



**Wessex Cancer Alliance Board Meeting  
 Tuesday 10<sup>th</sup> June 2025, 9.30am to 12.00pm  
 Via Microsoft Teams**

**Minutes**

**Board Members Present**

- AW Alex Whitfield, Executive Lead for Cancer, Hampshire and Isle of Wight Integrated Care System
- ES Eileen Stonock, Chair of Wessex Cancer Alliance Involvement Steering Group
- EL Emma Leatherbarrow, Equality and Involvement Lead, Wessex Cancer Alliance
- JW Jane Winter, Nursing/AHP Lead, Wessex Cancer Alliance
- LH Lindsay Hough, Senior Manager (Products and Programmes), Cancer Research UK
- LD Lyn Darby, Director of Acute Care, Hampshire and Isle of Wight Integrated Care Board
- MH Matt Hayes, Medical Director, Wessex Cancer Alliance (Chair)
- NB Nicola Bent, Chief Executive, Health Innovation Wessex
- PJ Paul Johnson, Chief Medical Officer, NHS Dorset
- RR Richard Robinson, Acute Clinical Lead for Cancer, Hampshire and Isle of Wight Integrated Care Board
- RRp Richard Roope, Primary Care Clinical Lead for Hampshire and Isle of Wight
- RS Richard Sim, Clinical Lead for Cancer, Dorset Integrated Care Board
- SR Sally Rickard, Managing Director, Wessex Cancer Alliance

**In Attendance**

- AG Alex Geen, Head of Planned Care, NHS Dorset attended on behalf of Sue Sutton
- KS Kelly Spiller, Head of Pathways, Improvement and Performance, Wessex Cancer Alliance (for agenda item 3)
- RF Rebecca Furlong, Head of Cancer and Diagnostics - performance, NHS England (South East) attended on behalf of Christopher Tibbs
- RC Robert Chambers, Head of Programmes, Wessex Cancer Alliance
- SM Stephanie Moore, Business Support Assistant, Wessex Cancer Alliance (Minutes)

**Apologies**

- CT Christopher Tibbs, Acting Medical Director, South East Region
- DF David French, Executive Chair, Wessex Cancer Alliance
- JH Jane Horne, Consultant in Public Health, Public Health Dorset
- KA Kathryn Armitage, Primary Care Clinical Lead for Dorset
- LA Lara Alloway, Chief Medical Officer, Hampshire and Isle of Wight Integrated Care Board
- SB Simon Bryant, Director of Public Health, Hampshire and Isle of Wight Councils
- SS Sue Sutton, Deputy Chief Operating Officer, NHS Dorset

<u>Item</u>	<u>Subject</u>	<u>Action</u>
<u>1.</u>	<p><b>Welcome and introductions</b></p> <p>MH opened the meeting. Apologies were noted.</p> <p><b><u>Minutes and matters arising</u></b></p>	

<u>Item</u>	<u>Subject</u>	<u>Action</u>
	<p>The minutes from the meeting held on 12<sup>th</sup> March 2025 were agreed as an accurate record.</p> <p><b><u>Update on actions from last meeting</u></b></p> <p>The following updates were provided on actions not covered under the main agenda:</p> <p><b><u>Workforce</u></b></p> <p>WCA will formalise the workforce supply collaboration with NHS England via Tessa Candy outside of the board and continue to review as the new organisations evolve.</p> <p><b><u>External funding</u></b></p> <p>Additional funding is in place from NHS England, Macmillan and Cancer Research UK for specific projects. WCA has had meetings with pharma companies and other industry partners regarding investment opportunities. The Department of Health are putting out some formal infrastructure to bring together Alliances and industry – WCA is one of five Alliances hoping to seek opportunities via this route.</p> <p><b><u>Joint Integrated Care Board (ICB) budget discussion</u></b></p> <p>The WCA meets with commissioners on a weekly basis – budget was discussed yesterday and is due to go to HIOW ICB spending control group within the next couple of weeks.</p> <p><b><u>PPIE Steering Group</u></b></p> <p>ES gave an update on the Wessex Cancer Alliance Patient and Public Involvement (PPIE) Steering Group. There is a big focus on the development of members.</p> <p><b><u>Primary Care work programme</u></b></p> <p>MH, RRp and KA have met to discuss the primary care delivery plan for the Wessex Cancer Strategy, and KA and RRp are leading on the development of ICB primary care relationships for Dorset and HIOW respectively.</p> <p>RRp gave an update on the structure of the WCA GP team.</p> <p>All other actions closed.</p>	
<p><b><u>2.</u></b></p>	<p><b><u>Operational Performance</u></b></p> <p><i>Slides attached for reference</i></p> <p>SR presented the current performance data for Wessex.</p> <p>Both systems, and all providers, achieved the Faster Diagnosis Standard for March. Both systems, and all providers other than the Isle of Wight, achieved the 62-day ambition of 70% or more for March.</p>	

Item	Subject	Action
	<p>Referral volumes have levelled as compared to last year, however some pathways are under huge pressure for routine demand (skin particularly).</p> <p>Resources are being targeted at the greatest pressured pathways, with top priority for Isle of Wight, in Tier 2 for Cancer driven by 62-day performance.</p> <p>PHU oncology is to remain on Alliance risk register.</p> <p>RR commented on urology being the tumour site with the largest number of patients waiting in HIOW. It would be helpful to clarify what is required to deliver improved services in a sustainable way. SR highlighted the <u>GIRFT</u> work on urological pathways and work that the Alliance team are doing to benchmark services against recommendations of best practice.</p> <p>AW queried whether there is a Trust in Wessex that is achieving outcomes with a cost-effective model. SR said colorectal is a good example of this – WCA is currently working to implement this model in the other Trusts.</p> <p>ES highlighted the importance of communicating with patients who are waiting, and the reassurance patients feel from having conversations with healthcare professionals.</p>	
<p><b><u>3.</u></b></p>	<p><b>Cancer Pathway Improvement Team</b> <i>Slides attached for reference</i></p> <p>KS presented an overview of the work of the WCA Service Improvement Team (SIT) in 2024/25.</p> <p>The team works alongside Trust and wider System partners to both maintain and make gains in terms of performance, ensuring the Wessex population continues to have access to timely diagnosis and treatment. This includes the introduction of new pathways, refinement of existing pathways, using the workforce differently, as well as providing financial support, where agreed, to try new roles and provide support for services during times of transition and change.</p> <p>KS detailed the implementation of the unscheduled bleeding on HRT pathway as a case study.</p> <p>AW queried the resource implications of the unscheduled bleeding on HRT pathway in primary care and whether this has added to their workload. KS said monitoring has not reported any increase in workload in primary care. RRp commented that this has been well received in primary care, both by patients and GPs. MH added the Wessex Local Medical Committee are represented on the WCA Clinical Reference Group and haven't voiced any concerns.</p> <p>AW raised the issue of resource allocation to support MDT working including peer review. KS to incorporate into SIT work on this.</p>	

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4.	<p><b>Alliance Delivery in 24/25 against plan</b> <i>Slides attached for reference</i></p> <p>RC highlighted the achievements of each of the WCA work programmes in 2024/25.</p> <p>There was a minor underspend in the WCA core budget due to a recruitment delay in PHU. A more significant underspend was because of activity versus budget allocation in Lung Cancer Screening services. This is common to most Alliances for 24/25 FY as budget was allocated centrally rather than against delivery plans.</p> <p><b>Action:</b> <b>SR to update at next board meeting on the progress the Alliance has made against the Five Year Strategy in the first six months</b></p>	SR
5.	<p><b>Ten Year Plan for Cancer</b></p> <p>JW gave an overview of the intention, aspirations and timeline of the ten year plan for cancer.</p> <p>External Reference Groups have been meeting regularly to develop recommendations across six themes: prevention, early diagnosis, treatment, access, living with and beyond cancer, and research and innovation.</p> <p>There is also work on cross cutting themes and enablers e.g. genomics and digital.</p> <p>The deadline for cancer alliance feedback on the draft recommendations is today, and the overall aim is for the final report to be sent to Wes Streeting before Parliament’s summer recess, with comments returned in September.</p> <p>NB commented on the ambition in the research and innovation chapter for more systematic joint working across Health Innovation Networks and Alliances – already doing this in Wessex.</p> <p>AW queried about the voluntary/community sector and patient community groups and whether there is a flavour of this coming through in the discussions. JW said the voluntary sector and how this links in is on the list to be looked at.</p> <p>JW summarised the early discussions that have been taking place through provider collaborative around the potential of the existing integrated neighbourhood team.</p> <p><b>Action:</b> <b>Theme of next board meeting to focus on the potential for shift into neighbourhood teams and care close to the patient for cancer</b></p>	MH

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<p><b><u>6.</u></b></p>	<p><b>Cancer Alliance team resource</b></p> <p>At the last meeting the Board challenged the WCA to review and reduce their core team head count, in response to national pressures, local system pressures and the reduction of Alliance funding.</p> <p>SR informed the Board that seven WCA staff have confirmed end dates in the next two months, equivalent to 20% of the core team.</p> <p>SR proposed that any further reconfiguration be paused until there is more clarity on the spending review position and the ask of the 10 year Cancer Plan.</p> <p>AG queried how much funding the WCA leavers will release and where this will be allocated. SR said it was not possible to provide a figure until the current Mutually Agreed Resignation Scheme (MARS) process is complete. SR added the priority is operational performance so the assumption is this is where any money released will go.</p> <p>AW queried whether there is blanket approval for those applying for MARS – SR said no.</p> <p>RF confirmed the funding agreement for the WCA – any money released will go through the regional assurance process and be formally agreed.</p>	
<p><b><u>7.</u></b></p>	<p><b>Any other business</b></p> <p>MH informed the Board that the HIOW ICB Planned Care Board has been disbanded. This means a change in governance reporting for the WCA Board and there may be a closer relationship with the provider collaborative than with system going forward.</p> <p>LD commented that this change is in line with the ICB streamlining their work. LD added there is also a commissioning relationship and the ICB are just working through how they do that.</p> <p>AW commented that she didn't foresee any issues with the change, but we do need to make sure there is an escalation route in place.</p>	

**Next meeting: Wednesday 24<sup>th</sup> September 2025, 9.30am – 12.00pm, in person at Explorer House**