

# Team Effectiveness

## Developing team effectiveness in an era of financial famine

Commercial organisations expend considerable sums on team development programmes and yet traditionally NHS organisations spend very little, if anything at all. So why such divergent approaches? We believe the answer lies in the public purse, is potentially disastrous long term and that a solution must be found within the context of ever deepening financial famine.

### So why the reluctance?

Commercial organisations invest in team development out of recognition of the importance of team effectiveness on bottom line metrics like profitability. Happy, well motivated teams deliver improved results. Given the pressure on the NHS to deliver ever more on ever less, one would think that team development is a vital component of a robust performance management strategy. This conclusion is strengthened considerably when one considers the multi-disciplinary, team environment that exists in healthcare. However, the truth remains that these important drivers have not produced a measurable move towards team development programmes. Let's examine why.

Firstly, we are expending the public purse. This is not a barrier alone but when you consider the nature of team development training it is easy to understand why this represents a block. Team development often involves some form of psychological assessment and feedback, coupled to an 'away day' aimed at 'exploring ourselves'. Furthermore, few team development programmes set meaningful objectives and even fewer have hard outcome measures. In this form, it does look very much like a day out in a hotel with some nice food and a cosy chat, something that is tough to justify when facing patients who have been denied vital treatments with expensive price tags. Of course, this fails to recognise the bottom line improvement that team development can bring.

Secondly, bottom line has been a meaningless term in a state-funded public service. The NHS has focused on delivering high quality care whilst managing costs, suggesting limited value of something designed to improve productivity and profitability. However, times are changing fast and a Foundation Trust must consider

the bottom line at all times, including factors influencing it. However, in the interests of balancing books whilst delivering unprecedented levels of service, many Trusts are likely to consider team development a luxury rather than a necessity.

Thirdly, the traditional nature of healthcare delivery has been a focus on teamwork in a human profession by intellectually competent people. Rather than recognising interpersonal effectiveness as a skill to be developed like any other, there is a strong tendency to assume that intellectual people

Challenge	Impact
Per capita cost	Team development is normally psychology based, with assessments and feedback (£200+), coupled to a classroom-based programme for small numbers over a couple of days (£300+). Adding up the components illustrates that the per capita cost averages around £500 per person, against study leave budgets of not much more and a myriad of other requirements.
All or nothing nature	Perhaps even more challenging is that to improve team performance, ideally the whole team needs to undergo development. Thus, a small departmental team of say 50-60 persons could amount to £25-£30,000 of costs, difficult to justify in a cash strapped service struggling to keep its head above water.
Competing statutory requirements	Even in Trusts where team development is considered high value, a myriad of statutory requirements gets in the way. Annually, staff are faced with life support, fire training, manual handling, risk, complaints, diversity, bullying & harassment, infection control etc. Thus, the must have, tick box training consumes the budget for the performance-enhancing team training.
Complexity of development	Human beings are complex machines with very fuzzy logic. Filling the behavioural knowledge gap, whilst learning to manage difference and develop improved emotional capabilities not only doesn't lend itself to cost-effective means like e-learning but also tends to require expert facilitation in manageable groups.
Time availability	Particularly for frontline clinical staff, time away from the coalface is limited. By the time statutory training has been addressed, remaining time is often consumed by meetings, projects, holidays, sickness & absence, leaving precious little time in which to slot team development.
Historic underinvestment	The challenge wouldn't be quite as large if we had invested little but often over a period of years. However, chronic disinvestment leaves a huge distance to travel between where we are and where we need to be. It's a bit like approaching retirement after underinvestment in a pension. It makes catch up look awfully expensive, if not impossible.
Cross-departmental working	If the other challenges weren't enough, any definition of team must take into account horizontal working arrangements i.e. teams are not neatly contained within departmental boundaries. This makes coordination and funding even greater challenges than they were already.

Table .1



delivering a human service will simply work together effectively without specific development – team working ability by osmosis. The truth is very different and understanding the cellular function of the human body in no way equips us for the complexity of behaviour, emotions and human interaction.

### The team work imperative

Effective social or professional interaction is a fundamental need for all human beings, described by Maslow, Mintzberg, Blanchard and a plethora of organisational psychology experts. Whereas healthcare provided that environment, with hospitals typically being friendly places with strong camaraderie arising out of considerable collective challenge, the evolution of healthcare organisations has led to depersonalisation, an increased focus on finance & business, increased pressure to deliver and a frenetic pace of life. Furthermore, the increase in multidisciplinary approaches to healthcare delivery has resulted in a re-think of what constitutes the team. Regardless of your position on team development in the old system, it is difficult to imagine successful team function in the supremely challenging modern healthcare environment without interventions designed to enhance it.

## The coming years will be signified by an era of financial famine - growth in healthcare demand and expectation far outstripping growth in funding

The coming years will be signified by an era of financial famine – growth in healthcare demand and expectation far outstripping growth in funding. Yet again, we will be asking clinical teams to dig deep to find savings whilst working ever harder with less resources. In the past, team spirit and a passion to do the right thing resulted in a rally of effort in overcoming the challenges ahead. However, the systematic erosion of morale, work-life balance, social interaction, fun and even the human face of healthcare

leaves us defensive and self-preserving. It is likely that team effectiveness will suffer under this climate and yet funding for interventions will be even harder to find. Failure to update our approach to team development could see the disintegration of teams at the very time we become absolutely reliant on their performance to see us through.

### Wider challenges to team development

The embedded reluctance to invest in team development is far from the only challenge facing healthcare organisations in this regard. Table 1 illustrates the sheer number and magnitude of challenges, marrying the environmental context of health with the complexities of team development itself.

### Bringing the challenges to bear

If we are to foster improved team performance we must re-think our approach to team development, taking into account all of the challenges identified so far and developing solutions that are cost-effective, practical and easy to implement across a wide variety of environments. If we considered our baseline criteria for such a programme it may include the following wish-list:

- Low per capita cost, allowing maximum access
- Delivery mechanism protecting time at the coalface
- Low or no reliance on expensive external trainers
- Delivered with absolute consistency
- Designed to address teams of widely varying sizes & types
- Simple to understand irrespective of intellectual capacity
- Practical to use without extensive education
- Facilitates self-awareness without expensive assessments

The challenge looks insurmountable but that's just the sort of challenge we relish, especially when the benefit to the health service is so significant. Imagine the impact of such a programme across a department or whole Trust. High value performance improvements delivered simply and cost-effectively, easy to justify and effective in their outcome.

### Innovative solutions to challenging problems

Many of the challenges identified are interrelated, for instance, it is the use of expensive external trainers facilitating small numbers, coupled to per person psychological tools that results in a high per person cost. However, it is the complexity of the subject that results in the need for expert trainers and low numbers. Traditional e-learning is thought to be ineffective in team development because it is difficult to convey the subtlety and complexity on screen. Furthermore, incorporation of psychological tools like MBTI®, although adding useful insight, require face-to-face feedback and a considerable educational content to allow someone to make best use of the information in everyday practise.

These conundrums have formed the basis of the challenge we set out to overcome in creating Medicology's STEP (Self-directed Team Effectiveness Programme). Self-directed refers not to individual learning but to the team developing itself, based on the STEP approach.

STEP is based on the 10 Facets of Team Effectiveness (Figure 1) and deals with not only improving team effectiveness itself but also fostering a greater appreciation throughout the team of why team effectiveness is so vital in the current and evolving healthcare landscape.

See figure 1 on the next page.

In creating STEP, we set ourselves some baseline characteristics that we would not compromise on under any circumstances. These included:

- It must work – we mustn't compromise the impact of the programme for cost benefits
- It must be flexible – so that it can be delivered over time, in bite-sized chunks
- It must be rapidly deployable – so that momentum in improvements is visible
- It must be easy to understand but powerful in effects – to have impact across widely varying degrees of intellectual capacity
- It must be consistently high quality – regardless of facilitator
- It must be sufficiently cost-effective that choosing it is a no brainer

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10 Facets of Team Effectiveness  
Figure .1

We managed to deliver against all of these goals to produce a self-directed team improvement process that is quite possibly superior to any team development process currently available in traditional form whilst having the lowest possible cost per person to deliver (less than a good book!).

**The STEP process**

The STEP process is broken down into 5 key steps (no pun intended) that either whole or small parts of teams can be taken through.

**Step 1**

**Team Facilitator**

Identification of someone with an interest in people and team development, regardless of any prior training, who will undertake a 2 day programme with Medicology to ensure they thoroughly understand the baseline information and more importantly the flow of the process, materials, video and exercises.

**Step 2**

**Team Preparation**

Team members undertake, individually, a short e-learning course, consisting of slides properly presented by a Medicology team development specialist, that sets the scene for team effectiveness and how it sits within our evolving, competitive NHS.

**Step 3**

**Team Difference**

Team members undertake a group exercise, run by the internal facilitator, to examine

the concept of difference, accompanied by a video-delivered programme to help understand the outcome from the programme. This programme element starts to deliver enhanced understanding of how difference can be used to either unite or divide teams.

**Step 4**

**Team Learning**

Team members individually undertake an e-learning programme carefully designed to substantially increase understanding about team effectiveness, incorporating exercises, fully presented slides, behavioural feedback and more. The goal of this stage is to bring everyone to a common level of understanding.

**Step 5**

**Team Resolution**

With their new found understanding of team effectiveness, psychology and interpersonal difference, teams re-group under the careful guidance of the internal facilitator. Using the 10 facets model and a video delivered programme, the team diagnoses where team effectiveness most needs to be enhanced and sets plans and programmes in place to improve it.

Each element of the 10 facets model is supported by additional learning and guidance about improvement, to help the team overcome its own challenges. Step 5 can be repeated until all aspects of team performance have been examined and plans put in place for enhancement.

**Overcoming the limitations**

STEP overcomes many of the inherent limitations identified already. For example, by developing an internal facilitator, the department gains a valuable team development human resource that will benefit them for the long term. That person will be licensed to deliver the STEP approach, enhancing their own CV and worth. In order to ensure consistent delivery of the highest quality, the internal facilitator uses video/DVD/e-learning content involving programme presentation by highly qualified team development specialists. This ensures that the right understanding and emphasis is developed and takes the pressure of the facilitator as educator i.e. their role is to understand how to deliver the programme, not how to present the content.

By constructing the programme to be self-directed, the facilitator makes best use of people's time and work constraints, minimising impact and using natural opportunities such as group meetings to push the programme forward. Without the reliance on external trainers or costly tools, the programme is exceptionally cost-effective, irrespective of department size. All in all, a very firm win-win solution to one of healthcare's greatest challenges.

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Effective healthcare is the natural output  
of high performance teams



Self-directed

## TEAM EFFECTIVENESS PROGRAMME (STEP)

The Challenge of Teams,  
Performance & Development

- Expectation **huge**
- Investment **low**
- Funding **non-existent**

Services must enhance their team effectiveness within the financial constraints that we all operate under.

Medicology STEP meets the exacting goals of teams wishing to enhance their performance

- Psychology & behavioural backbone, without the need for expensive assessments
- Video-based with exploratory exercises & case studies
- Designed to be run without external facilitators
- Builds team effectiveness in the context of a competitive NHS
- E-learning base programme to equip people with the right knowledge
- Fully supported by high quality materials

Medicology STEP grows internal facilitators\* who are fully trained in delivering the highest quality of team development experience using the materials, presentations, video programmes and e-learning, resulting in a significant enhancement of team performance, morale, productivity and effectiveness.

Developing high performance teams at a fraction of the cost of traditional approaches.

For further information contact Andrew Vincent on 01332 821260 or email him on [andrew@medicology.co.uk](mailto:andrew@medicology.co.uk)

\*Internal facilitators are ideally a permanent member of staff with an interest in people, their development & team working. No prior experience is required.