

Five Questions to Stress Test Your Operational Grip

What does operational grip and control look like?

Operational grip is often described as the difference between chaos and calm. It is the contrast between constant reactive firefighting and a considered, steady rhythm that enables an elective service to plan confidently for the next six weeks and beyond. The scale of chaos versus calmness is often a clear indicator of whether the fundamentals of operational grip and control are in place.

What are those fundamentals, and how do you know if they are working?

At MBI Health, we understand what operational grip looks like across the ten core service functions of an elective service, and what good should look like in practice.

With over 20 years' experience, MBI have delivered more than 500 projects across 90 NHS organisations and assure over 4 million patient pathways every week. Our work combines advisory expertise, pathway validation, and digital tools to support safer care and sustainable improvement.

This short reflection focuses specifically on operational grip in elective waiting list management. It is designed to prompt discussion within teams and is not a full diagnostic.

For a structured, scenario-based assessment covering all ten operational service functions and testing over 100 operational fundamentals, please [contact us](#) to discuss our full Operational Self-Assessment diagnostic.

1. Are waiting lists aligned with capacity planning?

Waiting list management cannot be separated from clinical capacity planning.

Reflect on whether:

- Clinician and nursing job plans align with real service demand and the needs of the service
- Backlog size informs service capacity allocation decisions using validated data
- Does a lack of pooled waiting lists between clinicians drive backlog pressures

If capacity modelling relies on uncertain baselines, performance recovery may be unstable.

2. Could you identify emerging risk early?

Operational grip includes early detection.

Ask:

- Are booking backlogs visible before they become performance issues?
- Does the business intelligence data used to inform weekly operational grip and control assurance forums give a prospective view of capacity utilisation?
- How long would it take for a service to detect if the process for outcoming outpatient clinic appointments was broken?
- Would new long-wait patient cohorts surface automatically?

Waiting list control depends on how well referral management, booking and diagnostics processes are connected.

3. Is improvement sustained without excessive effort?

Short-term recovery can mask structural fragility.

Consider whether:

- Gains rely on intense manual effort
- Performance stabilises only under heightened scrutiny
- Additional capacity is only achieved from non-recurrent high-cost additional sessions
- Visibility weakens when key individuals are on planned leave

Sustainable operational grip should not depend on heroics.

4. Is validation embedded within governance rhythms?

Validation often intensifies ahead of board reporting or inspection.

Stronger environments embed:

- Ongoing reconciliation of patient next key actions between service functions
- Clear ownership of unresolved patient pathway data issues
- Transparent tracking of waiting list risks
- Integration of validation into service improvement cycles

If validation is episodic, confidence will fluctuate.

5. Do leaders trust the baseline?

One of the clearest indicators of operational maturity is leadership confidence. If senior leader discussions frequently centre on whether numbers are correct, reconciliation may not yet be systematic.

Where grip is stronger:

- Baselines are trusted
- Service functions align
Performance conversations focus on action rather than data credibility

For more information

This short self-assessment concentrates on waiting list grip within elective services.

True operational optimisation spans:

- Referral management and triage
- Outpatient and inpatient booking
- Diagnostic booking
- Records management
- Clinical contact outcomes
- Clinical capacity planning
- Service improvement governance

Our structured Operational Self-Assessment is a scenario-based diagnostic covering ten operational service function modules. It benchmarks teams against national guidance and produces a detailed gap analysis and prioritised recommendations.

If you would like your service or team to complete the full assessment and receive a bespoke report, fill out a request [here](#).

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