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Table of Contents

1. Task A: Designing Innovative Working Practices.....	3
1.1 Critical Evaluation: Traditional Work Design vs. Contemporary Working Practices.....	3
1.2 Recommended Innovative Framework for NexSpace Health Systems	5
1.3 Justification and Performance Impact	7
2. Task B: Breeding an Environment Where Talent May Grow	9
2.1 Critical Evaluation of Strategic Talent Ecosystem Theories.....	9
2.2 Comprehensive Talent Growth Strategy for NHSX	11
2.3 Operationalising Talent Strategy and Wellbeing Integration	13
3. Task C: Reflective Report - AI and Capability Development	15
3.1 Critical Evaluation: AI as a Strategic HR Tool.....	15
3.2 Reflective Analysis of AI Usage in Professional Practice	15
3.3 Personal Capability Development Action Plan.....	17
References.....	19

1. Task A: Designing Innovative Working Practices

1.1 Critical Evaluation: Traditional Work Design vs. Contemporary Working Practices

Critique of Traditional Work Design (Weber and Taylor)

Classical paradigms of work design were designed for static manufacturing efficiency, based on Max Weber's Bureaucratic Theory (sacred hierarchy, impersonality, centralisation of authority) and Frederick Winslow Taylor's Scientific Management (excessive role specialisation, division of standardised tasks, command-and-control supervision) (Klečina *et al.* 2024). These rigid functional paradigms create frictions in knowledge-intensive and AI-powered technology companies, such as NexSpace Health Systems (NHSX). With command-and-control, developers have far less freedom, critical decision-making is delayed, innovation is stifled and developers and clinical specialists end up with acute burnout. The findings of the workplace benchmark studies conducted on a global scale clearly show that hierarchical tech cultures have a 38% higher incidence of employee burnout (The Interview Guys, 2025) and are twice as slow as their agile counterparts when it comes to product iteration.

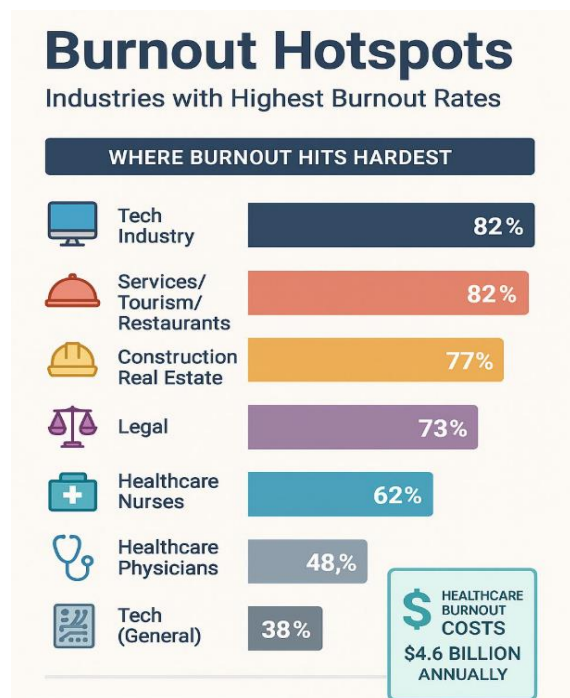


Figure 1: Global burnout scenario

(Source: The Interview Guys, 2025)

Contemporary Work Paradigms (Mintzberg, Sociotechnical Systems, HPWS and HIWS)

In order to address these structural constraints, modern organisations adopt the organic, flexible and decentralised structure called Adhocracy (Mintzberg's third structure) (Weidener *et al.* 2024). Theoretically supported by the concept of Sociotechnical Systems Theory (Ang *et al.* 2025), High-Performance Work Systems (HPWS) and High-Involvement Work Systems (HIWS) aim to align human social needs with digital technologies. Cross-functional agile product teams have improved cross-border collaboration by helping to enhance the flow of knowledge, overcoming the fragmented collaboration barriers that are currently present in NHSX's widely dispersed units across the UK, India and UAE.

Job Characteristics Model (JCM) Framework

The psychological structure for work redesign at NHSX is based on Hackman and Oldham's Job Characteristics Model (JCM). Organisations develop the three critical psychological states by enhancing roles around five key dimensions:

Meaningfulness: It is amplified by expanded Skill Variety, Task Identity (completing an entire digital health platform module) and Task Significance (directly improving clinical outcomes for patients).

Experienced Responsibility: Elevated by Operational Autonomy, where cross-border teams have greater autonomy in their sprint scheduling and problem-solving approaches (Anwarul, 2026).

Knowledge of Results: It comes through continuous Feedback loops within the automated agile development workflow.

Job characteristics model

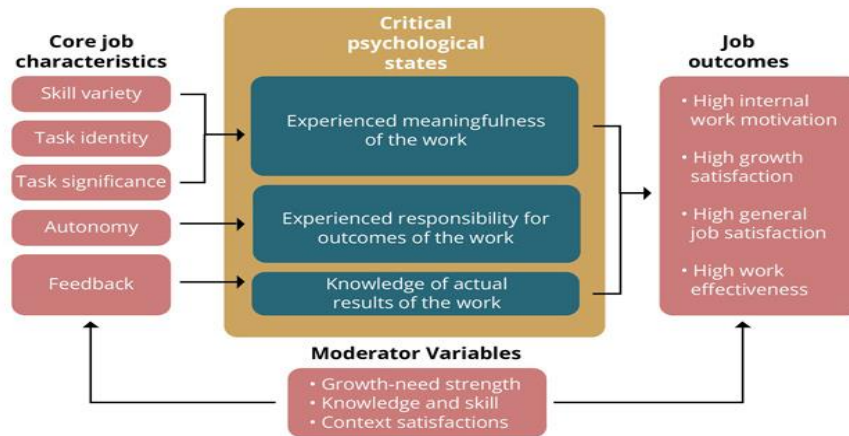


Figure 2: Job Characteristics Model (JCM) Framework

(Source: Dawn, 2024)

Using JCM methods to assess work design is a way of proving that high psychological states can transform extrinsic pressure into intrinsic motivation. The results are confirmed by empirical research by mentioning that enriched work designs cut voluntary turnover by up to 35% among tech companies and boosted explorative innovation by leaps and bounds (Deloitte Insights, 2026).

1.2 Recommended Innovative Framework for NexSpace Health Systems

For the purpose of overcoming the fundamental operational challenges faced by NexSpace Health Systems (NHSX), which are defined by three key issues: hierarchical decision latency, impaired hybrid collaboration and cross-border digital friction among its 600 UK, India and UAE employees, an integrated, four-pillar work design framework is proposed:

Cross-Functional Agile Product Teams ("Squads & Tribes")

The transition from functional silos (software engineering, clinical leads, product management) to cross-functional product squads is a key pillar of NHSX's transformation. Each of these squads consists of software developers, clinical specialists and product managers with joint end-to-end product delivery responsibility for a specific digital health platform, based on Mintzberg's Adhocracy approach. It helps to validate clinical decision-support algorithms and to make localised decisions without waiting for executive approval. This networked structure is directly able to break cross-departmental blocks and to rehabilitate the global Knowledge flows.

Optimised Hybrid and Flexible Working Architecture (Stanford 3:2 Model)

NHSX should establish a more formalised "Hub and Spoke" real estate design and a Stanford 3:2 Hybrid Model based on the "Hub and Spoke" rather than insisting on rigid office attendance. Physical offices in the UK, India and the UAE are converted into central "Collaboration Studios", which are only utilised for high-bandwidth co-creation, complex problem-solving and innovation sprints. Synchronous Anchor Days and remote days for uninterrupted deep work can optimise the accumulation of social capital and production of deep work.

Autonomy and Results-Only Work Environments (ROWE)

With distributed teams, proximity bias needs to be overcome; NHSX must move away from the focus on being in-seat to a Results-Only Work Environment (ROWE). Global teams have 100% autonomy in setting task completion timelines. Individual and group performance is measured by quarterly Objectives and Key Results (OKRs) and by outcome metrics, which strengthens the intrinsic motivation of employees (Wafa and Al-Saadi, 2025). Figure 3 shows that the global digital labour market is developing rapidly and it is crucial to maintain overall economic productivity in countries.

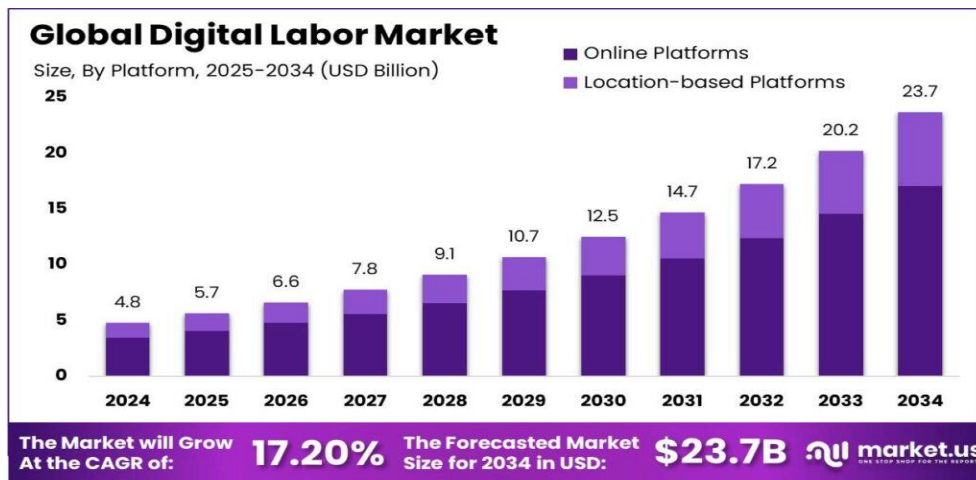


Figure 3: Global digital labour market

(Source: Market.us, 2025)

Digital Collaboration and Agentic AI Infrastructure

A digital infrastructure that is asynchronous-first is crucial for NHSX to achieve a time zone-neutral sky between the UK, India and the UAE. Sprint tracking and documentation are done asynchronously in a transparent workspace, using enterprise platforms such as Slack, Jira and Microsoft Teams. Agentic AI workflows will help reduce administrative overhead, provide meeting summaries, and remove scheduling hassles across time zones (Majumder and Dey, 2025). This alleviates digital friction and allows knowledge workers to concentrate on explorative digital health innovation.

1.3 Justification and Performance Impact

Ensuring quick organisational decisions and agility

NexSpace Health Systems (NHSX) is directly addressing the serious delay in decision-making that stems from the linear, functional hierarchy of teams. It is necessary to develop teams that are empowered to deliver cross-functional products directly to the point of decision, which eliminates unnecessary administrative delays, based on organisation design principles (Sultana, 2026). This structural change aligns with the AMO Framework put forward by Boxall and Purcell, which argues that there are multiple factors which increase the Opportunity to participate, namely Ability, Motivation and Opportunity and that decentralised governance optimises Opportunity.

What Drives What We Do?

The Motivation-Opportunity-Ability (MOA) Model



Figure 4: AMO framework

(Source: Tariq, 2025)

Wellbeing and Sustainable High-Performance Synergy

Wellbeing and productivity are not considered rivals, but a recommended sociotechnical design of the work aims to balance the technical systems and people's health. Structural boundaries (core asynchronous collaboration time, meeting-free focus days, etc.; norms on right to disconnect) safeguard cognitive bandwidth and help prevent digital burnout across global time zones (SIEPR, 2025). By incorporating CIPD's comprehensive wellbeing approach, exploring flexibility will result in enduring job satisfaction, turnover reduction and increased explorative innovation.

2. Task B: Breeding an Environment Where Talent May Grow

2.1 Critical Evaluation of Strategic Talent Ecosystem Theories

In order to achieve sustainable competitive advantage at NexSpace Health Systems (NHSX), it is necessary to shift from the traditional recruitment model to an extensive continuous talent ecosystem. HR leaders have to consider these four theories of talent in action – to empower their UK, Indian, and UAE workforce of 600 to respond to these challenges.

Senge's Learning Organisation

The five disciplines developed by Peter Senge (Systems Thinking, Personal Mastery, Mental Models, Building Shared Vision, and Team Learning) structure the continuous capability building (Burns *et al.* 2026). Systems thinking is key to NHSX: improvements in individual departments of software engineering or clinical validation are worthless if knowledge is not developed. Senge's structure is abstract enough that it is difficult to operationalise if there are no behavioural incentives and support from line management.

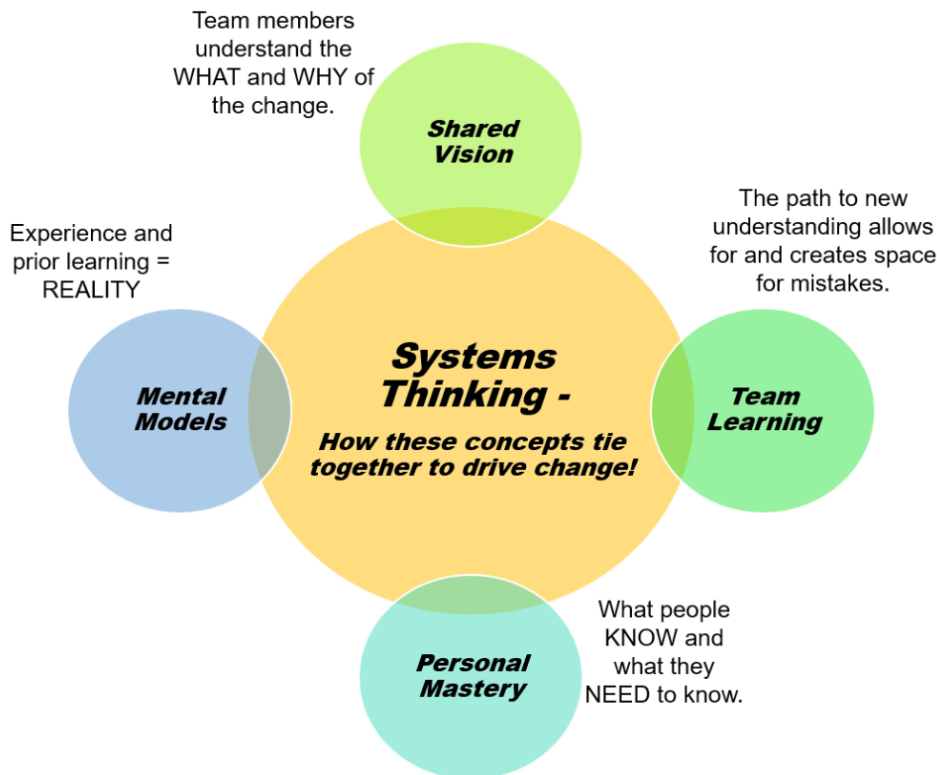


Figure 5: Senge's Learning Organisation framework

(Source: Gaston, 2023)

Psychological Safety and Innovation

Psychological safety is a key factor considered in the “Project Aristotle,” which found that it is the number one predictor of high-performing teams (Kandola, 2025). On the other hand, Kuske *et al.* (2024) stated that psychological safety is a critical foundation for innovation, particularly in clinical AI technology, where failure can pose risks to patient care.

Motivation and Growth Dynamics

Combining the Growth Mindset, advocated by Carol Dweck and the Self-Determination Theory (Tan and Levesque-Bristol, 2024) can be considered. Intelligence and technical skills can be developed by working hard and learning continuously. Research from the workplace around the world indicates that companies with growth mindsets have 47% higher employee engagement (Derler, 2023). Based on SDT, meeting three essential psychological needs is the key to the growth of voluntary abilities:

- Autonomy: Freedom to solve clinical AI problems.
- Competence: Ongoing training in state-of-the-art machine learning.
- Relatedness: Common goals for providing patient-centric digital health platforms.

Job Crafting Theory

Job crafting is a theory by Wrzesniewski and Dutton that emphasises that workers actively manipulate their jobs in three areas:

- Task Crafting: Changing the scope or design of the daily coding/clinical tasks (Demerouti, 2026).
- Relational Crafting: Crafting Cross-functional and Cross-Border Collaborative Networks.
- Cognitive Crafting: Changing the way they think about the purpose of their work, moving beyond a view of code as software to a life-saving clinical decision support tool.

Giving knowledge workers the autonomy to develop their job in some way brings personal passion into line with NHSX's strategic goals. As a result of this, moving from passive execution of the job to active intrapreneurship can be effective.

2.2 Comprehensive Talent Growth Strategy for NHSX

Addressing NexSpace Health Systems' (NHSX) high employee turnover, weakening expertise and global expansion needs, HR leaders need to implement a multi-dimensional employee strategy based on strategic human capital theory (Carlbäck *et al.*, 2024).

Muller-Camen 3D Potential Framework

NHSX needs to implement a successful programme for talent identification and succession planning using Muller-Camen et al.'s Three Dimensions of Potential.

Vertical Progression (height): Identifying talent that has high potential and fast-tracking high-potential strategic leadership skills at global sites.

Depth (technical expertise): Identifying world-class specialist expertise for core AI algorithms, machine learning and clinical decision support systems. Technical experts are promoted through two parallel career tracks instead of administrative management positions.

Capacity (Lateral Versatility): Developing a range of skills that are of use across more than one department; cross-departmental secondments and temporary assignments. Diversifying software engineers into clinical teams and the other way round can minimise operational frictions and create cross-functional agility.

Strategic “build versus buy” balance

Often, technology companies end up in the "Buy-Only" pitfall, which is a strategy that mainly acquires talent from outside the company. Reliance on outside hiring can cause wage inflation, cultural dilution, high voluntary turnover, and loss of firm-specific human capital (Baxi and Saradhi, 2026). Thus, NHSX needs to take a balanced approach to its Build vs. Buy matrix:

BUY Strategy: Hiring outside of the organisation for certain technical expertise that is necessary and in short supply, such as niche generative AI.

BUILD Strategy: Investing in internal talent development to grow leadership, clinical domain knowledge and cultural cohesion systematically. Internal talent development strengthens the psychological contract and improves the attraction and retention of

employees by developing a sustainable and inimitable competitive advantage (Resource-Based View)

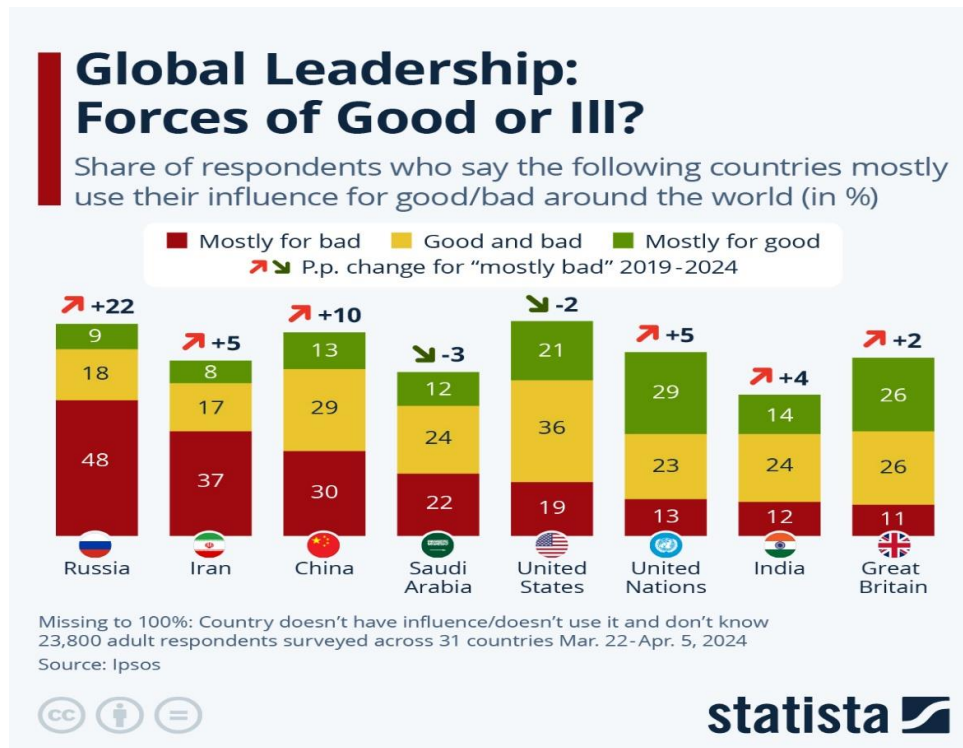


Figure 6: Global leadership growth

(Source: Fleck, 2024)

Holistic Employee Experience (EX) and L&D Infrastructure

NHSX should put modern learning pathways into everyday practice by raising the global Employee Experience (EX) and promoting lifelong learning:

Interprofessional Action Learning Sets: Form interdisciplinary teams (engineering, clinical, product management) to work together on live problems or issues within the organisation.

Micro-Learning and Simulation: Using “learning bursts” and simulation-based learning (SBL) through mobile to allow clinicians and developers to work through upskilling between shifts without cognitive overload.

Formal Peer and Reverse Mentorship: Senior clinical leaders work with junior software developers to facilitate a two-way sharing of knowledge, promote leadership values and harmonise technical code with patients' first healthcare goals.

2.3 Operationalising Talent Strategy and Wellbeing Integration

Performance Management Alignment

In order to facilitate the rapid innovation of digital health in all Global Units, NexSpace Health Systems (NHSX) needs to leave behind the old way of retrospective annual appraisal, rating and forced ranking. To bring in the modern methods of leading tech companies, NHSX must put in place continuous Objectives and Key Results (OKRs). Clear priorities are based on the Goal Setting Theory (Latham & Locke) (Ab Rahman, 2025) and the Social Cognitive Theory (Bandura) and trigger effort and boost employees' self-efficacy (Lestari *et al.*, 2025). Combined with quarterly 360-degree feedback loops (which include feedback from peers, subordinates, clinicians, and line managers), this reduces the likelihood of appraiser bias, improves perception of justice and moves the focus of performance conversations from a back-to-the-future review to forward-looking developmental coaching.



Figure 7: Goal setting theory

(Source: Güzelsevdi, 2024)

CIPD Holistic Wellbeing Architecture

To ensure talent retention throughout the UK, India and the UAE, a robust wellbeing framework is required, which should be based on the CIPD Profession Map. While preventative measures, such as psychological safety training, working hours (core) and workload design are necessary, there is a need to balance them with reactive support such as Mental Health First Aid (MHFA) and counselling services.

3. Task C: Reflective Report - AI and Capability Development

3.1 Critical Evaluation: AI as a Strategic HR Tool

I do not see AI as the decision-maker in today's HR practice, but rather a tool to empower HR practitioners to make decisions. As a CIPD member, however, my professional ethics require that there are strict boundaries set around the autonomy of AI. Using algorithms is only part of the solution can create historical bias in hiring practices, infringe on employee privacy rights, and diminish trust within the workplace (Singh *et al.* 2026). However, complex human interventions, like dealing with sensitive performance problems, addressing workplace complaints, or implementing redundancies, demand contextual reasoning, moral courage and authentic human empathy, which cannot be emulated by a machine learning model. Therefore, I believe AI use should be streamlined to provide valuable workforce insights, while leaving decisions about what to do with those insights and which ethical directions to take to human leaders.

3.2 Reflective Analysis of AI Usage in Professional Practice

Driscoll's (2007) 3-What Reflective Framework (What? So What? In this consultancy project, I reflect and analyse my professional practice in relation to three significant incidents (Now what?) (NHS ENGLAND, 2024).

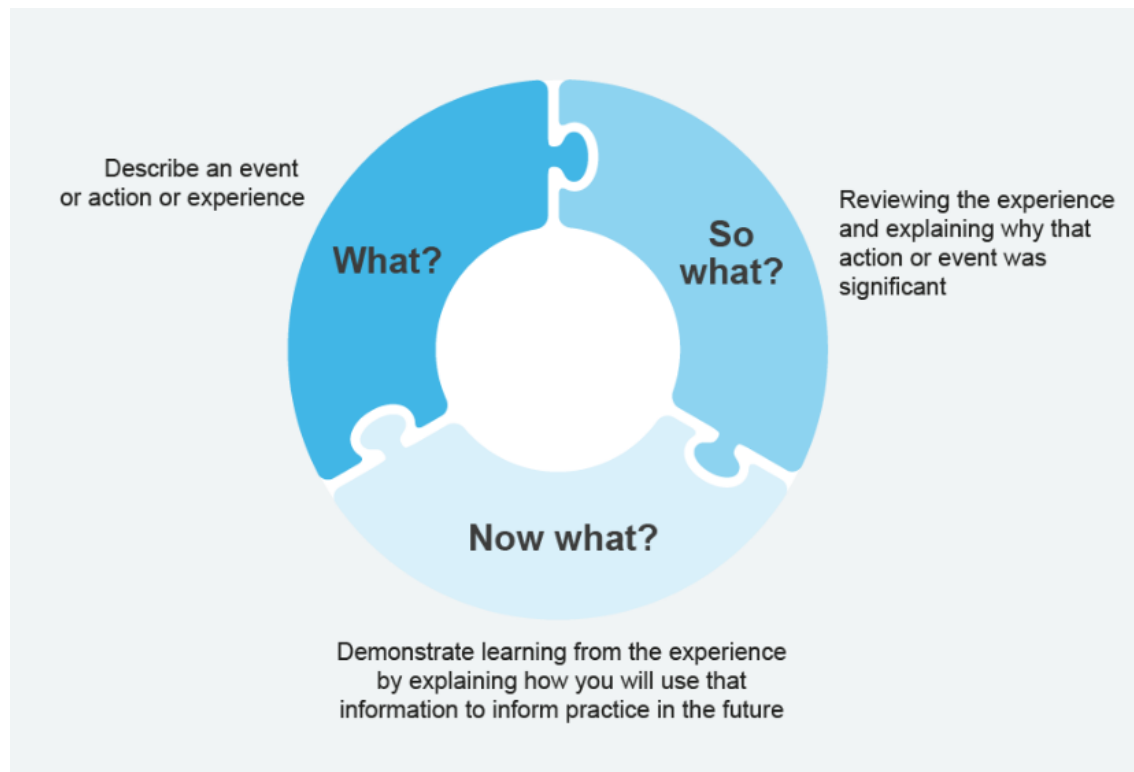


Figure 8: Driscoll's (2007) 3-What Reflective Framework

(Source: NHS ENGLAND, 2024)

Incident 1: Research and Literature Synthesis

What? To conduct research for the project, I used AI tools to help me extract and thematically map important literature.

So What? I found that although AI has been great for initial data analysis, sometimes it would just summarise the data but not in the depth I needed.

Now What? Created a strict “fact-check” policy to ensure that all AI-generated statements are checked against primary peer-reviewed academic sources.

Incident 2: Scenario and Case Structuring

What? Used AI to generate potential solutions to the cross-border HCM challenges faced by NHSX.

So What? This helped to accelerate my analytical process, but initial AI-generated ideas were in a general format and lacked the context of clinical-tech in NHSX.

Now What? I adapted my practice by using AI for ideation and then customising the frameworks myself.

Activity 3: Improving Technical Writing

What? I used AI to refine my syntactical style and polish my grammar.

So What? Using AI for sentence clarity and professional formatting was helpful.

Now What? I kept the AI to do the copy editing and maintained complete control over the key arguments and strategic decisions.

3.3 Personal Capability Development Action Plan

In order to maintain my continuous growth, I have to make a professional development plan directly against the CIPD Profession Map standards. For this purpose, focus must be given to Core Knowledge in People Practice and Business Acumen and behaviours based on complex global health-tech contexts.

CIPD Capability Area	Targeted Developmental Goal	Specific Learning Activities	Timeline	Measurable Success Criteria
Business Acumen and Insights Focused	• Deepen strategic financial and workforce analytics capabilities • Measure HR ROI in AI-driven environments	• Complete Advanced Strategic People Analytics certification • NHSX OKR dataset metrics.	Months 1- 3	Delivery of an evidence-based HR ROI forecasting dashboard for executive board review.
Ethical Practice and People	• Establish robust governance frameworks	• Participate in CIPD Ethical Leadership workshops	Months 4 - 6	Formal adoption of a zero-bias AI screening

Practice	Talent recruitment and performance management.	Formulate an internal AI HR Governance Policy.		protocol.
Evidence-Based Practice	Master systemic diagnostic methodologies for cross-border organisational design	- Engage in action-learning sets with senior CIPD peers - Pilot a sociotechnical squad design.	Months 7 - 9	15% reduction in cross-time-zone decision latency across UK, India, and UAE product squads.

Table 01: Personal Capability Development Action Plan

Source: (Self-Created)

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