**Implementation tool for**

**the NCEPOD report**

**‘Consolidation Required’**

Driver diagrams

<https://www.ncepod.org.uk/2023cap.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: Community acquired pneumonia – Use the results of essential investigations to review the provisional diagnosis and severity of community-acquired pneumonia

**Ideas to change concept**

**Secondary drivers**

**Primary drivers**

**Aim**

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| Undertake a chest X-ray in patients with suspected community-acquired pneumonia within four-hours of arrival at hospital |

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| Work with the clinical director of radiology services to prioritise suspected pneumonia patients for a chest X-ray. |

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| Put a protocol/policy in place to ensure that a CXR is carried out within four hours of admission. |

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| Provide a formal report within 12 hours of the X-ray to confirm the severity of the pneumonia |

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| Arrange microbiological and blood investigations according to the level of community-acquired pneumonia severity |

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| Use the results of essential investigations (e.g. chest X-ray or blood results) to review the provisional diagnosis and severity of community-acquired pneumonia for patients admitted to hospital who have started treatment to change/adjust antibiotics as necessary. |

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| Review the infrastructure for, and leadership of, hospital pneumonia services to improve the use clinical support tools and further investigation of pneumonia patients. |

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| Develop a Trust/Health Board protocol/policy that CXR are routinely reported by a radiologist. |

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| Audit the current time from X-ray to formal radiology report for pneumonia patients. Work with the clinical director of radiology services to put in steps to meet a 12 hour target. |

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| Use clinical support tools such as CURB65 and NEWS2, in combination with clinical judgement to determine the severity of the pneumonia and further investigations required |

Template: Community acquired pneumonia – **xxxxx**

**Ideas to change concept**

**Secondary drivers**

**Primary drivers**

**Aim**

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