

Project Structure Document V3 December 2021

A. Project Aims:

1. Develop an understanding of the operational capacity required to deliver a balanced and sustainable orthopaedics service within Wales
2. Highlight immediate risk/ issues that threaten Orthopaedic services in Wales and provide mitigation action.

B. Project scope:

1. To develop a comprehensive picture of **need / demand** for elective orthopaedic surgical capacity across all areas of Wales.
2. To develop an understanding of the current and backlog demand within sub categories of orthopaedics, including:
 - a. Specialised / non-specialised surgery
 - b. Day case / inpatient surgery.
3. To articulate the current pathways care in place across health boards.
4. Make recommendations about the ideal pathways of care for the clinical provision of treatment for all Orthopaedic subspecialties.
5. Provide clarity and feasibility of current and future Consultant workforce models.
6. Propose the most effective National blue print for Orthopaedic surgery provision.
7. To risk assess impact of proposed clinical pathways.
8. To articulate the current risks and issues that are threatening Orthopaedic recovery in order to facilitate separate recovery programme.

C. Exclusions:

1. Gap analysis of current theatre capacity or resources
2. Identification of sites for regional working.
3. Trauma activity
4. Other model requirements, including bed base, nursing, AHP etc.

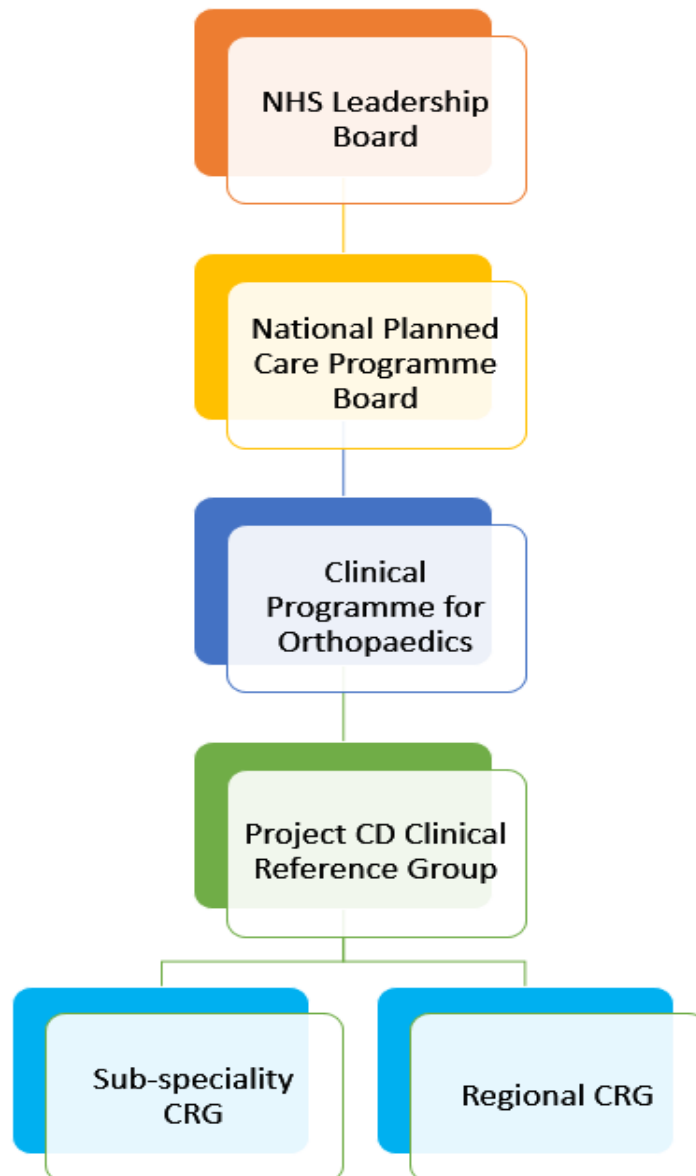
It is recognised that the delivery of orthopaedic care is reliant on a multi-disciplinary workforce, which is not considered within this project. Such examination will be taken into consideration in phase 2 of the project. The focus of this work is to provide a valid and robust analysis of demand within NHS system for orthopaedic treatment sessions and how these could be configured to support high quality surgical outcomes.

D. Project support

- Band 8b Programme manager for 6 months to support data collections, analysis, coordination and challenge.
- Programme Clinical Lead, minimum 2 PA session per week for 6 month period.

- Associate Clinical Lead, 1PA session per week for 6 month period
- HB appointed Clinical leads 1 PA session per week for 6 month period (not utilised)
- Potential capacity from external clinical modelling team to provide consistency.

E. Project structure



F. Roles and responsibilities

Welsh Orthopaedic Board

- Role: To commission and define work stream
- Role: To agree project aims and scope
- Role: To present results of work stream and articulate the clinical vision.
- Responsibility: To provide scrutiny and oversight to programme.
- Responsibility: To ensure that programme outputs are in line with the National Clinical Framework.

Clinical Reference Steering Group

- Role: To agree use of orthopaedic template
- Role: To provide expert opinion on clinical pathways.
- Role: To nominate sub-speciality representatives.
- Responsibility: To provide feedback to health board clinical teams on project
- Responsibility: To represent the opinions of the health board clinical team.

Sub speciality reference groups

- Role: To provide expert opinion on the designation of procedures as specialist / non-specialist.
- Role: To provide expert opinion on clinical pathways, where required.
- Responsibility: To provide feedback to health board clinical teams and the CRG representatives.

Regional reference groups

- Role: To provide expert on regional structures
- Role: To provide expert opinion on clinical pathways, where required.
- Responsibility: To provide feedback to health board clinical teams and the CRG representatives.

G. Timeframe



Project Timeline
updated Dec21.xlsx

See attached Excel doc.

H. Document Version control

Document	Author	Date	Version
Draft Project Structure	Caroline Mills	21 September 2021 CRG	1.0
Updated Project Structure	Sam Williams	October 2021	2.0
Updated Project Structure	Sam Williams	13 December 2021 CRG	3.0