

Problem Solving and Decision Making (BMSW4004_LON)

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Shortage of staff and heavy work loads

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1 Introduction:

In this report I will define what the problems are in the health and social care industry. I am going to discuss the problems in the workplace including scope- PESTLE analysis and Fish bone analysis. I will discuss the impact of the problem on all the required stakeholders such as service user (customer), professional worker (doctor, nurse, health care worker) and regulator (government department). I will also be showing the reason and the consequences of the problem. One problem of the health and social care industry is shortage of staff. A recent cause of this problem is Brexit and COVID-19. I will also analyse decision making process and recommend alternative solution like PMI analysis and PESTLE and SWOT analysis. In this report I will give examples for some problem-solving techniques and tools such as SWOT analysis to identify the problem and show my understanding of it. I will talk about PESTLE analysis and Fish Bone diagram analysis, to identify the cause and the effect of the problem and try to find the solution. I will show the benefits of the fish bone diagram in problem solving, show decision making tools like PMI (Plus Minus Interesting). And recommend alternative solution and give example.

2 Problem definition

Even though this report contains several issues, we will concentrate solely on the problem of short staff and heavy workload this problem can be seen by using various analysis such as PESTLE and Fish bone analysis.

PESTLE Analysis

Rather of providing answers to any of the elements involved in change, this tool is used to assist identify them.

A valuable tool for comprehending your operational environment, as well as the possibilities and risks that exist inside it.

PESTLE stands for:

P-Political- The most significant change for medical product traders that, beginning January 1, 2021, manufacturers required to obtain a licence from the MHRA rather than the EMA to sell a drug or medical device in the United Kingdom. Regulatory Agency (MHRA) have prepared guidance to describe what manufacturers must do to register and market their products in the United Kingdom. The government of the United Kingdom is planning for disruption, but it is unclear which scenarios it is prepared for. The closure of the border in December owing to the coronavirus has added an unanticipated new element. Data flows also be disrupted. Personnel shortages will also be a major factor. The NHS employs many people from outside the United Kingdom. Following Brexit, the steady supply of competent people will be reduced. In addition, the NHS will experience a staffing shortage.

E-Economical- Slower economic growth and decreased spending capacity because of Brexit may exacerbate larger health determinants. Ending free movement of labour from the EEA to the UK has created a new barrier to recruiting staff from those countries; however, it will have no material impact on or create new barriers to recruiting staff from non-EEA countries, from which a growing number of international health care workers are coming. However, separating the impact of Brexit from the implications of the recession driven on by the Covid-19 outbreak would be difficult.

S-Sociological- Patient Expect high quality care but because there is a shortage of staff the healthcare provider can't deliver this service. Waiting a long time for appointments for the GP for ex; 2-3 days is another issue in health and social care. The rise of patient knowledge is another socio-cultural aspect affecting the NHS. Patients are more aware on the complexities of the healthcare system and how it works now. As a result, the NHS is expected to provide patients with the highest quality of treatment possible. However, under the current circumstances, it is unable to provide such services.

T- Technology-Health and care provider organisations, pharmaceuticals and medical device manufacturers, health technology businesses, and research groups that operate between the UK and the EEA would not have been allowed to transmit their data between the two jurisdictions without an EU data adequacy agreement. To keep their data moving, companies would have had to establish up several service-level agreements. UK suffer a lack of competitiveness in terms of health-related industry investment, a permanent increase in the cost of health and social care supply, and access issues.

L-Legal- The end of the transition phase has only minor repercussions for competition law and public procurement. If NHS England and NHS Improvement's suggestions for legislative change are approved, for example, competition law and laws regarding public sector procurement in the UK may alter over time. Any future changes to competition legislation or procurement would be an indirect result of the United Kingdom's exit from the EU.

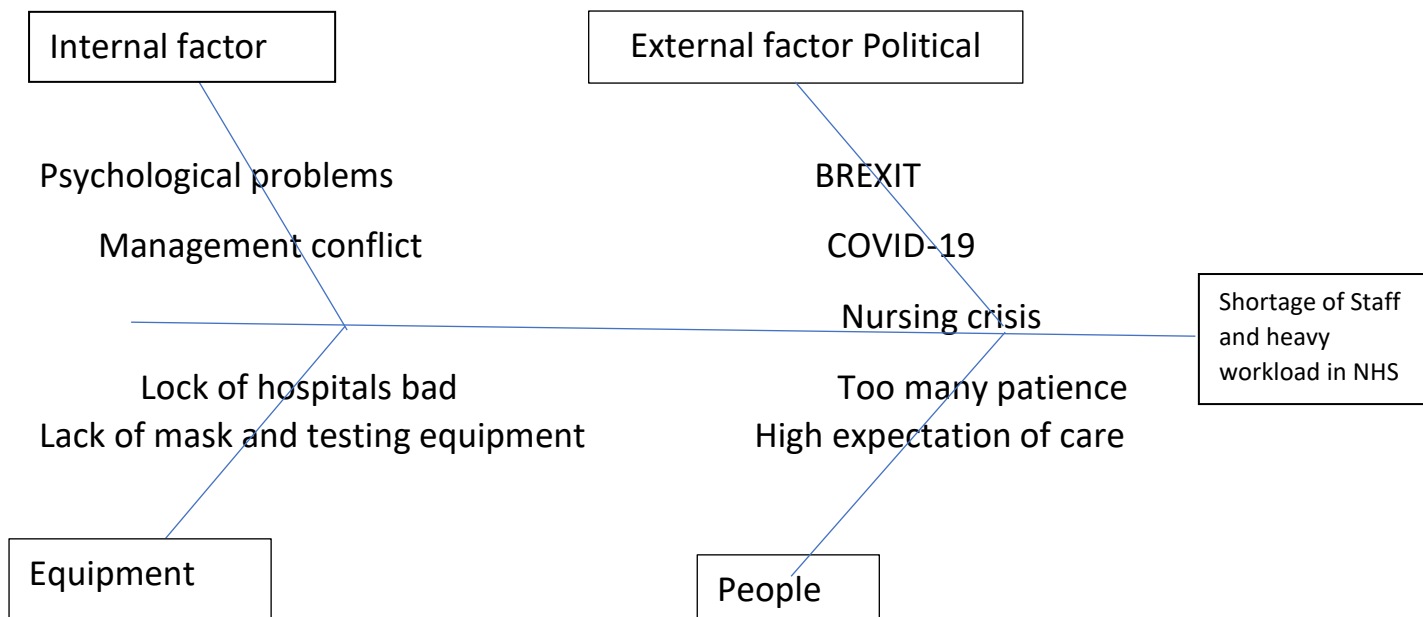
E-Environment -The medical industry contributes significantly to the toxic waste that is collecting around the globe. In addition to the current environment issue, all medical organisations are under a great deal of stress. They are held to a high standard in terms of treating their trash and resources with extraordinary caution. Various environmental protest groups are also criticising the NHS.

Pestle analysis Conclusion

Many of the immediate changes that will occur because of the United Kingdom's exit from the European Union are sophisticated and technical. They will have an impact on a variety of facets of the health-care system, from the volume and pattern of critical foreign recruiting to how the UK collaborates with its EEA neighbours to monitor public health concerns and create innovative new medications and treatments. These developments are taking place as the United Kingdom exits the EU's customs union; this alone poses additional threats to the UK's supply chains. While mitigating steps such as stockpiling have reduced the risks, they have not been eliminated. The Border Operating Model has not been fully working proper, and there remains the possibility for border delays to grow over time. The UK is taking a big step forward by leaving the EU, agreeing on a new economic relationship with the EU, and exploring new trade arrangements with other countries. This is a substantial step change that is expected to have a long-term economic impact. The success or failure of new trading agreements will drive or limit economic growth, with implications for government spending. There are risks and opportunities in the future, but the new agreement provides much-needed clarity at a time when the health-care system cannot afford any more change.

Many factors are putting strain on the NHS right now. The Brexit vote and the prior economic problem at the top of the list. Other elements, however, must be addressed for it to improve its functional capacity. We anticipate that, with continued technological integration and the development of educated doctors, some of these issues will be addressed in the not-too-distant future.

Fishbone analysis– is the most commonly using system analysis method. For the healthcare industry it also roots cause analysis (RCA). Is the most utilised system analysis tool in the healthcare industry for investigating roots problem and help to finding solution.



1. BREXIT: Will potential migrants regard the entrance hurdles to be excessively costly and burdensome? The government's "hostile environment" policy and treatment of migrants' families have tarnished the UK's image among potential migrants. There is little clarity regarding the costs that new doctors will be required to pay as of November 2020, and the Home Office is known to consider such payments as a key income source. Workers will also want assurances regarding the ease with which their wives and dependents may enter the country, as well as their capacity to work and access healthcare and other services like as education.

2. Staff sick of COVID-19: According to Guardian research, at least 77,000 healthcare employees in England contracted coronavirus during the pandemic, with over a quarter of a million absences due to Covid-19 related reasons. The real totals are likely to be substantially higher, given just 55 percent (78) of the 142 acute and specialist trusts in England that received freedom of information requests supplied numbers on infected personnel, while 60 percent (85) provided data on time off for sick leave due to the virus. The replies, which span the year after March 1, 2020, provide the first official statistics on Covid's impact on frontline employees who put their health at risk while caring for the more than 400,000 patients who became critically ill in hospitals. They indicate that at least 77,735 physicians, nurses, and other hospital workers contracted Covid, with 243,864 absences – either because of the disease or because they were isolating, quarantining, or shielding – worsening already-existing staffing shortages.

3: Nursing workforce crisis: There was already a deficit of about 50,000 nurses in the UK prior to the coronavirus epidemic, and the healthcare system is still far from filling that gap. According to a poll conducted by Nursing Times in January 2021, 80 percent of nurses believe patient safety is jeopardised because of the acute personnel shortage. While the number of nursing students commencing studies in 2020 has increased significantly, this will not solve the problem of a shortage of competent nurses in the short or medium term.

4: Too much patience. Patients' well-being might be jeopardised when healthcare institutions have inadequate nurses on duty. Furthermore, overworked nurses may miss important facts or fail to completely interact with patients. Patients may be unsatisfied with the nurse's performance.

5: The patients expect high quality of care however because they are overwhelmed with too much work due to shortage of staff the patients receive low quality of care. Staff members are tired, don't have enough energy and are less efficient because the work later than intended and the also work double shifts furthermore decreasing their efficiency and responsiveness

6: Psychological pressure: COVID-19 has clearly had a harmful influence on the mental health of healthcare professionals. Increased psychological discomfort has been linked to factors such as imposed lockdown measures, knowing co-workers who have been sick, being isolated, and suffering stigma because of working in a therapeutic capacity. Nursing is one occupation that has been linked to a higher risk of mental health disorders during the coronavirus epidemic. During the COVID-19 epidemic, nurses have regularly reported greater levels of sadness and anxiety than other professional.

7: Management conflict between staff. Dealing with workplace misbehaviour, poor performance, and grievances may be time-consuming and expensive. Furthermore, if not managed properly, workplace conflicts can lead to low employee enthusiasm and morale.

8: Lack of hospital beds. High levels of hospital bed occupancy are a key sign of a stressed health system. Hospitals cannot function at 100 percent occupancy because extra bed space is required to handle changes in demand and assure patient flow. Hospital bed demand peaks at various periods of the day, week, and year. There must be enough beds to accommodate everyone. A shortage of available beds in a health system can have far-reaching effects. It can, for example, lengthen wait times in emergency rooms, lead patients to be admitted to clinically unsuitable wards, and raise the prevalence of hospital-acquired infections, while putting pressure on staff to free up beds can jeopardise patient safety. Staffing has a direct impact on bed availability.

9: Lack of mask. Personal protective equipment (PPE) is used by healthcare personnel to prevent themselves and their patients from being infected and infecting others. Due to a lack of equipment such as gloves, medical masks, respirators, goggles, face shields, gowns, and aprons, doctors, nurses, and other frontline personnel are critically ill-equipped to care for COVID-19 patients.

3 Discussion

Impact of the problem on the stakeholders [Service users, Professionals and Regulator]. Patients, doctors, employers, insurance companies, pharmaceutical companies, and the government are all significant stakeholders in the healthcare system in the United Kingdom.

Potential impact on NHS and social care staff during BREXIT.

The overall number of EU workers in the NHS in England has remained constant over the previous two years, at about 5.5 percent of all employees. In statistics from both NHS Digital (for which EU physicians are classified by nationality in NHS records) and the General Medical Council, the picture for doctors is one of relative stability (for which EU doctors are defined by country of qualification). According to NHS Digital, 490 EU physicians departed NHS trusts in England in March and April 2019 and 432 in March and April 2020. Although the number of EU trained physicians has grown over the last two years, the pace of increase has been slower than that of abroad doctors from outside the EU, according to NHS Digital and GMC data. In 2018-19 and 2019-20, the number of EU-qualified physicians climbed by 2.9 percent and 8.2 percent, respectively, while the number of overseas-qualified doctors increased by 7.4 percent and 13.2 percent. The aggregate headcount of EU nurses and health visitors in NHS trusts in England has declined somewhat between 2018 and 2020, while

those from other countries have increased. Northern Ireland, for example, faces unique staffing problems since it depends on the same labour market for health personnel as the Republic of Ireland, with significant cross-border activity. The broader climate for immigrant labour should also be examined since it will have an impact on EU and other international visitors to the UK. Medicines and medical devices have complicated regulatory structures, and changes to this framework might have an impact on supply. Across Europe agreement between the two the United Kingdom and the European Union (EU) that does not address future pharmaceutical and medical collaboration Technologies may be dangers for public health. Supply of medicines and medical technologies-Decades of collaboration and standardisation on pharmaceuticals and medical technology have resulted in increased frictionless commerce and supply of goods and services within the EU's single market and customs union. The amount of trade between the UK and the EU is significant, with medications and medical devices being delivered to patients in both the UK and the EU. Any future deviation by the UK from these harmonised standards, as well as a lack of agreement on cooperation with the EU on pharmaceuticals and medical devices, would put supply chains in risk. During an emergency, customs checks might create delays in the care and treatment of severely injured people. Accident and emergency trauma packs (containing of equipment and medications) are flown in from the EU to the UK within hours of an order being made at a hospital's operating room (OR). This short time span is especially important during large-scale situations that occur unexpectedly. Terrorist attack, for example, when a significant number of individuals are unexpectedly badly hurt. Because the medications and gadgets contained in these packs have a limited shelf life, hospitals do not always stockpile enough of them to deal with these acute circumstances. As a result, many packs are thrown away. Customs inspections following Brexit are expected to cause a five-hour to wait in one of the best-case situations. These five hours are essential in life-or-death circumstances where severely injured Individuals require immediate attention and treatment.

Another problem is COVID-19 Impact on the problem about shortage of staff. Transmission of COVID 19 to healthcare workers (HCWs). Hospitals are overwhelmed with infected symptomatic and asymptomatic patients during the COVID 19 pandemic. Working in close contact to the infectious virus, HCWs are at the forefront of COVID-19 infection treatment and control. Furthermore, due to the healthcare system's lack of readiness and the novelty of the SARS-COV2 infection, HCWs have become a regular and accessible target for these infections. COVID-19 may spread through a hospital setting, which is one of the most common routes of secondary transmission. The lack of reliable scientific evidence on SARS-COV 2's virulence factors, survival outside of a host, resistance strains, incubation time, and infection pathophysiology is one of the major reasons for HCWs becoming infected. As a result, HCWs and HCWs' patients get infected. According to early reports from the Chinese city of Wuhan, many HCWs who were ignorant of COVID 19's transmissibility and severity became infected while treating infected patients. This was largely due to a lack of knowledge about the illness and how it propagated virally. Furthermore, the prevention of COVID 19 infections necessitates the use of specific personal protective equipment (PPE) such as respirators, N-95 masks, non-perforated gowns, and visors or face shields. The supply of these essential PPEs has been erratic, to say the least, due to the worldwide magnitude of illnesses. Furthermore, most PPEs are non-reusable and should be disposed with extreme caution to avoid transmission. As a result, insufficient availability and poor use of PPEs is a major contributor to the high COVID 19 infection rates among HCWs. Over the course of several months, researchers have gained a better knowledge of the diagnostic criteria and diagnostic test for COVID-19 infection. For all suspected patients, RT-PCR testing for viral identification is not easily available at all health care institutions. Furthermore, test results are typically accessible in more than 24 hours. As a result, the difficulty and lack of broad

accurate testing, as well as the ambiguity of diagnostic criteria, are linked to infection transmission to HCWs. Similarly, a stressful work environment, extended work hours that lead to tiredness, and isolation-related psychological difficulties all contribute to an increased risk of COVID-19 infection among HCWs. Other variables that may predispose HCWs to infection include poorly cleaned and sanitised hospital surfaces, a breach in medical equipment disinfection, and a lack of training and information relevant to the viral pandemic.

4 Analysis

BREXIT The effective operation of the UK public healthcare system necessitated the assistance of skilled people from other EU nations. Because of the EU's free movement of people, England has 63,650 European migrants among its 1.2 million NHS staff. Furthermore, 80,000 EU citizens labour in the Social Care sector. Some areas are expected to lose more EU nationals than others, with 11 percent of EU nationals working for the NHS in London and only 2% in the Northeast. When we look at certain jobs, the proportion is even higher: According to reports, 10% of hospital physicians and 7% of nurses are nationals of other EU nations. Furthermore, more than a quarter of personnel in 21 hospital trusts in the UK is non-British (other EU nationals or non-EU nationals combined).

COVID-19 During the early stages of COVID-19, hospitals lacked effective preventive measures. When operating at a close distance and having personal contact with infected people, the primary factor impacting transmission was not wearing protective equipment. During their isolated period after being diagnosed, most of the employees suffered psychological stress or emotional disturbances. When a new illness emerges, hospital protective equipment should be improved, especially for employees doing operations requiring close contact and caring for high-risk patients. Learning from these lessons could also assist the government and the rest of the world respond more effectively to future infectious disease outbreaks. The worldwide pandemic has had a significant influence on healthcare throughout the world, leaving it weak and susceptible to fulfil community healthcare. Regulators have seen a severe shortage of health professionals and are finding it more difficult to attract qualified and competent employees while fulfilling their recruiting goals.

5 Recommendation /Alternative Solutions

The PMI Chart (plus, minus, interesting) is a brainstorming, decision-making, and critical thinking tool that can be beneficial for evaluating and obtaining agreed-upon understandings on difficult topics and making more balanced decisions. It's a technique for encouraging people to look at ideas, thoughts, and events from several perspectives.

PLUS	MINUS	INTERESTING
1]5000£ bursary for HCWs students 10	1] Police issue 10	1]Professional development 7
2]Bonus 5	2]Low pay 10	2]Apprenticeships 10
3]Education 7	3]Long time working 10	3]Discount 5
PLUS 22	MINUS 30	INTERESTING 22

PLUS 1: Nursing students will get guaranteed financial assistance of at least £5,000 each year to aid with living expenses.

2: Bonus: For the frontline workers

3: More medical student

MINUS 1: Police issue: poor work environment compromise health workforce supply and quality of care.

2: Low pay. NHS staff related to recent pay freezes.

3: Long time working. Not enough personal.

INTERESTING 1: Professional developments.

2: Apprenticeships is that very good option to work and study the same time.

3: Discount for NHS workers.

Here I found many problems that are important. I want talk about trying to find the correct solution.

PROBLEM For example, 1- In times of current and predicted health-workforce shortages, health policymakers face the problem of balancing rising demand for health care with an adequate supply of health professionals.

2-The work environment is a significant element in the recruitment and retention of health professionals, and the features of the work environment have direct and indirect effects on the quality of care provided. To ensure both the supply of a healthy workforce and the improvement, effectiveness, and motivation of that workforce, the work environment must be addressed.

3-The goal of creating appealing and supportive work environments is to encourage people to enter – and stay in – the health professions, as well as to offer circumstances that allow health workers to perform well (to achieve high-quality health services).

SOLUTION For ex: Given the complexity of the challenges at hand, policy responses must be multifaceted, cross-cutting, and inclusive. Policy action must be examined at four levels: international/regional, national, sectoral, and local/organizational. Because effective solutions are context-dependent, the local and organisational levels must be prioritised. The legal and regulatory framework, as well as direction and assistance for the creation of workplace rules, are provided by the other levels.

Policy measures to encourage a healthy balance between family life and work, as well as improved worker health protection, are two examples of what may be done to improve the quality of the work environment in the health professions. The establishment of workplace assessment/recognition programmes might be considered to encourage health-sector companies to commit to positive work environments.

Considerations for Implementation: Intersectoral coordination is necessary since many elements impacting the work environment operate out of the health sector. The link between labour and health-policy requirements must be reinforced. The utilisation of social dialogue in this situation can assist in ensuring long-term and cross-sectional implementation with different stakeholders.

CONCLUSION

I defined the issues in the health and social care business. I talked about workplace issues, including scope, PESTLE analysis, and Fishbone analysis. I also mentioned how the problem affects all the necessary parties, including service users (customers), professionals (doctors, nurses, and health care workers), and regulators (government department). I also demonstrated why the problem exists and what its implications are. The scarcity of employees in the health and social care business. Brexit and COVID-19 are two current causes of this dilemma. I looked at the decision-making process and suggested alternatives such as PMI, PESTLE, analyses. In this report, I used PMI analysis to identify the problem and demonstrate my grasp of it, as well as other problem-solving approaches and tools. To identify the source and impact of the problem and try to find a solution, I discussed PESTLE analysis and Fish Bone diagram analysis. I demonstrated the benefits of using a fishbone diagram to solve problems, as well as decision-making tools like PMI (Plus Minus Interesting). Also, provided other solutions and provided an example.

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