MIAA Insight – 25/26 Checklist Series

Waiting List Management

September 2025

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Making Waiting List Management Fit for the Future

The recently published *Fit for the Future: The 10 Year Health Plan for England* includes a commitment to restore the NHS Constitutional Standard of 92% for the 18 week referral to treatment target. The plan also endorses the use of Patient Led Follow Up as the standard approach for all clinically appropriate pathways by 2026. All this is underpinned by a commitment to tackle health inequalities

For the first time, in July 2025 NHS England published the [Waiting List Minimum Data Set (WLMDS)](#) information to support organisations in understanding the potential inequalities in their waiting lists and to take action to address them. This data showed that the largest waiting list for working aged adults was gynaecology with ophthalmology being the largest waiting list for those over 65. In addition, for pathways where sex was recorded women make up more of the waiting lists than men.[1]

Waiting list sizes increased significantly during the Covid-19 pandemic and organisations have placed a significant emphasis on reducing these, but challenges still remain.

Organisations need to ensure that their internal controls enable them to effectively manage their waiting lists including tackling inequalities in a capacity constrained system. Do those systems and processes:

- *Capture all patients on waiting lists?*

- *Ensure clinical led, effective and consistent prioritisation of all patients on waiting lists?*

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[1] [NHS England » NHS publishes waiting list breakdowns to tackle health inequalities](#)

- *Identify potential patient deterioration?*

- *Identify potential or actual harm caused?*

- *Enable the understanding of patient demographics to inform how lists are managed?*

- *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 and follow ups are Patient Initiated where clinical appropriate?*

- *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 taking account of direction of travel outlined in *Fit for the Future: The 10 Year Health Plan for England*. 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
Referrals	
Do you have written processes maps for all referrals into the organisation? If Yes – Please expand	
Is there a triage process in place for all referrals? If Yes – Please expand	
Are there written processes in place for the booking of patients? If Yes – Please expand	
Is there an agreed and ratified Appointment Slot Issues (ASI) process in place?	

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Areas for NHS organisations to consider	Organisation's Response
If Yes – Please expand	
If the patient cannot attend, or does not attend (DNAs), is there an agreed process in place? If Yes – Please expand	
Is there audit evidence that agreed processes are followed? If Yes – Please expand	
Appointment Attendance/Change of Status	
Is there a documented and agreed clinic outcome process? If Yes – Please expand	
Are clinic outcomes reliably documented & transacted on PAS / electronic systems within agreed timescales? If Yes – Please expand	
Is there a process in place to identify and review patients that have attended appointments but have no outcome recorded on PAS? If Yes – Please expand	

Appointments

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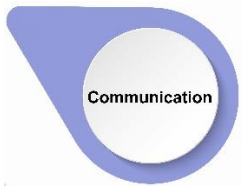| Areas for NHS organisations to consider	Organisation's Response
Are clinic administrative processes reviewed and assured? If Yes – Please expand	
Are training needs for staff who are responsible for administering clinics and documenting clinic outcomes identified and addressed? If Yes – Please expand	
Is there an agreed process in place to manage off-site clinic activity? If Yes – Please expand	
Have any rules been agreed for identifying and managing inactive episodes? If Yes – Please expand	
Have any rules been agreed for the removal of inactive episodes? If so, what are these rules? Are they procedure specific?	
What process was used to define and agree (with committee sign off) these rules with managers and clinicians?	

Areas for NHS organisations to consider		Organisation's Response
	What systems are in place to monitor adherence to any rules and ensure risks are identified and reviewed?	
	Are reports run and reviewed of inactive episodes? Are these reports included within directorate/division performance reports? If Yes – Please expand	
	Diagnostic Tests	
	Is there a documented and agreed process for managing diagnostic tests? If Yes – Please expand	
	What system/infrastructure is used to manage outstanding diagnostic tests?	
	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?	
	What system is in place for the management of outstanding diagnostic tests under the responsibility of a clinician when they leave the organisation?	

Areas for NHS organisations to consider	Organisation's Response
What mechanisms are in place to ensure PAS/ electronic systems accurately reflects patient status?	
Where are diagnostic trackers held?	
Is compliance with processes for the management of patients on diagnostic trackers audited? If Yes – Please expand	
Waiting Lists	
If the patient requires further treatment, follow up or surveillance are they placed on an appropriate waiting list? If Yes – Please expand	
Is there a documented and agreed process to ensure patients are added to the correct list? If so, what is this process?	
Is there a documented and agreed process to ensure patients, where required, are transferred to different wating lists? If so, what is this process?	
Is there audit evidence that agreed processes are followed for adding patients to waiting lists (including	

Waiting Lists

Areas for NHS organisations to consider	Organisation's Response
Outpatients and Follow Up lists) and transferring them to different waiting lists?	
Who manages the Outpatient Waiting and Follow Up Lists?	
How are the Outpatient Waiting and Follow Up Lists created? (Downloaded from PAS/electronic systems into spreadsheets?) Does this mean the information is historic or live?	
Are patients on all Waiting Lists (including Outpatients and Follow Up) risk stratified? • Is this exercise documented? • Is this a regular exercise? • Who undertakes the review? • What is the basis for risk stratification – has Royal College guidance been referred to if appropriate? • Are patient demographics considered as part of the risk stratification process?	
If risk stratification has identified potential patient deterioration, what action is taken?	

Areas for NHS organisations to consider		Organisation's Response
	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 you reviewed NHSE's WLMDS information and assessed potential inequalities on your waiting lists and taken action to address these inequalities?	
	Have the processes in place for the management of outpatient follow ups been reviewed to make Patient Initiated Follow Up the standard appropriate for all clinically pathways by 2026?	
	Are you aware of other waiting lists not covered above? If so, how are these maintained/reviewed/risk stratified etc.?	

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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?	
Meetings for the Management of Waiting Lists	
Is there an agreed terms of reference/scope for waiting list review meetings? If Yes – Please expand	
Is there an agreed agenda for waiting list review meetings? If Yes – Please expand	
Is there an agreed membership for waiting list review meetings? What is the membership?	
Is attendance monitored? What action is taken to mitigate the risks associated with non-attendance at meetings on waiting lists?	
Is there an agreed and standard data set for waiting list review meetings? Detail data used:	

Areas for NHS organisations to consider		Organisation's Response
	Are minutes/decision logs/actions logs maintained for these meetings?	
	How is the waiting list position reported through the Directorate's/Division's governance structure?	
	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 including the impact of inequalities on the organisation's waiting lists?	
Communication		
Communication	Once an appointment is booked, how are the patient and referrer notified? Is there are 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?	

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Areas for NHS organisations to consider	Organisation's Response
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?	
Where DNA data is available is it regularly reviewed to establish if any potential changes to processes are required including to tackle inequalities 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?	

Areas for NHS organisations to consider	Organisation's Response
Other – Overall Process	
Are mechanisms in place to routinely review how digital innovations can improve waiting list systems? Do these mechanisms include representation from all relevant groups and are they aligned with the organisation's governance structure?	
Are there any specific elements of the process and controls which you consider operate particularly well which could be used across other directorates/divisions?	

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