<table>
<thead>
<tr>
<th>Meeting Date</th>
<th>Agenda Item</th>
<th>Report Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>27 July 2021</td>
<td>4.1</td>
<td>Provision of the Cleft Lip and Palate Service during Covid-19 and the impact on patients</td>
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</tbody>
</table>

**Report Author**
Charlotte Le Brocq/Hannah Rix/Helen Extence

**Report Sponsor**
Deb Lewis

**Presented by**
Deb Lewis

**Freedom of Information**
Open

**Purpose of the Report**
Prior to the COVID-19 pandemic, demand and capacity for the Cleft, Lip and Palate service were in balance, with sufficient capacity to deliver treatment within the required timescales. 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. This limited capacity resulted in a backlog of patients waiting for treatment. This paper will outline the actions that have been taken so far to alleviate the backlog position for paediatric cleft, as well as describe further plans to support recovery of the adult cleft backlog.

**Key Issues**
- There has been a significant reduction in theatre capacity for the Cleft service post-COVID.
- The pressure for paediatric left has been mitigated by satellite operating in UHW and additional lists in Morriston.
- Capacity for adult cleft remains an issue and an expression of interest to fill capacity at SMH is being explored for this.
- Achievement of these objectives will support the corporate objective of COVID-19 recovery.

**Specific Action Required (please choose one only)**
- Information
- Discussion
- Assurance
- Approval

**Recommendations**
Members are asked to:
- NOTE/RECEIVE/CONSIDER/APPROVE/RECOMMEND/ENDORSE
The Cleft, Lip and Palate service and the Impact of Covid-19

INTRODUCTION
Prior to the COVID-19 pandemic, demand and capacity for the Cleft, Lip and Palate 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. This limited capacity resulted in a backlog of patients waiting for treatment. This paper will outline the actions that have been taken so far to alleviate the backlog position for paediatric cleft, as well as describe further plans to support recovery of the adult cleft backlog.

BACKGROUND
Pre-COVID, the cleft service was utilising six all-day theatre lists a month. This was sufficient to undertake all paediatric cleft surgery. The service did not have a waiting list for paediatric surgery, babies were seen at three months for lip repair and six months for palate repair. Patients requiring speech surgery were seen in a timely fashion following diagnosis of the problem and subsequently received surgery within in 3-4 months.

Paediatric surgery in Morriston Hospital was allocated three lists a week from October 19th 2020. There are eight specialties sharing these lists. The cleft service was receiving on average of two lists a month, a third of their usual surgical capacity. The waiting list that existed for children was entirely due to COVID restrictions and not any other service issues.

The service was managing the cohort of paediatrics who required surgery for Palate involved – primary clefts within the theatre capacity they were allocated however the service was unable to manage the Paediatric Speech Patients, Lip-only affected primary cleft patients and Alveolar bone grafting patients.

As a consequence of the above discussions were undertaken with the Children’s Hospital in Cardiff to mitigate the risks associated with delays for paediatrics awaiting cleft surgery. Cardiff and Vale UHB agreed to assist us with the backlog of Paediatric speech and Alveolar bone graft patients. The service was allocated four theatre lists from March 2021 until May 2021, treating eleven patients in total. There were also two weekend theatre lists undertaken in Morriston Hospital in February 2021 to treat six Lip-only affected primary cleft patients. A further weekend theatre list in Morriston Hospital was undertaken in June 2021. This is illustrated below in a tabular form.

<table>
<thead>
<tr>
<th>Cases waiting and allocated lists</th>
<th>April 2020</th>
<th>June-Dec 2020</th>
<th>Jan – Feb 2021</th>
<th>March- April 2021</th>
<th>May/June /July 2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>No surgery- resumed June</td>
<td>No outpatient clinics- resumed August</td>
<td>1-2 list per month</td>
<td>2 lists per month</td>
<td>2 lists per month</td>
<td>4 lists per month</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1 Sat list MH (lips) Dec</td>
<td>2 Sat lists MH (lips) Feb</td>
<td>MH</td>
<td>MH</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2 Sat lists CHfW</td>
<td>3 Sat lists CHfW</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>1 Sat list CHfW</td>
<td>1 Sat list CHfW</td>
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</table>
The impact of the delays to paediatric surgery caused by the covid-19 pandemic can be seen below.

### Impact on Timings of Surgery

<table>
<thead>
<tr>
<th>Cleft Category</th>
<th>Operation</th>
<th>Target age</th>
<th>Age range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Palate-involved</td>
<td>Lip + vomer</td>
<td>3 months</td>
<td>6-7 months</td>
</tr>
<tr>
<td></td>
<td>Palate repair</td>
<td>6 months</td>
<td>10-12 months</td>
</tr>
<tr>
<td>Speech</td>
<td>All</td>
<td>ASAP</td>
<td>Delayed over 1 year</td>
</tr>
<tr>
<td>Lip only clefts</td>
<td>Lip repair</td>
<td>3 months</td>
<td>12 months</td>
</tr>
<tr>
<td>Alveolar Bone Grafts</td>
<td>ABG placement</td>
<td>When ready</td>
<td>Delayed over a year</td>
</tr>
</tbody>
</table>

As a result of the additional operating described above for the paediatric patients the service will be in balance with pre-covid levels of waiting list numbers by the end of August 2021, this has been assisted by an increase in paediatric operating being allocated to all specialties at Morriston Hospital from June 2021.

Unfortunately the service still has concerns with regard to the backlog of Adult Cleft patients as there are currently no opportunities to address this backlog within SBUHB.

The Clinical Director for the Cleft, Lip and Palate service (with service management support) is therefore currently liaising with the Planning and Procurement Departments within the Health Board to put out an expression of interest with the intention of securing a ‘facility only’ contract to allow the Cleft Surgeon to treat 28 of the 39 waiting patients outside of SBUHB (the remaining 11 patients will require surgery on a Hospital site that has access to HDU level care). This has gained approval from Financial colleagues and the Deputy Chief Operating Officer/Planned Care Lead. This process should conclude mid/late July with a plan to commence operating in August/September dependent on Surgeon availability. The 11 patients requiring treatment with HDU level care will most likely need to be treated at Morriston Hospital. The number of patients waiting will require 6 theatre sessions and green pathway bed capacity.

**RECOMMENDATION**

Members are asked to note the proposal for outsourcing the Adult Cleft patients to ensure safe and timely treatment.
## Governance and Assurance

<table>
<thead>
<tr>
<th>Link to Enabling Objectives (please choose)</th>
<th>Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities</th>
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<tbody>
<tr>
<td>Partnerships for Improving Health and Wellbeing</td>
<td>☒</td>
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<tr>
<td>Co-Production and Health Literacy</td>
<td>☐</td>
</tr>
<tr>
<td>Digitally Enabled Health and Wellbeing</td>
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</tbody>
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**Deliver better care through excellent health and care services achieving the outcomes that matter most to people**

<table>
<thead>
<tr>
<th></th>
<th>Best Value Outcomes and High Quality Care</th>
<th>Partnerships for Care</th>
<th>Excellent Staff</th>
<th>Digitally Enabled Care</th>
<th>Outstanding Research, Innovation, Education and Learning</th>
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## Health and Care Standards (please choose)

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<thead>
<tr>
<th>Staying Healthy</th>
<th>Safe Care</th>
<th>Effective Care</th>
<th>Dignified Care</th>
<th>Timely Care</th>
<th>Individual Care</th>
<th>Staff and Resources</th>
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## Quality, Safety and Patient Experience

The proposal to outsource Adult Cleft patients (Sancta Maria Hospital) will allow the service to provide a safe environment for this cohort of patients to be treated. As the SBUHB employed Cleft Surgeon will undertake these procedures under a ‘facility only’ contract the patients will receive the same care they would have received if they were treated at one of the Hospital sites within SBUHB. These factors will also ensure the patients the most excellent patient experience possible.

## Financial Implications

### Sancta Maria Hospital Costs

Cost = £800 per hour or £9,600 per day for the hire of theatre space, which includes the cost of theatre space for a period of 12 hrs with two * 5-hour operating sessions, theatre staffing, day bed ward and associated standard consumables.

Consultant Costs = WLI rate £630 per session plus on costs 13.8% = £717

Each 10 hour operating session would allow 4 patients to be treated. Therefore circa 7 theatre lists would treat the 28 patients currently waiting with a total cost of £72,219.

The costs are unbudgeted and the estimated timeframe for this proposal is circa 4-6 months.

## Legal Implications (including equality and diversity assessment)

No legal implications have been identified.

## Staffing Implications

The Cleft Surgeon employed by SBUHB will treat the patients outside of his contracted sessions, this work will be undertaken in uncontracted time for additional payment.
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)

There are two types of Adult patients waiting for treatment these are:

- **Speech patients** (need to be treated at Morriston Hospital)
  These patients are unable to make themselves understood, either they won’t leave the house or are severely restricted talking to other people and avoid situations whereby they need to communicate. A number are unable to go out on their own unless they have someone to speak for them and this is having an enormous impact on their daily lives. Some patients also have food and liquids leaking from their noses, causing huge embarrassment and another reason many of these patients do not leave the house. Long term implications - restriction to daily life in terms of speaking, eating and drinking. Unable or restricted ability to work, take their children to activities due to being unable to make themselves understood. Waiting is causing great anxiety for these patients and distress.

- **Nose/lip patients** (to be outsourced as P4)
  Many of these patients have been told from a young age that they will receive surgery at a particular age, clearly this is devastating for some patients who have waited for years for their craniofacial defect to be addressed.

  Dr Vanessa Hammond, Consultant Clinical Psychologist has written a paper for the CDG (National Cleft development group) on the risks and implications of delayed surgery and the reasons these cases should be treated (paper attached in appendices).

  Questionnaires were circulated recently to ascertain patient feedback from the Adult Cleft patients who are currently awaiting treatment, presentation with the results embedded in Appendices.

**Report History**

The below was presented at the WHSSC Quality and Safety Committee on the 8th June by Helen Extence Clinical Director for the Cleft, Lip and Palate service (*Appendix 4*)

**Appendices**

Supporting information:
- Cleft Plan – *Appendix 1*
- Risks associated with delays – *Appendix 2*
- Patient Feedback – *Appendix 3*