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Session 4 –

Call to actions:

- **Reflect back on the QI process and identify which area you need to prioritise.**
- **Consider what measurements you plan to put into place to monitor the success of your Transition Service.**

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South Thames Paediatric Network
Transforming Healthcare for Children and Young People

Burdett National Transition Nursing Network and the South Thames Paediatric Network Collaboration Events

Stella Carney

Burdett Regional Nurse Advisor for Young People's Healthcare Transition (South of England)

Nigel Mills

Burdett Regional Nurse Advisor for Young People's Healthcare Transition (London)

Session 4

NHS The Leeds Teaching Hospitals NHS Trust

NHS Alder Hey Children's NHS Foundation Trust

NHS University Hospitals Birmingham NHS Foundation Trust

NHS Imperial College Healthcare NHS Trust

NHS Somerset NHS Foundation Trust

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Session 4 : April 2023

Implementation

- Training needs analysis
- Communication strategy
- Delivery group roles and Responsibilities
- Patient Pathways roll out

Transition Leadership

- The role of a Transition Lead

International Learning

- International Transition Toolkits

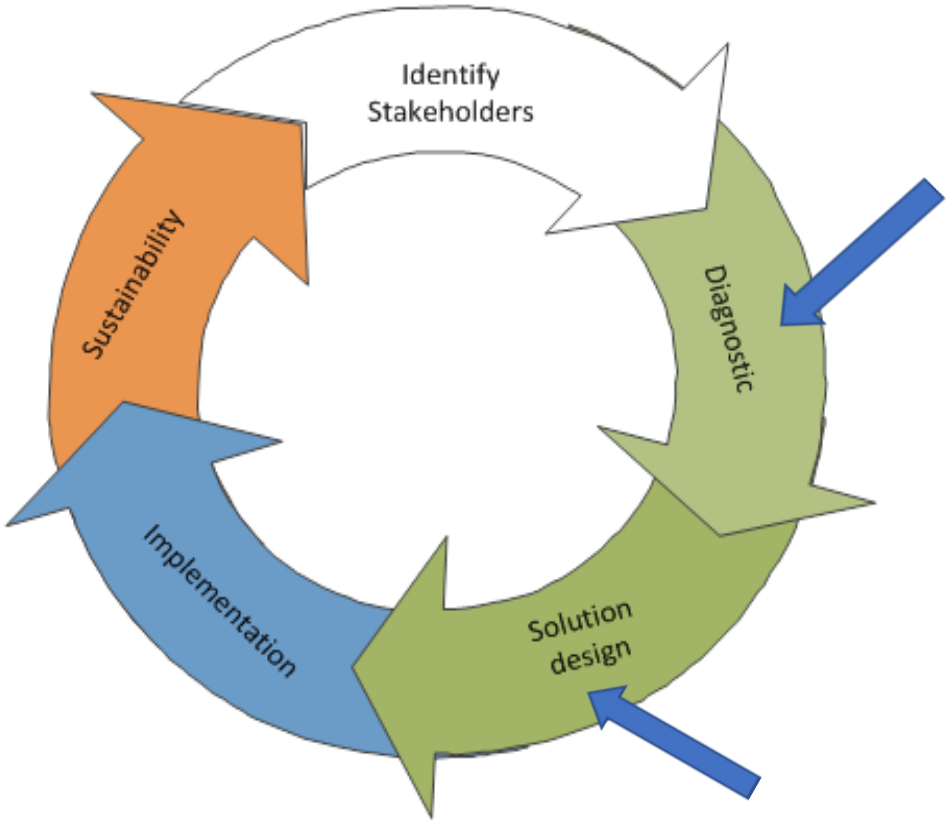
Implementation

Transition Leadership

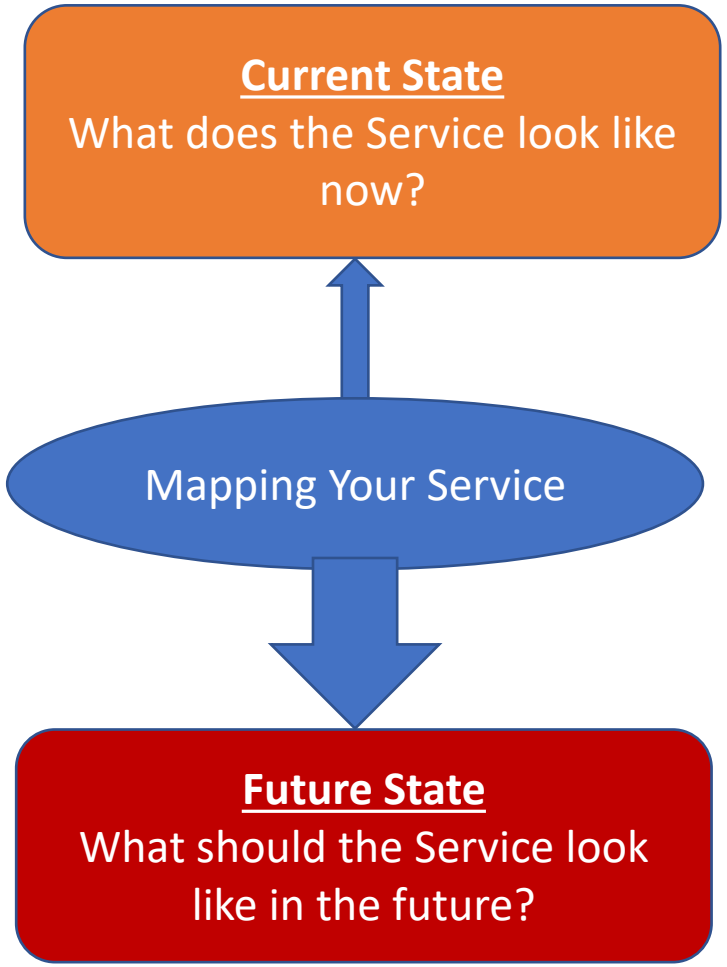
International Transition Toolkits

Mapping Your Service

Transition QI Model



Mapping Process



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Gap Analysis

Comparing current state and what your 'GOLD STANDARD future state pathways should look like, including gaps identified in benchmarking.

Future state mapping: the future state is what you want your transition service to look going forward…..this is the '*best practice*' pathway.

Implementation can be a stepped / staged process – if a service can't meet the future state / best practice pathway immediately.

From experience we know…..

……most services have delivered future state / best practice pathways as staged implementation.

It can take anything from 6 months to 10 years to achieve best practice

Slido

What internal and external resources / teams or departments can you work with to support you in implementing your Transition Services and Pathways?

Please go to slido.com to enter your answer using enter code: 6648557

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Principles of Transition Implementation

Things to consider:

- What are the priorities that have been identified in the Gap analysis?
- Identify what workstreams are required (Leadership, Training & Development, Service Delivery, Pathway Development)
- What skills, knowledge and capacity is required to ensure that the workstreams are enabled – Action Plan
- Who has been identified to lead on each aspect of each aspect of the Implementation Process - Align roles and responsibilities
- What training and education will be required to deliver and embed the Patient Pathways.
- How will the Pathways be communicated with a System wide approach?
- What timeline has been agreed to launch the Pathways? Consider a formal start date for maximum impact ensure robust coms
- How will we know if the pathways are working successfully? - How will you measure improvement)

The Future State – Developing best Practice Pathways

Define best practice for your service including the You're Welcome Criteria

Use Transition Documentation Tools e.g. Ready Steady Go

Identify and agree new roles and responsibilities

Identify skills / knowledge required to deliver the Future State Pathways

Identify the gaps between current skills and desired skills & knowledge

Create and implement training programs and ensure time is allocated to education

Communicate Good Practice evidence gathered, new roles and responsibilities and Future State Pathways

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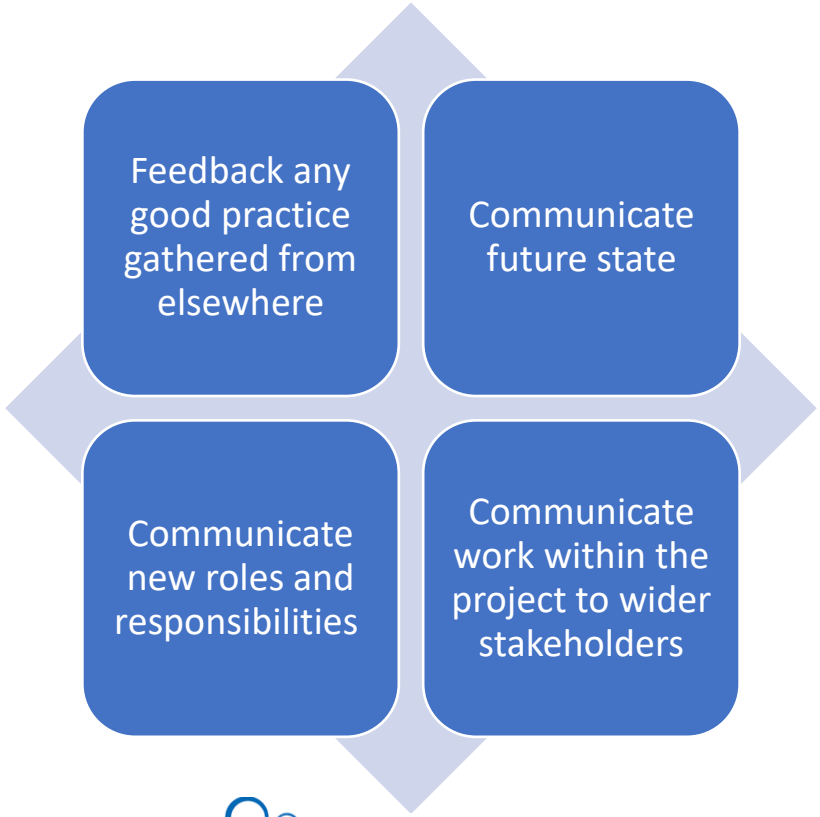
Implementation
- Skills and Knowledge Analysis

Identify skills / knowledge required to deliver the future state transition programme to patients and families

Identify gaps between current skills and desired skills and knowledge

- Align roles and responsibilities
- Consider what documentation / Policies and SOPs will be required
- Knowledge and understanding of the process in addition to specific skills
- Consider patients and parents. Look at stakeholders and find suitable way to disseminate information around new process
- Need to elicit agreement from staff to take on new roles and responsibilities, use motivational interviewing/coaching skills
- Consider attitude in addition to skills and knowledge; do staff understand why YP need something different to adults
- Document action plan which is time bound. Ensure governance around this, who has overall responsibility for this? Regular scrutiny and reporting.

Implementation - Communication Strategy



- Who are the people that need communicating with?
- Consider achieving 'buy-in' from relevant parties
- Think about methods of communication for different groups eg. Present paper to exec board, newsletter for families, staff intranet articles etc.
- May be wider stakeholders that need communicating with but are not an immediate part of the process but who will be able to support eg. Charities
- Which influential staff are around you to help achieve what you need eg. Buy in from certain staff groups.
- Transformation/Improvement, Patient Experience/PALS and Digital teams can support communication
- Consider parent/parent forums teams which might not be directly involved with transition but work with YP. Private healthcare providers eg. LD and autism residential settings.

Implementation
- Training and Education

Create	Identify	Implement	Ensure
Create training programme	Identify trainers / methods of training: face to face, e-learning, practical, shadowing etc.	Implement training programme (clear aims objectives, methods of assessment & timescales)	Ensure time allocated for training

Pathway Launch and Implementation

Roll out use of the new patient pathway

- Identify the delivery group to support staff in use of the new transition pathway
- Consider formal start date for new R&R and authority for better impact
- Build comms around start date

Transition Leadership

Stella Carney

Burdett Regional Nurse Advisor for Young People's Healthcare Transition

(South of England)

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Transition Lead - Aim

- To improve the experience of young people age 11 to 25 years with a Long Term Condition (LTC) whilst also improving the experience of their families / carers, during the process of moving from children's services to being cared for and settled in adult services.
- In doing so having a positive impact on long term health outcomes, achievement of life aspirations and attainment of life goals.

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Where to start ….

- What is the look of transition?
- How many services do we have that have transition patients (will need to continue care in an adult service)?
- What is the risk?
- How do we identify and monitor patients in transition?
- What guidance do we need to follow?
- What do we have to report on?
- What do we want to report on?

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Transition Lead - Scope of Practice

- Champion Gold Standard Transition Services and Principles.
- Advocate for the holistic Care of young people and ensure that their voice is heard.
- Ensure a systemwide approach to Transition is embedded.
- Work in partnership with local and regional systems.
- Support and guide delivery groups.
- Expert in National Frameworks and Best Practice principles.
- Provide local Governance and Quality Assurances for Transition.
- Provide ongoing scrutiny and development of Transition Services.
- Ensure that the voice of the Young Person is heard – Facilitate and embed feedback systems.
- Support and manage Youth Workers.
- Lead and support Youth Forums.
- To be up to date with research evidence and best practice
- Network with others

The Role of a Transition Lead

- Networking- every conversation is an opportunity to plant a seed of change
- Advising – expert in the field able to advise to create local /regional change
- Coaching – work as a team, to coach others to work through quality improvement processes to bring about change
- Mediating – support staff to resolve issues of conflict from historical working practices or relationships
- Supporting – others to fulfil roles and develop leadership skills to bring about positive change
- Educating – sharing expert knowledge to improve
- Learning – we can always learn from everyone around us take every opportunity to increase knowledge and learn new skills

Thank You

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Future Sessions

- Future sessions will cover 1 or 2 aspects of the Burdett Transition QI process.
- Each will include practical examples throughout, including an overview of the Transition Tools available, Transition Lead Roles and the Lived experiences of young people
- Final session will include an overall summary, next steps and future planning as call to action.

	Session 2	Stakeholder Analysis Transition Toolkit 1 & 2
	Session 3	Diagnostic / Solution design Transition Toolkits 3 & 4
	Session 4	Implementation The Role of The Transition Lead
	Session 5	Sustainability Summary of Transition events and learning
	***Next steps and future planning - call to action.***	

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Links

Transition

NICE Guidance for Transition 2016
https://www.nice.org.uk/guidance/ng43
NICE Standard for Transition 2016
https://www.nice.org.uk/guidance/qs140
SEND Code of Practice
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/398815/SEND_Code_of_Practice_January_2015.pdf
Northumbria Tool Kit for Transition 2018
https://www.northumbria.nhs.uk/quality-and-safety/clinical-trials/for-healthcare-professionals/#0fc61122

Young Person Friendly

Your Welcome criteria 2011
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/216350/dh_127632.pdf

Complex needs

Together For Short Lives (TFSL) Guide to stepping up
https://www.togetherforshortlives.org.uk/resource/transition-adult-services-pathway/

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Summary

NICE Guidance & Standard for transition NG43 QS 140 (2016)
Gold standard principles for transition, help to design transition process
National framework for transition (coming soon)
Principles for delivering and commissioning transition including minimum standard for care outlined
Capability framework (coming soon)
Assessment document for the skills, knowledge and behaviours staff require when caring for young people, including transition
National training package (coming soon)
Training for the care of young people and transition
You're Welcome 2017 & 2011
To be use to assess if healthcare services are young person friendly
Benchmarks for transition 2016
Assessing services against best practice for transition identifying areas of good and poor practice tool for process improvement
Northumbria Tool kit for transition
Recommendations for effective transition processes
Together for Short Lives Guide to Stepping up
A guide for transition of complex needs patients
tools for Young people and families as well as professionals

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