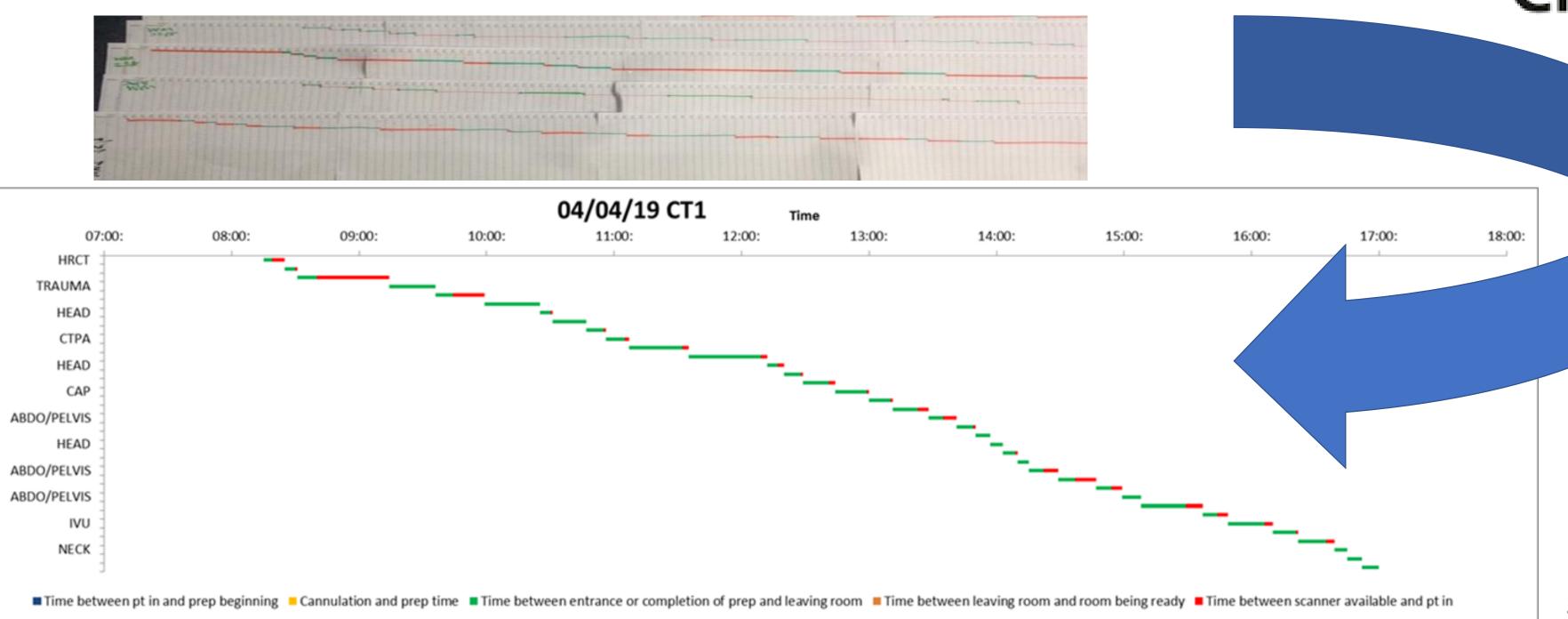
Results of audit and changes made

What was the problem?

CT Department in radiology feeling constantly under pressure What did we do?

- **Engaged with Transforming** Cancer Services Team (TCST) for London to provide expert
- Undertook a CT cycle times audit to manage rising demand through a better understanding of how patient flow and scanner utilisation can be improved



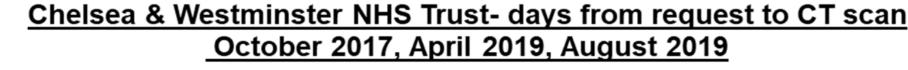
Chelsea & Westminster NHS Trust

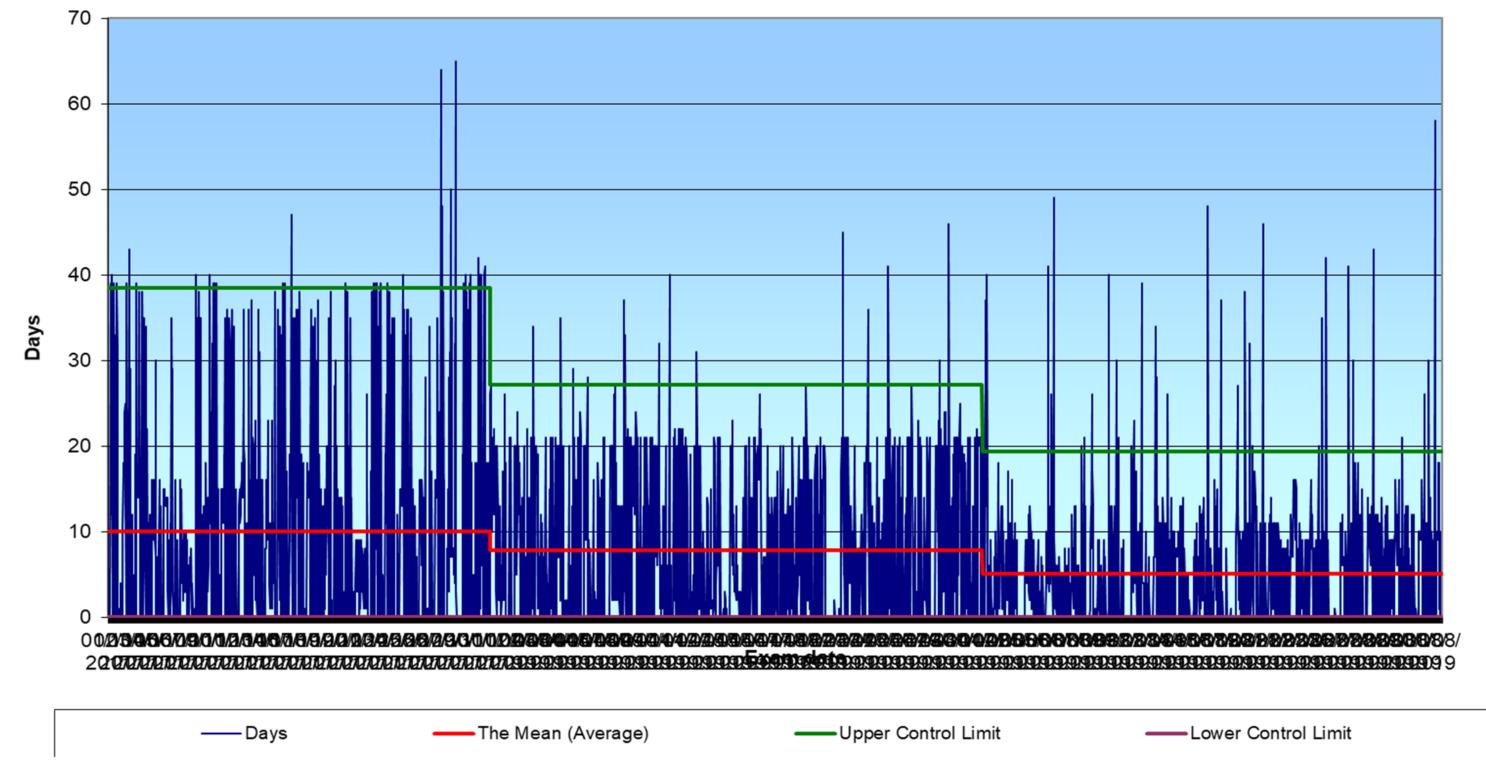
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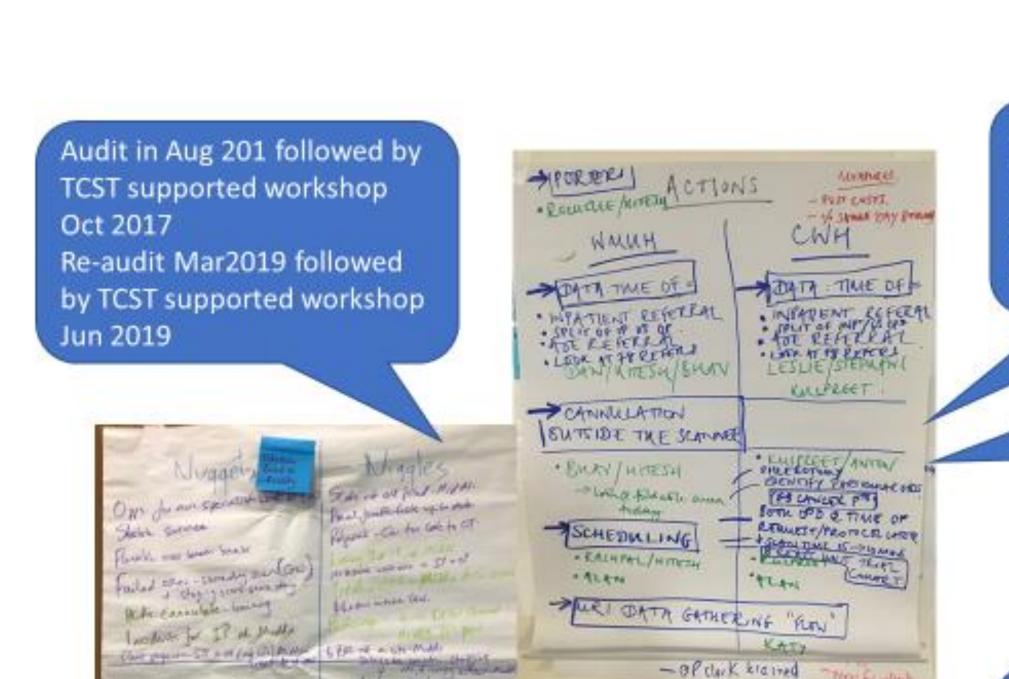


Typical day-to-day utilisation

shown graphically- green represents time spent in the room







Nov 2017 All appt 15min long-creates extra 14 slots per week Examine portering

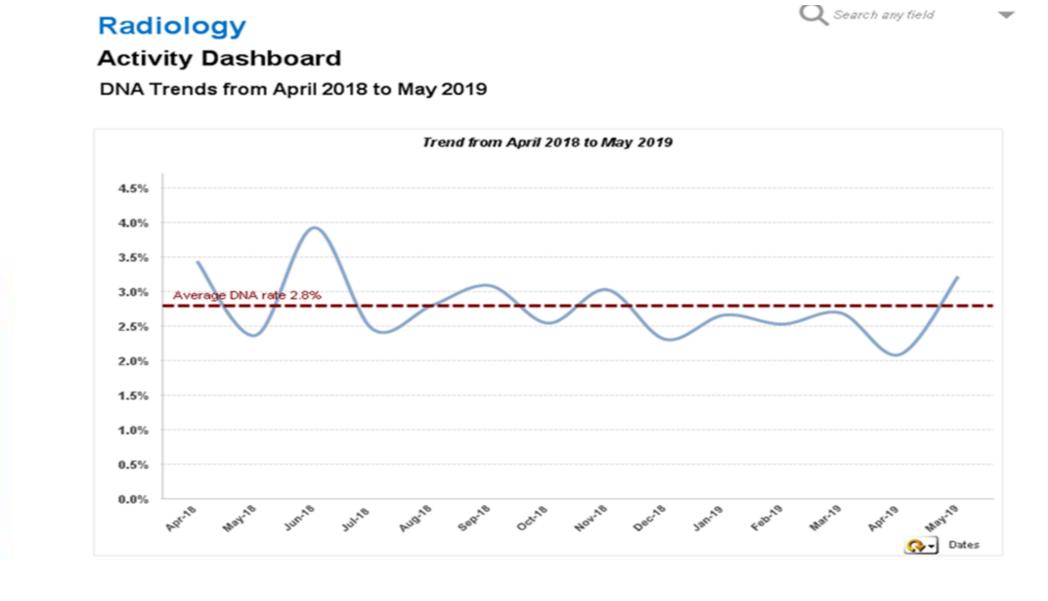
> FEB 2018 Daily CT pneumocolons (8 per Add additional 4 outpatients per day (20 in total)

Start training HCA in cannulation

3000

2500

March and June 2019 Re-audit of CT utilisation- improved by 35% at W.Midds site & additional 28 scans per day performed DNA /cancellation identified as an issue (10-17%) -audit reasons Share learning to Chelsea site and re-audit Dec 2019



What does the graph mean?

- SPC (statistical process control chart) shows time from request to CT scan for October 2017 (TCST facilitated workshop 17th October), April 2019 (TCST facilitated workshop 11th June) and August 2019.
- Doesn't include planned or A&E
- Average time reduced from 10 days to 8 days and then to 5 days- i.e. 50% of requested scans are completed in 5days by August 2019
- Control limits reduced (UCL reduced from 38 days to 27 days and then to 19days). This means that 99.7% of scans are completed within 19days by August 2019.
- Oct 2017- 65 (6%)scans are 'special cause' i.e. above the UCL (18 pelvis, 16 chest, 12 abdo)
- April 2019- 34 scans (3%) scans are 'special cause' (8 chest)
- August 2019- 39 scans (3%) are 'special cause' (13 are cardiac angiograms)