



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	26 April 2022		Agenda Item	3.4
Report Title	Capacity and Demand Update for Cleft, Lip and Palate Patients			
Report Author	Jo Davies - Directorate Manager (Head & Neck and Urology Services)			
Report Sponsor	Kate Hannam - Morriston Service Group Director			
Presented by				
Freedom of Information	Open			
Purpose of the Report	To report the impact on patient experience, quality and safety for the Cleft, Lip and Palate Service and update on demand and capacity work and the outsourcing of adult cases.			
Key Issues	<ul style="list-style-type: none"> • There has been a significant reduction in theatre capacity for both the paediatric and cleft adult service due to the COVID-19 pandemic • Capacity for adult patients remains an issue - outsourcing commenced January 2022, but has now ceased 			
Specific Action Required (please choose one only)	Information	Discussion	Assurance	Approval
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recommendations	Members are asked to note the contents of the report and improvement in waiting times for the service.			

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-19 and more recently to prioritise the backlog of cancer and urgent cases on all hospital sites. The limited capacity resulted in a backlog of cleft patients waiting for treatment. This paper will outline the actions that have been taken to date in order 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, there was sufficient capacity 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 manner following diagnosis of the problem and subsequently received surgery within four months.

When surgery recommenced, Paediatric surgery in Morriston Hospital was allocated three lists a week from mid- October 2020, with eight specialties sharing these lists. The cleft service was receiving on average two lists a month, 40% of their usual surgical capacity. By April 2021 there were 50 paediatric patients and 36 adult patients awaiting surgery. As a consequence of the this the following were put in place:

- discussions were undertaken with the Children's Hospital in Cardiff to mitigate the risks associated with delays for paediatrics awaiting cleft surgery, resulting in 11 patients being treated there
- Appropriate Non-complex adult patients were treated in Neath Port Talbot Hospital
- Backfill lists allocated to the service when available
- An additional two paediatric lists per month allocated to the service resulting in a weekly paediatric list
- Outsourcing of Adult patients (facility only) to St Joseph's hospital

Cases waiting over 36 weeks:

	April 2020	April 2021	April 2022
Paeds	0	50	0
Adults	10	36	26
Total	10	86	26

As a result of the additional capacity described above the Paediatric service is now in balance with pre-covid levels of waiting list numbers and times. The service still has concerns with regard to the backlog of Adult Cleft patients. However, we have recently been allocated a bi-weekly operating list for the adult patients and numbers are decreasing as outlined above.

RECOMMENDATION

Members are asked to note the contents of the report and improvement in waiting times for the service.

Governance and Assurance		
Link to Enabling Objectives (please choose)	Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities	
	Partnerships for Improving Health and Wellbeing	<input checked="" type="checkbox"/>
	Co-Production and Health Literacy	<input type="checkbox"/>
	Digitally Enabled Health and Wellbeing	<input type="checkbox"/>
	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	
	Best Value Outcomes and High Quality Care	<input checked="" type="checkbox"/>
	Partnerships for Care	<input checked="" type="checkbox"/>
	Excellent Staff	<input checked="" type="checkbox"/>
	Digitally Enabled Care	<input type="checkbox"/>
Outstanding Research, Innovation, Education and Learning	<input type="checkbox"/>	
Health and Care Standards		
(please choose)	Staying Healthy	<input type="checkbox"/>
	Safe Care	<input checked="" type="checkbox"/>
	Effective Care	<input checked="" type="checkbox"/>
	Dignified Care	<input checked="" type="checkbox"/>
	Timely Care	<input checked="" type="checkbox"/>
	Individual Care	<input type="checkbox"/>
	Staff and Resources	<input type="checkbox"/>
Quality, Safety and Patient Experience		
All patients are now being treated within the Health Board, ensuring quality and safety and that patients receive the optimum patient experience possible.		
Financial Implications		
There are no financial implications.		
Legal Implications (including equality and diversity assessment)		
No legal implications have been identified.		
Staffing Implications		
The Cleft Surgeon employed by SBUHB is treating the patients on the adult list that has recently been allocated. Therefore, there are no staffing implications		
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)		
The previous report outlined two types of adult patients waiting for treatment (speech patients and nose and lip patients) and the implications the waiting times may have on individuals. The adult operating list recently allocated will allow patients to be treated in a timely fashion and bring the waiting times into balance by December 2022, alleviating previous concerns.		
Report History	A report was presented to the Q&S Committee on 27 th July 2021 and the above is an update on progress.	
Appendices	N/A	