West Midlands Cancer Alliance (WMCA)

Friday 6 June 2025

Board Briefing Note

For the attention of WMCA Board Members, Accountable Officers, CEOs, Cancer Managers and Cancer Leads in ICB and provider organisations:

The WMCA Board met face to face on Friday 6 June 2025 to review the work and progress of the partner organisations in the WMCA. The meeting was chaired by Professor Andy Hardy, CEO of University Hospitals Coventry and Warwickshire (UHCW) NHS Trust. The Board had representation from all West Midlands Integrated Care Systems (ICSs). It also has representatives from Specialised Commissioning, Screening, Healthwatch, Public Health, NHS England (NHSE) and patient representation.

PERFORMANCE & PROGRAMME UPDATE:

Performance Update

From an oversight perspective The Royal Wolverhampton NHS Trust (RWT) has been taken off tiering. Excellent progress has been made this year on their cancer waiting time standards. George Eliot Hospital NHS Trust has moved into Tier 2 and UHCW has moved from Tier 2 to Tier 1, with the Alliance working to support these sites. University Hospitals Birmingham NHS Foundation Trust (UHB) and The Shrewsbury and Telford Hospital NHS Trust (SATH) remain on Tier 1.

28-day Faster Diagnosis standard (FDS) - WMCA performance during the month was 77.2%, a drop of 1.1% compared to February, but ahead of the national expectation of 77%. Despite this drop, WMCA was ranked the 15th Alliance nationally (out of 20), unchanged from February. Dudley Group Foundation Trust (DGFT) was ranked the highest performing Trust at 86.7% during March. 11 of the 15 WMCA Trusts achieved the 2024/25 planning ambition of 77%, although only UHB reported an improvement from February, up 2.1%.

31-day Treatment standard –
WMCA performance during March was 92.3% and overtook national performance of 91.4%. This was an improvement of 0.9% compared to February and saw WMCA rank 12th out of 20 Cancer Alliances nationally in March, up from 13th the previous month. Shropshire, Telford and Wrekin ICB (up 3.4%) were the most improved of the 42 ICB's nationally for performance during March when compared to February.

62-day referral to treatment – The national ambition for 2024/25 was that performance improved to 70% by March 2025, with this figure increasing to 75% for 2025/26 by March 2026. WMCA performance was 66.6% during March, an improvement of 5.8% compared to February, making WMCA the second most improved of the 20 Alliances nationwide during the month. For more information contact: andy.field2@nhs.net.

Screening Update:

FIT@80 Early Adopter Sites – Existing early adopter sites are performing well, with regular monitoring in place. A second wave of expressions of interest (EOIs) are planned by the national team following regional conversations regarding centre readiness. EOIs are expected to be issued in May with planned go live between Q4 2025/26 and Q1 2026/27.

Breast screening – There are no reported concerns across the Midlands and the focus remains on coverage and uptake. The national breast screening campaign is now complete and is currently being evaluated. The programme mandate change to revert back to offering 2x timed invitations is being closely monitored, with some sites finding it challenging to revert back in a timely manner due to workforce and service functions. The NHS App is also being developed to send breast screening reminders to help increase uptake in the programme.

Bowel cancer summary - Bowel cancer screening across the West Bowel Cancer Screening Centres and the Hub is overall in a reasonable position. Age extension for ages 50 and 52 are now all live with no reported concerns.

Cervical screening – Cervical turn-around-times continue to be closely monitored in the region across both labs, but there are currently no reported concerns. Funding has been repurposed to do some bespoke targeting with RWT which will look at the 25–45-year-old age bracket from July.

Lung cancer screening- Early discussions are underway regarding supporting the Alliance with the Lung Cancer Screening Programme (LCSP) from a screening perspective. For more information contact: stephanie.beaumont@nhs.net.

Q2 REPORT AND PROGRAMME OVERVIEW:

Early Diagnosis – Khalid Arif, Programme Manager for the LCSP, is leaving the Alliance so the infrastructure to support the programme will be changing. The LCSP remains hugely successful and is delivering 98% against trajectory, with a third of the eligible population having been covered. FIT is still considered business as usual across all ICB's and the programme is showing continuous improvement, with WMCA now ranking third nationally. There are still concerns around management of the FIT negative pathway with ongoing work in this area.

PROGRAMME FOCUSSED UPDATES:

eMDT - This update was presented to update the board on the eMDT platform development. The paper asks the board to support the upgrade to cloud based Somerset CR and e-Tertiary function and the WMIN digital transformation programme and close the legacy eMDT project. The board approved this proposal. For more information contact: marie-claire.wigley@nhs.net.

Workforce update

WMCA Cancer Academy- This update was presented to update the board on the progress of the Cancer Academy, launched to support the 2025/26 Cancer Planning deliverable of embedding the ACCEND (Aspirant Cancer Career and Education Development) framework locally. The board was asked to support the ongoing ePortfolio costs. For more information contact: victoria.lake@nhs.net.

Cancer Navigators - This update was presented to update the board on the critical role of navigator and support roles in cancer care and the potential consequences of business cases not being approved for these positions. The paper outlines the benefits of these roles, the impact of removing them, and recommendations for ensuring their sustainability. For more information contact: jillian.guild1@nhs.net.

Treatment Variation Dashboard – This paper was presented to show the board a clear and evidence-based case for addressing unwarranted variation in cancer treatment across the West Midlands. The paper seeks the Board's support to drive forward a regional treatment variation programme that aligns with national priorities, promotes equity of access, and ensures that all patients receive timely, high-quality, and consistent cancer treatment regardless of where they live or receive care. For more information contact: joanna.fairhurst4@nhs.net.

PLANNING 2025/2026

Planning update – The nationally and regionally approved plan for the Alliance for 2025/2026 was presented to the board. The plan is mostly a continuation of current programmes, with new areas including pancreatic case findings. Work and resource will also be allocated towards priorities outlined in the 10-year health plan and cancer plan when published. For more information contact: sarah.hughes25@nhs.net.

BUSINESS AND GOVERNANCE:

WMCA 2024/25 Finance and Investment Report

An end of year financial summary of allocations for 2024/2025 and initial funding allocations for 2025/2026 was provided to the board.

Patient Advocate Discussion

Helen Thomas, a metastatic breast cancer patient, introduced herself and spoke about her personal experiences and the challenges she has witnessed within the cancer workforce. She also raised that the reporting of metastatic patient data needs to be better, and the time for follow-ups needs to be increased.

FEEDBACK FROM ICB CANCER BOARDS:

Representatives from each ICB Cancer Board in attendance presented updates by exception.

Any Other Business:

No other business was noted; therefore, the meeting was closed.

FOR REFERENCE:

For further information please contact: Sarah Hughes, Managing Director, Midlands Cancer Alliances, email: sarah.hughes25@nhs.net, Telephone: 07876 869436.

Date of next Board Meeting: The next meeting of West Midland Cancer Alliance will be on Wednesday 24 September 2025 (10am – 12pm). This meeting will be held face-to-face only.

Please find below a table showing you who your West Midlands Cancer Alliance ICB representatives are:

ICB	Cancer Alliance Board ICB Representatives
Coventry and Warwickshire	**Joseph Hardwicke / Richard Rawlinson** Joseph.hardwicke@uhcw.nhs.uk / richardrawlinson@nhs.net
Staffordshire & Stoke-on-Trent	**Gary Free / Helen Ashley** gary.free@nhs.net / Helen.Ashley@uhnm.nhs.uk
Birmingham & Solihull	**David Peake / Martin Richardson** David.Peake@uhb.nhs.uk / Martin.richardson@uhb.nhs.uk
Hereford and Worcestershire	**Mari Gay /Angus Thomson** marigay@nhs.net / angus.thomson1@nhs.net
Shropshire, Telford & Wrekin	**Ned Hobbs / Maureen Wain** Ned.hobbs1@nhs.net / Maureen.wain1@nhs.net
Black Country	**Diane Wake / Pip Mayo** d.wake@nhs.net / pip.mayo@nhs.net