



CRANE Database: Organisational Audit

1. Introduction and respondent information

Dear Colleagues,

Thank you for taking part in this Organisational Audit of Cleft Services.

Instructions for completing this survey

Please ensure that one survey is completed for your Cleft Service. Completion of this survey is likely to require a multi-professional effort within the service. We would be grateful if the Clinical Lead/Director of your service could take responsibility for ensuring that the survey is fully completed and submitted.

Please note, we will be asking you to reflect on the most recent full last calendar year, 2024.

Please complete all questions and submit by close of business **Monday 10 March 2025**.

If you have questions about this survey, please contact us at crane@rcseng.ac.uk .

The information you provide us with will be kept confidential, and will be stored securely in accordance with the [General Data Protection Regulation \(GDPR\)](#)

* 1. Your Cleft Service

- ☐ Belfast (Northern Ireland)
- ☐ Birmingham (West Midlands)
- ☐ Bristol (South West)
- ☐ Broomfield (North Thames)
- ☐ Cambridge (Cleft Net East)
- ☐ Evelina London (GSTT)
- ☐ Great Ormond Street Hospital (North Thames)
- ☐ Leeds (Northern and Yorkshire)
- ☐ Liverpool (North West North Wales)
- ☐ Manchester (North West North Wales)
- ☐ Newcastle (Northern and Yorkshire)
- ☐ Nottingham (Trent)
- ☐ Oxford (The Spires)
- ☐ Salisbury (The Spires)
- ☐ Scotland
- ☐ Swansea (South Wales)

* 2. Your full name / Name of person taking responsibility for the completion of this survey.

Title

Forename

Surname

* 3. Are you the Clinical Lead/ Director for your cleft service?

- ☐ Yes
- ☐ No

If you are not the Clinical Lead/Director for your cleft service, please specify your job title / role within your cleft service.

4. Your email address, for follow up clarifications

5. Your telephone number, for follow up clarifications

6. What is your / the Clinical Lead’s Specialty?

- ☐ 1. Surgery
- ☐ 2. Nursing
- ☐ 3. Paediatric Dentistry
- ☐ 4. Restorative dentistry
- ☐ 5. Orthodontics
- ☐ 6. Psychology
- ☐ 7. Speech and Language Therapy
- ☐ 8. Audiology / Hearing
- ☐ 9. ENT
- ☐ 10. Genetics
- ☐ 11. Paediatrics
- ☐ 12. Anaesthetics
- ☐ Other (please specify)

7. Which specialties contributed to the completion of this form on behalf of your cleft service?

- ☐ 1. Surgery
- ☐ 2. Nursing
- ☐ 3. Paediatric Dentistry
- ☐ 4. Restorative dentistry
- ☐ 5. Orthodontics
- ☐ 6. Psychology
- ☐ 7. Speech and Language Therapy
- ☐ 8. Audiology / Hearing
- ☐ 9. ENT
- ☐ 10. Genetics
- ☐ 11. Paediatrics
- ☐ 12. Anaesthetics
- ☐ Other (please specify)

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2. Care structures: Networks, facilities and staffing

8. Structure of your funded Cleft Service

- ☐ Centralised
- ☐ Hub and spoke
- ☐ Managed Clinical Network (MCN)
- ☐ Regional specialist centre
- ☐ Cleft unit
- ☐ Other (please specify)

9. Are the following diagnostic and operative facilities/services available on-site within the trust/MDT?
Note: "On-site" means present at any site within the trust/MDT. If patients are referred to a different hospital within the same trust/MDT to undergo this service, please select "Yes". If patients are referred to a different trust/MDT to undergo this service, please select "No".

	Cleft service- funded - available on- site	Cleft service- funded - available off- site	Non-cleft service-funded - available on- site	Non-cleft service-funded - available off- site	N/A
1. Surgeons incl. Cleft Surgeons, Orthognathic Surgeons, etc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Clinical nurse specialists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Children community nursing team / Neonatal outreach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Health visitors / School nurses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Paediatric Dentistry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Restorative Dentistry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Orthodontics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Psychologists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Speech and Language Therapy incl. With dysphagia spec	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Audiology/Hearing services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. ENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Genetics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Paediatric Critical Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Paediatric sleep medicine services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Paediatric airway support incl. patient ENT surgery and paediatric sleep medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Specialised Paediatric Anaesthesia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Offices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Administrative support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Patient Transport Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Remote access to electronic patient record	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Secondary and Tertiary provider clinicians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. Is your service commissioned to provide the following services to all being treated for a cleft?

	Yes	No
1. Administration	<input type="radio"/>	<input type="radio"/>
2. Nursing	<input type="radio"/>	<input type="radio"/>
3. Surgery	<input type="radio"/>	<input type="radio"/>
4. Paediatric Dentistry	<input type="radio"/>	<input type="radio"/>
5. Restorative Dentistry	<input type="radio"/>	<input type="radio"/>
6. Orthodontics	<input type="radio"/>	<input type="radio"/>
7. Psychology	<input type="radio"/>	<input type="radio"/>
8. Speech and Language Therapy	<input type="radio"/>	<input type="radio"/>
9. Audiology	<input type="radio"/>	<input type="radio"/>
10. Airway support - ENT and sleep medicine	<input type="radio"/>	<input type="radio"/>
11. ENT (general)	<input type="radio"/>	<input type="radio"/>
12. Genetics	<input type="radio"/>	<input type="radio"/>
13. Paediatrics	<input type="radio"/>	<input type="radio"/>
14. Anaesthetics	<input type="radio"/>	<input type="radio"/>

Other (please specify)

11. How many funded WTE staff members from the following specialties (excluding trainees /assistants) are dedicated within the establishment to support your service? Note: Enter as number of WTE staff. (This is to include roles that are currently vacant.)

1. Surgeons	<input type="text"/>
2. Cleft Nurses	<input type="text"/>
3. Paediatric Dentistry	<input type="text"/>
4. Restorative Dentistry	<input type="text"/>
5. Orthodontics	<input type="text"/>
6. Clinical Psychologist	<input type="text"/>
7. Speech and Language Therapy	<input type="text"/>
8. Audiology	<input type="text"/>
9. ENT (Airway) surgeon sleep med cons	<input type="text"/>
10. ENT (General)	<input type="text"/>
11. Genetics	<input type="text"/>
12. Paediatrics	<input type="text"/>
13. Anaesthetics	<input type="text"/>
14. Management position/s	<input type="text"/>
15. Cleft co-ordinator	<input type="text"/>
16. Data management/audit clerk	<input type="text"/>
17. Administrative / secretarial support	<input type="text"/>

12. How many non-funded WTE staff members from the following specialties (excluding trainees /assistants) are dedicated within the establishment to support your service? [enter as number of WTE staff] (This is to include roles that are currently vacant.)

1. Surgeons	<input type="text"/>
2. Cleft Nurses	<input type="text"/>
3. Paediatric Dentistry	<input type="text"/>
4. Restorative Dentistry	<input type="text"/>
5. Orthodontics	<input type="text"/>
6. Clinical Psychologist	<input type="text"/>
7. Speech and Language Therapy	<input type="text"/>
8. Audiology	<input type="text"/>
9. ENT (Airway) surgeon sleep med cons	<input type="text"/>
10. ENT (General)	<input type="text"/>
11. Genetics	<input type="text"/>
12. Paediatrics	<input type="text"/>
13. Anaesthetics	<input type="text"/>
14. Management position/s	<input type="text"/>
15. Cleft co-ordinator	<input type="text"/>
16. Data management/audit clerk	<input type="text"/>
17. Administrative / secretarial support	<input type="text"/>

13. Number of vacancies against each staff group in WTE

1. Surgeons	<input type="text"/>
2. Cleft Nurses	<input type="text"/>
3. Paediatric Dentistry	<input type="text"/>
4. Restorative Dentistry	<input type="text"/>
5. Orthodontics	<input type="text"/>
6. Clinical Psychologist	<input type="text"/>
7. Speech and Language Therapy	<input type="text"/>
8. Audiology	<input type="text"/>
9. ENT (Airway) surgeon sleep med cons	<input type="text"/>
10. ENT (General)	<input type="text"/>
11. Genetics	<input type="text"/>
12. Paediatrics	<input type="text"/>
13. Anaesthetics	<input type="text"/>
14. Management position/s	<input type="text"/>
15. Cleft co-ordinator	<input type="text"/>
16. Data management/audit clerk	<input type="text"/>
17. Administrative / secretarial support	<input type="text"/>

14. Which specialties / roles, if any, has your service struggled to recruit over the past year (2024)? I.e. Vacancy lasting greater than 6 months

- ☐ 1. Surgeons
- ☐ 2. Cleft Nurses
- ☐ 3. Paediatric Dentistry
- ☐ 4. Restorative Dentistry
- ☐ 5. Orthodontics
- ☐ 6. Clinical Psychologist
- ☐ 7. Speech and Language Therapy
- ☐ 8. Audiology
- ☐ 9. ENT (Airway) surgeon sleep med cons
- ☐ 10. ENT (General)
- ☐ 11. Genetics
- ☐ 12. Paediatrics
- ☐ 13. Anaesthetics
- ☐ 14. Management position/s
- ☐ 15. Cleft co-ordinator
- ☐ 16. Data management/audit clerk
- ☐ 17. Administrative / secretarial support
- ☐ 18. Research
- ☐ Other (please specify)

15. Please tell us who is involved in the clinics offered across each site. Note: Use the drop-down menus to indicate frequency.

	Core MDT clinics	Joint clinic working
1. Surgery	<div></div>	<div></div>
2. Nursing	<div></div>	<div></div>
3. Paediatric Dentistry	<div></div>	<div></div>
4. Restorative Dentistry	<div></div>	<div></div>
5. Orthodontics	<div></div>	<div></div>
6. Psychology	<div></div>	<div></div>
7. Speech and Language Therapy	<div></div>	<div></div>
8. Audiology	<div></div>	<div></div>
9. ENT/paeds respiratory (Airway)	<div></div>	<div></div>
10. ENT (general)	<div></div>	<div></div>
11. Genetics	<div></div>	<div></div>
12. Paediatrics	<div></div>	<div></div>
13. Anaesthetics	<div></div>	<div></div>
14. Funded management position/s	<div></div>	<div></div>
15. Cleft co-ordinator	<div></div>	<div></div>
16. Data management	<div></div>	<div></div>
17. Administrative / secretarial support	<div></div>	<div></div>
18. Photography / AV	<div></div>	<div></div>

Other (please specify)

16. How frequently do the MDT meet outside of clinics?

Team meetings

Other

17. How many sites does your funded cleft service work across?

18. What percentage of non-cleft cases make up your caseload - including or excluding cases with suspected/confirmed submucous cleft palate (SMCP)?

0

100

19. How many patients have been referred to the funded cleft service for suspected non-cleft Velopharyngeal Dysfunction (VPD) (including SMCP)...

...over the last year (2024)?

Of these, how many go on to have surgery ? (Percentage)

20. Does you service cover...

- ☐ Only oro-nasal clefting?
- ☐ Oro-nasal clefting and Tessier/facial clefts?
- ☐ Only the soft tissue only or only or the soft and hard tissue of Tessier / facial clefts ?
- ☐ Other (please specify)

21. Do you provide an on-call service for Bank Holidays and weekends?

- ☐ Yes
- ☐ No

22. If yes, what specialties contribute?

- ☐ 1. Surgery
- ☐ 2. Nursing
- ☐ 3. Paediatric Dentistry
- ☐ 4. Restorative dentistry
- ☐ 5. Orthodontics
- ☐ 6. Psychology
- ☐ 7. Speech and Language Therapy
- ☐ 8. Audiology / Hearing
- ☐ 9. ENT
- ☐ 10. Genetics
- ☐ 11. Paediatrics
- ☐ 12. Anaesthetics
- ☐ Other (please specify)

23. How much do you agree with the following statements?

	Highly	Somewhat	Poorly
My service structure adequately addresses our service’s needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My service is appropriately staffed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My service is staffed by a good mix of expertise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please comment, if you wish

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3. Public and Patient Involvement (PPI)

24. Has your service ever undertaken Public and Patient Involvement (PPI)

- ☐ Yes
- ☐ No
- ☐ Unknown

25. If yes / if your service has undertaken PPI, how often?

- ☐ 6-monthly
- ☐ 12-monthly
- ☐ Biannually
- ☐ Sporadic
- ☐ Other (please specify)

26. Who is included in the membership?

- ☐ Children
- ☐ Adolescents
- ☐ Parents
- ☐ Adults
- ☐ Other (please specify)

27. Who is PPI engagement managed by?

- ☐ 1. Surgeons
- ☐ 2. Cleft Nurses
- ☐ 3. Paediatric Dentistry
- ☐ 4. Restorative Dentistry
- ☐ 5. Orthodontics
- ☐ 6. Clinical Psychologist
- ☐ 7. Speech and Language Therapy
- ☐ 8. Audiology
- ☐ 9. ENT (Airway) surgeon sleep med cons
- ☐ 10. ENT (General)
- ☐ 11. Genetics
- ☐ 12. Paediatrics
- ☐ 13. Anaesthetics
- ☐ 14. Management position/s
- ☐ 15. Cleft co-ordinator
- ☐ 16. Data management/audit clerk
- ☐ 17. Administrative / secretarial support
- ☐ 18. Research
- ☐ Other (please specify)

28. Please describe the change made as a result of PPI consultation

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4. Pathway specific

29. Do you request information on how the cleft was detected when accepting a referral?

- ☐ Always
- ☐ Sometimes
- ☐ Never

30. In the last year (2024), have you/your cleft service had concerns about the delayed detection and/or delayed referral of clefts in your referring maternity services?

- ☐ Yes
- ☐ No

31. In the last year (2024), has your cleft service liaised with referring maternity services to ensure their cleft detection training is up to date?

- ☐ Yes
- ☐ No

32. Is your service adequately funded to engage in training of clinical professionals outside the cleft service?

- ☐ Yes
- ☐ No

33. Does your service engage in training of...

	Yes	No
Referring Sonographers	<input type="checkbox"/>	<input type="checkbox"/>
Midwives	<input type="checkbox"/>	<input type="checkbox"/>
Health visitors	<input type="checkbox"/>	<input type="checkbox"/>
Paediatricians	<input type="checkbox"/>	<input type="checkbox"/>
General practitioners	<input type="checkbox"/>	<input type="checkbox"/>
Undergraduate clinical student (e.g. nursing, medical, dental)	<input type="checkbox"/>	<input type="checkbox"/>

Other (please specify)

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5. Review clinics / Preventative care

34. Does your service provide review / preventive care clinics?

- ☐ Yes
- ☐ No

If no, please comment

35. If yes, what specialties contribute?

- ☐ 1. Surgery
- ☐ 2. Nursing
- ☐ 3. Paediatric Dentistry
- ☐ 4. Restorative dentistry
- ☐ 5. Orthodontics
- ☐ 6. Psychology
- ☐ 7. Speech and Language Therapy
- ☐ 8. Audiology / Hearing
- ☐ 9. ENT
- ☐ 10. Genetics
- ☐ 11. Paediatrics
- ☐ 12. Anaesthetics
- ☐ Other (please specify)

36. If yes, does this happen in a coordinated way, on the same day for all specialties?

- ☐ Yes
- ☐ No

37. If yes / what is the frequency of review?

- ☐ 3-monthly
- ☐ 6-monthly
- ☐ 12-monthly
- ☐ Sporadic
- ☐ Other (please specify)

38. If yes, until what age - in whole years?

39. If yes, is it equitable across the geography your service is responsible for?

- ☐ Yes
- ☐ No

If no, please comment

40. If yes, are review / preventive care clinics delivered...

	Yes	No
Face-to-face	<input type="checkbox"/>	<input type="checkbox"/>
Virtually	<input type="checkbox"/>	<input type="checkbox"/>
Both	<input type="checkbox"/>	<input type="checkbox"/>

41. Do these clinics happen...

	Yes	No
at the same time in a coordinated way, with other cleft specialties	<input type="checkbox"/>	<input type="checkbox"/>
separately	<input type="checkbox"/>	<input type="checkbox"/>

If in another way (please specify)

42. In what way do you accept adult referrals?

- ☐ Self-referral
- ☐ General Practitioner
- ☐ General dental practitioner
- ☐ Other hospital practitioners
- ☐ Social services
- ☐ Other (please specify)

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6. Outcomes and specialty specific: Surgery

43. Is the service your specialty provides equitable across the geography of the area your service has responsibility for?

- ☐ Yes
- ☐ No

Please comment, if you wish

44. At what age (in months) does your service typically aim to repair...

cleft lips
(gestationally corrected)?

cleft palates
(gestationally corrected)?

* 45. Over the last year (2024) have you struggled to achieve theses aims?

- ☐ Yes
- ☐ No

Please comment, if you wish

46. If so, at what age (in months) are you usually operating on the...

the lip (gestationally corrected)?

the palate
(gestationally corrected)

47. Do you offer some patients day-case cleft repairs?

- ☐ Yes
- ☐ No

48. If so, over the last year (2024), what proportion of repairs are offered as day-case surgeries?

Lips? (Percentage)

Palates?
(Percentage)

49. How many Consultants Surgeons operate on children under your service? How many do...

Primary lip surgery?	<input type="text"/>
Primary lip surgery?	<input type="text"/>
Alveolar bone grafting?	<input type="text"/>
Revisional Lip surgery?	<input type="text"/>
Secondary Speech surgery?	<input type="text"/>
Speech surgery?	<input type="text"/>
Orthognathic surgery?	<input type="text"/>

50. How many theatre sessions per month - in whole years?

51. What junior medical support does your team have at any one time?

- ☐ TIG fellows
- ☐ Registrars
- ☐ Core Trainees
- ☐ Foundation doctors
- ☐ Other (please specify)

52. What care are they involved in?

- ☐ Clinic
- ☐ Ward
- ☐ Theatre
- ☐ Other (please specify)

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7. Outcomes and specialty specific: Nursing

53. Is the service your specialty provides equitable across the geography of the area your service has responsibility for?

- ☐ Yes
- ☐ No

Please comment, if you wish

54. If the Clinical Nurse Specialist (CNS) team provide on-call [Indicated in Q22 & Q23], for what aspects of care do they do this?

- ☐ New diagnoses
- ☐ Airway problems
- ☐ Feeding problems
- ☐ Other (please specify)

55. How do the CNS team deliver their care?

- ☐ Home visits
- ☐ Hospital outpatients
- ☐ Virtual appointments (telephone/video)
- ☐ Other (please specify)

56. Does the CNS team provides training/support relating to nasopharyngeal airway?

- ☐ Yes
- ☐ No

If no, who does? Please comment in the box below

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8. Outcomes and specialty specific: Paediatric Dentistry

57. Is the service your specialty provides equitable across the geography of the area your service has responsibility for?

- ☐ Yes
- ☐ No

Please comment, if you wish

58. Do you have a calibrated dentist as part of your MDT?

- ☐ Yes
- ☐ No

Please comment, if you wish

59. If you do have a calibrated dentist as part of your MDT, are they a...

- ☐ Consultant paediatric dentist
- ☐ Specialist paediatric dentist
- ☐ Calibrated general dentist
- ☐ Calibrated orthodontist
- ☐ Calibrated dental therapist
- ☐ Other (please specify)

60. Does your cleft service have access to dental care under General Anaesthesia?

- ☐ Yes
- ☐ No

Please comment, if you wish

61. If you do, what services?

- ☐ Extractions only
- ☐ Comprehensive dental care
- ☐ Community / district general care
- ☐ Other (please specify)

62. How many theatre sessions per month - in whole years?

63. Does the cleft service have the ability to refer to other paediatric dentist specialists in the region?

☐ Yes

☐ No

Please comment, if you wish

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9. Outcomes and specialty specific: Orthodontics

64. Is the service your specialty provides equitable across the geography of the area your service has responsibility for?

- ☐ Yes
- ☐ No

Please comment, if you wish

65. Does your team...

	Yes	No
manage all orthodontic care?	<input type="radio"/>	<input type="radio"/>
have a shared care model for all patients?	<input type="radio"/>	<input type="radio"/>
manage only patients with clefts that affect the alveolus?	<input type="radio"/>	<input type="radio"/>

Other (please specify)

66. To plan orthodontic care, are dental models made from:

	Yes	No
impressions?	<input type="radio"/>	<input type="radio"/>
use of modern digital scanning techniques?	<input type="radio"/>	<input type="radio"/>

Please comment, if you wish

67. With regards to your dental models, do you have adequate...

	Yes	No
storage facilities for models?	<input type="radio"/>	<input type="radio"/>
physical storage?	<input type="radio"/>	<input type="radio"/>
digital storage?	<input type="radio"/>	<input type="radio"/>

Please comment, if you wish

68. What type of orthodontic planning do you undertake?

☐ 2D

☐ 3D

☐ Other (please specify)

69. Do you have adequate technician support?

☐ Yes

☐ No

Please comment, if you wish

70. Do you have a delay for definitive orthodontic management?

☐ Yes

☐ No

If yes, how long in months?

71. Do you have a delay for Orthognathic treatment?

☐ Yes

☐ No

If yes, how many months?

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10. Outcomes and specialty specific: Speech and language therapy (SLT)

72. Is the service your specialty provides equitable across the geography of the area your service has responsibility for?

- ☐ Yes
- ☐ No

Please comment, if you wish

73. Are your funded specialist cleft SLT posts...

- ☐ embedded with the central service
- ☐ mixed between central service and community
- ☐ entirely community
- ☐ Other (please specify)

74. Does your region benefit from non-service-funded link SLT posts?

- ☐ Yes
- ☐ No

If yes, how many WTE in your region?

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11. Outcomes and specialty specific: Hearing / ENT

75. Is the service your specialty provides equitable across the geography of the area your service has responsibility for?

- ☐ Yes
- ☐ No

Please comment, if you wish

76. Does your service offer audiological surveillance in keeping with national protocol?

- ☐ Yes
- ☐ No

If yes, is this ENT clinician or audiology led?

77. Where OME & CHL is identified, where is treatment provided?

- ☐ Centralised cleft-funded ENT service
- ☐ Centralised non-cleft-funded ENT service
- ☐ Local ENT service
- ☐ Other (please specify)

78. Do you seek to deliver additional audiological or ENT surveillance appointments outside of national protocol?

- ☐ Yes
- ☐ No

If yes, please provide information of additional surveillance and any data / experience supporting this approach

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12. Outcomes and specialty specific: Psychology

79. Is the service your specialty provides equitable across the geography of the area your service has responsibility for?

- ☐ Yes
- ☐ No

Please comment, if you wish

80. Are your cleft psychologist posts funded to provide...

	Yes	No
Antenatal support for expectant parents	<input type="radio"/>	<input type="radio"/>
Postnatal support for parents	<input type="radio"/>	<input type="radio"/>
Support for children with cleft	<input type="radio"/>	<input type="radio"/>
Support young people and/or parents re. the psychological impact of having a cleft	<input type="radio"/>	<input type="radio"/>
Support in relation to future surgery or treatment decisions	<input type="radio"/>	<input type="radio"/>
Support adult returners	<input type="radio"/>	<input type="radio"/>
Other (please specify)	<div></div>	

81. Does your service provide (by phone or face to face)...

	Yes	No
One off discussions with families/children/young people/adult returners	<input type="radio"/>	<input type="radio"/>
Individual/family Psychology appointments	<input type="radio"/>	<input type="radio"/>
Themed 'groups' to talk about common issues	<input type="radio"/>	<input type="radio"/>
Signposting to other services	<input type="radio"/>	<input type="radio"/>
Other (please specify)	<div></div>	

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13. Resilience and recovery – questions exploring resilience in this system:

82. Are you adequately resourced to meet UK guidance on timings of primary surgery to the?

	Yes	No
Lip	<input type="radio"/>	<input type="radio"/>
Palate	<input type="radio"/>	<input type="radio"/>
Alveolar bone grafting	<input type="radio"/>	<input type="radio"/>

Please comment, if you wish

83. If you are not adequately resourced to meet UK guidance on timings of primary surgery, what is your current average age for this repair - in months?

Lip	<input type="text"/>
Palate	<input type="text"/>
Alveolar bone grafting	<input type="text"/>

84. Are you able to meet treatment time guidance on secondary interventions (e.g. Lip revision and secondary speech surgery)?

☐ Yes

☐ No

85. If no, what is your waiting time - in months - for...

Lip revision surgery	<input type="text"/>
Secondary speech surgery	<input type="text"/>
Alveolar bone grafting	<input type="text"/>

86. How many paediatric theatre sessions does your service have a week?

87. What are the key challenges to paediatric surgery taking place? Check each box that applies

- ☐ Theatre space
- ☐ Theatre Staffing (nurses/ODPs)
- ☐ Equipment
- ☐ Emergency pressures
- ☐ Surgeon availability
- ☐ Anaesthetist availability
- ☐ Ward bed space shortages
- ☐ Other (please specify)

88. How many adult theatre sessions does your service have a week?

89. What are the key challenges to the adult surgery taking place? Check each box that applies

- ☐ Theatre space
- ☐ Theatre Staffing (nurses/ODPs)
- ☐ Equipment
- ☐ Emergency pressures
- ☐ Surgeon availability
- ☐ Anaesthetist availability
- ☐ Ward bed space shortages
- ☐ Other (please specify)

90. Are you adequately resourced to deliver adult surgery within treatment time guidance?

	Yes	No
Orthognathic surgery	<input type="radio"/>	<input type="radio"/>
Speech surgery	<input type="radio"/>	<input type="radio"/>
Lip surgery	<input type="radio"/>	<input type="radio"/>
Nasal surgery	<input type="radio"/>	<input type="radio"/>

Please comment, if you wish

91. If you are not adequately resourced to deliver adult surgery within treatment time guidance , what is your current average wait time - in months?

Orthognathic surgery	<div></div>
Speech surgery	<div></div>
Lip surgery	<div></div>
Nasal surgery	<div></div>

92. Do you have local mutual aid agreements in place?

- ☐ Yes
- ☐ No

If yes, which service do you have mutual aid agree with?

93. Would you work in association with neighbouring providers and have a shared waiting list?

- ☐ Yes
- ☐ No
- ☐ Please comment, if you wish

94. Do you anticipate workforce challenges in the next 5 years?

- ☐ Yes
- ☐ No

If yes, If so what are they? Please specify challenges

95. Are you able to securely share files between providers?

- ☐ Yes
- ☐ No

If yes, what systems do you use?

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14. Audit and engagement with CRANE Database

96. How effective is your service’s system for identifying children eligible for 5-year audit?

Not at all

Somewhat

Very

☐

☐

97. If a child does not attend their 5-year-old audit appointment(s), are they typically invited to attend again before turning 6?

- ☐ Yes
- ☐ No

Please comment, if you wish

98. Do you run audit clinics beyond the age of 5 years?

- ☐ Yes
- ☐ No

If **no**, please go to Q99 and comment, if you wish

99. After 5 years of age, please indicate the age of the other audit clinics run by your service

- ☐ 10yrs
- ☐ 15yrs
- ☐ 20yrs
- ☐ Other (please specify)

100. Does your 5-year clinics have access to...

	Yes	No
Dental chair and light?	<input type="radio"/>	<input type="radio"/>
Weighing scales?	<input type="radio"/>	<input type="radio"/>
Height measurement?	<input type="radio"/>	<input type="radio"/>
Intra-oral scanners?	<input type="radio"/>	<input type="radio"/>
Photography?	<input type="radio"/>	<input type="radio"/>
Sound proof room?	<input type="radio"/>	<input type="radio"/>

Other (please specify)

101. Do you offer...

	Yes	No
Lifespan service	<input type="radio"/>	<input type="radio"/>
Separate paediatric and adult - requiring transition	<input type="radio"/>	<input type="radio"/>
Mixed modalities, depending on geography	<input type="radio"/>	<input type="radio"/>

Other (please specify)

102. What age do your patients transition to adult services?

103. How effective is your service’s system for identifying children who should be followed up for CRANE consent?

Not at all

Somewhat

Very

☐

☐

104. At what age does your service typically seek CRANE consent for a child recently diagnosed with a cleft?

- ☐ Postnatal referral
- ☐ Between birth and first surgery
- ☐ At first surgery
- ☐ Five year audit clinic
- ☐ Other (please specify)

105. Which specialty takes responsibility for obtaining consent for CRANE data collection?

- ☐ 1. Surgery
- ☐ 2. Nursing
- ☐ 3. Paediatric Dentistry
- ☐ 4. Restorative Dentistry
- ☐ 5. Orthodontics
- ☐ 6. Psychology
- ☐ 7. Speech and Language Therapy
- ☐ 8. Audiology
- ☐ 9. ENT/paeds respiratory (Airway)
- ☐ 10. ENT (general)
- ☐ 11. Genetics
- ☐ 12. Paediatrics
- ☐ 13. Anaesthetics
- ☐ 14. Funded management position/s
- ☐ 15. Cleft co-ordinator
- ☐ 16. Data management
- ☐ 17. Administrative / secretarial support
- ☐ 18. Research
- ☐ Other (please specify)

106. Does your Cleft Service use data collection in clinics to record data required for CRANE?

- ☐ Yes
- ☐ No

Please comment, if you wish

107. Does your Cleft Service use the CRANE data collection forms?

- ☐ Yes
- ☐ No

As found - <https://www.crane-database.org.uk/resources/crane-data-dictionary/>

Please comment, if you wish

108. How many team members enter data onto CRANE?

109. Which specialties enter data directly on to CRANE?

- ☐ 1. Surgery
- ☐ 2. Nursing
- ☐ 3. Paediatric Dentistry
- ☐ 4. Restorative Dentistry
- ☐ 5. Orthodontics
- ☐ 6. Psychology
- ☐ 7. Speech and Language Therapy
- ☐ 8. Audiology
- ☐ 9. ENT/paeds respiratory (Airway)
- ☐ 10. ENT (general)
- ☐ 11. Genetics
- ☐ 12. Paediatrics
- ☐ 13. Anaesthetics
- ☐ 14. Funded management position/s
- ☐ 15. Cleft co-ordinator
- ☐ 16. Data management
- ☐ 17. Administrative / secretarial support
- ☐ 18. Research
- ☐ Other - please specify

* 110. Do you have a dedicated single/ lead person responsible for CRANE data entry

- ☐ Yes
- ☐ No

What is their role?

111. As a service, do you discuss...

	Yes	No
The CRANE Annual Report results?	<input type="radio"/>	<input type="radio"/>
The CRANE Preliminary reports?	<input type="radio"/>	<input type="radio"/>
‘Live tables’ behind the CRANE Database log-in?	<input type="radio"/>	<input type="radio"/>

Other (please specify)

112. Do you discuss CRANE results at...

- ☐ your MDTs?
- ☐ local M&M meetings
- ☐ specific meetings
- ☐ Other (please specify)

* 113. What percentage of your team attend the CRANE workshops?

Q&A

Making it better
(after AR release)

Preliminary report

114. How helpful do you find the following CRANE outputs

	Very	Somewhat	Not at all	Never used
CRANE Annual Report document	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CRANE Annual Report supplementary tables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CRANE Annual Report infographic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CRANE Annual Report compiled outlier responses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CRANE Annual Report patient summary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CRANE Local Action Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outlier Policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Newsletters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Making it better - annual sessions (online)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Database Q&A - sessions (online)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

115. How much to you agree with these statements

	Highly	Somewhat	Poorly
The introduction of the Outlier Policy provides valuable monitoring	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Please comment, if you wish	<div></div>		
My service has found the introduction of the Outlier Policy a supportive process	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Please comment, if you wish	<div></div>		

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15. Closing comments

116. Please share any additional notes or comments you would like us to consider in this context

Thank you for taking the time to consider and respond to this Organisation Audit. The first in CRANE's commissioned history.

Your responses will be reviewed by the project team and

- collated in a report including recommendations for the improvement of cleft services, including informing the current review/updated of the 'Cleft Service Specification'.
- presented at the Annual Scientific Meeting of the Craniofacial Society of Great Britain and Ireland on the 30th April - 2nd May 2025.

Many thanks,

[The CRANE Team](#)

NOTE: If you have any queries about this process, please contact us on crane@rcseng.ac.uk.