

Joint Commissioning Committee

Plastic Surgery South Wales – Revised Ministerial Key Performance Indicators (KPIs)

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Pwrpas yr Adroddiad / Report Purpose	For Noting For Approval
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Engagement (internal/external) undertaken to date (including receipt /consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
Management Group	27/06/2024	Noted

Acronyms / Glossary of Terms	
NWJCC	NHS Wales Joint Commissioning Committee
SBUHB	Swansea Bay University Health Board
WHSSC	Welsh Health Specialised Services Committee
ICP	Integrated Commissioning Plan
DIEP	Deep Inferior Epigastric Perforator
KPIs	Key Performance Indicators

1. SITUATION/BACKGROUND

The purpose of this paper is to outline options in relation to achieving the Welsh Government revised key performance indicators (KPIs) in 2024/25 for the plastic surgery service for South Wales provided by Swansea Bay UHB.

1.1 Background

As a consequence of the pandemic, the waiting list and waiting times for plastic surgery significantly increased. There were no patients waiting longer than 104 weeks for plastic surgery in SBUHB at the start of the pandemic but this number reached more than 600 by the end of the period. There has been improvement since that time and as reported through the Integrated Performance Reports, over the course of 2023/24 the cohort waiting longer than 104 weeks reduced significantly from approximately 550 patients to 220 patients due to additional activity (over performance of circa £300k) and improved validation.

2. SPECIFIC MATTERS FOR CONSIDERATION

The WHSSC Integrated Commissioning Plan (ICP) for 2024/25 does not include allocated funding above the SLA baselines to address long waits in plastics and achieve the 104 weeks target because, to agree the Plan, choices were made on the balance of performance and finance in line with the difficult choices facing all HBs. For plastics in South Wales the WHSSC Joint Committee agreed not to accelerate improvement beyond a continued steady improvement towards the targets. However, following the approval of the ICP, Welsh Government published targets to achieve 104 weeks by March 2025. These were further revised through the NHS Wales CEO letter of 7th May with revised Ministerial KPIs of no patients waiting over 104 weeks by the end of December 2024.

The Accountable Officer letter submitted by the Interim Chief Commissioner in response to the targets outlined that the main risk was in the South Wales plastics service. The analysis across all services has been refreshed in July and this remains the case. The letter stated that 'We understand that the balance of provider and commissioner finance and performance choices will need to be considered in the context of the system as a whole. We will fully participate in the Directors of Finance discussion and agreement on how this is handled in terms of LTAs and our principle is that we would not expect the arrangements for services commissioned by JCC to be handled differently from those commissioned by Health Boards.'

As commissioner the JCC requested revised trajectories from SBUHB to meet these targets and discussions have been held in the context of SBUHB's overall SLA. SBUHB's delivery plan for plastic surgery estimates that significant additional capacity is required above the SLA in order to achieve the 104 weeks target by December 2024/25. This has been tested with finance and operational

colleagues within the Health Board, and takes into account the historical pattern of over-and-underperformance between the various currency lines in the contract. This includes the increase in the plastics trauma emergency activity that has been seen over the last 18 months. It is also noted that due the realignment of the cardiac surgery elements of the SBUHB SLA there is no scope to find this additional sum within the wider contract.

In the absence of additional capacity, due to the additional patients who will cross into the 104 weeks cohort during the year (at an increasing rate due to the reduction in out-patient waiting times achieved in 2023/24), the delivery plan forecasts this cohort will increase to approximately 370 patients by March 2025. The Health Board estimates that achieving 104 weeks by March 2025 will require an additional £900K above baseline; to achieve this target by December 2024 is estimated to require an additional £1.5m above baseline (due to the additional outsourcing required).

The range of procedures that patients in this cohort are waiting for includes:

- Paediatric surgery (118 patients)
- DIEP and other breast reconstruction (135 patients)
- Hand surgery (36 patients)
- Facial palsy, upper/lower limb, adult hypospadias, vascular anomaly (36 patients)
- Other (40 patients)

If funded, the additional activity would be achieved through a combination of insourcing, outsourcing and internal waiting list initiatives. The Health Board has indicated that agreement would need to be reached by mid- July in order to meet the December target date.

In considering this paper JCC members are also reminded that, as agreed by the previous WHSSC Joint Committee, the Plastics Recommissioning Project is underway and is on-track to transfer the commissioning of non-specialised plastics (the majority of the service) to Health Boards from 1st April 2025.

Potential Options

The additional activity and additional cost to commissioners of achieving the Welsh Government KPI for elective waiting times in either March 2025 or December 2024 is shown in table 1 below (as option 4). Table 1 also shows 3 intermediate options based on clinical priority if choices need to be made in the context of the requirement to balance performance with affordability. These are:

Option 1: paediatric only. This option focuses on ensuring the target is achieved for paediatric patients as a priority group given the potential impact on quality of life and long-term implications for children. Patients are waiting for a range of procedures. Examples include hypospadias reconstruction, external ear procedures and facial capillary malformation.

Option 2: paediatric and DIEP breast reconstruction. This option extends priority for treatment within the target to patients waiting for a DIEP breast reconstruction following mastectomy to enable these patients to complete their cancer journey.

Option 3: paediatric/DIEP/other breast reconstruction. This option extends treatment for patients waiting for other breast procedures related to cancer treatment (for example, a revision surgery).

Option 4: All patients. This option will achieve the KPI in full so all patients with waiting times over 104 weeks will be treated.

Table 1: Options based on clinical priority: additional activity and cost required to achieve the target in March 2025 or December 2024

	Priority option	Target: March 2025		Target: Dec 2024	
		Activity	Cost (£)	Activity	Cost (£)
1.	Paediatric only	118	70,000	154	120,000
2.	Paed/DIEP	145	250,000	181	300,000
3.	Paed/DIEP/other breast	253	700,000	361	1,100,000
4.	All patients	365	900,000	570	1,500,000

3. KEY RISKS / MATTERS FOR ESCALATION

While there are risks to delivery, the service has reported it would be confident of delivering the full target by December (option 4) if the funding is confirmed. The risks relate in particular to the availability of anaesthetics and theatre staff to deliver the extra sessions. This would need to be negotiated on an on-going basis with staff. There is less perceived risk in relation to the outsourcing and insourcing activity. A decision on funding the over performance required, and to what level, is needed promptly to allow sufficient time to deliver the extra activity in the timescales required to meet the target.

It is understood that planned care additional funding was historically provided by Welsh Government to Health Boards as commissioners and there is an expectation from Welsh Government that the revised KPIs are achieved within allocations received.

It is noted that the principle agreed in the ICP was that in-year risks should be managed wherever possible from the service/provider core commissioning budget unless they were material in which case they will come to JCC for decision. Unlike previous years there is little potential for covering the costs from contract

slippage or investments as a risk-based Plan was agreed with very little investment included.

A decision is required from Joint Commissioning Committee with regard to the options for plastic surgery in table 1 to maintain alignment and consistency with Health Boards in relation to balancing the performance and financial position consistently across the system.

In parallel with any option agreed for delivery in 2024/25, the NWJCC will continue to work with the Health Board through the IMTP process, including through further demand and capacity planning, to achieve waiting times KPIs sustainably in the longer term.

4. ASSESSMENT

Objectives / Strategy	
Dolen i Nod (au) Strategol CBC / Link to JCC Strategic Goal(s)	Not Applicable
	Not yet developed for new NWJCC
Dolen i Feysydd Strategol CBC / Link to JCC Strategic Areas	Not Applicable
	Yet to be developed.
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	A Healthier Wales
	If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd <i>(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality</i> (Duty of Quality Statutory Guidance (gov.wales))	Whole-systems Perspective
	If more than one applies please list below:
Dolen i Feysydd Ansawdd	
	If more than one applies please list below: Effective

<p>(<i>Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)</i>) / Link to Domains of Quality (<i>Duty of Quality Statutory Guidance (gov.wales)</i>)</p>	<p>Efficient Equitable Safe Person centred Timely</p>
<p>Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental / Sustainability Impact (5Rs)</p>	<p>No - Not Applicable If more than one applies please list below:</p>

Impact Assessment		
<p>Ansawdd <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> Quality <i>Have you undertaken a Quality Impact Assessment Screening?</i></p>	<p>Yes: <input type="checkbox"/></p>	<p>No: <input checked="" type="checkbox"/></p>
<p>Cydraddoldeb <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? /</i> Equality <i>Have you undertaken an Equality Impact Assessment Screening?</i></p>	<p>Yes: <input type="checkbox"/></p>	<p>No: <input checked="" type="checkbox"/></p>
<p>Cyfreithiol / Legal</p>	<p>There are no specific legal implications related to the activity outlined in this report.</p>	
<p>Enw da / Reputational</p>	<p>There is no direct impact on the reputation of the Joint Committee as a result of the activity outlined in this report.</p>	
<p>Effaith Adnoddau <i>(Pobl / Ariannol) /</i> Resource Impact <i>(People / Financial)</i></p>	<p>The options in this report have financial implications for health boards. These are outlined in aggregate in the report.</p>	

5. RECOMMENDATIONS

Members are asked to:

- **Note** the information presented within the report
- **Advise** on the approach to the options in table; and
- **Approve** a preferred option.