

## Team working in health and social care – Inspiring People Management

Date: 6 June 2007

Where: Hyatt Regency - Birmingham

Workshop Lead - Lynn Markiewicz, Aston Organisation Development, Aston Business School

Notes - Elizabeth Scott

### Aims of the workshop

- Explore links between team working and service user outcomes
- Identify the key dimensions of effective team working
- Make plans to create and maintain effective team working

The Aston research is primarily related to healthcare teams but the issues and themes explored within the workshop could be applied to a social care setting.

### AM session

For this group, the key issues and reasons for attending the workshop were:

- Barriers to change in a multi agency setting
- Encouraging success in multi agency teams
- Team development
- Tools and techniques for team working
- Change management within multi-disciplinary teams
- Motivation/effectiveness as a team
- Inter disciplinary working; threats and challenges
- Measuring outcomes
- Managing systems and risk
- Managing 'splits' in social services teams

## Aston's work

Aston have 15 years worth of studies researching aspects of teams. They asked the following questions:

- How do we measure outcomes?
- How do we measure effectiveness?
- How do we make a difference?

## Research and findings

- In all areas of healthcare – primary, secondary, mental health trusts – we find that effective team working is linked to important outcomes:
  - Reduced hospitalisation and costs
  - Increased effectiveness and innovation
  - Increased well-being of team members
  - Multi-disciplinary teams deliver higher quality patient care and implement more innovations
  - Lower patient mortality
  - Reduced error rates
  - Reduced turnover and sickness absence
  - Higher levels of patient satisfaction
  - Reduced levels of violence and aggression from patients / clients

## Group comments on these findings:

- Working together 'stops staff falling down gaps'
- Not about what's happening IN teams but BETWEEN teams (inter team working)
- Violence and aggression from patients can happen where teams are fragmented and oppressive i.e. night staff
- How did you research and find evidence for these findings?

The very basics of effective teams are:

- They have clear objectives
- Each team member needs to work independently to achieve these objectives
- The team meets regularly to review objectives and adapt ways of working to meet changing needs

There are less than 15 people in the team.

Team size is important – the larger the team, the more time and effort needs to be expended to ensure effective team working. Regular meetings build trust amongst the team – the more often the team meets the more innovation is generated.

### **Group comments on these findings:**

- Many social workers don't see themselves as part of a team; for example those who work in the area of mental health
- Many social work teams are too big – can be over 30 people

### **Organisational culture and identity**

Aston have found that clarity of leadership makes for more effective team working. The public sector has historically suffered from levels of leadership and team boundary clarity some areas, in spite of a policy-based commitment to team working and management development. There appears to be a lack of training in leadership in the public sector and there is the added factor of multi agency and inter agency working. What happens at organisational level can have an impact on what happens at team level.

Aston identified 3 main types of team:

- Uni-disciplinary
- Inter-professional
- Multi-disciplinary

Gouldner found that there were 2 types of 'identities' within organisations

- Cosmopolitans – who find their work identity through membership of professional organisations and qualifications – in terms of career progression they tend to move horizontally between organisations in order to build their knowledge, experience and qualifications
- Locals – who find their work identify through their relationship with the organisation – in terms of career progression they tend to progress vertically through the hierarchy of one organisation

Traditionally health and social care workers have been trained in 'uni-disciplinary' environments which encourage recruitment and development of a 'cosmopolitan' approach. Increasingly the move towards multi-disciplinary team working requires a more 'local' approach.

It is helpful if all staff are able to identify one 'home team' – that is the team whose objectives inform the way in which the individual works in all other teams in the organisation. This home team becomes the centre of a 'team community' – all the teams that are required to achieve a valuable outcome for this patient or client.

### **Findings:**

- Identify your home team

- Be clear about structure
- Decide on what sort of team
- Ensure a shared vision and objectives
- Be clear about roles within teams
- Ensure effective participation
- Need clarity of leadership
- Ensure supportive organisational structure

#### **Group comments on these findings:**

- Not all objectives are acceptable to teams as these are set from outside the organisation i.e. the government
- The constant instability within social services and the health service adds another dimension to the above findings
- The politics of social care tends to be reactive; changes need to be small
- Need to make targets realistic for frontline workers in social care and make these targets positive

## **PM session**

For this group, the key issues and reasons for attending the workshop were:

- Joint working i.e. multi disciplinary teams, multi agency teams and meeting the needs of both
- Assessing the effectiveness of multi agency teams
- Looking at integrated working across health and social care
- Partnership working
- Looking at structure/culture
- How do you create a team?
- What are highly effective teams?
- Updating knowledge
- Looking at evidence base for team working
- Looking at links between health and social care
- Workforce planning – concerns about ‘the demise of social work’

## **Research evidence – as in am session**

#### **Group comments on these findings:**

- The link between patient mortality and good HR practice may be relative and not causal (however subsequent longitudinal studies at Aston suggest that the effect is ‘real’ and that it is causal)
- Are you talking about health and safety training as well as the whole HR package? (Yes)
- The NHS depends on team work and needs to regularly review its skills

### **Example (from delegate):**

The Manchester NHS trust has a zero tolerance policy to violence and aggression from patients. This is down to good team working and support for each other and has reduced the problem.

### **Group comment on this example:**

- The health and social care services differ in their approach to violence. The health service does not accept violence as a day to day occurrence but in social care, frontline workers often start on the premise that violence is to be expected.

### **What is a team?**

Aston found that a team needed 4 main components to work effectively:

- Clear, shared objectives
- Different/defined roles to meet these objectives – team members need to work interdependently
- Regular team meetings – at which team members review objectives and ways of working to achieve these
- Team identity – and less than 15 people

### **Findings:**

- Face to face meeting is very important in developing a team and establishing levels of trust
- Should be prepared to travel to keep up face to face contact
- Most innovative teams meet once a week
- Very innovative teams meet every day
- Meetings keep knowledge up to date and build trust

### **Group comments on findings and ‘locals/cosmopolitans’ research:**

- ‘Locals’ could have a broader view of team working in spite of their name!
- Need skills not professional identities
- Are there differences between health and social care; for example social workers tend to be ‘cosmopolitans’ and care workers ‘locals’
- Resistance from social workers has led to lack of team ‘identity’
- Must allow people to maintain their professional identity
- Could learn from other professions i.e. army medics training NHS professionals
- ‘Team building’ doesn’t improve outcomes, it improves morale in the short term