Final report

March 2018

Innovating for Improvement

Relational Coordination to improve inter-team dynamics in two pathways of care

North Cumbria Clinical Commissioning Group

The Health Foundation

About the project

Project title:

Relational Coordination to improve inter-team dynamics in two pathways of care – I4I cohort 5

Lead organisation:

North Cumbria Clinical Commissioning Group

Partner organisation(s):

Cumbria Partnership Foundation Trust and North Cumbria University Hospital Trust

Project lead(s):

Rachel Fleming

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Part 1: Abstract

North Cumbria had a number of quality issues which needed focus to address. Relational coordination (RC) is a tool to explore improvement by surveying communciation and team working. We chose two pathways which needed improvement to test out the tool. The Multiagency Crisis Assessment Service (MACAS) and the chemotherapy pathway in the acute hospital trust.

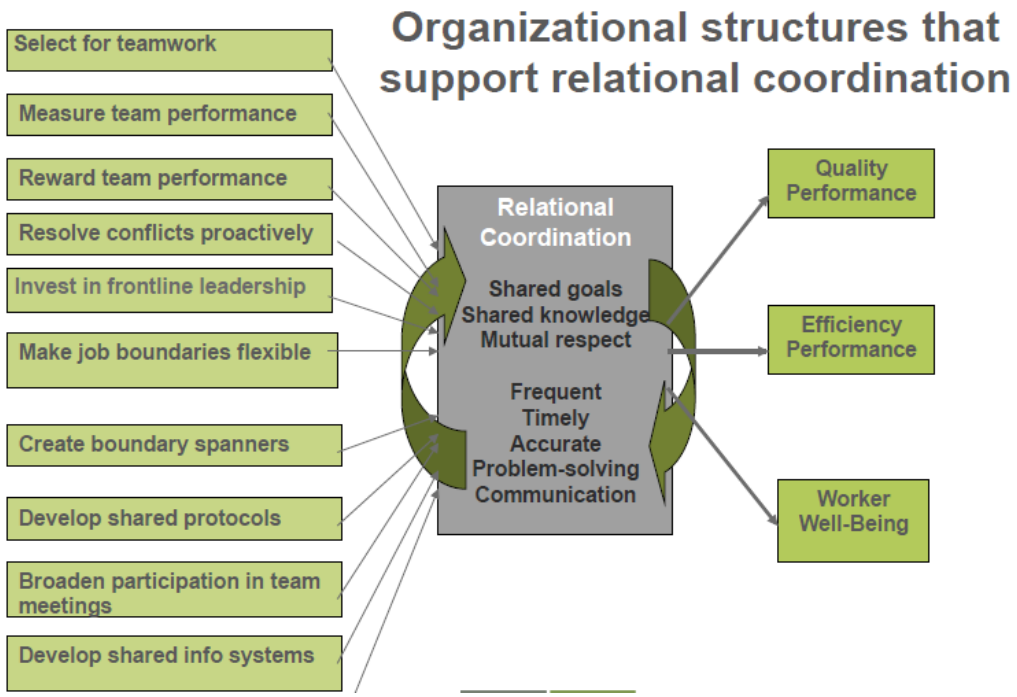
We administered the survey following enagement with leadership groups responsible for each pathway's work. We had planned to deliver some interventions but in reality neither pathway receievd any additional improvement interventions. MACAS felt their project plan was sufficient to deliver their objectives alone and planned interventions with chemotherapy are yet to be delivered due to clinical pressures and staffing priorities.

Key Learning outcomes

- Senior sponsorship of improvement is key to success. We observed this working well in the MACAS programme with real passion and drive to achieve the outcomes. Engagaing these pathways' senior leaders to really understand and appreciate the framework could have enabled better response rates and commitment to making improvement based on the findings.

- The framework was intuitive to use and quickly understood by teams. It was not too onerous to use. We experienced it both as a measure and an intervention enabling discussion about relational elements to work.

- Valuing time to build relational elements of work is a key success factor and process and structure can support this.



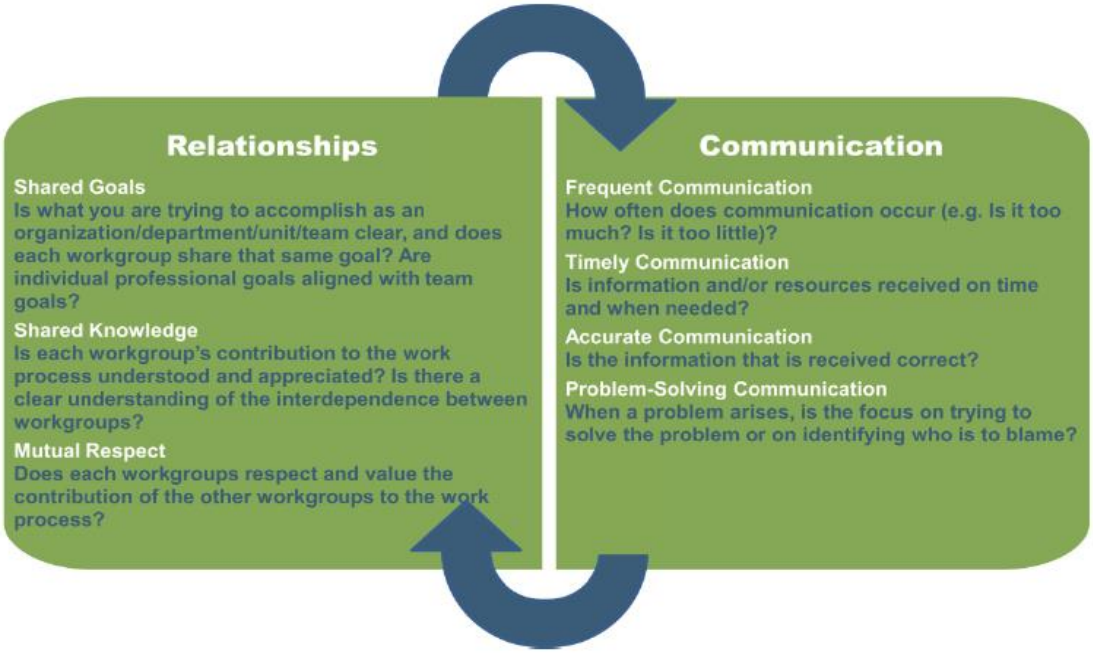
We will continue to use the framework and have begun to consider how we spread and embed this framework across our system.

Part 2: Progress and outcomes

In North Cumbria our health system had significant problems. These were

- financial trouble,
- poor performance against NHS constitution targets,
- struggle to attract staff to work in our system
- existing staff have low morale and work under intense pressure.

The evidence shows Relational Coordination (RC) to have impact on clinical outcomes in situations where teams work in ambiguous, rapidly changing and complex environments and our health system fits this well.
Our intervention is the relational coordination survey. Relational Coordination (RC) is a measure of communicating and relating between and within teams for the purpose of task integration. It has seven component parts:-



This survey has never been used before in the English NHS and comparing it's use across two different work pathways adds insight into how beneficial this could be to wider adoption for our system and wider NHS
It has been recognized across our healthcare system, that in order to address our significant quality and finance issues we need to consider the culture and behaviour of clinical leaders and staff. The RC survey is the vehicle to be able to do this. It is both a measure of the current state and any change and an intervention to enable conversations and reflection to take place.
We chose two very different pathways to see if there was any difference when applying the RC survey both regarding process and outcomes.

- The Multi-Agency Crisis Assessment Service (MACAS). The Mental health crisis concordat is improving the appropriateness of placement for individuals who are in mental health crisis. The MACAS pathway is working across

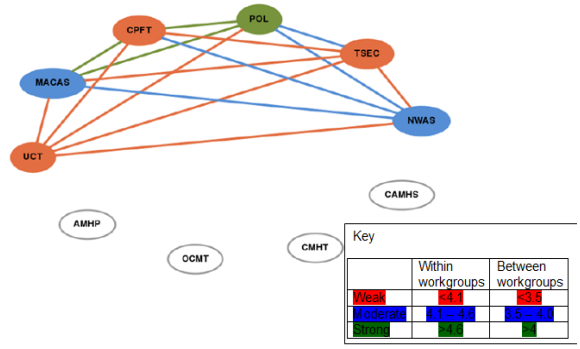
organisational boundaries with primary care, police, community mental health services and third sector services to support people better.

- The Chemotherapy pathway. This pathway functions within one hospital trust. In our original proposal we were to survey the Urology cancer multidisciplinary team process, however before the project began other improvement work started with this team and it was agreed that to overlay this project would not benefit the team. Our sponsors within the acute trust identified the chemotherapy team as an alternative pathway that could benefit from improvement focus.

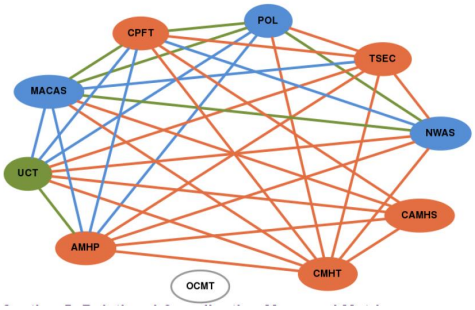
We used baseline data about performance of our two pathways to understand if any improvement took place following the survey being used. A change from our original plan, which was to use organisational development interventions with the pathway teams but this did not take place for a number of reasons which were different in each pathway.

Multi Agency Crisis Assessment Service

RC map initial survey results



RC map follow up survey results



Green lines and circles show high RC between and within teams respectively

Blues lines and circles show moderate RC between and within teams respectively.

Red lines and circles show low RC between and within teams respectively

Measure used	Prior to MACAS	Following MACAS set up
Numbers of children/adults in custody suites under the Mental Health Act	20 on average per month	Zero since June 17
Amount of police time spent dealing with mental health crises	30-40 calls per day to police to manage the situation	Increasing use of phoneline by police 27% in Nov 16 to 75 % calls received in Nov 17

	Average time spent with MH cases 3.9 hours Nov 16	Average time spent 3.0 hours Nov 17 saving 0.9 hours of police time per incident
Reduction in familiar faces attendance at A&E	10 individuals	7 of these now accessing Lighthouse service
A clear pathway for Mental Health crisis	None at start of the project	Single point of contact phone line Risk assessment of MH needs Direct access to third sector support Proforma for communication to MH services

Benefits seen include:

- change against all key measures
- a cultural shift in which all organisations, sectors and communities in Cumbria recognise mental wellbeing and improving mental health as being everyone's business

The changes made to police process and reporting of mental health needs :

- Identifying those with mental health issues and education about how to access the MACAS suite of services (descried in appendix 1)

- Risk assessment protocol for supporting healthcare staff following identification of mental health needs. This ensures where protection and ongoing needs are required support is given.

- A standard communication tool ensures "adequate communication" is achieved.

Service user feedback quotes:-
"I genuinely feel like I have people that I can reach out to now that won't judge me."

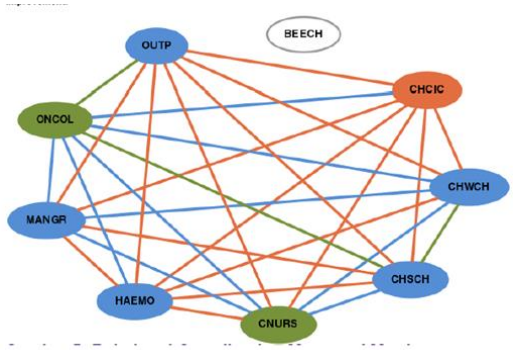
"It really helped me for them to listen to me and give me some ideas to use for sleeping."
"I felt so accepted, they listened to me when I really need it. I had so many thoughts

and feelings going around my head, and they never judged me for that, they helped me feel better."

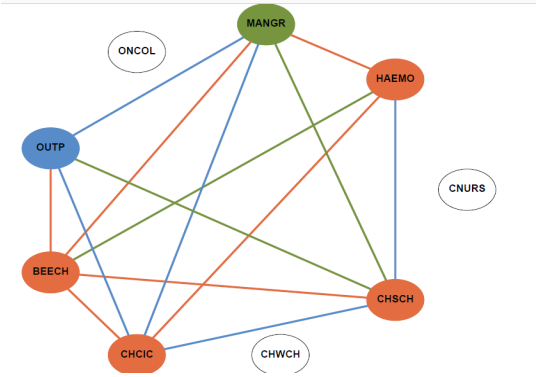
"The environment is great, there is no pressure to talk straight away, and you can relax and just feel safe."

Chemotherapy pathway

RC map initial survey results



RC map follow up survey results



Intervention planned following results of the survey:

- To learn from teams who were well relationally coordinated
- To focus on medication changes for improvement and build on an audit of pharmacy cost.
- To feedback results to all workgroups

These interventions did not take place due to cancellation of planned work due to staffing pressures and other priorities.

Experience of the survey

We captured what it was like to complete the survey to assess the usability for the future. Comments about actually completing the survey:-

"Why would I fill this in when I have clear objectives I have to meet? We should stop messing about with relationships and focus on achieving these"

"Stop sending me this, I don't link with this pathway at all"

"difficult to find amongst all the emails not easy to recognise"

"completing the survey was fine, not difficult at all"

Better engagement and understanding of the framework up front of the survey could

have improved how it was received.

Summary of response rates

	MACAS		Chemotherapy	
Initial survey	70 surveyed	21completed 30%	43 surveyed	17 completed 40%
Follow up survey	70 surveyed	24 35%	43 surveyed	9 21%

Part 3: Cost impact

We purchased the licensed tool and additional time to support the delivery of the survey and work with the teams.

The MACAS service has achieved good outcomes and has been extended for a further 2 years. This is commissioned jointly by health commissioners and the Police and Crime commissioner. The third sector providers involved are exploring how they can become financially self-sufficient in this service over time. Cost benefit analysis is complex for this as a number of partner agencies have been impacted. A full evaluation is being done by a University of Central Lancashire.

The potential to reduce police costs associated with detention and handling people in crisis by a value of nearly £335k was estimated prior to the start of the project. Protocols for recording and supporting mental health related problems are in place and being used effectively. A potential saving in police time of £161k was estimated at the start of the project.

The community mental health trust has closed the short stay bed unit opened for this project but relocated the service within an existing bed base with staff transferring to manage service users in the same way within this resource.

Cost benefit for the various elements of MACAS are shown below

Table 14 Lighthouse Summary of Efficiency savings

Summary of investment/savings	Investment	Efficiency Saving
3rd Sector Provision	£219,729	
○ CPFT		£160,320
○ Police		£64,728
○ NWAS		£52,020
○ A&E		£25,296
Totals	**£219,729**	**£302,364**

Table 15 72 hour bed base*

72 hour bed efficiency		
Patient numbers	Cost of MACAS Pathway Stay	Average Cost of Previous Acute Pathway stay(s)
(Q1) 43	£105,023.99	£350,604.00

Q4 extrapolation	**£**	**420,095.96**	**£**	**1,402,416.00**

Table 16 A&E diversions through SPA

Avg. A&E cost of attendance (calls to SPA)				
		Attendance cost	Monthly	PA
A&E	29% of calls	£124	£35,852	**£430,225**

Table 17 Police efficiencies

Police efficiency (SPA diversions)	
142 hours of police time	**£16,472**
Custody costs	**£78,210**

We made no interventions to this process other than apply the survey. The team achieved this through their programme of work which improved RC across the system.

The Chemotherapy service is commissioned through our acute trust contract and in conjunction with specialist services linked to Newcastle. We were aiming to make improvements for this service particularly focussed on communication between medical decisions on chemotherapy treatment and delivery by the nurses. This could have impact on medication costs. This work has yet to be completed.

There is no cost impact on continuing to use the survey as we have already purchased further surveys locally and our membership to the network, which we hope to use our slippage in the fund for, will offer us ongoing access to RC networked colleagues.

Part 4: Learning from your project

The RC framework is intuitive and understood quickly by staff. All teams that received feedback were able to articulate and illustrate the survey outcomes with examples of what we were showing them. This illustrated the idea that the survey should be like "holding up a mirror" for a team to understand the impact they have on others.

The RC survey is a measurement tool and an intervention to begin to discuss relational aspects of working. Using the survey raised some awareness of the importance of relational elements of the workplace. Clinical colleagues easily understood the value of the framework but often felt unable to see how the dimensions could be changed.

Within some workgroups, even where working relationship are well coordinated, conscious recognition of the value of the framework was low. Value being seen more in the structured governance, clarity of objectives and command and control culture rather than relational and communication aspects even though these were articulated as key enablers to the work.

"…respect is for the individuals involved not for their roles, it's been key to achieving (the outcomes) everyone being prepared to challenge and escalate when necessary, being ruthlessly clear about achieving our objectives."

The MACAS team met regularly and had a clear plan for delivering their programme of work. They fed back that this had helped to resolve issues that arose. The relationships they developed through meeting and working together on a "*shared goal*" built trust/ "*mutual respect*" between them and enabled a "*problem solving communication"* style to how they worked together.

Both pathways were different in how they were led and how improvement work was taken forward. The framework was not fully understood by either pathway, however observing how each functioned illustrated the dimensions of the framework well.

For example

- MACAS was working across professional boundaries and building "*shared knowledge*" about each agency and their needs and offer to the support of people in crisis. In particular shared knowledge of the third sector capability has led to ongoing development of services.

- The police template to refer individuals to community mental health services is a great example of how "*accurate communication*" enables better working between teams and improved outcomes for service users.

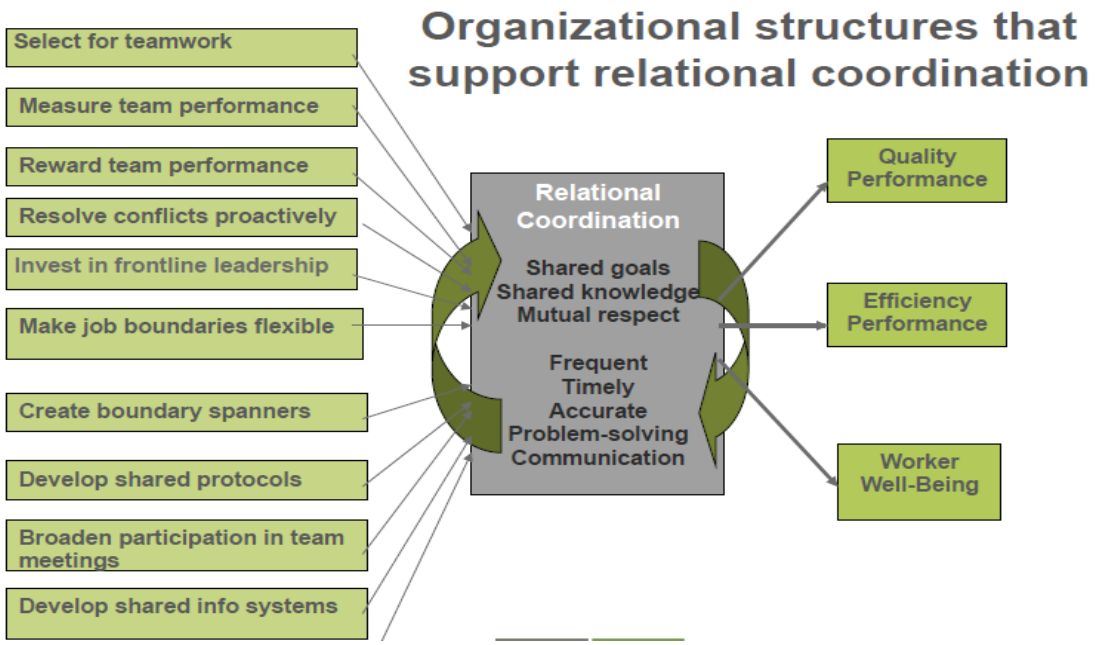
The MACAS project was a clearly managed new service development with significant project support and dedicated resources. They did not want any additional

intervention as the project itself was set up to deliver everything that was required.

The chemotherapy pathway is a busy “business as usual” system where improvements need to take place, but they struggled to take on additional focus beyond the day to day to drive these improvements. They face all the challenges facing many of our services in health of staff absences, covering high demands in clinical work, spread across sites and changes in service structure. Engaging with this service was difficult even with plans and arrangements in place, communication across the teams was not coordinated, last minute clinical changes and needs overruled planned feedback and interactions on most occasions. A clear programmed case for change would have helped engage staff more effectively. Where clear governance and improvement objectives are defined and teams are engaged with a “sense of urgency” felt by all, from senior leads to operational front line staff, time is dedicated and committed to meet and problem solve together to move objectives forward.

Relationships take time to nurture and develop and for trust and *mutual respect* to build sufficiently to enable improvement in work processes. Our current day to day working culture and demands hold little value on this as “real work”. Clinical teams need headspace and working environments that create this, to enable them to fully engage in improvement opportunities.

The diagram shows how a variety of inputs impact on RC and the outcomes achieved



- Teams need permission to do this from their leaders.
- Leaders themselves often find there is little headspace to consider

approaches of this type.

- Relationships tend to build through informal contacts and opportunistic working together if it presents. More specific planning of team working and what it will look like will build success.

The structure of MACAS did help our project as there were clearly defined groups meeting regularly to feedback to and engage with. There was real passion and drive shown by this group of teams to see change for their service user group.

Engaging and feeding back results to understand the survey took longer than anticipated to complete. Last minute changes to meetings across both pathways meant weeks went by before they could be rescheduled.

Our project focussed on areas of poor performance. The effort and time needed to try to get introductions, meet key staff and teams, maintain this when other priorities were their focus and ensure that communication was frequent enough, timely, accurate and problem solving proved impossible for the resources we put against this work. The scope was too broad to manage. This could be managed by limiting scope to one pathway where improvement is already recognised and ready to take place.

We should have focussed more effort on senior sponsors to support and promote across the pathways, to build knowledge of the RC framework and to encourage and drive this, as we saw being done in the MACAS work.

Using the tool itself was not onerous by those we spoke to. However some found it was “lost amongst emails”. The survey is sent out automatically from an online system. Staff received information prior to receiving the survey, however more direct engagement could have enabled better return rates.

The full survey reports were generated by RCA and had too much information for teams to be able to handle and digest. We did not share more than that shown in the appendix to any team. This data gave sufficient insight for each pathway to generate ideas for ongoing improvement work. The rest of the data while useful for facilitating conversation felt, to us, to be too much information and did not add significant value to the conversations we held.

Part 5: Sustainability and spread

We will be continuing with RC beyond the end of the project funds. We have already purchased additional surveys through other funding. The RC work has been taken into the CLIC team as one of the tools we use when working with teams in complex, highly dependent pathways. The training received through this project has supported our team development for this. Our evidence and the wider evidence supports relationally coordinated teams deliver best outcomes for service users. This is our aim for future work. We currently run a programme of supported improvement for teams which is structured around nine elements of team working. We are looking at how we can build in the learning from this project and using RC framework into this programme.

It is currently unlikely that we will purchase any further surveys beyond those already paid for. Rather we will work with other areas who have experience of RC, Relational Coordination Analytics and Jody Hoffer-Gittel, founder of the survey and the seven dimensions to refine the tool to something that is more manageable to deliver in the current climate of work pressure, staff shortages and rising demand.

There has been interest shown from other areas to develop the framework further as described above and we have begun discussions about how to take this forward. We have expressed interest in being a pilot site for future development work with Jody Hoffer Gittell. We will share our learning directly with these colleagues.

We have shared this work at our recent “LOC in the Lakes” conference in conjunction with Hans Hartung, a previous Health foundation award winner. https://www.theclic.org.uk/training-and-events/conferences/loc-2018

An exercise we used in this training where a relational coordination map is drawn

based on an individual's experience of the working groups and relational coordination observed, has been found to be a useful method to engage thinking and planning to work differently. While it has limitations to being only one person's perspective it has value in challenging current thinking. The seven elements help to explore possible options for specific improvement. We will continue to explore how we use this with teams in the context of work pathways rather than just individuals.

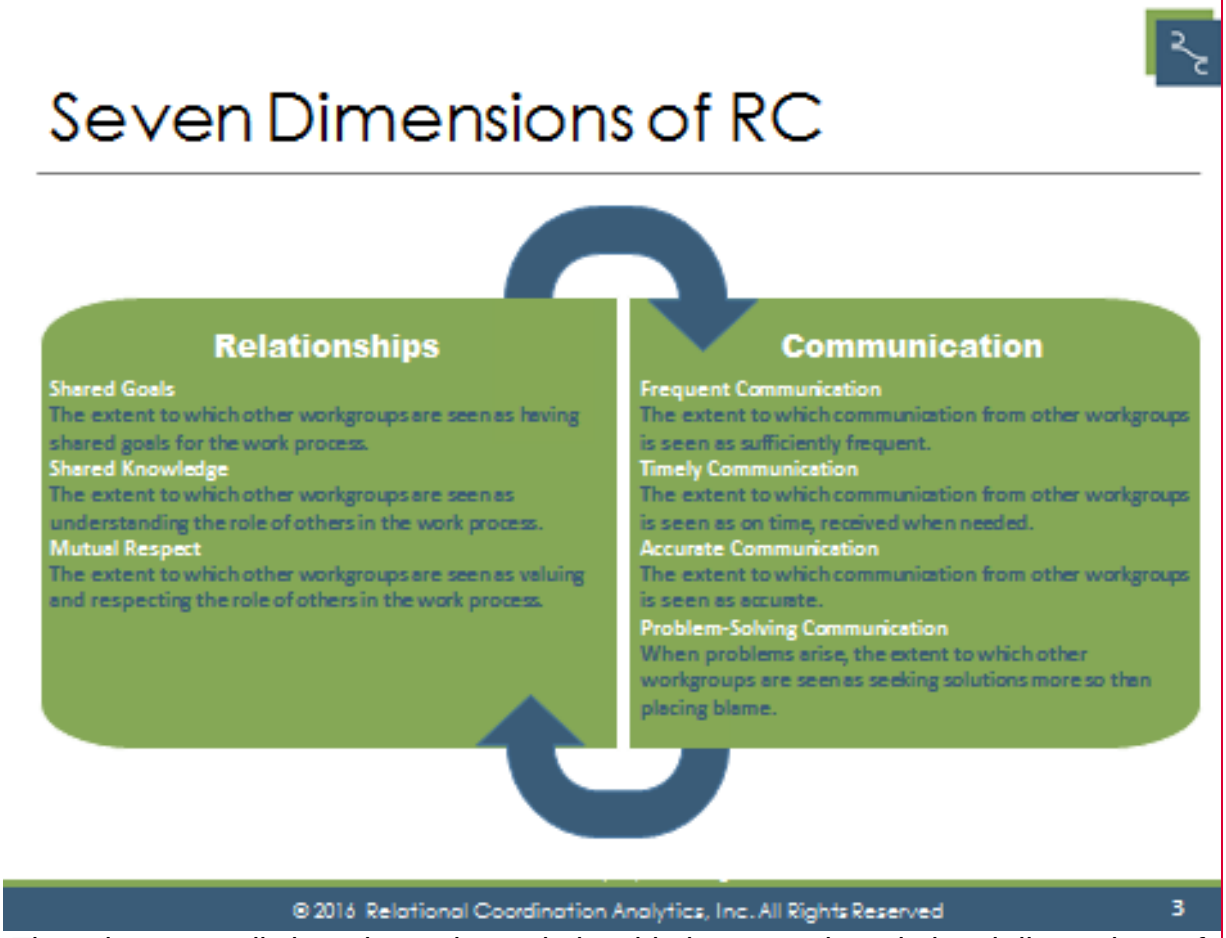
We also use the framework within our leadership and team development workshops locally delivered by CLIC.

We are currently using the survey specifically with a discharge to assess pathway between our acute trust and an emerging Integrated care community. There has been some improvement work undertaken by therapists as a result of the initial survey feedback which aimed to improve knowledge about community therapy skills and capability by acute therapy colleagues. This won an award from the acute hospital trust for team working.

We will continue to support the chemotherapy pathway in their improvement work.

Appendix 1: Resources and appendices

The Relational Coordination framework



There is a mutually interdependent relationship between the relational dimensions of the framework and the communication dimensions. They can positively improve and re-enforce ongoing benefits or they can do the opposite and confirm held prejudice and negative behaviours.

LOC in the Lakes Presentation

Rachel Fleming and Hans Hartung

LOC presentation 7.3.18RFHH.pptx

Relational Coordination Survey questions for Mental Health pathway

Each RC survey is customized to reflect a unique work process and set of interdependent workgroups. The **bolded** text indicates the **RC dimension** and your organization's customized **work process**.

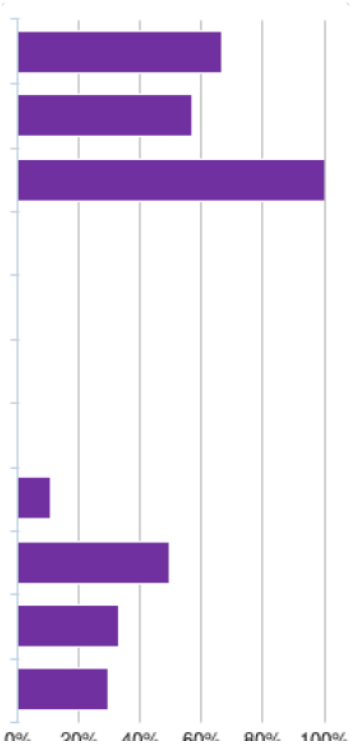
The RC survey questions used in your survey are as follows.

Workgroup/Individual

1. Frequent Communication	How **frequently** do people in each of these groups communicate with you about **the MACAS Pathway**?
2. Timely Communication	Do they communicate with you in a **timely** way about **the MACAS Pathway**?
3. Accurate Communication	Do they communicate with you **accurately** about **the MACAS Pathway**?
4. Problem-Solving Communication	When there is a problem with **the MACAS Pathway**, do people in each of these groups blame others or work with you to **solve** the problem?
5. Shared Goals	Do people in each of these groups **share your goals** for **the MACAS Pathway**?
6. Shared Knowledge	Do people in each of these groups **know** about the work you do with **the MACAS Pathway**?
7. Mutual Respect	Do people in each of these groups **respect** the work you do with **the MACAS Pathway**?

Survey Response rates for the initial MACAS pathway

Workgroup Name	Abbreviation	Percent of Respondents	%	Comp	Invt
Police	POL		67%	2	3
Third Sector	TSEC		57%	8	14
NWAS	NWAS		100%	1	1
CAMHS	CAMHS		0%	0	2
Carlisle and Eden Co...th Team	CMHT		0%	0	9
On Call Medical Team	OCMT		0%	0	2
AMHP	AMHP		0%	0	2
Urgent Care Team	UCT		11%	2	18
MACAS Steering Group	MACAS		50%	5	10
CPFT Mental Health Services	CPFT		33%	3	9
Total			30%	21	70

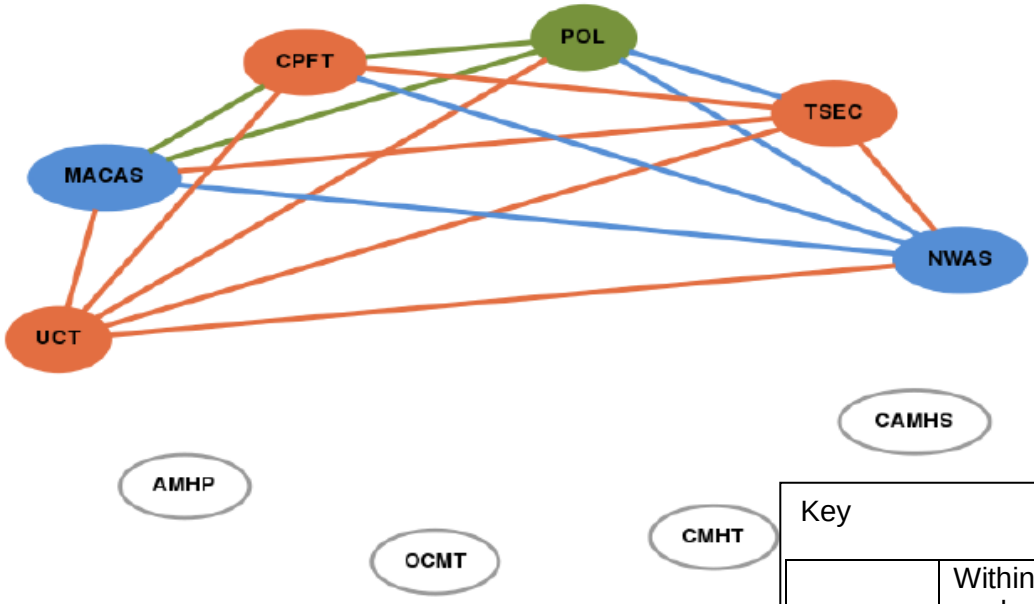


Relational Coordination Average ties map

The Relational Coordination Map displays the strength of ties within and between workgroups. It provides a bird's-eye view of RC ties within and between workgroups and/or individuals.

The color of each bubble indicates the strength of RC ties within that workgroup. Each line between bubbles indicates the average strength of the RC tie between the two workgroups connected by the line.

Green areas denote characteristics of high performing teams, so any areas that are not green are target areas for improvement.



Key

	Within workgroups	Between workgroups
Weak	<4.1	<3.5
Moderate	4.1 – 4.6	3.5 – 4.0
Strong	>4.6	>4

Matrix

The Relational Coordination Matrix shows how each workgroup rates the others (horizontal) and how it is rated by the others (vertical). The diagonal shows how each workgroup rates itself. Workgroups with one individual have no score on the diagonal and workgroups with no respondents have no scores on the horizontal. Comparing above and below the diagonal, you can see how the same relationship is rated by each of the two workgroups involved.

Some workgroups have highly non-reciprocal relationships with each other. Relational coordination tends to be rated more highly by higher status workgroups because the relationship tends to work in their favor.

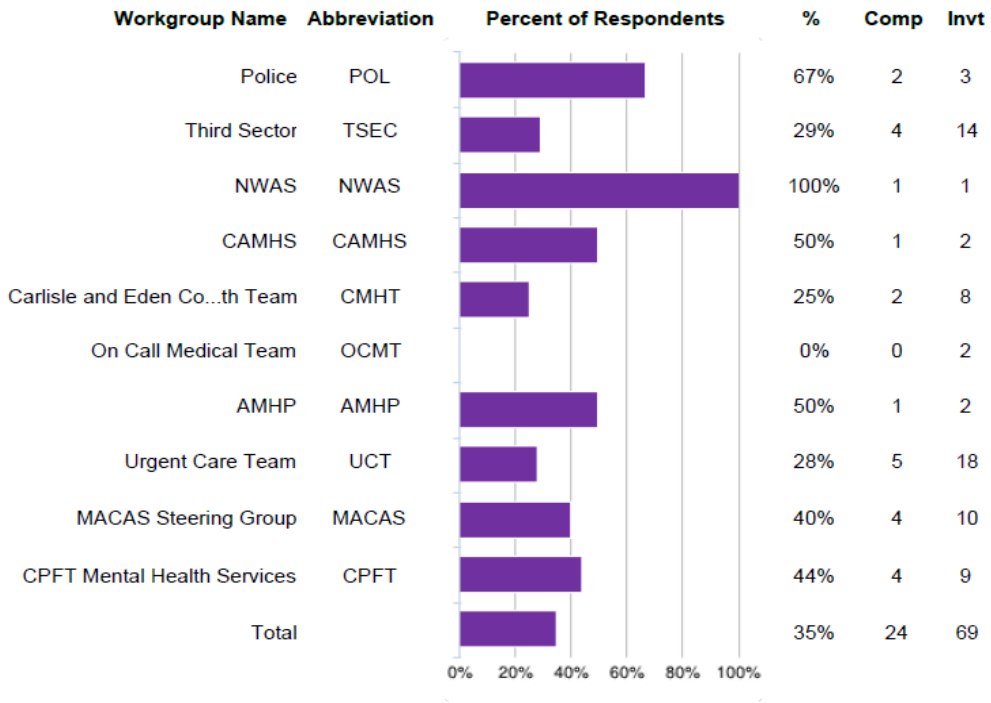
Green areas denote characteristics of high performing teams, so any areas that are not green are target areas for improvement.

		Ratings of									
		POL	TSEC	NWAS	CAMHS	CMHT	OCMT	AMHP	UCT	MACAS	CPFT
Ratings by	Police	4.64	4.43	3.14	1.86	4.14	2.57	3.36	4.36	4.07	4.57
	Third Sector	3.30	3.09	1.84	1.89	2.59	1.84	1.93	2.16	2.45	2.43
	NWAS	4.43	3.71	4.29	3.86	4.71	3.86	3.71	3.71	4.57	4.14
	CAMHS	--	--	--	--	--	--	--	--	--	--
	Carlisle and Eden Co...th Team	--	--	--	--	--	--	--	--	--	--
	On Call Medical Team	--	--	--	--	--	--	--	--	--	--
	AMHP	--	--	--	--	--	--	--	--	--	--
	Urgent Care Team	2.07	2.00	2.50	2.07	2.21	2.50	3.07	3.07	2.29	2.43
	MACAS Steering Group	4.46	4.03	3.09	3.49	3.83	3.20	3.26	3.77	4.60	4.46
	CPFT Mental Health Services	3.52	3.43	2.90	2.57	2.52	2.24	2.43	2.38	3.95	3.52

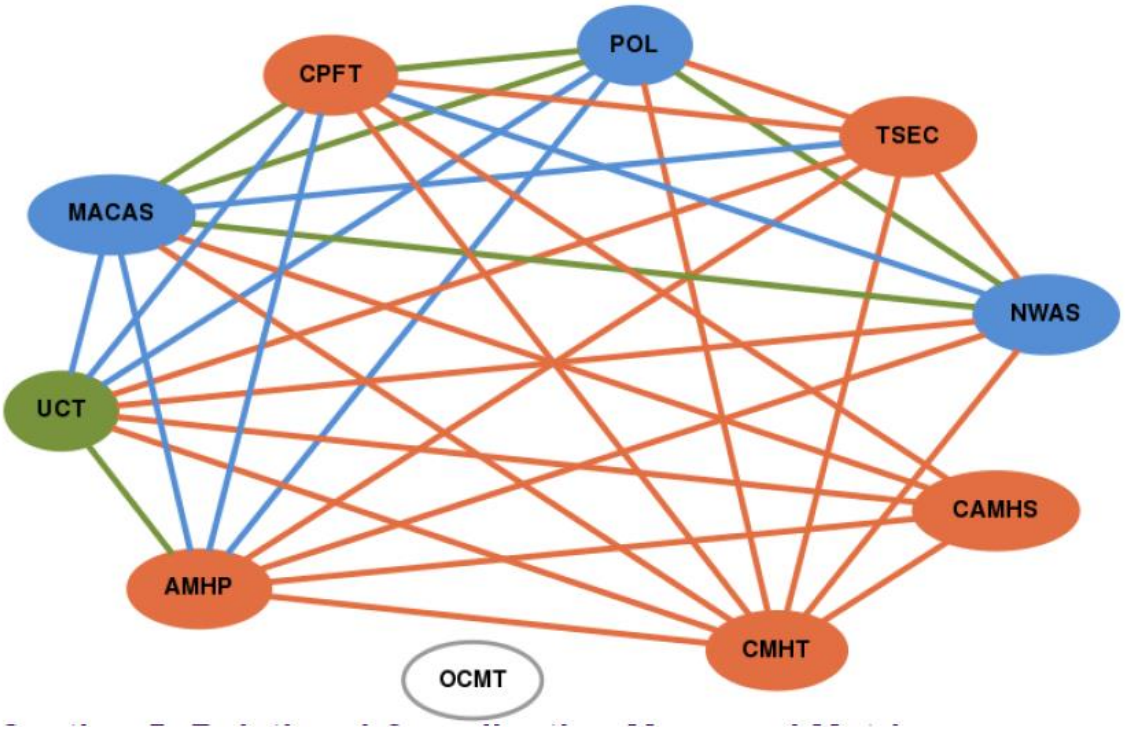
Relational Coordination seven dimensions initial overall results for MACAS pathway

Follow up survey results

Response rates to follow up survey for MACAS



Relational Coordination Map



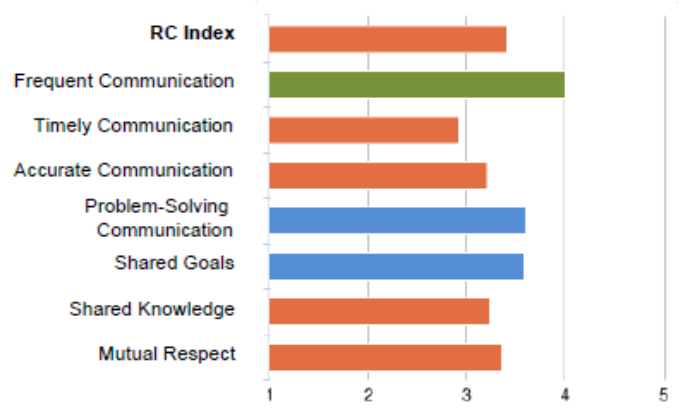
Relational Coordination Matrix

Ratings by	Ratings of: POL	TSEC	NWAS	CAMHS	CMHT	OCMT	AMHP	UCT	MACAS	CPFT
Police	4.29	4.05	3.71	2.00	4.00	2.83	3.90	4.36	4.86	4.29
Third Sector	2.47	2.71	2.41	2.04	3.01	2.53	2.21	2.45	2.68	2.88
NWAS	4.57	3.29	4.14	3.43	4.00	3.43	3.43	3.00	4.86	4.00
CAMHS	--	--	--	2.50	2.67	1.00	1.00	3.33	1.00	2.00
Carlisle and Eden Co...th Team	1.50	1.57	1.36	1.00	1.43	1.43	2.86	1.43	1.43	1.43
On Call Medical Team	--	--	--	--	--	--	--	--	--	--
AMHP	3.57	3.43	3.43	3.57	3.57	3.43	3.71	3.71	3.71	3.71
Urgent Care Team	3.59	3.17	3.42	2.46	3.55	4.13	4.75	4.75	3.33	3.48
MACAS Steering Group	4.39	4.32	3.32	3.62	3.86	3.62	3.79	4.21	4.39	4.32
CPFT Mental Health Services	4.19	4.03	3.07	2.63	3.55	3.14	3.83	3.61	3.72	3.69

Relational Coordination seven dimensions follow up survey overall results for MACAS pathway

Between Workgroups

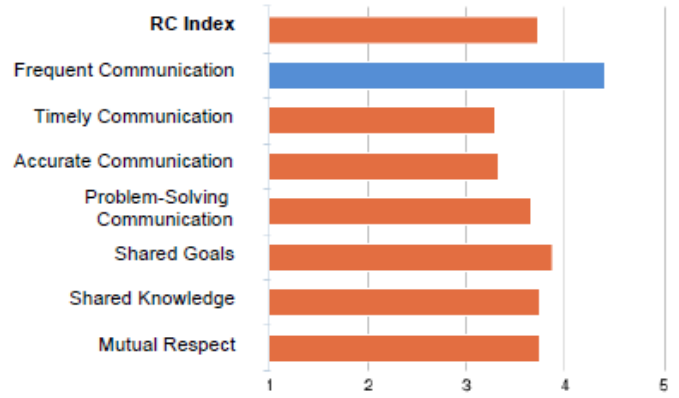
(N=24)



	Mean	Min	Max	% N/A
RC Index	**3.42**	**2.82**	**3.85**	**26%**
Frequent Communication	4.02	3.31	4.54	27%
Timely Communication	2.92	2.29	3.42	29%
Accurate Communication	3.21	2.75	3.73	32%
Problem-Solving Communication	3.60	3.15	4.00	29%
Shared Goals	3.59	2.80	4.14	28%
Shared Knowledge	3.24	2.39	3.75	18%
Mutual Respect	3.37	3.00	3.84	20%

Within Workgroups

(N=24)



	Mean	Min	Max	% N/A
RC Index	**3.72**	**1.86**	**4.68**	**22%**
Frequent Communication	4.42	1.00	5.00	25%
Timely Communication	3.29	1.00	4.25	21%
Accurate Communication	3.32	1.00	4.67	25%
Problem-Solving Communication	3.66	3.00	5.00	25%
Shared Goals	3.88	3.00	5.00	21%
Shared Knowledge	3.75	2.00	5.00	17%
Mutual Respect	3.76	2.00	5.00	21%

Relational Coordination Survey for Chemotherapy

Each RC survey is customized to reflect a unique work process and set of interdependent workgroups. The **bolded** text indicates the **RC dimension** and your organization's customized **work process**.

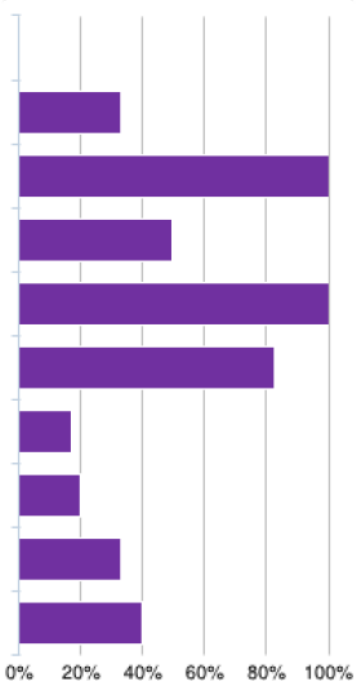
The RC survey questions used in your survey are as follows.

Workgroup/Individual

1. Frequent Communication	How **frequently** do people in each of these groups communicate with you about **the Chemotherapy Pathway**?
2. Timely Communication	Do they communicate with you in a **timely** way about **the Chemotherapy Pathway**?
3. Accurate Communication	Do they communicate with you **accurately** about **the Chemotherapy Pathway**?
4. Problem-Solving Communication	When there is a problem with **the Chemotherapy Pathway**, do people in each of these groups blame others or work with you to **solve** the problem?
5. Shared Goals	Do people in each of these groups **share your goals** for **the Chemotherapy Pathway**?
6. Shared Knowledge	Do people in each of these groups **know** about the work you do with **the Chemotherapy Pathway**?
7. Mutual Respect	Do people in each of these groups **respect** the work you do with **the Chemotherapy Pathway**?

Initial Survey response rates for Chemotherapy

Workgroup Name	Abbreviation	Percent of Respondents	%	Comp	Invt
Beech A	BEECH		0%	0	7
Chemo CIC	CHCIC		33%	2	6
Chemo WCH	CHWCH		100%	4	4
Chemotherapy Scheduling	CHSCH		50%	1	2
Consultant Cancer Nurse	CNURS		100%	1	1
Haematologists	HAEMO		83%	5	6
Management	MANGR		17%	1	6
Oncologists	ONCOL		20%	1	5
Outpatients	OUTP		33%	2	6
Total			40%	17	43

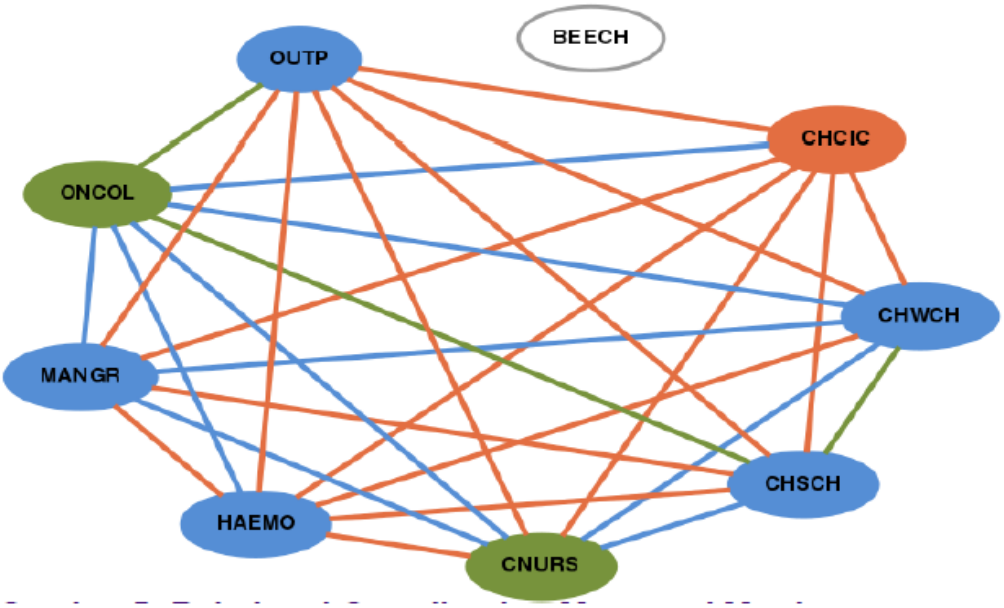


Relational Coordination Map for Chemotherapy pathway

The Relational Coordination Map displays the strength of ties within and between workgroups. It provides a bird's-eye view of RC ties within and between workgroups and/or individuals.

The color of each bubble indicates the strength of RC ties within that workgroup. Each line between bubbles indicates the average strength of the RC tie between the two workgroups connected by the line.

Green areas denote characteristics of high performing teams, so any areas that are not green are target areas for improvement.



Relational coordination Matrix for Chemotherapy pathway

The Relational Coordination Matrix shows how each workgroup rates the others (horizontal) and how it is rated by the others (vertical). The diagonal shows how each workgroup rates itself. Workgroups with one individual have no score on the diagonal and workgroups with no respondents have no scores on the horizontal. Comparing above and below the diagonal, you can see how the same relationship is rated by each of the two workgroups involved.

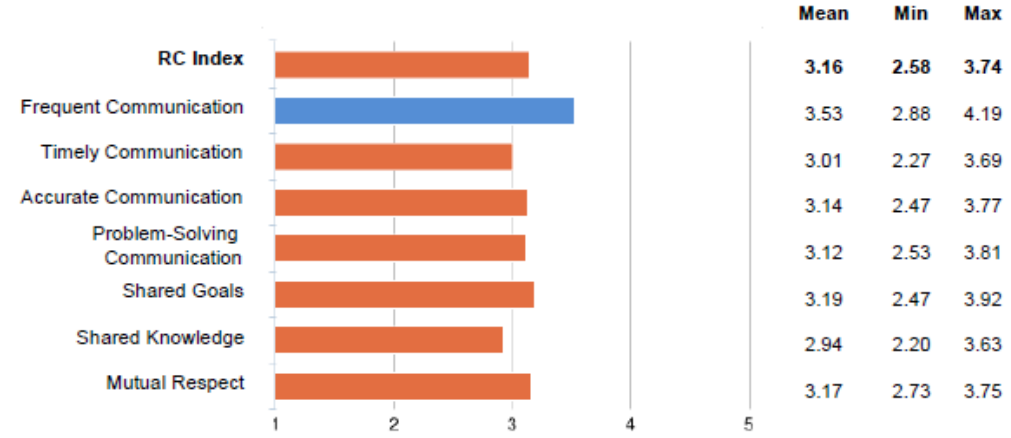
Some workgroups have highly non-reciprocal relationships with each other. Relational coordination tends to be rated more highly by higher status workgroups because the relationship tends to work in their favor.

Green areas denote characteristics of high performing teams, so any areas that are not green are target areas for improvement.

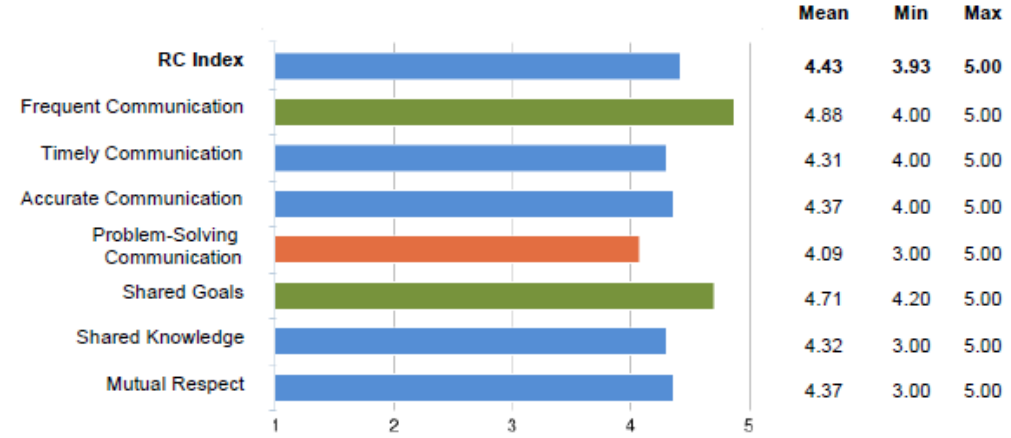
	Ratings of	BEECH	CHCIC	CHWCH	CHSCH	CNURS	HAEMO	MANGR	ONCOL	OUTP
Ratings by	Beech A	--	--	--	--	--	--	--	--	--
	Chemo CIC	2.57	3.93	3.43	3.79	3.36	3.57	2.79	2.36	2.57
	Chemo WCH	2.25	2.46	4.54	4.18	4.07	2.75	3.07	3.11	2.25
	Chemotherapy Scheduling	3.14	2.86	4.71	4.14	4.43	3.57	3.29	3.29	2.29
	Consultant Cancer Nurse	2.29	1.57	3.86	2.57	5.00	1.86	2.43	2.71	2.00
	Haematologists	4.09	3.23	3.49	3.37	2.89	4.23	2.63	2.57	2.46
	Management	2.71	3.00	4.29	3.43	4.57	2.43	4.29	3.14	3.14
	Oncologists	4.71	4.86	4.86	4.86	4.86	4.86	4.71	5.00	4.86
	Outpatients	2.36	3.29	3.14	3.93	3.43	2.07	2.64	3.21	4.36

Relational Coordination seven dimensions overall results for Chemotherapy pathway

Between Workgroups
(N=17)

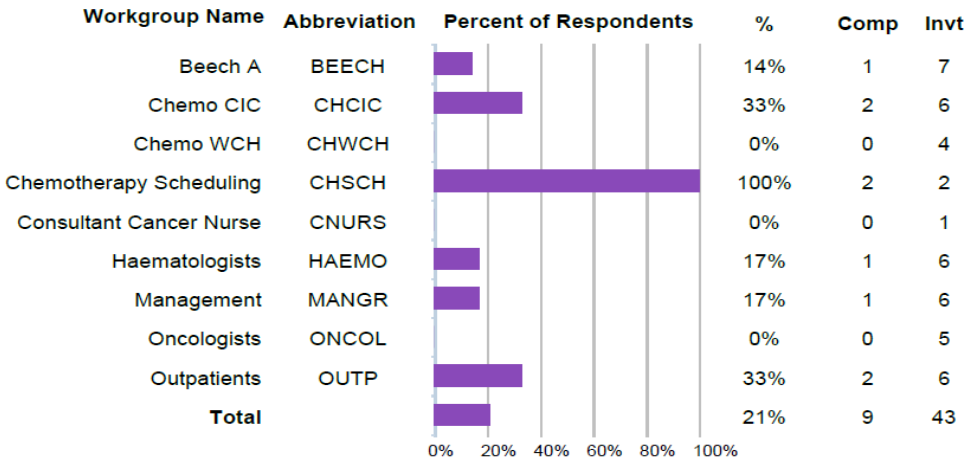


Within Workgroups
(N=17)

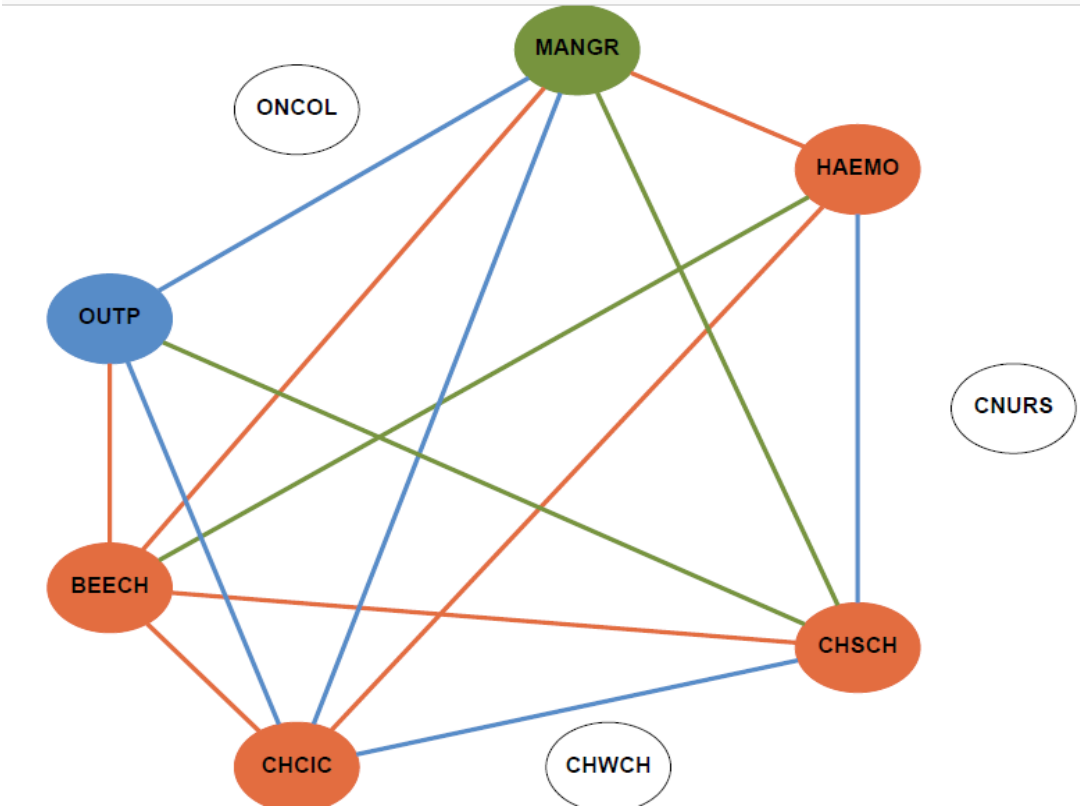


Follow up survey Results

Response rates to follow up survey



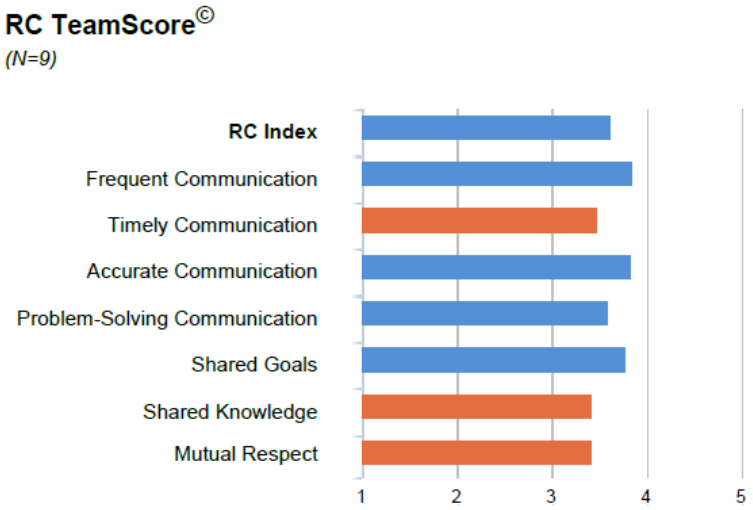
Relational Coordination map for follow up survey results



Relational coordination matrix for follow up survey

		Ratings of								
		BEECH	CHCIC	CHWCH	CHSCH	CNURS	HAEMO	MANGR	ONCOL	OUTP
Ratings by	Beech A	3.43	2.71	1.00	2.86	4.86	4.86	1.43	1.71	1.00
	Chemo CIC	2.93	3.86	3.00	4.07	2.93	2.71	3.14	3.29	3.29
	Chemo WCH	--	--	--	--	--	--	--	--	--
	Chemotherapy Scheduling	3.64	3.50	3.86	4.00	3.71	4.25	3.57	3.50	3.75
	Consultant Cancer Nurse	--	--	--	--	--	--	--	--	--
	Haematologists	3.86	3.71	3.71	3.71	--	3.80	1.67	--	--
	Management	4.14	4.57	5.00	4.71	4.71	4.29	5.00	4.29	5.00
	Oncologists	--	--	--	--	--	--	--	--	--
	Outpatients	4.14	4.50	4.36	4.57	4.43	3.00	2.36	3.71	4.29

Relational Coordination seven dimensions overall results for Chemotherapy pathway



	Mean	Min	Max	% N/A
RC Index	**3.61**	**2.68**	**4.08**	**14%**
Frequent Communication	3.84	2.50	4.43	8%
Timely Communication	3.46	2.25	4.14	14%
Accurate Communication	3.82	2.63	4.38	14%
Problem-Solving Communication	3.58	3.00	4.29	17%
Shared Goals	3.77	3.13	4.43	14%
Shared Knowledge	3.40	2.50	4.25	14%
Mutual Respect	3.41	2.50	3.80	15%

The Multi agency crisis assessment service

The MACAS project aimed to provide a focus on which to build responsive urgent care in our communities and enabled partners to work in a joined up way to provide the right service to people in mental health crisis. Principally providing services in the right place, at the right time and sharing and resolving issues quickly and effectively.
MACAS received Police funding for an initial 2 year period to create a proof of concept project and to explore the sustainability of service delivery and funding.

https://www.cumbriapartnership.nhs.uk/news/better-support-for-those-who-are-in-mental-health-crisis#sthash.sZhtD14D.dpbs

This gives an overview of the component parts of the MACAS service. These were put in place through a partnership between the Cumbria Constabulary, Cumbria Clinical Commissioning group, Cumbria Foundation Trust, and third sector partners. The project was initially funded for two years and following successful achievement of outcomes has subsequently had extended funding for further 2 years.

The improvements made are –

Single Point of Access phone line

The SPA signposts and supports professionals including Cumbria Constabulary. They can call to speak to a mental health professional if they are presented with someone who is in mental health crisis. Dr Stuart Beatson, consultant psychiatrist and associate medical director for mental health at Cumbria Partnership NHS Foundation Trust explains:

"The professional mental health advice and support that is given at that point can deescalate the crisis. Because the SPA line professional has full access to patient notes they are able to access care coordinators and any part of the mental health service that is most appropriate for the person's needs.

All this happens quickly and ensures that the person needing help gets the right help at the right time in the right place.

In the case of the police or ambulance service, they are able to 'hand over' in a timely way to the mental health teams rather than spend many hours waiting with the person in A&E or in a police cell."

Third sector community hub

The project also draws on the valuable assets of the third sector, developing current links and services and introducing Community Hubs. These are places run by the third sector where someone with mental health issues can go and feel safe. There will be input and access to NHS mental health professionals and services and also a range of support through the third sector network.

http://www.cemind.org/news/2017/7/the-lighthouse-sanctuary-and-support-in-times-of-crisis.aspx

Inpatient beds

There is also the development of a 72 hour assessment centre at the Carleton Clinic in Carlisle for patients who require short stay treatment and assessment. This will again help those with more serious mental health issues get the support that they need in order to prevent a crisis happening.