



Reference Number: UHB 587 Version Number: 1	Date of Next Review: 10/02/2029 Previous Trust/LHB Reference Number: N/A
--	--

Outcoming of Outpatient (PMS) Clinics Standard Operating Procedure

Policy Statement

To ensure the Health Board delivers its aims, objectives, responsibilities and legal requirements transparently and consistently, we will standardise and issue guidance on who holds responsibility for the accurate recording of outcomes from acute outpatient clinic appointments and how this will be monitored and supported.

Policy Commitment

Through this SOP the UHB is committing to reduce delays in patient care, improve data accuracy and address quality and safety improvements.

Supporting Procedures and Written Control Documents

This Policy and the supporting procedures describe the following with regard to recording accurate outcomes from acute (PMS) outpatient clinics.

Other supporting documents are:

- PMS training guides

Scope

This SOP applies to all clinical and administrative staff that manage, deliver and are responsible for the delivery of acute outpatient clinics, including in devolved specialties, across the UHB.

[Equality & Health Impact Assessment \(EHIA\)](#)

Part 1 - Equality Impact Assessment (EQIA)	An Equality Impact Assessment (EqIA) has been completed and this found there to be no impact.
Part 2 - Health Impact Assessment (HIA)	A Health Impact Assessment (HIA) has been completed and this found there to be no impact.
Policy Approved by	Outpatient Transformation Delivery Group

Group with authority to approve procedures written to explain how this policy will be implemented	Outpatient Transformation Delivery Group
Accountable Executive or Clinical Board Director	Director for Planned Care Improvement
Author	Senior Programme Manager – Planned Care
<p><u>Disclaimer</u></p> <p>If the review date of this document has passed please ensure that the version you are using is the most up to date either by contacting the document author or the Governance Directorate.</p>	

Summary of reviews/amendments			
Version Number	Date Review Approved	Date Published	Summary of Amendments
1	10/02/2026	14/05/2026	<i>New document</i>
2			



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Caerdydd a'r Fro
Cardiff and Vale
University Health Board

Standard Operating Procedure (UC6.0)

Procedure for outcoming of outpatient clinics

Cardiff and Vale University Health Board (CAVUHB)

The controlled copy of this document is held by the work area it covers. Any copies of this document held outside of that area, in whatever format (e.g., paper, email attachment), are considered to have passed out of control and should be checked for currency and validity.

DOCUMENT CONTROL

Document Details:

Document ID	Document Title	Prepared By
UC1.0	Outcoming clinics using Clinic Outcome Forms for Face-to-Face and Virtual Appointments	
Document Location		
TBD		

Document Revision History:

Revision Author	Date	Version	Description of Change
Thomas Coward, Bethan Clift, Laura Mott, Sandeep Berry, Andrea Webber	04.09.2025	V0.1	First draft
Tina Bayliss, Joanna North	20 th October 2025	V2.0	Second draft
Joanna North	21 st October 2025	V3.0	Third draft
Denis Williams	25 th November 2025	V4.0	Fourth draft
Andrea Webber	4 th December 2025	V5.0	Fifth draft
Jessica Jones	30 th March 2026	V6.0	Sixth draft

Approvals:

This document has been approved by the following:

Name	Title / Responsibility	Date
Loretta Reilly	Director for Planned Care Improvement & Chair of the Outpatient Improvement Implementation Group and Outpatient Transformation Delivery Group	31/03/2026

Contents

• Introduction	7
• Purpose.....	8
• Scope.....	8
• Systems Used	8
5. Procedure.....	9
5.1 Face-to-Face Appointments.....	9
• On arrival, the patient’s attendance is registered by the clinic co-ordinator on PMS as marked as “arrived”.	9
5.1.1 During Consultation.....	9
5.1.2 Post Consultation	9
5.1.3 If COF is Not Returned:.....	10
5.1.4 Diagnostics.....	10
5.2 Virtual Appointments.....	10
5.2.1 During/After Virtual Consultation:	10
6.0 DNA process.....	10
7.0 Performance management.....	11
• Any outcomes from uncashed clinic appointments from the previous working day are the responsibility of Medical Records/devolved clinic booking staff to obtain. 11	
• From the second working day after the clinic, any further uncashed clinic appointments will be provided to Medical Records/devolved clinic booking staff through a BIS push report for review and action.	11
• Two working days after this (4 working days after the date of the clinic) a BIS push report will be sent to the directorate whose responsibility it will be to obtain the missing outcomes and update PMS. Opportunities for obtaining outcomes include the typing of letters by medical secretarial staff and appropriate action being taken using COM.	11

8. Responsibilities	11
8.1 Clinicians.....	11
8.2 Clinic Coordinator.....	11
8.3 Medical Records Supervisory staff.....	14
8.4 Directorate staff.....	15
9. Definitions	15

- Introduction

Outcoming clinics or completing the outcome of an appointment, is referred to as 'Cashing up' an outpatient clinic (see definitions table). Cashing up clinics ensures accurate recording of patient activity, which supports clinical governance, patient safety, and service efficiency. It confirms that all patients have been seen and that necessary follow-ups are arranged, helping to maintain continuity of care. This process also contributes to accurate data collection for monitoring clinic performance, planning workforce needs, and meeting regulatory requirements.


 GIG CYMRU NHS WALES		Bwrdd Iechyd Prifysgol Caerdydd a'r Fro Cardiff and Vale University Health Board	
CARDIFF AND VALE NHS TRUST—CLINICAL OUTCOME FORM			
This clinical outcome form must be handed into the clinic coordinator or other member of staff for completion of the patients pathway. Failure to do so may result in a delay of next steps for this patient. (This must be handed in on the same day of clinic)		Patient Addressograph Patient Name Patient Hospital number NHS Number	
Date of clinic: Consultant Name: Speciality: Intended Clinic Code:			
For consistency, please refrain from editing or altering part 1 of this form			
Part 1: Outcome of clinic appointment			
<input type="checkbox"/> Discharge patient			
<input type="checkbox"/> See on Symptoms	<input type="checkbox"/> 3 months	<input type="checkbox"/> 6 months	<input type="checkbox"/> 9 months
<input type="checkbox"/> Patient Initiated Follow-up	<input type="checkbox"/> 12 months	<input type="checkbox"/> 18 months	<input type="checkbox"/> 24 months
<input type="checkbox"/> Referred to other consultant (discharged to other speciality/pathway)			
<input type="checkbox"/> Admitted directly from clinic			
<input type="checkbox"/> Follow-up needed		<input type="checkbox"/> Virtual appointment?	
Patient to be seen in.....(weeks/days/months)			
<input type="checkbox"/> Diagnostics/therapy completed – return to referring clinician			
<input type="checkbox"/> Treatment planned (added to waiting list for elective admission)		Specify inpatient waiting list.....	
Part 2: Diagnostics, Therapies and Treatments: (to be amended by specialities)			
<input type="checkbox"/> Refer to diagnostics (select from list below)			
<input type="checkbox"/> e.g. 001 Barium Enema		<input type="checkbox"/> e.g. specialities to add	
<input type="checkbox"/> e.g. 011 Nuclear Medicine		<input type="checkbox"/> e.g. specialities to add	
<input type="checkbox"/> e.g. 005 Endoscopy		<input type="checkbox"/> e.g. specialities to add	
Refer to therapies (Please tick a box in both columns – therapy & reason for referral)			
Therapy:		Reason:	
<input type="checkbox"/> 01 Occupational Therapy	<input type="checkbox"/> 611 Assessment		
<input type="checkbox"/> 02 Dietetics	<input type="checkbox"/> 616 Condition Management		
<input type="checkbox"/> 03 Physiotherapy	<input type="checkbox"/> 617 Treatment		
<input type="checkbox"/> 04 Podiatry	<input type="checkbox"/> 618 Work up prior to procedure		
<input type="checkbox"/> 05 Speech & Language	<input type="checkbox"/>		
<input type="checkbox"/> e.g. specialities to add	<input type="checkbox"/>		
Additional codes: For specialities to customise (to record clinic procedures or additional local information)			
<input type="checkbox"/> e.g.		<input type="checkbox"/> e.g.	

Figure 1: Paper Clinic Outcome Form – launched in CAV UHB 1st November 2025

- Purpose

This Standard Operating Procedure (SOP) has been developed for CAVUHB to standardise the process for completing, collecting, and recording Clinic Outcome Forms for both face-to-face and virtual outpatient appointments. This aims to reduce delays in patient care, improve data accuracy, and address the high Did Not Attend rate (DNA).

- Scope

This SOP applies to all clinical and administrative staff involved in outpatient services, including nurse led clinics across all Directorates and Specialties within CAVUHB.

- Systems Used

CAVUHB use several systems to manage and outcome patient appointments.

- **Paper Clinical Outcome Form (COF):** A document completed during or after a patient consultation that outlines the clinical outcome, management plan, and follow-up requirements.
- **Welsh Clinical Portal (WCP):** Provides clinicians with access to patient information from various sources across health boards, including test results, clinic letters, clinical notes and clinical documents.
- **Patient Management System (PMS):** Provides access to manage patient information, including managing waiting lists, and accessing patient records.
- **Welsh Admin Portal (WAP):** Supports healthcare professionals in managing administrative tasks more efficiently. It enables digital referrals, including to some NHS trusts in England, and integrates with other key NHS Wales systems like the WCP and the Welsh Demographics Service.

5. Procedure

Figure 3 depicts the standard process an outpatient clinic should follow as detailed below.

5.1 Face-to-Face Appointments

- On arrival, the patient's attendance is registered by the clinic co-ordinator on PMS as marked as "arrived".

5.1.1 During Consultation:

- The clinician completes the COF with all required fields: discharge, SOS PIFU, any required diagnostics, diagnosis, treatment plan and follow-up if required.
- If a follow up appointment is required, a target date must be provided by the clinician to indicate when the patient should next be seen.
- When the consultation has been completed, the COF is given to the patient with a clear instruction to hand it into the clinic co-ordinator on the way out.

5.1.2 Post Consultation:

- The clinician must hand any outstanding completed COFs for patients that have been discharged to the clinic co-ordinator.
- The clinic co-ordinator verifies the completeness of the form and logs the outcome of the appointment into the patient's record.
- The clinic co-ordinator ensures all patients that have a registered attendance have a completed COF with an outcome that can be entered into PMS.
- During the clinic, the clinic co-ordinator should check the progress of completed COFs received. If any COFs are outstanding from patients already seen, the outcome should be obtained from the clinician that saw the patient.

- It is the responsibility of all clinical staff members to support the clinic co-ordinator in ensuring that all patients are given an outcome after their consultation.
- If the clinic overruns and the co-ordinator has left it is the responsibility of the senior clinic nurse to collect the COFs of the remaining patients and hand them to the co-ordinator on the following morning.

5.1.3 If COF is Not Returned:

- If the outcome for a patient is not clear the co-ordinator should ensure that the respective clinician is made aware.

5.1.4 Diagnostics:

- If the patient requires a diagnostic test, the clinician must mark the relevant box on the COF along with a target date of when the patient should be reviewed following the diagnostic, if needed.
- Clinic co-ordinator staff outcome the patient on PMS as sent for diagnostic and requiring a follow-up appointment.

5.2 Virtual Appointments

5.2.1 During/After Virtual Consultation:

- Co-ordinator/directorate team sends a list of patients booked into the clinic by email to the clinician.
- Clinician conducts consultation either by telephone or video call.
- On completion of the clinic, the clinician must provide an outcome for each patient by annotating the email sent by the co-ordinator/directorate and reply to the sender by email.
- Outcome process as above.

6.0 DNA process

- At the end of the clinic the clinician must be informed of all patients that have not attended (DNA'd).

- As outlined in the Welsh RTT Guidance from April 2025, the default position is discharge and removal from the waiting list if the appointment was agreed by the patient.
- The clinician must inform the co-ordinator if these patients should be offered another appointment if clinically required.
- If the clinician does not inform the co-ordinator of next steps for any DNA-ing patients, the clinic co-ordinator must escalate this to the Directorate for a decision to be made.
- Clinic co-ordinator must outcome the patient as DNA on PMS

7.0 Performance management

- Any outcomes from uncashed clinic appointments from the previous working day are the responsibility of Medical Records/devolved clinic booking staff to obtain.
- From the second working day after the clinic, any further uncashed clinic appointments will be provided to Medical Records/devolved clinic booking staff through a BIS push report for review and action.
- Two working days after this (4 working days after the date of the clinic) a BIS push report will be sent to the directorate whose responsibility it will be to obtain the missing outcomes and update PMS. Opportunities for obtaining outcomes include the typing of letters by medical secretarial staff and appropriate action being taken using COM.

8. Responsibilities

8.1 Clinicians:

- Complete COFs accurately during or immediately after the consultation.
- Provide clear information to clinic co-ordinators when missing/unclear outcomes are queried.
- Review DNAs and advise if any should remain on waiting list/be reappointed urgently.

8.2 Clinic Coordinator:

- Collect COFs from patients and ensure they are logged and processed when received.
- Store COFs securely until the end of the clinic
- Follow up on missing COFs with the clinician during and at the end of the clinic
- Once all patient outcomes are accounted for, the COF bundle for that specific clinic should be provided to medical records.

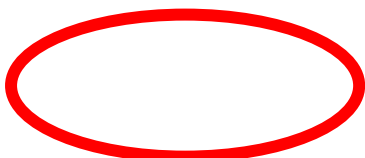
Checking/reviewing clinics:

A report can be run within PMS to check and review clinics are cashed up. Please see instructions below on how to access this report:

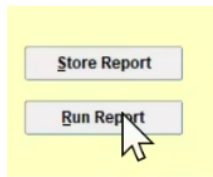
1. Click 'Administration' and then 'Report'



2. In the 'Report' Box, select 'CLINDISC2'



5. Click 'Run Report'



6. Report will run or print with a list of patients who have missing outcomes recorded from this clinic

- 'Cnt A' = patients who are 'not yet arrived' and have no outcome recorded on the system
- 'Cnt B' = patients who have been logged as 'arrived' and have no outcome recorded on the system

Patient Management System - PMS

Field Codes - Cnt A : Attendance Status 01 and Reason Null
Cnt B : Attendance Status 02
Cnt E : Attendance Status 01, New Appt and OWLE Status != 05

Clinic Caching Discrepancies between 11-MAR-2026 and 16-MAR-2026

UHW	Session Date	CRN	Patient Name	Cnt A	Cnt B	Cnt E
MEDICAL & REGIONAL SERVICE GROUP						
CARDIOLOGY - DR E O'NEILL & DR S CONNAIRE CARD JOINT CHD (JOINT13)	11-MAR-2026	1232434	Jane Bloggs	1	0	0
CARDIOLOGY - DR E O'NEILL & DR S CONNAIRE CARD JOINT CHD (JOINT13)	11-MAR-2026	6546546	Tom Test	1	0	0
CARDIOLOGY - DR E O'NEILL & DR S CONNAIRE CARD JOINT CHD (JOINT13)	11-MAR-2026	7658764	Joe Bloggs	0	1	0

8.3 Medical Records Supervisory staff:

- Review uncashed clinic push reports and take necessary action to ensure as many outcomes as possible are updated.
- Take ownership of chasing outcomes and updating PMS for all uncashed clinics the next working day following the clinic.

8.4 Directorate staff:

- Take ownership of chasing outcomes and updating PMS for all uncashed clinics in their own Directorate upon receipt of BIS push report from four working days following the clinic.
- Ensure that all staff in clinic are aware that the co-ordinator may require support to ask the clinician for outcomes of patients where there is no COF or the outcome is not clear.

9. Definitions

	Purpose
DNA (Did Not Attend):	A patient who fails to attend a scheduled appointment without prior notice.
Virtual Appointment:	A consultation conducted via phone, video, or MDT review without the patient physically present.
Cashing up:	Outcoming clinics or completing the outcome of an appointment, is referred to as 'Cashing up' an outpatient clinic