

## **Introduction to Team Development**

Karen Lynas, NHS Leadership Academy

Huge volumes have been given over to the discussion of what makes a good team and consequently what kind of development interventions might best help your team make the necessary changes to move from being functional to being 'high performing'. This short paper gives a very quick introduction to some of the principles behind good team development, some important and common themes and a some examples of approaches that might be useful. Importantly it gives you some things to think about together before you embark on your own development and some pointers in finding a facilitator who will provide what you want.

The paper has been written with contributions from the NHS Leadership Academy faculty, most of whom are able to provide the kind of facilitation you will need. Should you wish to discuss any of this work, or talk about engaging with any of the faculty we work with, contact **Dave Ashton**, who is our leadership expert in this area.

### **Team Development**



How we develop team working and teams across the NHS is crucial to developing an organisational culture and shared sense of purpose, focussed on improving outcomes for patients.

It is crucial in supporting how we blend the invaluable skills, capabilities, knowledge, experience and diversity of staff to develop a new culture and vision with clinical leadership, localism and public and patient participation at is heart.

We know that this requires a shift in some of our behaviours, and maybe development of new skills, so that individuals are able to work in multiple teams to deliver shared success.

So whilst team development needs to be flexible and tailored to the needs of specific teams where ever they are and at whatever level they are operating, the broader frame of what we seek to achieve needs to set the tone, and shape team development interventions.

We suggest that all team development interventions should have some implicit shared objectives to:

- help reinforce from the outset the single organisation, concept, that each team is part of a wider single team
- enable team members to support each other across directorate boundaries to achieve the best outcomes for patients and communities, the organisation and their team.
- help reduce the potential for developing silo working, by developing system thinking and understanding
- maximise the opportunities to build open, inclusive, connecting team work which does not let boundaries get in the way of doing the best for patients and the public
- promote matrix working internally and with external partners
- build strong ethical values and behaviours in line with the NHS Constitution
- develop the culture, mind-sets and behaviours applicable across your whole organisation

# Introduction to team development



<u>Our definition</u> – there is hardly an area of team work and team development that isn't open to contentious debate. This paper does not engage in nor indulge those debates but shares our perspective and gives us a shared language to talk about teams. For the purposes of this work we describe a team as simply:

## a group of people who are working through collective endeavour toward a common goal.

This is useful for the NHS in that it allows a definition that encompasses the many different teams that you might work with as part of your daily activities. Teams who are made up of different specialists who come together for specific pieces of work have no less need to develop team working behaviours as those who work always as an intact team.

The level of individual critical self-awareness is important within an intact team and these behaviours are transferable to transient and task and finish teams. It might help to think about good team working being made up of two component parts – the individual skills and behaviours of the component members of the team and the alchemy of bringing those skills together. The former is crucial in matrix working – seeing yourself as part of the whole organisation 'team' and therefore adopting the behaviours, attitudes and skills needed to work effectively and with integrity in whatever team you are working in at any one time. The latter is the work you will do with your 'home' team – the intact team that forms your principal set of colleagues and working partners.

For everyone working in the NHS the essential ingredients and desired qualities for effective team working are the same: increased self-awareness and openness; listening; facilitating; empowering; the intelligent use of emotion and boundaries; reading multiple perspectives and creatively valuing difference; increased curiosity and less rush to judgement; clarity around accountability, responsibility and authority; skill in giving and receiving challenge and feedback; skill and regularity of review and reflection; tolerance of uncertainty; awareness of own leadership style and the climate you create.

# Characteristics of good team development



It is important we identify what the behaviours will look like when people are consciously working in the context of the whole system rather than 'their own bit'. Once the picture of what this behaviour looks like is clear, the outcomes and accountability for 'matrix and cross boundary working' and 'boundary-less behaviour' can be more easily identified and measured; in other words we can get a clear sense of what is happening when matrix working is functioning really effectively with and for multiple teams.

So for the purposes of informing team development there are three key points to note;

- ❖ A team works with collective endeavour toward a common goal
- Members of the organisation will be a part of multiple teams including what they may regard as their home team
- Effective team working comprises two essential elements; self and team - effective team development works on both of these elements.

The focus of good team development will generally be around the following:

- How to get aligned and energised around a common purpose / vision /goal
- Understanding / appreciating the different contributions from team members
- How to make the most of the similarities / differences within the team
- · Developing skills for managing internal conflict

## Characteristics of good team development



Arguably the most important element of team development is the quality of the individual conversations and relationships of trust that individual team members build with each other. If there is no trust there is no real challenge, support, innovation, performance and very probably no real shared purpose/goals or aims.

The work you do before the team development starts is crucial and should include at least:

- Adequate preparation not too much, we are always conscious of people being time poor
- Good contracting the team and the facilitator must negotiate permission to challenge with positive intention, be open, honest. One
  important element of good contracting is discussing how you will handle deviation from the contract. Sticking a lot of well-meaning
  words on a flipchart is not contracting. A robust and meaningful discussion about contracting is the start of the development
  experience.
- Ground rules like contracting this is more than just passively agreeing to a set of statements. Ground rules will place the boundaries on how you work in the context of the development and may be very different to the rules you employ outside of those sessions. These may include use of phones, blackberrys, attendance, time keeping and so on, which are all important. So should be discussions about seniority, power and hierarchy and how this is exercised in the context of the development.
- Agree actions what happens outside the development space is as important as what happens inside. Committing to actions can all too
  often be the thing you spend the last half hour of the session doing and then not return to until the beginning of the next. Actions
  should only be agreed to if there is genuine intent to complete them, they should be meaningful, personal and should be things each
  member of the team is content to be held to account to in subsequent sessions.
- Time everyone is very busy. There is no excuse for not giving time over properly for team development. If you genuinely believe that the effective working of the team will enhance individual and collective performance and behaviour then you need to commit to this investment. There are no short cuts to good team development. If you are not prepared to give it time, if you consider the time spent in team development to be a cost against doing other important work rather than an investment in the future work of the organisation, then consider whether you should be doing it at all.

# Performance implications of poor team working



Almost as much has been written on effective teams as has been written and researched about the impact of dysfunctional or poorly performing teams. The impact of poor team working at an individual, team and organisational level cannot be over emphasised. The behaviours that people are often coerced into adopting in order to manage around the vagaries of dysfunctional teams or to militate against the lack of effective team working are highly destructive, suck energy from all around and have a hugely detrimental impact on moral and performance. Once simple question to ask yourself about your team – where does credit lay for our successes? Effective teams will not be able to attribute success to an individual nor will they apportion blame that way. Collective endeavour means just that. effective teams.

Katzenbach and Smith talk about a team as being: 'a small number of people with complementary skills who are committed to a common purpose, performance goals, and approach for which they hold themselves mutually accountable.' The 'hold mutually accountable' is really significant, the lack of which is a key indicator of a dysfunctional team - it means full openness and no avoiding, strong relationships and holding peers to account. It is rare - and is THE difference in really high performance teams.

The most quoted in this area is Patrick Lencioni who talks about five dysfunctions of a team described below. Using this model can aid in an exploration of the 'dark side' of individual and collective behaviours and can help unpick why individual positive intent is not sufficient to create effective teams.



- focusing on personal success, status and ego before team success
- ducking the responsibility to call peers on counterproductive behaviour which sets *low* standards
- feigning buy-in for group decisions
   creates ambiguity throughout the organization
- seeking artificial harmony over constructive passionate debate
- unwilling to be vulnerable within the group

### Recommended approaches



The most important element of your team development will be selecting your facilitator. They should be someone in whom you have confidence, has experience with senior teams, who no-one in the group knows incredibly well or has worked with extensively before so brings independence and lack of assumption. They need to be able to provide a safe environment where people feel able to challenge each other, but also to be supported.

Once you have identified your facilitator much of the rest will depend on their preferences but some popular models and approaches are shared here.

### Diagnostics and self-assessment tools

There are a whole range of professional teams diagnostic tools or self-assessment tools (one is attached below) but many people will be familiar with Myers Briggs, FIRO, Thomas Killman, SDI or TKI which provides some language for exploring the different expectations, preferences and strengths that individuals bring and focusses on individual strengths and contributions. There may be other less well known, proprietary or bespoke tools such as the Larson and Le Fasto elements of high performing teams. The choice of tools and diagnostics is less significant than the facilitator and much less significant that the agreement upfront of what is important to the organisation.

#### Space to talk

One of the most high impact interventions in team development is creating space for individual and collective conversations. There is so little time to do this in any meaningful way during work time and no substitute for it in team development. There are a range of tools and techniques to help people to have effective dialogues. Approaches and methodologies for having good conversations as a group, include the 'dialogue' methodology/approach around the balance of advocacv and inquiry, and Nancy Kline's thinking environment approach. Mapping contributions within a team can be helpful as a way of holding up a mirror - either visually, or using something like Rackman's 'categories of group communication' to plot the kinds of interactions the group are having.

As a guide though we recommend the use of simple models – don't try to complicate or become too sophisticated for the sake of it the tool can sometime be a distraction from the 'real issues' or be a substitute for meaningful facilitation.

### **Concluding and next steps**



Concluding and closing the development is important – consider if you have attended to that which you set out to do. The pace of your team development may be radically different to other teams and so you may find yourselves needing more or less time. Consider if you have adequately addressed the following as part of your time together:

#### **Internal processes**

- How do manage differences?
- How do we manage performance?
- How do we know what's working well and how do we know what we need to attend to?
- What do we need to achieve and what do we need to avoid?
- What does success look like?
- What is our communication strategy how do we use our time efficiently?

#### Outputs

- What are they?
- How does the team evaluate its outputs?
- Who else evaluates these outputs?
- How does the team evaluate and manage risk?
- How will we hold each other to account for maintaining and building on progress?

Reviewing progress may be best done with someone other than your core facilitator; an external view may also be helpful. Colleagues at the NHS Leadership Academy will be able to help you with this and discuss refresher, update and on-going development needs beyond your initial work.

For further information, to discuss the needs of your team or to arrange a conversation with some faculty facilitators please contact:

Karen Lynas, Deputy Managing Director

karen.lynas@leadershipacademy.nhs.uk

Or Dave Ashton, Associate Consultant,

David.ashton@leadershipacademy.nhs.uk