

---

# **DEVELOPING TEAM-BASED WORKING IN NHS TRUSTS**

**Summary Report**

**June 2009**

**Matthew Carter, Michael West, Jeremy Dawson, Joanne  
Richardson and Maria Dunckley**



## Project summary

Providing high quality health care requires many professionals to work in teams. This research programme, carried out by staff at Aston Business School, Aston University, examined team-based working in NHS Trusts to answer the research question: *How can we build organisations that ensure the effectiveness of teams as a way of working?*

To answer this research question, the project was split into three main parts:

- First, we used data collected from the Healthcare Commission national NHS staff survey. It included data from all NHS Trusts located in England.
- Second, we conducted interviews with senior managers and focus groups with staff in fourteen NHS trusts which displayed 'high', 'increasing' and 'low' levels of well-structured team-based working.

These two parts of the study were designed to examine the links between team-based working and staff member well-being and trust performance, and to examine which aspects of team-based working are important in these relationships.

- Third, we conducted interviews with senior managers and focus groups with staff in eight NHS trusts that have recently introduced interventions designed to promote team-based working with the aim of examining the barriers to, and facilitators of, team-based working; and also the impact on staff members and the delivery of patient care.

The outcome of the analysis indicates a number of ways in which NHS Trusts can promote team-based working. However, simply implementing team-based working interventions is not sufficient to guarantee positive outcomes.

True team-based working in the NHS begins with the top management team modelling excellent team working themselves. But team-based working also requires cultural change for employees across the organisation who must learn to value team-working, and see that it is essential to achieve benefits for themselves and the patients they work with.

Teams can be used as a mechanism for information to be cascaded down from executive management, through the management levels to team leaders who are then responsible for briefing team members. Teams can also be used as a mechanism for staff involvement and to carry a 'bottom-up' flow of information. Thus, it is important to have suitably skilled individual leads in each team and that the skills of team working are explicitly developed in each area of work for which teams are responsible.

## What is team-based working?

This research programme attempted to answer the research question *How can we build organisations that ensure the effectiveness of teams as a way of working?* It is important, therefore, to establish what is meant by team-based working.

Scientific interest in, and the study of, teams date back to the 1950s, and various attempts have since been made to define teamwork (e.g. Hackman 1987). Although many of these studies share attributes, they also include subtle differences, and there remains no generally shared definition. However, West (2004, p.18) provides the following frequently cited definition of a 'team':

Groups of people embedded in organisations, performing tasks that contribute to achieving the organisation's goals. They share overall work objectives. They have the necessary authority, autonomy, and resources to achieve these objectives. Their work significantly affects others within the organisation. Team members are dependent on each other in the performance of their work to a significant extent; and they are recognised as a group by themselves and by others. They have to work closely, interdependently, and supportively to achieve the team's goals. They have well-defined and unique roles.

## Levels of team-based working in the NHS

Analysis of the data collected from the Healthcare Commission national NHS staff survey indicates that:

A large proportion of staff in the NHS reported that they worked in a 'team' (nearly 90% of responses).

Of those who said they worked in a team, they were asked three further questions:

- a) Does your team have clear objectives?
- b) Do you have to work closely with other team members to achieve the team's objectives?
- c) Does the team meet regularly to discuss its effectiveness and how it could be improved?

If the respondents answered 'yes' to all three questions above, they were classified as working in a well-structured 'real team' (56% of all respondents were in this category) as the team displayed the characteristics of a team (clear objectives, team members who work closely together to achieve those objectives, and who meet regularly to discuss their effectiveness) as listed in West's (2004) definitions of a team.

If the respondents answered, 'no' to **any** of the three questions above they were initially classified as working in a 'pseudo team' (36% of respondents were in this category).

Some 4% of respondents worked in teams missing all three of the criteria of a 'real team', 8% worked in teams missing two of the criteria of a 'real team', and 24% worked in teams missing only one of the criteria of a 'real team'. Respondents were most likely to say that their teams did not have clear objectives, or that they did not meet regularly.

We have shown that comparatively large numbers of staff in the NHS work in poorly functioning 'pseudo teams', but what are the consequences for NHS Trusts, and the people who work within the NHS, of working in such teams rather than well structured 'real' teams?

NHS Trusts with a higher proportion of staff in 'real teams' report significantly better Trust level outcomes. The data also show that trusts which displayed an *increase* year-on-year of staff working in well structured 'real' teams also performed better. Specifically, these trusts were rated as being more effective on measures of financial management, and at meeting the Department of Health's core standards, existing national standards and new national targets.

Working in poorly functioning 'pseudo teams' also has a direct impact on staff; staff are likely to report low levels of safety at work, and to suffer reduced psychological well-being when working in 'pseudo teams', where staff may have:

- a. higher levels of work-related injuries and stress,
- b. more experience of physical violence or harassment, and
- c. less satisfaction with their jobs.

We have said that a 'real team' is one where there are clear objectives and members who work closely together to achieve those objectives, and who meet regularly to discuss their effectiveness, but are these characteristics all important?

### **Clear Objectives – roles and responsibilities**

The first criterion of a 'real team' is that team members should have a clear understanding of the objectives of the team.

Analysis of the data collected from the Healthcare Commission national NHS staff survey would indicate that team members work closely with each other, but teams that do not have clear team objectives or meet regularly had higher levels of work-related injuries and stress, errors and near misses, and violence and harassment.

The focus groups with staff showed marked differences across NHS Trusts in the extent to which team members were clear about their own roles and responsibilities and those of other team members. Staff working in trusts with a higher proportion of staff working in 'real teams' often reported they had a clearer understanding not of only their own roles and responsibilities, but also those of colleagues. This shared sense of understanding also seemed to facilitate a sense of greater cooperation and citizenship amongst team members, who were prepared to help colleagues out when required. However, this did not appear to be case with trusts with a lower proportion of staff working in 'real teams'.

Consistent with research in social psychology, it could be that in poorly structured 'pseudo teams', team members are unclear about individual and collective responsibilities; this creates a situation in which responsibility is diffused rather than clearly allocated (Latane & Darley, 1970). Consequently, there is no clear allocation of roles and responsibilities, and such team members may believe others in their 'team' will take responsibility for particular tasks.

Team level objectives are critical to team effectiveness and performance. Teams should generate a clear mission statement, consisting of a number of specific and carefully stipulated objectives, to ensure that all team members share the same vision for their team and can clearly understand how it can be accomplished (Rousseau, Aubé & Savoie, 2006) and how they can combine their efforts and collaborate closely together (Weldon & Weingart, 1993).

Clearly stipulated objectives should incorporate specified goals connected to the purpose of the team, and specify the level of performance that team members are expected to achieve (Weldon & Weingart, 1993). These goals should be challenging, yet realistic; such goals are likely to increase a team's commitment towards achieving its objectives (Knight, Durham & Locke, 2001). However, clear and challenging goals and objectives will only improve team performance if they are shared and agreed upon by team members and if the team is committed to achieving them (West, 2004). Finally, team members who are committed to their team's objectives are more likely to persist in completing their individual tasks, as well as assisting other team members. Accordingly, all team members should work in a timely and co-ordinated fashion towards the achievement of common objectives for which they are all held mutually accountable.

**Recommendation:** All teams should agree upon and set five to seven measureable, clear, and challenging objectives for their team. All team members should be able to clearly state the objectives for their team. One of these objectives should be to improve the way the team works, and interacts, with other teams they regularly work with internally in the same NHS Trust, and externally with teams from other organisations (e.g. with other emergency services, local authorities and the third sector).

Managers play a critical role in setting and clarifying objectives. Analysis of the data collected from the Healthcare Commission NHS staff survey indicates that, across NHS Trusts, respondents were more likely to work in well structured teams where the prevailing organisational climate of the trust was positive and supportive, managers were supportive of staff, and jobs were well-designed.

The role of a manager in a team is to ensure employees are clear about the task they are required to do, are supported in solving task-related problems, and feel valued and respected. Effective supervisors will therefore offer employees solutions to job-related problems, share their knowledge and experience, provide those they supervise with coaching and guidance to improve their effectiveness, encourage team working, can be counted on to help employees with difficult tasks at work, and give employees clear feedback on their work. Supervisory behaviours that give employees a sense of being valued and encourage positive attitudes (increased satisfaction and commitment) include valuing the contributions employees make, giving employees recognition for effective work, asking for employees' opinions before making decisions that could affect their work, and helping employees balance their work and personal lives (e.g. Borrill *et al.*, 2000; West *et al.*, 2005).

**Recommendation:** All managers and team leaders should clearly define the roles and responsibilities for individuals, via the appraisal process, and also for their teams, via regular team meetings.

**Recommendation:** All managers and team leaders should promote a culture where they communicate regularly with staff and are open, responsive and supportive to staff.

Where there is a climate which promotes clear communication channels between management and staff, and where staff are involved in decision-making, then it is more likely that staff members will also work in structured 'real' teams. We found that many managers described a process of teams being used as a mechanism for information to be cascaded down from executive management, through the management levels to team leaders who are then responsible for briefing team members. Teams could also be used as a mechanism for

staff involvement and the 'bottom-up' flow of information. What was apparent was that middle managers and team leaders play a critical role in this flow of information.

In traditional organisations, command structures include status levels – supervisors, managers, senior managers, assistant chief executives, and so on. In team-based organisations, the structures are more collective (West & Markiewicz, 2004). Teams orbit around the top management team and other senior teams which themselves model good teamwork, influencing and being influenced, rather than being directed or directive. The traditional organisation has a chart with lines of reporting and layers of hierarchy, but the team-based organisation looks more like a solar system with planets revolving around each other and affected by the central force of the major planet (the top management team).

The role of team leaders in such structures is to ensure that their teams work as powerful and effective parts of that solar system and that they think about how the system as a whole works, not just their particular planets. To do this they must continually emphasise integration and cooperation between teams. Team leaders must be clear about which other teams they need to have close and effective relationships with – identifying the precise ways in which each will contribute towards the effectiveness of the other. They must also ensure that the objectives of teams within this 'team community' are congruent and understood by all team members and, importantly, they should keep asking leaders of those other teams *How can we help each other more?, What are we doing that gets in the way of your effectiveness? and Can we work together to come up with a radical new way of improving services?* In traditional organisations, managers manage and control; whereas the role of the team leader in team-based organisations is to encourage teams in their organisations to be largely self managing and to take responsibility for monitoring the effectiveness of their strategies and processes.

**Recommendation:** All managers and team leaders should be trained in techniques that help facilitate team working. Team-based working can be an important and valuable technique for promoting staff involvement.

### **Working closely together – the need to work interdependently**

The second criterion of a 'real team' is that team members should work closely together with other members of staff to complete their tasks.

The interviews with managers indicated that there was often a historical structure in place that identifies 'teams' according to the service they provide; the notion of team-based working can be viewed as being implicit and embedded in the culture of the organisation, rather than being set out in formalised documents about team-based working. These views were not unique to trusts which had high numbers of staff working in 'real teams'; a similar rhetoric was also evident across all types of trusts, with the common suggestion that teams existed naturally, and the assertion it would be impossible to deliver services effectively without team-based working.

Multidisciplinary and interdependent working is now the norm in the NHS, with clear perceived benefits for staff and patients; there is evidence of the commitment of staff and management to working together as a team. Multidisciplinary teams allow ideas to be shared and discussed amongst the team, and can challenge staff to consider different perspectives that result in more creative approaches to delivering patient care. There was little evidence staff fear inter-professional conflict; while consensus on treatment and care plans may be easier to achieve within unidisciplinary teams, staff agreed that better patient care would result from a multidisciplinary approach; and not only was team-based working seen as central to

managing complex care pathways, staff also felt that this could only be delivered by multi-disciplinary teams.

### **Teams meeting regularly and reviewing performance**

The third criterion of a 'real team' is that team members should meet regularly, and should also frequently reflect on and review their performance.

Analysis of the data collected from the Healthcare Commission NHS staff survey indicates that large numbers of teams were failing to hold regular team meetings: indeed, nearly 18 percent of respondents worked in a team which displayed all the criteria of a 'real team' apart from meeting regularly. This is important because teams which fail to hold regular team meetings had higher levels of work-related injuries and violence and harassment from patients.

The focus groups and interviews with staff and managers revealed that it was often the case that 'team meetings' related to the hand-over of caseloads, rather than being a formalised mechanism for sharing information, problem solving, communication and planning. Teams often fail to hold regular meetings because of significant time pressures and restrictions upon resources, preventing team members from being able to get together in the same place at the same time. This failure to meet regularly moreover stopped team reflecting upon past performance and initiating changes when team outcomes were not as planned.

This process of reflection and action is often referred to as 'team reflexivity'. Team reflexivity involves teams reflecting upon and learning from previous experience and then initiating appropriate change (Carter & West, 1998; West, 2000). If teams are able to build self-awareness and monitor how members interact and work together it is more likely that they can recognise areas that need attention, and implement improvement plans accordingly (Tjosvold, Tang & West, 2004).

Teams should be encouraged to set aside time periodically for reflection. Team leaders should ensure that teams do take time out to meet and reflect collectively. During such sessions, reflexivity should be applied to team processes, with the cultivation of ongoing self-awareness. When things go wrong, teams should always ask *What can we learn from this?* Even when a team meets or exceeds its objectives, the same question should be asked. In such circumstances, as well as celebrating and rewarding their achievements, teams should consciously search for the underlying reasons behind each success, in order to improve the chances that such conditions can be replicated in the future.

Team reflexivity requires a high degree of psychological safety for team members, since reflective discussions are likely to reveal discrepancies between how the team is performing and how it should be performing. Research into newly formed nursing teams by Edmondson (1996) shows that learning from mistakes and devising innovations to avoid such mistakes in the future can only happen in teams that acknowledge and discuss their errors and how they could have been avoided.

**Recommendation:** Despite resource restriction, all managers and team leaders should actively promote a culture which promotes the value and importance of regular team meetings as mechanisms for exchanging information between team members.

**Recommendation:** All managers and team leaders should encourage team members to openly review past performance, identify problem areas, and support each other in implementing ideas for new and improved ways of working and delivering high quality care to patients.

## Promoting team-based working

The interviews and focus groups with staff and managers revealed a large number of possible barriers and facilitators to implementing team-based working, and these have been grouped under three main categories:

- i) Managerial barriers and facilitators,
- ii) Organisational barriers and facilitators, and
- iii) Individual barriers and facilitators.

Top level management support was found to be essential in communicating the importance and value of working in teams. The role of team leaders is also critical. Team leaders help to identify and clarify the objectives and outcomes of interventions to promote team based working; help teams overcome obstacles and difficulties, and encourage staff to participate in team-based working events. Conversely, a 'poor' leader can be a major inhibiting factor if they do not understand the concepts or benefits of working in teams.

**Recommendation:** Senior managers should display a visible commitment to team-based working in their own work and also the approach adopted by their organisations as a whole.

**Recommendation:** All managers and team leaders should be cognisant of the benefits of team-based working, and display commitment and encouragement to implementing team-based working in their own work area.

The major organisational barrier to implementing team-based working was time, and was often cited as an important factor in the success or failure of team based working interventions. Gathering all team members together can be a difficult, but not insurmountable, challenge. Top level managerial support is required to provide the finance for extra staffing to cover the provision of clinical care while staff attend team-based working interventions.

In some trusts team-based working interventions coincided with major restructuring and staff redundancies, which resulted in staff feeling low in morale and being sceptical of the changes proposed.

**Recommendation:** Senior managers should provide adequate resources to allow team members to attend team-based working intervention sessions. Not providing resources signals a lack of commitment to the intervention.

Creating a culture of team-based working, a powerful contributor to the success of any team-based working intervention, can take time, and often involves dramatic, deep and wide-ranging changes to the organisation's structure and culture. A key facilitator of team-based working is emphasising the potential benefits of team-based working both to staff and to patients of working in teams. For example, our analysis showed there were clear benefits to both staff and patients arising from team-based working interventions, where:

- team members participate in setting the team's goals and objectives,
- team members have a clear understanding of their own and other people's roles and responsibilities, and how they each contribute to meeting the team's objectives,
- team members are empowered to make decisions and, as a result, feel valued and trusted,
- enhanced communication and cooperation within the team improves team member morale and service delivery to patients.



Many of these factors influenced the functioning of teams, making them more effective, more coordinated, and resulted in a number of positive outcomes for patients. For example, staff and managers identified that team-based working had resulted in a more uniform and coordinated care pathway, better patient experiences and improved patient outcomes, such as lower waiting times and shorter periods of hospitalisation. This would be entirely consistent with our finding that team-based working (and, importantly, increased levels of team-based working) across NHS Trusts were associated with higher ratings of resource utilisation and financial performance by the Healthcare Commission.

**Recommendation:** Senior managers should clearly communicate the rationale for, and benefits of, team-based working especially in times of great organisational change.

## **What can NHS Trusts do to promote team-based working?**

### *Promote a climate based on team working*

It is clear that teams are often an integral part of how services are delivered to patients. Care requires a mixture of professions, wards, departments or services, which means that many staff are part of more than one team. Some are multidisciplinary teams for a ward, clinical service or corporate function, and others are uni-disciplinary (e.g. nurses, doctors, occupational therapists, and others).

### *Setting clear and achievable goals*

Team leaders should clearly articulate the overall direction of a team's work (its purpose). The way team goals are set can greatly affect motivation and they work best if all team members are involved in the process.

### *Review team performance*

The criteria for reviewing team performance need to reach further than simply evaluating team output. They include the satisfaction of team members, team members views of the effectiveness of their teams, and their perceptions of support for the team's work for senior management.

### *Review individual performance*

Individuals need regular, constructive feedback about their performance in order to develop in their work. In team-based organisations, the management of individual performance must operate alongside team assessment. Where flatter structures mean larger spans of control and each employee's contact network becomes wider, a traditional one-to-one appraisal becomes less effective in terms of feedback. In the team-based philosophy, the team, rather than the individual's manager, should be the primary agent for appraisal. Systems include 360-degree feedback and peer review. In each case, the process must help individuals clarify their work objectives, help them to feel valued, respected and supported, and help them identify the means to achieve personal development.

### *Give rewards based on individual, team and organisation performance*

Team-based reward systems should be applied via a careful, slow and incremental process. They can focus on:

- *Individual performance* – where each member's performance is appraised and rewarded. Performance-related pay reflects an individual's contribution to the team's performance as rated by other team members.
- *Team performance* – where reward relates to the achievement of team goals. It is important that reward systems are seen as fair by team members.
- *Organisational performance* – where the organisation's performance is reflected in rewards allocated to individuals or teams.

Incorporating all elements (individual, team and organisational) makes a well-rounded reward system, but where there is team-based working, there must be a strong emphasis on team performance and, as far as possible, delegation of decisions about distributing team rewards. Reward systems to promote team-based working require:

- clear, achievable but challenging team targets which team members understand, agree and ideally are involved in setting.
- clear and fair means of measuring team outcomes.
- team members working interdependently to achieve team goals.
- allowing the team a considerable degree of autonomy in the way in which it manages its work.
- giving the team access to the necessary materials, skills and knowledge to achieve the task.
- defining a reward valuable enough to be worth having, and delivering it soon after the achievement of the outcome.

#### *Recruitment of team members*

Recruitment and selection should focus not only on people's individual and technical competencies. Other studies have shown candidates' generic team knowledge, skill and ability requirements (KSAs) can enhance the effectiveness of teams. Team skills include goal setting, planning, conflict management, coordinating and communication.

#### *Education and training for team members*

The development of more effective team-based working presents learning opportunities for team members in different situations. These include:

- *New teams:* The beginning of a team's life has a significant influence on its later development and effectiveness, especially when crises occur. The team needs to clarify its objectives, strategies, processes and roles. These help create team ethos, determine clarity of direction and shape team working practices. Studies suggest that new teams benefit from working with facilitators, either from within or outside the organisation.
- *Regular performance reviews:* Regular away days are a useful way to ensure a team's continuing effectiveness. The team reviews objectives, roles, strategies and processes.
- *Addressing known problems in teams:* Where task-related problems are known, teams should take time out to define them carefully, develop options for overcoming them, and prepare action plans to move forward.
- *Addressing unknown problems in teams:* Where the cause of a problem is not obvious (for example, a piece of equipment malfunctions irregularly or another team fails to act when given important information), the team, working together, must identify the cause and agree on appropriate strategies to overcome it.
- *Social process interventions:* The focus is on interpersonal relationships, social support, team climate, support for growth and development of team members, and conflict resolution. They aim to promote a positive social climate and team member well-being. Whatever the intervention it is essential that team leaders are clear that interpersonal problems should not be allowed to interfere with the team's performance.

#### *Education and training for team leaders*

Team success frequently hinges upon the capability of the team leader, so training for team leaders is an important part of team-based working. For example, this training should:

- develop awareness of differences between leadership in traditional and team-based environments.
- develop skills to identify team and team community boundaries.
- develop personal leadership style – particularly in control, ability to trust and take risks, confidence to work across organisational levels and professional boundaries.

- develop skills to involve team members in task design, goal-setting, role clarification and problem solving.
- develop knowledge of team processes and their effect on team member relationships,
- develop networking skills to ensure continued learning and development.
- develop confidence to manage at the team community and organisational level.

#### *Support systems for team leaders and members*

Some teams will encounter difficulties with working effectively, perhaps through lack of clarity over objectives, about roles or, much more rarely, personality problems. Team members will not always work through these difficulties on their own, and may need an internal facilitator or external consultant. Such support may occur at the following stages:

- *Set-up stage:* leaders and members may need help to with working practices and team working skills
- *Periods of difficulty:* help may be bought in to achieve tasks (such as in co-ordinating effort or skill sharing within the team) or to resolve conflict
- *Periods of growth and development:* when team members look for new ways of working, external interventions can help to challenge established mindsets and encourage appropriate risk taking
- *Periods of review and evaluation:* an outside facilitator helps the review process and can prevent a team becoming introverted or stagnant
- *The closing stages of team life:* appropriate closing processes, such as celebrations and leave-taking at the end of a successfully completed project, can enhance team-member learning for use in future teams, and boost self-esteem and motivation.

The Team Facilitator may be someone from outside. Some organisations establish a team of internal Team Facilitators. Each team should have a sponsor, preferably a senior and influential staff member with a particular interest in the success of the team to provide general support and access to resources (this person may well be the team leader). The sponsor must be someone who has skills in team facilitation, but need not have detailed knowledge of the content of the team's work.

#### *Feedback systems for teams*

Ways must be established to allow individuals and teams to assess accurately their performance against targets, and measure the impact of their work on others within the organisation. Teams must also ensure that they are regularly engaging in effective feedback sessions with other mutually dependent teams. They should take opportunities together to celebrate joint success and learn from any difficulties.

## References

- Borrill, C., West, M., Shapiro, D., & Rees, A. (2000). Team working and effectiveness in the NHS. *British Journal of Health Care Management*, 6, 364-371.
- Carter, S.M., & West, M.A. (1998). Reflexivity, effectiveness and mental health in BBC-TV Production Teams. *Small Group Research*, 5, 583-601.
- Edmondson, A.C. (1996). Learning from mistakes is easier said than done: group and organizational influences on the detection and correction of human error. *Journal of Applied Behavioural Science*, 32, 5-28.
- Hackman, J.R. (1987), 'The design of work teams'. In Lorsch, J. (eds), *Handbook of Organizational Behavior*, (pp.315-42). Englewood Cliffs, NJ: Prentice-Hall.
- Knight, D., Durham, C., & Locke, E. (2001). The relationship of team goals, incentives and efficacy to strategic risk, tactical implementation and performance. *Academy of Management Journal*, 44, 326-338.
- Latane, D., & Darley, J. (1970). *The unresponsive bystander: Why doesn't he help?* New York: Appleton-Century-Crofts.
- Rousseau, V., Aubé, C., & Savoie, A. (2006). Teamwork Behaviours: A Review and an Integration of Frameworks. *Small Group Research*, 37, 540-570.
- Tjosvold, D., Tang, M., & West, M.A. (2004) Reflexivity for team innovation in China: The contribution of goal interdependence. *Group and Organization Management*, 29, 540-559.
- Weldon, E., & Weingart, L.R. (1993). Group goals and group performance. *British Journal of Psychology*, 61, 555-569.
- West, M. A. (2000). Reflexivity, revolution and innovation in work teams. In M. Beyerlein (Ed.), *Product development teams: Advances in interdisciplinary studies of work teams* (pp. 1-30). Greenwich, CT: JAI.
- West, M.A. (2004). *Effective Teamwork: Practical lessons from organizational research*. Oxford: Blackwell/British Psychological Society.
- West, M.A., & Markiewicz, L. (2004). *Building Team-Based Working. A practical guide to organizational transformation*. Oxford: Blackwell/British Psychological Society.
- West, M.A., Borrill, C.S., Carter, M.R., Scully, J.W., Dawson, J., & Richter, A. (2005). Working together: Employee involvement and organisational performance in the NHS. Report to the Department of Health. Birmingham: Aston Business School.

Summary adapted from

## **DEVELOPING TEAM-BASED WORKING IN NHS TRUSTS**

Report prepared for the Department of Health

November 2008

Matthew Carter, Michael West, Jeremy Dawson,  
Joanne Richardson and Maria Dunckley

Aston University  
Birmingham