



## 2.1 Deep Dive: Radiology Fragility impact pending Clinical Services Plan (CSP).

# Background: current service provision

## Escalation profile



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Escalation status trend by domain	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25
Finance	3	3	3	3	3	3
Performance	3	3	3	3	3	2
Population Health	n/a	n/a	n/a	n/a	n/a	3
Quality & Safety	2	2	2	2	2	2
Strategy, Planning and Fragile Services	3	3	3	3	3	2
Governance	2	2	2	2	2	1
Workforce	2	2	2	2	2	2

Escalation status has notable improvement in governance domain and performance. Work continues in quality and workforce domains. Note - In Oct-25 the Strategy, Planning and Fragile Services domain has increased to 3.

Sep-25 Escalation status justification	Escalation status	Reasons for escalation (where applicable)
Finance	3	Underspent with a recovery plan assumed in future months, but significant gap on savings delivery. Demand and Capacity planning underway, with progress expected by November 2025. New structures embedding and limited capacity during Summer 2025, therefore a review of progress and plans by the end of November 2025 will determine future escalation status.
Performance	2	Level 2: Radiology 8 weeks (Sep 25 = 2,313)
Population Health	3	BCI plans: 9 under review.
Quality & Safety	2	Escalation assurance: 78% (last month 71%) For details please see the Our Safety dashboard
Strategy, Planning and Fragile Services	2	Fragile Services: - Radiology demand is in excess of capacity, predominantly due to staffing and vacancies. - Cellular Pathology - Clinical Haematology
Governance	1	
Workforce	2	PADR: 82.2% Turnover: 8% Outstanding Pay Progression: 6 (2 over by 3 months) Job Planning: 76%

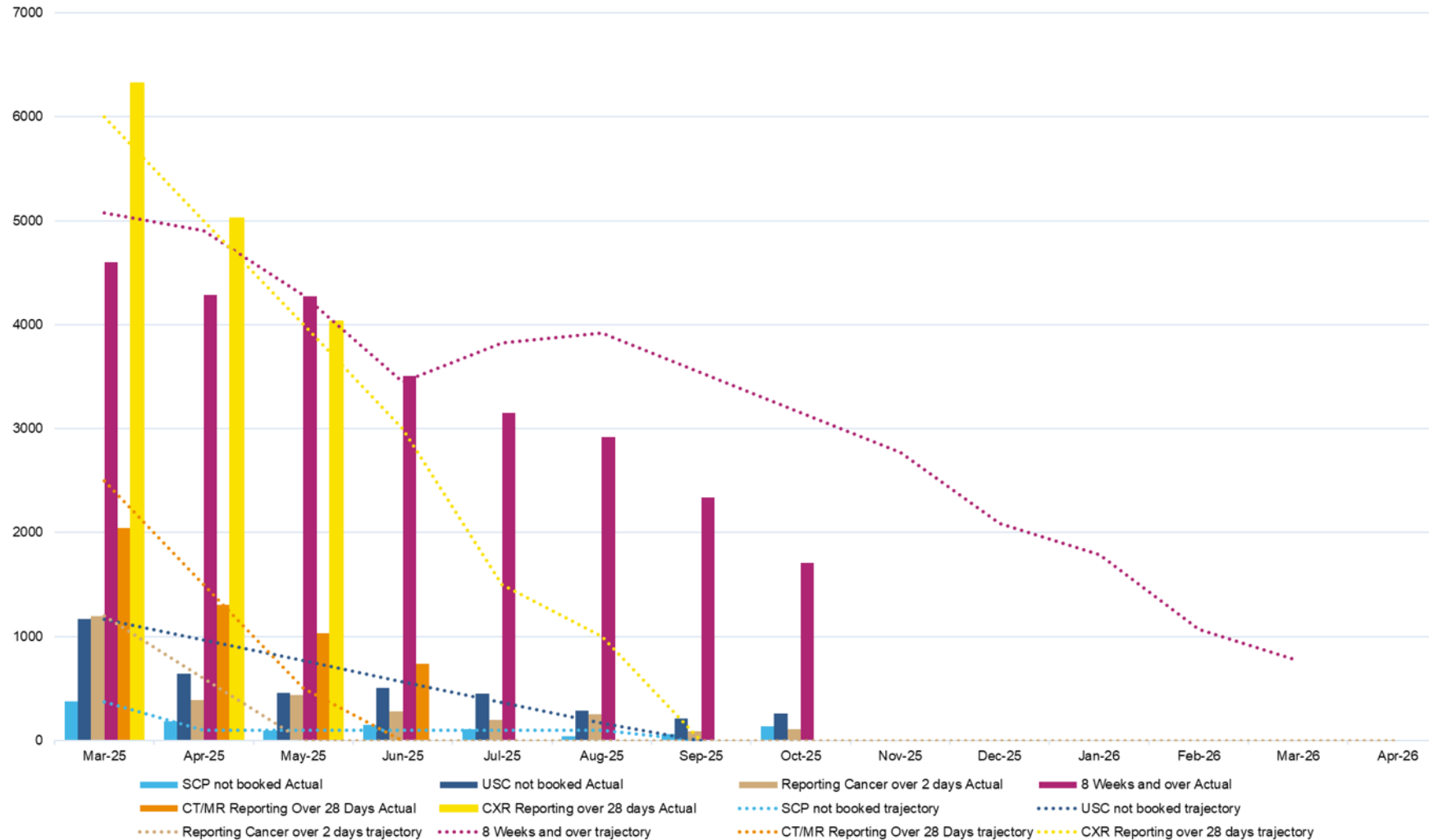
# Background: current service provision Performance



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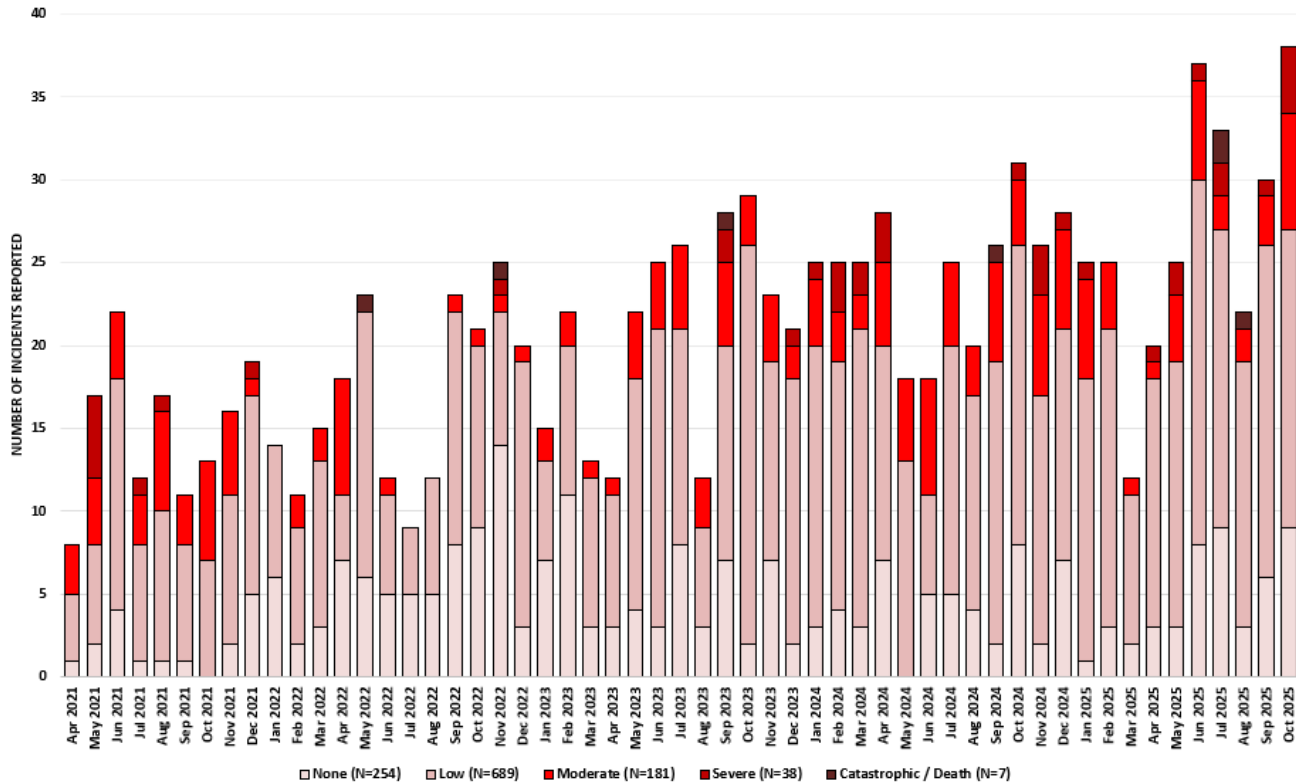
Option 3c Stabilisation Funding Trajectories as of 3.11.2025 including WAG funding



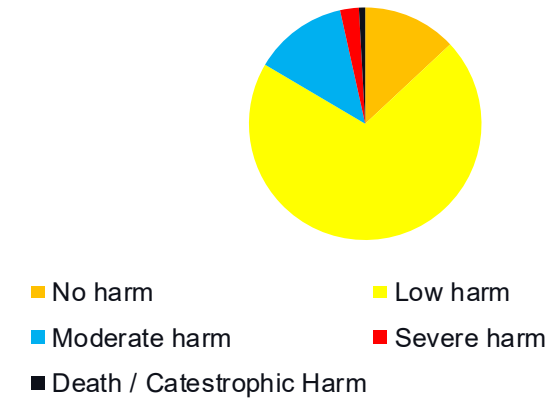
Performance has improved aligned with Annual Planning 2025/26 stabilisation funding commitments, further improvements via Welsh Government temporary funding to reduce 8 week wait.

# Background: incidents

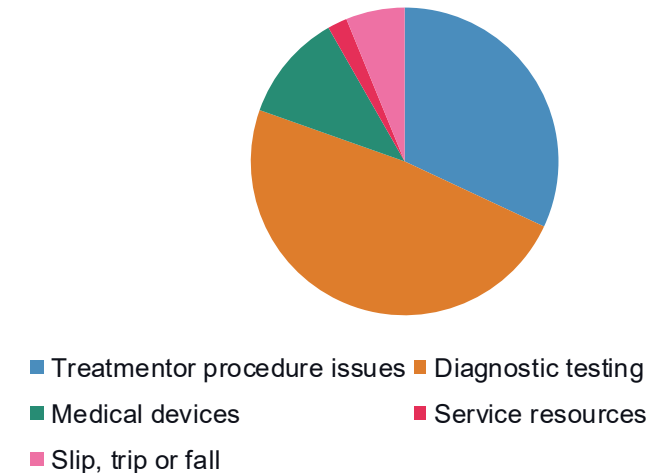
INCIDENTS CAPTURED BY REPORTERS INITIAL HARM



Incidents reported by harm



Incidents reported by theme



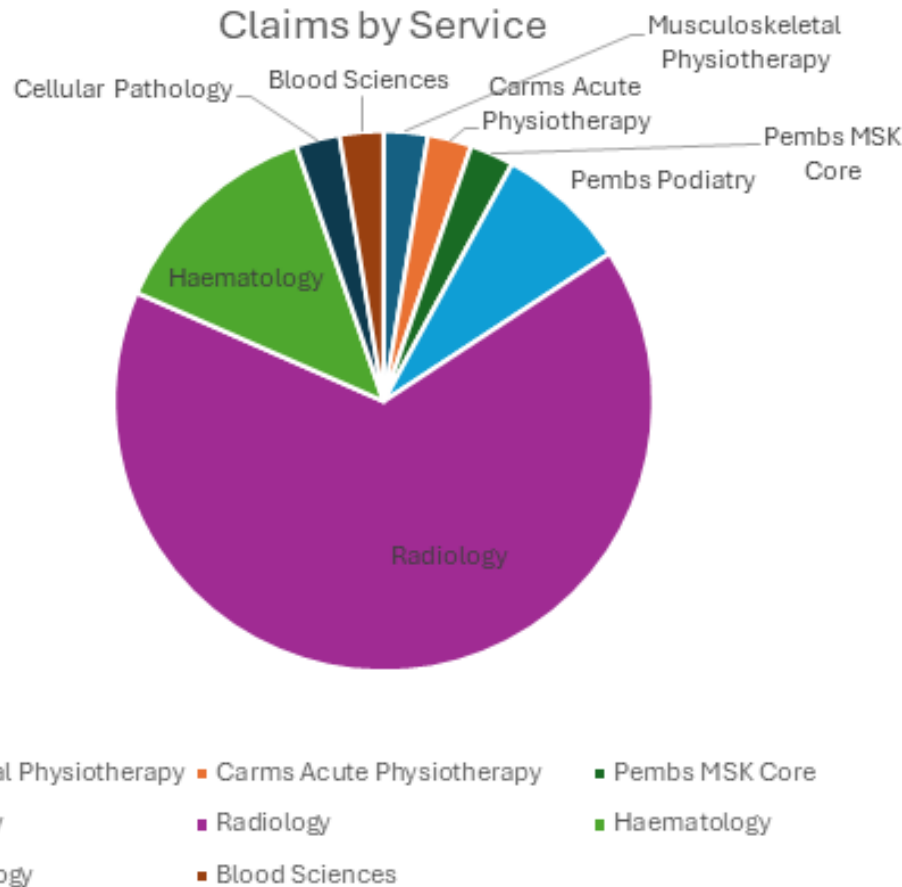
In 2025 incident reporting peaked in October 2025 (n=38), with lowest reporting month in March 2025 (n=12) across four sites. Most of incidents are causing low harm. Upon completion of investigation the initial harm reported can change, as the data for the same time-period shows 3 incidents were categorised as catastrophic at incident closure. Current focus is on completion of timely incidents investigation, thereafter attention will move to incident reporting culture to promote an increase in reporting of no harm/low harm incidents

# Background: Complaints and claims



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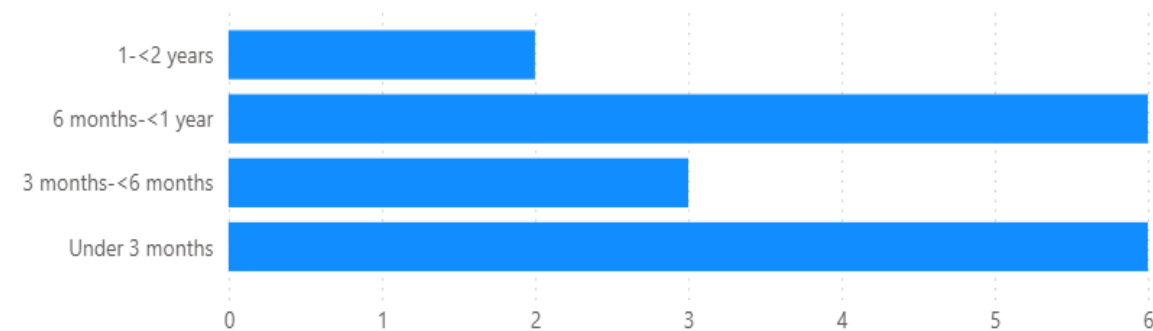
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24 of the potential and confirmed claims within the Allied Health and Health Science CCG are aligned to the Radiology service. Themes identified for redress and claims are scanning delays, reporting delays and incorrect reporting.

The service currently has 8 complaints that have been open over 6 months, 3 of these are awaiting comments from service, 5 are awaiting input from colleagues in other CCGs. Complaints analysis indicates main themes are: Scanning delays, Reporting delays, incorrect reporting and communication

## Open complaints



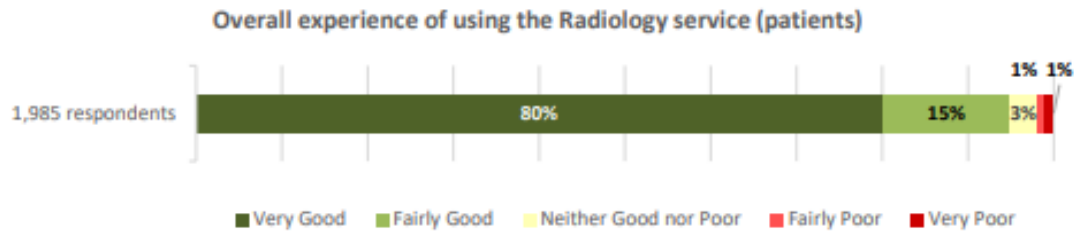
Graph – Allied Health and Health Science CCG Claims – Oct 25 Snapshot

# Background: Compliments



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Radiology as a service receives low numbers of compliments. This is due to the radiology system not aligning with the online platform hosted by CIVICA due to the service not using WPAS to record attendances. A department patient survey was completed and informed the for the Clinical Services Plan in 2023.

The main improvements suggested

- speed and efficiency (including shortening waiting times and not cancelling appointments);
- communication (including better explanations of tests, results, and treatments, and increased frequency of contact and follow up); and
- improvements to hospital environments.

39% of respondents felt that no improvements were required

## Positive comments

- ✓ professional, kind, reassuring, and helpful staff;
- ✓ the timeliness and efficiency of the service received;
- ✓ good communication and information provision
- ✓ generally good quality of care.

## Negative comments

Lack of timeliness (especially in relation to appointment access and speed of diagnosis).



# Background: Risk register



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There are 2 corporate risks and 16 operational risks on the risk register.

- The operational risks are stratified as:
  - Extreme n=12
  - High n=3
  - Moderate n=2
  - Low n=1

- Two corporate risks are stratified as extreme

Risk management is a developing area for the Radiology Service focus has been on ensuring clear capture of service worries.

## Risk heatmap

		Likelihood				
		Rare 1	Unlikely 2	Possible 3	Likely 4	Almost Certain 5
Impact	Catastrophic 5	1970	1719		2131 2102 1547	2132 797
	Major 4	1927	1848		1681 1399 684 1658 1892	1706 1349
	Moderate 3	1606				
	Minor 2					
	Negligible 1					



# Background: Risk register detail



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Risk Ref	Title	Inherent Risk Score	Risk Level (Current)
1349	Risk of being unable to deliver ultrasound services at WGH due to a lack of appropriately trained obstetric staff	25	Extreme
1547	There is a risk to timely and safe radiology provision as capacity does not match demand	25	Extreme
2102	The risk of radiology service delivery due to leadership fragility	25	Extreme
2132	Risk of overspend due to cost pressures related to variable pay	25	Extreme
1399	Non-compliance with IR(ME)R standards and governance requirements and associated patient safety risks	20	Extreme
1658	Risk of Repetitive Strain Injury (RSI) to sonographers due to a national shortage and an increase in patient BMI	20	Extreme
684	Risk to the timely investment and replacement of Radiology equipment and supporting infrastructure	20	Extreme
1681	Risk of failure to deliver timely Dual Energy X-ray Absorptiometry Service due to outdated Service Level Agreement	20	Extreme
1892	Risk of not achieving savings targets due to continued expenditure without mitigating savings plans	20	Extreme
1706	Risk of loss of Nuclear Medicine Service due to decline in condition of equipment and failure to comply with NRW compliance.	20	Extreme
2131	Risk of overspend due to cost pressures related to Everlight radiology	20	Extreme
797	Risk to the ability to deliver ultrasound services due to workforce pressures	20	Extreme
1719	Risk of loss of Radiology services across the Health Board from 31 March 2025 due to delayed implementation of RISP	25	High
2202	Risk to overspend and reduced performance due to the Outpatient Insourcing contract	16	High
1848	Risk of failure to chilled water supply to MRI unit at Witybush Hospital due to aging, shared chiller in a distant location.	15	High
1927	Risk of loss of the Nuclear Medicine Service due to challenges related to radiopharmaceutical supply.	20	Moderate
1970	Risk to patient safety and staff registration due to appropriate medicines management in Radiology.	20	Moderate

## The themes identified for the risks in radiology are:

- Financial overspend
- Ultrasound workforce
- Equipment replacement
- RISP replacement
- Workforce not meeting demand
- Management and leadership fragilities





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## Safe - issues & actions

Incidents, claims and redress learning and triangulation:

- Themes identified:
  - scanning delays, reporting delays and incorrect reporting
- Incidents/redress cases are discussed at the Radiology QSEC and radiology audit meetings – emphasis on learning from errors.
- Learning from a series of patient harm incidents was presented as part of the annual plan SBAR, as there was clear evidence that the delays to radiology investigations

## Actions

- £3.4m Annual Plan funding is being implemented to support some stability of service
- Work with QAST team to link learning from cases to produce thematic reports
- Weekly meetings are held with service lead business partners to provide assurance of sharing of learning and actions from claims and redress cases, to meet the requirements for Welsh Risk Pool Learning Events



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## Timely - issues

- Timely Care has been the main issue in Radiology
- Increases in demand and increased use of radiology across all pathways has resulted in current capacity not met demand

Scanning - D&C analysis has showed that there has been an increase in demand between 2019/20 to 2024/25 as follows:

- 29% CT
- 51 % MRI
- 50% NOUS (Non obstructive ultrasound)
- 12% Obstetric USS.

The capacity gaps are:

- CT 10992 patients per year.
- MRI 9700 patients per year.
- USS 16800 patients per year.

This is based on 2024/25 figures and includes running additional lists via WG funding and use of core spending.

Reporting - Due to the radiologist workforce capacity not being aligned to demand, the service relies on outsourcing approx. 50% of emergency work and 30-40 % of routine work.



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## Timely - Actions

The service received investment in the 2056/26 annual budget as recognition that stabilising of the service was needed which would improve the USC position. This was further strengthened by non recurrent funding from WG to reduce the over 8-week breaches to 0 by March 2026. This has allowed the service to tackle three main areas, scanning, quality and governance and reporting

### Scanning:

- Employed additional CT, MRI radiographers and train further sonographers.
- A MRI van for 1 year scanning 480 patients per month
- Outsourcing of additional scan reporting 600 patients per month
- Ultrasound insourcing 300 patients per month
- Employed a head and neck sonographer to undertake neck biopsies for patients with suspected head and neck cancers,

Quality and Governance - Strengthen the management team to ensure best use of resources (OCP in progress)

Reporting - Actions include employed two new Radiologists and outsourced backlog of reporting over 4 weeks (12000 examinations)

### The additional WG funding for the RTT patients has allowed:

- A further MRI van for 7 months (480 patients per month)
- CT Van for 2 months (300 patients)
- Further ultrasound insourcing (200 patients per month)



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## Timely - Results

The stabilisation and WG funding has resulted in the following:

- Reduction of overall USC wait from 8-9 weeks to 4 weeks
- Reduction of wait for neck biopsy to 2 weeks – same day service being developed.
- Reduction of reporting delay for Non-USC patients from 12 weeks to 4 weeks
- A 76% reduction in ‘over 8-week breaches’ from 7108 (Jan 25) to 1712 (Oct 25)

However, the service still does not meet timely targets which ensure the best patient outcomes and requires further investment to meet those targets for scanning and reporting:

- USC – 12 days
- USC – 2 days
- Urgent 2-3 weeks
- Urgent – 1 weeks
- Routine 6-8 weeks
- Routine – 4 weeks



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## Effective

Clinical audits have previously been undertaken which do not always demonstrate the areas where rapid improvement is required. Work ongoing to strengthen the timetable and frequency of audits.

- Emphasis on follow up actions and re-auditing to check improvement on standards.
- OCP in progress – Radiology Quality Manager post being introduced to drive this programme forward as slow progress due to fragilities in the current team.

## Efficient

The service continues to firefight and has limited assurance that provision is efficient as capacity does not support BAU service delivery.

Management structure has been identified as inadequate and new management structure has been developed. Funding was agreed in the 2025/26 Annual Planning and OCP is underway which has suffered delays. Meaningful and sustainable progress can not be started until these roles are in post.

Due to historic funding arrangements the radiology service still runs as a 9-5 Monday to Friday service despite the necessity of a 24/7 service. The staffing is based on an on-call system which is not fit for purpose. This is causing staff burnout, mistakes and increasing costs.



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## Equitable

Provides radiology across three counties with nuclear med provision in Withybush Hospital (WGH). Community diagnostics provided for x-ray at 4 sites currently.

Areas of concern:

- Interventional Radiology – Difficulty with recruiting IR radiologists due to scattered distribution of work (over 4 sites). Nursing shortages
- Concern about u/s - national shortage of sonographers.
- Concern about DEXA
- Note that WGH, BGH, PPH provide diagnostic hub provision in line with UK expectations of local diagnostics collocated with OPD and non-emergency services.

## Person Centred

Completion of the Radiology organisational change process (OCP) to strengthen the leadership team (£500k increase in leadership team) will provide capacity to meet clinical governance standards and improve triangulation of learning from complaints, Patient feedback, CSP engagement and compliments.





# Conclusion



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Continue to implement the actions aligned to the stability funding from 2025/26 Annual Plan

Reduce insourcing and outsourcing by increasing clinical capacity locally which will increase service stability

Radiology Leadership OCP underway – increase leadership capacity £500k to create stability and allow for capacity to manage staff and patient care in alignment with standards.

## **Next steps:**

Seek additional stability funding as part of 2026/27 Annual Planning to meet baseline requirements of demand on Radiology service. If funding is not secured, then continue with implementation of 2025/26 Annual Planning and mitigate as best able rising waiting times.

**Any questions...**





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# The Duty of Candour

*Openness and honesty should be at the heart of every relationship between those providing treatment and care and those experiencing it.*



**DIOGEL | CYNALIADWY | HYGYRCH | CAREDIG**  
**SAFE | SUSTAINABLE | ACCESSIBLE | KIND**



# The six domains of quality



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**Diogel**  
Safe

Our health care system is a high quality, highly reliable and safe system that avoids preventable harm, maximising the things that go right and learning from when things go wrong to prevent them occurring again. People's health, safety and welfare are actively promoted and protected; risks are identified and monitored, where possible, risks to safety are reduced or prevented and this is delivered by appropriate numbers of suitably skilled workforce



**Effeithlon**  
Efficient

Our health care system takes a value-based approach to improve outcomes that matter most to people in a way that is as sustainable as possible and avoids waste. We make the most effective use of resources to achieve best value in an efficient way. We only do what is needed and undertake treatments targeted at those likely to gain the most benefit, ensuring any interventions represent the best value that will improve outcomes for people.



**Amserol**  
Timely

Our health care system ensures people have access to the high-quality advice, guidance and care they need quickly and easily, in the right place, first time. We care for those with the greatest health need first, and where treatment is identified as necessary, we treat people based on their identified and agreed clinical priority



**Teg**  
Equitable

Our health care system provides everyone with an equal opportunity to attain their full potential for a healthy life which does not vary in quality because of personal characteristics such as age, gender, sexual orientation, race, language preference, disability, religion or beliefs, socio-economic status or political affiliation; the organisation that provides care; or location where care is delivered. We embed equality and human rights in our health care system and promote and protect the welfare and safety of children and adults who become vulnerable or at risk at any time.



**Effeithiol**  
Effective

Our health care system ensures decision-making, care and treatment reflects evidence-based best practice, to ensure that people receive the right care to achieve the optimal outcomes possible for them and that matter to them. We design transformative, evidenced-based, whole-of-life pathways that cover prevention, care and treatment, rehabilitation and embed these into local service delivery.



**Person ganolog**  
person centred

Our health care system meets people's needs and ensures that their preferences, needs and values guide decision-making that is made in partnership between individuals and the workforce. We care about the well-being of individuals, their families, carers and our staff. We ensure that everyone is always treated with kindness, empathy and compassion and we respect their privacy, dignity and human rights. We are committed to working better together to put people and their families at the centre of decisions, seeing them as experts working alongside professionals to get the best outcome and experience.