
Teamworking

Introduction

The Safe Births inquiry concluded that the overwhelming majority of births in England are safe (The King's Fund 2008); however, where some births are less safe, safe teams are the key to improving the outcome for mother and baby. It highlighted the link between poor teamwork and risk to women. It also noted the difficulties staff said they had encountered in working relationships. The inquiry stressed the need for staff to work more closely together and appreciate each other's roles.

The organisational culture within which staff operate can also affect teamwork; it can either enable or hinder learning, innovation and change and, ultimately, safety.

Safer Births projects to improve teamwork

The maternity team at Derby Hospitals NHS Foundation Trust developed their open labour ward forum, providing an opportunity for all members of the labour ward team to share ideas and opinions. The forum also created a safe environment for medical staff, midwives, health care assistants (HCAs) and receptionists to share their experiences. Staff reported feeling valued by this opportunity. Of equal importance was the opportunity to improve interactions with other staff and to challenge interprofessional and departmental barriers.

The project gave us the opportunity to spend time with each other and look at different aspects through different viewpoints. So we had a multidisciplinary team where different viewpoints and aspects were aired and discussed. This helped to build a cohesive and productive team...

Consultant obstetrician

Northampton General Hospital's project included improving multidisciplinary teamworking. Following a Manchester Patient Safety Framework (MaPSaF) workshop to assess the department's safety culture, the staff identified the need to clarify the roles of other team members. As a result they listed all staff and their roles and responsibilities in a document available on the labour ward which is also given to all new staff. Building on this the maternity team then worked to formalise medical labour handovers and multidisciplinary ward rounds so that staff not only know their roles and responsibilities but also the care/tasks required for mothers.

Among the interventions adopted by the maternity team at Medway NHS Foundation Trust (MFT) was strengthening the labour ward team by developing and delivering a team awayday with the support of external facilitators. These facilitators provided a fresh perspective to how the team interacted. In addition, the involvement of staff known to be influential as 'champions' was vital to the change process at MFT.

The maternity team at Mid Cheshire Hospitals NHS Foundation Trust focused on strengthening teamworking:

We agreed that in a crisis we performed much better as a team because of a clear sense of focus; this didn't exist on a day-to-day basis. Our new goals were therefore better teamworking, better communication, better infrastructure and multidisciplinary team ownership of changes in practice. We wanted to define teams by common objectives, replacing our pseudo teams defined by geography...

Consultant obstetrician

In addressing the incidents of postpartum haemorrhage (PPH), the maternity team found the key issue for midwifery staff, HCAs and doctors was early recognition and anticipation of PPH. A simple remedy was suggested and championed by one of their HCAs, involving the weighing of swabs at all deliveries (rather than those where PPH was suspected). This intervention started the following day, and demonstrated good teamwork and ownership from all members of the team.

One achievement of great significance was the safety culture of the unit, which was considered by the maternity team to have advanced and matured over the programme period. This was seen in the improved MaPSaF assessment.

South Warwickshire NHS Foundation Trust also found MaPSaF workshops beneficial in improving the safety culture and teamworking. Workshops were held at the start and end of the programme. By the end the perception of staff regarding the safety culture of the organisation had moved from it being mainly a reactive/bureaucratic organisation to one which was mainly proactive.

It is more around organisational culture and teamwork... you can teach all the policies and procedures, but if you do not get the culture and the attitude right, you will get nowhere...

CEO

When looking to improve teamworking within a department, it is vital to identify the key stakeholders and their level of influence and engagement. The maternity team at South Warwickshire NHS Foundation Trust considered the labour ward co-ordinators to be in a pivotal position to improve communication with all staff groups. A team awayday run specifically for the band 7 labour ward co-ordinators provided opportunities for labour ward co-ordinators to reflect and discuss communication challenges and develop a plan of action outlining the steps necessary to address blockages to effective communication, particularly around learning from clinical incidents.

The maternity team at Northern Devon Healthcare NHS Trust also aimed to improve teamworking and focused on the working relationship between the associate specialist obstetricians and the labour ward co-ordinators. Their project included a leadership awayday. This provided the opportunity for the team to complete the Myers-Briggs Type Indicator assessment, and to discuss how their differences affected working relationships and how this could be improved. The team have increased the formal ward rounds from three to four and now have meetings to review the women's care and discuss learning. There is a more open and honest discussion regarding clinical care issues.

Key points for improving teamworking

- **Consider creative ways to increase staff interaction and team-building, eg, forums, awaydays.**
- **Use recognised tools to identify the preferences, strengths, weaknesses, traits within the team, eg, Myers-Briggs Type Indicator, Belbin.**
- **Consider the organisational culture within your maternity unit; is it open to change, innovative, or are there pockets of resistance to change?**
- **Work with staff to address some of the organisational culture issues that can hamper success.**
- **Consider applying an organisational or safety culture analysis tool to help determine areas for further development such as MaPSaF.**

This section provides a brief overview of some of the tools used by the Safer Births maternity teams to help improve teamwork, through analysing attitudes, individual styles and the organisational culture. The tools considered are:

- University of the West of England interprofessional questionnaire
- Belbin's team roles
- Myers-Briggs Type Indicator
- Manchester Patient Safety Framework
- midwifery team awayday.

Tool	The University of the West of England Interprofessional Questionnaire
Description	The UWE questionnaire was developed for use as part of an evaluation of a main curriculum at the University of the West of England, focusing specifically on interprofessional interaction. One of the key purposes is to identify staff views on different aspects of interprofessional interaction and learning.
Benefits	<ul style="list-style-type: none"> ■ Helps to identify strengths and weaknesses as perceived by staff. ■ Can be used to identify areas for further development.
How is it used?	<ul style="list-style-type: none"> ■ Staff complete the questionnaire of approximately 35 questions on the following categories: <ul style="list-style-type: none"> – communication and teamwork – interprofessional learning – interprofessional interaction – interprofessional relationships. ■ Aim for all staff to complete it but if this is not possible, consider a sample of staff which best represents all grades and professional groups. ■ Give staff a deadline for completion. ■ Analyse the data and present it in graphs/charts. ■ Feed back the findings to staff and the implications outlined. ■ Where possible the data should be collected over a specific time period, eg, as a baseline at the start of a change process and after the change process.
Tips for use	<ul style="list-style-type: none"> ■ Where possible use the same staff for both the start and end questionnaires in order to be able to make a better comparison of results. ■ A sample size greater than 30 will give more data and thus a fuller picture. ■ Ensure staff receive prompt feedback to increase staff confidence in the process and likelihood of future engagement.
Where to find this tool	<p>The questionnaire and information on its use and development can be found in: Pollard KC, Miers ME, Gilchrist M (2005). 'Second year scepticism: pre-qualifying health and social care students' midpoint self-assessment, attitudes and perceptions concerning interprofessional learning and working'. <i>Journal of Interprofessional Care</i>, vol 19, no 3, pp 251–68.</p> <p>Pollard KC, Miers ME, Gilchrist M (2004). 'Collaborative learning for collaborative working? Initial findings from a longitudinal study of health and social care students'. <i>Health and Social Care in the Community</i>, vol 12, no 4, pp 346–58.</p>

With thanks to The University of the West of England

The UWE Interprofessional Questionnaire

Communication and Teamwork Scale:

1. *I feel comfortable justifying recommendations/advice face to face with more senior people.
2. *I feel comfortable explaining an issue to people who are unfamiliar with the topic.
3. *I have difficulty in adapting my communication style (oral and written) to particular situations and audiences. **(R)**
4. I prefer to stay quiet when other people in a group express opinions that I don't agree with. **(R)**
5. *I feel comfortable working in a group.
6. I feel uncomfortable putting forward my personal opinions in a group. **(R)**
7. I feel uncomfortable taking the lead in a group. **(R)**
8. *I am able to become quickly involved in new teams and groups.
9. I am comfortable expressing my own opinions in a group, even when I know that other people don't agree with them.

Interprofessional Learning Scale:

10. My skills in communicating with patients/clients would be improved through learning with students from other health and social care professions.
11. My skills in communicating with other health and social care professionals would be improved through learning with students from other health and social care professions.
12. I would prefer to learn only with peers from my own profession. **(R)**
13. Learning with students from other health and social care professions is likely to facilitate subsequent working professional relationships.
14. Learning with students from other health and social care professions would be more beneficial to improving my teamwork skills than learning only with my peers.
15. Collaborative learning would be a positive learning experience for all health and social care students.
16. Learning with students from other health and social care professions is likely to help to overcome stereotypes that are held about the different professions.
17. I would enjoy the opportunity to learn with students from other health and social care professions.
18. Learning with students from other health and social care professions is likely to improve the service for patient/client.

Interprofessional Interaction Scale:

19. Different health and social care professionals have stereotyped views of each other. **(R)**
20. The line of communication between all members of the health and social care professions is open.
21. There is a status hierarchy in health and social care that affects relationships between professionals. **(R)**
22. Different health and social care professionals are biased in their views of each other. **(R)**
23. All members of health and social care professions have equal respect for each discipline.
24. It is easy to communicate openly with people from other health and social care disciplines.
25. Not all relationships between health and social care professionals are equal. **(R)**
26. Health and social care professionals do not always communicate openly with one another. **(R)**
27. Different health and social care professionals are not always cooperative with one another. **(R)**

Interprofessional Relationships Scale:

- 28. I have an equal relationship with peers from my own professional discipline.
- 29. I am confident in my relationships with my peers from my own professional discipline.
- 30. I have a good understanding of the roles of different health and social care professionals.
- 31. I am confident in my relationships with people from other health and social care disciplines.
- 32. I am comfortable working with people from other health and social care disciplines.
- 33. I feel that I am respected by people from other health and social care disciplines
- 34. I lack confidence when I work with people from other health and social care disciplines. **(R)**
- 35. I am comfortable working with people from my own professional discipline.

Scoring

In the Communication and Teamwork Scale, statements are scored from 1 (strongly agree) to 4 (strongly disagree). **(R** = item score is reversed). Since it is assumed that all respondents will have experience of communication and group work at an informal level, the neutral point is omitted for this scale. The maximum score for this scale is 36, while the minimum is 9. Scores from 9–20, 21–25, and 26–36 are considered to indicate respectively positive, neutral and negative self-assessment of communication and teamwork skills.

In the other three scales, statements are scored from 1 (strongly agree) to 5 (strongly disagree), the neutral point being included. For the Interprofessional Learning and Interprofessional Interaction Scales, scores from 9–22, 23–31, and 32–45 indicate respectively positive, neutral and negative attitudes towards interprofessional learning and perceptions of interprofessional interaction (both these scales have a maximum score of 45 and a minimum of 9).

The Interprofessional Relationships Scale has a maximum score of 40 and a minimum of 8. Scores from 8–20, 21–27, and 28–40 indicate respectively positive, neutral and negative attitudes towards the respondent's own interprofessional relationships.

*The statements marked * were taken from an existing scale used for self-assessment of communication skills by candidates applying for fast-stream entry to the Civil Service (Crown Copyright 2001), and are reproduced with the permission of the Controller of HMSO and the Queen's Printer for Scotland.*

Tool	Belbin's team roles
Description	Belbin's team roles assessment is a questionnaire used to help identify people's behavioural strengths and weaknesses in the workplace.
Benefits	<ul style="list-style-type: none"> ■ The tool is accepted and used widely within and outside health care. ■ It can be used to identify the development needs of the team and the strengths and weaknesses of a team. For example, imbalances such as too many 'shapers' in the team resulting in a lack of clear direction and completion due to a lack of co-ordinators and 'completer finishers'.
How is it used?	<ul style="list-style-type: none"> ■ A copy of the Belbin self-perception inventory questionnaire is sent to all participating staff either as a hard copy or an online link. ■ If online, it is important staff have adequate access and support to access computers, etc. ■ The questionnaire takes approximately 20 minutes to complete. ■ Once completed, the information is submitted as advised as part of the package and a report will be generated. ■ Every member of staff is given their own report and interpretation which outlines their preferred role within a team.
Tips for use	<ul style="list-style-type: none"> ■ Incorporate the use of the tool as part of staff training programme or workshop. ■ Involve a Belbin specialist to provide expert advice and interpretation of results. ■ Provide support for staff who may not agree with their identified team role profile. ■ Reinforce the worth of all team members and roles so staff are reassured that their team role is as important as others'. ■ Consider the benefits of an organisation-wide investment in the tool for a more cost-efficient package.
Where to find this tool	www.belbin.com/rte.asp?id=1

Tool	Myers-Briggs Type Indicator (MBTI)
Description	The Myers-Briggs Type Indicator (MBTI) assessment is a psychometric questionnaire. It is a widely used questionnaire which measures psychological preferences. It gives indicators of staff perception of their external environment and decision-making tendencies.
Benefits	<ul style="list-style-type: none"> ■ The tool is known to be valid and reliable. ■ The underpinning theory of the psychological type was introduced by Carl G Jung in the 1920s.
How is it used?	<ul style="list-style-type: none"> ■ Send a copy of the MBTI questionnaire to all participating staff either as a hard copy or an online link. ■ If online, it is important staff have adequate access and support to access computers, etc. ■ Once completed the information is submitted as advised as part of the package and a report will be generated. ■ Issue every member of staff with their own report and interpretation.
Tips for use	<ul style="list-style-type: none"> ■ Incorporate the tool as part of the staff training programme or workshops. ■ Involve an MBTI specialist to provide expert advice and interpretation of results. ■ Provide support for staff who may not agree with their identified MBTI profile. ■ Reinforce the benefits and worth of all team members so staff are reassured that their profile is as important as others'.
Where to find this tool	www.myersbriggs.org/my-mbti-personality-type/mbti-basics

Tool	Manchester Patient Safety Framework (MaPSaF)
Description	Used to help identify the safety culture within a team, department or organisation using a structured framework, and developing a plan of action to improve the current culture.
Benefits	<ul style="list-style-type: none"> ■ Brings staff together to review the safety culture. ■ Provides opportunity to identify the strengths and weaknesses of a team/organisation. ■ Improves communication between staff. ■ Can help meet the requirements of external bodies/national standards.
How is it used?	<ul style="list-style-type: none"> ■ It is usual practice to have a planning/design team of, for example, senior midwives, a representative from learning and development, a professional educator and a risk manager. ■ The team agrees the desired intention/objectives/goals and organises the workshop. ■ Once the programme is agreed, arrange a facilitator and a suitable venue, and provide sufficient notice for staff to attend. A lead time of around 6-8 weeks may be needed. ■ Give a brief presentation of MaPSaF at the workshop, to set the context of the workshop. ■ Invite staff to assess their team/department and then the wider organisation according to a set of safety criteria/standards to identify the current position. ■ Give staff the opportunity to discuss their assessments with the wider group in order to gain a consensus on the safety culture of the organisation. ■ Once consensus is reached, conduct a gap analysis of the current state and the desired safety culture state. ■ A SMART (specific, measurable, achievable, relevant, timed) action plan is developed from the gap analysis. ■ The action plan is managed and incorporated into a governance and safety plan. ■ Provide staff with an opportunity to evaluate the workshop/day in order to help shape future events. ■ It is important that any outputs from the day, such as action plans, concerns raised, etc, are followed through and the outcomes communicated to staff. This will increase staff confidence and the credibility of future events. ■ After approx 6–12 months run another MaPSaF workshop to determine the extent to which the team/organisation/department has progressed.
Tips for use	<ul style="list-style-type: none"> ■ Consider the group size for the workshops: too large will be difficult to facilitate, too small may not provide the breadth/scope of opinion needed. ■ Consider the preparation of the facilitator, eg, if delivering the workshop to a number of groups within the organisation ensure a consistent approach is taken. ■ Consider the skill-mix of the workshop group, eg, whether it would be beneficial to have a group of midwives, or a mixed group of midwives and obstetrician plus administrators. Consider the pros and cons of this for your organisation.
Where to find this tool	www.nrls.npsa.nhs.uk/resources/?EntryId45=59796

With thanks to the NPSA

Tool**Midwifery team awayday****Description**

The team awayday is bespoke to the specific development needs of your team of midwives. The key aim is to provide an opportunity for staff to reflect as a team on their:

- management/leadership styles
- communication skills
- interpersonal skills
- areas for further personal or department improvement.

The awayday should provide an opportunity for the team to take time out of their day-to-day running of the department, and reflect on their performance, leadership style and skills and agree on actions for further development.

What are the benefits?

- Contributes to strengthening the team.
- Increases the confidence of team members.
- Enhances managerial and leadership skills.
- Can be used for all grades of staff.

How is it used?

General recommendations include:

- Set up a planning/design team, for example, including senior midwives, a senior manager, a representative from learning and development and where possible a representative from all staff grades.
- Agree the desired intention/objectives/goals and need for an awayday.
- Canvass the opinion and input from staff in order to help shape the programme according to their identified needs.
- Once the programme is agreed, arrange the speakers/presenters and a suitable venue, and provide sufficient notice for staff to attend. A lead time of around 6–8 weeks may be needed.
- Ensure there is opportunity for staff to evaluate the day to help shape future events.
- It is important that any outputs from the day, such as action plans, concerns raised, etc, are followed through and the outcomes communicated to staff. This will increase staff confidence and the credibility for future events.

Tips for use

- Consult widely with staff to gain ideas/insight for staff development.
- Consider the use of external facilitators.
- Consider structuring the day around the 'hot topic' or 'hot issues' of the day.
- Ensure a varied and interactive programme to maintain interest and momentum.
- Include various activities and consider time out for staff to reflect or deal with urgent calls if absolutely necessary.
- Early planning is essential to ensure the clinical area is adequately staffed.
- Consider support for staff following the sessions. For example, how will you support staff who become aware of a weak area and a need for development? What kind of support mechanism is available within the clinical setting to address this?
- Consider how the outputs from the day will be translated to the core business of the department. For example, how will any action plan that has been agreed be put into practice and followed through in the clinical setting? It could be achieved through incorporating this into governance actions plans, for example.

Where to find further information

www.institute.nhs.uk/building_capability/general/leadership_home.html

Sample awayday information

Labour ward team awayday Leading change in practice

(Date, Venue)

09.45 – 16.00

Purpose of the day

As labour ward team members you play a key role in leading and embedding safety improvement changes in practice.

This is a day to give you some time and space to think about leadership and change. We hope that the day will give you time away from the clinical area to think with your colleagues about your role within the team. Specifically we want to focus on aspects of your role and how you work as part of the team to take on changes that contribute to improving safe practice.

Throughout the day we will be inviting you to take part in a number of different activities, exercises and discussions to give you the chance to think about, discuss and try out new approaches in relation to:

- the leadership aspects of your role
- your preferred approach to working and communicating with others
- your impact on others and how to increase your ability to influence effectively
- the opportunities and barriers you see to implementing and embedding change in practice.

We hope you will find the day interesting and stimulating. We are sure that the ideas and thinking you generate throughout the day will be invaluable for taking the safety improvement work forward in your unit.

Programme for the day

- 9.45 Refreshments
- 10.00 Welcome and introduction
- 10.15 Agreeing purpose and expectations
- 10.30 A day in the life of a labour ward co-ordinator
Triumphs and tribulations
- 11.30 Break
- 11.50 What's my communication style?
How do I like to do things?
How do I work with others?
- 13.00 Lunch
- 14.00 Introducing change and making it stick
Working with real issues identifying:
 - opportunities and barriers for change
 - strategies to increase influencing capacity
- 15.40 What next?
- 16.00 Review and end

Sample template for the evaluation of awaydays

Maternity team awayday Evaluation

THANK YOU for attending our awayday. We are keen to hear your comments and will use them to help us to plan future awaydays. Please complete this evaluation and leave it with one of the facilitators. Thank you again.

Overall

How would you rate the awayday overall? (Please circle the relevant number)

	Low				High
Overall	1	2	3	4	5

Please give your reasons below for the scores:

What did you enjoy about the day?

What did you want more of?

What did you want less of?

What would you like to see featured in future awaydays?

Awayday sessions

How would you rate the relevance of the following sessions? (Please circle the relevant number)

	Low				High
	1	2	3	4	5
	1	2	3	4	5
	1	2	3	4	5
	1	2	3	4	5
	1	2	3	4	5
	1	2	3	4	5
	1	2	3	4	5
	1	2	3	4	5

Please give your reasons below for the scores:

Do you have any comments on the venue, refreshments, or organisation of the event?

Thank you for completing this form. Your feedback is important in helping us to plan future team awaydays.