

**Y PWYLLGOR ANSAWDD, DIOGELWCH A PHROFIAD  
QUALITY, SAFETY AND EXPERIENCE COMMITTEE**

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	04 December 2025
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Waiting List Management
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Sharon Daniel, Executive Director of Nursing, Quality & Patient Experience Andrew Carruthers, Chief Operating Officer
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Mandy Davies, Assistant Director of Nursing and Quality Improvement Marilize Preeze, Transformation Lead

**Pwrpas yr Adroddiad (dewiswch fel yn addas)**

**Purpose of the Report (select as appropriate)**

Er Sicrwydd/For Assurance

**ADRODDIAD SCAA  
SBAR REPORT**

**Sefyllfa / Situation**

The report on the Management of Waiting Lists/ Did Not Attend (DNA's)/ Appointments presented at Public Board on the 25 September 2025 provided no assurance to the Board on the current processes around waiting list management, appointment bookings and communication with patients. The Board requested that a much broader review of the processes be undertaken and the outputs of the review to inform an action plan to improve communication and pathway management.

It was proposed that the Quality, Safety and Experience Committee (QSEC) lead on this and scrutinise the review findings in the first instance at QSEC in February 2026 ahead of the Board in March 2026.

**Cefndir / Background**

Definitions:

- Did not attend (DNA): Patient misses a scheduled appointment without prior cancellation.
- Could not attend (CNA): Patient contacts the service in advance of the appointment time to cancel or reschedule the appointment.

Following media publications and freedom of information requests earlier this year regarding Hywel Dda University Health Board (HDdUHB) patients being removed from waiting lists without warning, and reports of patients being removed following missed appointments which were never communicated to them, or where the appointment letter arrived after the appointment date, the Executive Team requested an initial review of current communication processes with patients on waiting lists, including access points, to identify any potential factors which might lead to late receipt of appointment letters and/or outcomes of DNA/CNA in August 2025. The findings of the initial review, and an overview of the waiting list management process

set out by Welsh Government (WG) within the “Referral to Treatment” (RTT) Guidance was presented at Board on 25 September 2025 ([Waiting List Management Report](#)).

Discussions at Board also identified a number of individual cases of poor patient experience as a result of current waiting list management and communication processes highlighting the impact on patients and the need to improve.

Operational teams recognise that communication with patients is not as it should be, and that improvements are possible, even within the current infrastructure constraints. There is also a request to determine whether the current situation is reflective or symptomatic of the current pressures staff and the organisation are experiencing to meet targets, which may result in staff losing focus on the individual at the other end of the communication.

National Guidelines for the Management of Referral to Treatment waiting times (RTT) in Wales were introduced in 2009, and the refreshed RTT guidance (April 2025) provides clear guidance on appointment booking, reasonable offer, and communication for RTT reportable services. However, a large proportion of services and waiting lists sit outside this remit.

For RTT reportable service the following guidance applies:

### **Booking Processes**

- Booking is mutually agreed between the service provider and patients, fostering shared decision-making and clear communication of appointment details, modes (face-to-face, telephone, video), timing, and location.
- Health Boards (HB’s) must encourage shared decision-making and involve patients fully in administrative and treatment arrangements.
- If a patient is to be seen within six weeks, a direct booking system should be used. If the appointment is going to be more than six weeks in the future, confirmation of the acceptance of the referral is needed either by letter, text, or phone.
- Each attempt to contact the patient under the booking processes must be recorded and available for subsequent audit.
- Direct booking for clinics with less than 10 working days’ notice should be done directly with the patient, either **face-to-face or via telephone**. If the patient does not accept the offer of a short notice appointment, this cannot be managed as a reasonable offer, and the clock remains unaffected.

### **Appointment Communication**

- Communication with patients is a key pillar for managing RTT within target times (26-week and 36-week pathways for complex cases).
- Patients and carers with additional communication needs must receive information in formats they can access (e.g., large print, braille, easy read, or via interpreters).
- A partial booking process occurs whereby appointments are agreed with the patient, following a written request for the patient to telephone if they require an alternative appointment.
- Under the partial booking process, an acknowledgement must be sent to the patient when the referral is received and accepted. This should explain the booking process that will be

used for their appointment, including a choice of digital or non-digital methods. A letter should then be sent to the patient four weeks before it is anticipated they will be seen, asking them to phone and make an appointment, or book their appointment via the patient-facing platform within the next 10 days (phone letter).

- Direct booking occurs by either being booked in a face-to-face or telephone interaction with the patient, or through a direct dialogue with the patient via letter/email and or text. In this case, any correspondence will be sent at least 10 working days prior to the appointment date. 10 working days is recognised as a *reasonable notice period* (as per access policy).
- A reasonable offer is considered as an offer of two possible dates and/or times, which must be more than two weeks in the future.
- All appointments within an RTT period must be arranged under “reasonable offer” principles, mutually agreed by patient and provider.
- Appointment planning should consider:
  - Patient preferences (including appointment modality: face-to-face, telephone, video consultations).
  - Appointment confirmation and reminders to reduce DNAs.
  - Accessibility and mobility considerations for vulnerable groups.
- HB’s must consider postage times when sending letters offering a direct booking appointment to patients to avoid the patient receiving the letter on, or following, the day of the appointment. If a patient does not attend an appointment (and DNA recorded) and subsequently contacts the HB to state that they did not receive the appointment letter in time, the HB should amend the patient record, and the clock should continue with no adjustment. An alternative timely offer should be made to the patient at the earliest opportunity. To avoid this, HBs must ensure that letters offering a direct booking should be sent a minimum of 10 working days before the appointment date.
- If a patient is removed from the waiting list for reasons other than treatment, the patient and their referrer must be informed of the removal and the reasons for it.

As previously stated, the guidance does not apply to all waiting lists and pathways which adds an additional layer of complexity.

The findings from the initial review (August 2025) of 14 waiting lists from a variety of services identified:

- The HB’s “Patient Access- Elective Care policy” was out of date. While the policy was updated to reflect the refreshed RTT guidance published April 2025, it was still awaiting formal approval.
- A limited amount of RTT patients’ services in the HB report that they follow a partial booking process whereby appointments are agreed with the patient, following a written request for the patient to telephone if they require an alternative appointment. Under the partial booking process, an acknowledgement letter must be sent to the patient when the referral is received and accepted to explain the booking process. Currently the HB does not send acknowledgement letters to patients once referrals have been accepted. This functionality has been turned off since January 2025.

- Majority of services (wider than planned care) are utilising direct bookings either via letters, phone or face-to-face. The review identified variation in the recording of direct bookings offered via phone or face-to-face on the patient administration system for audit and pathway management purposes in terms of DNA/CNA, especially for appointments offered within less than 10 working days.
- A review by the Digital Team identified that 19% (n= 59,322) of appointment letters were sent within 10 days or less of the appointment date over a 6-month period. Of these appointments 6.5% (n=3,856) of patients could not attend (CNA) and 3.7% (n=2,195) did not attend (DNA). These appointments would not be considered a “reasonable offer” under RTT guidance if the patients were not additionally informed either by phone or face-to-face and agreed to the appointment. The variation in recording of information relating to direct bookings limits the ability to audit if these patients were correctly recorded as a DNA/ CNA.
- Multiple access points for service users on patient letters, all letter templates reviewed contained as a minimum two phone numbers, one in the letter header and a different number in the letter content, with some letters containing more.
- No single access point for service users to cancel or change appointments within the 14 waiting lists reviewed, each had their own telephone number which included numbers to medical secretaries.
- Different services offer various methods of communicating if patients are unable to attend or the need to reschedule appointment with some services offering the option to leave a voicemail whilst others do not. Additionally, some appointment letters include an email contact address, however, this is not provided by all services.
- The Hybrid Mail/ Patient hub roll out will address some issues identified as part of the review and allow patients access to text reminders, digital appointment letters and accessible communication formats.
- The Waiting List Support Service (WLSS) provides a single point of contact, within the HB’s Communication Hub, offering self-management advice, promoting healthy lifestyle, and personalised support for patients who are awaiting treatment or surgery to prevent deconditioning and deterioration in their condition, and support them to prepare for treatment. The WLSS helps patients manage their health and wellbeing whilst waiting, signposts to community and clinical services and identify potential harm from waiting and escalates as/where necessary. The service is not responsible for RTT pathway management in terms of appointments/ cancellations/ DNA / CNA/ validation, instead it follows agreed communication routes to refer these issues to the relevant services when raised by patients.

Following the report presented at Board, the Executive Team has committed to a wider review into the management of all waiting lists across the HB. In October 2025 the Quality Improvement and Service Transformation (QIST) Team was tasked to work with Clinical Care Groups and services to map waiting lists and associated processes in terms of communication, booking, cancellations and discharge/ removal from the list.

#### Asesiad / Assessment

The QIST Team is currently mapping all services and waiting lists across the HB. As this involves all waiting lists, there has been a focus on identifying the “hidden” waiting lists not currently reported on. To date 40 services have been identified with 69 subspecialties. Each of these have multiple waiting lists within the service/ subspecialties. Initial scoping has been completed in 38 of the subspecialties. Due to the number of waiting lists and services identified the review is anticipated to be completed in January 2026.

Initial themes/ findings:

- Majority of waiting list are on Welsh Patient Access System (WPAS) although, some services report utilising Excel spreadsheets or paper-based lists in addition to WPAS to manage waiting lists.
- The majority of services report not utilising or not having a standard operating procedure for staff to follow in terms of waiting list management/ appointment bookings/ documenting on systems.
- Variation in practice regarding discharging patients following DNA.
- Multiple access points – some service utilising switch board to transfer to medical secretaries.
- Phone appointments not consistently recorded.
- Multiple letter formats- some utilising standardised templates on WPAS and others use letters written within services with limited or no guidance.
- Letters printed and sent from multiple locations (centrally and from individual offices/ services).
- Letters being sent for appointments within less than 10 days.
- Limited audit and governance processes in place across some services (not specifically RTT services).
- Clinical staff booking appointments/ managing waiting lists/ sending letters due to lack of administrative staff to support waiting lists management within some services.

A full report with recommendations to inform an action plan will be submitted to Board in January 2026 for consideration.

#### Argymhelliad / Recommendation

- The Committee is asked to take assurance that a full review and report relating to Waiting List Management will be completed for consideration to inform a Health Board action plan.

<b>Amcanion: (rhaid cwblhau)</b>	
<b>Objectives: (must be completed)</b>	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.6 Provide assurance to the Board that current and emerging clinical risks are identified and robust management plans are in place and any learning from concerns is applied to these risks as part of this management.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	
Parthau Ansawdd: Domains of Quality	7. All apply

<a href="#">Quality and Engagement Act (sharepoint.com)</a>	
Galluogwyr Ansawdd: Enablers of Quality: <a href="#">Quality and Engagement Act (sharepoint.com)</a>	5. Whole systems perspective
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	
Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022</a>	

#### **Gwybodaeth Ychwanegol: Further Information:**

Ar sail tystiolaeth: Evidence Base:	
Rhestr Termiau: Glossary of Terms:	
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Ansawdd, Diogelwch a Phrofïod: Parties / Committees consulted prior to Quality, Safety and Experience Committee:	

#### **Effaith: (rhaid cwblhau) Impact: (must be completed)**

<b>Ariannol / Gwerth am Arian: Financial / Service:</b>	Not Applicable
<b>Ansawdd / Gofal Claf: Quality / Patient Care:</b>	Contained within the body of the report
<b>Gweithlu: Workforce:</b>	Contained within the body of the report
<b>Risg: Risk:</b>	Contained within the body of the report

<b>Cyfreithiol: Legal:</b>	Not Applicable
<b>Enw Da: Reputational:</b>	Contained within the body of the report
<b>Gyfrinachedd: Privacy:</b>	Not Applicable
<b>Cydraddoldeb: Equality:</b>	Contained within the body of the report