Department of Health & Social Care

National Cancer Board - minutes of meeting 21 September 2026

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Attendees

The attendees were:

- Mark Cubbon (co-chair) (National Priority Programme Director: Planned Care, Department of Health and Social Care (DHSC) and NHS England)
- Anita Charlesworth (co-chair) (independent)
- Jodie Smith (Director of Elective Care and Cancer, DHSC)
- Tim Jones (Deputy Director of Cancer, DHSC)
- Professor Dr Lucy Chappell (Science and Research: Chief Scientific Adviser, DHSC)
- Paul Maubach (Director for Neighbourhood Health, DHSC)
- Professor Peter Johnson (National Clinical Director for Cancer, NHS England)
- David Fitzgerald (Director of Policy and Strategy, NHS Cancer Programme, NHS England)
- Robert Stones (Director of Delivery, NHS Cancer Programme, NHS England)
- Rhydian Phillips (Director of Diagnostics and Transport, NHS England)

- Professor Dame Sue Hill (Chief Scientific Officer for England and NHS Genomics Programme Senior Responsible Officer, NHS England)
- Ellen Duke (Deputy Director of Children and Young People's Nursing, NHS England)
- Ayub Bhayat (Chief Data and Analytics Officer, NHS England)
- Michelle Kane (Director of Vaccination and Screening, NHS England)
- Cheryl Tackie (NHS Cancer Programme Patient and Public Voice Forum Chair, NHS England)
- Harrison Carter (Director of Screening, NHS England)
- Michelle Mitchell (Chief Executive, Cancer Research UK)
- Gemma Peters (Chief Executive, Macmillan)
- Chris Walden (Chief Executive, Cancer52)
- Dr Robert Metcalf (Clinical Lead for Rare Cancers)
- Dr Dianne Addei (Director of the Health Inequalities Improvement Programme, NHS England)
- Ashley Ball-Gamble (Chief Executive, CCLG: The Children and Young People's Cancer Association)
- Roger Spencer (Chief Executive, The Christie Foundation Trust)

Apologies

Apologies were received from:

- Fiona Bride (Commercial and Growth Director General, NHS England)
- Jo Lenaghan (Director of Workforce Strategy and Planning, NHS England)
- Louise Stead (Chief Executive, Ashford and St Peter's Hospitals and Royal Surrey and Sussex Cancer Alliance)
- Sue Doheny (Regional Director, South-West, NHS England)
- Colin Wilson (Deputy Director, Research Infrastructure, Office for Life Sciences)

Welcome and introductions

Mark Cubbon welcomed members and introduced Anita Charlesworth as co-chair, Dr Robert Metcalf as National Clinical Lead for Rare Cancers, Dr Dianne Addei as representative for inequalities, and Ashley Ball-Gamble as representative for children and young people's cancers. Members were asked to submit declarations of interest through the secretariat, use the board mailbox for correspondence, consider papers carefully and handle sensitive information appropriately.

Mark said that the forthcoming ways-of-working session would be an opportunity for members to discuss the way that the board operates and the terms of reference in more detail, including purpose, responsibilities and the balance between assurance and strategy.

Discussion

Item 1: terms of reference

Mark raised the draft terms of reference and following comments from members. It was agreed that there was work to do to refine the terms - which would in the first instance be discussed in the ways-of-working session. Members raised the need for clearer definition on the board's role in strategic influence, accountability for delivery and what advisory role they play, including the relationship to ministers. Members also raised the importance of the annual progress report as a transparent assessment of delivery and learning.

Wider feedback from members included the importance of timely publication of minutes, a long notice period for meeting dates, clear arrangements for engagement between meetings and clarity on the approach to scrutiny of individual commitments. Members also raised a preference for transparency in outputs from meetings, including that they can share with stakeholders.

Item 2: quarterly progress report

The board heard a brief introduction to progress on delivery of the National Cancer Plan's commitments and more detail on National Institute for Health and Care Research (NIHR) actions from Professor Lucy Chappell.

Members raised specific points on:

- potential for an increased focus on the strategic goals of the plan and how the board could track progress - above and beyond individual commitments

- the importance of making and demonstrating progress on health inequalities
- patient experience - both being clearer on what our commitments are seeking to achieve and ensuring we have appropriately robust data to track it
- the importance of equitable access to innovation
- the need to attract global research investment to benefit common and rare cancer types

Item 3: cancer performance

Members heard a presentation on the latest cancer performance, including that the 62-day standard remains the principal challenge and requires substantial improvement to achieve 85% by March 2029. Improvement at the Royal Free and Manchester University NHS Foundation Trust was highlighted to demonstrate that recovery is achievable with sustained focus and prioritisation.

On the 62-day target, it was discussed that focus on the diagnostic phase of the pathway remains essential to delivering improved 62-day performance. The board noted the need for continued focus on streamlining and unblocking pathways while maintaining oversight of long waiters, given the risk to patient outcomes.

Members raised issues including:

- how cancer alliances support delivery and are held accountable, and noted their:
    - differing sizes and populations served
    - age-specific performance, particularly for children and young people
    - treatment volumes alongside access standards
- that diagnostic capacity remains a major bottleneck and planning should work back from projected treatment demand
- that pathway improvements for rare and less common cancers can contribute substantially to overall performance.
- the importance of looking beyond current performance to emerging risks, demand, capacity and opportunities.
- strengthened regional oversight of Cancer Alliances was discussed

Cancer Research UK offered to recirculate its horizon-scanning work to support the Board's forward view.

It was agreed that performance updates to the Board should be reviewed for future meetings to reflect further granular detail, in response to the themes of the discussion today.

Item 4: cancer manuals

Members heard a presentation on the proposed approach to the National Cancer Plan's commitment on cancer manuals. Cancer manuals are intended to support the survival ambition, consistent high-quality care and a more devolved NHS operating model. The manuals will consolidate existing National Institute for Health and Care Excellence (NICE) standards, Getting it Right First Time (GIRFT) recommendations and other expectations into transparent national frameworks against which providers and cancer alliances can benchmark services.

A pan-cancer manual will be followed by tumour-group specific manuals, prioritised by potential survival impact, the age of existing guidance and National Cancer Plan commitments, including rare cancers.

Members raised the following points:

- they strongly welcomed the emphasis on reducing unwarranted variation and inequalities
- they agreed that the manuals should describe the outcomes and experience patients can expect rather than prescribe organisational models or professional roles
- manuals should:
    - complement, not replace, NICE guidance
    - remain adaptable to innovation, artificial intelligence and evolving neighbourhood models
    - make clear which standards most directly support the plan's ambitions
- ideally, there would be appropriate patient co-design, strong focus on usability for patients, providers and commissioners and careful assessment of workforce implications
- further patient experience measures should complement the National Cancer Patient Experience Survey (NCPES)

- rare and less common cancers should be reflected in the manuals used to inform service-improvement discussions

Drafts will be revised, kept under review and shared ahead of public engagement, with sufficient time for stakeholders to contribute.

Item 5: communications and external engagement

The board heard that there were efforts underway to ensure a proactive series of communications on progress with both plan commitments and progress more broadly - and that the DHSC and NHS England comms teams were working together on a plan.

Members' feedback included:

- the need to consider how the board itself is framed in any communications, in its role as an independent source of scrutiny

- that planning for the annual report should begin early so it provides a strategic, evidence-based and reflective account of progress

Mark Cubbon concluded that the ways-of-working session should actively consider the Board's role in communications, relationship with ministers, transparency principles, approval arrangements and how members may contribute between meetings.

Item 6: future meetings and close

Arrangements for the December meeting and the schedule for 2026 to 2027 will be circulated. Future meetings will use focused discussion papers and updates, with some routine business conducted between meetings. Members were invited to propose future agenda items. The chair confirmed that the board may state publicly that the meeting had taken place, thanked members and closed the meeting.

Decisions and actions

Decisions and actions were to:

- revise and circulate the terms of reference before the ways-of-working session

- provide written comments on the terms of reference

- circulate an externally suitable meeting note alongside the minutes

- confirm the ways-of-working session and board dates for 2026 to 2027
- develop and circulate a revised quarterly update pack before the ways-of-working session
- review the metrics in the quarterly update pack and bring a metrics paper to the next board meeting
- provide further written feedback on the cancer service manuals
- prepare a paper on the board’s communications approach for the ways-of-working session
- circulate a shortlist of potential focus items for future meetings