

# Team Reviews – Case Study

# Features of this case

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- A medium size team of consultant obstetricians and gynaecologists
- The management of 3 clinical incidents has led to division and poor team cohesion
- Creation of two teams – based on ethnicity
- A climate of mistrust
- Anonymous concerns sent to CQC
- Impact of Covid

# Why a team review?

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- Clinical risk
- The issues were complex and deeply rooted with one participant describing it as one of the most dysfunctional teams they had worked in
- To provide a process to clarify and communicate the net effects of the difficulty
- To explore the broader organisational context to the issues
- Attempts by the Trust have failed to resolve matters
- The approach is seen as fair and impartial
- To set out options for change

# What we did

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- Two advisers met with each participant via MS Teams for an hour
- Discussions were semi structured and all consultants engaged
- Each participant completed a questionnaire anonymously setting out their perspective of the team
- The information shared was distilled into a 26-page report setting out:
  - observations of the overall team
  - impact of the poor relations on individuals, patient safety and service delivery
  - observations of leadership and management
  - questionnaire results
  - summary of key issues
  - options for change

# What did the team review add to what was known?

- Confirmed the deep unhappiness expressed by the entire consultant body with the present situation
- Anonymised reporting of concerns indicated a fear to speak out openly or a feeling of not being listened to
- Leadership was felt to be inconsistent with a lack of clarity regarding responsibilities, accountability and decision making
- Clinical issues around the scheduling of elective caesarean lists thought to be creating risk
- Resistance to innovation and lack of engagement with the Ockenden recommendations
- A feeling of nepotism based on ethnicity

# What we did next

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- Met with the Medical Director
- Provided a management plan setting out options for how to take matters forward
- Offered to provide feedback to the consultant group
- Offered to support plans for individual consultants if required
- A key event of a maternal and baby death during the review was discussed – this led to some immediate change around scheduling of caesareans

# The Trust's response

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- The summary key issues have been shared with the team and created an opportunity for discussion about change
- A new clinical director has been appointed
- The MD has met with the team a number of times to foster closer working relations
- External support has been sourced to advance a change programme
- Developing team objectives to reflect Ockenden and EDI
- Strengthened induction and support for new staff

# What have we learnt from team reviews so far?

- Most Trusts we deal with have at least one dysfunctional clinical team
- Local action has been attempted but has had little impact or in some instances has made matters worse
- Clinicians don't tend to resist this intervention and welcome a trusted party's view of the situation
- Much of the issues seen gravitate towards perceived weak leadership or local management that lacks confidence
- Clinicians don't always understand organisational rules and decision making
- Sometimes it is largely about one or two individuals, but the trust wants to be seen to be even-handed