Imaging Center Business Plan

Irwell Diagnostic Ultrasound Manchester Version 1.0

DOCUMENT GUIDE

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Irwell Diagnostic Ultrasound Manchester 3 October 2026

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Reading this business plan

This hypothetical referred adult ultrasound startup is an operating and funding proposal for owner and lender review. Official context is distinguished from unverified demand, costs, qualifications and financing. Financial schedules at the end use the same 36-month Base model and dated case captures.

The contents uses native Word fields with cached pages. Update the entire table after editing. All figures are GBP planning estimates from model version 1.0; no lease, approval or financing is secured.

01 / OVERVIEW

Executive summary

A conditional proposal for a paid staffed ultrasound clinic

Operating plan

Irwell Diagnostic Ultrasound Ltd is a proposed Manchester company providing referred, non-invasive adult abdominal and single-region musculoskeletal ultrasound. It would operate one scanner on weekdays. No location, patient list, qualified founder, registration, contractor, supplier quote or funding is established. This plan gives a prospective owner and funding reviewer an operating scope and an editable three-year cash forecast. It is not a clinical protocol or permission to open.

Management decision

Base 2027 revenue is £223,147 with net loss £318,672. Opening cash after paid preparation is £548,606. Minimum cash falls to £(155,295) by December 2029. The additional funding needed for the £100,000 reserve is £255,295 beyond uncommitted £900,000 equity. Do not launch this unvalidated scope without clinical readiness, credible economics and separately agreed liquidity.

02 / BUSINESS

Business details

Manchester private referred diagnosis only

Operating plan

The working name requires company and trademark checks. The proposed legal entity is an England private company limited by shares with a Manchester location still to be selected. The modelling date is January 2027, not an approved opening date. Eligible adults pay for a completed diagnostic episode and final report. No NHS or insurance contracts, advance memberships, clinical interventions, CT, X-ray, MRI, obstetric scans or health-screening packages are included.

Item	Proposed status
Working name	Irwell Diagnostic Ultrasound Ltd clearance pending
Location	Manchester England exact premises unknown
Clinical scope	Referred adult abdominal and single-region MSK ultrasound
Operating origin	January 2027 model date readiness conditional
Registration and funding	Unestablished £900,000 proposed equity

Management decision

Confirm the company, nominated individual, clinical lead and proposed registered manager before any public claims. The CQC provider and manager applications must match the exact premises and operating scope R1 R2.

03 / STRATEGY

Business concept and objectives

Test clinical suitability before commercial scale

Operating plan

The offer combines a clinically appropriate examination, understandable inclusive fee, secure final report and an identified route back to the referring clinician. The business is not intended to diagnose emergencies or replace a full hospital pathway. First objectives are a suitable referral process, trained paid team, commissioned equipment and safe information transfer. Commercial objectives remain hypotheses until completed suitable referrals and collected contribution demonstrate demand.

Management decision

Use agreed readiness gates rather than a calendar promise. A larger service mix or second scanner requires new registration, qualified staffing, equipment and funding decisions; no expansion is hidden in the forecast.

04 / STRATEGY

Business model canvas

One clinical episode and one controlled capacity pool

Operating plan

The model earns completed-episode fees from adult private patients. Proposed referrers, reporting contractor, equipment engineer and professional advisers support the service but are not contracted. Paid clinicians, assistant, receptionist, nonclinical owner and secure records are the resources. Referral vetting, examination, paid reporting and result escalation are the activities. A single scanner and paid staff hours jointly limit capacity.

Partners	Activities	Resources
Proposed registered report provider, engineer, advisers and referrers. No contracts.	Referral vetting, scanning, reporting, escalation and secure billing.	Five paid roles, one scanner, premises and controlled patient records.
Value proposition	**Relationships**	**Channels**
Appropriate referred examination and clear inclusive fee with final report.	Informed consent, agreed result routing and complaint handling.	Clinician referrals, telephone and secure enquiry. One booking pool.
Segments	**Cost structure**	**Revenue streams**
Eligible adult abdominal and musculoskeletal diagnostic questions.	Gross capital, fully paid team, reporting, supplies and overhead.	Completed private diagnostic episodes only. No public contracts or advances.

Planning diagram or forecast from retained code and model version 1.0. Evidence limits are stated in this section.

Management decision

Validate referral suitability and collection, not web traffic alone. Outsourced reporting is a paid cost per scan plus a governance retainer and requires its own applicable England registration R1. It cannot be counted as free owner labour.

05 / STRATEGY

SWOT and longer term goals

A focused offer with substantial fixed cost

Operating plan

A narrow scope and explicit governance could make the service understandable, but these are proposed advantages rather than proven strengths. The weaknesses are one scanner, unverified referrals, fixed five-role payroll and no established clinical reputation. An opportunity is to test whether eligible adults value accessible scheduled diagnostic appointments. Existing services, reporting errors, data incidents and interruption threaten both patient safety and cash.

S1 Strength	W1 W2 Weaknesses
Focused scope and explicit paid governance. Proposed advantage not proven.	One scanner and untested referrals. High fixed payroll during the demand ramp.
O1 Opportunity	**T1 T2 Threats**
Test adult eligible demand for clear fees and suitable weekday appointments.	Established alternatives and clinical or equipment interruption threaten cash.

Planning diagram or forecast from retained code and model version 1.0. Evidence limits are stated in this section.

Management decision

Longer term growth must follow qualified clinical review and demonstrated collected contribution. A profitable wider modality operation is not assumed to rescue this forecast.

06 / STRATEGY

TOWS strategy matrix

Turn identified weaknesses into launch gates

Operating plan

SO links a narrow scope to structured referral interviews. ST links controlled examination protocols to explicit boundaries and an escalation route. WO links the untested demand and large fixed-cost base to a conditional lease and gross quotes. WT links scanner and staff dependence to paid cover, preventive maintenance and a safe pause rule. The diagram identifies its SWOT links; it is not an observed competitor rating.

SO S1 plus O1	ST S1 plus T1
Interview eligible patients and clinicians on the precise narrow offer.	Use clear referral boundaries and report routing; no outcome superiority claims.
WO W2 plus O1	**WT W1 plus T2**
Require suitable referral evidence and gross quotes before a conditional lease.	Agree qualified cover or safe pause and engineer support before opening.

Planning diagram or forecast from retained code and model version 1.0. Evidence limits are stated in this section.

Management decision

No clinical restriction should be relaxed to increase throughput. If no sustainable price and volume fit is evidenced, reconsider scope before capital commitment rather than filling cash gaps with hypothetical grants.

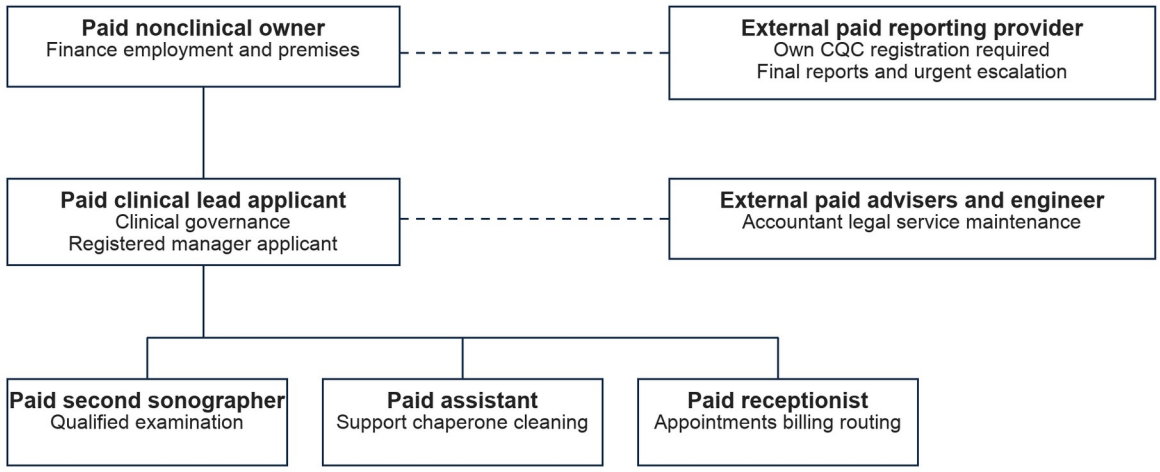
07 / STRATEGY

Owner and management

A paid nonclinical owner and a qualified lead applicant

Operating plan

The proposed owner manages finance, premises, recruitment, communications and contract administration for 35 paid hours a week. No founder identity, credentials or clinical role is supplied. A full-time qualified lead would direct clinical governance and apply to be registered manager. A second qualified sonographer, assistant and receptionist report operationally through the lead while the owner handles employment and commercial matters.



Planning diagram or forecast from retained code and model version 1.0. Evidence limits are stated in this section.

Management decision

The external reporting provider, engineer, accountant and advisers are paid suppliers with dashed support relationships in the chart. Registration and competence are launch gates R1 R2 R5, not assumptions of an already licensed team.

08 / PEOPLE

Owner and key personnel profiles

Recruitment requirements instead of fictional biographies

Operating plan

No personal biographies or past achievements are invented. The lead candidate must demonstrate suitable registered professional status, diagnostic ultrasound qualifications, scope, clinical supervision and day-to-day manager competence. The second sonographer must have verified appropriate registration and ultrasound capability. The assistant needs chaperone, infection-control and emergency-support training. Reception needs confidentiality and referral-routing competence. The owner needs financial and employment administration capacity.

Management decision

Check registers, references, identity, scope, indemnity and suitability before appointment. This plan requires HCPC registered radiographers with appropriate ultrasound competence; a sonographer job title alone is not evidence R3 R5.

09 / MARKET

Target customers

Eligible referred adults within a practical catchment

Operating plan

The proposed target is adults with a clinician-vetted abdominal or single-region musculoskeletal question who can attend weekday appointments and pay the inclusive fee. Nearby workers and residents are candidate segments rather than an existing list. Children, maternity, invasive procedures and emergency presentations fall outside the proposed service. Suitability has priority over ability to pay.

Management decision

The final lead must approve a referral acceptance and exclusion policy and an appropriate handoff route for unsuitable requests. Obtain actual catchment interviews and referral evidence before projecting local share.

10 / CUSTOMER STRATEGY

Segmentation targeting and positioning

Select clinical fit before promoting convenience

Operating plan

Segmentation separates adult abdominal questions, adult musculoskeletal questions, general screening requests and out-of-scope clinical needs. Targeting focuses only on the first two after lead vetting. Positioning proposes a clear completed-episode fee and a report routed to the responsible clinician. It does not claim faster diagnosis, better outcomes or superior accuracy than named alternatives.

Segment	Target	Position
Adult abdominal, adult musculoskeletal, screening and out-of-scope needs.	First two only after clinical vetting, within the weekday catchment.	Appropriate complete episode with clear fee and responsible report routing.

Planning diagram or forecast from retained code and model version 1.0. Evidence limits are stated in this section.

Management decision

Test preference and willingness to pay with eligible people and clinicians. The same fixed capacity is shared by both selected segments; there is no separate unlimited online sales channel.

11 / CUSTOMER STRATEGY

Value proposition canvas

Understand the patient and referrer jobs

Operating plan

Patient jobs include arranging an appropriate appointment, understanding the fee and knowing who receives the result. Referrers need an answer to the accepted clinical question and an escalation route. Proposed pain relievers are written scope, preparation instructions, a clear consent conversation and secure reporting. Proposed gains are dependable scheduling and understandable next steps. These are customer hypotheses, not survey findings.

Customer jobs	Products and services
Arrange a suitable examination and understand the total fee and next steps.	Referred adult abdominal and single-region musculoskeletal episodes.
Pains to test	**Pain relievers**
Unclear scope or total cost and uncertainty about who receives the report.	Written scope fee and clinician-approved preparation and consent.
Gains to test	**Gain creators**
Dependable appointment information and an understood route for results.	Secure report transfer and agreed clinical escalation ownership.

Planning diagram or forecast from retained code and model version 1.0. Evidence limits are stated in this section.

Management decision

Do not promise an all-clear or a report deadline until the reporting supplier and escalation cover are contracted. Customer feedback must not replace clinical audit.

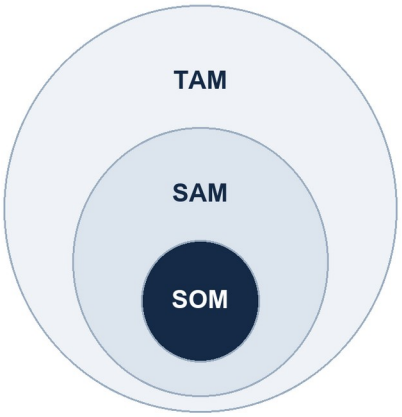
12 / MARKET

Market size and trends

Defined scopes with unavailable spend estimates

Operating plan

TAM is annual spending on the specified privately purchased adult diagnostic ultrasound episodes in Greater Manchester. SAM is the eligible reachable spending within the eventual clinic catchment and weekday scope. Neither amount has been estimated because comparable local volumes, payer definitions and reach evidence are missing. SOM is a capacity-constrained forecast hypothesis rather than a measured share. The scope visual is schematic and not proportional.



TAM Greater Manchester private episodes

Annual adult abdominal and musculoskeletal diagnostic spending unavailable

SAM Eligible reachable weekday catchment

Final site and accessible eligible annual spending not estimated

SOM Capacity constrained 2027 forecast

GBP 223,147 unvalidated sales hypothesis not measured share

Schematic scopes areas are not proportional to market estimates

Planning diagram or forecast from retained code and model version 1.0. Evidence limits are stated in this section.

Management decision

Do not divide the forecast by population to assert market share. Establish the final geography, exclusion rules, annual episode denominator and independent local evidence before claiming a sized market.

13 / MARKET CONTEXT

PESTLE analysis

Separate regulatory facts from commercial assumptions

Operating plan

Political context includes CQC scope and oversight R1 R2. Economic constraints include gross capital expenditure, paid payroll and proposed fees. Social preferences and referral access remain untested. Technology requires reliable scanner operation and secure records. Legal issues include professional competence, medical-purpose VAT classification, data law and employer duties R4 R5 R7 R12. Environmental decisions include probe cleaning, clinical supplies and waste handling.

Political	Economic
CQC regulates ultrasound and reports. Registration gates R1 R2.	Gross capital and five paid roles create a substantial fixed-cost threshold.
Social	**Technological**
Preference and willingness to pay are untested catchment hypotheses.	Commission scanner and secure records before accepting patients.
Legal	**Environmental**
Credentials VAT and health-data basis need documented review R4 R5 R7.	Waste cleaning and stock rotation must follow safe clinical processes.

Planning diagram or forecast from retained code and model version 1.0. Evidence limits are stated in this section.

Management decision

Assign every readiness item to the paid owner or clinical lead. The six-panel visual connects each factor to a specific operating response rather than an invented trend score.

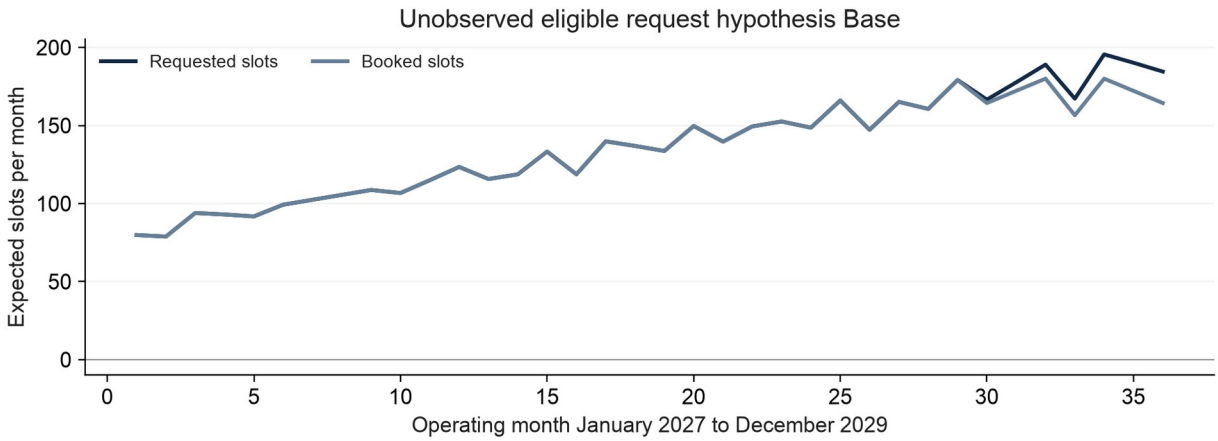
14 / MARKET

Local demand and evidence

No observed bookings are supplied

Operating plan

Monthly requested scans per open day are planning inputs, not waiting-list data. The Base ramp begins at four eligible requested slots per weekday and adds 0.15 daily slots each operating month. The lead still vets every request. Room and staff ceilings limit booked slots before a five-percent nonattendance allowance. Forecast units can be fractional expected values; actual appointments cannot.



Planning diagram or forecast from retained code and model version 1.0. Evidence limits are stated in this section.

Management decision

Collect referral interviews, appropriate-request counts, attendance, willingness to pay and collected fees. National use of ultrasound R6 establishes the modality, not commercial demand for this clinic.

15 / MARKET

Competitors and positioning

Compare actual scope and total episode cost

Operating plan

Potential alternatives include hospital pathways, established private imaging clinics and clinician-led ultrasound services. Their actual local availability, referral criteria and prices have not been collected. No provider is ranked or assigned an accuracy score. Relevant comparisons are modality, accepted indication, professional registration, final-report inclusion, location, appointment access and what happens after an abnormal finding.

Management decision

Document primary provider terms for genuinely comparable episodes before the launch offer is priced. A lower price is not a safe substitute for appropriate clinical governance.

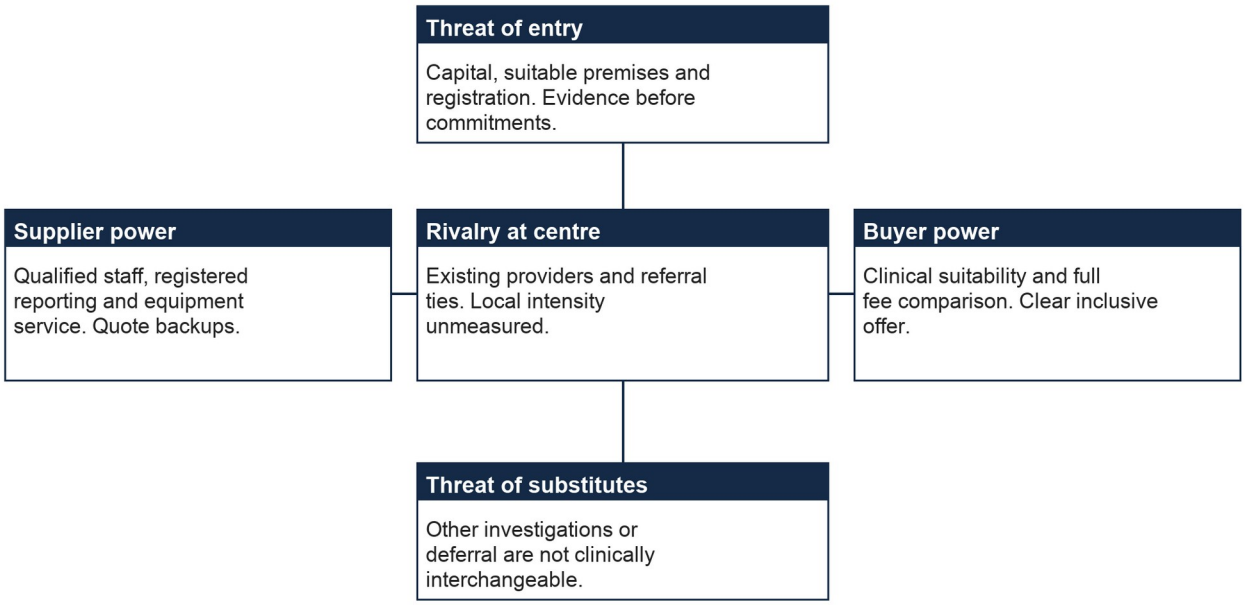
16 / COMPETITIVE STRATEGY

Porter five forces

Capacity and clinical trust constrain competition

Operating plan

Rivalry centres on established access and referrer relationships, which are locally unmeasured. Suppliers include qualified ultrasound staff, registered reporting services and specialist maintenance. Buyers can compare providers but need clinical suitability and complete fee information. Entry requires capital, suitable premises and regulatory readiness. Other investigations or deferred care are potential alternatives but are not clinically interchangeable.



Planning diagram or forecast from retained code and model version 1.0. Evidence limits are stated in this section.

Management decision

The diagram puts rivalry in the centre with four surrounding forces. Responses prioritise clear scope, qualified supplier alternatives and safe referral handling; no fabricated competitor ratings are used.

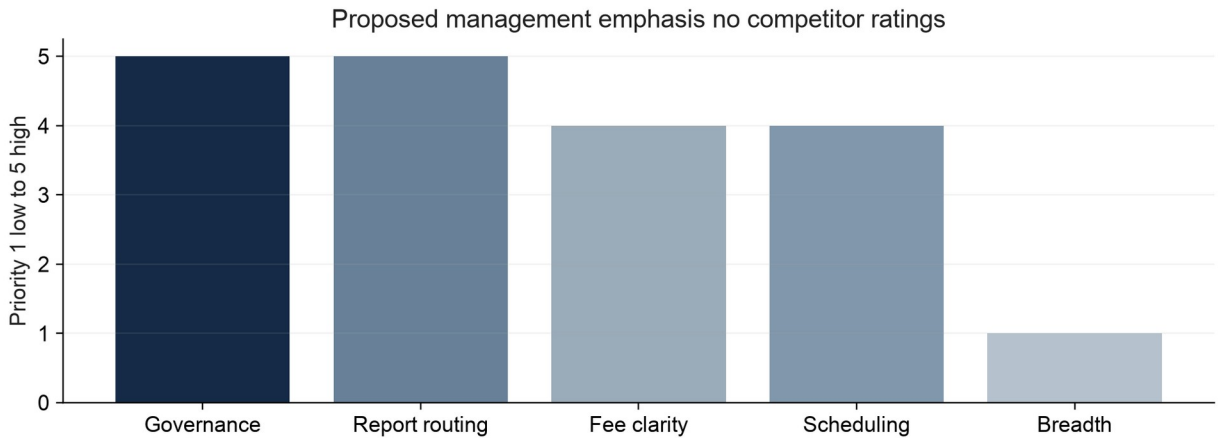
17 / COMPETITIVE STRATEGY

Strategy canvas

Management priorities rather than market scores

Operating plan

The canvas records proposed emphasis on clinical governance, report routing, fee clarity and suitable scheduling. Modality breadth receives less emphasis because the clinic deliberately operates ultrasound only. The scales reflect internal priorities, not patient outcomes, competitor measurements or proven differentiation. Paid staff, external reporting and gross equipment costs make these priorities visible in the financial model.



Planning diagram or forecast from retained code and model version 1.0. Evidence limits are stated in this section.

Management decision

Any proposal to broaden the menu must update staffing, registration, capital, reporting costs and cash forecasts together. Do not make this a marketing-only decision.

18 / OPERATIONS

Location and premises

Choose a suitable site before agreeing a lease

Operating plan

The proposed site must provide accessible arrival, waiting and changing privacy, one ultrasound room, support and records areas, staff facilities and safe emergency access. No address, floorplan, planning consent or lease is established. The gross operating allowance includes £3,500 rent monthly and £700 rates. These figures are not landlord offers. Fitout and service suitability need technical inspection.

Management decision

A conditional lease should depend on permissions, clinical layout, utilities, equipment delivery, registration and funding. Adviser review must confirm permitted use, access duties, repair obligations and any VAT in the actual lease cost.

19 / OPERATIONS

Equipment and resource plan

One scanner with separately depreciated assets

Operating plan

The model proposes £120,000 gross for one ultrasound scanner and probes and £96,000 gross for fitout and IT. Both include assumed unrecovered input VAT. Scanner life is 60 months and the composite fitout/IT life is 96 months; the actual asset register must split useful lives after quotes. A separate £18,000 gross probe replacement in month 19 adds no examination capacity.

Gross asset cost GBP	Amount	Life months
Initial ultrasound scanner	120,000	60
Fitout and IT composite class	96,000	96
Future probe July 2028	18,000	36

Management decision

Obtain supplier specifications, lawful device provenance, acceptance testing, maintenance, safety and data-system compatibility evidence. No refurbished-equipment suitability, delivery commitment or supplier quote is invented. Gross capital is paid at commissioning rather than treated as a consumable.

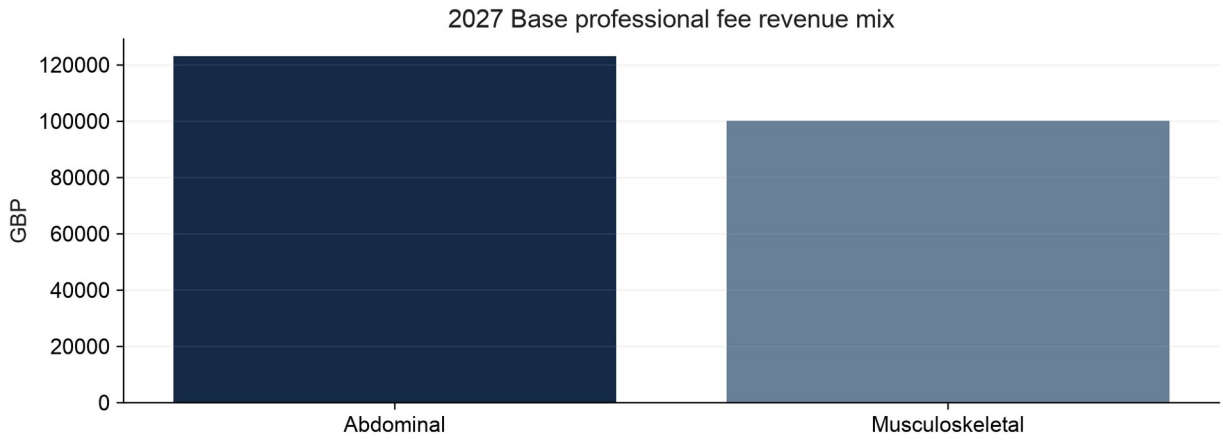
20 / OFFER

Diagnostic episode strategy

Two narrow diagnostic episode types

Operating plan

Adult referred abdominal ultrasound has a proposed £180 completed-episode fee. Adult referred single-region musculoskeletal ultrasound has a proposed £220 fee. Both include the contracted final report and agreed result-routing process. Planning slots are 40 and 50 minutes respectively, including preparation and turnover. These are locally unvalidated service allocations, not clinical minimum standards. There are no scan packages or advance memberships.



Planning diagram or forecast from retained code and model version 1.0. Evidence limits are stated in this section.

Management decision

The lead must validate exact indications, exclusions, appointment lengths and report responsibilities. Paediatric, maternity, internal, invasive, contrast and interventional services are outside the model and need a new readiness and economics review.

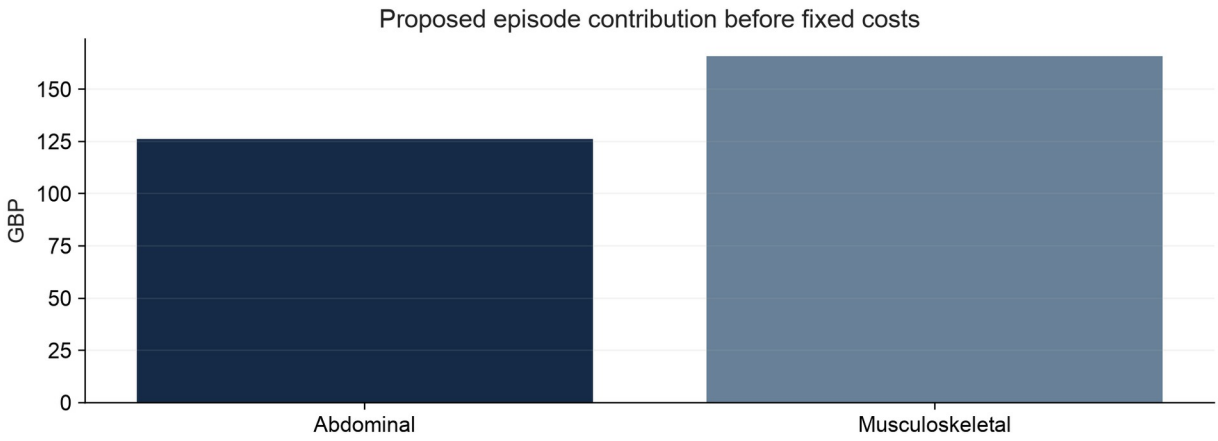
21 / OFFER

Pricing and order economics

Price a complete episode and its paid report

Operating plan

Fees are medical-purpose VAT-exempt planning assumptions subject to the accountant confirming the registered-professional company supply R4 R10. Per completed scan the model deducts a £45 gross reporting fee, £6 gross supplies and 1.5 percent payment costs before fixed payroll and overhead. The £2,000 monthly reporting-governance retainer remains fixed even when no scans occur. All costs are gross with no input VAT recovery.



Planning diagram or forecast from retained code and model version 1.0. Evidence limits are stated in this section.

Management decision

Contribution is not profit. Room capacity, staffing, nonattendance, fixed costs, depreciation and cash collection can make the full business uneconomic despite positive contribution per episode.

22 / OFFER

Competitor price comparison

Comparable local prices remain uncollected

Operating plan

The proposed £180 and £220 fees are internal assumptions. No competitor quote, market median or referral contract has been obtained. Comparable evidence must specify the clinical region, examination scope, qualified provider, included final report, fees for clinician consultation, location and any additional charges. Web prices for materially different scans must not be silently treated as equivalents.

Episode	Proposed fee GBP	Comparable local price
Adult abdominal	180	Not collected
Adult single-region musculoskeletal	220	Not collected

Management decision

Before advertising, the owner and lead should assemble dated primary-provider comparisons and obtain a final all-inclusive fee policy. No price-led demand elasticity is claimed.

23 / OFFER

Brand and customer experience

Make scope and next steps understandable

Operating plan

The working identity is understated and medical-purpose focused. Communications should state the accepted adult referred services, inclusive fee and current registration accurately. Before attending, patients receive suitable preparation information approved by the lead. Reception verifies identity and referral details without making clinical decisions. The clinician explains consent and the limits of the examination; the report returns through the agreed secure route.

Request and vet	Attend and examine	Report and return
Registered-clinician request reviewed by lead. Suitable scope before booking.	Identity preparation consent and qualified examination within paid capacity.	Paid final report routed securely to responsible clinician. Escalation recorded.

Planning diagram or forecast from retained code and model version 1.0. Evidence limits are stated in this section.

Management decision

Avoid unsupported safety, accuracy or waiting-time guarantees. Registration is not a quality ranking, and the business must never imply current CQC approval before approval exists.

Sales channels and process

One booking queue with clinical vetting

Operating plan

Telephone, secure online enquiry and clinician referral are proposed access channels. All enter the same lead-controlled suitability process and staffed calendar. This plan chooses registered-clinician referrals as an operating policy; it does not claim all ultrasound self-referral is legally prohibited. Invoices arise only for completed episodes, with no deposits or cancellation income. The Base model collects in the service period.

Management decision

Unaccepted requests are directed to an appropriate route without booking a commercial slot. Do not promise referrers a fee or introduce paid clinical referral incentives; no such costs or income appear in the model.

25 / GROWTH

Launch marketing

Spend a defined budget without claiming referrals

Operating plan

The £50,000 gross preparation allowance includes £5,000 for initial accurate communications. Ongoing marketing is £800 gross monthly within the £11,000 operating allowance. Proposed work is clear service information, ethical referrer introductions and booking instructions. No NHS contract, endorsements, purchased patient lists or guaranteed referral volume are included. Actual launch material must await confirmed registration and readiness.

Management decision

Evaluate spend against clinically suitable completed paid episodes and contribution, not enquiries alone. Patient health information must not be reused for marketing without an appropriate separate legal basis.

26 / GROWTH

Retention and ongoing sales

Clinical need governs repeat examinations

Operating plan

The model has no automatic subscriptions, routine rescan package or customer-retention percentage. Every new episode needs an accepted clinical question. Patients and referrers may choose the service again, but repeat revenue is part of the same unobserved request forecast rather than a separate guaranteed channel. Follow-up tasks include clear result routing and checking that urgent communications are acknowledged.

Management decision

Do not schedule repeat imaging purely to increase retention. The clinical lead approves any follow-up process, while the owner tracks service quality and collection without access beyond role needs.

27 / OPERATIONS

Daily operations and suppliers

A paid workflow from referral to final report

Operating plan

The lead reviews referrals and the daily list. Registered radiographers perform accepted scans; the assistant supports patient preparation, chaperoning and cleaning. Reception handles scheduling and billing. Images and records go securely to the paid England reporting provider; its applicable CQC registration, indemnity, turnaround and escalation coverage need verification. The lead maintains local responsibility for delivery and communication.

Open and prepare	Examine and report	Close and reconcile
Lead checks list and readiness. Assistant supports cleaning and chaperoning.	Qualified clinicians scan. Registered report provider supplies paid final report.	Lead checks report routing. Reception and owner reconcile invoices and cash.

Planning diagram or forecast from retained code and model version 1.0. Evidence limits are stated in this section.

Management decision

Use opening equipment checks, recorded interruptions, identity and consent controls, report-receipt tracking and end-of-day reconciliation. Stop or reroute patients safely if equipment, qualified coverage or urgent-report support is unavailable.

28 / OPERATIONS

Sustainability practices

Reduce waste within clinical safety boundaries

Operating plan

Procurement should use appropriate serviceable equipment, energy controls outside clinical sessions and stock rotation. The assistant records cleaning supplies and waste segregation; the owner obtains lawful contractor terms. Disposable clinical items cannot be reused to improve margins. No quantified carbon reduction, certified green lease or waste contract is established. Environmental actions must fit the lead-approved infection-control arrangements.

Management decision

Track consumables per completed episode, expiry waste and energy after opening. The model includes gross supplies and cleaning but does not assume savings before actual data and a safe process exist.

29 / OPERATIONS

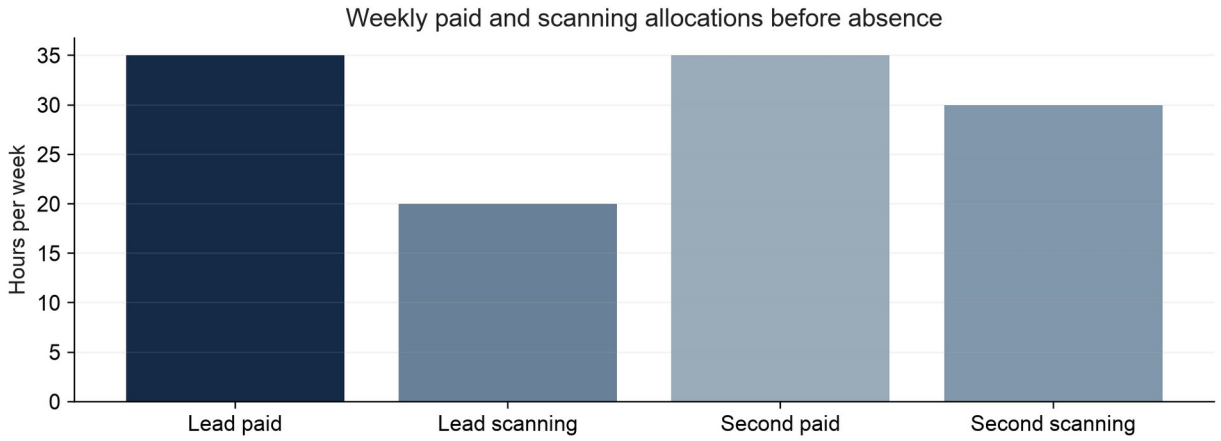
Staffing and training

Pay all roles and cap the shared capacity

Operating plan

Five paid roles are budgeted from the first operating month: owner £4,000, lead £6,000, second sonographer £4,500, assistant £2,600 and receptionist £2,600 monthly, with 22 percent employer loading. Each role is 35 paid hours a week. Only 20 lead and 30 second-sonographer hours are allocated to scanning before the 82 percent availability allowance. One scanner, assistant and reception create additional ceilings. Assistant cover is conservatively reserved for each full booked slot, including chaperoning when requested.

Paid monthly role GBP	Gross pay	Paid hours week
Owner nonclinical	4,000	35
Clinical lead applicant	6,000	35
Second sonographer	4,500	35
Assistant	2,600	35
Reception	2,600	35
Total gross monthly pay	19,700	175
Employer loading 22 percent	4,334	—
Total payroll cash	24,034	—



Planning diagram or forecast from retained code and model version 1.0. Evidence limits are stated in this section.

Management decision

Leave, training, sickness, breaks, vetting and audit must fit the roster. The nonclinical owner supports reception cover and administration, not scanning. Safe temporary reduction of lists is preferable to unpaid or unqualified replacement.

30 / PEOPLE

Staff skills and fair work

Qualifications and workable hours are opening requirements

Operating plan

Recruitment must verify registered professional status, modality competence, scope and indemnity. The clinical lead signs off role training and escalation boundaries. Support roles receive privacy, chaperone, cleaning and emergency procedure training within paid time. Proposed assistant and receptionist monthly pay at 35 hours weekly exceeds the April 2026 adult wage floor of £12.71 R8; future rates and actual paid hours require fresh checks.

Management decision

The loading is a planning allowance rather than an employer tax calculation. Contracts, paid leave, pension duties, role supervision and rest arrangements need employment advice before hiring.

31 / OPERATIONS

Legal and insurance requirements

No clinical activity before required registrations

Operating plan

The proposed company must obtain its provider registration and an approved competent manager for the relevant CQC activity R1 R2. The remote England reporting provider needs its own applicable registration R1. The ultrasound-only scope uses no ionising radiation R6; adding CT or X-ray requires a separate radiation and regulatory review. Employer liability, clinical indemnity, public liability, cyber and equipment cover need quoted scope R12.

Management decision

Approve a compliant clinical system, medical-purpose VAT treatment and health-data basis before launch R4 R7 R11. No licence, insurance certificate, supplier approval, planning permission or professional credential is currently established.

32 / OPERATIONS

Opening roadmap

Preparation is paid and readiness remains conditional

Operating plan

Base preparation is six paid owner months, four paid lead months and one paid induction month for the rest of the team. Sequence concept and clinical leadership, registration and referral design, conditional premises and gross quotes, then fitout, equipment acceptance, recruitment and simulation. January 2027 is only the spreadsheet operating origin. Downside includes longer preparation and a further three-month delayed service period.

Leadership and evidence	Site and supplier terms	Readiness then launch
Clinical lead applicant, scope, referral evidence and committed equity.	Conditional lease gross quotes, reporting contract, registration applications.	Paid team, commissioned scanner, insurance, secure records and approval.

Planning diagram or forecast from retained code and model version 1.0. Evidence limits are stated in this section.

Management decision

Finance must be committed before preparation begins. The launch gate requires confirmed registration, qualified cover, commissioned scanner, secure reporting, emergency and escalation arrangements, insurance and sufficient liquidity. Delay costs remain visible instead of assuming free preopening work.

33 / MANAGEMENT

Risks and management actions

Safety and liquidity have explicit stop rules

Operating plan

Key risks are unsuitable referrals, clinical interpretation errors, loss of qualified coverage, scanner failure, data exposure, fee resistance and a funding gap. The lead controls clinical acceptance and reporting escalation; the owner controls cash and supplier readiness. Negative model cash is a financing failure, not an overdraft automatically available. An unverified reporting contract or registration is an opening blocker.

Management decision

Use weekly cash forecasts before commitments and monthly clinical/capacity review after launch. Obtain qualified cover or safely reduce lists. If the fully paid scope cannot support its fixed costs at credible fees, redesign before launch rather than increase clinically unsuitable volume.

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Research and evidence

Official context supports gates not demand claims

Operating plan

Primary sources R1 to R12 establish current regulatory, professional, VAT, wage, data and insurance context as accessed 3 October 2026. BMUS ninth edition December 2025 is the professional ultrasound reference R3. Source extracts and fetch evidence are archived where available; direct-access limitations are documented. No local interviews, price comparisons, supplier quotes, credentials, patient data or funding letters have been provided.

Management decision

Recheck regulations and guidance before the actual opening date. A national source is not evidence of local commercial demand. Clinical protocols and tax conclusions need qualified review of the real service.

R1 https://www.cqc.org.uk/guidance-regulation/providers/registration/scope-registration/regulated-activities/diagnostic-and-screening-procedures

R2 https://www.cqc.org.uk/guidance-regulation/providers/registration/scope-registration/who-has-register/do-i-need-register-manager

R3 https://www.bmus.org/media/resources/2025-SoR-and-BMUS-guidelines-9th-Ed-FINAL.pdf

R4 https://www.gov.uk/guidance/health-professionals-pharmaceutical-products-and-vat-notice-70157

R5 https://www.hcpc-uk.org/public/which-professions-do-hcpc-regulate/

R6 https://www.nhs.uk/tests-and-treatments/ultrasound-scan/

R7 https://ico.org.uk/for-organisations/uk-gdpr-guidance-and-resources/lawful-basis/special-category-data/what-is-special-category-data/

R8 https://www.gov.uk/government/publications/the-national-minimum-wage-in-2026/the-national-minimum-wage-in-2026

R9 https://www.gov.uk/corporation-tax-rates

R10 https://www.gov.uk/guidance/vat-exemption-and-partial-exemption

R11 https://www.cqc.org.uk/guidance-regulation/providers/regulations-service-providers-and-managers/health-social-care-act/regulation-12

R12 https://www.hse.gov.uk/pubns/hse40.htm

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Quotes and assumptions

Obtain gross costs and documented clinical arrangements

Operating plan

Prices, demand, nonattendance, collection, availability, capital lives and funding are editable assumptions. Obtain dated gross supplier offers for scanner, fitout, service, secure records, reporting, indemnity and premises. Confirm whether any actual VAT can be recovered rather than applying a blanket exemption to purchases. Reporting terms must cover fees, own registration, report quality, urgent escalation, indemnity, data roles and interruptions.

Management decision

No quote is represented as accepted. Replace related costs together and rerun the saved model, case captures, financial tables and charts. Retain the adverse result if the new evidence worsens viability.

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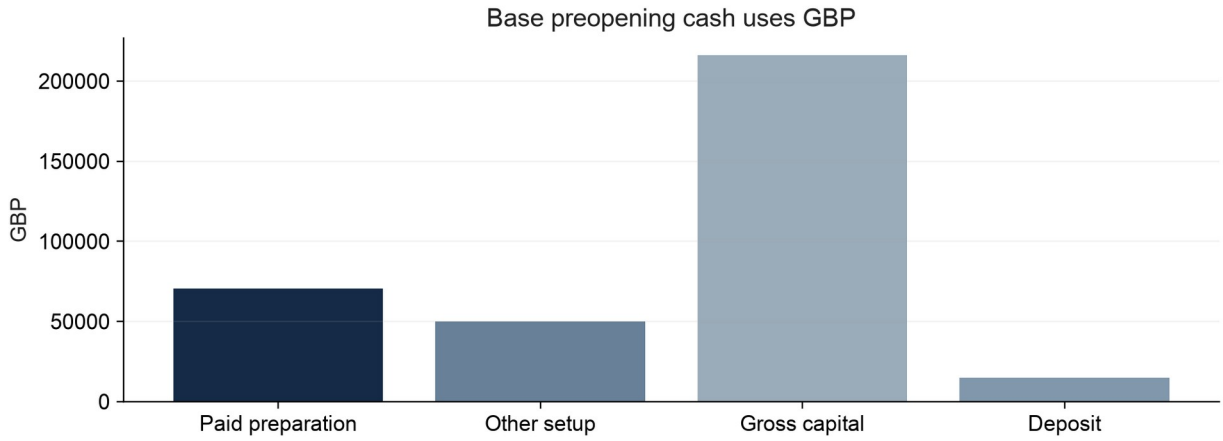
Startup costs and funding

Fund preparation before committing to the clinic

Forecast basis

Proposed equity £900,000 is not committed. Base cash uses before operations total £351,394, including £70,394 fully loaded paid preparation payroll, £50,000 other gross preparation expenditure, £216,000 gross scanner fitout and IT, and £15,000 refundable deposit. No grant, debt, overdraft or later equity automatically fills a shortfall.

Funding and uses GBP	Base amount
Proposed equity	900,000
Paid preparation payroll	70,394
Other preparation cash expense	50,000
Gross scanner capital	120,000
Gross fitout and IT capital	96,000
Refundable deposit	15,000
Total cash uses	351,394
Opening operating cash	548,606



Planning diagram or forecast from retained code and model version 1.0. Evidence limits are stated in this section.

Interpretation and limits

Opening operating cash is £548,606; the Base reserve funding gap over 36 months is £255,295. Additional agreed liquidity is distinct from proposed equity. Stop preparation if funds are unavailable. No bridge by unpaid owner work is assumed.

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Itemized startup costs

Gross costs include irrecoverable input VAT

Forecast basis

The initial scanner is £120,000 gross and the fitout IT class £96,000 gross. Paid preparation includes six owner months, four lead months and one full-team induction month. The £50,000 gross other preparation allowance contains premises £18,000, advisers £12,000, commissioning £8,000, launch communications £5,000 and training £7,000. All are unquoted estimates.

Gross preparation uses GBP	Amount
Owner loaded six months	29,280
Lead loaded four months	29,280
Other team loaded induction	11,834
Other gross preparation expenses	50,000
Scanner	120,000
Fitout and IT	96,000
Refundable deposit	15,000
Total cash uses	351,394

Interpretation and limits

Preparation payroll and other preparation costs are expensed into opening retained loss; equipment is capitalised and the refundable deposit stays an asset. No supplier-credit balance is assumed for preopening costs. Gross equipment is placed in service January 2027; delayed service still carries depreciation and fixed cash costs.

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Owner personal survival budget

Separate company gross pay from household planning

Forecast basis

The owner is paid £4,000 gross monthly for 35 nonclinical hours a week from preparation and operating month one. A personal retained-pay proxy of 65 percent gives £2,600 monthly, against assumed household expense £2,400 and a £200 surplus. Actual PAYE, pension, other income, debt and family obligations are unknown. This is not a take-home tax calculation.

Personal monthly proxy GBP	Amount
Owner company gross pay	4,000
Retained share 65 percent	2,600
Household expenses	2,400
Estimated surplus	200

Interpretation and limits

Household costs are outside company operating expenses, and no dividends or owner withdrawals are assumed. Verify the real household budget and personal ability to provide equity without reducing clinical payroll or unpaid preparation.

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Financing terms and security

Equity only and no approved financing terms

Forecast basis

The model proposes £900,000 equity before preparation with no borrowing, interest or principal service. No lender, grant, guarantee, security, equipment lease or shareholder agreement is established. The funding gap is reported as a requirement rather than an automatic inflow. Any alternative finance must be separately evidenced and added to the schedules with draw timing and cost.

Proposed funding GBP	Amount
Equity before preparation	900,000
Debt borrowing	—
Automatic additional funds	—
Base additional reserve liquidity	255,295

Interpretation and limits

A negative cash balance is not an authorised overdraft. The current model does not establish solvency or ability to keep trading through a gap. Obtain funding and legal advice before preparation and lease commitments.

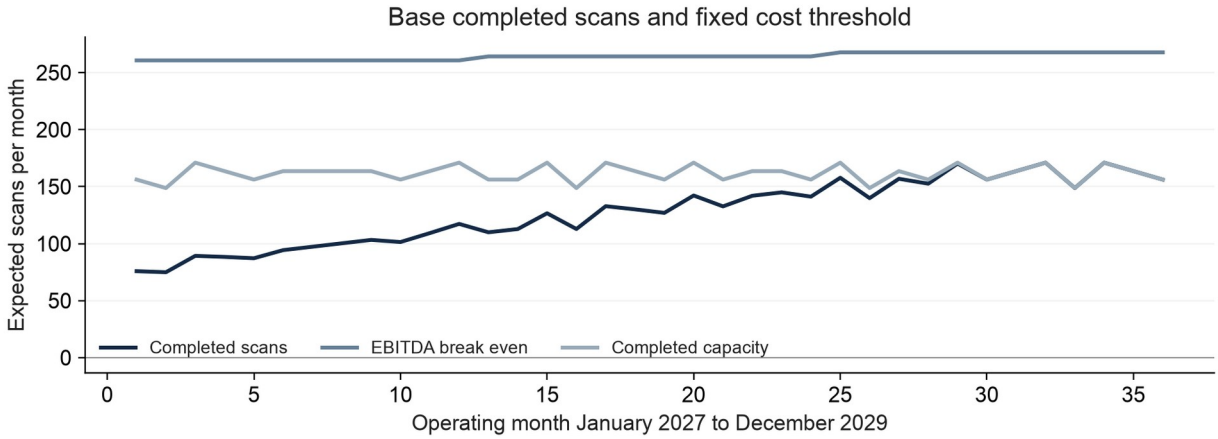
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Revenue forecast and capacity

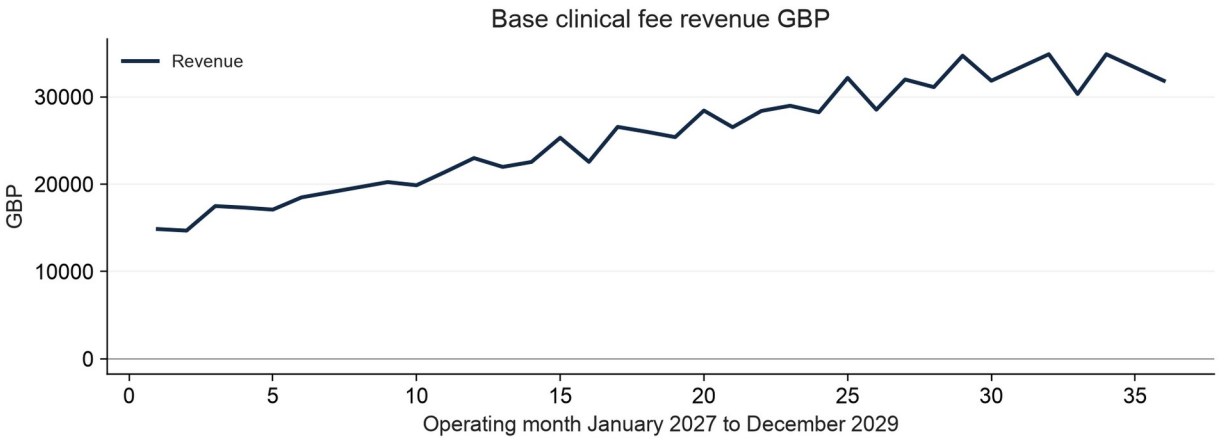
One scanner and paid roles impose separate ceilings

Forecast basis

Base expected completed scans in 2027 total 1,138.5 and clinical fee revenue £223,147. Abdominal share is 60 percent at £180, with 40 percent musculoskeletal at £220. Requests start at four per weekday and increase by 0.15 daily slots each month; 5 percent of booked slots do not attend and are not billed. Fees increase 2 percent annually.



Planning diagram or forecast from retained code and model version 1.0. Evidence limits are stated in this section.



Base monthly clinical fee revenue GBP January 2027 to December 2029 model version 1.0.

Interpretation and limits

Booked slots are the minimum of eligible requests, scanner room hours, clinical scan allocation, assistant support and reception processing. Actual calendar weekdays, 95 percent session availability and 82 percent staff availability constrain the forecast. Full paid roles continue if clinical launch is delayed. The threshold chart compares completed capacity with the cost break-even, not an instruction to shorten examinations.

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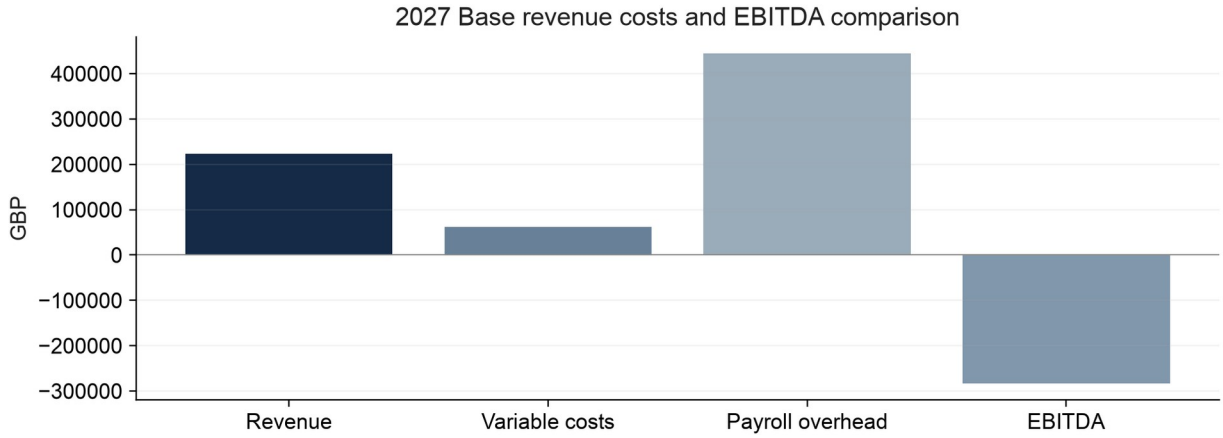
Costs and projected profit

Fully paid staffing dominates the cost threshold

Forecast basis

Base loaded payroll is £288,408 in 2027. Gross fixed operating costs are £11,000 monthly plus a £2,000 reporting-governance retainer. Variable costs are paid reporting £45 per completed scan, supplies £6 and processor charges 1.5 percent of revenue. Payroll and gross fixed and unit supplier costs grow 3 percent annually.

2027 Base cost GBP	Amount
External reporting	51,233
Gross supplies	6,831
Processor fees	3,347
Loaded payroll	288,408
Gross operating costs	132,000
Reporting governance retainer	24,000



Planning diagram or forecast from retained code and model version 1.0. Evidence limits are stated in this section.

Interpretation and limits

2027 EBITDA is £(282,672); depreciation is £36,000. No owner work, reports, maintenance or induction is free. All inputs are gross, with no recoverable VAT balance.

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Profit and loss forecast

Report the adverse operating result

Forecast basis

Base annual revenues for 2027 2028 2029 are £223,147, £310,868, and £388,982. Annual net results are £(318,672), £(272,217), and £(233,534). No income is recognised for cancelled slots or unperformed scans.

GBP forecast	2027	2028	2029
Clinical fee revenue	223,147	310,868	388,982
Variable costs	61,411	86,345	109,044
Contribution	161,736	224,523	279,938
Loaded payroll	288,408	297,060	305,972
Gross other operating costs	156,000	160,680	165,500
EBITDA	**(282,672)**	**(233,217)**	**(191,534)**
Depreciation	36,000	39,000	42,000
Operating profit	**(318,672)**	**(272,217)**	**(233,534)**
Interest	—	—	—
Pretax profit	(318,672)	(272,217)	(233,534)
Positive PBT tax reserve	—	—	—
Net profit	**(318,672)**	**(272,217)**	**(233,534)**

Interpretation and limits

Depreciation is separately capped for scanner, fitout IT and later probe assets. The tax line reserves 25 percent of positive monthly pretax profit and settles in-month as a conservative cash proxy. It is not statutory annual corporation tax, loss relief, capital allowance or actual HMRC payment timing R9. No debt interest exists.

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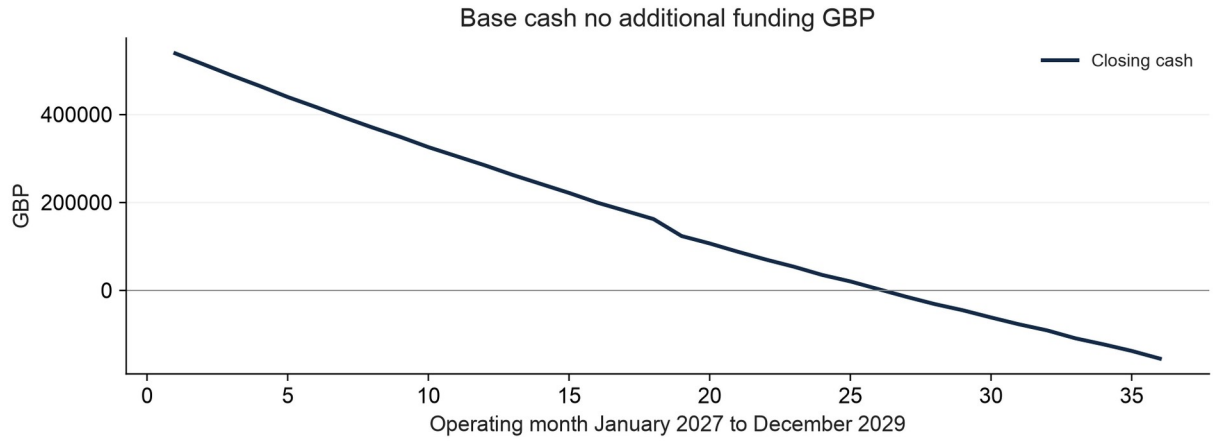
Cash flow and financial position

Cash falls without additional assumed financing

Forecast basis

Base minimum and December 2029 closing cash are £(155,295). Additional liquidity of £155,295 avoids negative cash and £255,295 maintains the assumed £100,000 reserve. Proposed initial equity remains £900,000 in all cases. No additional financing appears in the cash flow.

GBP forecast	2027	2028	2029
Operating cash flow	(264,303)	(231,450)	(190,147)
Future gross probe capex	—	18,000	—
Net cash change	(264,303)	(249,450)	(190,147)
Closing cash	284,303	34,852	(155,295)



Planning diagram or forecast from retained code and model version 1.0. Evidence limits are stated in this section.

Interpretation and limits

Patient invoices arise throughout the service month. Base collection days are zero; supplier invoices settle with 30 actual-calendar days under a uniform issue proxy. Cash differs from profit because of gross capital, separately depreciated assets and supplier payables. Negative cash shows an unfunded requirement, not permission to proceed.

Cash flow forecast months one to six

GBP Base monthly operating cash forecast

Forecast basis

The table covers January to June 2027. It includes completed-episode receipts, gross supplier payments, paid payroll, payment fees, tax reserve and gross future probe capex. There are no deposits, advance service liabilities, VAT recovery, borrowing or owner distributions. Source is model version 1.0 Base.

Base cash GBP	Jan	Feb	Mar	Apr	May	Jun
Opening cash	**548,606**	**538,664**	**513,857**	**488,581**	**464,619**	**439,347**
Customer receipts	14,859	14,682	17,494	17,318	17,088	18,485
Gross supplier payments	544	15,234	18,475	16,986	18,069	16,883
Payroll cash	24,034	24,034	24,034	24,034	24,034	24,034
Processor fees	223	220	262	260	256	277
Positive PBT tax reserve	—	—	—	—	—	—
Operating cash flow	(9,942)	(24,806)	(25,277)	(23,962)	(25,272)	(22,710)
Gross future capex	—	—	—	—	—	—
Net cash change	**(9,942)**	**(24,806)**	**(25,277)**	**(23,962)**	**(25,272)**	**(22,710)**
Closing cash	**538,664**	**513,857**	**488,581**	**464,619**	**439,347**	**416,637**

Interpretation and limits

All 36 calendar months remain in Excel. Editing collection or payment days rebuilds each issued invoice vintage, including a 180-day stress; no flat trailing-period receivable approximation is used. Staffing and fixed expenses continue through delays. Rerun integration after changing inputs.

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Cash flow forecast months seven to twelve

GBP Base monthly operating cash forecast

Forecast basis

The table covers July to December 2027. It includes completed-episode receipts, gross supplier payments, paid payroll, payment fees, tax reserve and gross future probe capex. There are no deposits, advance service liabilities, VAT recovery, borrowing or owner distributions. Source is model version 1.0 Base.

Base cash GBP	Jul	Aug	Sep	Oct	Nov	Dec
Opening cash	**416,637**	**392,997**	**370,354**	**348,723**	**325,413**	**304,876**
Customer receipts	19,069	19,652	20,236	19,874	21,404	22,987
Gross supplier payments	18,389	17,967	17,529	18,852	17,585	19,182
Payroll cash	24,034	24,034	24,034	24,034	24,034	24,034
Processor fees	286	295	304	298	321	345
Positive PBT tax reserve	—	—	—	—	—	—
Operating cash flow	(23,641)	(22,643)	(21,631)	(23,310)	(20,536)	(20,574)
Gross future capex	—	—	—	—	—	—
Net cash change	**(23,641)**	**(22,643)**	**(21,631)**	**(23,310)**	**(20,536)**	**(20,574)**
Closing cash	**392,997**	**370,354**	**348,723**	**325,413**	**304,876**	**284,303**

Interpretation and limits

All 36 calendar months remain in Excel. Editing collection or payment days rebuilds each issued invoice vintage, including a 180-day stress; no flat trailing-period receivable approximation is used. Staffing and fixed expenses continue through delays. Rerun integration after changing inputs.

Financial position summary

Linked balances include gross equipment and deposit

Forecast basis

Assets comprise cash, patient receivables, separately capped equipment carrying values and the refundable premises deposit. Liabilities comprise gross supplier payables only. Equity is proposed paid equity plus opening expensed preparation loss and subsequent cumulative profit or loss. There are no customer funds, advance deposits, grants, loan liabilities or VAT credits.

Year end GBP	2027	2028	2029
Cash	284,303	34,852	(155,295)
Patient receivables	—	—	—
Equipment carrying value	180,000	159,000	117,000
Deposit	15,000	15,000	15,000
Total assets	**479,303**	**208,852**	**(23,295)**
Supplier payables	18,369	20,136	21,523
Total liabilities	**18,369**	**20,136**	**21,523**
Paid equity	900,000	900,000	900,000
Retained earnings	(439,066)	(711,284)	(944,818)
Total equity	**460,934**	**188,716**	**(44,818)**
Liabilities and equity	479,303	208,852	(23,295)
Balance difference	—	—	—

Interpretation and limits

The balance difference is a numerical reconciliation, not a solvency certificate. Negative cash is shown directly to make the funding need visible; the operation would need a new funding or scope decision before reaching that state. All monetary amounts below are GBP year-end forecast balances.

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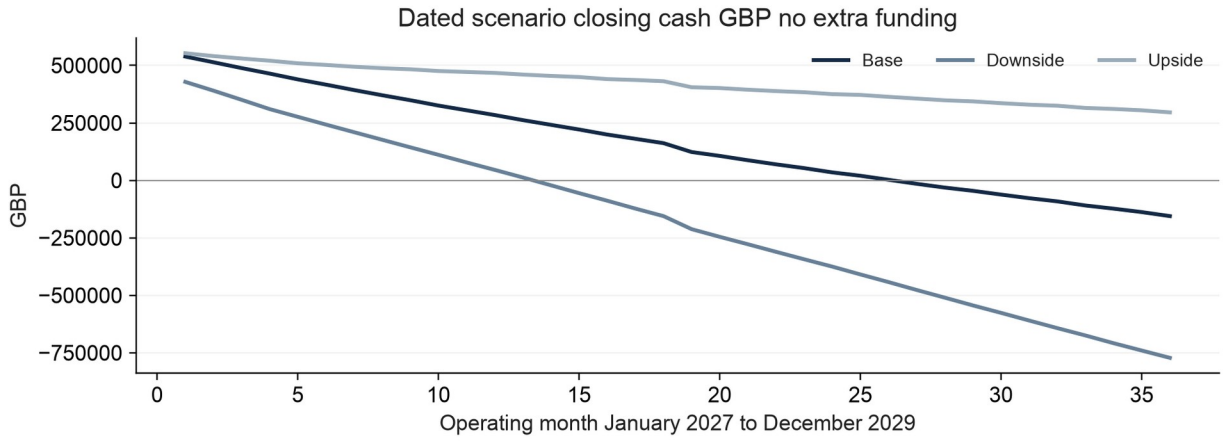
Break even and scenarios

The proposed Base fee mix does not support the full cost base

Forecast basis

The Base January 2027 steady EBITDA threshold is 260.7 completed scans versus 156.2 completed scans at full safe booked capacity. It excludes depreciation, capital, tax and collection timing. More demand alone cannot cross this capacity-constrained threshold. Base reserve funding gap is £255,295; Downside gap is £921,862 against a £150,000 reserve; Upside gap is £—.

Captured case GBP	Minimum cash	Reserve gap
Base	(155,295)	255,295
Downside	(771,862)	921,862
Upside	295,943	—



Planning diagram or forecast from retained code and model version 1.0. Evidence limits are stated in this section.

Interpretation and limits

Cases are dated captures of the same live model. Downside combines slower demand, longer slots, delays, worse collection and gross costs. Upside uses higher untested fees, faster requests and better attendance with the same five paid roles and one scanner. Its stronger cash balance does not show that those prices or volumes are achievable, or that the clinic is profitable. Reconsider scope and credible fees before committing capital.

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Model guide and completion

Use the live case and refresh dated captures

Forecast basis

The workbook models 36 actual-calendar months January 2027 to December 2029 and three annual summaries. Blue case inputs feed one active live selection; source and assumption notes explain the scope. The room, paid staff, support and reception minimum caps booked slots. Actual-calendar invoice vintages govern patient receipts and gross supplier payments. Each capital cohort has capped depreciation. There is no debt or automatic funding.

Interpretation and limits

Case comparisons are dated snapshots with a changed-or-missing input count. Selected-case formulas remain live, but Word is a static Base document. Rerun retained JavaScript, recheck cases and input stresses, refresh financial integration and native contents, and review final pages and workbook before any reliance.