Developing and sustaining effective teams

Getting started
An introduction and overview
Acknowledgements

These guides are the outcome of work undertaken during the Clinical Teams Project (CTP). We’d like to thank all those that participated in the project, including the team representatives, the teams, and those who use their services, along with the programme sponsors. We’d also like to specifically acknowledge the direction and support of John Lancaster and Christina Pond at the NHS Leadership Centre, the organisation which commissioned the CTP, as well as members of the CTP Advisory Group for their guidance, critique and support.

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We also acknowledge the support of Janet Donnelly in proof-reading and commenting on the guides.

If you would like your team or organisation to take part in the Clinical Teams Programme, please contact clinical.leadership@rcn.org.uk.
Getting started

Introduction

The NHS Leadership Centre commissioned and funded the RCN’s clinical leadership team to design, deliver and evaluate a multidisciplinary team development programme – the Clinical Teams Programme (CTP). The guides in this pack contain some of the practical learning gained from the project1.

Between April 2004 and August 2005 over 100 clinical teams took part in the 10-month CTP. These teams were located across England, came from many different hospital and community settings and provided services for a wide variety of service users. Participants included teams working with people with learning disabilities, intermediate care teams, integrated health and social services teams, as well as in-patient and mental health teams. The teams were multidisciplinary and included nurses, occupational therapists, physiotherapists, social workers, administrative staff, support workers, managers, doctors, psychologists, dieticians, speech and language therapists, and others.

Working with the different dynamics, enthusiasms, hopes, set-backs and celebrations of these teams was both challenging and ultimately, rewarding. The learning from these experiences provided the project team with a unique and privileged insight into the variety of ways its possible to enable teams to improve the way they work together, so that they in turn can deliver better care and services to service users.

We know what works and what doesn’t and what some of the challenges are that face teams as they work in increasingly complex and rapidly changing circumstances to provide the excellent care and services to which they aspire.

The evidence base

The CTP drew on evidence from the RCN Clinical Leadership Programme (CLP) (Large et al., 2005, Cunningham and Kitson, 2000a and 2000b) and from Borrill and West’s (2002) research into team effectiveness.

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1A copy of the full evaluation report from the Clinical Teams Project is available from clinical.leadership@rcn.org.uk and can be downloaded from www.rcn.org.uk/publications
Key to the success of the CLP is the ability to combine reality with vision by focusing on:

- the service user
- the local context of service delivery
- the broader strategic and political context
- the personal and professional development of individuals.

The work of Borrill and West (2002) shows us that effective teams are ones that:

- have clarity of, and commitment to, team objectives
- fully involve all team members in the processes and activities of the team
- focus on quality through regular review and feedback on performance, in relation to team functioning and the achievement of team objectives
- support creativity and innovation.

Drawing on this evidence and using a variety of processes, tools and techniques, the CTP provided a structure in which teams could examine the ways they were working, identify what was going well and what wasn’t working so well, and make plans together to improve the service they were providing for service users.

Participating CTP teams were asked to nominate up to three individuals to act as team representatives and lead the programme in their team. In all, we worked with 252 team representatives; 47% were nurses, while 53% represented a range of professional and non-professional backgrounds including occupational therapists, physiotherapists, support workers, social workers, doctors and administrators.

During the 10-month programme the team representatives took part in nine workshops and nine learning sets and their teams each had three team events – days when the whole team worked together on an aspect of team development. The teams also undertook patient stories,
observations and completed the Team Performance Inventory (West et al, 2004)

The CTP was facilitated in each organisation by an experienced facilitator employed by the RCN. At the close of the programme, the team representatives completed evaluation forms. Listening to what these team representatives had to say about their experience provided excellent insights into team development from the shop floor. These guides are based on evaluations provided by the team representatives, along with those completed by the senior managers who sponsored the programme in each organisation. The guides include some of the questions, ideas and practical exercises the teams found most useful during the programme.

Using the guides

These guides are designed to be used by anyone who works in a team, and who wishes to improve the ways in which the team operates. They contain practical, useful and thought provoking ideas to increase team effectiveness and to initiate change.

The subjects covered by the guides have been selected because they are topics from the Clinical Teams Programme that participants found particularly relevant and useful and in some instances particularly frustrating or challenging.

Following the introduction, Getting started, each guide addresses a specific aspect of team working:

- Guide 1 – What is a team?
- Guide 2 – What are you there for? Setting objectives
- Guide 4 – Is everyone involved? Diversity
- Guide 5 – Effective team meetings
- Guide 6 – Some thoughts about conflict
- Guide 7 – Change and transition
- Guide 8 – Running a team day
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The guides do not contain an exhaustive list of what you have to do to have a good team, or all the things you should consider in relation to the topic. Team development is a continuous and ongoing process, and not something that can be accomplished in a single team away day.

Each guide follows a similar format:

- a brief introduction to the topic and why it’s important for good team working
- our experience of the topic gained from the teams that participated in the CTP
- important questions to ask yourself, and your team, about the topic
- tools and exercises you can use with your team
- where to access further information and ideas.

The guides are illustrated throughout with quotes from participants in the CTP project, together with examples of how the teams applied some of the approaches, and their experience of doing so.
Getting started

This section takes a look at some of the things you should consider before getting stuck into the ‘nitty gritty’ of team development.

Gain support

Findings from the CTP evaluations indicate that the people (the team representatives) who took a lead role in bringing about team development found it both challenging and rewarding. Whether this challenge was worthwhile, in terms of achieving positive results, or whether the challenge was perceived as outweighing any benefits, was influenced by multiple factors. The most significant of these factors was gaining support.

Support was viewed as coming from four potential sources:

• those in a similar position, trying to bring about team improvements (for example, the other team representatives participating in the CTP)
• the programme facilitators
• team colleagues
• local managers.

Positive change, in terms of team functioning and service improvements, was most likely when support from all four sources was forthcoming. However, many team representatives found gaining support from managers, getting the rest of the team on board, and dealing with team dynamics, to be some of the most challenging aspects of the process.

The key message, before you embark on any sort of team development, is to make sure you get support. If you can gain this from your peers, your team, your manager and an external facilitator you are doing really well. As a minimum, try to make sure you gain support from at least two of these sources.

Evaluations of the CTP also identified four key ways in which managers can provide support:
Developing and sustaining effective teams

• taking time to participate in the team development activities
• using their position to spread information about the work
• asking how it was going
• offering positive encouragement and feedback.

So, if you are a manager and want to support your teams through team development activities you need to attempt to do some or all of these things.

Get people involved

Basically the more people you can get involved in some way, the better.

Our CTP experience indicated that team representatives held a variety of roles – 55% had roles that you would usually associate with leadership and would expect to carry some weight of authority (clinical team leader, modern matron, unit manager, consultant psychiatrist, head occupational therapist, superintendent physiotherapist, and senior social worker), while the remaining 45% held roles you might not immediately associate with leadership or positions of hierarchical authority (for example, ward clerk, housing support worker, support worker and health care assistant).

This mix across the hierarchical layers, from team leader to more junior staff, was important in relation to getting maximum influence and ownership of the team development work and subsequent changes to services. You might want to consider this when embarking on any team development work or when selecting who might take the lead role in team development.

It is also important to think about how other people, teams or departments (both within, and external, to the organisation) may be affected by your work, or may need to be informed about what you’re intending to do. These individuals and groups – which may include the trust board, PALS team, clinical governance units, training and development departments, facilities and social service teams – may be able to support your programme, remove obstacles, or spread good practice more widely.
Facilitation

The CTP used experienced facilitators, who were external to the teams and organisations they were working with. Highly valued, both by those directly taking part and their managers, the expertise of these external facilitators was particularly important at events where the whole team worked together.

External facilitators were perceived as:

- neutral (not allied with any particular group) and inclusive of all
- skilled in working with group dynamics
- knowledgeable, flexible and creative
- organised, and providing structure
- challenging.

While an external facilitator is not required for every element of team development, it is important to ask yourself the question ‘do we need one or not? A neutral external facilitator is a good idea when:

- you need to take part, and not feel responsible for ‘running’ the activity
- a planned activity may bring to the surface sensitive dynamics
- it is important for those involved to feel that the facilitator is not coming with a particular personal or organisational agenda.

If you are thinking of facilitating team working and haven’t done this before, do some reading about facilitation first and see if you can find an experienced facilitator that will work with you, or offer you some support or supervision.

The RCN has developed its Facilitation Standards, which provide a guide to the issues you need to think about when undertaking any facilitation. These are available from http://www.rcn.org.uk/resources/practicedevelopment/about-pd/tools/facilitationstandards.php.
If you are planning a team away day when some of the underlying dynamics within the team are likely to be exposed, then skilled facilitation is essential if individuals and teams are to be able to explore these safely and productively. See the guide on running a team day for more information.

The expertise of the CTP external facilitators was particularly important and valued during days or events when the whole team was working together on something. It is during times such as these that the dynamics in the team, both constructive and destructive, are most likely to be acted out, explored and discussed. This can cause anxiety, as many of these dynamics happen at an unconscious or semi-conscious level and thus come from the more primitive aspects of ourselves and frequently present in ‘attack’ and ‘defence’ type interactions.

**Funding**

The activities suggested in these guides don’t necessarily require additional financial support. Many can be undertaken within the usual team meeting systems that exist.

The teams on the CTP valued team events – days when the whole team worked on issues of team development together – very highly. Often held at external venues, and including refreshments and lunch, these days helped teams feel valued by their organisations. The CTP teams were resourceful and creative in their ability to secure funds from a variety of sources for such activities, for example:

- money from specific policy initiatives (for example, *Improving working lives*)
- sponsorship from pharmaceutical companies
- pooling training and development money across teams
- the League of Friends.
Resources

Borrill C and West M (2002) *Team working and effectiveness in health care: findings from the health care team effectiveness project*, Birmingham: Aston Centre for Health Service Organisation Research


RCN Facilitation Standards
www.rcn.org.uk/resources/practicedevelopment/about-pd/tools/facilitationstandards.php

Developing and sustaining effective teams

Guide 1

What is a team?
1 Introduction

Ask many people working in health and social care to think about a really positive work experience they’ve had, and it will probably involve some aspect of team working. From our own experience on the Clinical Teams Programme (CTP) we know that good team working is beneficial for team members and for the services they deliver – quite simply, effective team working feels good and is good for those who use the services you provide.

If that weren’t enough, we also know that effective teams are more innovative, make better decisions, respond better to rapid change and deliver higher quality services. We also know they experience far lower levels of sickness and absence, and that team members are less likely to leave.

True team working is difficult, and it requires hard work. It’s not just about clinical competence. It’s about how individuals communicate and understand their role as part of the team.

Who, or what, is the team?

Effective team working doesn’t just happen because a group of people work together. Frequently, we find ourselves members of several teams – and teams within teams – where the boundaries of one team merge with those of another.

Increasingly, teams include members from different organisations, as well as different professional groups. In addition, teams constantly change in response to different needs and situations. It’s hardly surprising then that one of the most challenging questions for many of the teams participating in the CTP was ‘who, or what, is the team?’

One definition we’ve used to help reflect on this question was Katzenbach’s (1993) definition of a team:

‘A team is a small number of people with complementary skills who are committed to a common purpose, performance goals and approach for which they hold themselves mutually accountable.’
Our experience of working with CTP teams

During the programme we worked with over 100 teams from health and social care – all very different, especially in terms of size and function. Many participants belonged to several teams which overlapped with each other, and in these circumstances it seemed important to have one ‘core’ or ‘home’ team.

More frequently people regarded themselves as belonging to extended teams, which functioned more like a service than a team. For example, an orthopaedic unit in a small community based hospital consisted of two in-patient wards, each led by a ward manager. This raised issues of split loyalties and rivalries and did not make for effective joint working. Today, it’s treated as one unit but there are still two clearly defined teams, because the care delivered by each is different. There is flexibility between the teams to allow for sickness and holiday cover, but team members have one core team they identify with.

2 Questions to consider

Consider how the following questions, and the evidence about effective team working, might apply to your team:

- how large is your team? Our experience (and the research) suggests that teams function more effectively with 8 – 15 members.
- what is the purpose of your team?
- what do you do exactly?
- does your team consist of the right people with the right skills to do the job?
- how does the team get feedback?
- does the team have objectives?
- how is responsibility for team working shared in the team?
What is a team?

• to what extent do team members need to rely on each other to get the job done?

Some more questions to consider:
• why is your team important to you, the service, the organisation and to those who use the service?
• what makes the team and what it does unique?
• how do you know what to expect of each other – what is and isn’t OK?
• how is accountability for team working shared?
• how do you know when you are doing a good job as a team?
• what does your role contribute to the team?
• what are relationships like with other teams?

We found these kinds of questions were helpful in assisting the teams that participated in the CTP to become clear about who they were, what they did and how they did it.

While these questions might appear simple, you may find some of them harder to answer than you think. You may even find that you can’t answer some of them. One reason for this might be that your team – like many of those that participated in the CTP – needs to focus on aspects of how it works in order to become a ‘real’ team.

These guides give you some practical steps to help you become a ‘real’ team, and as a consequence, become more effective.
3 Tools and exercises

The following tools and exercises are designed to help you work together and define what the team is.

As well as giving you an approach to explore this key question of developing the team, we’ve also included examples of how teams participating in the CTP used these tools, and some of the outcomes that emerged.

Mapping the team

We found this a useful technique for helping the team to see what it looks like, who is in it and how it relates to other teams.

There are various ways in which mapping can be carried out, but normally it involves drawing the team on a large piece of flipchart paper, often as a circle with overlapping circles to represent the teams or people who link in closely but are not full members of the team.

Figure 1: an example of a team map
Once the mapping is completed, consider some of the following questions:

- why did you draw your team in this way?
- how easy was it to identify the boundaries?
- who did you see as the leader?
- what surprises were there?
- is it the right size?
- does this configuration actually work as a team?
- who is the client?

Case study

Here is one example of how a group of teams used the mapping exercise, and what it revealed for them.

A PCT, covering a rural locality, introduced an intermediate care service in 2004; five teams were delivering the service, each of which was taking part in the CTP.

During a workshop, the need to define the team emerged and it was decided to map the team as a way of seeing who was in it, where the boundaries were and how each team related to each other.

During the process, the team realised that there was in fact a network of teams delivering services. These needed to relate to, and were dependent on, each other. They called this the Intermediate care service network. At its hub was the former re-ablement team, comprising staff from a range of different disciplines.

By clarifying who was in which team, and where the boundaries of teams began and ended, it became clearer to what extent each team was dependent on the other for delivering services and what systems and processes needed to be developed in order for the network to function effectively.
Developing and sustaining effective teams

Although mapping is a simple technique, we’ve found that defining the team often raised very powerful emotions in team members. Frequently, some team members view themselves very differently in relation to the team compared with others. Raising questions about ‘who is’, and ‘who isn’t’ in the team goes to the heart of our need to belong, and who we are.

Living and working in teams is crucial to our survival, so don’t be surprised by some of the issues this subject raises. You will find other parts of this guide helpful in working with some of the issues which might be raised.

Using Images

Inviting team members to use a metaphor or image to describe their team, and where they see themselves and others positioned within it, is another useful way of thinking about the team.

For example you could use the image shown at Figure 2, and invite people to consider some of the following questions:

• where do you see yourself?
• are you comfortable in that position?
• which position would you like to be in?
• where do you see others in the team?
Figure 2: team positioning image
4 Resources


Borrill C and West M (2002) *Team working and effectiveness in health care: findings from the health care team effectiveness project*, Birmingham: Aston Centre for Health Service Organisation Research


What is a team?
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Guide 2

What are you there for?
Setting objectives
1 Introduction

‘Work without objectives is like a golf course without the holes.’
Gawlinski and Graessle (1988)

Just imagine what it would be like playing golf on a course without holes. What would be the point? How would you know which direction to aim for? Or whether you were at the 9th or the 18th hole? How would you measure your success or proficiency as a golfer, or what your next challenge or development need might be? How would you know your game was improving?

For teams to be effective they need clear, shared and agreed objectives which contribute to the delivery of effective services for patients and clients. These objectives provide a framework for the team to measure progress, recognise potential risk, and identify opportunities for collaborative working.

Objectives are an important element of team leadership, and setting objectives can really help a team clarify what is important to team members, the service and to those who use it.

Setting objectives is, however, quite different from problem solving. In problem solving mode, individuals and teams frequently react to problems as they arise. However, often nothing fundamentally changes as a result and frequently the problem is just reduced.

To create real improvements for patients and clients means the team needs to be absolutely clear about what currently exists and what is desirable. By being really clear about where you are going as a team means you can choose actions to ensure you achieve your objectives.

The process of setting objectives really begins with where you want to end up. Or, as Covey (2004) suggests: “Begin with the end in mind.”
Developing and sustaining effective teams

Our experience of working with CTP teams

Many individuals working in health and social care teams have individual objectives, set annually as part of a formal appraisal process. Ideally, these objectives should be aligned with the objectives of the service, which in turn should align with the objectives of the organisation.

Our experience suggests that this process of ‘alignment’ is often missing. Indeed, it can sometimes be hard to see how the task of a particular service fits into the overall objectives of an organisation – something we’ve found may be compounded by the current rapid pace of change in health and social care.

Whilst many individuals have objectives which they work towards annually, very few teams ever considered setting team objectives, or even what those objectives might be. What we discovered during the CTP was that those teams that did establish some team objectives found it a challenging, but ultimately worthwhile process, and not the dull boring task they thought it might be!

Setting objectives proved rewarding on a number of counts; for example, many teams found the process provided a useful opportunity to generate discussion around team values, and to establish the extent to which these were shared or not. This process can reveal all sorts of differences within teams – different understandings and perspectives about the service the team provides, differences in perceptions of roles and responsibilities and levels of accountability. This was often the first time team members had discussed these issues, and although the process was not always easy it was ultimately worthwhile.
We often found that teams became more effective once these kinds of discussions had taken place. Before you start the objective setting process, think about how you might manage some of these discussion scenarios; some teams found the use of an external facilitator useful for this process.

Finally, many of the CTP teams found that achieving some of their set objectives was highly motivating, and this in turn increased morale. We saw how positive it can be for a team to take proactive action on the basis of an objective, and to achieve tangible improvements as a consequence.

Case study

Team leaders from NHS Direct, recognising the importance of having shared team and service objectives, met for an objective setting exercise. Prior to the event they met for a short planning session to clarify some of the key service priorities.

The objectives they set for themselves were:

- reducing the abandonment rate (unanswered calls) by 2.5% in a three month period
- achieving ‘gold standards’ by ensuring all staff were trained to the same agreed level.

The process of setting objectives heightened awareness of the service priorities and resulted in challenging objectives, increased motivation and enthusiasm in the team and assisted the organisation to achieve its strategic priorities.
2 Questions to consider

Below you’ll find questions for you and your team to consider in relation to team objectives. Ask yourselves what is really important to your team, the service and those that use it:

- what is it you want to achieve?
- what do you need to achieve this?
- how will achieving this outcome benefit your team, the service and those who use it?
- what might stop you achieving this objective?
- how will you know you’ve achieved your objective?
- how will achieving this objective affect other aspects of the teams’ working and delivery of services?
- what’s the first necessary step the team needs to take to achieving the objective?

You need to be aware of some of the questions or challenges that might come out of this team discussion, including:

- we’ve managed very well without team objectives so far, so why should we bother now?
- we’re a small team – we know each other well, what we’re doing and why – so how will setting objectives make us more effective?
- I have regular appraisals, and know what my role is within the team, so what use are team objectives to me?
- setting objectives won’t get us more resources, so why bother?
- we’ll spend all this time on the words, and all they’ll do is sit on a shelf somewhere.
Think about how you might plan the time to set team objectives. Perhaps you can use a team meeting or plan a team day for the task? In making your preparations, you need to consider:

• who needs to be there?
• does everyone need to be there all of the time?
• who will facilitate?
• how will you communicate the objectives across the whole team and those who will be affected by your objectives?
• how will you ensure the team ‘buys in’ to the objectives?
• how frequently will you review them?
• how will you document progress?
• how will responsibility and leadership for team objectives be shared?
• how will you let others know about your objectives and what you are achieving?

And remember – an objective is a dream taken seriously. It requires ACTION!
3 Tools and exercises

Objective cycle

The Objective cycle, illustrated in Figure 1, can be a helpful tool when looking at how your team objectives fit into the ‘bigger picture’. Use the cycle to begin to think systematically about how priorities at a national level are expressed locally, and how ultimately they will improve services for patients.

Figure 1 – The objective cycle

Where do objectives come from?

Government
Agendas and papers

Strategic health authorities

Trust/PCT objectives

Directorate objectives

Team objectives

Individual objectives

Staff and patients
Vote for government
What are you there for? Setting objectives

**SMART**

You could also use SMART principles to ensure the objectives you have are most likely to lead to success:

**Specific** does the objective help the team to focus on a specific result or responsibility? Is the objective stated clearly and positively?

**Measurable** is there a clear method for measuring progress and improvement? Is there a target that indicates what is required to meet the goal?

**Attainable** is the timeframe realistic? Can the objective be reached through the teams’ sustained and consistent effort?

**Relevant** does the objective match the results the team desires? Will the objective contribute to team success and lead to improvements in services for patients/clients? Is it clear to the team why this objective is important at this time?

**Time bound** does the objective specify a deadline, time period or frequency requirement? Does the timeframe allow the objective to be achieved and to be of greatest value?

You might find you have to rewrite your objective several times in order for it to pass the SMART test, but remember the importance of keeping the end in mind if you are to be successful in your objective setting.

You may also find some of the tools and techniques contained in other sections of these guides useful to complete before you and your team begin to talk about specific objectives. In particular, you might want to work through those exercises which help you clarify team values and how you, as a team, can use the diversity you represent in the delivery of your service.
4 Resources


A series of web based resources to review include:

www.learning-org.com

www.thepracticeofleadership.net

www.learningpointinc.com

www.fenman.co.uk
What are you there for?
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Guide 3
Who does what?
Team roles
1 Introduction

The importance of each team member being clear about both their own role, and that of every other member of the team, is often underestimated. This exploration of role should include the purpose of the role, together with the levels of accountability, authority and responsibility associated with the role.

Clarity at the individual, team, and organisational level is crucial for effective team working. Achieving such clarity means individuals and teams will:

- understand the level of autonomy granted through a job description and professional registration
- understand the authority they hold for decision-making and action-taking
- delegate appropriately
- be clear about expectations of their performance
- feel supported and valued
- be creative
- use initiative
- take considered risks
- grow and develop.

Lack of clarity around these boundaries can lead to mistakes, mistrust, confusion, inappropriate or no delegation, poor use of resources, increased stress, blame and lack of motivation. As a result, much team conflict springs from this lack of knowledge about, or appreciation of, the roles of others. So, paying attention to roles can do a lot to reduce negative conflict in a team.

However, clarity should not be confused with lack of flexibility. Boundaries that are too rigid can inhibit creativity; prevent making the maximum utilisation of available resources, and stifle initiative, individual perspectives, and autonomous practice.
In developing and expanding the roles of team members it’s important not to lose professional identities, but to explore ways in which different roles and expertise can complement each other.

Our experience of working with CTP teams

Teams that participated in the CTP stated that the opportunity to clarify their own role, and understand the roles of others, was one of the most helpful things about taking part in the programme. This was true for many of the teams, especially the newly integrated health and social care worker teams. Team managers too confirmed that an increased understanding of roles was a particular benefit of the programme.

One team representative commented:

“We are learning how to depend on each other and appreciate each other’s ideas and skills.”

Another said:

“The fact that we now know what each other does, means that we can make better referrals. The clients get a better service – before we wouldn’t refer them because they were our clients. Now we know that people in the intermediate care team do have skills that we don’t and can access things that we can’t.”

This sentiment was summed-up succinctly by another team representative:

“Role clarification leads to improved access of the right service for right people at right time.”

Interestingly, many people commented on how useful it was to think about their own role and what they specifically contributed to the team. This was something many individuals had not done for a long time, if at all.
Case study

A multi-professional team, incorporating seven different disciplines working in a PCT, had joined together to form a new team. Whilst the progress into the new team had brought about many very positive changes in working practices, the actual roles that team members held within the team ran very much along traditional lines. There was an experience of old ways of working clashing with new ways of providing a service, and a fair degree of conflict within the team.

Many members commented they felt they were “running to stay still”, with “too much work to do and not enough time to do it”. This resulted in an overall feeling that the new way of working was a retrograde step.

During a team event the team explored their roles. Each discipline looked in detail what they ‘did and didn’t do’ within their role and this was compared against the job description. There were many surprises relating to the assumed and the actual day-to-day work of many team members. Team members found this became a very collaborative and energising process, as they reviewed which discipline was best suited to deliver particular aspects of the services.

On completion, team members felt that for the first time they actually understood each other’s roles explicitly; they were clear about where boundaries began and ended, and they could see where they had been working less efficiently.

Most importantly, they knew that they had changed their own powerbase. By taking a proactive position – rather than a reactive response to problems – the team was able to influence the situation and improve the service.
2 Questions to consider

Some of the questions you and your team might like to review as part of deciding who does what, and role clarification, are included here:

• what particular contribution do you make to the service for the client?
• what particular contribution do different team members make to the service for the client?
• what do the occupational therapist/support worker/social worker/manager/doctor/nurse/administrator/teacher actually do?
• is there cross over or duplication of work within the team?
• is the task being undertaken by the most appropriate person?
• are the different roles and different people being used to their maximum potential?
• are there roles that don’t currently exist in your team that would improve the service?
• would greater flexibility or greater demarcation across role boundaries provide a better service for your clients?
• is there capacity for role re-design or innovation in service provision?
3 Tools and exercises

When discussing roles with team members, encourage people to stay focused on the role itself – rather than the individual who occupies the role. Any lack of differentiation on this point can also cause conflict and confusion with teams.

Best of, worst of

Ask people to think about their role within the team (or teams) and take a few moments to write down what are:

- the best, most rewarding, stimulating, motivating aspects of their role
- the worst, most frustrating, irritating, draining aspects of their role
- and what they would most like others to know or understand about their role.

Each person should take about five minutes to record their thoughts (see the worksheet shown at Figure 1) then discuss these with a partner.
Figure 1: Best of, worst of worksheet

<table>
<thead>
<tr>
<th>Best</th>
<th>Worst</th>
</tr>
</thead>
</table>

What I would most like other team members to know or understand about my role is:
A day in the life of

In this activity, participants share with each other what their typical day looks like.

Working in pairs, the first person has five minutes to talk about a typical day in their working life to their partner. It’s important to provide quite a vivid description, so the person listening can get a real sense of what the working day experience is like.

The person listening needs to do just that – listen. They can encourage the other person’s process of description by using phrases like “and then what”, or “tell me a bit more about that”.

After five minutes, the talker and the listener swap roles. Once both people have described their days, ask them to talk with each other about the exercise.

Some questions to help prompt this discussion include:

• how did you feel about talking about your day?
• what did you really want to get across to your partner?
• what really came across?
• what did you learn about your partner and her, or his, role?
• how much was new to you?
• what were the similarities and differences between your days?
• how can you make best use of each other’s roles in providing a service for your clients?
Exchanging perceptions

Ask each person to write down two or three significant aspects of their own role, and two or three significant aspects of the roles undertaken by various team members they work with.

Then ask people to move around the group and share the things they have written down about their own and each other’s roles.

After this, have a discussion as a team. The following questions may provide useful prompts:

- did others think you had an accurate understanding of their role?
- were you surprised by what others thought of as your role?
- what did you learn that was new?
- which roles sound most appealing?
- which roles sound least appealing?
- which role do you need to know more about?
- who needs to know more about your role?
RACI responsibility chart

RACI charting helps to clarify roles and responsibilities in a way that fosters greater ownership and more supportive sharing of duties. RACI stands for:

R responsibility
A accountability
C consult
I inform

Using the worksheet shown at Figure 2, complete the chart.

Start by listing up to six major responsibilities of the team. These should describe how you will use your expertise to ensure the team fulfils its vision. Then apply RACI for each responsibility area, indicating with a tick whether you are:

R solely responsible for carrying out the activity – if you share responsibility with other team members, write SR. (you could indicate who you share the responsibility with)

A accountable to ensure the responsibility is carried out – in most instances, you may be both responsible and accountable, or you may be accountable for responsibilities that are carried out by others

C are you expected, or required, to consult with others in carrying out the responsibility?

I do you have to inform others after the responsibility has been completed (you could indicate individuals or groups)?

Once you’ve completed this stage, you need to move on to undertake feedback by discussing each person’s chart. This can be done in pairs or small groups, depending on size of the team. The facilitator can help team members identify areas in which they want to be consulted or become informed. As some teams experience problems because individuals feel excluded from key decisions, this provides a valuable opportunity to identify those who want to be consulted, or who believe they need to be included in the chain of information.
## Developing and sustaining effective teams

### Figure 2: RACI responsibility charting worksheet

<table>
<thead>
<tr>
<th>Major responsibility</th>
<th>R</th>
<th>A</th>
<th>C</th>
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<tbody>
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<td>6</td>
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</table>
After completing these exercises, many of the teams who participated in CTP were keen to follow up this work. They did things like:

- setting up shadowing exchanges
- establishing cross-discipline mentoring
- looking for secondment opportunities
- creating social time in the team, where informal relationships can develop
- creating time in meetings for different disciplines to talk briefly to others about their role, their contribution and the particular challenges to their role.
4 Resources

Borrill C and West M (2002) *Team working and effectiveness in health care: findings from the health care team effectiveness project*, Birmingham: Aston Centre for Health Service Organisation Research


Team roles

Who does what?

Published by the Royal College of Nursing
20 Cavendish Square
London W1G 0RN
020 7409 3333

The RCN represents nurses and nursing, promotes excellence in practice and shapes health policies.

Publication code 003 115d

March 2007
Review date March 2009
Guide 4
Is everyone involved?
Diversity
1 Introduction

Most people working today are familiar with the term *equal opportunities*. Many equate this with a workplace that’s free from discrimination, where everyone is treated fairly and equally.

Organisations often achieve this by limiting their actions to comply with race, sex and disability legislation. However, forward-looking organisations are now pursuing a more proactive approach, promoting a culture where differences and diversity are used and valued.

Some of the benefits this approach delivers for teams include:

- maximising participation of all team members
- understanding the diversity within patient/service user groups and service user perspectives on care
- understanding and working with the richness and strength of the many different facets of diversity including age, gender, colour, race, ethnicity, religion, differing abilities (physical and cognitive), sexuality, socio-cultural and economic background, multidisciplinary team working, working across professional and/or service delivery boundaries and different models of care (for example, social care, medical, management)
- understanding the challenges that working with diversity can bring and developing capabilities to work effectively with these challenges.

During the Clinical Teams Programme (CTP), the importance of multidisciplinary team working became very apparent. Many team members were working across traditional professional and service delivery boundaries, with obvious benefits for service users. This was particularly apparent in our work with newly integrated teams working across health and social care. There were many other examples from a range of sectors, where individuals from different professional and non-professional backgrounds were working together with a genuine sense of shared responsibility and accountability.
Different disciplines working within different aspects of health and social care inevitably brought different models to their contribution to the service – be it a social care model, a health, medical or a management model. The use of Patient Stories in the CTP also seemed to bring a different focus to the teams’ development which, although challenging, added to the richness and complexity of team working.

The diversity of age, gender, colour, race, ethnicity, ability, sexuality, socio-cultural and economic background also brings differences which can present as difficulties and make the full diversity of the team hard to access.

**Our experience of working with CTP teams**

We know from research evidence that the more involved individual team members are in the team – with what it does, how it does it and how decisions are made – the more effective the team.

For this reason, many teams found themselves considering how to increase levels of participation within the team. The reasons for lack of participation were many and we found that diversity in all the representations mentioned, and related issues of power, frequently lay behind a lack of full participation in team working.

In particular, this view was expressed in professional relationships, where there was an obvious imbalance of power based on difference – for example, a health care assistant not being heard in a team meeting consisting primarily of professionals.

Team events seemed to be one useful way to address the issue of power and diversity, and its relationship to levels of participation. As external facilitators, we were able to note how the team made decisions, who spoke, who was heard and the extent to which minority voices were listened to. Often we were able to notice and draw attention to how team members were unaware of the extent to which some of the powerful, and often invisible team norms, prevented some of the diversity represented by the team being accessed.
Developing and sustaining effective teams

Reflecting these observations back to the teams appeared to have a powerful effect on the self-awareness of the team, as well as some individuals within it. These comments provide some typical examples of what happened as a result:

“Quieter members have become stronger and stronger members listen more.”

“The night staff are more involved now – they feel part of the team more and the care is better.”

“We are more aware of the real importance of diversity.”

And one of the managers said:

“You never know who your stars are until you give them an opportunity; some real stars have found their voice and have flourished through this programme.”

Similarly, some team members (who historically enjoyed little official power) found that, by taking on different responsibilities, they were able to exercise an authority within the team which had been difficult previously.

“One of the nurses from the day hospital has had the opportunity this year, because of maternity leave, to lead the whole of the Essence of Care programme for the community hospital and that’s the staff nurse that gave the board presentation and will be speaking at a national conference. The difference in her behaviour, her communication skills, and her attitude is just phenomenal. Before she was not engaged at all, just came in and did her job.”
Case study

At a community hospital in a PCT, team representatives engaged all members of the unit in a conversation about diversity. The hospital workforce was culturally mixed and included many staff who had trained outside the UK. This cultural diversity had never previously been openly discussed or acknowledged.

The team seemed to be struggling with lots of concerns about harassment and bullying behaviour. Seniority, age and level of experience were used as markers of authority.

At times, the team’s diversity seemed to create a ‘them and us’ situation, with protective cliques forming around nationality and role. There was little open communication between the groups and rumour and misinformation was widespread, leading to feelings of mistrust and fear of unfair treatment.

For example, it emerged that there were problems between senior health care assistants in their fifties and an intake of new younger health care assistants in their teens and early twenties, some of whom planned to use the job as a stepping stone to move into nursing quite swiftly. This situation caused great resentment.

With time, and the support of one of the team facilitators, a safe space was created for conversations about this concern. It was felt that little support was available in a way that was transparent, and understood and perceived to be fair by all team members. New members of staff felt vulnerable and more experienced members of staff perceived they had few professional development opportunities.

By facilitating discussion around these differences in perception, an increased understanding emerged for both groups of staff. A way forward was agreed which provided appropriate support and development for everyone.
2 Questions to consider

Here are some questions for you and your team to consider in relation to diversity within your team:

• how is diversity represented in your team?
• what benefits for client care does this diversity bring?
• to what extent does the team use the diversity it represents?
• who comes to team meetings?
• who speaks at team meetings?
• who is heard at team meetings?
• what are the barriers which need to be overcome in order to make better use of this diversity?
• what do you need to be powerful in this team?
• what does it feel like to be powerful?
• what does it mean to be powerful in this team?
• how does it feel to be powerless?
• what does it mean to be powerless?
• how, where and by whom are organisational decisions taken about the service?
3 Tools and exercises

Here are a range of tools and techniques you can use to explore diversity.

Team values

Encourage the team to sit in a circle. Give out three strips of paper to each person and ask everyone to write down one on each strip a team value that is important to them.

For example:

- openness
- honesty
- integrity
- consideration for others
- reliability.

Once everyone has done this, invite each member of the group to share one of their values. Once they have shared the value, they need to throw the paper on which it is written away.

Go all the way round the group until all of the first choice values have been thrown away. Check out with the team that they are happy to move on to the second choice values, and repeat until you have all thrown all of the values away.

Encourage the team to notice:

- what were the similarities between the team values?
- which team value was the most difficult to throw away?
- how did it feel to throw your values away?
- what implications these observations have for team working?
Share and share alike

Invite your team colleagues to spend a few minutes thinking about the following questions:

- who or what influenced your decision to work in health or social care?
- if you have a particular professional background or other training, what made you choose this rather than another health or social care profession or training?
- what two things would you like your colleagues to say about you?
- what is it about your particular service or client group that appeals to you?
- what’s the collective name used for the people who use your service, for example clients, patients, service users?
- do you like this name – if so why, or would you prefer another and why?
- in which area of health and social care would you least like to work and what is so unappealing about this?

Ask your colleagues to discuss their response, first in pairs and then in larger groups. Invite them to feedback anything that particularly struck them about their conversations, in particular what they noticed they had in common with other team members and what differences they noticed.
Sources of power

Roberts (1998) defined a number of different sources of power (see the table illustrated at Figure 1). Once you’ve studied this, use the worksheet provided at Figure 2 to make notes about all the different sources of power that different people in your team have. On completion, discuss this with a partner or in a group, using the questions presented earlier as a guide.

**Figure 1: Sources of power (Roberts 1998)**

<table>
<thead>
<tr>
<th>Sources of power</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal power</td>
<td>This comes from an individual’s knowledge, experience, skills or personality.</td>
</tr>
<tr>
<td>Instrumental power</td>
<td>This comes from what one owns or has control over, for example money or resources.</td>
</tr>
<tr>
<td>Projected power</td>
<td>This is power that is attributed to a person by others</td>
</tr>
<tr>
<td>Official power</td>
<td>This comes from a person’s defined work role as indicated in their job title. It indicates what others may expect of them.</td>
</tr>
</tbody>
</table>
Figure 2: Sources of power worksheet

<table>
<thead>
<tr>
<th></th>
<th>Yourself</th>
<th>Someone who uses your service</th>
<th>Another team member</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal power</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Instrumental power</td>
<td></td>
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<td>Projected power</td>
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<tr>
<td>Official power</td>
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</tbody>
</table>
4 Resources

Borrill C and West M (2002) *Team working and effectiveness in health care: findings from the health care team effectiveness project*, Birmingham: Aston Centre for Health Service Organisation Research


The NHS Employers Positively Diverse Programme. Information on the programme is available at: http://www.nhsemployers.org/excellence


Is everyone involved?

Diversity

Published by the Royal College of Nursing
20 Cavendish Square
London W1G 0RN
020 7409 3333

The RCN represents nurses and nursing, promotes excellence in practice and shapes health policies.

Publication code 003 115e

March 2007
Review date March 2009
Guide 5
Effective team meetings
1 Introduction

We all spend a huge amount of time in meetings (and a fair amount of time complaining about meetings). Although time consuming and costly, meetings are crucially important for effective team working, and research shows teams that meet together have higher levels of innovation (Borrill and West 2002).

Meetings also provide opportunities for teams to practise and develop some of the other attributes of high performing teams, for example:

• ensuring that everyone in the team has the opportunity to take part fully in discussions relevant to the team
• ensuring that the experience and expertise of all team members is used to benefit service users
• providing a space to review progress against objectives
• recognising achievements
• thinking about how the team is working together.

For these reasons it is important that team meetings are effective. As two of the team representatives participating in the Clinical Teams Programme (CTP) said:

“It is really important for people to know what is expected of them and knowing what to expect when they attend the meeting: this influences behaviour, contribution, outcome.”

“By being clear about the focus of the meeting it is easier to have the right people attend and this may mean re-designing the frequency and timing of other meetings, to ensure this clarity of purpose.”
Developing and sustaining effective teams

Team meetings and the CTP

Having effective meetings is one of the topics addressed in the CTP. Almost all the teams taking part in the programme made some changes to the way they ran their meetings, and the team representatives told us it was a good area to address because:

- it’s a very tangible and relatively easy aspect to change
- it can make a huge difference to how people feel about their participation in, and contribution to, the team.

So looking at making your meetings more effective can be a very good place to start in terms of achieving a ‘quick win’, and getting people involved in change processes.

Case study

Here’s an example of what happened to one team:

“Prior to the start of the CTP we had one meeting a week, which was on a Monday morning and lasted between two and three hours. Everything was discussed here and it was led by the team leader. The meeting was often un-focused, everyone talked at once and there were no minutes or agenda. The meeting was usually noisy, as the person speaking would do so directly to the team leader and others would often chat and not listen. It was seen as a waste of time; there was usually conflict with people making ‘snappy’ comments.

Now we hold a business team meeting separately from the patient meeting. We look at our team objectives and review our progress on our action plan. Ideas for development are discussed, which come from the suggestion box. All ideas are valid and we have changed the way we communicate within the team due to this format. There are minutes, an agenda and everyone can contribute ahead of time. Everyone knows what is going on now, and no-one feels they’ve been left out. Conflict is now managed differently at these meetings. People respect each other’s difference and value each other’s opinions and ideas."
The patient meetings are now held separately. This is so much better, as the work is focused and therefore everybody contributes. This has enabled better care planning as all the disciplines are present and we can plan together. Also, there is consistency when we are with the client as we have discussed the plan ahead of time. The clients have commented that we are all very knowledgeable as we say the same things. Discharge dates are more realistic and there is less failure at reaching the target.”

2 Questions to consider

Here are some questions to ask yourself, and your team, about your meetings:

• are you clear about the purpose of all your meetings?

• can you see how each meeting contributes to high quality service provision?

• are the right people at the meetings?

• if someone can’t go to a meeting and another representative goes, are they fully prepared?

• when is it better to send a representative if someone can’t attend, and when is it better not to?

• do team members have sufficient authority to appropriately take decisions and represent the views of others?

• do you prepare and rehearse for important meetings?

• who speaks, and who never or rarely speaks?

• can you think of ways to shift the balance to more equal space and contribution (if it isn’t already)?

• have you discussed ways of working or ‘ground rules’ for your meetings?

• how do you behave in meetings?
3 Tools and exercises

Mapping meetings

This exercise helps raise the team’s awareness of:

- the complexity of the organisation’s communication structure
- how the team fits into the overall structure of the organisation
- what meetings the team members attend, and why.

In addition, the exercise helps team members to:

- evaluate how relevant these meetings are to the team’s vision and objectives
- identify the possible causes of producing poor information, and how to prioritise putting this right.

The exercise

Ask people to work in pairs, or in groups of up to four people. Provide each group with several different coloured pens, a variety of post-it notes and space in which to stick their post-its. A large piece of blank paper is needed, or possibly two pieces of flip chart stuck together if there are a lot of meetings.

Ask people to write the name of each meeting their team members attend onto the post-it notes. Each meeting should have a separate post-it. Each meeting should also have its frequency recorded on the bottom, for example:

1/7 once a week
1/12 once a month
3/12 every three months.

There should be one post-it note to represent service users and one to represent the executive board or equivalent.

Next, ask people to place the post-it notes on their paper in a way that
represents the flow of communication in and out of the meeting. When all the meetings are represented, use the pens to begin to link the route of information – in other words, the flow into and out of the meeting. How are these linked in to the service users? How do they link into the executive board? An example of a meeting map is illustrated at Figure 1.

**Figure 1: Example of a meeting map**
Once you have completed the mapping exercise, look at the sheets and see what they tell you about your team and all the meetings different members attend. Some additional questions you may want to consider include:

- is the purpose of each meeting clear?
- does each meeting achieve its purpose?
- how does each meeting contribute to service provision?
- are the right people attending?
- how is information from each meeting communicated to those who need to know?
- how does each meeting fit into the overall structure?
- are there any meetings that could stop?
- are there any different meetings that would be more useful?
4 Resources

If you would like to access further information and ideas about how to make your meetings more effective, you could take a look at the 3M website, available at www.3m.com. This site contains short and useful guides on many topics related to managing meetings, including Anatomy of great meetings, Building great agendas, Clear objectives, Make powerful meetings, Ground rules and agreements and many others.

You could also utilise How am I doing?, a self and peer assessment questionnaire which helps team members to explore how they perform as a meeting member, a chair or a minute taker. You can find the questionnaire in Newton C (2001) *Marvellous meetings*, Aldershot: Gower.

You can access three free tools by registering your name and organisation at the Learning Point website, including a diagnostic team meetings tool which enables a team to look constructively at what it is doing at meetings, how the behaviour is interpreted and scores the team in its efficiency, available from: http://www.learningpointinc.com

Finally, you might want to review Nancy Kline’s work on the Thinking environment, available from: http://www.timetothink.com/thinking/thinking_overview.asp
1 Introduction

Conflict within teams is a complicated business. Conflict frequently has its roots in difference; different views on how to do things, when to do them, what needs doing and who should do them. Other differences that contribute to conflict include:

• different ways of viewing and understanding the world
• different ways of taking in and processing information
• different priorities.

These differences can struggle to find expression, establishing an arena of competition within the existing power relations of the team. How this competition and power plays out within the team varies.

On the one hand, it can make for extremely difficult, negative and destructive dynamics, or it can result in a status quo where the existing dynamics prevail.

Alternatively, if a team is working well together, these differences can find their expression in critical debate. This constructive questioning and reflection on practice results in new ideas being tried and reviewed – in other words, the team’s differences become a healthy spur onto higher performance, with power becoming more evenly spread and taken-up throughout the team.

While many people find conflict difficult, and try to avoid it at all costs, the best performing teams have cultures where constructive criticism flourishes; differences become diversity, which can be harnessed for the service of the team.
Some thoughts about conflict

Team conflict and the CTP

While workshops and training targeted specifically at managing conflict – often a very popular part of any training agenda – can be useful, our experience of the Clinical Teams Programme (CTP) revealed that if used in isolation, these achieve little in terms of shifting conflict from a negative to a creative force for a team.

Rather than specifically focusing on conflict management, we found that identifying ways to open up dialogue and discussion about difference, and working towards achieving the characteristics of effective teams (as outlined in these guides) is a more productive route to reducing negative conflict.

When evaluating the benefits of the CTP, many of the team representatives reported a changed relationship to conflict. This new, or different, perception of conflict is important: while conflict did not disappear, the team viewpoint and experience of it altered.

There were many comments reporting this new and different relationship to conflict, for example:

“Conflict has become useful rather than destructive.”

“We have finally looked at and resolved conflict in team, and got management involved.”

“There is decreased conflict and we are able to challenge each other constructively.”

“It has provided a space for some things to come into the open which have been around for a long time – we are not there yet but it is a start.”

However, working with conflict can be difficult and anxiety provoking, as this team representative explains:

“Some staff were actively hostile and withdrew their participation. This made organising team events quite worrying.”

The CTP includes a half-day workshop which focuses on working with conflict. Although well evaluated, and cited by many as being
Developing and sustaining effective teams

particularly useful, evidence from the programme indicates that it was many other aspects of the CTP – that encouraged the exploration and understanding of difference and allowed shifts in prevailing power relations – that actually made the difference to the way conflict was experienced in the teams. Some of these included:

• people working together in action learning sets and workshops
• team ‘get-togethers’ away from the everyday workplace
• working together on jointly agreed action plans.

Some of the very tangible exercises and ideas that helped change the team relationship with conflict are included in these guides, for example:

• understanding your own role and the roles of others
• exploring values
• managing meetings differently
• setting objectives.

As well as exploring differences, it can be of equal importance to identify and discuss areas of similarity. Some teams and individual team members repeatedly assert their difference and fail to see or appreciate their similarities. Comments such as “it might work for you, but our team is different” or “our situation is unique because of our client group/geographical location/history/amount of change we are going through” and so forth were commonplace. Facilitators were frequently asked “I bet you’ve never worked with a team like us before” or “are we the worst team you have ever had?”

In a multidisciplinary context, some disciplines fail to recognise similarities between the disciplines and see only the differences. This commonly manifests itself through the relationship with the service users.

For example, nurses can appear to believe that it is only nurses who actually care about patients; social workers are seen as too rigid and bound by policy, whilst managers are only interested in saving money and meeting targets.
A recognition and understanding that by far the majority of people working in health and social care services – in whatever capacity – do so because they actually want to work with people and make a difference, can have a very powerful and unifying effect.

Undertaking work on understanding and establishing common values and setting objectives is very useful for identifying similarities as well as differences.

2 Questions to consider

When exploring the underlying dynamics of conflict within your team, the following questions might you work towards opening up dialogue and discussions:

• how is conflict expressed in your team?
  • is it destructive and negative?
  • it suppressed and avoided?
  • is it explored in critical debate?
• how are differences managed within the team?
• what are the differences in your team?
• what are the similarities in your team?
• how is competition managed in the team?
• what are your personal feelings about conflict and competition?

Many of the individuals participating in the CTP found Schein’s (1987) ORJI (observe, react, judge, intervene) model a valuable resource to help increase understanding of their own and others’ behaviour. You may find it useful to share and discuss the ORJI framework with your team.
3 Tools and exercises

We’re not going to suggest any specific exercises to help – there are a number of resources addressing this topic, examples of which are included in the resources section of this guide. Instead, we’d like to recommend that you use the other guides in this series to address some of the issues around difference, similarity and participation. These three areas are the key to making a difference to conflict.
4 Resources


You can access a number of resources about conflict at www.breakthrough.ie
Some thoughts about conflict
Developing and sustaining effective teams

Guide 7

Change and transition
1 Introduction

Throughout the Clinical Teams Programme (CTP) ‘change’ was a recurrent theme; as well as being an intention of the programme, for the duration of the programme change was all around us and the participating teams.

New technologies, modernisation initiatives, restructuring and integration, green and white consultation papers, new roles and ways of working, higher public expectations and generally increased complexity are all part of working life in health and social care. The pace of change continues to be radical and seemingly relentless.

We know that the world is changing and that in some way we have to change with it. Whether we like it or not, we can’t stand still, but change does not always come easily to us.

Many teams taking part in the CTP would recall the good performances of the past, but were at a loss to comprehend why so much good practice seemed to have to be given up. Many teams struggled to find a balance between the necessity for some change, and a way of holding on to some of the old ways.

Change and transition and the CTP

In our experience we found that those teams that take the time to examine concerns related to change appeared to undergo a smoother change transition. This was frequently hard to do – not least of all because of the increase in workload brought about by the change process itself.

During times of change we noticed that teams focused increasingly on their task and that much of the change was perceived to be about systems, structures and processes within organisations.

Many teams felt that change had simply been imposed on them. It was greeted either with cynicism and weariness – a kind of ‘change fatigue’ – or anger at yet more changes.
We found team leaders struggling to make sense of change in a way that was helpful for their teams. They frequently found themselves having to work with the inevitable strong emotions which accompany any major change process.

We found a smoother transition was possible when:

- team members were allowed to raise questions about the changes and any concerns they had
- the rationale for the change was explained to the team
- the team had time to understand the change and buy into the future.

**Case study**

The planned merger between a learning disabilities team and a social services department encountered great resistance. Many staff worried about their future. Others felt that their whole professional identity was being threatened by the proposed changes.

The manager’s repeated attempts to engage the staff in an inclusive consultation process were rebuffed. Though there was some interest in his attempt to reach out, the dominant reactions were either indifference or resistance. For the most part morale was low and staff appeared demotivated.

A one-day team event around change was organised for senior and middle managers of the two departments. At first, participants examined their own personal experiences of change. The director responsible for implementing the integration of the two departments then presented the vision for the future and invited response. While the initial reaction was hesitant, the managers began to express their concerns and described the many rumours that were rife in the field.

By the end of the day most managers felt better equipped to go back to their teams and explain the rationale of what was happening. The level of buy-in to the proposed changes had increased considerably.
2 Questions to consider

Some questions relating to change that you and your team might find helpful to consider include:

• what are the drivers for this change?

• who are the stakeholders?

• what might the benefits of this change be to the service and those who use it?

• what might some of the challenges to this change be?

• what needs to be in place in order for the change to be effective?

• what might the consequences of this change be for us?

• how does the change need to be communicated?

• what feelings does the change evoke?

• how will you know if the change has been an improvement?
3 Tools and techniques

William Bridges (2000) identifies two aspects of change – the formal change that the organisation is undertaking, and the internal transitions that the members of the workforce are experiencing. This process of transition comprises three distinct phases:

• **endings** – letting go of the past while acknowledging the team’s achievements

• **transitional period** – the in-between stage, where the old system is being dismantled and the new structures are not yet in place

• **beginnings** – the period where the team learns about the planned changes and is engaged in the consultation and planning for the future.

Taking time out to explore these three stages will allow for a smoother change process within the organisation. The following case study demonstrates how these three phases were used in a workshop to support middle managers through the integration of health and social care services.

Here are some more key questions for you and your team to consider when managing transition. The questions are grouped around the three key transition phases.

Endings

• who else needs to understand why the change is necessary?
• who is likely to lose what? What are we likely to lose?
• what is and isn’t over for the team?
• how can we value the past?
• how can we continue and improve on the things that really matter?
• what information does the team need and how does this information need to be communicated?
Transitional period

• how can the team as a whole be involved?
• how can we ensure team members continue to feel valued?
• how can we encourage new ideas?
• what information does the team need
• how does this information need to be communicated?

Beginnings

• how can we clarify roles and responsibilities?
• what are our new priorities?
• how can we celebrate the new beginning?
• what information does the team need?
• how does this information need to be communicated?

These are just some of the questions team members found useful to consider together. As the case study demonstrates, many teams found the opportunity to plan some time away from the work place to talk about change very useful. Faced with a similar change situation, you might want to plan a team event during which you can begin to prepare the team for transition.

Making positive transitions

We know any change process within an organisation can be a very challenging time for teams. While morale and motivation were often adversely affected during change, we observed that certain steps can be taken to positively improve the situation.

We found it particularly useful to remember to:

• provide as much information as you can to the team – describe what changes will take place and what will remain the same (team members often complained that they were being kept in the dark about recent developments, which aroused suspicion)
• allow time for the team to express their feelings regarding the changes, even if these are anger, grief or enthusiasm
• celebrate past achievements before implementing the new changes
• recognise that change can also be exciting for the team – many of the teams looked forward to new and exciting opportunities.

4 Resources


Nadler D (1998) *Champions of change: how CEOs and their companies are mastering the skills of radical change*, San Francisco: Jossey-Bass
Developing and sustaining effective teams

Guide 8

Running a team day
1 Introduction

Many of the teams that participated in Clinical Teams Programme (CTP) confirmed they’d had previous experiences of team building, or away-days. For some these events provided a welcome boost to morale and motivation, producing some useful outcomes. Many, however, found it difficult to identify the benefits for the team, or the service. Certainly, there is little evidence to support the concept that one-off team building days are an effective route to increasing team effectiveness.

Throughout the 10 month CTP, all the participating teams were given an opportunity to get involved in three team events. Some teams were able to support the whole team to attend the team events; more commonly, part of the team attended some or all of the events. The purpose of each event was to address aspects of team working known to affect team effectiveness for that particular team. These events – which often took place over a whole or half day – were held either at the workplace or at an off-site venue.

Each of these events was facilitated by external facilitators in collaboration with team members.

Team events and the CTP

Team events were one of the most positively evaluated elements of the CTP, allowing the team to meet away from the usual service environment and providing a chance for colleagues to meet and talk to people they don’t usually talk to. This process allowed perceptions about people from different levels in the organisation to shift, especially those in more senior or junior roles.

A focus on joint achievable action, which included all team members, seemed to increase ownership, providing a sense of team spirit and allowing the teams a feeling of potency and efficacy – a belief that they can actually make a difference.

We have included some questions in this guide to help you plan your own team events.
2 Questions to consider

Whether you facilitate the event yourself, or use an external facilitator, you might find the following questions useful to consider as you prepare for the event:

• what is the purpose of the team event?
• who needs to be involved in the planning of the event?
• who needs to be there on the day?
• how will you include those who aren’t there?
• how will an environment of trust and safety be created?
• how will you encourage participation on the day?
• what kinds of activities will ensure the purpose of the day is achieved?
• how will you know if it has been successful?
• how and to whom will you communicate the outcomes from the day?
• where will the event take place?
• when will it start and finish?
• how will you secure funding for the event if required?

These may seem like obvious points to consider, but they are important in creating a safe space and structure in which the team can work and get the most out of the day.

In your planning, include setting dates for future events or follow-up work in order to maintain momentum and motivation.

By creating a safe, structured space we found that the concerns and issues most pertinent to the team were more likely to surface during the day. In our experience, the most tangible action to come from these events is not always the most significant. We learnt to expect the unexpected!
3 Tools and exercises

Many of the tools and techniques or the key questions contained in these guides could be used to form part of the structure of a team event. Sometimes it’s important for some tangible action to come from an event.

You may also want to consider using an external facilitator (from outside your organisation or from another part of your organisation) to assist you in running an event. Our own experience suggests that skilled facilitation is vital if these kinds of events are to be helpful to you and your team. If you don’t know anyone yourself, ask around for contacts.

An external facilitator is useful when:

- you need to take part and not feel responsible for ‘running’ the activities of the day
- the planned activity may bring to the surface sensitive dynamics
- it’s important for those involved to feel that the facilitator is not coming with a particular personal, or organisational, agenda.

Make sure you meet with the facilitator well beforehand and be clear about what you are asking them to do. Ask them about their style, and request examples of their previous work. They may want to know more about the team – what it does, some detailed information about the team members who will be there on the day, what the purpose of the event is and any relevant recent team history for example.

Frequently we found that the team events were opportunities for the team to have open conversations with different people about the team and the service. If appropriate, it may be useful to invite senior managers and other stakeholders to the event. We found this to be particularly helpful during periods of change, when many teams invited service users or carers.

Even if other stakeholders can’t attend, we found it very useful to let them know about the event and its purpose. It was also valuable for
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the team to know that it has the support of management for the event and you may want to let them know of any issues that come out of these events.

If you decide to facilitate the event yourself we suggest you work with a co-facilitator if possible (depending on the size of the team), and strongly advise you to make some time after the event to reflect on the experience with a colleague or friend. If you do co-facilitate the event, make sure you meet beforehand to talk through roles and responsibilities and generally agree a way of working together.

Here’s what some team members who participated in team events had to say about their experiences:

“Very constructive and enjoyable. Helped to actively think about a way forward.”

“The team events brought the team together, high levels of conflict were resolved. Now the team is pulling together, the team feels in a better place.”

“As a member of the team I have a responsibility to implement what I have learnt today.”

“I found that it is OK to discuss issues and concerns and not keep them hidden.”
4 Resources


Some specialist tools you could use (and will have to pay for) include:

The team performance inventory developed by Aston University www.astonod.com. This enables the team to see how they are rating themselves on 16 dimensions compared to other teams nationally.

Myers Briggs personality type – you need a qualified practitioner to lead this, but it can be very helpful in understanding difference in the team and how this can be more easily understood. There are a number of websites about Myers Briggs, for example www.opp.co.uk

Belbin team roles. This can be a useful way of stimulating discussion about the different roles in the team and how they are used. The questionnaire can be completed online www.belbin.com/