Follow Ups Not Booked

Final Internal Audit Report

2026/27

Cardiff and Vale University Health Board/NHS Trust

Limited Assurance

Contents

Review Reference	CVU-2526-30
Fieldwork	February - June 2026
Executive Sign Off	August 2026
Audit Committee	September 2026
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Executive Summary

Purpose

Our review of the Follow Ups Not Booked (FUNB) was completed in line with the 2025/26 Internal Audit Plan for the Cardiff and Vale University Health Board ('the Health Board'). The purpose of the audit has been to review the Health Board's processes in place to manage patient follow-ups and identify and address patients who have been lost to the follow-up process, in order to minimise the risk of harm.

Follow-up appointments relate to patients whose health is monitored over time after treatment or initial contact. Timely follow up appointments are required to ensure patient safety, continuity of care and the monitoring of patient progress.

Overview

We have concluded **Limited** assurance on this area. While systems, processes, and governance structures exist in principle, they are not consistently applied in practice and do not operate effectively to ensure follow-up patients are identified, monitored, and progressed in a timely manner. Key weaknesses were identified in the lack of standardised processes, the reactive management of follow-up pathways, and inaccurate and incomplete data, which collectively undermine the reliability of reporting and the ability to manage patient risk. The significant matters requiring management attention include:

- There is no up-to-date Health Board-wide Standard Operating Procedure for managing follow-ups, leading to inconsistent practices across services.
- Follow-up patients are managed reactively, with limited routine monitoring and no consistent proactive oversight.
- Clinic outcomes are not consistently recorded, resulting in delays, missed follow-ups, and inaccurate patient records.
- Follow-up data is inaccurate and misleading, with significant numbers of invalid pathways and missing target dates.
- Follow-up pathways are not routinely monitored within governance forums, which remain focused on RTT performance.
- Board-level reporting does not provide a full view of follow-up demand, limiting visibility of risks.

Full details of matters arising are detailed within the Findings & Agreed Action Plan.

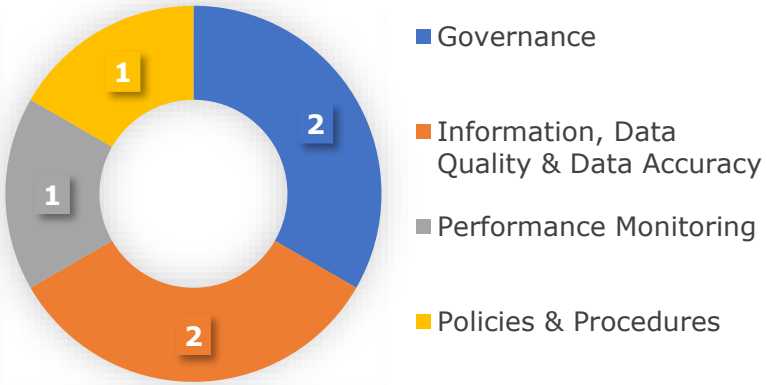
Scope & Assurance Summary

Objectives (The objectives and associated assurance ratings are not necessarily given equal weighting when formulating the overall audit opinion.)		Related Findings	Assurance
1	The Health Board has appropriate structures and processes in place to manage patient follow-ups within the Clinical Boards and Directorates complying with national Referral To Treatment (RTT) guidelines.	1,2 and 3	**Limited**
2	The Clinical Boards and Directorates have appropriate and clear plans in place to ensure that patient follow-ups are undertaken within recommended timeframes and actions are taken if there are delays or patients have been lost to the follow-up process.	3,4 and 6	**Limited**
3	The Health Board has developed appropriate data to capture the management of patient follow-ups, including measures such as the timeliness of patients being seen; and	3,4 and 6	**Reasonable**
4	The delivery of patient follow-ups within adequate timeframes is effectively monitored by Clinical Boards, with assurance provided to the Board and appropriate Committees, and where performance issues are identified, appropriate rectifying action is undertaken.	2,5 and 6	**Limited**

Management Actions

4	2
High Priority	Medium Priority

Themes



Risk Types

Quality or Safety Issues

Legal & Regulatory Non-Compliance

Findings & Agreed Action Plan

Objective 1: The Health Board has appropriate structures and processes in place to manage patient follow-ups within the Clinical Boards and Directorates complying with national Referral To Treatment (RTT) guidelines.	**Limited**

Overview / Summary of Observations

Testing identified that, while processes exist to manage follow-up patients, these are not underpinned by clear, consistent, or up-to-date structures across the Health Board. There is no current, Health Board-wide Standard Operating Procedure (SOP) for managing follow-ups not booked (FUNB), and existing guidance is outdated (last updated in 2017).

As part of the review, a targeted deep dive was undertaken in Ophthalmology and Cardiology, which represent two of the largest FUNB cohorts within the Health Board. Discussions with Directorates confirmed that whilst FUNB is recognised as a risk area, capacity, workforce, and wider service pressures significantly limit the ability to manage these lists proactively. As a result, arrangements for managing FUNB are not embedded as a routine control and are largely driven by backlog or validation exercises rather than ongoing monitoring and oversight.

In addition, responsibility for managing follow-up pathways is fragmented across clinical, administrative, and management functions, with no clearly defined end-to-end ownership, which further undermines control. The process for progressing follow-ups is also heavily reliant on the consistent recording of clinic outcomes, which is not always achieved due to reliance on manual processes and inconsistent use of digital systems available (such as Patient Management System-PMS or COMII). This has led to data integrity issues reducing confidence in the accuracy of follow-up information.

	Key Findings	Risk & Impact	Agreed Management Action
1	**SOPs out of date** The Health Board does not have a current, comprehensive SOP in place for the management of FUNB. Existing guidance is outdated and does not reflect current clinical pathways, digital systems, or evolving models of care such as SOS/ PIFU (See On Symptoms/Patient Initiated Follow Ups) and virtual clinics. As a result, Clinical Boards and Directorates have developed their own local processes, leading to variation in how follow-up patients are identified, recorded, and managed. Sample testing (performed under Objective 2) identified differences in practice across services, including how clinic outcomes are recorded, how follow-up appointments are booked, and how pathways are closed. The absence of a clear and up-to-date SOP is likely a key contributing factor to this variation, as there is no consistent framework setting out expected processes or control requirements.	Patients not being followed up in line with clinical need or RTT guidance, potentially resulting in patient harm, data inconsistencies, and reduced oversight.	**Agreed Action:** A Health Board-wide SOP for the management of FUNB will be developed, approved and implemented. The SOP will clearly define end-to-end processes, roles and responsibilities, control points (e.g. clinic outcomes, target date setting, validation), and escalation arrangements. It will be supported by formal training and will be embedded through routine monitoring and governance to ensure consistent application across all Directorates. **Expected Evidence of Implementation:** • Approved Health Board-wide SOP for FUNB management, formally ratified through an appropriate governance group. • Evidence that the SOP has been communicated to all Directorates and Clinical Boards (e.g. circulation emails, intranet publication).

			• Records of training sessions or briefings delivered to clinical and administrative staff. • Updated process maps or guidance documents aligned to the new SOP.
		High Priority	**Officer:** Catherine Wood, Deputy COO **Target Implementation Date:** Commenced, to be live in September, complete 05/10/2026
	Theme: Policies & Procedures	Control Design	
2	**Reactive Management of FUNB Pathways** Discussions with Directorate Management from Ophthalmology and Cardiology specialties noted that the management of follow-up patients is primarily reactive rather than proactive. While reports identifying patients awaiting follow-up and uncashed clinics (clinics where the clinical outcome for appointments has not been recorded in the system) are available, these are not consistently reviewed or actioned due to capacity constraints and competing priorities, particularly the focus on RTT waiting lists. As a result, oversight of follow-up activity is largely driven by periodic validation exercises rather than routine monitoring and control. We were unable to confirm that a consistent approach is in place for tracking, reviewing, or escalating patients awaiting a follow-up.	Follow-up patients may not be identified or prioritised in a timely way, increasing the risk of delays in care, potential harm, and inaccurate reporting of waiting lists.	**Agreed Action:** As part of the development of the FUNB SOP, a structured and routine process for the proactive management of FUNB pathways will be implemented, ensuring that follow-up patients are regularly reviewed, prioritised, and progressed. This will include the introduction of weekly monitoring of FUNB lists at Directorate level, supported by clear reporting on volumes, overdue patients, and outstanding actions. Clear ownership will be assigned for managing FUNB pathways, with defined responsibilities for reviewing lists, taking action, and escalating risks where required. The process will move beyond periodic validation exercises and be embedded as a routine operational control, supported by governance oversight within existing Planned Care forums.
			Expected Evidence of Implementation: • Inclusion of the process for the proactive management of FUNB pathways within the SOP. • Evidence of weekly Directorates reviews of FUNB lists (e.g. tracking sheets, dashboards, or reports). • Regular reports showing FUNB volumes, overdue patients, and outstanding actions. • Meeting minutes from Directorate / Planned Care forums demonstrating routine discussion and challenge of FUNB performance. • Evidence of actions taken and tracked (e.g. rebooking, pathway closure, escalation of high-risk patients).
		High Priority	**Officer:** Catherine Wood, Deputy COO **Target Implementation Date:** Commenced, to be embedded as BAU by 05/10/2026
	Theme: Governance	Control Design	

Objective 2: The Clinical Boards and Directorates have appropriate and clear plans in place to ensure that patient follow-ups are undertaken within recommended timeframes and actions are taken if there are delays or patients have been lost to the follow-up process.	**Limited**

Overview / Summary of Observations

To assess whether follow-up patients are being managed within appropriate timeframes, we obtained pathway data from the Health Board's e-Biz reporting system, which extracts and presents data from the Patient Management System (PMS). The dataset provided a view of all pathways recorded within the FUNB cohort, including categorisation by target date status (e.g. no target date, within tolerance, and overdue).

We selected a targeted sample of 19 individual patient pathways, with particular focus on higher-risk areas including Ophthalmology and Cardiology. The case notes for each pathway were reviewed to assess whether a follow-up was required, whether a target date had been appropriately set, and whether timely action had been taken. Of the 19 pathways tested:

- 16 pathways (84%) were invalid, where patients had already been treated, discharged, or did not require follow-up, but remained incorrectly recorded as requiring a follow up within the system;
- Two pathways (11%) had data quality issues, including missing or inaccurate target dates, limiting the ability to assess whether patients were overdue; and
- One pathway (5%) represented a genuine follow-up not booked, where no appointment had been arranged and no action had been taken.

We also analysed the extracted data to review how follow up target dates were applied and used, as these are the primary means of measuring timeliness. We found that target dates were often missing therefore limiting the ability to identify pathways that were overdue a follow up.

	Key Findings	Risk & Impact	Agreed Management Action
3	**Weaknesses in Recording Clinic Outcomes ("Uncashed Clinics")** Our testing of the sampled pathways identified significant weaknesses in the recording and processing of clinic outcomes, commonly referred to as "uncashed clinics." Recording the outcome of an appointment is the key control point that triggers follow-up activity, including booking appointments or closing pathways. However, this process is not being consistently completed. Current arrangements rely heavily on manual clinic outcome forms and inconsistent use of digital systems (such as PMS/COM II). Where clinicians do not complete outcomes fully, or where forms are not returned or processed in a timely manner, administrative teams are unable to progress patient pathways appropriately. This results in delays in booking follow-ups,	Patients not being progressed appropriately through their care pathway, increasing the risk of missed or delayed follow-up, inaccurate patient records, and reduced visibility of patient status.	**Agreed Action:** The Health Board will strengthen controls around the recording and processing of clinic outcomes, ensuring that outcomes are completed accurately and at the point of care. A consistent, standardised process will be implemented across all Directorates, with clear expectations for clinicians and administrative staff regarding timely completion and processing of outcomes. Consideration will be given to increasing the use of digital systems, such as COM II, to enable real-time recording and reduce reliance on paper-based outcome forms. In addition, arrangements will be put in place to routinely monitor "uncashed clinics," with clear accountability and escalation processes to ensure outstanding outcomes are actioned promptly. This will support more accurate pathway management

	missed activity, and patients remaining incorrectly on follow-up lists. Despite monitoring arrangements being in place to identify uncashed clinics, testing confirms that the issue remains prevalent. As a result, patient records within the Patient Management System and COMII are not consistently updated, leading to inaccuracies in pathway status and reducing the reliability of follow-up data.		and reduce the risk of patients being incorrectly retained on follow-up lists. **Expected Evidence of Implementation:** • Reduction in the number of uncashed clinics reported through e-Biz. • Documented standard process or guidance for recording and processing clinic outcomes. • Routine monitoring reports on uncashed clinics and outstanding outcomes. • Meeting minutes showing review and challenge of uncashed clinic performance.
		High Priority	**Officer:** Catherine Wood, Deputy COO **Target Implementation Date:** Commenced, to be embedded as BAU by 05/10/2026
	Theme: Information, Data Quality & Data Accuracy	Control Operation	
4	**Inaccurate and Misleading Follow-Up Dataset** Analysis of the Health Board wide FUNB dataset as at March 2026 identified significant weaknesses in the completeness and reliability of follow-up data. The Health Board reported a total of 92,555 follow-up pathways, of which 2,107 pathways had no target date assigned. Consequently, these patients cannot be assessed for timeliness or included in performance monitoring. In addition, 43,027 patients were recorded as overdue, indicating a substantial level of delay across pathways. However, we reviewed 19 pathways, and it confirmed that a large proportion of these pathways are not clinically valid, with patients already discharged or treated remaining on the system. As a result, the dataset is both inflated and incomplete, limiting assurance that follow-up demand and associated risks are accurately understood.	Inaccurate and incomplete follow-up data may result in patients not being identified or prioritised appropriately, increasing the risk of delays in care and reducing the Health Board's ability to effectively manage follow-up pathways.	**Agreed Action:** A structured programme will be undertaken to improve the accuracy and completeness of follow-up (FUNB) data. This will include a comprehensive review of existing pathways to remove patients who no longer require follow-up and correct misclassified records. Directorates will be required to assign clinically appropriate target dates to all follow-up patients and ensure pathways are updated or closed in a timely manner. This will be supported by routine validation processes and clear accountability for data quality. In addition, reporting will be enhanced to reflect the full, validated follow-up cohort, ensuring that decision-making and oversight are based on accurate and complete information. **Expected Evidence of Implementation:** • Evidence of a data cleansing exercise undertaken to remove invalid or duplicate follow-up pathways. • Reduction in the number of patients without target dates. • Revised datasets showing more accurate FUNB volumes and categorisation (no target / within / overdue). • Evidence that target dates have been assigned consistently across Directorates.

			• Routine validation logs demonstrating ongoing review and correction of pathway data.
		High Priority	**Officer:** Catherine Wood, Deputy COO **Target Implementation Date:** Commenced, to be complete by 31/03/2027
	Theme: Information, Data Quality & Data Accuracy	Control Operation	

Objective 3: The Health Board has developed appropriate data to capture the management of patient follow-ups, including measures such as the timeliness of patients being seen.	**Reasonable**

Overview / Summary of Observations

Our review confirmed that appropriate systems and data structures have been developed, with the Patient Management System (PMS) acting as the core source of pathway information, supported by e-Biz reporting which provides dashboards and extracts to track follow-up activity. In principle, these systems allow the Health Board to identify patients awaiting follow-up, monitor overdue pathways, and report on timeliness through the use of target dates.

However, the effectiveness of this data is significantly undermined by issues with data quality and consistency. Testing identified that clinic outcomes are not always recorded or processed correctly, resulting in inaccurate pathway status and patients remaining incorrectly on follow-up lists (See Key Findings 3 and 4).

In addition, target dates—used to measure whether patients are seen on time—are not consistently applied or reliable. A significant number of pathways do not have a target date assigned, while others are inaccurate or not clinically driven. This means that patients cannot be consistently monitored against expected timeframes, and follow-up performance cannot be measured reliably (See Key Findings 3).

Objective 4: The delivery of patient follow-ups within adequate timeframes is effectively monitored by Clinical Boards, with assurance provided to the Board and appropriate Committees, and where performance issues are identified, appropriate rectifying action is undertaken	**Limited**

Overview / Summary of Observations

Governance arrangements are in place across the Health Board, including regular Planned Care performance meetings and reporting frameworks. These provide structured oversight of elective care activity, particularly Referral to Treatment (RTT) pathways. However, testing identified that these arrangements are primarily focused on RTT performance, with limited emphasis placed on follow-up pathways. As a result, follow-up patients are not consistently included within routine performance discussions or subject to the same level of scrutiny

At Clinical Board/Directorate level, oversight of FUNB pathways is limited, with no consistent reporting or formal mechanisms to monitor follow-up cohorts. Where discussions do take place, these are typically reactive and driven by operational pressures rather than embedded governance processes.

At Committee level, while the Finance and Performance Committee receives some follow-up-related metrics as part of the Integrated Performance Report (e.g. patients delayed beyond 100% of target date), this represents only a subset of the population. There is no comprehensive reporting of the full FUNB cohort, particularly patients without target dates, meaning that the scale of follow-up demand is not fully visible.

	Key Findings	Risk & Impact	Agreed Management Action
5	**Follow-Up Pathways Not Embedded in Governance** Planned Care governance arrangements are well established across the Health Board, with regular specialty-level meetings in place to monitor elective care performance. However, testing identified that these forums are primarily focused on RTT performance, particularly long-waiting patients, and do not consistently incorporate follow-up (FUNB) pathways. While follow-up patients may be discussed in limited circumstances, there is no structured or routine review of FUNB cohorts, and reporting does not extend to comprehensive follow-up metrics. As a result, follow-up pathways are not subject to the same level of scrutiny, challenge, or oversight as RTT pathways, limiting assurance that delays in follow-up care are being identified and addressed in a timely manner.	Follow-up patients may not be routinely reviewed or escalated, increasing the risk of delays in care and reduced visibility of patient safety risks.	**Agreed Action:** Follow-up performance will be formally incorporated into existing Planned Care governance arrangements. This will include the introduction of standardised reporting on FUNB cohorts, covering volumes, overdue patients, and validation activity, to be reviewed routinely within specialty-level and Clinical Board meetings. Clear expectations will be established for review, challenge, and action, with defined ownership for follow-up oversight. Follow-up performance will be considered alongside RTT metrics to provide a holistic view of patient pathways, ensuring that risks are identified early and managed proactively rather than reactively. **Expected Evidence of Implementation:** • Meeting agendas including standing items on FUNB performance. • Meeting minutes evidencing discussion, challenge, and actions relating to follow-up pathways.

			• Evidence of actions taken and tracked to address backlog or delays. • Integration of FUNB metrics within Planned Care dashboards and reporting packs.
		Medium Priority	**Officer:** Catherine Wood, Deputy COO
	Theme: Governance	Control Design	**Target Implementation Date:** Commenced, to be embedded as BAU by 05/10/2026
6	**Board-Level Reporting of Follow-Up Performance** Reporting to the Finance and Performance Committee does not provide a complete view of follow-up performance. While a metric is reported on patients delayed by over 100% of their target date (29,682 patients as at April 2026), this represents only a subset of the overall follow-up cohort. A significant number of patients recorded within the system do not have a target date assigned (2,107 patients), meaning they are excluded from this measure and not visible within performance reporting. In addition, sample testing confirmed that a large proportion of pathways recorded as awaiting follow-up are not clinically valid. As a result, reporting is based on incomplete and unreliable data, limiting the Board's ability to fully understand the scale of follow-up demand and associated risks.	Incomplete and unreliable reporting may limit the Board's visibility of follow-up risks, resulting in delays in care and ineffective decision-making.	**Agreed Action:** Reporting arrangements for follow-up pathways will be strengthened by developing a comprehensive and standardised dataset that provides full visibility of the FUNB cohort. Reporting to the Finance and Performance Committee will include total volumes of patients awaiting follow-up, breakdowns by status (e.g. no target date, within tolerance, overdue), and outcomes of validation activity. Clinical Boards and Directorates will also undertake a review of pathways without target dates, ensuring clinically appropriate dates are assigned or pathways are closed where follow-up is no longer required. This will be supported by routine validation processes and clear accountability for data quality. Reporting will then be aligned to validated data to ensure that oversight is based on accurate and complete information.
			Expected Evidence of Implementation: • Committee reports including total FUNB volumes and a breakdown by no target / within / overdue. • Reduction in number of patients without target dates. • Evidence of data validation and cleansing activity. • Reports showing alignment between validated data and performance metrics. • Governance minutes evidencing discussion of full follow-up cohort (not just >100% delays). • Evidence of improved accuracy and completeness of reported data over time.
		Medium Priority	**Officer:** Catherine Wood
	Theme: Performance Monitoring	Control Operation	**Target Implementation Date:** 05/10/2026

Appendix A

Assurance Opinion

 **Substantial**	Few matters require attention and are compliance or advisory in nature. **Low impact** on residual risk exposure.
 **Reasonable**	Some matters require management attention in control design or compliance. **Low to moderate impact** on residual risk exposure until resolved.
 **Limited**	More significant matters require management attention. **Moderate impact** on residual risk exposure until resolved.
 **Unsatisfactory**	Action is required to address the whole control framework in this area. **High impact** on residual risk exposure until resolved.
 **Advisory**	Given to reviews and support provided to management which form part of the internal audit plan, to which the assurance definitions are not appropriate. These reviews are still relevant to the evidence base upon which the overall opinion is formed.

Prioritisation of Findings

Priority	Explanation
High	Significant risk to achievement of a system objective OR evidence present of material loss, error, or misstatement. Poor system design OR widespread non-compliance.
Medium	Some risk to achievement of a system objective. Minor weakness in system design OR limited non-compliance.

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Audit work undertaken by NHS Wales Audit and Assurance Services conforms with the International Standards for the Professional Practice of Internal Auditing and associated Public Sector Internal Audit Standards as validated through the external quality assessment undertaken by the Chartered Institute of Public Finance & Accountancy in April 2023.

Website: [Audit & Assurance Services - NHS Wales Shared Services Partnership]

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