

Gloucestershire Hospitals

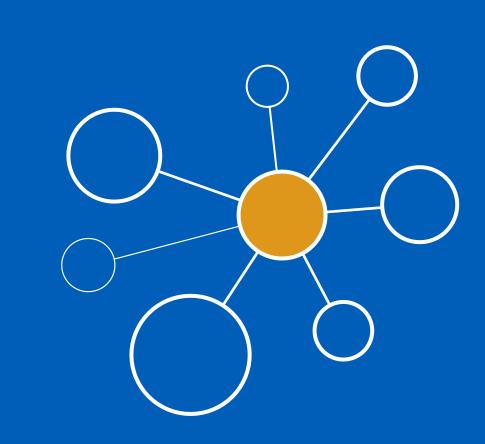
Secondary Drivers

NHS Foundation Trust

Gloucestershire Safety and Quality Improvement Academy 2025

Improving Patient Note Preparation

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Background

Patients were being cancelled on the day of their treatment as there was not enough clinical information. Initial data suggested only 70% of data was available, causing distress, inefficient clinic and nursing time. This incurred a cost and delays to the procedure.

We surveyed staff on clinical note prepping and 68% of staff found this a difficult task. We were in a challenging position at a local level as we had 500 patients waiting over 52 weeks for an appointment, NHS England gave us a target to have 0 patients waiting no longer than 52 weeks by March 2025. We did not want to cancel patients unnecessarily. Therefore, clinical utilisation was paramount.

Outcome Measure: overall % of data present for each clinic

Process Measure: % of blue cards, notes and last clinical letter available

Balancing Measures: instances of last minute changes to clinics and

clinician's annual leave. *this might mean we do not have as much data as previous PDSA cycles (the service is under pressure for our 65-week breach. Therefore, last minute changes occurred).

PDSA Cycle 1 - introduced November Prep Guides & what clinicians will see

PDSA Cycle 2 - introduced December White board

PDSA Cycle 3 - introduced January Requesting note flow chart

PDSA Cycle 4 - introduced February Blue card system standardised over different sites

Online - Emails/TRAK care/Huddle updates Verbal – Daily Communication huddles/Telephone Written - emails Number of people in the To increase the room effectiveness of Number of people on **Environment** local prep anaesthetic clinic Workstation set-up preparation by 25% in 6 Communication months **Administration** Organisation Education Staff **Awareness**

Primary Drivers

Change Ideas

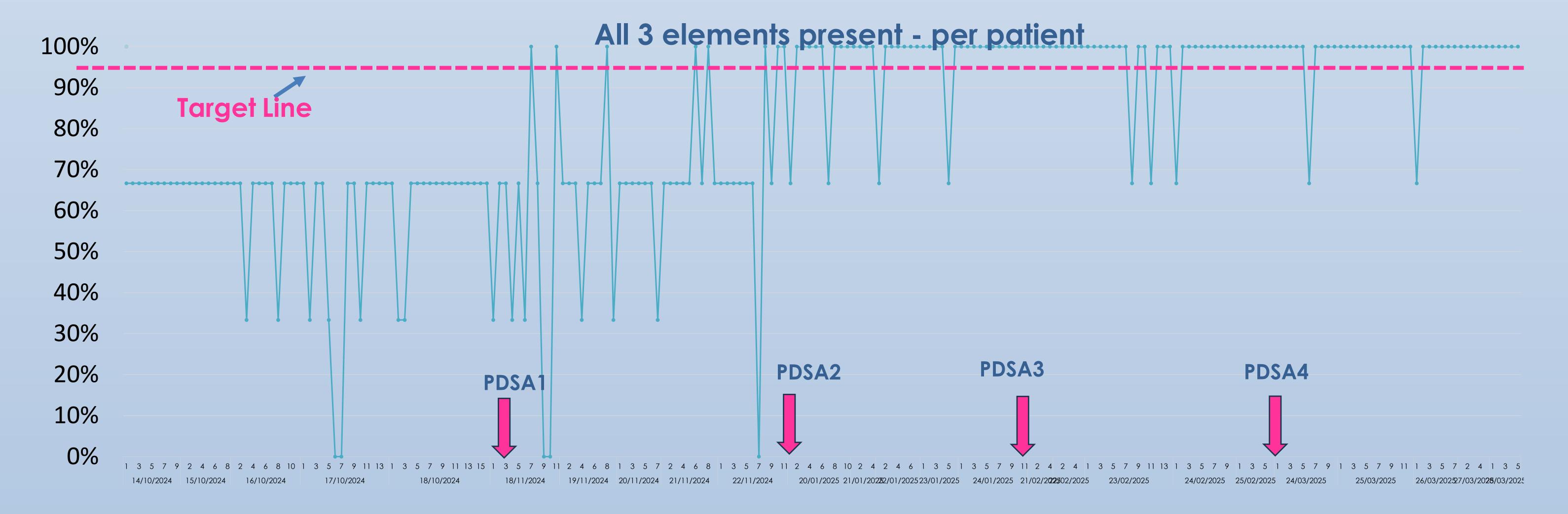
Have a meeting with stakeholders to discuss what guidance would be useful

Allow prep concerns to be communicated through an appropriate channel

Consider room layout and additional equipment to assist with task

Clinicians' areas of expertise to be formalised and passed to relevant staff

Consider systems used across hospital sites and look for a standardised approach



Communication Inappropriate tone of

- voice. Incorrect use of
- language.
- Communicating through wrong channels.
- Records difficult to read. Communication not circulated to team members.

Team Factors

Lack of shared

understanding.

- Role & responsibility
- Negative team reaction to conflict.
- Lack of team communication with colleagues.

Failure to seek support.

Task Factors Guidelines not adhered

- clinical advice. Incomplete information. Lack of prioritisation of guidelines.

Staff Factors

- Lack of motivation. Low self-
- confidence. Distraction. Work overload

Lack of clinic preparation, resulting in on the day cancellations and therefore poor utilisation of list

Difficulty in accessing definitions not clearly defined.

- - Too many tasks to perform simultaneously. Staff do not agree to the task/procedure.

Key Results

- Initially our data showed that on average we had the correct amount of data for our note preparation which was 70%
- Upon implementation of PDSA 2 (white board for communication), results improved by 30%.
- We have increased staff confidence in note preparation by 13%.
- In February 2025 we reached our target set by NHS England to 0 patients waiting longer than 52 weeks for appointments.

Work Environment

- Unreliable bookings and
- appointments. Unreliable administrate
- support.
- Noise levels too high. Distractions.
- Inappropriate skill mix. Time pressures.

Education & Training

- Lack of knowledge. Lack of skills.
- Inexperience. Inappropriate experience.

Unfamiliar tasks.

Equipment Illegible information.

Insufficient equipment not available.

Next Steps

- Present to head and neck service line for potential roll out to ENT and Ophthalmology.
- Provide education to new starters in order to continue effective note preparation.

Challenges

- **Stakeholder engagement** this meant that the clinic preparation was not how we wanted it.
- Late bookings of lists which meant that notes and last clinical letters were not available. Last minute changes to clinician's time tables due to service needs.

Sustainability

- Going digital will help prevent note availability being a cause of patient cancellation.
- Review with surgical tri and review BI data periodically.

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