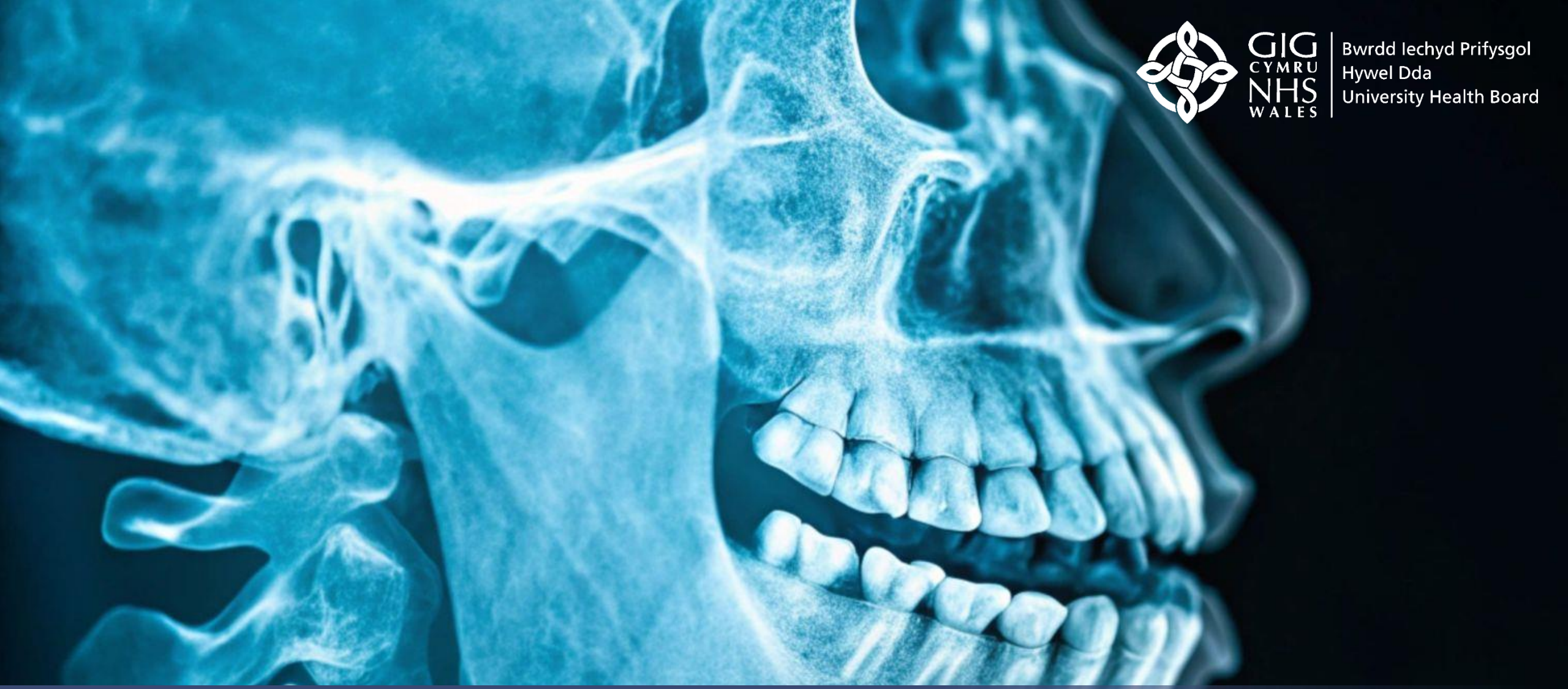

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Radiology Demand, Capacity and Service Sustainability

Andrew Carruthers, Chief Operating Officer

27 August 2026, Microsoft Teams

RAD+ corrected the measurement; the capacity gap remains

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DEC 2025 – JUN 2026

Reporting confidence fell

RAD+ exposed inconsistent procedure eligibility and waiting-time logic.

The submitted (Annual Plan) recovery trajectory could not be relied on.

JUN – AUG 2026

The evidence base was validated

The task-and-finish group corrected rules, tested records and rebuilt modality tools.

The review identified no duplicate patient records.

Further national breach reporting guidance awaited re inclusion of patients or scans.

AUG 2026

The residual gap is real

Validated demand still exceeds recurrent capacity in Computed Tomography (CT), Magnetic Resonance Imaging (MRI) and Non-Obstetric Ultrasound (NOUS).

The leadership question is now service sustainability.

WHY DEMAND IS RISING • A&E requests +5.5% Year on Year • inpatient urgent share 21% → 55% • cancer pathways increase CT/MRI dependency

Sources: Radiology T&F group briefing, 31 Jul 2026; Radiology T&F group data insights, 4 Aug 2026; Planned Care Plan 2026/27.

The Board-approved plan has been submitted to Welsh Government

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£15.497m package to accelerate treatment, diagnostics and cancer recovery

Total request

£15.497m

£9.036m
Treatment

£6.462m
Diagnostics

Board-approved submission

Radiology package

£4.134m

64% of diagnostics • 27% of total request

Mobile CT and MRI capacity: Creates additional activity and backlog-recovery capacity.

Non-obstetric ultrasound (NOUS) insourcing • 4,786 examinations: Targets the workforce-led ultrasound gap. Modality of greatest risk on delivery.

Reporting and administrative support: Supports delivery and tracking of the recovery plan.

Cancer dependency: £743.6k of the package supports cancer pathways. Urology and Lower Gastrointestinal (GI) carry the greatest pressure.

Modelled outcome

0

>8-week breaches by March 2027

Conditional on

- Capacity mobilising to plan
- NOUS delivery
- Welsh Government funding

Funding not yet confirmed

The submission funds the immediate recovery bridge; the recurrent model is addressed through the clinical services strategy.

Sources: Planned Care Delivery & Sustainability Plan 2026/27, pp. 3, 39, 42–43; Board-approved Welsh Government submission.

The proposed plan closes each modality gap and creates recovery headroom

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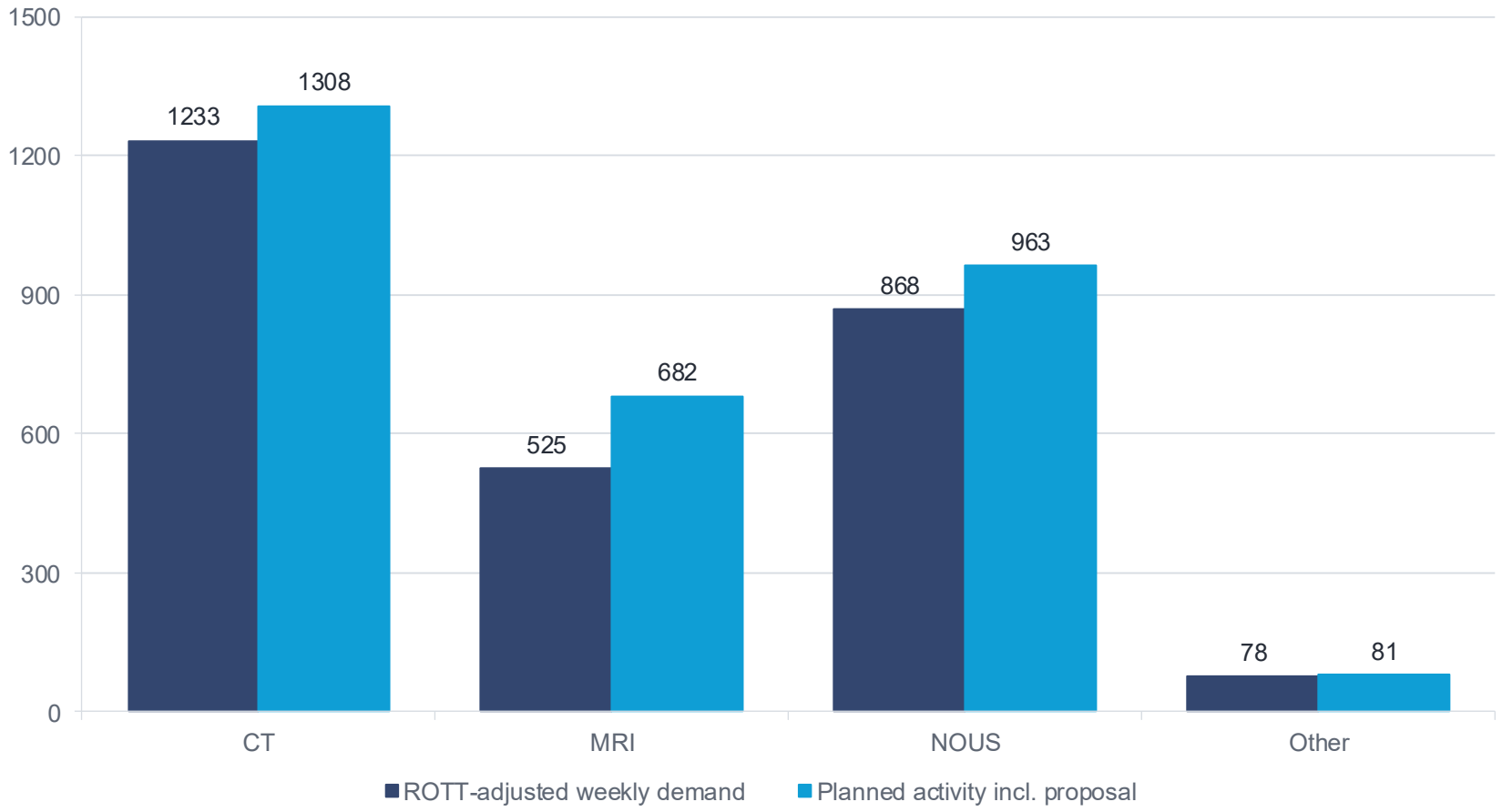
Weekly activity after Removal Other Than Treatment (ROTT) adjustments



330

weekly recovery slots created

HEADROOM BY MODALITY

CT	MRI
+75	+157

NOUS	OTHER
+95	+3

The proposal provides time-limited recovery capacity; it does not establish a recurrent service model.

Source: Radiology trajectories, Jul 2026. Demand is ROTT-adjusted; planned activity includes proposed additional capacity. Values are rounded.

Proposed capacity clears >8-week breaches by March 2027

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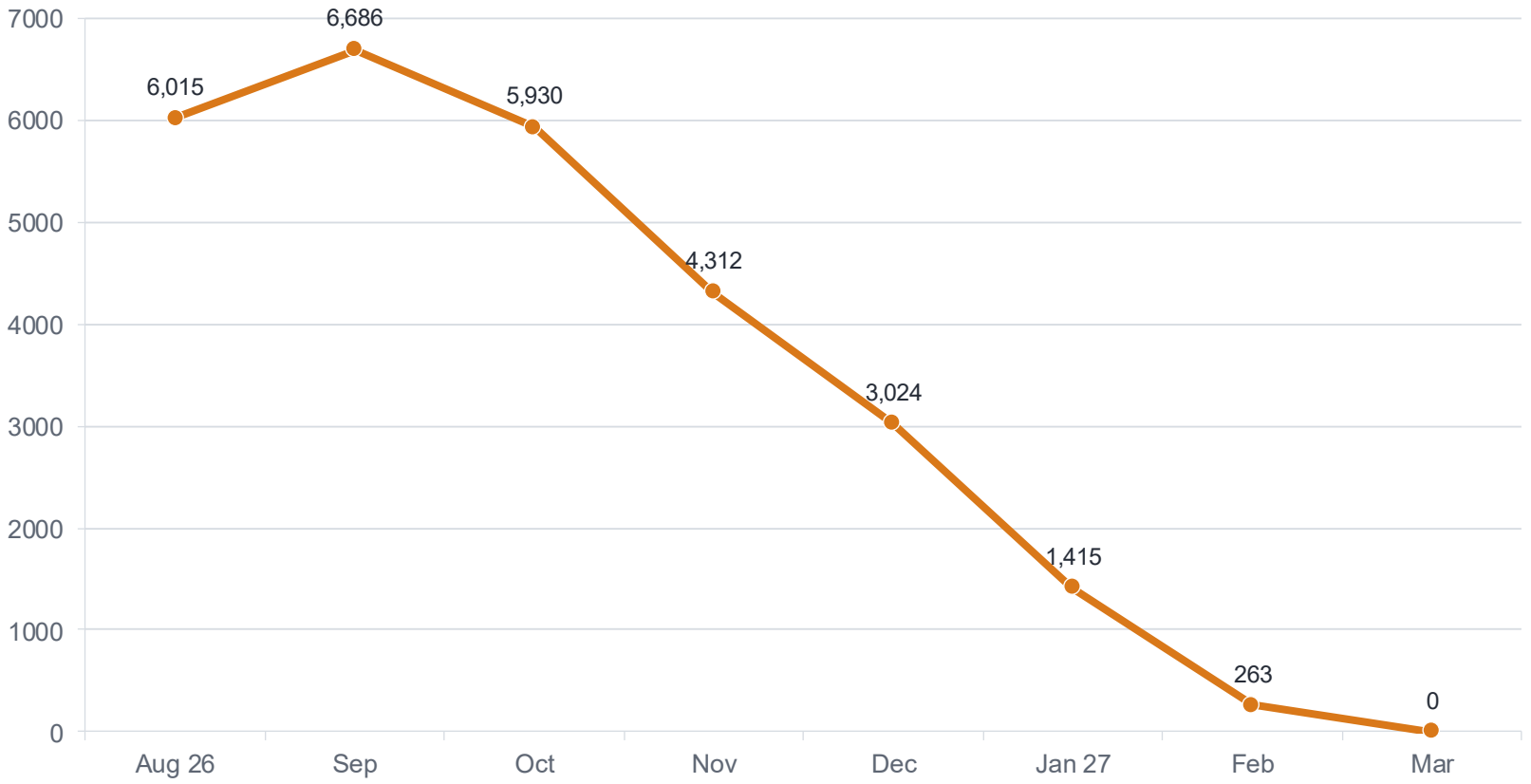
Projected monthly position under workbook assumptions



6,686
modelled peak • Sep 2026

£4.134m
radiology element of Welsh Government funding request

DELIVERY DEPENDENCIES

- CT/MRI capacity from Oct 2026
- 4 WTE NOUS from 26 Oct (high risk of delviery)
- **Funding not yet confirmed**

The trajectory reaches zero only if the intervention timing and delivery assumptions hold.

Sources: Radiology trajectories, Jul 2026; Planned Care Delivery & Sustainability Plan 2026/27. Workbook values rounded to whole patients.

Radiology enables diagnostic, RTT and cancer recovery

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The investment

~27%

of the £15.497m in-year proposal

£4.134m
Radiology recovery capacity

One investment • three pathways

Demand is growing faster than capacity

Year-on-year growth • clinically driven, including cancer pathways

RADIOLOGY	MRI	CT
+9.6%	+33.7%	+15.4%

One capacity investment supports three recovery outcomes

DIAGNOSTICS
>8-week waits

RTT
Progression

CANCER
Diagnosis + staging

Sources: Planned Care Delivery & Sustainability Plan 2026/27, pp. 3, 39, 42; Planned Care and Sustainability Letter, 31 Jul 2026.

The leadership challenge is moving from recovery capacity to a sustainable model

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Now • non-recurrent

1 BRIDGE

- Mobile CT/MRI capacity
- NOUS insourcing
- Clear the >8-week backlog
- Protect RTT and cancer recovery

2026–29 • build the base

2 STABILISE

- Radiology Stabilisation Plan (£8.4m 2025-2029)
- Recruit and retain the workforce
- Improve productivity & utilisation (including CGI opportunities)
- Strengthen equipment resilience

Future • clinical strategy

3 SUSTAIN

- Define the recurrent service model
- Confirm Clinical Services Plan (CSP) configuration and access
- Align workforce, estate and technology
- End routine reliance on temporary capacity
- Dependency on regional solution or not?

Sources: Radiology Stabilisation Plan; feedback from Director of Operational Planning & Performance and Chief Operating Officer, 12 Aug 2026.

Committee assurance, support and endorsement

Assure

The modality position is evidence-based

The Committee is asked to assure itself that RAD+ rules and records have been reviewed; residual gaps remain after validation.

Support

The recovery response and dependencies are understood

The Committee is asked to support the trajectory which depends on timely capacity, NOUS delivery and funding confirmation.

Endorse

The Radiology Stabilisation Plan

The Committee is asked to endorse the principle of incremental funding through Annual Planning to maintain delivery of the stabilisation programme into year three.

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SAFE | SUSTAINABLE | ACCESSIBLE | KIND

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