DIAGNEXIA

ENHANCING DIAGNOSTIC CAPACITY

CARDIFF & VALE UNIVERSITY HEALTH BOARD

NHS WALES

INTRODUCTION

Cardiff & Vale University Health Board (UHB) faced rising histopathology workloads and limited reporting capacity, requiring a partner who could deliver consistent turnaround times and high-quality reporting. The Health Board sought transparency, subspecialist expertise, and reliable communication.

Diagnexia now provides predictable reporting performance, improved workflow visibility, and a responsive partnership aligned with the organisation's digital ambitions. The collaboration strengthens daily operational resilience while supporting Cardiff & Vale's transition toward a fully digital diagnostic service.

CHALLENGE

Challenges Faced by Cardiff & Vale UHB

Before collaborating with Diagnexia, Cardiff & Vale University struggled with:

Reporting Capacity Gaps:
National consultant shortages and increasing case volumes.

Unpredictable Outsourcing Performance
Providers overcommitting and unable to meet agreed workloads.

Manual Operational Workarounds
Manual triage of cancer-positive cases and limited digital workflow support.

Barriers to Digital Adoption
Legacy systems and SNOMED mismatches complicating integration and slowing progress toward full-slide imaging.

Scott Gable, Cellular Pathology Service Manager at Cardiff and Vale University Health Board

> We were in a difficult position in terms of reporting capacity. We had lots of cases where we simply didn't have pathologists able to report.

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A Partner-Led Reporting Solution

Diagnexia worked with Cardiff & Vale to stabilise reporting capacity through a clearly defined, subspecialist-led outsourcing model focused on predictability, transparency, and operational alignment.

Key elements of the intervention included:

Defined, Dependable Reporting Capacity

Diagnexia absorbed variable reporting workload, ensuring consistent, dependable turnaround times.

Transparent Communication & Capacity Planning

Clear visibility of what could be delivered, and when, enabling Cardiff & Vale to plan workloads with confidence.

Subspecialist-aligned Case Allocation

Cases routed to appropriate subspecialists across Diagnexia's network, supporting complex case types without delay.

Operational Groundwork for Digital Integration

Early collaboration on SNOMED mapping with the ability to also provide flagging for cancer-cases & aligning with the Trusts LIMS

Scott Gable shared

When I asked for data at short notice, it was there immediately. That kind of responsiveness really helps us manage the service."

BENEFITS

Operational Impact & Measurable Outcomes

Following implementation, Cardiff & Vale saw measurable improvements in reporting performance, service predictability, and operational efficiency.

REPORTING PERFORMANCE:

Over a 12-month period, across multiple subspecialties including GI, gynaecology, and skin:

99%

of referred cases reported within 5 days

~1.5 days

Mean turnaround time

Subspecialty mean TATs: GI 1.0 days, gynae 0.81 days, skin 1.35 days

ONGOING OPERATIONAL IMPACT:

Stabilised Reporting Capacity

Variable workloads absorbed without loss of predictability or increased backlog risk.

Improved Workflow Visibility

Rapid access to performance data and turnaround insights supported faster internal decision-making.

Reduced Manual Effort

Operational changes reduced reliance on manual triage and exception handling.

Improved Service Oversight

Increased transparency enabled proactive management rather than reactive escalation.

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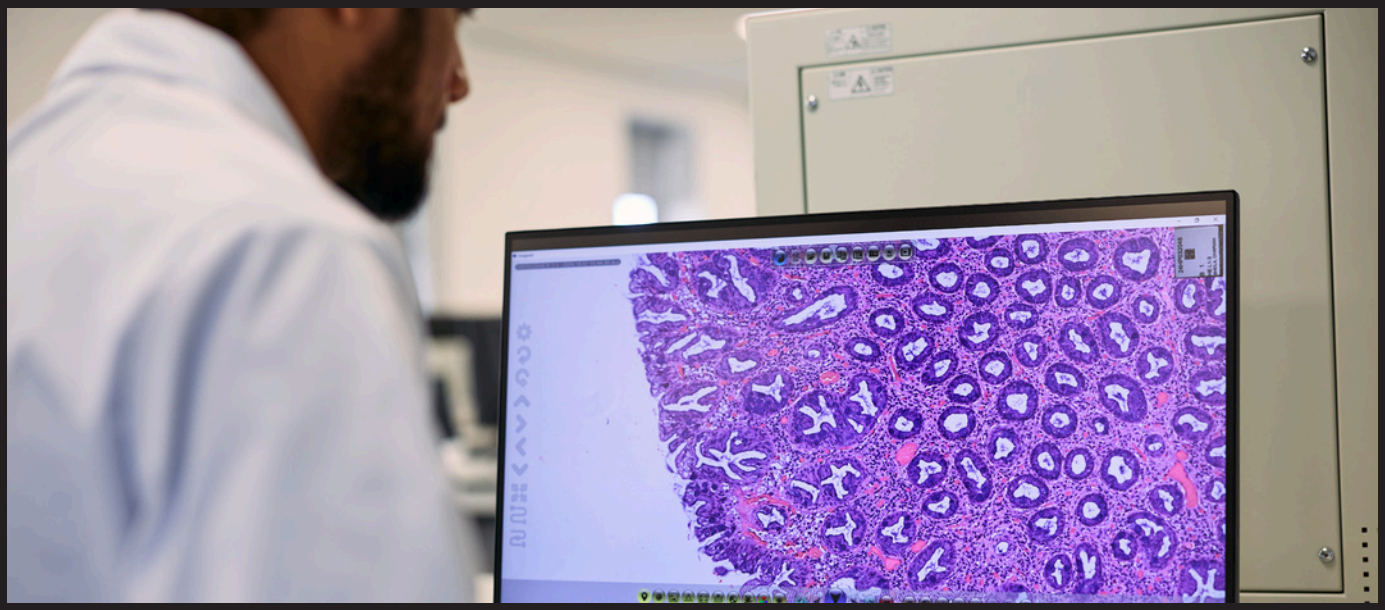

CONCLUSION

A MODEL FOR CAPACITY-DRIVEN DIAGNOSTIC PARTNERSHIP

Diagnexia's partnership with Cardiff & Vale University Health Board shows how a transparent, subspecialist-led partnership can stabilise reporting capacity and improve workflow predictability.

Diagnexia's partnership model demonstrates how predictable, subspecialist-led capacity can stabilise services today while supporting future digital transformation.

Scott Gable concluded by outlining the future of the relationship with Diagnexia

> Digital is a prerequisite, but we still have that capacity deficit in reporting, so the requirement for outsourcing isn't going to go away. We're seeing 9% growth year-on-year.