**Implementation tool for**

 **the NCEPOD report**

**‘Twist and Shout’**

Driver diagrams

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: Testicular Torsion study – **Ensure there is a reduction in delaying treatment of patients who present with testicular torsion**

**Ideas to change concept**

**Secondary drivers**

**Primary drivers**

**Aim**

Patients with suspected testicular torsion are not referred to, and reviewed by a senior urologist, paediatric surgeon, or general surgeon

Young boys with atypical or warning presentations of testicular torsion are not being referred to the appropriate care setting to allow early surgical intervention

There are delays expediting patients who require transfer for urgent surgical intervention to theatre at receiving hospitals that can perform scrotal exploration

Have a clear and documented pathway of care for patients with scrotal pain/testicular torsion

Ensure all healthcare professionals involved in the care of these patients are familiar with the pathway of care

Use the ‘NCEPOD Classification of Intervention’ to identify the status of patients presenting with suspected testicular torsion hospitals that cannot perform scrotal explorations

Network with receiving hospitals where scrotal explorations can be performed to ensure they have pre-alert systems in place when testicular torsion patients require transfer

Update training modules for healthcare professionals who may have first contact with these patients, including NHS 111

Audit the testicular torsion pathway, annually, to make sure it is working effectively

Ensure senior surgical decision-makers (minimum ST3 or equivalent) specialising in urology, paediatric surgery, or general surgery are available to review suspected testicular torsion cases

Along with updating training modules for healthcare professionals on early warning signs of testicular torsion, raise public awareness about early warning signs in maternity/antenatal (e.g., advice for care of a new baby in the red book) and post-natal care

Ensure all testicular torsion, or suspected testicular torsion patients, are operated on as an immediate or urgent procedure

Template: Testicular Torsion study –

**Ideas to change concept**

**Secondary drivers**

**Primary drivers**

**Aim**