

**THE WELSH CENTRE FOR CLEFT LIP AND PALATE, MORRISTON HOSPITAL**  
**POST-COVID RECOVERY PLAN**  
**QUARTER 4 20/21 to QUARTER 1 21/22**

## **1.0 PURPOSE**

This paper will present the options available to the Health Board and WHSSC to eliminate the backlog of patients currently waiting for paediatric cleft surgery at Swansea Bay Health Board.

It will detail the Health Board's plans for delivery and will consider associated risks and constraints, expected timescales, governance arrangements and financial cost.

## **2.0 BACKGROUND**

Prior to the COVID-19 pandemic, demand and capacity for the cleft service were in balance, with sufficient capacity to deliver treatment within the required timescale.

Since March 2020, there have been significant constraints placed on theatre capacity at Morriston Hospital to allow the Health Board to treat patients with COVID. In April 2020, all elective surgery was paused until June 2020, when activity was resumed in line with the Royal College of Surgeons' guidance on surgical prioritisation. This limited resumption of capacity resulted in the re-establishment of two theatres lists per month for cleft surgery however, this is just one third of the service's pre-COVID capacity.

The key aims of the plan are to:

- i) Address the backlog of patients awaiting CLP surgery post-COVID
- ii) Minimise the impact of the pandemic on our ability to maintain CLP surgery service in line with demand over the coming year.

## **3.0 CURRENT POSITION**

The paediatric waiting list can be broadly categorised as follows:

- i) Primary cleft lip and palate
- ii) Speech surgery
- iii) Alveolar bone grafts (ABG)

A summary of the patient cohort to be addressed within this recovery plan is below:

	<b>Booked</b>	<b>Waiting</b>	<b>Forecast to Jun-20</b>	<b>Totals</b>
Lips and Palates	16	10	14	40
Speech Surgery	0	25	10	35
ABG	0	8	0	8
			<b>Cohort Total</b>	<b>85</b>

## **4.0 AVAILABLE RECOVERY OPTIONS**

### **Additional Operating at Morriston Hospital**

In liaison with Clinical Support Services colleagues, the service has already secured weekend operating for CLP surgery at Morriston Hospital. There are limitations to performing airway surgery at the weekend in Morriston and so this additional capacity is addressing the backlog of infants awaiting isolated lip surgery only.

The limiting factor to securing additional lists within the working week is theatre staffing. As such, Clinical Support Services colleagues are seeking support from agency staff and/or insourcing solutions to enable this, which has so far been unsuccessful.

The additional operating already secured at Morriston, as well as the service's established weekday lists mean that Cleft has sufficient capacity to serve both the backlog and the ongoing demand for infants requiring CLP surgery.

### **Weekend Operating at University Hospital of Wales, Cardiff**

Discussions between the Executive Medical Directors at both Health Boards have been successful in reaching agreement for Consultant Cleft Surgeon to undertake operating sessions at UHW. It has been considered that this capacity could be used to support other backlogged paediatric surgical specialties. However, at the current time, CVUHB are explicit that the offer of capacity is to address the backlog of cleft surgery only.

Subject to the necessary clinical governance and assurance, the cleft service would be able to undertake an higher acuity case-mix at UHW given the high dependency/critical care status of the unit which would allow the necessary escalation recover at a weekend.

### **Outsourcing of Appropriate Cases to Newcastle upon Tyne Hospitals NHS Foundation Trust**

The CLP service has also had preliminary discussions with the centre at Newcastle which have confirmed that there could be scope to outsource cases should the capacity across both Morriston and UHW prove insufficient to meet demand.

## **5.0 PROPOSAL FOR DELIVERY**

### **Infant CLP Cases**

As aforementioned, the current capacity at Morriston Hospital is sufficient to address all infants awaiting cleft lip and palate surgery to the end of Q1 21/22. A profile of this activity is outlined below:

<b>Month</b>	<b>Jan-21</b>	<b>Feb-21</b>	<b>Mar-21</b>	<b>Apr-21</b>	<b>May-21</b>	<b>Jun-21</b>
Demand	16	8	24	18	12	6
Capacity	8	8	6	6	6	6
WL Volume	8	0	18	12	6	0

This activity equates to two additional weekend lists at Morriston during the period in question.

### **Speech Surgery and ABGs**

The service proposes to utilise the additional capacity at UHW to accommodate the patients awaiting speech and ABG surgery. The requirement to clear the backlog and meet demand to end of Q1 would be one all day list per weekend until May 2021. A profile of this activity is outlined below:

	Month	Feb-21	Mar-21	Apr-21	May-21	Jun-21
Speech Surgery	Demand	27	21	15	5	0
	Capacity	8	8	12	5	0
	WL Volume	19	13	3	0	0
ABGs	Demand	8	4	0	0	0
	Capacity	4	4	0	0	0
	WL Volume	4	0	0	0	0

This equates to approximately 13 surgical lists at UHW.

Based on the information set out above, the service is not required to outsource to Newcastle at the current time.

## 6.0 FINANCIAL ASSESSMENT

The estimated costs of the additional capacity at Morriston and UHW are set out below:

### Weekend Operating at Morriston Hospital (cost per list):

	Sessions/Hours	WTE	Rate £ (WLI/Overtime)	Total £
Consultant Surgeon (WLI)	2 sessions	1	700/session	1400
Consultant Anaesthetist (WLI)	2 sessions	1	700/session	1400
Band 5 Scrub Nurse	10.50 hours	2	25.87/hour	543.27
Band 5 ODP	10.50 hours	1	25.87/hour	271.64
Band 5 Recovery	10.50 hours	1	25.87/hour	271.64
Band 2 HCSW	10.50 hours	1	16.34/hour	171.57
			<b>TOTAL</b>	<b>4058.12</b>

### Weekend Operating at University Hospital of Wales (cost per list):

	£
Cost per list as per A4C outlined above	1258.11
Consultant costs per list (surgeon and anaesthetist)	2800.00
*Travel reimbursement costs for surgeon and anaesthetist from Morriston to UHW (£0.25p per mile)	41.40
<b>TOTAL</b>	<b>4099.41</b>

\*Costs will only be incurred if travel to UHW exceeds mileage from home to base.

### Total Cost of Proposed Quarter 1 recovery:

Option	Total Planned Lists to end of Q1	Cost (£)
Weekend Operating at Morriston	2	8,116.24
Weekend Operating at Singleton	13	53,292.33
	<b>TOTAL COST</b>	<b>61,408.57</b>

N.B. Additional costs are likely to be identified once the two health boards have finalised the operational requirements of the activity at UH but these are unknown at this stage.

## **7.0 RISKS AND CONSTRAINTS**

The following risks and constraints to delivery have been identified.

### **7.1 Operational Risks**

- Robustness of sustaining planned additional activity within the context of the COVID-19 pandemic, should cases rise and other surgical specialities begin to compete for allocated resource
- Resilience of specialist theatre workforce
- Unexpected sickness or other absences
- HB has initial agreement for six all day lists over the next 6-8 weeks, the proposal to exceed this number and timeline is subject to HB agreement.

### **7.2 Clinical Risks**

- Risk associated with undertaking activity in unfamiliar unit, to be mitigated through strong clinical governance and assurance processes.
- Risk of disadvantaged patient experience for those who may need to travel further for treatment in Cardiff

### **7.3 Financial risks**

- Significant commitment required from both HB and WHSSC
- Additional travel costs for patients, their carers/relatives and clinical staff.

## **8.0 Recommendations and Next Steps**

Morrison Hospital Delivery Unit asks that HB Executive and WHSSC colleagues support the proposals outlined above.

Meetings between the clinical teams within the two health boards are planned in the coming week in order to operationalise theatre lists in Cardiff as soon as possible, as well as provide clinical assurance on the quality and safety of the arrangements.

The waiting list profiling that informs this plan is based on the demand and capacity trends seen within the context of the COVID-19 pandemic. It is widely acknowledged that we would expect demand to increase in the latter half of 2021 as services return to normal. Executive Colleagues are therefore asked to note that whilst the current backlog will have been cleared by June 2021, should constraints on our pre-Covid capacity remain, then the service would anticipate a requirement to continue with these arrangements into Quarter 3 and 4 in order to maintain the ongoing demand of the service.