4.1.1 - App 1 - Proposed Consolidated Neuroscience Risks

NWJCC JAF Strategic Risk	Risk Title	Revised Risk Descriptor (by Commissioning Team)	Risks Aligned	Controls in place	Action Plan
SR1 – Quality, Safety and Outcomes	**Service Pressures due to NWJCC investment decisions.**	**If** following Annual Planning decisions not to invest in Neuroscience specialities, the NWJCC does not prioritise funding for neurosciences during the IMTP 2027-2030 **Then** patients may experience delays, restricted access or variation in service provision based on geography or provider capacity, **Resulting in** health inequalities, poorer patient outcomes, failure to meet national clinical service standards, increased complaints and regulatory scrutiny, and reputational or legal challenge to NWJCC as commissioner.	• Neuro Rehabilitation Service at SBUHB (16) • Commissioning of Acute Neurosurgery Therapy MDT at CVUHB (16) • Neuro Rehabilitation Services at C&VUHB (16) • Single Handed Surgeon - Cerbrospinal Fluid Disorders at the Neurosurgery Service at CVUHB (16)	• Quality and assurance meetings with providers to monitor delivery against service standards, service specifications and commissioned outcomes. • NWJCC escalation framework for services demonstrating significant performance, quality or safety concerns. • Stakeholder engagement with providers, Welsh Government and patient groups. • Annual commissioning intention planning and investment prioritisation processes to assess affordability and value of service developments.	• Develop a Neuroscience Commissioning Strategy which includes a neuroservices workforce sustainability plan and financial sustainability framework. • Implement an all-Wales Neurosciences quality improvement programme targeting services with the greatest impact on patient outcomes and waiting times. • Strengthen outcome-based commissioning, including the development of a consistent suite of quality, safety and patient outcome measures. • Undertake pathway reviews and service deep dives to identify and address system bottlenecks causing delays to diagnosis and treatment. • Enhance quality surveillance through triangulation of performance, patient experience, complaints and clinical outcome information. • Develop targeted recovery and improvement plans for services at risk of failing national standards or access targets.
SR2 – Service Sustainability, Fragility and Equity of Access	**Commissioning of 24/7 South Wales Thrombectomy Service**	**If...**the JCC is unable to commission a 24/7 mechanical thrombectomy service on behalf of South Wales Health Board's and their populations, and there continue to be lower number of thrombectomies than anticipated undertaken by North Bristol Hospitals Trust (NBHT), **Then...**there is a risk of continued inequity of access to services between patients in South Wales and South Powys, compared to those in North East Wales and North Powys who have access to a 24/7 Mechanical Thrombectomy Service, and the potential for poorer population outcomes in South Wales and South Powys. In addition, the number of mechanical thrombectomies in the block contract with NBHT will not be achieved, **Resulting in...** • the JCC being open to significant reputational risk and potential judicial review of decisions linked to service provision, and a financial risk to the JCC.	• Commissioning of 24/7 South Wales Thrombectomy Service (20) • South Wales Thrombectomy Finance Risk (6)	• Four phase investment plan for the provision of a 24/7 service in place with CVUHB. Business case received from CVUHB 4 phase plan to provision of 24/7 service. • Provider contract performance and assurance meetings focused on workforce, finance, capacity, activity and service resilience risks. • Engagement with providers regarding business cases, service developments and sustainable delivery models.	• Discussions with North Bristol Hospital Trust (NBHT) being held regarding24/7 service provision. • JCC to continue to meet Cardiff service regularly as required (currently fortnightly) to monitor activity. • A deep dive into Mechanical Thrombectomy provision has been included as a strategic priority for 26/27 and aims to conclude by Q3 to update a way forward for this service and addresing this risk in the long term.
SR2 – Service Sustainability, Fragility and Equity of Access	**Unsustainable Neurosciences Capacity and Workforce Resilience**	**If** the NWJCC's providers of Neurosciences specialities are unable to provide greater work force and pathway resilience for the services that the NWJCC commissions, **Then** the NWJCC may be unable to reliably commission resilient, equitable and timely access to specialised Neurosciences services for the population of Wales in accordance with commissioned standards and contractual requirements. **Resulting in** poorer population outcomes, widening inequity and access to specialist care across Wales, service escalation, reputational and legal risk for the NWJCC, and increased commissioning costs associated with service recovery or alternative provision.	• Specialist Auditory Implant Device Service CVUHB (16) • Failure of Specialised Audiology Service at CVUHB (16) • Artificial Limb and Appliance Centre (ALAC) Electronic (16) • Assistive Technology Service Waiting Times at CVUHB • Suspension of Single Handed Neuromodulation Consultant (20) • Specialist Auditory Implant Device (12)	• Provider contract performance and assurance meetings focused on workforce, capacity, finance, activity and service resilience risks. • Monitoring of workforce establishments, recruitment challenges and service capacity across key Neurosciences services. • Annual commissioning intention planning and investment prioritisation processes to assess affordability and value of service developments. • Scrutiny of high-cost treatments, specialist devices and emerging service pressures through financial and commissioning governance processes. • NWJCC escalation arrangements and executive-level engagement where provider financial pressures threaten service sustainability. • Review of activity, demand and contractual performance to identify emerging financial risks and pressures.	• Develop a Neuroscience Commissioning Strategy which includes a neuroservices workforce sustainability plan and financial sustainability framework. • Undertake a systematic review of fragile services, including those reliant on single-handed practitioners or small specialist teams. • Align commissioning intentions with workforce and capacity requirements. • Work with providers to develop sustainable workforce and succession plans for critical specialist roles. • Develop contingency plans for fragile services to reduce reliance on unplanned and higher-cost alternative provision. • Undertake a strategic review of high-cost services, treatments and devices to support value-based commissioning and investment prioritisation decisions. • Strengthen activity and demand forecasting to improve investment planning and affordability modelling. • Identify opportunities for service redesign and regional collaboration to maximise value and reduce avoidable expenditure.