**Implementation tool for**

 **the NCEPOD report**

**‘Making the Cut?’**

Driver diagrams

<https://www.ncepod.org.uk/2023crohnsdisease.html>

Driver diagrams are used to visually display a team’s theory of what can lead to or “drives,” the achievement of a project aim. The diagram is a useful tool for communicating to a range of stakeholders where, and how an aim can be achieved and how, and by who, change can be delivered.

* The **AIMS** can be based on an issues identified in the study
* The **PRIMARY DRIVERS** can illustrate ways of achieving the initial aims
* The **SECONDARY DRIVERS** are components of the primary drivers that the team believe can help achieve the aim
* The **SPECIFIC CHANGE OF IDEAS** can relate to findings in the report or ideas that can test the secondary drivers

This should be done as a multidisciplinary/team exercise to get different perspectives and as many potential drivers, aims and ways to arrive at the initial aim as possible. We have provided an example of a key issue that was identified during the study as an example. The diagrams we have provided are a starting point and should be adapted and expanded to fit your need. The second driver diagram is blank and can be copied or printed out blank for any additional issues you have identified.

Example: Crohn’s disease – Ensure a robust handover of patients from surgical to medical teams and a safe discharge from hospital

**Ideas to change concept**

**Secondary drivers**

**Primary drivers**

**Aim**

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| Prioritising patients on surgical lists as urgent / elective – ensure seen < 1 month delay |

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| Work with executive board and or IT department to keep a record of waiting times for surgery for patients with Crohn’s disease and report any failures.  |
| Identify a local lead clinician to support the executive board in developing a policy that states that all patients with Crohn’s diease should be operated on within 1 month of decision to operate |

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| Employ sufficient colorectal surgeons so there is surgical availability to perform operations on patients with Crohn’s disease within 1 month of decision to operate  |
| Develop a Trust/Health Board policy stating that all operations for Crohn’s disease should be carried out within 1 month of decision to operate |

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| Early and comprehensive pre-optimisation that involves the patient and avoids falling off the waiting list due to patient/clinical factors |

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| Raising awareness amongst the teams caring for patients with Crohn’s disease that there is a maximum waiting time of 1 month from decision to operate to surgery.  |

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| All surgery for Crohn’s disease should happen within 1 month of decision to operate |

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| Educate all relevant healthcare professionals about the need to prioritize surgical patients with Crohn’s disease |

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| Identify a clinical lead for inflammatory bowel disease to work with the executive board. They should ensure that. The prioritization of Crohn’s disease is mentioned at multidisciplinary meetings  |

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| Develop a Trust/Health Board policy stating that patients undergoing surgery for Crohn’s disease should be adequately preoptimized |
| Allow sufficient Access to holistic care required e.g. smoking cessation, psychological support, dietetics, pain management  |

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| Engage with commissioners and the executive board to ensure that there is sufficient funding to cover the required posts to deliver holistic support for the comprehensive preoptimization of patients with Crohn’s disease |

Template: Crohn’s disease – **xxxxx**

**Ideas to change concept**

**Secondary drivers**

**Primary drivers**

**Aim**

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