



Royal College  
of Nursing

## **Developing effective teams**

## **Delivering effective services**

*Executive summary*

# Developing effective teams

# Delivering effective services

## Contents

1. Introduction	1
2. Context and overview	2
3. Findings	3
4. Outcomes	5
5. The journey to improved service provision	6
6. Reactions from sponsors	8
7. Implications for people, teams and organisations	10
8. Further reading	11

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# 1. Introduction

This is a summary account of a team development programme—the Clinical Teams Programme (CTP). The goal of the CTP was to increase the effectiveness and functioning of health care teams, improve client care and service delivery, and contribute to organisations achieving relevant strategic objectives in relation to their wider modernisation agenda.

The importance of effective team working to deliver high-quality care, focused on the needs of service users and their carers, runs throughout the NHS policy agenda (DH 2006, 2005a, 2004, 2003, 2001, 2000). The best and most cost-effective outcomes for patients and clients are achieved when professionals work together, learn together, engage in the clinical audit of outcomes together and generate innovation to ensure progress in practice and service (DH, 1993).

In the *2004 NHS Staff survey* (Healthcare Commission, 2005), 91 per cent of staff stated they worked in a team; however when the survey probed more deeply and asked questions about the structure and processes of their teams, only 43 per cent worked in teams that met the evidence-based criteria for well-structured and effective teams.

To support the health and social care policy agenda and increase the number of people working in effective teams, the NHS Leadership Centre commissioned the RCN Institute (RCNI) to develop, deliver and evaluate a team development programme—the CTP.

This document is a summary of the key outcomes of the CTP. A more detailed report of evaluation outcomes and findings is available. The report includes qualitative data gathered on the impact of CTP from team representatives, sponsoring organisational managers and programme facilitators, together with quantitative data on the extent to which teams increased their effectiveness. The full report is titled *The Clinical Teams Project evaluation report* (publication code 003 068) and is available online at [www.rcn.org.uk](http://www.rcn.org.uk).

## 2. Context and overview

Research shows that effective team working can make a substantial contribution to reduced hospitalisation time and cost, increased patient safety, improved patient health and innovations in patient care, as well as enhanced staff motivation and wellbeing (Borrill et al., 2002).

Designed and delivered by the project team at the RCNI, the CTP drew on evidence from the RCN Clinical Leadership Programme (CLP) and from research into team effectiveness undertaken by Borrill and West (2002). The CTP was designed to enable participating teams to enhance or develop critical aspects of team working in order to increase their effectiveness. The five simple rules of the Modernisation Agency also provided a guiding framework for the CTP:

- ◆ see things through the patient's eyes
- ◆ find a better way of doing things
- ◆ look at the whole picture
- ◆ give frontline staff the time and tools to tackle the problem
- ◆ take small steps as well as big leaps.

### The programme

Using a variety of processes, tools and techniques the CTP created a structure in which teams examine the ways they are working, identify what is going well and not so well, and together make plans to improve the service they provide for service users. A further programme objective was to make explicit the inter-relationship between the organisation, the team and the individual (in this case the team representative) and the influence these inter-relationships have on service provision.

The programme consists of several integrated elements including workshops, *action learning* sets (a practical reality-led, action-orientated approach to learning, using reflection and the exploration of issues and problems associated with work) and team events. The CTP also incorporates three specific interventions; the Team Performance Inventory (TPI), patient stories and observations.

### CTP participants

The CTP is a 10-month programme developed for multidisciplinary teams working in health and social care. Between January 2004 and September 2005 a total of 101 teams from 55 health care organisations completed the CTP. Each participating team nominated two or three people (team representatives) to lead the programme for their team. Teams and

their organisations were supported through the programme by an experienced facilitator from the RCN.

The programme was run in two cohorts—spring 2004 and autumn 2004. The spring cohort contained 50 teams; 45 teams completed the programme and five teams withdrew. The autumn cohort contained 57 teams, one of which withdrew.

The 107 teams were from 55 different health and social care organisations which included PCTs, acute trusts, and social services departments, all providing a variety of services for a wide range of service users. No teams from general medical or surgical wards in acute trusts or midwifery teams participated.

A total of 252 people across both cohorts registered on the programme as team representatives. These individuals came from a wide variety of health and social care backgrounds; 52 per cent were nurses and the remaining 48 per cent were from allied health professional (AHP), social work, medical, managerial and non-professional backgrounds (for example, support workers and clerical workers).

### 3. Findings

The CTP provided a unique and privileged insight into the reality of how teams operate, as team members strive to work together to provide better care and services for those they support. The diversity of the participating teams demonstrated that, while team dynamics and make-up can be infinitely variable, certain key principles underpin the evolution of all teams. An evaluation of the outcomes of the CTP provided a number of valuable pointers on the critical elements that help support this process.

- ◆ Creating time and space for people in the same team from different disciplines and different levels of the hierarchy, to talk to each other and think about what they do, how they do it and how they could do it better, is essential in enhancing team effectiveness and improving services.
- ◆ An action-oriented approach, that necessitates working together on real tasks, is central to developing effective teams.
- ◆ Where team membership is reported as sizeable (over 15), time should be spent considering different ways to configure or conceptualise the teams, to enable them to apply the principles of good team working to their systems and processes.

- ◆ Individuals and teams involved in implementing change need access to the necessary power and authority within themselves, their colleagues and their seniors in order to bring about change. Personal development, active support from managers and the provision of external support systems are also required to enable individuals to effectively access this necessary power and authority.
- ◆ Facilitators that are experienced and skilled in working with group processes, and are perceived as neutral, are necessary for the exploration of inter- and intra-team dynamics.
- ◆ Programmes such as the CTP, which involve implementing change and exploring team dynamics, are neither straightforward nor easy. Those commissioning, participating in and facilitating such programmes should be aware of and anticipate this and provide the necessary support mechanisms to help people through the challenges.
- ◆ Time is required to allow some of the complex processes involved in change and collaborative working to be thought about, experienced, challenged, owned and implemented. The 10-month duration of CTP was perceived as a good length of time to enable some of this to happen.

## Supporting team development

While the CTP should be taken as an integrated whole, the programme evaluation highlighted certain elements which were very conducive to the overall process of team change and development.

- ◆ From a personal development perspective, the opportunity to work with people from different teams, disciplines, organisations and hierarchical levels within a learning culture that fostered critical thinking, reflection and support was perceived as extremely useful. The process of *action learning* brought these elements together and, as an approach, was highly valued.
- ◆ Increased knowledge about how teams work, together with the introduction of tools and techniques for translating the theory of effective team working into practice, helped team representatives fully involve their team members in the team development process.
- ◆ Using patient stories and observations within an action-oriented approach and creating the space to reflect, think and plan, helped implement improvements in client care and service delivery.

## Challenges

The challenges encountered by programme participants included the investment required, in terms of releasing staff from clinical work; working within pre-existing team dynamics or those which arose in response to exploring collaborative working and implementing change; and securing sufficient support from managers and team colleagues.

## 4. Outcomes

The most significant finding of this study was that positive changes took place for the team representatives, their teams and the services they provided for clients.

For team representatives, the changes included:

- ◆ a transformed approach to change
- ◆ improved leadership capabilities
- ◆ an ability to see the ‘bigger picture’
- ◆ the acquisition of new knowledge and skills
- ◆ an improved ability to work with others
- ◆ an enhanced sense of an individual’s power and ability to influence change.

For their teams, the changes included:

- ◆ more proactive and action-oriented
- ◆ an improved relationship between teams and agencies
- ◆ an increased awareness of the ‘bigger picture’
- ◆ increased leadership
- ◆ increased morale and motivation
- ◆ increased clarity of individual roles and the contributions of self and others
- ◆ increased effectiveness in working with conflict

- ◆ more open dialogue and critical reflection
- ◆ the increased involvement of all team members
- ◆ changes to team processes and structures.

For clients and services, the following developments were identified:

- ◆ greater client-centred service provision
- ◆ improvements to the client pathway
- ◆ improvements to the environment of care
- ◆ greater integration within teams and across services
- ◆ improvements in the way teams organise service delivery
- ◆ increased access to a range of services.

The changes achieved through participation in the CTP indicate that the teams developed some of the necessary capabilities required to work effectively with current service provision challenges including:

- ◆ the provision of integrated care pathways
- ◆ getting the most from available expertise
- ◆ patient safety
- ◆ innovation, spread and sustainability
- ◆ the complexity of working across service and organisational boundaries.

## 5. The journey to improved service provision

### Integrated care pathways

*“I have to say that the programme certainly acted as a lever, and certainly brought the heads of the services together, which was good.”*

Many of the teams that took part in the CTP made improvements to their clinical networks, creating more integrated client pathways that delivered a raft of service improvements. The teams achieved this through listening to and involving service users and their families and improving collaborative working within and across teams, largely around shared objective setting and procedure and protocol development.

*“Referral processes are more deliberate and planned – more of a team focus – duplication reduced. Clearer client pathways.”*

Many of the teams enhanced service delivery by making changes at the key transition points of assessment, admission, referral and discharge. They also used increased access to the knowledge and expertise of different disciplines. They changed the way they worked to include critical review and feedback on performance, and focused reflection on their work.

*“We’ve developed the rapid response team as a direct result of the programme. Practitioners in the different teams, the intermediate care team, the community hospital and the community nursing team were saying that people were being admitted to hospital because it wasn’t possible to get a quick enough response in the community... We’ve changed the structures so the team can access and put in place services immediately.”*

The largest number of service improvements reported by teams in the CTP was grouped in the category **increased client-centred provision**. These improvements involved creating more opportunities to talk and listen to service users and their families and improving the quality of information, based on what service users said they needed and wanted to know.

*“We have established a forum for patients and carers to speak with professionals and ex users of the service. We get information about their concerns through this.”*

## Getting the most from available expertise

In the world of service networks across agencies, multiple providers and patient choice, it is imperative that members of health and social care teams understand and appreciate the contribution that their role and the roles of colleagues make to service provision.

*“Disciplines are working better together, planning care together and setting goals together.”*

Increased clarity of one’s own role and that of others at an individual and team level was one of the most frequently cited changes identified by programme participants. This was associated with increased confidence, decreased conflict, reduced duplication and increased access to a range of services for service users.

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

*“There is decreased conflict, we resolve it better, we are able to challenge each other constructively. Much more open, honest and frank discussion takes place allowing positive results.”*

## Patient safety

The most frequently reported change in team functioning was an increase in open dialogue and critical reflection. This included an increase in challenging and questioning practice in ‘professional’ rather than ‘blaming’ ways, an increase in honest and direct communication between disciplines and between different levels in the hierarchy and a willingness to listen to others and actually hear what they had to say.

*“Colleagues are now much more able to discuss case work together in a ‘no blame’ way – this leads to better care.”*

In addition, there was increased participation by junior and non-professional team members (who frequently have the most contact with service users) in influencing and decision-making. As a result, teams participating in the CTP developed the characteristics of teams more likely to prevent and report errors.

### **Innovation, spread and sustainability**

Sponsors at a team level frequently reported an altered relationship to change. Teams became more proactive, having more ownership of change and being more in touch with their own ability to influence and shape change. The service improvements implemented through the programme provide further evidence of the teams' ability to innovate.

*“We feel empowered to make decisions and move things forward without waiting for it to happen.”*

## **6. Reactions from the sponsors**

### **Improved integration**

*“To us, this whole intermediate care team work is very new and the joining up of social services and health was very new, so it was excellent in terms of facilitating the work that we had already started. In terms of developing those relationships, networking, and understanding better about how patients move between each one was very beneficial. Not just roles, I mean we're talking about – we had hospital teams, social services teams, and PCT teams. So it's organisational cultures, it's team objectives and where they fit within each of the different organisations.”*

### **Improvements for clients and service delivery**

*“There has been a lot of simple stuff that came out of it, but the funny thing is that when you work every day in an environment you obviously get de-sensitised to the everyday problems that you see, or that you don't see probably. And just taking time out, just to reflect on a day's work, and looking at diaries and that sort of the thing, makes you realize how simple some of the problems are to solve.”*

### **Improvements to client care**

*“I think for me there were probably two very clear messages. One was around the impact it*

*had had on patient care, and the fact that those that participated, because they had done the patient stories and the observations, very clearly had become far more patient focused and quality focused. Almost to the extent where they saw themselves as delivering a service to a customer. It was almost that recognition that they had a responsibility to act on things that were not right.”*

## **Improvements in achieving targets**

*“During the life of the programme we have shifted the number of people we see on a day-care basis from 37 per cent to 62 per cent. This was championed by one of the consultant surgeons.”*

## **Adapting to change**

*“The team is very much more able to cope with different demands and I don’t think there is any doubt that a lot of it has had to do with the Clinical Teams Programme, in terms of getting the team working much better together, accepting that you have to have targets and addressing them and then working out ways of how to meet those targets. So there’s a much greater flexibility. If I’d given those targets to them, say, 12 months ago I think we’d have had a much more of a kind of a ‘no way’ response, whereas now it’s a ‘can do’ approach.”*

## **Working differently**

*“There is much more tolerance, respect and understanding between the different team members and of their colleagues from other agencies. Now you might find a nurse explaining to another nurse why social services couldn’t do something, whereas in the past, they wouldn’t have known that – or certainly wouldn’t have expressed it.”*

## 7. Implications for people, teams and organisations

*recognised individuals. It valued people and their opinions. Very much so, even though they were challenged.”*

### Improved integration

The CTP is, in essence, a change programme. Through the processes of the programme, teams examine their way of working and the focus of their work. As a result, they decide they want to do some things differently. Effecting this change can be both disruptive and difficult and some teams initially experienced a decrease in functionality as they disassembled old patterns and ways of working and established new ones.

All the participating sponsors were able to identify tangible benefits for individual team members, the teams themselves and for service users, while 91 per cent confirmed they had seen organisational benefits too.

Less directive and more challenging than many had anticipated, all sponsors confirmed that the skills based, client-centred approach of the programme generated extremely positive outcomes. Most of all, CTP helped people to look at things differently, enabled them to challenge established practice and thinking, and address highly complex issues.

*“I think it was beneficial for all of the staff to be thinking a different way. I think it was beneficial from the point of view that it*

## 8. Further reading

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