**Implementation tool for**

**the NCEPOD report**

**A Picture of Health?**

Fishbone diagrams

<https://www.ncepod.org.uk/2022apictureofhealth.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:

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/>

**Contents**

1. Acute physical health risks
2. Physical health assessment
3. Physical health care plans
4. Medicines reconciliation
5. Patient engagement
6. Physical health acute deterioration
7. Multiple transfers
8. Cardio metabolic risk management
9. Physical health records
10. Discharge summary

**On arrival to the mental health ward Acute risks to patients’ physical health (including risk of RT) is not being assessed**

Suggested questions to ask:

On arrival to the mental health ward, has the patient been screened for any acute physical health risks?

If any risks (eg cardiac/ respiratory conditions that pose a risk of rapid tranquilisation) Have these been appropriately recorded and acted on?

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**Patients are not being properly assessed on admission to the mental health ward regarding their physical health**

Suggested questions to ask:

Was an assessment of the patient’s capacity for a physical health assessment- if they have capacity and refuse, is this recorded and an attempt made at a later date?

Was an assessment of made of baseline observations and NEWS? Physical health conditions, past medical history; Were details of current medications recorded?

Was Height, weight blood tests and ECG carried out? Was this process commenced within 4 hours off admission?

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**Patients are not getting a comprehensive physical healthcare plan that adequately covers monitoring, and escalation**

Suggested questions to ask:

Did the patient have a physical health plan?

Did it include monitoring and treatment plans?

Did it include escalation in the event of deterioration? or patient not consenting to be assessed?

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**Patients admitted to an inpatient mental health ward do not always have a full medicines reconciliation within 24 hours**

Suggested questions to ask:

Were the patients physical and mental health medications noted on admission?

When did medicines reconciliation take place?

Were allergies, counterindications and possible interactions noted?

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**Patients do not feel listened to or included in their physical health care whilst an inpatient in a mental health ward**

Suggested questions to ask:

Is the patient (and their family/ carers) informed of their physical health care plan? Any results etc.?

Are the documents used, produced collaboratively with a PPI group?

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**Patients’ physical health deteriorates during the admission until emergency transfer to physical health hospital is required**

Suggested questions to ask:

Was the patient’s physical health assessed on admission? Were acute issues recorded/ treated?

Was a monitoring / escalation plan/ NEWS score in place?

Are the staff trained in recognising the deteriorating patient?

Is there a network/ links with the physical health hospital or an on-site physical health nurse/ doctor to seek advice regarding the status of a possible deteriorating patient?

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**Patients are often transferred multiple times back and forth between physical and mental health wards**

Suggested questions to ask:

Is there a transfer policy at this mental health hospital?

Are there links with the physical health hospital and a plan for readmission and continued treatment and level of care required?

Is there a monitoring/ treatment/ escalation plan in place for patients readmitted from the physical health ward and increased intensity of monitoring/ care if required?

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**Patients on the mental health inpatient ward are at greater risk of cardiac and respiratory conditions**

Suggested questions to ask:

Was the patient’s weight/ height/ BMI taken?

Were they offered smoking cessation? Nicotine replacement?

Dietary advice? Exercise regime?

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**Patients physical health conditions are not being recorded**

Suggested questions to ask:

Has the physical health of the patient been assessed?

Are Long term health conditions noted?

Is there a space to record this on the Electronic patient record (EPR)? Can tasks associated with that condition trigger alerts?

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**A comprehensive discharge summary that contains all the necessary information about the patient’s physical health is not being carried out and shard with the necessary teams**

Suggested questions to ask:

Did the patient have a discharge summary?

Did it note the mental and physical health diagnoses/ treatment/ medications?

Did it note the physical health care plans and any follow up ? and was it shared with the GP, CMT, and the patient and carers?

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Suggested questions to ask:

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