

# MIAA 2023/2024 Checklist Series

## Waiting List Management

April 2023

As hospitals scaled back elective activity to manage Covid surges, waiting list sizes increased. This has had a subsequent impact on time patients are waiting for NHS services. 2023/24 NHS planning guidance includes a national objective to 'reduce elective long waits and cancer backlogs and improve performance against the core diagnostic standards.' It requires NHS healthcare providers to maximise elective activity. This includes ongoing clinically led review and validation of waiting lists to prioritise patients effectively ensure data quality and manage clinical risks.

Increases in waiting lists sizes put pressure on the systems and processes designed to manage them. Importantly, existing process weaknesses will be exacerbated. Highly manual processes are susceptible to human error and often struggle with increases in volume. Systems that have been robust in the past may not be fit for purpose going forward. Organisations need to ensure that their internal controls enable them to effectively manage their waiting lists in a capacity constrained system.

Do those systems and processes:


- *Capture all patients on waiting lists?*
- *Effectively and consistently prioritise all patients on waiting lists and ensure the prioritisation process is clinically led?*
- *Identify potential patient deterioration?*
- *Identify potential or actual harm caused?*
- *Reliably document outcomes and next steps?*
- *Ensure the accurate and complete transfer of patients across different waiting lists and clinicians (including when clinicians change organisations)?*
- *Ensure the consistent and effective management of follow up/surveillance waiting lists?*
- *Include accurate, complete and timely performance information reported to an appropriate group or committee?*




MIAA have developed this checklist to support organisations in providing a framework for them to document and review their waiting list management systems and processes. This provides an assurance mechanism regarding the current control framework, including areas which may need strengthening.

## Waiting List Management Checklist

Division:	
Directorate / Specialty:	
Completed By:	
Date:	


Areas for NHS organisations to consider	Organisation's Response	
	<b>Referrals</b>	
	<p>Do you have written processes maps for all referrals into the organisation? If Yes – Please expand</p>	
	<p>Is there a triage process in place for all referrals? If Yes – Please expand</p>	
	<p>Are there written processes in place for the booking of patients? If Yes – Please expand</p>	
	<p>Is there an agreed and ratified Appointment Slot Issues (ASI) process in place? If Yes – Please expand</p>	
<p>If the patient cannot attend, or does not attend (DNAs), is there an agreed process in place? If Yes – Please expand</p>		


	Areas for NHS organisations to consider	Organisation's Response
	<p>Is there audit evidence that agreed processes are followed?</p> <p>If Yes – Please expand</p>	
	<b>Appointment Attendance/Change of Status</b>	
	<p>Is there a documented and agreed clinic outcome process?</p> <p>If Yes – Please expand</p>	
	<p>Are clinic outcomes reliably documented &amp; transacted on PAS / electronic systems within agreed timescales?</p> <p>If Yes – Please expand</p>	
	<p>Is there a process in place to identify and review patients that have attended appointments but have no outcome recorded on PAS?</p> <p>If Yes – Please expand</p>	
	<p>Are clinic administrative processes reviewed and assured?</p> <p>If Yes – Please expand</p>	
	<p>Are training needs for staff who are responsible for administering clinics and documenting clinic outcomes identified and addressed?</p> <p>If Yes – Please expand</p>	
	<p>Is there an agreed process in place to manage off-site clinic activity?</p>	

Areas for NHS organisations to consider	Organisation's Response
If Yes – Please expand	
<p>Have any rules been agreed for identifying and managing inactive episodes?</p> <p>If Yes – Please expand</p>	
<p>Have any rules been agreed for the removal of inactive episodes?</p> <p>If so, what are these rules? Are they procedure specific?</p>	
<p>What process was used to define and agree (with committee sign off) these rules with managers and clinicians?</p>	
<p>What systems are in place to monitor adherence to any rules and ensure risks are identified and reviewed?</p>	
<p>Are reports run and reviewed of inactive episodes? Are these reports included within directorate/division performance reports?</p> <p>If Yes – Please expand</p>	

Areas for NHS organisations to consider


Organisation's Response

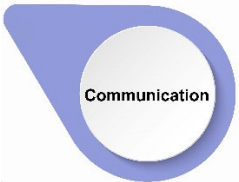
 <p>Diagnostic Tests</p>	Diagnostic Tests	
	<p>Is there a documented and agreed process for managing diagnostic tests? If Yes – Please expand</p>	
	<p>What system/infrastructure is used to manage outstanding diagnostic tests?</p>	
	<p>What is the process for ensuring that the results of diagnostic tests are reviewed and actioned in a timely manner and communicated to the patient and their GP?</p>	
	<p>What system is in place for the management of outstanding diagnostic tests under the responsibility of a clinician when they leave the organisation?</p>	
	<p>What mechanisms are in place to ensure PAS/ electronic systems accurately reflects patient status?</p>	
	<p>Where are diagnostic trackers held?</p>	
	<p>Is compliance with processes for the management of patients on diagnostic trackers audited? If Yes – Please expand</p>	


Areas for NHS organisations to consider	Organisation's Response	
 <p>Waiting Lists</p>	<b>Waiting Lists</b>	
	<p>If the patient requires further treatment, follow up or surveillance are they placed on an appropriate waiting list?</p> <p>If Yes – Please expand</p>	
	<p>Is there a documented and agreed process to ensure patients are added to the correct list?</p> <p>If so, what is this process?</p>	
	<p>Is there a documented and agreed process to ensure patients, where required, are transferred to different waiting lists?</p> <p>If so, what is this process?</p>	
	<p>Is there audit evidence that agreed processes are followed for adding patients to waiting lists (including Outpatients and Follow Up lists) and transferring them to different waiting lists?</p>	
	<p>Who manages the Outpatient Waiting and Follow Up Lists?</p>	
	<p>How are the Outpatient Waiting and Follow Up Lists created? (Downloaded from PAS/electronic systems into spreadsheets?)</p> <p>Does this mean the information is historic or live?</p>	
	<p>Are patients on all Waiting Lists (including Outpatients and Follow Up) risk stratified?</p> <ul style="list-style-type: none"> <li>• Is this exercise documented?</li> </ul>	

Areas for NHS organisations to consider		Organisation's Response
	<ul style="list-style-type: none"> <li>• Is this a regular exercise?</li> <li>• Who undertakes the review?</li> <li>• What is the basis for risk stratification – has Royal College guidance been referred to if appropriate?</li> </ul>	
	If risk stratification has identified potential patient deterioration, what action is taken?	
	If risk stratification has identified potential patient harm, what action is taken, does this include raising a serious incident where appropriate?	
	If lists are not risk stratified how are patients prioritised for booking? Is this process clinically led and documented?	
	If lists are not risk stratified how is potential patient deterioration or harm identified?	
	Are the Waiting Lists (including Outpatients and Follow Up) reviewed on a regular basis and if so how? (weekly meetings)?	
	Have the processes in place for the management of outpatient follow ups been reviewed to deliver a reduction in activity where appropriate in line with national ambitions (i.e. reduction of 25% against 19/20 baseline by March 2024)?	
	Are you aware of other waiting lists not covered above? If so, how are these maintained/reviewed/risk stratified etc.?	



	Areas for NHS organisations to consider	Organisation's Response
	Have processes been developed and implemented to manage the impact of the provision of mutual aid on the organisation's waiting lists?	
	<b>Meetings for the Management of Waiting Lists</b>	
	<p>Is there an agreed terms of reference/scope for waiting list review meetings?</p> <p>If Yes – Please expand</p>	
	<p>Is there an agreed agenda for waiting list review meetings?</p> <p>If Yes – Please expand</p>	
	<p>Is there an agreed membership for waiting list review meetings?</p> <p>What is the membership?</p>	
	<p>Is attendance monitored? What action is taken to mitigate the risks associated with non-attendance at meetings on waiting lists?</p>	
	<p>Is there an agreed and standard data set for waiting list review meetings?</p> <p>Detail data used:</p>	
	<p>Are minutes/decision logs/actions logs maintained for these meetings?</p>	
	<p>How is the waiting list position reported through the Directorate's/Division's governance structure?</p>	

Areas for NHS organisations to consider		Organisation's Response
	What information is included on waiting list performance (including DNA levels) within Performance Reports circulated within Directorates/Divisions?	
	Is sufficient information regarding all waiting lists provided to the Trust Board to enable them to fully understand the position and any associated risks?	
	<b>Communication</b>	
	Once an appointment is booked, how are the patient and referrer notified? Is there a requirement for patients to confirm attendance? Are reminders sent following initial notification?	
	In the event of a DNA/patient cancellation, how is this communicated to the patient and referrer?	
	In the event of a DNA/patient cancellation how is this communicated to the responsible clinician?	
	Is there a documented and agreed process for the re-booking of patients who DNA? If Yes – Please expand	
	Are DNA/cancellation processes audited? If so please detail frequency.	
	Is DNA data readily available within systems for all patient groups?	

Areas for NHS organisations to consider		Organisation's Response
	Where DNA data is available is it regularly reviewed to establish if any potential changes to processes are required and systems updated accordingly?	
	Are their mechanisms in place for service users to feedback on their experiences for each element of the waiting list process?	
<b>Other – Overall Process</b>		
	Are there any specific elements of the process and controls which you consider operate particularly well which could be used across other directorates/divisions?	