



Working together

Team Working Policy and Guidelines

“We will endorse team working as the preferred way of delivering services and direct resources accordingly”

A Health Strategy for the People of the North-East, 2003, Action 3.2



you
your family

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1. Introduction

Working in teams is not new – it's been around for a long time. Team working has been actively promoted across the region in different locations and different service areas. There already exist within the NEHB, many excellent examples of team working. Some of these teams extend beyond the NEHB to include voluntary and statutory agencies, and independent contractors. There are also a number of services that aspire to, and are working towards developing team working. Experiences of team working vary, reflecting different stages of development in different parts of the organisation. Undoubtedly, there is a significant level of internal resources and expertise within our organisation that we can build upon.

The first step in specifically addressing the organisational requirements to support the ongoing development of team working in the NEHB was a one-day workshop held on January 31st 2003. The focus of this workshop was to build upon the experiences of our own staff in relation to team working, to identify the key components of effective team working, the organisational actions that need to be taken to progress team working as an organisational priority and to provide guidance to those developing and supporting teams across the region. The discussion paper, compiled as a result of the team working workshop, supported the development of '*A Health Strategy for the People of the North-East*' (2003). It also formed the basis of a wider consultative conference held on May 21st 2003.

'A Health Strategy for the People of the North-East' (2003) provides a clear strategic direction for the future, which aims to connect, link and unify all the strands of the organisation. The Strategy provides us with a framework which will enable us to meet the challenges that lie ahead. Working together for better health and well-being is seen as central to achieving people centred services and has been prioritised at an organisational level within the NEHB. We are committed to developing more connected services through improved integration, partnership and working together. We have to adapt our services to meet service user needs in the most co-ordinated way possible. This challenges us to work more closely with the people receiving and delivering our services and to develop pathways of care for individuals. Team working can help us to achieve this objective and assist us in better decision-making.

Leadership and shared responsibility is needed across the organisation to ensure that team working activity is valued and supported.

'A Health Strategy for the People of the North-East' (2003) outlines the organisation's commitment to active involvement, participation and partnership with our staff in planning, delivery and evaluation of services. We are committed to building the capacity and capability of people across the organisation to effectively participate in team working. We are committed to nurturing and supporting a style of partnership working and integrating it into our everyday work. We will demonstrate respect for staff at all times and will support them appropriately at times of crisis or in difficult circumstances. The *'Joint Development Plan for Partnership in the North Eastern Health Board'* (2001) describes our vision for partnership as follows:

“Providing better quality health and social services for the people of the north-east by being an organisation of excellence where staff are valued and consultation and involvement are the norm”. (NEHB 2001:4)

One of the key objectives of the Joint Development Plan is to integrate working together in partnership into the way we do our work and to support multidisciplinary team working across services. Goal four of the Plan endorses this further by prioritising the promotion and development of a team approach to service delivery.

Ultimately, the implementation of *'A Health Strategy for the People of the North-East'* challenges us to behave and work differently. To meet this challenge we need to develop new ways of integrated working, which we believe can be best achieved through team working. Action 3.2 of the Strategy endorses team working as the preferred way of delivering people-centred, connected services and makes a commitment to direct resources accordingly.

Purpose of the Team Working Policy and Guidelines

Each stage of the developmental process for this document has involved building on the experiences of our staff, through consultation with staff from a variety of work settings and acknowledging what has already been achieved. Feedback from workshop participants in January and May 2003 highlighted the need for a policy on

team working and clear guidelines to assist staff working in teams. This Team Working Policy and Guidelines document for existing and new teams is one part of a wider organisational response to an identified need within the organisation in relation to effective team working.

This document complements the implementation of ‘*A Health Strategy for the People of the North-East*’ and the supporting Human Resource Management Plan. The Team Working Policy (See Figure 1) provides the overarching policy framework which will guide all current and future team based interventions. It will act as the main reference point for interventions such as team based performance management, joint problem solving, learning and development programmes for team leaders and teams and so forth. The Guidelines outlined in this document in addition to the personal development planning process and other team-based interventions will assist individuals and teams to identify development needs. It is important that appropriate targeted supports are then put in place to meet these needs and to continue to meet our commitment to endorse team working as the preferred way of delivering services in the north-east.

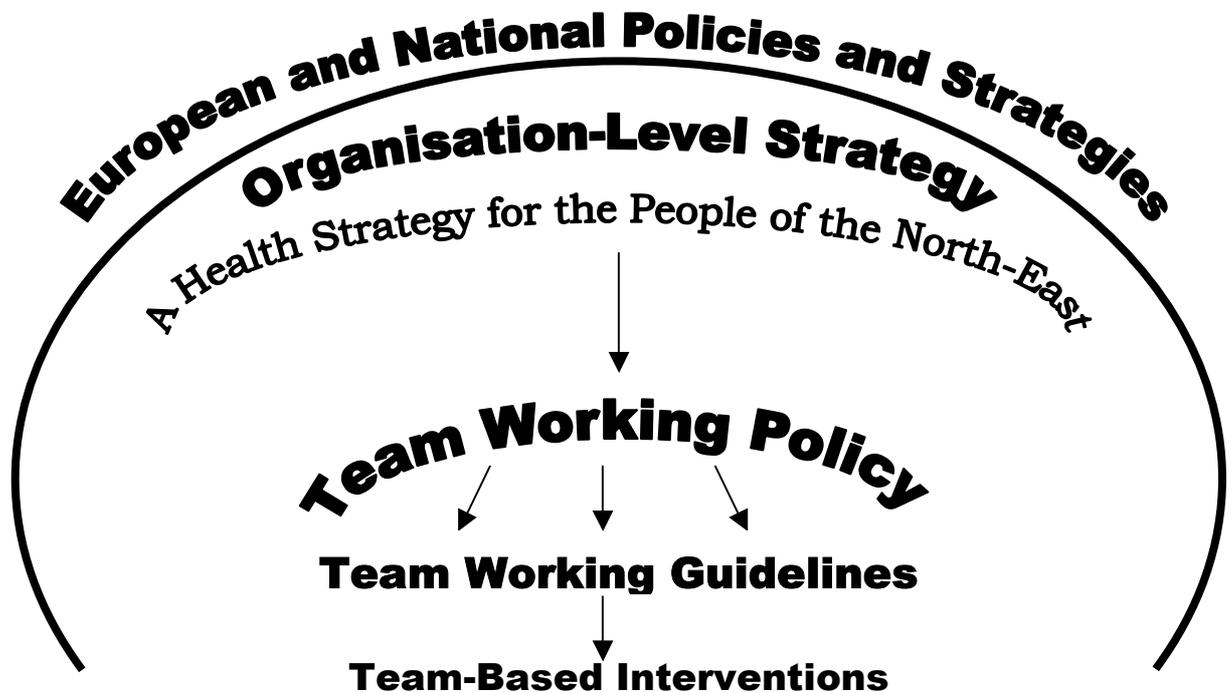


Figure 1

The adoption, by the NEHB, of competency-based recruitment and selection methods supports the organisation's goal of ensuring that all staff have the appropriate knowledge, skills, competencies and attitudes required to deliver a quality health and personal social service. Indicators of effective performance in relation to team working can be assessed at competency-based interview and can also form the basis of on-going staff development and training for all disciplines and all grades of staff. In this way, team working can be progressively embedded into the organisation as the preferred way of delivering people-centred, responsive, quality health and personal social services.

Therefore, the Team Working Policy and Guidelines is aimed at the many different types of teams within the NEHB, for use as part of a process of ongoing review and evaluation, as well as a guide to those who are in the process of setting up new teams. We want to provide support and guidance to those who are already in teams and to those who are leading out on new team initiatives.

2. Policy Statement

In the North Eastern Health Board, we believe that team working is the best way to develop and provide co-ordinated, integrated, people-centred services. Therefore, we are making team working an organisational priority and we are committed to strengthening team working across the organisation in a number of different ways.

“We will endorse team working as the preferred way of delivering services and direct resources accordingly (Action 3.2 HSPNE 2003:39). In order to strengthen team working we will:

- Provide support for multidisciplinary team working and cross-service, cross-site working.
- Increase the capacity and skills of staff to engage in team and partnership working across boundaries and services, and to manage complex reporting lines.
- Invest in the development of team leaders and promote a model of shared leadership.
- Develop our interpersonal communication style and improve our information sharing processes to support effective team working.
- Support existing teams to evaluate how they work to ensure that maximum benefit to clients comes from multidisciplinary team working. The learning from such evaluation will be disseminated and will inform future planning.
- Build capacity to establish temporary teams, drawing from different services, to address particular needs and circumstances.
- Pay particular attention to team working when responding to clients with complex needs.”

(HSPNE 2003:40)

3. Why this Approach?

People are at the core of our work; our communities, service users and staff. Our purpose is to promote and contribute to improving the health and well-being of the people of the North East. This challenges us to provide services that meet service user needs in the most co-ordinated way possible from the first point of contact. It means that we need to build upon existing good practice and continue to develop new ways of working together, new ways of working with service users and new ways of learning.

Effective multidisciplinary team working is one of the best ways of providing responsive, integrated, people-centred services because it helps staff to meet service users' needs in the most effective and most co-ordinated way possible. No one person/profession in isolation can deliver comprehensive healthcare to all. Many tasks are so complex that they cannot be performed by individuals and can only be accomplished when people work together. Teams have the ability to respond quickly and flexibly to problems and find new ways to get the job done. Team working also promotes inter-disciplinary communication, helps to break down traditional barriers and enhances accountability and is therefore more likely to contribute to better quality care. International evidence from the review of critical incidents highlights failures in team working as a commonly found root cause. Research has also shown that effective team working leads to a reduction in both the number and severity of adverse occurrences. Staff who work in teams also tend to be more open and supportive; emphasising the need to move to a just, fair, no-blame culture. Therefore, in terms of patient and staff safety it is essential to promote team working.

As well as contributing substantially to improving the quality of care, team working can also contribute to the efficient use of resources because the combined efforts of team members working together is far greater than the individual efforts of people working alone. Duplication of work is reduced and better overall accountability and value for money is also achieved.

Benefits for staff include enhanced skills and learning; sharing of knowledge and expertise; and improved employee confidence, motivation and morale. Team working

facilitates improved liaison between staff, enabling staff to gain an appreciation and understanding of other perspectives and roles, which can help to reduce the frustration often experienced by staff. Working in teams can also satisfy employees' social needs in the workplace; provide peer support, recognition and respect; improve communication; and increase staff satisfaction and well-being, thereby contributing to staff retention.

The '*Health Service Reform Programme*' (2003) marks a period of substantial change for all staff working in the health and personal social services. At a time of such uncertainty and change there will be a need for greater flexibility from all staff within teams and effective multidisciplinary team working can provide considerable stability in the current climate of change. Long after all the structural and organisational changes have been implemented, effective multidisciplinary teams will still be delivering locally based, responsive, people-centred services to the people of the North East.

The key organisational benefits of team working can include:

- Improved efficiency and productivity
- Improved effectiveness
- Flexibility/responsiveness to change
- Reduced costs
- Service user involvement
- Staff involvement
- Staff commitment and well being
- Increased innovation
- Improved organisational learning
- Good communication
- Staff satisfaction

4. What do we mean by Team Working?

Delivering comprehensive healthcare services to the population of the North East can only be achieved through the collaboration and partnership that characterises effective multi-disciplinary team working and this requires organisational commitment and adequate resources.

The term '**team**' can be used to describe groups of employees who share the following characteristics:

- A shared vision of how the service should be delivered;
- A common, agreed, shared purpose;
- They share objectives and targets;
- They have well-defined and unique roles;
- They have the necessary authority, autonomy and resources to achieve these objectives;
- While team members may work independently in some respects, they have to work closely and interdependently with other team members to achieve their shared objectives;
- They are recognised as a team.

(Adapted from West and Markiewicz, 2003)

Although not always the case, team working can be described as being part of a small group of people, often with different, complementary knowledge and skills, who are committed to working together to achieve a set of shared goals and objectives for which they are all equally and collectively responsible.

While teams in a healthcare setting are generally described as 'multidisciplinary', uni-disciplinary team working can be equally appropriate and beneficial. In some circumstances staff may be members of both uni-disciplinary and multi-disciplinary teams. Other frequently used terms include interdisciplinary and transdisciplinary. The distinctions between the terms refer to the ways in which the team handle contributions from different disciplines, the extent of questioning and discussion that takes place within the team, the level of collaboration between team members, and to what extent team members achieve a sustainable common language (Opie 1997: 66).

Definitions of Teams

A **multidisciplinary team** is identified as ‘involving a combination of several disciplines and methods’. It refers to a team or collaborative process where members of different disciplines assess or treat patients/clients independently and then share the information with each other. Multi disciplinary working is characterised by parallel work where each discipline operates independently from the other and meetings are infrequent.

The term **interdisciplinary** means ‘involving two or more fields of study’. It describes a deeper level of collaboration in which processes such as evaluation or development of a plan of care is done jointly, with professionals of different disciplines pooling their knowledge together in an independent manner. In an interdisciplinary context, disciplines share common goals, are committed to communicating and working through planned interaction, client involvement, better coordination of tasks etc. Members of the group begin to use the language of other disciplines.

Transdisciplinary is explained as ‘across; beyond; through’. In a transdisciplinary model common goals are shared and disciplines plan together using systematic processes. Sharing roles and working across disciplinary boundaries is a key feature. Patient/client participation in decision-making is seen as a crucial element in transdisciplinary working. A trans-disciplinary team is characterised by integrated thinking based on the sharing of knowledge and a greater blurring of professional boundaries than in interdisciplinary teams.

Source: Team Working in the NEHB, Discussion Paper, May 2003

5. What are the main challenges we need to address in order to make team working happen in the NEHB?

While we acknowledge that there are many benefits to team working we also recognise that team working requires effort and time. There are many real challenges and genuine concerns related to working in teams. These issues need careful attention to ensure that team working becomes a more positive experience for team members, and that teams deliver high quality responsive, care that meet service user needs.

The impetus for team formation can vary - some are planned strategically, some teams form as the result of a crisis, while others come together, initially at least, on an ad hoc basis. There are also situations where temporary, cross-programme teams form to meet the needs of an individual client or family.

Whenever a team is being established it is important to consider the overall strategic 'fit' within the organisation as a whole and the potential impact that establishing the team may have on other teams or services. This includes considering how teams will work together and communicate with other teams, services and parts of the organisation. Therefore, before introducing any team it is important to be clear why it is being introduced and plan accordingly.

The key challenges in relation to team working that require action can be considered under the following headings:

- **Getting Started**

Planning; clarity around purpose and mandate; agreed goals and realistic expectations are challenges that must be addressed at the outset. Ensuring adequate resources, both financial and human, as well as appropriate facilities and administrative support are also essential.

- **Membership of the Team**

A key success factor will be to match the knowledge, skills and experience of team members to the purpose of the team. Team members' roles and responsibilities also need to be clear from the outset. Lack of representation or involvement of particular

disciplines/health care professionals can impact upon potential team effectiveness. There may be times when membership of a team is predetermined and cannot be influenced. In this case it will be important to address the development needs of team members, for example, through Personal Development Planning and clinical supervision.

- **Service User Participation**

Delivering on our commitment to providing responsive, people-centred services through team working will require the successful involvement of service users in our teams and will be a significant challenge for all concerned.

- **Team Leadership**

Team leadership is critical for effective team working and we recognise that this is a complex and challenging role particularly where team leaders need to manage staff from different disciplines, with multiple reporting relationships, and potentially conflicting loyalties. It is essential that both the team leader and team members are clear about who and what each of them is responsible and accountable for. In many cases, because of legal and other responsibilities decisions will be taken by the lead clinician on the team nevertheless, the views and the contribution of other team members need to be recognised and acknowledged.

- **Team Management**

Good team management can be adversely affected by the absence of clearly defined policies and processes including decision-making, communication and information sharing. Proactive team management involving effective problem solving, dealing with perceived poor performance and handling interpersonal conflict pose particular challenges for all team members. Lack of support to enable teams to work through these difficulties can impact on team performance.

- **Professional Boundaries and Autonomy**

Working outside traditional professional boundaries as part of a multidisciplinary team can sometimes create a sense of loss of professional autonomy. Co-operation

and collaboration between different multidisciplinary teams is also a significant challenge.

A Committed Organisational Response

The Senior Management Team has made a strong commitment to supporting team working in the NEHB by providing dedicated resources to support the development of team-working across the organisation. In order to build upon the internal capacity of people across the organisation we will create a mechanism for shared learning and networking. We will promote the sharing of knowledge, skills and experiences through a variety of different methods including making the best use of existing fora and utilising where appropriate information technology systems i.e. intranet.

6. What is required to bring about this way of working together?

Effective team working requires organisational leadership, commitment and resourcing. It also requires particular skills and competencies. Making this happen will require simultaneous action on the part of individuals and the organisation.

- **What we as individuals need to do?**

It is important to recognise that **all** team members have both individual and group responsibility when it comes to team working. Good team working involves work and attention in three key areas:

1. Knowledge

- Of '*A Health Strategy for the People of the North-East*' and specifically of the mission and vision of the North Eastern Health Board;
- Of team working and group dynamics;
- Of other multi-disciplinary team members' roles in the service area, team structures, reporting relationships and work practices.

2. Skills

- Communication skills
- Listening skills
- Interpersonal skills
- Conflict management
- Problem solving

3. Behaviours

There are certain behaviours that are necessary for **all** team members if team working is to be effective, such as being willing to:

- Become involved and contribute;
- Be honest and open, and demonstrate trust;
- Treat other team members with dignity and respect;
- Recognise and acknowledge the role and contribution of all team members;
- Take joint responsibility for achieving team objectives and solving team problems;

- Manage boundaries;
 - Ensure appropriate, competent leadership;
 - Be flexible;
 - Embrace and adapt to change;
 - Develop exciting and shared objectives;
 - Pay attention to what the team is doing and how it is doing it;
 - Acknowledge one's own strengths and weaknesses;
 - Recognise and appreciate the talents and abilities of others;
 - Encourage and support others in the team;
 - Give and receive constructive feedback;
 - Embrace diversity;
 - Be open to continuous learning and development;
 - Focus on patient/client outcomes.
- **What we as an organisation need to do?**

The organisation realises that, while people need to take responsibility for developing their teams, supporting them in doing this is very important. We acknowledge the need to create an organisational culture that fosters a safe, non-threatening working environment where staff feel safe and supported; where trust, confidentiality and learning from mistakes and experiences is encouraged. This would not only result in improved team performance but improved overall organisational performance.

This document is one step towards the development of a consistent approach to delivering on our commitment to team working. A Core Team Working Support Group will be established to formally lead out on the implementation of the organisation's commitment as set out in '*A Health Strategy for the People of the North-East*'. This group will:

 - Provide skilful organisational support, which can be accessed through a single point of contact;

- Support and promote helpful communication and networking across the organisation;
- Ensure adequate and reasonable organisational resources for team working;
- Assist with focused development and training where it is required;
- Introduce supportive systems for review and development of team working;
- Make a commitment to explore creative, appropriate and supportive recognition systems for teams and team working to ensure overall organisational learning.

7. The NEHB Team Working Model

The model below illustrates the key components that contribute to effective team working. Some of the challenges associated with multi-disciplinary team working relate to clarity of purpose, clear roles and lines of accountability, dealing with dual and/or multiple reporting relationships, clarity with regard to how the team works together and interpersonal relationships.

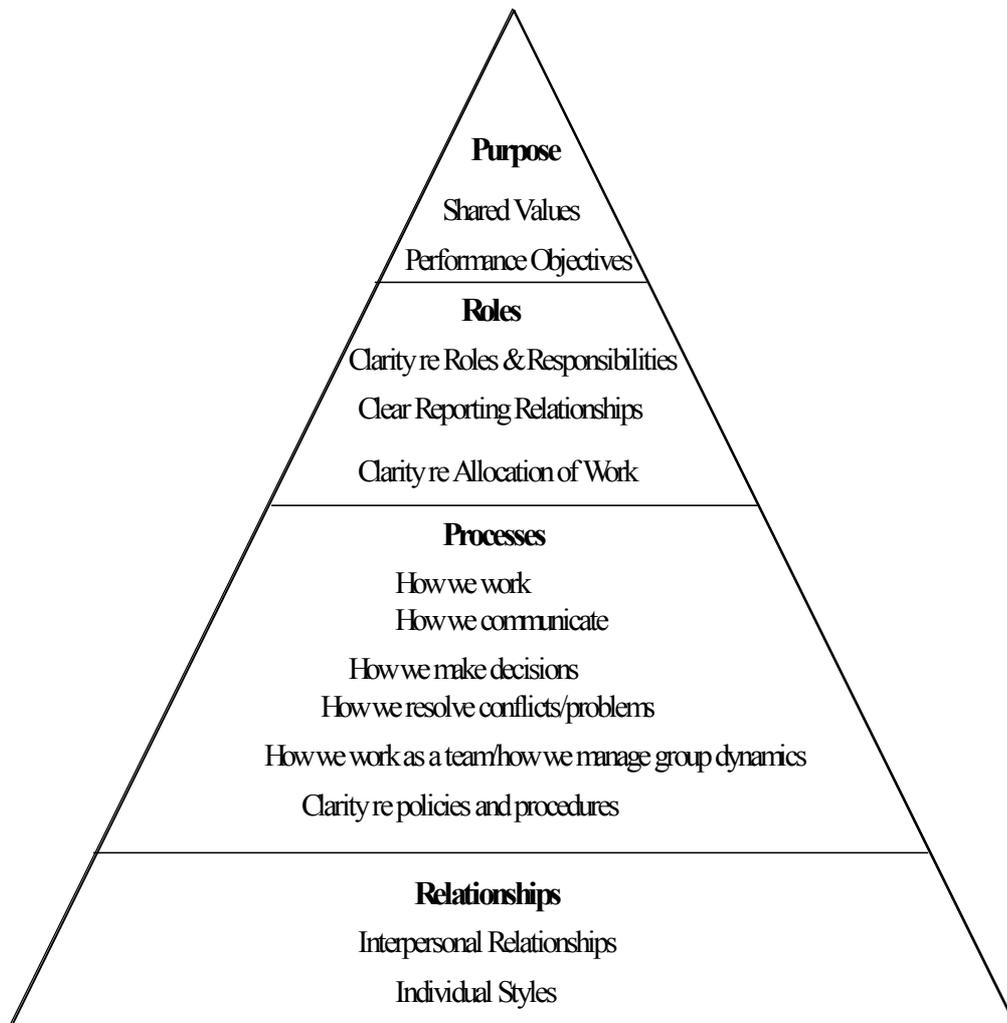


Figure 2

(NEHB 2003)

8. Some Key Guidelines around Introducing and Working in Teams

Based on the model presented in Figure 1, the following are some of the critical factors involved in introducing or working in teams. These are intended both for those in the process of setting up a team or for those who are already working in or leading teams.

- **For People Leading or Working in Existing Teams**

For those who are currently involved in leading or working in a team the questions below can be used by the team in reviewing how they are performing with a view to finding out some key ways in which their team working could be improved.

- **For People Setting up New Teams**

For those who are about to or are currently in the process of setting up a team, it is recommended that they meet with either a skilled organisational resource or some other team member to plan the introduction of their team using the questions below as a checklist to ensure optimum planning and a successful introduction.

1. Effective teams have a clear purpose and shared common goals

1. Does the team have a clear purpose and shared common goals?
2. How aware are all team members of the purpose of the team and its goals?
3. How was the purpose of the team decided and agreed?
4. How have team members shared in the joint development of the team's purpose and goals?
5. Who was involved in this process? Have all the relevant people been involved?
6. Was the purpose of the team communicated to all team members and to others or how is it planned to communicate it?
7. Is everyone, both within the team and outside of the team, aware of why the team was established and where it fits in the organisation?
8. Has your team agreed its terms of reference or how will this be done?
9. Are all team members committed to working to achieve their goals and how will this be ensured on an on-going basis?

10. How actively involved are all team members in achieving the team's goals?
11. Are there specific team objectives/goals and how will success or successful team working be measured?
12. Does the team have a healthy system for evaluating its performance and how are difficult issues used to learn and grow as a well-performing team?

2. Roles and Responsibilities

1. How clear are all team members of their individual roles and responsibilities?
2. How is work within the team allocated?
3. How is an appropriate balance of skill-mix, experience, competencies and roles within the team ensured?
4. How clear are team members of the role and responsibilities of the Team Leader?
5. What is the team leader's understanding of his/her role?

3. Process - Way of Working

1. How does the group work as a team, with a particular emphasis on group processes and group dynamics?
2. How is information shared?
3. How is communication between members of the team managed?
4. How does the team communicate/interact with other teams, departments and functions?
5. How are decisions made?
6. How are problems or conflict resolved?
7. How is individual and collective accountability ensured?
8. How is poor performance, either by an individual team member or the team as a whole, managed?
9. Has agreement been reached regarding frequency of meetings/commitment to attend meetings etc.?
10. How effectively and well-run are team meetings?

11. How are the team's successes and achievements acknowledged?
12. What mechanisms are in place to address the learning and development needs within the team?
13. How does the team evaluate its processes?
14. How does the team communicate with its client group?
15. How does the team get feedback on its performance from service users?
16. Has the team developed contingency plans for possible situations that may arise?
17. What mechanisms are in place to support team members, including the team leader?

4. Resources – including people, equipment, accommodation and other facilities

1. How does the team:
 - Identify and agree the resources it needs?
 - Manage its workload within existing resources?
 - Negotiate additional resources where required?
 - Influence to obtain resources where there is a critical need for them?

5. Interpersonal Relationships and Communication

1. How healthy, open and trusting (psychologically safe) is the environment in the team?
2. Has the issue of confidentiality been addressed by the team?
3. How aware are team members of the importance of managing and dealing with:
 - Diversity in the team?
 - Mutual respect for team members?
 - Different personal and professional styles?
 - Different, overlapping or conflicting roles?
4. How do team members assist and support each other when:
 - Difficult decisions must be made?
 - There isn't consensus within the team?

- Professional boundary issues arise?
 - Team members experience conflicting loyalties?
 - Team members have multiple reporting relationships?
5. How effectively do team members communicate?
- Inter-personally?
 - Electronically?
 - Socially in and/or outside work?

6. Evaluation

1. Does the team regularly review:
- Its processes/performance in a structured way?
 - What has gone well?
 - What has not gone well?
 - What changes are needed?
 - The team's progress towards achieving its goals?

These guidelines represent a broad, level one technique which allows team members to explore the culture, processes and relationships that operate within their team. A more in depth diagnostic tool is also available for teams, who are experiencing difficulties with specific key components, critical for successful team working. This diagnostic tool enables team members to more accurately determine which key components require their attention and provides guidance on taking appropriate action.

9. Contact Details

Pending the appointment of a Team Working Practitioner, please contact one of the following members of the Core Support Group for more information on the organisational support available to help teams and team leaders.

Mr. Colm Kinch,
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