

## 13. The UK's National Health Service: teams, conflict and performance

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This case explores interactions between members of a multidisciplinary hospital team. The team is tasked with discussing ideas about how to improve patient safety, a critical area for improvement in the UK National Health Service (NHS). Patient safety is the avoidance, prevention and amelioration of adverse outcomes or injuries stemming from the process of healthcare.<sup>1</sup> Many of the quotations are drawn from interviews with health service workers, although the meeting is a fictional representation.<sup>2</sup> The issues illustrated by this case include:

- conflict
- diversity
- leadership
- team processes
- team outcomes.

Guidance on how to write a case analysis can be found in Chapter 1, 'Business cases: what are they, why do we use them and how should you go about doing a case analysis?'.

A teaching note for this case is available to bona fide educators. To request a copy please email [e.c.soane@lse.ac.uk](mailto:e.c.soane@lse.ac.uk).

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### How to cite this book chapter:

Soane, Emma (2025) 'The UK's National Health Service: teams, conflict and performance', in: Sallai, Dorottya and Pepper, Alexander (ed) *Navigating the 21st Century Business World: Case Studies in Management*, London: LSE Press, pp. 187–191. <https://doi.org/10.31389/lsepress.nbw.m>

## Introduction

The scene is a meeting room in a large public hospital in the United Kingdom.

The people who attend this meeting are:

- Amara Umana, clinical services manager
- Min Chen, consultant (senior doctor)
- Jenny Davies, matron (ward manager)
- Francesco De Luca, junior doctor
- Paolo Rizzo and Fraser McDonald, nurses
- Eduardo Sanchez and Alys Williams, physiotherapists.

You can read more about the NHS here: <https://www.england.nhs.uk/about/>

## The meeting

Jenny, Paolo and Fraser arrived early at the meeting room. Jenny wanted to make sure that they had some time to talk about their work on Sunshine Ward before anyone else joined them. All three believed that patient safety was one of their main priorities, but recently they had all felt under a lot of pressure from senior managers and patients. Jenny began by telling Paolo and Fraser about a conversation she had earlier that day.

‘I was talking to a patient this morning, and we were discussing his care plan. He was full of ideas. You know how it is, once they’re diagnosed, they’re on the internet and they’re downloading everything. They’ve got the latest information from Joe Bloggs in Colorado and what he’s trying, and they want to know why aren’t we trying it? Anyway, we got there in the end, and he seems reasonably happy.’

‘I know what you mean’ said Fraser, ‘I had a similar debate yesterday. But it can be positive if patients want to talk about their care, it’s important to them, and these conversations are easy compared with the meeting that we’re just about to have. I know that patient safety is essential, but I don’t like the way managers do things around here.’

‘Exactly’ sighed Jenny. ‘I said to one of my senior managers “Well, we can’t do that because of this, this and this” and they turned around and said, “well I’m not going to take your word for it.” I said, “please don’t, I’ve only got 27 years’ experience, don’t ask me at all.” What’s the point of me being here if that happens?’

Jenny could easily have carried on talking, but she heard footsteps approaching the meeting room and fell silent. The rest of the team entered the room and took their seats without speaking. Amara, the clinical services manager, sat at the head of the table.

‘Good morning everyone, and thank you for joining this meeting. As you all know, I will attend the senior management team awayday next week and I have to present our top three recommendations for how to improve patient

safety on Sunshine Ward. If we do not come up with good ideas, then the senior team will be less likely to invite our contributions in the future. In this meeting, we have 30 minutes to talk through our ideas and agree on the three suggestions that I will take to the awayday. You've had some time to prepare for this discussion, so I'd like to start by hearing from each of you. Min, please could you begin?

Min brought out her notes and presented a series of ideas. Top of her list was a new idea about how to manage the consultant workload.

'I think that we should have a consultant of the week. Most people on Sunshine Ward stay for 3–5 days. So, instead of every consultant attending ward meetings depending on their shift, I think that we should assign one consultant to one ward each week. That way every consultant can really understand the patients' needs, so there will be fewer patient safety incidents, and many patients will only have to deal with one consultant so their care is more personalised.'

Amara was pleased. She knew that she could rely on Min to set a positive tone for the meeting, and her idea had potential. However, she was still concerned about what the rest of the team would say. Amara was right to be worried.

Paolo and Eduardo both started to speak at the same time. Amara indicated that Paolo should proceed.

'We have had massive change recently, massive change. The only thing that's stable about working in the NHS at the minute is the fact that change is certain. I came here because I wanted to make a difference, but I don't feel I can do my job.'

'I agree' said Eduardo. 'There is always so much to do and that is one of the frustrations. It feels like you can never do a really good job because you are always rushing on to the next thing.'

Alys joined the conversation with her ongoing complaint about targets.

'We are being taken over by a blame culture. I know that we have to focus on targets, I understand that infection control and other patient safety issues are essential, of course we want the best for our patients. But did you see that email that went round the other day? It was an outrage.'

'Which email was that?' asked Jenny. 'There are so many of them these days. I might go out for a meeting for an hour and a half, I come back and there's some 50 emails waiting for me. Even if a lot of them are rubbish I've still got to look at them haven't I?'

'I agree' said Fraser, nodding. 'We do need to do something about emails because they're taking over the world and you can't get anything done.'

'Anyway' Alys continued, 'it was that email from the chief executive which had a few sentences congratulating us all followed by a "BUT" and a much longer section highlighting remaining problems and further challenges. Can you believe it?'

Amara thought it was time that she re-joined the conversation. 'I know what you mean' Amara added. 'I will come in at 8am and there's an expectation that

I will still be there at 6pm in the evening and then I'll be getting emails on my phone during the evening. However, we are getting away from the purpose of this meeting. Let's get back to the subject of patient safety.'

While this discussion had been going on, Francesco had been staring at his notebook, his face growing redder. He had not spoken yet, so Amara invited him to make a comment.

'What can I say?' he almost shouted, avoiding eye contact with Amara and the rest of the team. 'I work long shifts, I do night shifts, I do my best with each and every one of my patients. But working here is impossible. All these new initiatives are very frustrating, and sometimes confusing too because things can change from week to week.' His voice rose as he continued. 'One week it's a good idea, then the next week someone will come up to the ward and tell us they have a new great idea, so we do our best to implement it. There's no time to test out initiatives properly and it's hard to tell what is really working and what we should scrap. The new patient safety process is sure to be the same. This meeting is pointless.' He banged the table with his fist.

Min looked at Francesco. She recalled her own days as a junior doctor and sympathised with his point of view. However, his anger was not helping the team. She knew that she could keep calm, and she liked to contribute her ideas to team meetings.

'I see what you mean, and I can also see that morale goes up and down. Change and uncertainty sometimes do affect how we feel but I think generally people are quite positive. We just need to keep our focus on the patients, and work together.'

'Together!' exclaimed Paolo. 'That is a joke. Call ourselves a team? We don't even help each other. Last time I was on a night shift I needed some advice from Eduardo but he just said he was busy. He didn't even...'

Amara stepped in. 'OK Paolo, enough. Yes, there are cliques in this department. Sometimes we cannot do much about that, although we do have to make sure that people don't feel left out. As a team, we do fantastic work. Our ward does meet many of our patient safety targets, and our patients tend to be satisfied with their care too. Let's go round the table again and present our ideas.'

Fifteen minutes later the mood had not improved. Paolo and Alys had argued, Eduardo had made more negative comments about his team colleagues, and Jenny responded defensively to any indications that might indicate her ward was not as good as it might be. Francesco had contributed very little. Fraser had tried to make some suggestions, but he was talked over. Amara paused, reflecting on what she had heard during the meeting. Time was up and she needed to close the meeting, even though there had been little progress.

'I think you all do a great job, and you've raised some important points today. However, we need to get these three priority areas decided, so let's catch up again on Friday and get everything straight.'

Amara returned to her office feeling frustrated and upset that the team had not pulled together. She resolved to take a different approach to leading this situation, but what could she do?

## Preparing the case

In groups, address the challenges facing Amara and the team by answering the following questions with reference to relevant research.

1. What types of conflict are present during this meeting?
2. What is the main source of conflict?
3. How could Amara predict team processes?
4. How could Amara diagnose team processes?
5. What leadership behaviours fit this situation?

## Further reading

- Jehn, K. A. (1995) 'A multimethod examination of the benefits and detriments of intragroup conflict', *Administrative Science Quarterly*, vol. 40, pp. 256–282. <https://doi.org/10.2307/2393638>
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- Homan, A. C., Gündemir, S., Buengeler, C., and van Kleef, G. A. (2020) 'Leading diversity: Towards a theory of functional leadership in diverse teams', *Journal of Applied Psychology*, vol. 105, no. 10, pp. 1101–1128. <https://doi.org/10.1037/apl0000482>

## References

- <sup>1</sup> Vincent, C.A., Pincus, T., & Scurr, J. H. (1993). 'Patients' experience of surgical accidents', *BMJ Quality & Safety*, vol. 2, no. 2, pp. 77–82. <https://doi.org/10.1136/qshc.2.2.77>
- <sup>2</sup> For more on the research underpinning this case, see: Alfes, Kerstin, Truss, Catherine, Soane, Emma, Rees, Chris, and Gatenby, Mark (2010) *Creating an engaged workforce. Findings from the Kingston Employee Engagement Consortium Project*. London: CIPD; and Gatenby, Mark, Rees, Chris, Truss, Catherine, Alfes, Kerstin, and Soane, Emma (2014) 'Managing change, or changing managers? The role of middle managers in UK public service reform', *Public Management Review*, vol. 17, no. 8, pp. 1124–1145. <https://doi.org/10.1080/14719037.2014.895028>