



THROMBECTOMY DEEP DIVE

CEO Sponsor

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SRO

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Delivery Lead

Angharad Boundford / Krysta Hallelwell

Summary

Expected Start Date

Q1

Expected End Date

Q2

Aim

What is the overall intention or purpose of this activity?
Write a short statement describing what you want to achieve.

Gain a greater understanding of our current position and key challenges, identifying opportunities to mitigate the financial risk to the NWJCC and better inform future commissioning decisions in relation to the Thrombectomy Service.

Undertake a Thrombectomy Deep Dive focussing on reviewing the current commissioning position for thrombectomy:

- Summarise existing Thrombectomy activity in Wales
- Review and summarise previous decision-making;
- Review phasing of implementation of previous decisions;
- Review quality and timeliness of data provision on patient activity and thrombectomy rates;

Deep Dive may lead to broader review (future consideration) to support improving thrombectomy rates on;

- Quality and value of existing thrombectomy commissioning arrangements;
- Transport requirements for patients to commissioned providers;
- Benchmark activity with UK services

Background / Context

Summarise why this work is needed, what prompted it, and any relevant context (e.g., policy drivers, service gaps).

Joint Committee identified a limited number of areas requiring deeper review (deep dives) for consideration and focus, including thrombectomy contracting arrangements. While these issues did not alter the overall direction of travel, they highlighted the need for strengthened evidence base and further analytical work to ensure clarity on data, pathways, and commissioning intent over the next three years.



Scoping

Scope

In Scope

Stroke patients in Wales who are or could access thrombectomy services and services they access.

Out of Scope

Configuration of stroke services outside of thrombectomy.

Dependencies

- Dependency on timely access to pathway data, agreed baselines, and consistent clinical input to confirm scope and priorities.
- Alignment with national policy, clinical standards, and commissioning frameworks.
- Dependencies on clinical, analytical, and organisational capacity across participating Health Boards and partner organisations.
- Dependencies on future funding, investment, and capital decisions required to support implementation of agreed service models.

Risks & Constraints

- Risk of slippage if stakeholder availability constrains preparation and decision-making between checkpoints.
- Capacity constraints across commissioning, provider, and clinical teams may limit the pace at which work can be progressed.
- Availability of analytical data affect the timing and sequencing of demand and capacity activity.
- Financial and capital constraints may limit the feasibility or pace of implementation of future service configurations.
- Dependencies on partner organisations and external stakeholders may introduce factors outside the direct control of the project.
- Delivery of later phases is dependent on formal governance approval and may be subject to wider organisational or system priorities.

Deliverables

List the main tangible outputs or products that will be produced by this activity (e.g., recommendations report, service specification, review findings, training materials).

- Undertake review and document previous decisions, timelines and phasing. – **Q1**
- Undertake review and utilisation of existing commissioned services and constraints to achieving the expected thrombectomy rates. – **Q1**
- Link with NHS P&I to understand aims and timelines for the Stroke Regionalisation programme. – **Q1**
- Data evaluation and recommendations for improvement in timeliness and accuracy of system data. – **Q2**
- Review of current pathways and utilisation of commissioned service provision. – **Q2**
- Evaluation of emergency transport requirements to meet the window of opportunity. – **Q2**
- Outputs to Collaborative Commissioning Group. – **Q2 (September)**
- Deep dive included in JCC Strategy Session. – **Q2 (October)**
- Summary report and next steps to JCC public meeting. – **Q3 (November)**



Scoping

Lifecycle Phases & Target Dates

Use this table to show the main phases of your activity, from concept to review. Enter the expected target date for each phase to give a clear overview of when major parts of the work should be completed.

Milestone	Concept	Define and Scope	Design and Plan	Deliver	Close	Review & Learn
April 2026	April 2026	April 2026	May 2026	September 2026	October 2026	November 2026

Intended Outcomes & Success Measures

Describe what will be achieved and how success will be measured (e.g., recommendations accepted, service improved, targets met, actions implemented).

- Report presented to JCC by September 2026 on reviewing the current commissioning position for thrombectomy.
- Propose options for future commissioning configuration and phasing for high quality, efficient and sustainable services for Welsh residents.

Governance Roles

List the key roles and individuals responsible for providing strategic oversight, leadership, governance and delivery coordination for this activity. Collectively, these roles will form the core governance and project board structure supporting oversight, decision-making and progression of the work.

Role	Identified Person	Part of Board
CEO Sponsor	Paul Mears	✓
SRO	Ross Whitehead	✓
Delivery Lead	Angharad Boundford / Krysta Hallelwell	✓
Lay Member	Paul Worthington	✓
Project Manager	Dave Williams	✓



Scoping

Stakeholders

List any individuals or groups already identified as important to involve, consult, or inform for this activity. This helps ensure early engagement and awareness.

Name	Organisation	Role
Paul Mears	CTMUHB	CEO Sponsor
Ross Whitehead	NWJCC	SRO (Chair)
Angharad Boundford / Krysta Hallewell	NWJCC	Delivery Lead (Head of Commissioning Specialised Services)
Rhonwen Jones	NWJCC	Head of Commissioning (Ambulance/111)
TBC	CVUHB	CCLG Representative
Alex Crawford	NWJCC	Senior NWJCC Planning Representative
TBC	NWJCC	Clinical Lead(s) Associate Medical Director
TBC	NWJCC	NWJCC Finance Representative