

Training and Development

Component 2 – Group Presentation

Module: Human Capital Management

LCMB7023

Lecturer name: Dr. Eno Maycock

Group Leader - Mohammed Masoom 2223129

Speaker 1 - Olimpia Mekker 2122278

Speaker 2 - Maxine Morris 2213032

Speaker 3 - Florina Viad 2227241

Speaker 4 - Concy Jeya 2226962





Context and Problem Definition for NHS

**Student Name: Olimpia Mekker-
Student Number: 2122278**

NHS Context & Strategic Importance

The NHS Workforce Context

The NHS as an Employer:

- Over **1.4 million employees**
- One of the world's largest public-sector organisations
- Highly complex, high-pressure working environment

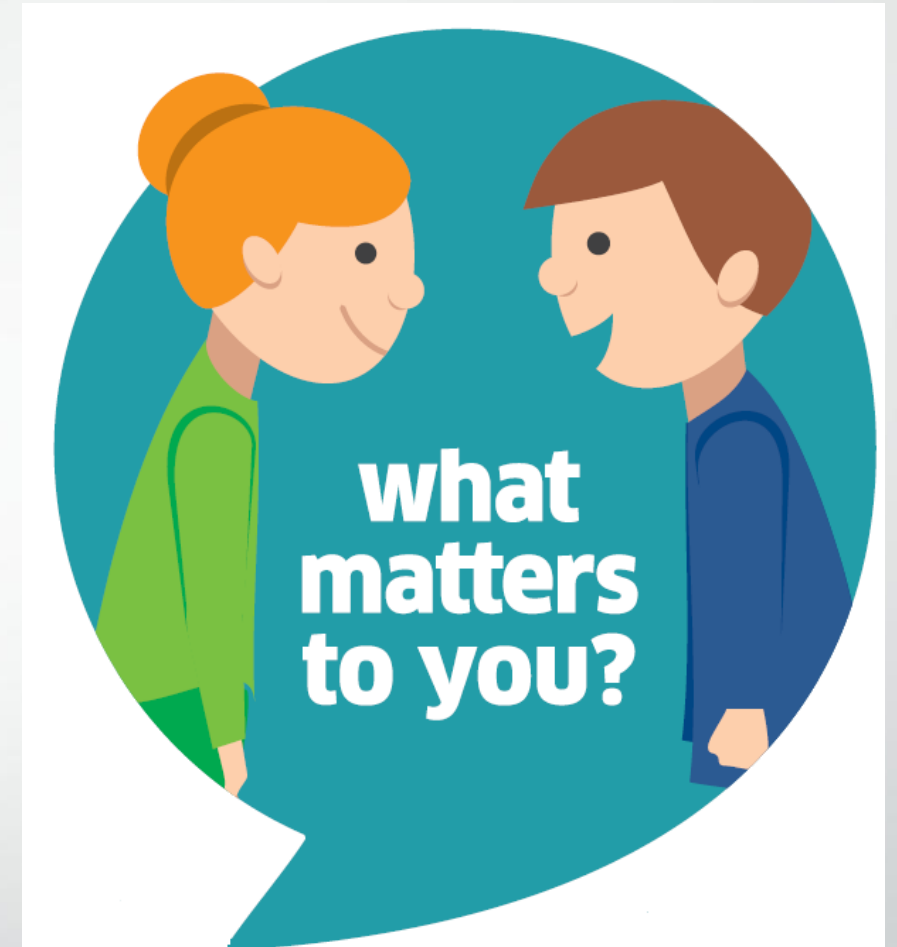
Strategic HRM Challenge:

- Workforce shortages
- High workload intensity
- Burnout and retention pressures

HRM Implication:

People management capability is critical to organisational sustainability

(NHS England, 2023; King's Fund, 2021).



Focus Area & Problem Statement Leadership Development – Core HRM Problem



- **Focus Area:**
Training & Development – Leadership Development for NHS Line Managers
- **Problem Statement:**
Despite substantial investment in clinical training, the NHS continues to face significant leadership capability gaps at the line-management level, contributing to staff disengagement, weak performance management, and inconsistent patient outcomes.
- **Strategic HRM Lens:**
Leadership development must be embedded as a **workforce sustainability strategy**, not treated as a standalone training activity.

(NHS People Plan, 2020; West et al., 2020).

Why NHS Line Managers Matter?

Why NHS Line Managers Are Critical?

Line Managers Directly Influence:

- Staff wellbeing & morale
- Absence, retention & engagement
- Performance management quality
- Patient safety culture

Unique NHS Challenge:

- Clinicians first → managers second
- Limited formal leadership preparation
- High emotional labour & workload

(NHS Staff Survey, 2023; King's Fund, 2021) .



Olimpia Mekker- 2122278

Strategic Relevance & Transition

Strategic Importance of Leadership Development



- Strong correlation between leadership quality and staff engagement
- Leadership capability drives organisational culture and patient outcomes

Strategic Implication

Leadership development is a core HRM investment lever for:

- Workforce stability
- Service quality
- Long-term NHS sustainability

Transition:

→ Current leadership development challenges in the NHS

(NHS England, 2023; West et al., 2020)



Training and Development Challenges

Student Name: Maxine Morris

Student Number: 2213032

NHS Workforce Development Challenges



- The NHS support faces challenges in developing its skills and careers.

The NHS is evidently understaffed. There is a short time to train, little supervision and few resources available.

- Managerial support for development is crucial, highlighting the need for managers to undergo leadership and mentoring training to help them develop their teams.
- Every role needs clear objectives; staff should know what is required to progress, and suitable training should be provided to facilitate this.

(Wakeling et al., 2025)

Funding Constraints

- Continuing Professional Development (CPD) is mandatory for about 1.5 million people in the UK across 32 regulated roles. Eight out of nine regulators do not define how CPD should be conducted. While 81% of professionals must reflect on their learning, only 35% need a personal development plan, and 26% do not have to participate in peer learning. The differences in CPD requirements suggest that current practices may not be the best. (Karas et al., 2020).

Maxine Morris: 2213032



Uneven Access



In February 2023, staff in business and administration roles in one large health board in Scotland were invited to participate in telephone interviews to explore their **training** and development needs and **career aspirations**.

Participants differed widely in their career aspirations. Not all were interested in further learning, job development, or career advancement, particularly those who were relatively new to their jobs.

(Wakeling et al., 2025)



Slow Adoption of Modern Learning Technologies

In the **modern age**, the demand for **seamless digital services** extends into government sectors, including healthcare.

- **NHS** England exemplifies significant **digital transformation** in this domain. Understanding the evolution of government digital initiatives in healthcare is **crucial** for **stakeholders** on similar paths.

(Schofield, 2024)

Maxine Morris - 2213032



Leadership and Management Gaps

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- In recent years, there has been heightened interest in the role clinicians, and particularly doctors, can play in **leading transformational change**, with a strong focus on improving **patient safety** and **quality**. Studies have suggested that the **growing presence of clinicians in leadership positions can lead to greater** credibility with frontline clinical staff and a greater **emphasis** on patient care.
 - There has been **development** of a clinical executive **fast-track scheme** by the NHS Leadership Academy to support clinicians who wish to develop their **leadership capacity at the executive level**.
 - Such **programmes**, however, are limited to a **small** number of doctors requiring a significant dedicated **time commitment**.

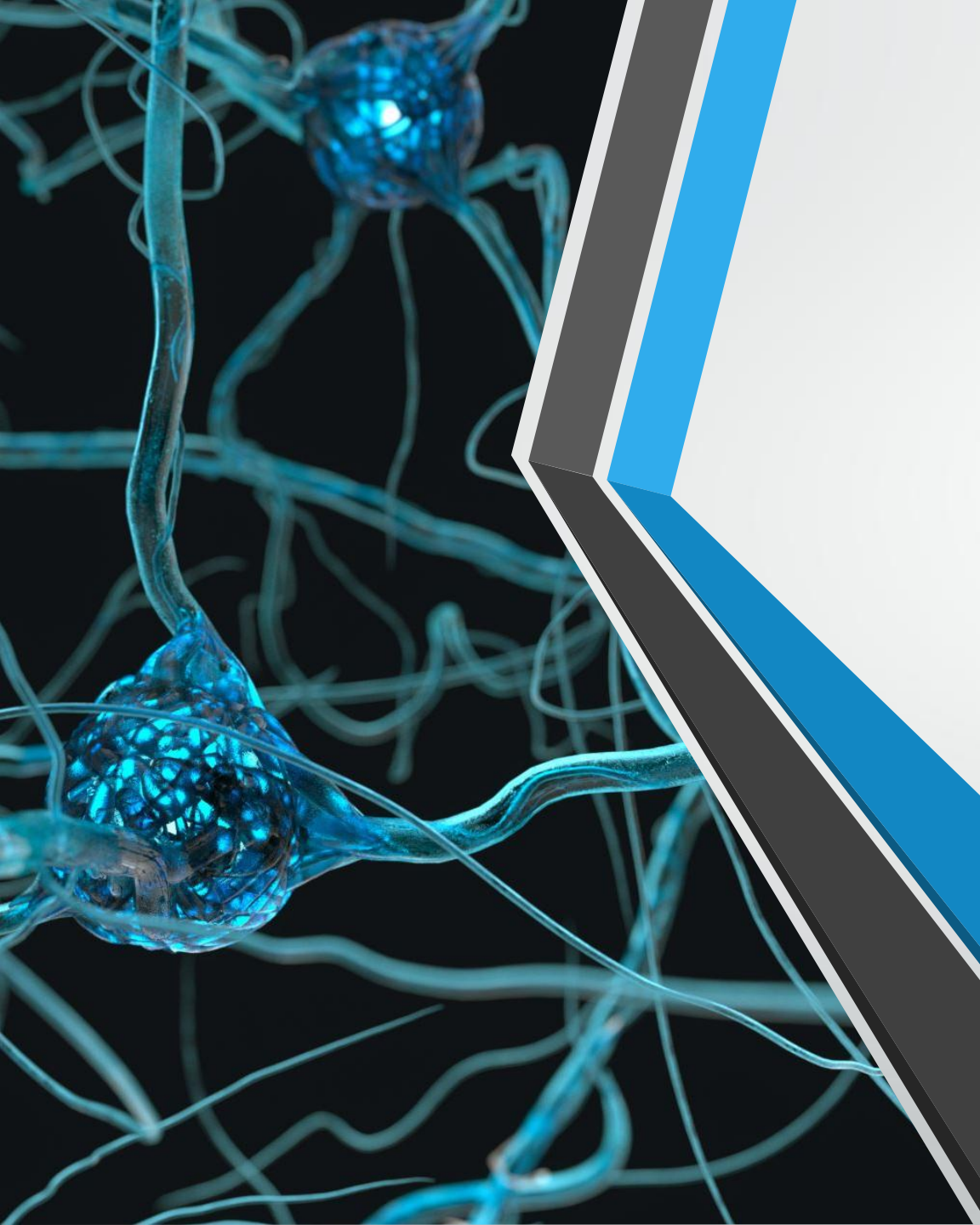
(Gupta, Neely and Wilkinson, 2020)



Cultural Barriers

- The delivery of **patient care** in the United Kingdom is under **increasing financial pressure**.
- National Health Service (NHS) Trusts must **provide a suitable educational environment** that meets the needs of **all learners** while meeting **performance standards** and targets set by external regulating authorities.
- (Gawne, Fish and Machin, 2020)

Maxine Morris - 2213032



Root Causes & Theory – NHS Management

Name: Florina Maria Vlad

Student Number: 2227241

Systemic Root Causes of Leadership Gaps

Leadership Development Gaps are Systemic

Policy-level Causes

- Funding prioritized for clinical capability over leadership development
- Fragmented responsibility across trusts within the **National Health Service**

Structural Causes

- Promotional based on clinical expertise rather than leadership readiness
- Limited succession planning for line management roles



Cultural and Organisational Causes



- **Cultural Barriers to Leadership Development**

- "Hero clinician" culture prioritizing technical expertise

- Leadership perceived as administrative rather than strategic

- **Organisational Impact**

- Leadership identity is undervalued

- Limited motivation to engage in leadership development

Key insight

Leadership capability is expected, but not structurally or culturally reinforced

Theoretical Explanation of Leadership Gaps

Why Training Alone Is Insufficient



Psychological Contract Theory

Line managers expect leadership support and development

-Perceived breach reduces engagement and com



Role Theory

Conflict between clinical and managerial identities

-Role ambiguity undermines leadership effectiveness



Social Learning Theory

Leadership Learned through observation and modelling

Conclusion: Why Leadership Gaps Persist



- **Key Takeaways**

- Leadership Gaps are systemic, structural, and cultural
- Clinical Excellence # leadership readiness
- Training alone cannot overcome misaligned roles and expectations

- **Integrated Insight**

- Organisational context shapes leadership behaviour
- Leadership capability requires identity, reinforcement and support (Gawne, Fish and Machin, 2020).

- **Transition to Recommendations**

- Understanding these root causes explains why targeted, evidence-based leadership interventions are required.

Evidence-Based HRM Recommendations for NHS Line Managers



Student Name: Concy Jeya Rasanayagam
Student Number: 2226962

Evidence-Based HRM Solutions for NHS Line Managers

- Leadership development is positioned as a **strategic HRM intervention**, not a standalone training
- Focus on **organisational systems and structures**, rather than individual capability deficits
- Grounded in **HRM and organisational behaviour theory** to explain leadership gaps
- Embedded within **existing NHS HR processes** to ensure feasibility and scalability
- Supports **workforce sustainability, leadership consistency, and service quality**

(Boxall & Purcell, 2016; West et al., 2020; King's Fund, 2022; NHS England, 2023).



Recommendation 1: Structured Leadership Pathways

- Establish **clearly defined leadership expectations** at each managerial career stage to ensure role clarity and accountability
- Provide a **supported transition from clinician to line manager**, recognising the shift from professional to people-management responsibilities
- Reduce **role ambiguity and role overload** by aligning leadership responsibilities with appropriate authority and resources
- Improve leadership **confidence, consistency, and decision-making** across NHS trusts through standardised development pathways

(Kahn et al., 1964; NHS England, 2023)

Concy Jeya Rasanayagam - 2226962



Recommendation 2: Mentoring & Coaching

- Implement **structured mentoring and coaching programmes** to support leadership development among NHS line managers
 - Pair **new and developing managers with experienced NHS leaders** to enable knowledge transfer and contextual learning
 - Promote learning through **observation, feedback, and reflective practice**, consistent with experiential learning principles
 - Support the development of **leadership identity, confidence, and capability** in complex healthcare environments
 - Provide a **cost-effective and internally sustainable** development approach suitable for NHS resource constraints
- (Bandura, 1977; West et al., 2020).*



Recommendations 3 & 4: Embedding Leadership in HR Systems

- Embed **leadership capability explicitly within appraisal and performance management systems**, alongside clinical outcomes
- Align **workforce planning and succession planning** with current and future leadership demand across NHS trusts
- Allocate **protected time** for leadership development to enable meaningful engagement without compromising service delivery
- Ensure **visible senior leadership sponsorship and organisational support**, reinforcing leadership as a valued capability
- Strengthen the **psychological contract** by aligning leadership expectations with appropriate support and resources (Rousseau, 1995; Boxall and Purcell, 2016; NHS Employers, 2022).



Strategic Impact and NHS Feasibility

- Enhances **staff engagement and wellbeing** by strengthening day-to-day leadership support
- Reduces **burnout and turnover** through clearer expectations, support, and development pathways
- Strengthens **leadership capability at scale** by embedding development into NHS systems
- Supports **long-term NHS workforce sustainability**, service quality, and organisational resilience

(West et al., 2020; King's Fund, 2022).



Conclusion/Summary

- Training and Development
- Leadership Development
- Root Causes of Leadership Challenges
- Link to Workforce Sustainability
- Link to NHS People Plan
- Evidence-Based Recommendations and Implementation
- Overall HRM Strategy



By Group Leader: Mohammed Masoom

Student Number: 2223129

Training and Development



- Focus Area & Problem Statement
- Training & Development Challenges
- Root Causes & Theoretical Analysis
- Evidence-Based Recommendations Slide
- Implementation & Strategic Synthesis, Implementation Considerations (Critical Realism)

Leadership Development as HRM Priority



Why Strategic HRM Priority?

The NHS employs over 1.4 million staff, faces shortages, has 43,449 nurse vacancies, and reports high burnout (NHS, 2022).

Impact of Leadership Gaps

The understaffing, funding constraints, systemic issues, and poor leadership exacerbate disengagement and retention pressures.

HRM Rationale

Effective leadership improves care quality, staff retention, and adaptability in complex systems. Without priority, fragmented training leads to inconsistent outcomes (West and West, 2015).

Link to Sustainability

Builds a resilient workforce, reducing agency costs and supporting long-term goals.

Root Causes of Leadership Challenges in NHS

Mohammed Masoom
2223129

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Policy and Funding Issues

Underinvestment in training, with less than 2% budget against the recommended 5% (Karas et al., 2020).

Structural Barriers

Promotions based on clinical expertise, not leadership readiness (Kinicki and Fugate, 2020).

Cultural Factors

"Hero clinician" culture undervalues leadership, cultural barriers, and slow tech adoption, hindering inclusive development.

Theoretical Grounding

Psychological Contract breaches from unmet development needs lead to disengagement (Jardat, 2012).



Mohammed Masoom 2223129



Link to Workforce Sustainability

Sustainability Imperative

NHS Long Term Workforce Plan targets 15% staff growth by 2036-37. Leadership development addresses shortages via upskilling, reducing 15% annual turnover rate (NHS England, 2024).

Addressing Group Challenges

Tackles understaffing and burnout, identity conflicts by promoting lifelong learning. 35% staff cite lack of development as a retention barrier (NHS, 2025).

HRM Integration

According to Herzberg's Two-Factor Theory, growth investments enhance satisfaction and performance. Supports recommendations for structured pathways (Oluwaseun, 2011).

Expected Outcomes

Improved engagement, lower burnout, and a sustainable workforce for patient care continuity (Mlambo, Silén and McGrath, 2021).

Link to NHS People Plan



Alignment with People Plan (2020/21 onwards)

Emphasises "People Promise" compassionate leadership, wellbeing, and inclusion (NHS England, 2020).

Addresses group issues like cultural barriers and inequities

Key Initiatives

50% increase in training places.

Equality focus and digital skills for modern tech adoption (Schofield, 2024).

Strategic HRM Link

Aligns people strategies with goals.

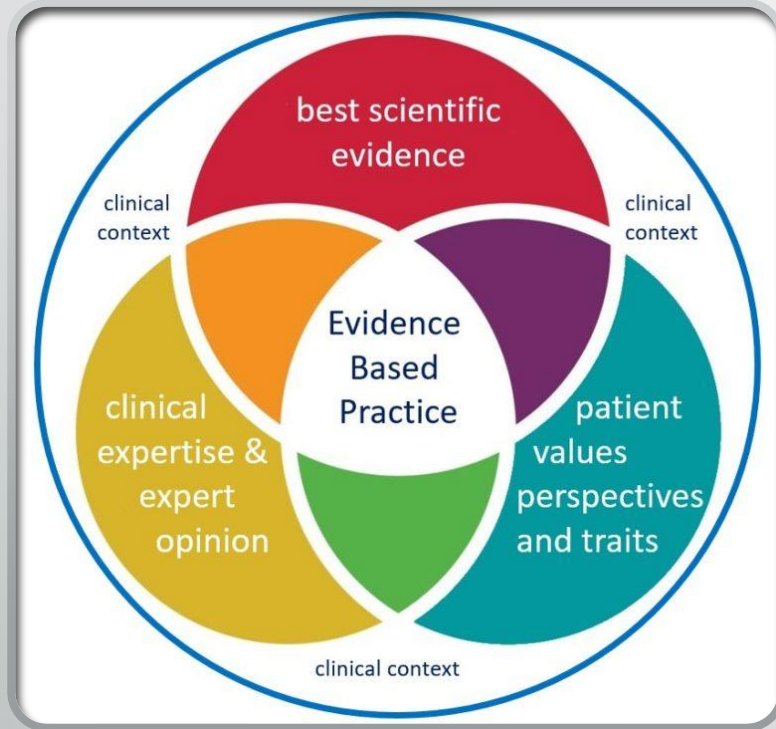
Integrates mentoring and HR embedding for scalable development (Boxall and Purcell, 2022).

Evidence

Supports clinician-manager transitions.

Fosters inclusive cultures for long-term impact (Gupta, Neely and Wilkinson, 2020).

Evidence-Based Recommendations and Implementation



Innovative Solutions

Mandate structured pathways, mentoring programs, and HR integration.

Add digital simulations to address slow tech adoption

Implementation Steps

Short-term: Roll out inclusive CPD with protected time

Medium-term: Evaluate via KPIs like retention rates

Long-term: Align with People Plan through local boards.

Theoretical Support

Complexity Leadership Theory for adaptive skills in NHS challenges; it mitigates root causes such as role ambiguity (Bryman, 2011).

Feasibility and Impact

Cost-effective

20-30% engagement improvement (Välimäki et al., 2024)

Scalable for NHS-wide sustainability.

Summary, Synthesis, and Overall HRM Strategy

Synthesis of Findings

Challenges stem from roots. Solutions require strategic HRM integration for leadership gaps.

Key Insights

Underinvestment and inequities perpetuate issues. Theory shows the need for system-wide change

Overall HRM Strategy

Prioritise leadership as a core function

Embed in People Plan for a resilient, inclusive workforce.

Call to action: adopt evidence-based approaches for efficiency and care quality (Burnett and Garratt, 2024).

Conclusion

"Effective leadership transforms NHS sustainability" enhanced wellbeing, reduced turnover, better outcomes

THE MANAGEMENT CHALLENGES AND SOLUTIONS

03

Building leadership within the team and organization



HUMAN RESOURCE
CHALLENGES

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