

Gloucestershire Safety and Quality Improvement Academy 2026

Onward Care Team Documentation

Vicky Fyfe



Gloucestershire Hospitals

NHS Foundation Trust

Background

Inconsistent, incomplete, or unclear documentation by the Onward Care Team creates a risk of miscommunication between professionals, which may lead to delays in discharge, inappropriate onward care arrangements, duplication or omission of actions, and potential patient harm—particularly for patients with complex needs.

Aim

To increase the compliance of documentation entries; to a defined standard; by 10% by December 2025

Measures

Outcome = % compliance to a defined standard.

Process = Number of people attending training,

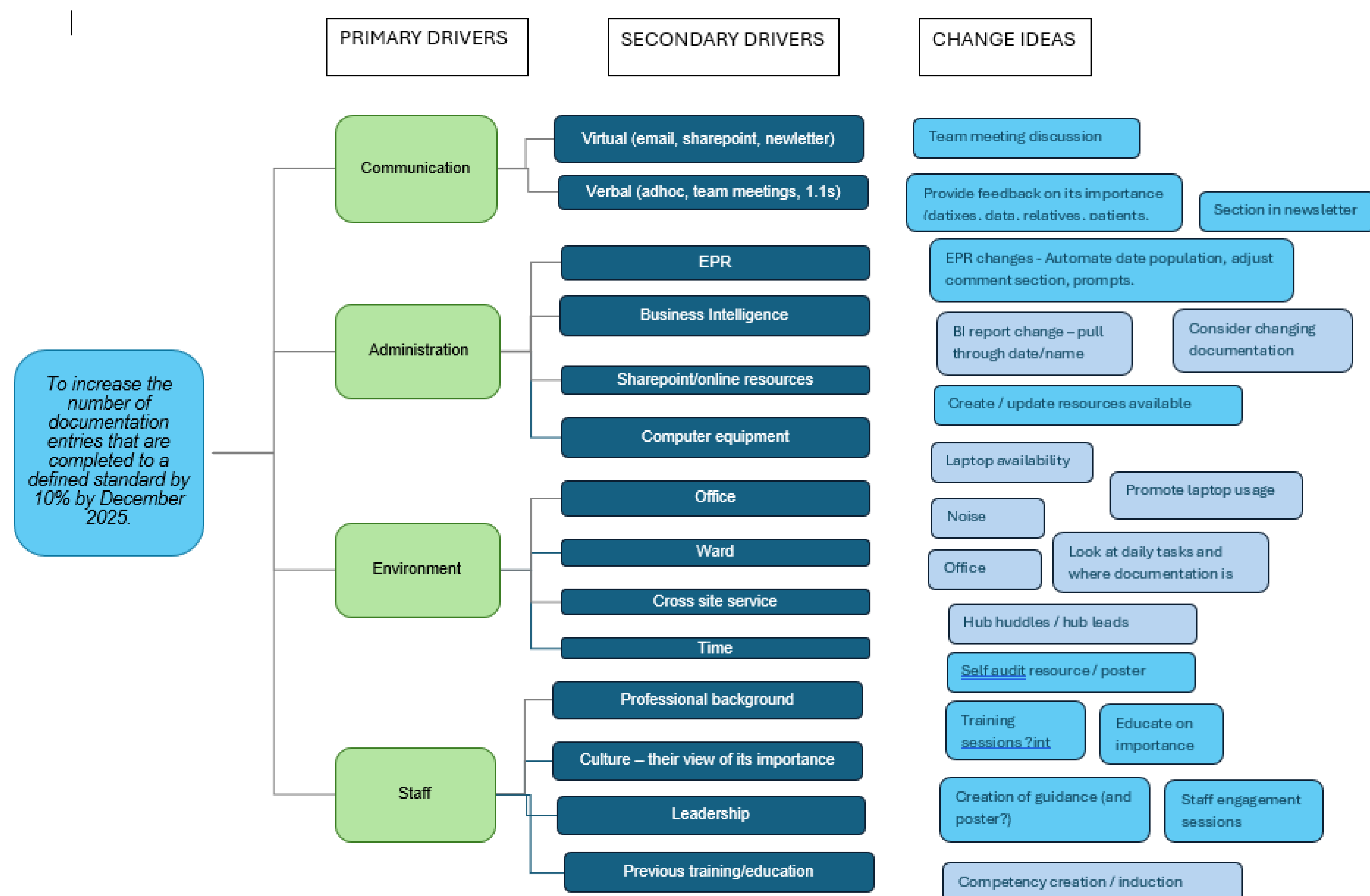
Balancing = Number of OCT discharges that go through discharge lounge, number of Datixes/complaints regarding discharge issues for OCT patients, Number of OCT patients with delayed discharges

Key Results

Pre PDSA data has a median compliance of 86% whereas over the period of PDSA cycles (March – Nov 2025) this increases to 100%.

- Data demonstrated consistently high compliance, with a median of 93%
- Early data showed a greater variation of compliance with several very low points.
- From Mid 2025 (once PDSA cycles started) there is a shift above the median which indicates a real and sustained improvement in compliance.
- There is more stability of scores in the later period although performance seems to dip slightly in November.

Driver Diagram

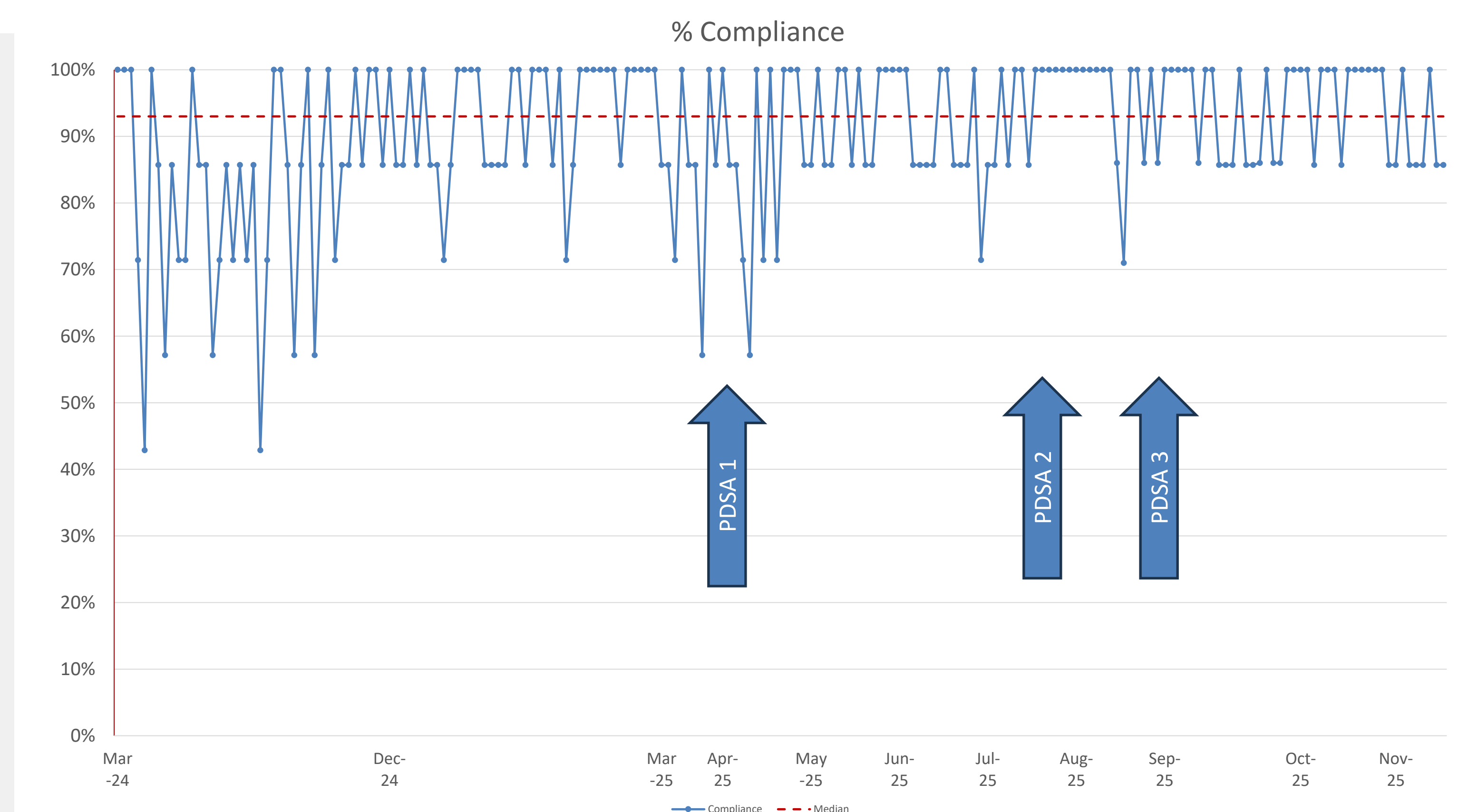


PDSA

Cycle 1 – Creation and implementation of OCT documentation guidance.

Cycle 2 – Promote awareness of correct abbreviation use and make resources more user friendly.

Cycle 3 – EPR optimisations e.g. addition of spell check function and increasing character limit of flowsheet comments.



Next Steps

- Several commonly used abbreviations by other professional groups are not on approved lists → discussing with manager and possibly other teams.
- Share data with team to celebrate improvements.
- Evaluate section compliance in more detail to identify further opportunity for improvement.
- Review individual staff compliance to see if opportunity for personal development.