Radiology
Strategy & Performance Ltd

Radiology Strategy • Capacity • Performance Improvement

Unlocking Radiology Capacity

Improving utilisation, reducing delays and turning diagnostic insight into measurable operational value.

- Executive radiology performance review
- Demand & capacity analysis
- Booking optimisation
- Reporting improvement

CAPABILITY BROCHURE 2026

info@radiologystrategy.co.uk | radiologystrategy.co.uk

Radiology
Strategy & Performance Ltd

Radiology Strategy • Capacity • Performance Improvement

Why capacity is lost

Small losses across the radiology pathway compound into longer waits, avoidable spend, staff pressure and unnecessary cost.

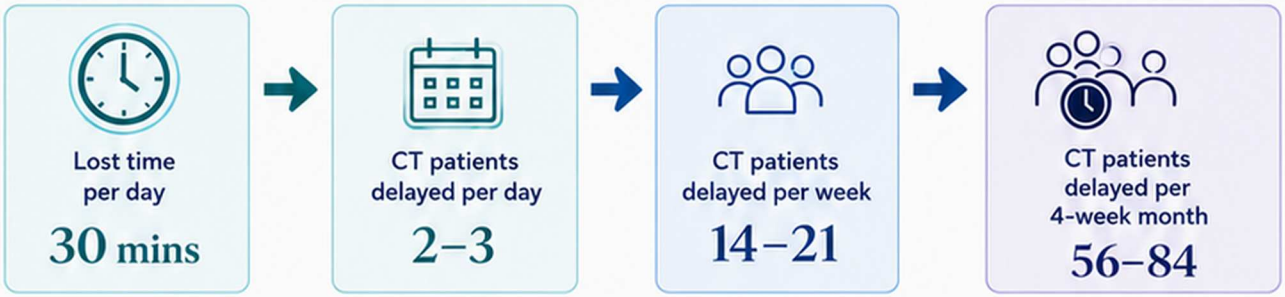
Typical pressure points

- Demand growth outpacing delivered activity
- Variability in slot length and protocol use
- Late starts, early finishes and avoidable gaps
- Cancellation and DNA backfilling weaknesses
- Reporting bottlenecks after imaging has been performed

Why this matters to a COO

- Delays patient pathways and elective recovery
- Creates avoidable spend on insourcing / outsourcing
- Masks unrealised capacity within the existing estate
- Weakens productivity, resilience and patient experience

How lost minutes become delayed CT patients



Assumes a 7-day CT service and 10–15 minute CT slot lengths.

Small inefficiencies, repeated every day, reduce capacity more than teams realise.

Radiology
Strategy & Performance Ltd

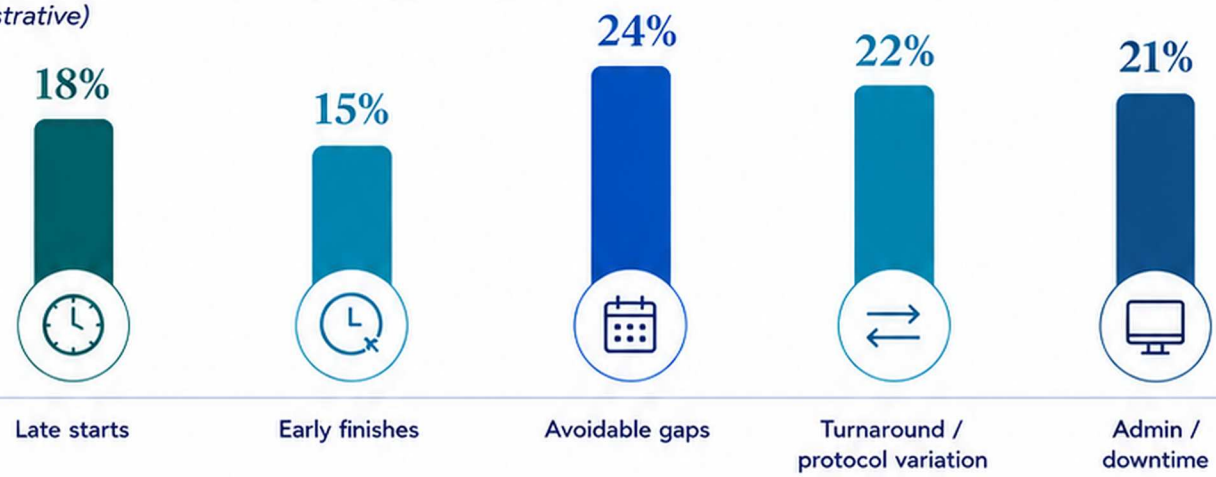
Radiology Strategy • Capacity • Performance Improvement

Unrealised scanner capacity

Utilisation is often lost in minutes rather than hours. Repeated every day, those losses become material constraints on access and productivity.

Where scanner capacity is typically lost

(Illustrative)



Illustrative example of recognised operational pressure points, not national percentage shares.
Local measurement is required to identify the true individual Trust position and scale of lost capacity.

Illustrative annual impact – MRI

2 appointments lost per weekday on one scanner

× 260 weekdays = **520** lost appointments per year

Representative 2026/27 NHSPS MRI unit value used here: c. **£132**

Indicative activity value = c. **£68,640**

Most importantly: **520** patients delayed or displaced

What we review

- Session start / finish performance
- Slot duration by protocol and scanner
- Turnaround and inter-slot gaps
- Site and modality benchmarking
- Recoverable capacity opportunities

Radiology
Strategy & Performance Ltd

Radiology Strategy • Capacity • Performance Improvement

Booking and scheduling optimisation

The right scanner can still underperform if the booking template does not reflect actual examination duration, patient preparation and pathway need.

Current state: Inefficient templates waste capacity

Total lost time = 60 mins

Optimised state: Right slots, right patients, right time

60 mins recovered per day

4–6 CT appointments equivalent

More reliable throughput

Better use of existing scanner time

Typical booking issues

- Overlong slot duration for routine examinations
- Underfilled templates and avoidable protected capacity
- Weak cancellation / DNA backfilling
- Mismatch between protocol complexity and slot time
- Variation in template design between sites or scanners

What changes often deliver value

- Protocol-specific slot alignment
- Smarter template segmentation
- Clear escalation and backfill rules
- Better matching of capacity to demand profile

Illustrative annual impact — CT template design

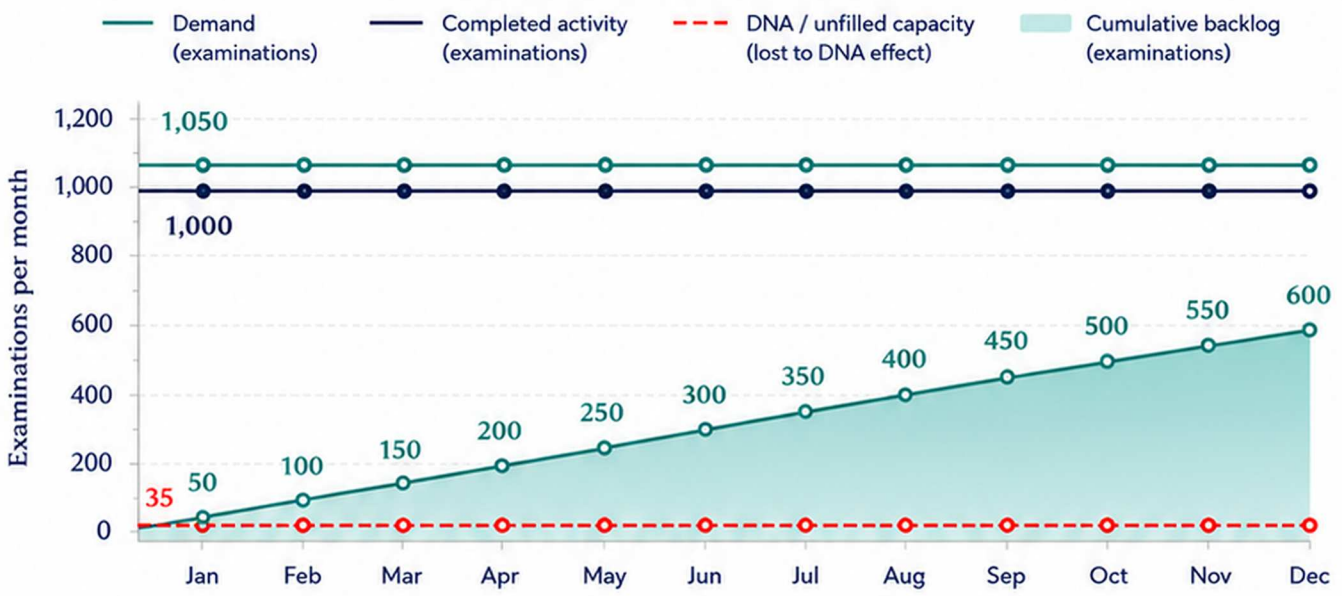
Lost appointments per day	Annual effect	Representative CT unit value	Indicative activity value	Patients delayed or displaced (CT appts equivalent)
2	≈ 520 lost appointments	c. £80	c. £83k – £125k	4–6

Illustrative example based on an 8-hour CT day (08:00–16:00). Times and values are indicative and will vary.

When demand outstrips activity

Even a modest sustained gap between referrals and delivered activity will grow the waiting list, weaken performance and increase recovery pressure.

Illustrative 12-month trend



Illustrative backlog growth

- Monthly gap: **50 examinations**
- Annual gap: **600 examinations**
- **3.5%** DNA / unfilled slots materially contributes to lost capacity

Illustrative recovery example

- **600** additional examinations needed to recover the annual gap
- Representative CT-equivalent unit value used here: **c. £80**
- Indicative activity value = **c. £48,000**
- Alternative consequence: prolonged waits or increased outsourcing

What this means for the wider Trust

- Slower pathway progression and elective recovery
- Higher risk of deteriorating diagnostic waiting-time performance
- Pressure on clinical prioritisation and staff morale
- Increased reliance on short-term capacity solutions

Backlog growth is often gradual in-month, but significant over a full year.

Radiology
Strategy & Performance Ltd
Radiology Strategy • Capacity • Performance Improvement

The Reporting Challenge

Backlog. Capacity. Cost.

Reporting capacity is now a critical constraint in diagnostic performance. The latest national data shows the scale of the backlog, the dependence on out-of-hours reporting solutions, and the financial impact on services.

1 WHAT DOES THE BACKLOG LOOK LIKE?

The national requirement is clear — no verified imaging report should take longer than 28 days after acquisition under any circumstances.

940,900

scan reports took longer than 28 days in England in 2025

Compared with 994,633 in 2024

↓ 5%

fewer reports taking over 28 days

NATIONAL REPORTING TIMEFRAME

28 days

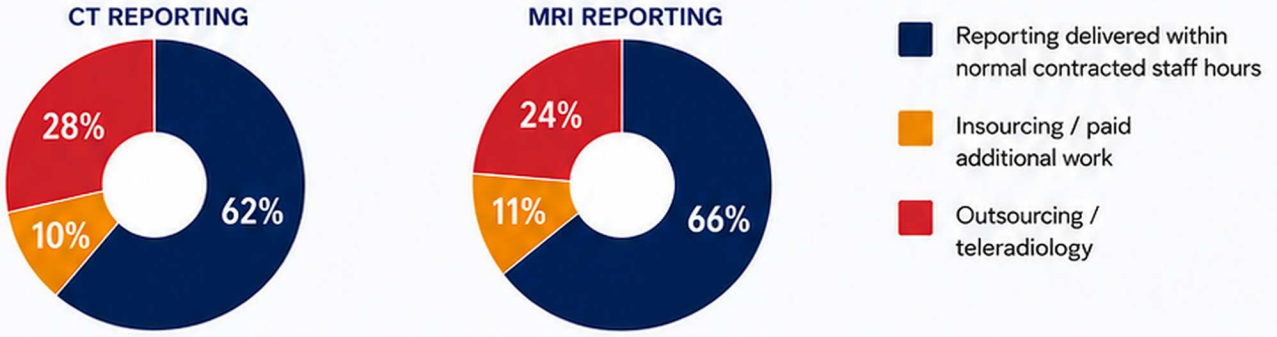
Current national maximum: no report should take longer than 28 days after acquisition.

14 days

Future ambition: work towards a maximum of 14 days.

2 HOW IS THE NHS COPING WITH THE REPORTING CAPACITY GAP?

How CT and MRI reporting workload is delivered — UK Clinical Radiology Workforce Census 2025



Only **62%** of CT and **66%** of MRI reporting is delivered within normal contracted staff hours.

The amber and red segments reflect reporting delivered at higher cost outside core contracted capacity.

3 THE FINANCIAL IMPACT OF THE CAPACITY GAP

£362m

Spent nationally on additional reporting capacity in 2025

£241m

Of this was outsourced reporting

Outsourcing spend increased by **12%** in one year and has **doubled since 2021.**

Scanning capacity cannot be considered independently of reporting capacity.
Sustainable patient care depends on both.

Sources: NHS England, Diagnostic imaging reporting turnaround times (2023); Royal College of Radiologists, Clinical Radiology Workforce Census 2025; RCR analysis of NHS England Diagnostic Imaging Dataset, 2025.

Radiology
Strategy & Performance Ltd

Radiology Strategy • Capacity • Performance Improvement

What we deliver

A practical, data-led review that quantifies opportunity, explains root causes and turns diagnostic insight into a prioritised improvement plan.

1. Diagnostic baseline

Understand current performance, workflows and data quality.

2. Demand & capacity analysis

Quantify activity demand and compare against effective capacity.

3. Utilisation and template review

Assess slot utilisation, template design and booking rules.

4. Reporting capacity review

Analyse reporting workflows, productivity and turnaround performance.

5. Financial opportunity assessment

Translate operational findings into capacity, cost and efficiency opportunities.

6. Executive roadmap

Agree prioritised actions, phasing, owners and success measures.

Typical outputs

- Executive performance review
- Modality and site-level opportunity analysis
- Booking and template optimisation recommendations
- Reporting turnaround and capacity assessment
- Quantified capacity and cost opportunity
- Prioritised implementation plan
- Board-ready summary pack

Engagement options

- Focused data-led desktop review
- On-site operational deep dive
- Modality-specific improvement review
- Executive follow-up and implementation support

Output	Desktop review	On-site deep dive	Modality review
Performance review	✓	✓	✓
Opportunity analysis	✓	✓	✓
Capacity assessment	✓	✓	✓
Financial opportunity		✓	✓
Implementation plan		✓	✓
Executive summary	✓	✓	✓

> We do not simply identify problems – we quantify the opportunity and prioritise action.

Our approach is evidence-based, collaborative and tailored to your organisation's operating model, culture and strategic objectives.

Radiology
Strategy & Performance Ltd

Radiology Strategy • Capacity • Performance Improvement

A practical partner for NHS imaging improvement

Independent, evidence-based support focused on released capacity, stronger performance and measurable operational value.

Why Radiology Strategy & Performance Ltd

- Senior NHS imaging operational insight
- Practical understanding of scanner, booking and reporting pressures
- Executive-level analysis grounded in day-to-day service reality
- Focus on actionable change, not generic commentary
- Clear communication for operational and Board audiences

Where we can help

- Diagnostic waiting-time pressure
- Underused or variable scanner capacity
- Booking template inefficiency
- Reporting turnaround challenges
- Demand growth and recovery planning

If your Trust is experiencing diagnostic waits, hidden capacity loss or reporting pressure, we would welcome a conversation about how a focused review could help.

Radiology Strategy & Performance Ltd

info@radiologystrategy.co.uk

radiologystrategy.co.uk

National coverage

Illustrative examples in this brochure are provided for presentation purposes and should be refined using local Trust data.