

**PWYLLGOR CYLLID A PHERFFORMIAD  
FINANCE AND PERFORMANCE COMMITTEE**

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	26 August 2025
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Radiology Update
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Andrew Carruthers, Chief Operating Officer
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Keith Jones, Director of Operational Planning and Performance

**Pwrpas yr Adroddiad (dewiswch fel yn addas)**

**Purpose of the Report (select as appropriate)**

Er Sicrwydd/For Assurance

**ADRODDIAD SCAA**

**SBAR REPORT**

Sefyllfa / Situation

The Finance and Performance Committee is requested to note progress to date in implementing the Radiology Service Stabilisation and Transformation Plan and resultant improvements in Radiology Service performance year to date, and to note the further actions planned during the remainder of 2025/26.

Cefndir / Background

The Hywel Dda University Health Board (HDdUHB) Annual Plan for 2025/26, approved by the Board in March 2025, set out a three-year strategy to stabilise and transform Radiology services in response to historical and forecast patterns of rising demand. This included a recurrent allocation of £3.4m earmarked for 2025/26, to enable essential groundwork to be laid in improvements in Single Cancer Pathway (SCP) backlog clearance and meeting recurrent SCP demand, along with measured improvements to 8-week diagnostic access performance.

By committing this recurrent support, the Annual Plan acknowledged that further additional non-recurrent financial support would be required to enable full recovery of 8-week performance back to target level (zero patients waiting > 8-weeks for diagnostic investigation) by March 2026.

To enable immediate improvements in 2025/26, application of the £3.4m of recurrent funding was prioritised to support:

- Improved SCP diagnostic turnaround times, significantly reducing reporting delays for cancer patients.
- Reduced imaging waiting times for urgent / post-treatment cancer pathway patients
- Increased capacity, expanding CT, MRI, and non-obstetric ultrasound (NOUS) capacity through a combination of outsourcing, insourcing, and mobile diagnostics,
- Workforce stabilisation - using the recurrent funding to recruit and retain key clinical and support staff, easing reliance on expensive ad hoc solutions.

In support of the above, the Operational Allied Health and Health Sciences Clinical Care Group (OAH&HS CCG) developed an implementation plan which was approved by the Executive Team in May 2025.

In July 2025, HDdUHB received confirmation from Welsh Government (WG) of a non-recurrent recovery allocation of £1.4m to support further progress towards achievement of a maximum 8-week waiting time for direct access diagnostic referrals. In response, a draft delivery plan has been submitted to WG for consideration.

This paper provides the Committee with an update in respect of:

- Progress with delivery of the implementation plan,
- Consequential performance improvements in respect of the 8-week target, SCP and other urgent/non SCP cancer pathway imaging and reporting turnaround times
- Next steps in progressing further, additional recovery solutions in respect of the diagnostic maximum 8 week waiting time target.

## Asesiad / Assessment

### **RADIOLOGY STABILISATION AND TRANSFORMATION PLAN – IMPLEMENTATION PROGRESS**

The above plan set out a phased, multi-year recruitment strategy encompassing radiographers, support workers, specialist radiologists, and administrative posts, alongside shorter-term non-recurrent actions to address the more immediate performance and delivery challenges within the service.

The plan also included proposals to strengthen the Radiology service leadership structure to enable greater support for staff within the service.

The supporting implementation plan is structured in two parts:

#### **Workforce Sustainability Plan (£1.512m)**

Progress with the workforce development & recruitment elements of the implementation plan have not progressed as rapidly as initially planned due to a number of factors including:

- Failure to attract applicants for key sonographer and radiographer posts after the initial recruitment round
- Consideration of the requirement to apply the HDdUHB Organisational Change Policy (OCP) for some senior posts within the proposed Radiology service management structure
- Longer than anticipated timelines to recruit to medical posts identified within the plan.

The attached slide pack illustrates progress to Month 4 in respect of the workforce sustainability element of the plan and the reprofiled expenditure plan for the remainder of the year.

To mitigate the adverse service impact of slower than anticipated progress with recruitment to key medical posts, the CCG plans to continue utilisation of external reporting capacity via Everlight within an agreed financial limit of £50k per month.

## **Non-Recurrent Service Recovery Solutions**

In anticipation that workforce development and recruitment solutions would not impact immediately from April 2025, the plan set out proposals to invest in a range of non-recurrent additional capacity solutions, including:

- Commissioning of additional mobile MRI capacity
- Commission of additional NOUS insource capacity (via the independent sector)
- Additional internal capacity supported by locum and/or variable pay
- Continued utilisation of external reporting capacity via Everlight

The attached slide pack at **Appendix 1** illustrates progress to Month 4 in respect of the non-recurrent service recovery solutions element of the plan and the profiled expenditure plan for the remainder of the year.

It can be noted that reliance on external reporting capacity via Everlight was temporarily increased in Month 4, to mitigate slower than anticipated progress in recruiting additional medical capacity. This will be managed within a revised expenditure limit of £40k per month through the remainder of 2025/26.

## **RADIOLOGY PERFORMANCE**

### **Maximum 8-Week Direct Access Diagnostic Target**

As a direct consequence of actions taken by the CCG to prioritise non-recurrent delivery solutions during Months 1 to 4 2025/26, Radiology diagnostic direct access (maximum 8-week wait) performance has continued to improve year to date with 3,123 breaches reported in July 2025. Whilst 8-week+ breaches remain high, this represents a reduction of 3,985 reported breaches from a peak of 7,108 breaches in January 2025, which represents a 56% performance improvement over the period.

The trend in Radiology diagnostic direct access 8-week breach improvement over the period is shown in the attached slide pack.

### **Single Cancer Pathway Imaging and Reporting**

There is no formal historical reporting mechanism within the Health Board to measure imaging and reporting turnaround times for patients on the SCP or other non-SCP cancer / urgent pathways.

To monitor waiting times, the CCG utilises data drawn from the Radiology Report Archive and Discovery System (RADIS) Radiology reporting system to assess comparative waiting times for imaging and reporting turnaround times for patients on these respective pathways.

The tables below illustrate latest longest scan and reporting timelines for SCP patients and those non-SCP cancer / urgent pathways.

## Single Cancer Pathway (SCP) Imaging & Reporting Timelines

Modality	Scans	Reports	Total TaT
CT	3-4 weeks	7 days	4-5 weeks
MRI	3-4 weeks	7 days	4-5 weeks
USS	3-4 weeks		3-4 weeks
CXR	<7 days	1 day	<7 days

## Non SCP Cancer / Urgent Imaging & Reporting Timelines

Modality	Scans	Reports	Total TaT
CT	5-6 weeks	7 days	6-7 weeks
MRI	8 weeks	15 days	10 weeks
USS	8 weeks		8 weeks
CXR	<7 days	1 day	

NB USS scans are reported at the time scans are undertaken

### For SCP patients:

- reporting timelines have improved to within 7 days, which represents a significant improvement on SCP reporting turnaround times during 2024/25 which exceeded 5 weeks.
- Longest scan waiting times are currently 3-4 weeks. At the end of March 2025, 375 SCP patients were awaiting scans without a booked date. This has reduced to 42 patients at the end of July 2025, representing an 89% improvement.

### For non-SCP cancer/urgent pathway patients:

- Longest reporting timelines have reduced to within 7 days for CT and 15 days for MRI, compared to waits in excess of 5 weeks during 2024/25
- Longest scan waiting times have reduced to within 8 weeks, compared to waits in excess of 20 weeks during 2024/25. At the end of March 2025, 1,167 SCP patients were awaiting scans without a booked date. This has reduced to 290 patients at the end of July 2025, representing a 75% improvement.

The improving position in respect of imaging and reporting timelines for SCP and other non-SCP cancer/urgent pathway patients is a direct consequence of the actions taken by the CCG to mobilise the range of recovery solutions reflected in the Radiology Stabilisation and Transformation Plan referenced above.

As a result of progress achieved in reducing the backlog of non SCP/urgent cancer pathway patients awaiting scans, it is anticipated that the capacity prioritised towards this objective during Months 1-4 2025/26 will be partially rebalanced during the remainder of the year and contribute to further improvements in SCP scan waiting times in support of the Health Board's overall SCP performance improvement ambitions.

## Additional 8-Week Diagnostic Recovery Support

In July 2025, the Health Board was advised by Welsh Government (WG) of an additional diagnostic recovery financial allocation of £1.4m to support further improvements in 8-week target performance. A proposed delivery plan and supporting trajectories for each modality has been submitted to WG. These are shown in the attached slide pack.

This additional allocation is being utilised to resource:

- An additional mobile MRI solution
- Additional CT scanning & reporting capacity
- Additional Non-Obstetric Ultrasound (NOUS) insource capacity.

Whilst this additional recovery allocation is expected to support full recovery of 8-week breaches in MRI and CT modalities, a potential delivery risk of up to 798 patients remains in the Radiology NOUS pathway due to concerns about sufficiency of independent sector insource capacity to manage the additional volumes required by March 2026. Additional commissioning opportunities for further NOUS capacity solutions are currently being explored with support of the NWSSP Procurement team.

### Next Steps

The attached slide pack includes a summary of key actions being pursued by the CCG to further progress improvements in respect of workforce sustainability, non-recurrent solutions, SCP performance and 8-week diagnostic performance.

## Argymhelliad / Recommendation

The Finance and Performance Committee is requested to:

- **NOTE** progress to date in implementing the Radiology Service Stabilisation and Transformation Plan for 2025/26
- **RECEIVE ASSURANCE** from the progress achieved by the Operational Allied Health and Health Sciences Clinical Care Group (OAH&HS CCG) in improving Radiology service performance year to date; and
- **NOTE** the further actions planned during the remainder of 2025/26.

### Amcanion: (rhaid cwblhau)

### Objectives: (must be completed)

Committee ToR Reference:  
Cyfeirnod Cylch Gorchwyl y Pwyllgor:

2.1.2 The overall performance and delivery against Health Board plans and objectives, including delivery of key targets, giving early warning on potential performance issues and making recommendations for action to continuously improve the performance of the organisation and, as required focus on specific issues where

	performance is showing deterioration or there are issues of concern.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	CRR 797 (20) CRR 1350 (16)
Parthau Ansawdd: Domains of Quality <a href="#">Quality and Engagement Act (sharepoint.com)</a>	1. Safe 2. Timely 3. Effective 6. Person-Centred
Galluogwyr Ansawdd: Enablers of Quality: <a href="#">Quality and Engagement Act (sharepoint.com)</a>	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	3. Striving to deliver and develop excellent services 5. Safe sustainable, accessible and kind care 6. Sustainable use of resources
Amcanion Cynllunio Planning Objectives	4 Planned care, diagnostics and cancer Recovery
Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022</a>	4. Improve Population Health through prevention and early intervention, supporting people to live happy and healthy lives

<b>Gwybodaeth Ychwanegol: Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	Reflected in report
Rhestr Termiau: Glossary of Terms:	Reflected in report
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Adnoddau Cynaliadwy: Parties / Committees consulted prior to Sustainable Resources Committee:	Operational Allied Health and Health Sciences Clinical Care Group

<b>Effaith: (rhaid cwblhau) Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian: Financial / Service:</b>	Contained within the report.

<b>Ansawdd / Gofal Claf: Quality / Patient Care:</b>	Contained within the report.
<b>Gweithlu: Workforce:</b>	Contained within the report.
<b>Risg: Risk:</b>	Contained within the report.
<b>Cyfreithiol: Legal:</b>	Not Applicable
<b>Enw Da: Reputational:</b>	Reputational risk due to Health Board performance and quality and safety risks.
<b>Gyfrinachedd: Privacy:</b>	Not Applicable
<b>Cydraddoldeb: Equality:</b>	Not Applicable



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## Radiology Update

Finance and Performance Committee, 26 August 2025

# Radiology Stabilisation and Transformation Plan

## Workforce Sustainability Plan – Progress Month 4



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Actuals	Wte	P01-26	P02-26	P03-26	P04-26	P05-26	P06-26	P07-26	P08-26	P09-26	P10-26	P11-26	P12-26	Grand Total
Outsourcing - Everlight Reporting - BAU balance until recruitment						50,000	50,000	50,000	50,000	50,000	50,000	50,000	50,000	400,000
Maintenance Contract at Tenby				40,000										40,000
Consumables - recharged from all sites		37,500	37,500	37,500	37,500	37,500	37,500	37,500	37,500	37,500	37,500	37,500	37,500	450,000
Drugs - recharged from all sites		22,917	22,917	22,917	22,917	22,917	22,917	22,917	22,917	22,917	22,917	22,917	22,917	275,004
														0
Recruitment of Band 4 Admin - interviewing 1st Aug	1.00							2,841	2,841	2,841	2,841	2,841	2,841	17,045
Recruitment of Band 5/6 staff	5.00							20,118	20,118	20,118	20,118	20,118	20,118	120,705
Recruitment of Band 7	1.00									4,988	4,988	4,988	4,988	19,951
Recruitment of Band 8a	2.50										14,547	14,547	14,547	43,641
Recruitment of Band 8b	1.00										6,746	6,746	6,746	20,239
Recruitment of Consultant / Locum staff									25,000	25,000	25,000	25,000	26,193	126,193
Other Non Pay														0
<b>Grand Total</b>	<b>10.50</b>	<b>60,417</b>	<b>60,417</b>	<b>100,417</b>	<b>60,417</b>	<b>110,417</b>	<b>110,417</b>	<b>133,375</b>	<b>158,375</b>	<b>163,363</b>	<b>184,656</b>	<b>184,656</b>	<b>185,849</b>	<b>1,512,777</b>

# Radiology Stabilisation and Transformation Plan

## Non-Recurrent Service Recovery Solutions – Progress Month 4



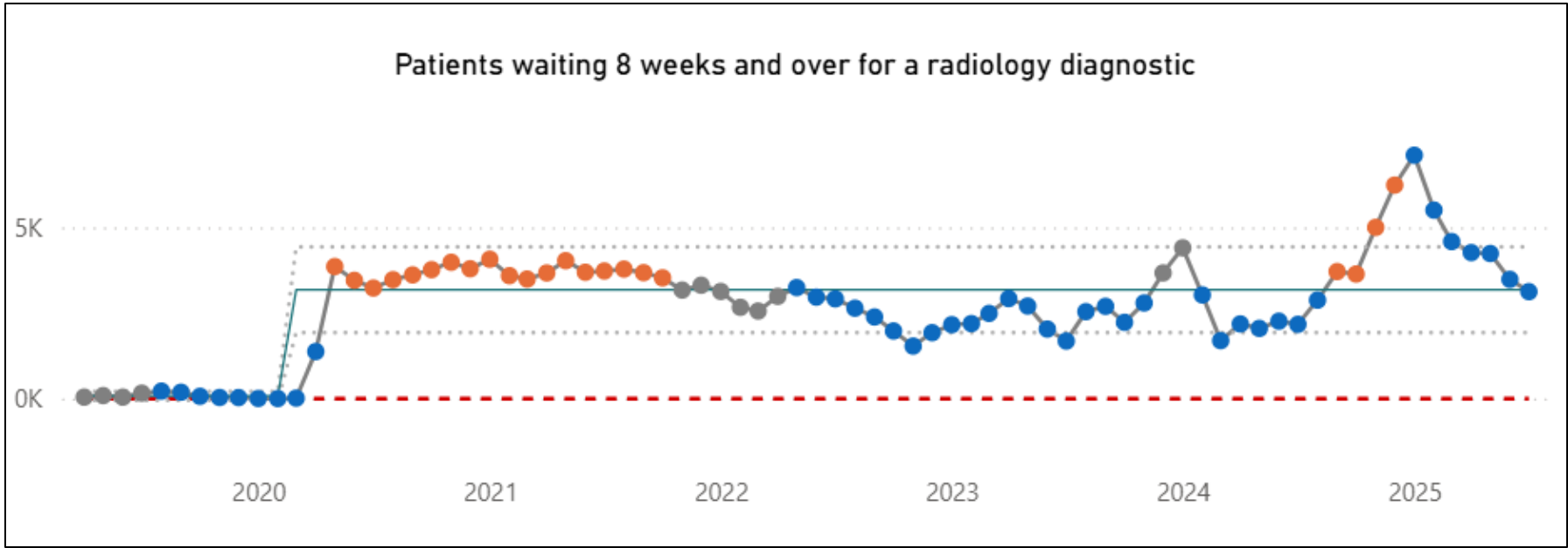
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Actuals	Wte	P01-26	P02-26	P03-26	P04-26	P05-26	P06-26	P07-26	P08-26	P09-26	P10-26	P11-26	P12-26	Grand Total		
MRI Mobile Van	Compleo	60,667	60,667	60,667	56,000	60,667	60,667	60,667	60,667	60,667	60,667	60,667	60,667	723,337		
Outsourcing - Everlight Reporting	Everlight	57,663	85,819	90,000	209,485	40,000	40,000	40,000	40,000	40,000	40,000	40,000	40,000	762,967		
Insourcing - Globe - Ultrasound	Globe	14,897	23,195	26,852	16,333	20,000	20,000	20,000	20,000	20,000	20,000	20,000	20,000	241,276		
Locum costs	Pay		4,755	4,134	4,207	4,000	4,000	4,000	4,000	4,000				33,096		
Additional Duties / Hours	Pay			8,728	9,086	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	97,814		
Recruitment of Consultant / Locum staff														0		
Other Non-Pay													28,734	28,734		
<b>Grand Total</b>	-		174,43	133,227	6	190,380	295,111	134,667	134,667	134,667	134,667	134,667	130,667	130,667	159,401	1,887,223

# Radiology Performance

## 8-Week Diagnostic Direct Access Waiting Time Target – M4 Progress



- Performance during 2025/26 versus historical trend
- Illustrates recovery progress during 2025 following sharp rise in breach volumes during 2024
- Reduction of 3,985 breaches since January 2025 (56% improvement)
- 3,123 breaches (July 2025)
- Performance remains significantly above target level (zero breaches)

# Radiology Performance

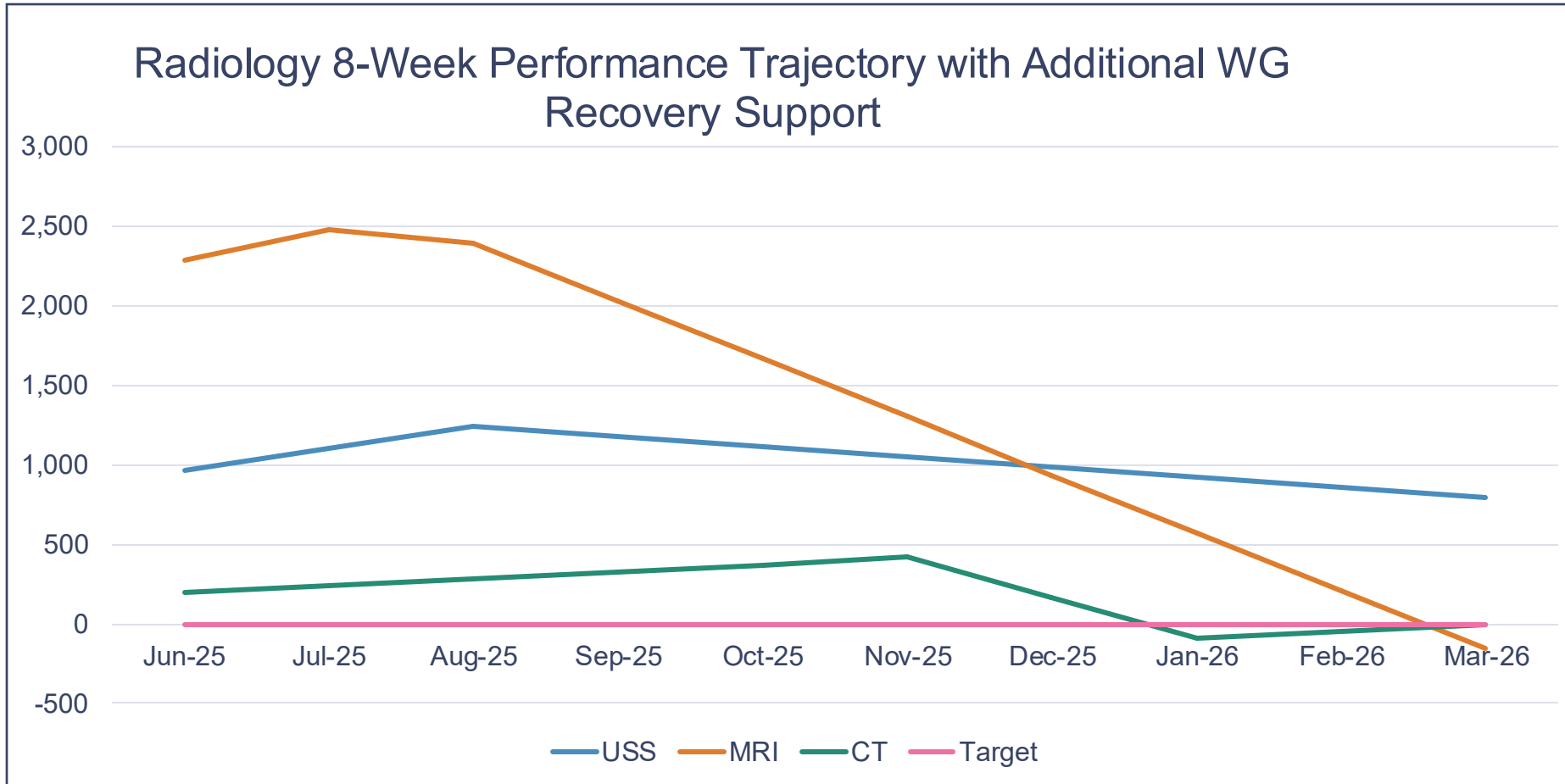
## 8-Week Diagnostic Recovery Trajectory 2025/26

Impact of additional recovery actions supported by WG recovery allocation



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- CT & MRI expected to recover to zero breaches by March 2026
- Delivery risk (circa 798 breaches) in NOUS due to concerns re insource supplier capacity

# Radiology Stabilisation and Transformation

## Further Actions



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Theme	Action	Target Date
Workforce Sustainability	• Commence second round recruitment process for key sonographer and radiographer posts	1 August 2025
	• Commence recruitment process for 2.0 WTE consultant posts following confirmation of approved job description.	30 Sept 2025
	• Complete OCP for senior leadership posts within the service	30 Sept 2025
Non-Recurrent Solutions	• Continue outsourcing of reporting activity within agreed expenditure limits in absence of additional medical posts	31 March 2026
Radiology Performance	• Re-balance CT and MRI imaging and reporting capacity between non-SCP cancer/urgent and SCP pathways to drive further SCP performance improvements	30 Sept 2025
Recovery Plan	• Explore alternative/additional NOUS insource commissioning opportunities to supplement capacity already secured	30 Sept 2025



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