**Implementation tool for**

 **the NCEPOD report**

**‘The Inbetweeners’**

Fishbone diagrams

<https://www.ncepod.org.uk/2023transition.html>

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:

No lead clinician

**A patient was not copied into an important correspondence**

Communication

Co-ordination

Lack of joint working between specialties

Patient’s details not known to healthcare professional

No policy in place

No executive board guidance

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

**Contents**

1. Joint clinics between child and adult services
2. Inclusion of professionals from different sectors in MDT meetings
3. Primary care involvement
4. [Holistic care needs not being met due to the Trust/Health Board’s lack of a ‘one stop shop’ model for transition](#Diagram5)
5. [Adolescents with ongoing needs seeking help from GPs when in crisis](#Diagram6)
6. [Developmentally Appropriate Healthcare training](#Diagram8)
7. [Identifying young people with ongoing care needs on electronic systems](#Diagram9)
8. [Provision of longer appointments for transition planning](#Diagram10)
9. Admissions to inappropriate wards
10. [Fishbone diagram – to be used for any locally identified issues](#Diagram11)

**Joint transition clinics are not held between the paediatric team and receiving adult service(s)**

Suggested questions to ask:

Do the paediatric know who to contact in adult health services?

Does an equivalent adult specialty exist to receive the young person in adult health services?

If there is an equivalent adult specialty, are they located at a different site than the paediatric team? Is there more than one adult specialty that provides care for the young person?

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**Social care, education, community, mental health are not routinely included in MDT meetings**

Suggested questions to ask:

Was an initial assessment made of the young person’s wider needs?

Did the young person require input from multiple specialties and sectors to facilitate their transition?

Is there a policy that states that social care/education/community care/mental health/young person/parent care should be invited involved in MDT meetings?

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**Primary care is not included in the transition process of the young person**

Suggested questions to ask:

Is the medical team aware that most young people refer to their GP as their healthcare lead when gaps occur in their ongoing care?

Was the young person referred by a GP?

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**The Trust/Health Board does not have a ‘one stop shop’ model of holistic care for young people moving to adult services**

Suggested questions to ask:

Does the Trust/Health Board have an overarching transition policy?

Does the Trust/Health have input from senior executive board members?

Do senior executive boards members meet with senior clinicians to discuss policies around transition?

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**The adolescent only seeks help from GP when in crisis**

Suggested questions to ask:

Is there a receiving adult specialty for the adolescent to contact? If there is, has the young person/parent carer been introduced to the adult team?

Is a lead clinician in the organisation signposted to all young people transitioning?

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**All healthcare professionals involved in the transition of a young person do not have developmentally appropriate healthcare training**

Suggested questions to ask:

Is there a register of all those healthcare professionals involved in the young person’s transitional care?

Is DAH included in each healthcare professional’s job description?

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**Young people with ongoing needs cannot be easily identified through a digital search of the organisation’s electronic systems**

Suggested questions to ask:

Does the organisation have a register of all young people with ongoing healthcare needs/approaching transition?

If yes, is this coded by their health needs?

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**The clinical team do not have time to see young people transitioning for longer clinic appointments**

Suggested questions to ask:

Does the Trust/Health Board identify transition planning appointments as separate from routine disease related appointments?

Are funds available to facilitate longer discussions around transition?

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**Adolescents with ongoing health needs are, inappropriately, either admitted to a paediatric or adult ward**

Suggested questions to ask:

How old is the adolescent? Were they asked where they would be most comfortable being admitted to?

Is there an adolescent ward or service?

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Suggested questions to ask:

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