed move of radiotherapy to UCLH, mitigations and areas that will be looked at in more detail during implementation. Subsequent to concerns raised in public consultation around capacity and fragility, the programme team gathered extra information, including around LINAC capacity from UCLH to provide further assurances over how these would be managed. There is a recommendation for the future provider to work with UCLH and develop shared patient pathways, as NHS England will support them with capacity provision.

   Questions were asked around patient accommodation, future service provision, and provision for deterioration if level 3 critical care is needed whilst the patient is at UCLH. UCLH work with Young Lives Versus Cancer and whilst there is accommodation available, they have identified a need for more capacity and equity for people using the service. Currently, slightly more patients have conventional radiotherapy than proton beam (which is delivered at UCLH), but in the foreseeable future, it is expected about 60% will have proton beam over conventional radiotherapy. It is unlikely that level 3 critical care will be needed whilst the patient is at UCLH as a direct result of their radiotherapy, but if required they would be transferred to GOSH for their care, or King's if neurosurgical. The move to UCLH

for all radiotherapy could happen earlier than the full transition to the future service but this would be subject to more detailed project planning.

5. Workforce sustainability. The Programme Director summarised the feedback relating to this area, noting that information received enforced existing understanding. Recommendations to move forwards with this area include using the Implementation Oversight Board to develop mitigations and contingency plans for risks to the current workforce, support retention of the current workforce and the future provider to work with RM and partners on workforce strategy and planning.

   During discussion, it was noted that the themes arising from this feedback, such as recruitment and retention, are consistent with workforce pressures across the wider NHS. A range of experts were involved in focused workshops looking at workforce risks and feel assured that many of the risks can be managed during the implementation phase. It was acknowledged that staff want certainty, and once a decision is made on the future location, more in-depth discussions can be held to work through plans. It will be disruptive for staff across all organisations and NHS England will rely on continued partnership with Trusts to make the transition as smooth as possible.

6. Impacts on other services. The London Regional Medical Director addressed the risks and impacts relating to the service move, including deliverability of the TYA service at RM; the radiotherapy service in non-cancer pathways at RM; and knock on effects to paediatric surgery and Pathology at St George's should the service move to The Evelina. He stated that in this scenario work will progress with RM, the new provider and key Trusts to ensure care is preserved and services continue to provide continuity of care and mitigations to address recruitment and retention are implemented.

   There was further discussion about the impact on St George's should the service move to The Evelina, it was stated that there is a commitment for collaboration with partners to avoid negative impact where possible, and minimise negative impacts where necessary. NHS England have levers in the future to ensure future services are commissioned at St George's. Joint positions for staff across Trusts will be looked at. It is important that St George's maintains its role as a paediatric tertiary centre, relied on by the population of Surrey and other areas in the South East region.

7. Estates and facilities. The Programme Director summarised key information for each option, including capacity at each location and the estates solutions – noting that The Evelina updated their estates solution from holding the service in the St Thomas building to The Evelina Hospital building following the option evaluation process, and have incorporated more en-suite facilities for families for up to 16 patients following feedback they heard during consultation (all St George's facilities are en-suite).

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There were several questions and answers on the detail of the estates and facilities solutions, noting differences in the proposed service in areas such as the location of the school for patients, and it was reiterated that the new service (in either location) would be co-designed with parents and families to ensure that the positive aspects of The Oak Centre are carried through. Both Trusts have taken on board feedback from families thus far and will continue to do so. Currently The Oak Centre is subsidised by charitable funding and this is something for the future provider to bear in mind.

8. Research. The Programme Director outlined the key risks and mitigations relating to research, having worked with RM and the Institute of Cancer Research (ICR) to establish these. It is proposed that an Advisory Group be established to oversee the transition phase. It has been announced that there will be a merger between St George's University Hospitals and City University London which could broaden St George's research platform but doesn't yet give us any evidence to suggest that it would have a material impact on our understanding of the options. A key concern of the ICR is how uncertainty can impact their global reputation, thus a decision on the future location of this service is important.

   A clarification on the merger between St George's University Hospitals and City University London was sought, to which it was noted that as City University is not focused on life sciences, the result will not significantly impact on the research element of this service change. During the option evaluation process, The Evelina scored higher on the research criteria, mainly due to the link with King's College London.

9. Strength of case for change. The London Regional Medical Director spoke to the feedback received through consultation which commented on the case for change. He noted that alternative proposals suggested through the consultation response, these had been considered prior, where it had been agreed they wouldn't meet the national service specification. Although there will be some fragmentation of care as the radiotherapy service will be geographically separate, due to the dominance of proton beam therapy, there is not an alternative solution.

10. Deliverability. The Programme Director detailed elements of deliverability which will ensure the service is moved safely, including the timeline, information sharing, funding and risk mitigations to address during the implementation period. NHS England is assured both options are affordable, and in the next stage, the chosen provider will further develop their plans through an outline business case and full business case process.

    A question was asked about stranded and transitional costs for RM and potentially St George's – it is proposed that a Task and Finish group be established to look at these. It was noted that Integrated Care Boards are aware the timeline to service transfer is 2.5 years, for both proposed options, which is long enough to ensure

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patient safety during the implementation period. NHS England are committed to the timeline regarding factors within NHS control. Whilst not core to decision-making today, there is a need to consider capital implications of having more robust shared care arrangements particularly for Kent, Surrey and Sussex.

It was noted that the Regional Directors received a letter from the Chief Executive Officer of St George's University Hospital on 13th March 2024 outlining potential risks to patient safety should the service move to The Evelina. In relation to this, the London Regional Director acknowledged that should the service move to St George's, implementation will be less complex due to their experience of an important bit of the pathway as currently part of service, and risks to continuity of service will be less during implementation. Should the service move to The Evelina, NHS England will be vigilant on the checks and balances on the safety of patients in the pathway during the implementation phase.

Impact of proposals:

The IIA was a live document throughout the programme and was further updated subsequent to public consultation feedback including feedback from the London Mayor. The Consultant in Public Health flagged a couple of specific areas – 1) regarding travel costs, NHS England have included an analysis of cumulative costs over time (in addition to one-off costs of a journey), the detail of which is included in the Assessment, 2) from a public health perspective, overall there is potential to close the gap of equity of access from the group likely to experience inequalities, 3) an assessment appropriate for this stage of the programme has been conducted regarding the environmental impact to achieve net zero targets.

The London Regional Director of Performance acknowledged that content of the IIA relates to some criteria within the patient and carer experience criteria of the option evaluation appraisal, to which St George's performed higher than The Evelina. It is important that mitigations relating to these issues are actioned, and if the service moves to The Evelina, that the benefits are transferred.

Arrangements for implementation: Governance

The Programme Director summarised the governance arrangements planned for the implementation phase. An Implementation Oversight Board will be established to ensure recommendations, risks, issues and mitigations are actioned. A Delivery Board will underpin this, which will oversee a number of workstreams reflecting areas that have been deemed important. NHS England propose a number of joint roles are recruited in advance of the service transfer and underpinned by an organisational change programme. Coordinated and collaborative work with third sector organisations is important and will be incorporated into the governance.

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The Chair stated that individual risks are detailed in the DMBC. There is a national project underway to develop broad outcome metrics to underpin the national principal treatment centre service specification. Within the DMBC, there are proposed metrics to monitor the benefits specifically to this service change.

The decision:

The Chair, the Regional Director for London, asked the three other key decision-makers [Regional Director for South East region; Regional Directors of Commissioning, London and South East regions] whether they are satisfied that they have sufficient information to make a decision on the future location of the Principal Treatment Centre today. All agreed they have the information they need to make a decision. It was agreed that the DMBC contained a lot of information and this meeting has been useful to seek clarifications, including whether there are differentiating factors between the proposals based on the information to hand, acknowledging that there are two strong proposals. Due consideration has been given as to whether any new information has come through which has added, changed or amended the position pre-consultation. The decision makers agreed that there should be expert by experience led measures and processes for the approach to managing the benefits, and experts by experience, families and key stakeholders heavily involved during the implementation phase. This change is being made for children in the future to have access to the best possible specialist cancer services and outcomes, as well as children currently in care – tracking the benefits is going to be critical moving forwards, as well as the timeliness and affordability.

The Chair asked for the London Regional Medical Director's view on NHS England's previously stated preference of The Evelina following discussion during the meeting. He responded that this is a positive and ambitious opportunity to build on past excellence, improve and future proof the service. Prior to public consultation, it was deemed that quality and research would likely be better delivered at The Evelina, acknowledging that some of the experiential things of importance were an advantage to the St George's bid, and the service would be easier to implement at St George's due to it being a smaller move. As per the recommendations, if The Evelina is successful, it is important to ensure the best possible patient experience is delivered, whilst taking care of patients, families and staff during the implementation period.

The Chair asked everyone around the table whether they've heard everything they've needed today and for any final reflections. The London Regional Chief Nurse stated that whilst the consultation didn't yield new new information in the majority of themes, the information we have got helps us move forward in a much more targeted, decisive and purposeful way. The Chair proceeded to ask the five decision making resolutions:

I. We need to agree that both options under consideration would meet the national specification issued by NHS England in November 2021.

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All agreed

II. The Chair stated that she thinks the attendees are agreeing that the future location for the Principal Treatment Centre should be Evelina London Children's Hospital based on evidence heard today and the careful consideration of the DMBC which was thoroughly considered during the meeting, the work in the pre-consultation business case and new information emerging which will inform how the changes are implemented.

All agreed

III. To agree that the radiotherapy services for the Principal Treatment Centre will be delivered by University College London Hospitals NHS Foundation Trust at University College Hospital.

All agreed

IV. To agree and adopt the recommendations that will support the smooth transfer of services, enable continuity of care for patients and deliver the benefits of the clinical model, particularly emphasising the last piece.

All agreed

V. To establish a London and South East Implementation Oversight Board (including patient and public voices, including children and young people, and independent representation) to monitor the delivery of the recommendations throughout implementation.

All agreed

4 Any other business and close

The Chair thanked all families, parent and carers involved in the process, recognising how difficult it has been. She thanked the programme team for the work since the programme was initiated, and all stakeholders who have been involved and for providing their feedback. She thanked colleagues around the table for their preparation and contribution to the meeting.

The priority now is to support the providers involved and impacted patients and staff. The service won't move until Autumn 2026. The outcome of today's meeting will be published on the NHS England website.

The meeting was closed.

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Completed by	Elspeth Block, Transformation Project Manager, London Region
Confirmed by	Caroline Clarke, Regional Director, London Region Anne Eden, Regional Director, South East Region

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