**Implementation tool for**

 **the NCEPOD report**

**The Mental Healthcare of Young People and Young Adult**

Fishbone diagrams

Fishbone (or Ishikawa) diagrams are used to consider cause and effect. The starting point is a problem or incident and the diagram can help you to think about what contributed to it. All possible causes should be considered, not just the obvious or major ones.

We have provided some fishbone diagrams with issues that were identified during the study. Use any of these that are relevant to your organisation to start identifying possible causes. Major factors should go in the larger boxes at the end of the branches – more specific causes within those factors should go on the branches and you may even want to add contributing sub-branches. The diagrams we have provided are a starting point and should be adapted and expanded to fit your need. The final diagram is blank and can be copied or printed out blank for any additional issues you have identified.

This should be done as a multidisciplinary/team exercise to get different perspectives and as many potential causes as possible. Other quality improvement techniques, such as five whys and process mapping, could be used to help. We have included blank action plans for you to plan changes to practice and/or more quality improvement work.

Example:

Patient population

**Patients not concordant with medication**

Communication

Medication

Side-effects

Not sure when to take

Not felt to be working

Not sure how to take

Written information not always given

Unable to collect prescription

Not keen to have meds

For more information on quality improvement please see the following sources or contact your local Quality Improvement department:

Health Foundation: <https://www.health.org.uk/collection/improvement-projects-tools-and-resources>

King’s Fund: <https://www.kingsfund.org.uk/topics/quality-improvement>

NHS Improvement: <https://improvement.nhs.uk/resources/cause-and-effect-fishbone-diagram/>

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**Physical health information or history not being recorded**

Suggested questions to ask:

* Are patients being asked about physical health issues and history?
* Where patients do not have any relevant physical health issues is this being recorded?

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| **Problem identified** | **Action required** | **By when?** | **Lead** |
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**Mental health information or history not being recorded**

Suggested questions to ask:

* Are patients being asked about mental health issues and history?
* Where patients do not have any relevant mental health issues is this being recorded?

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**Delays in initial assessment by mental health professionals**

Suggested questions to ask:

* Is there a process for requesting mental health assessments?
* Has the process been communicated to all relevant services/staff?

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**Relevant teams/services are not being included in discharge planning**

Suggested questions to ask:

* Is there a discharge planning policy and protocol?
* Does this include all relevant services?
* Are all professionals being invited to participate in discharge planning?

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**Delays in referral to mental health facilities**

Suggested questions to ask:

* Are delays occurring in the making or receipt of referrals?
* Are reasons being given for delays, such as lack of beds, appropriateness of referral?

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**Written consent to treatment is not being obtained**

Suggested questions to ask:

* Is consent being sought and not obtained?
* Are consent forms stored with patient records or elsewhere?
* Who should be obtaining consent?

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**Lack of assessment of competence and mental capacity to agree to a mental health inpatient admission**

Suggested questions to ask:

* Is it clear when competence and capacity should be assessed, and by whom?

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**Young people are not receiving psychological therapy during mental health inpatient admissions**

Suggested questions to ask:

* Is psychological therapy available during inpatient admissions?
* What is the waiting time for psychological therapy?

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**Transition planning is not being carried out**

Suggested questions to ask:

* Is there a policy or pathway for transition?
* Is there a local lead for transition?

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**Contact is not being made with social care or education by healthcare services**

Suggested questions to ask:

* Are social care and/or education contacts recorded in patient notes?
* Who should be liaising with social care and education?

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**Young people with mental health conditions are not being provided with an opportunity for private confidential discussions with physical and/or mental health professionals**

Suggested questions to ask:

* Is there a dedicated place for private confidential discussions?
* Are healthcare professionals offering an opportunity for private confidential discussions?

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Suggested questions to ask:

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