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ASSIGNMENT ONE

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Executive Summary

The assignment focuses on the challenges regarding HRM in NHS, the first task focus on the issues of nurse shortage in the NHS. The task described about the issues regarding internal supply of human resources which is knowledge management issues, future succession planning. The issues regarding external supply human resources are economic condition, migration, unemployment rates effects on the NHS's staff's shortage. The second task focuses on a position analysis for doctors who are working in the NHS. This section analyses critical challenges faced by the NHS and their consideration regarding the challenges also describes some strategies which are taken by the NHS.

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Task 1: Important issues in estimating the internal and external supply of human resources, focusing on the shortage of nurses within the NHS

Introduction

Human resource planning is crucial for the organization. The NHS ensures the healthcare workforce has the right numbers, skills, values, and behaviour to support the delivery of excellent healthcare. The NHS aims to improve patient care. The role of HRM to maintain nurse availability can meet the organization's aim. This section provides contemporary issues in the human capital management of the NHS. Management of “International Human Resource Management” (IHRM) international workforce such as expatriates, and cross-cultural team specialists involved in the knowledge transfer. The organization has globalized, and the “National Health Service (or NHS) is the British national treasure that has faced challenges over the last few decades.

Current issues in HRM within NHS concerning the shortage of nurses

The NHS was accused of poor workforce planning. In 2015, David Cameron, the UK prime Minister stated that the NHS must be better at this. The insufficient number of UK nurses caused a rise in the number of overseas nurses which is extremely costly in recruitment terms (England.nhs.uk 2020). The main challenges the NHS is facing range from “staff shortages”, “retention”, and “financial issues”. Due to workforce planning, weak policies and fragmented responsibilities affect nurse shortages in both health and social care (Khan 2023). Despite the “government plan” to increase the number of medical school placements, it is unlikely to solve the problem due to the lack of a retention plan.

Earlier in the year, the exorbitant cost of using agency nurses to cover the insufficient permanent staff was exposed and affected the rise of the price. This was because worse pay for staff and workforce scenarios with unfriendly pension policies resulted in staff in healthcare moving to search for a better work-life balance. Further, the number of medical and non-medical staffing vacancies in the NHS remained high because of the current pension issues and pay cuts for medical and non-medical staff (Khan 2023). In the ***North Staffordshire hospital*** nursing failure, training system for the nurses was also insufficient and it was estimated that 21,000 more nurses

were required for the anticipated three years before. The staffing shortage and lack of long-term force planning, significant levels of temporary staffing that cover the vacancy rate of 8%. Further, the NHS faced challenges that temporary staffing supplied by agencies cost on average 20% more.

Reason behind the internal and external supply of human resources concerning shortage of nurses

Issues of **External supply** of human resources in the UK have been due to the economic condition of the country. The unemployment rate, net migration in the areas affects the labour skills. The NHS is the largest employer in England; however, the stated organisation makes up a relatively small percentage of total employment (The Guardian 2022). From the past 10 years, it has been marked by the implementation of pay restraint which offers the opportunity for the security staff. Thus, past year data reflects that the vacancy rate across the trust sector is high and inflation rate of the economy affected the **cost-of-living crisis** to staff (NHS Providers.org 2022). The rise of the cost-of-living crisis causes staff to look for roles in other sectors such as hospitality or retail. Further, it increased turnover cost and disrupted the ability to manage the pressures.

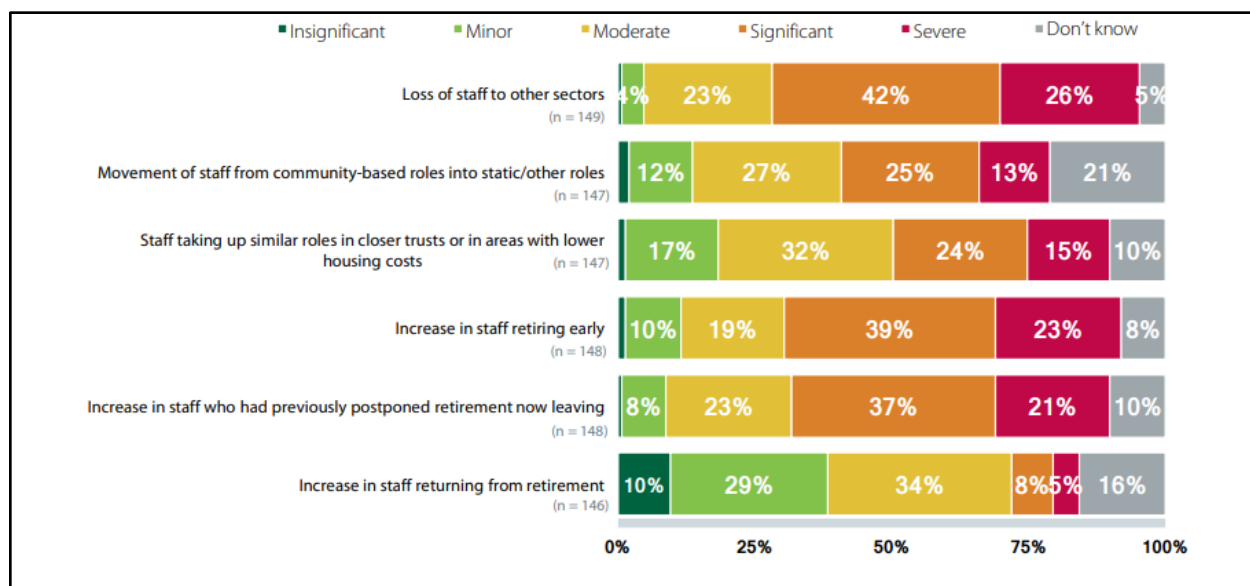


Figure 1: Impact of the cost of living on the NHS staff retention

(Source: NHS Providers.org 2022)

Concerning the above, recruitment challenges have severe impact on the recruit to the lower paid roles. It describes the increase in recruitment challenges in the competition for skills. Inflation demonstrated the downward effect on the numbers of applications of nurse's degree (NHS Providers.org 2022). This situation affects the critical staffing position; it is difficult to target support because it impacts on the people's lifestyle and personal circumstances.

On the other hand, the **migration infrastructure** in times of Brexit and pandemics affects the recruitment process within the NHS. UK state-funded health sectors relied on migrant labour and depended on the migration infrastructure which was designed to solve the nursing labour shortage (Ciupijus et al. 2023). The primary qualitative data shows that NHS migration infrastructure increased towards Asia to compensate for the effects of Brexit. Brexit and pandemic forces threaten the further acceleration of labour shortage for the UK's NHS. Brexit and the pandemic are the distinctive phenomena with the differentiated implications for the migrant nurses. Nurse migration is a long-standing phenomenon in the UK and the state's policy is to encourage non-EU nurses.

The issues regarding **internal supply** include the process of succession planning, HR information system, replacement charts. Maintain a high level of "employee engagement", developing the next generation of organization leaders, maintaining competitive compensation and benefits. NHS does not have an adequate workforce strategy in health and adult social care which deliver the services. Overwork leads to the resources to contribute to work-related stress. High workforce-related stress and burnout of NHS workforce reduce the staffing numbers within the firm (Shemtob et al. 2023). Temporary staffing plans are expensive and lead to poorer patient outcomes. It is a top challenge for the knowledge management in the NHS with the major change of experience fundamental change. Currently, in the labour demographics changes are foreseeable over the next 20 years and therefore older workers may remain in the workforce longer.

Recommendation relating to improve the shortage situation

It is recommended that the NHS must serve better quality nurses and deliver a greater volume of breadth of care. The change will continue and the number of people aged over 85 is estimated to grow 55% by 2037 (England.nhs.uk 2023). In the wake of strategic decisions for the long term, NHS must take concrete and pragmatic action for locally, regionally and nationally in the short to the medium terms that address the current workforce challenges. The action falls into three clear priority areas such as

Train- to grow workforce: Through significant outsourcing of the expanding domestic education and training, recruitment, NHS can include more doctors and nurses alongside to expand the range of professions. Double the number of medical schools training places can increase the numbers of nurses and level up training which help to address the geographical inequity (England.nhs.uk 2023). To support this ambition, this level up the training and help address geographical inequity. Increase the numbers of GP training places by 50% by 2031, it will increase adult nursing training. Expand the density of training places may reduce the reliance on international recruitment and agency staff.

Retain-to embeds the right culture and improves retention: NHS must build work and implement the action for their people that ensure that staff can work flexibly. This will lead to support for health and wellbeing, hence reducing the employee burnout rate. Scheming pension schemes and building changes by the government which can be effective. Support NHS staff to make the use of the change spring budget 2023 over next three years. Pay increase for NHS staff include paramedics, nurses are receiving the pay raise at least £1,400 (Parliament.uk 2022). Companies must tackle the racism and discrimination within the NHS and provide training to recognise the racism. Organisations can arrange cultural events for staff to maintain a meaningful conversation about anti-racism policies. Staff wellbeing must be at the heart of NHS reformation and increase to retain health staff. NHS England and “The Department of Health and Social Care” (DHSC) must work together to provide funding for health care education. Further, the NHS must target moving the company’s performance though developing pension schemes and compensation for current employees.

Reform- develops policies for pension and compensation: Enable innovative ways to work with the new roles that offer the modernized career. Work with the regulators to capitalize technological innovation to explore the nursing and medical students. The NHS must make several proposals to the “UK government” regarding the pension scheme to roll out the recycling of unused employer contributions (BMA.org.uk 2024). Government must allow pension growth across the NHS pension scheme and thereby reform the scheme. Further the stated organisation can support the medical schools to move from a five to six years degree programme that meets the shortened undergraduate training time (Issar 2021). The length of time it takes to train new clinical staff and long-term approach for workforce planning is required. It is obvious to ensure the future retirement schemes for the current nurses who can drive to increase and improve performance.

Conclusion

This section relevant that the number of vacancies for NHS nurses has increased since the year 2020. In recent years the successive governments have included measures to measure the nurse’s shortage and include the commission to push the NHS for the long-term strategy. Pay increase for the NHS staff can encourage nurses to retain. It can be concluded that it is important to maintain appropriate numbers of nurses because patients require primary care. The main reason for staff shortage within the NHS is lack of training, payment shortage.

Task 2 -Position analysis for doctors working in the NHS

Introduction

Position analysis's key objective is to describe the purpose of any position, it is a workforce planning toolkit with many processes, tools as well as case studies to execute workforce planning in an organisation. According to the British Medical Association (2024), insufficient training of new staff and workforce planning decreased pay overtime, and the lack of government accountability led to a persistent workforce crisis in the National Health Service (NHS). This is the result of a vicious cycle that includes rising pressure, work-related stress, extreme exhaustion, poor retention situation, patient care backlog, financial issues, and declining staff well-being.

Considerations followed by NHS

NHS organisation's shortage of staff gives rise to the question of whether the vacant position is mission-related or administration-related in nature. According to Yang (2024), there are around over 147 thousand doctors in England's National Health Service (NHS) Hospitals and Community Health Services as of September 2023. According to NHS England (2024), there is a forecast about shortfall in between 26 thousand to 36 thousand staff to leave the NHS by 2036-37. The current shortage of staff is due to low wages and heavy work pressure. The vacancy or the staff shortage disrupts the organisation's strategic goal. Short of staff mainly Doctors shortage can create challenges which lead to decreased productivity as well as increased workloads. The lack of qualified professionals' results in lower quality of services and limited access to care, strained emergency departments in the organisation. The question of the vacant position recruitment skills is difficult to find is another consideration that the NHS must find. According to the British Medical Association (2024), the NHS has a high number of unfilled vacancies, which was predicted far before the pandemic. There are 5.7% of all medical posts and therefore there are around 8796 vacancies as of March of 2024, were in secondary care in medical. The vicious cycle is created by the high vacancy rate. In the short term, the vacant positions need skills that can be obtained by increasing the training of remaining doctors to fulfil the roles' duties but the shortage of staff put constraints on this. Managing the loss of key

workers and skill sets is crucial and difficult for an organisation if there is a continuous shortage of medical professionals and a tendency of junior doctors to leave the organisation.

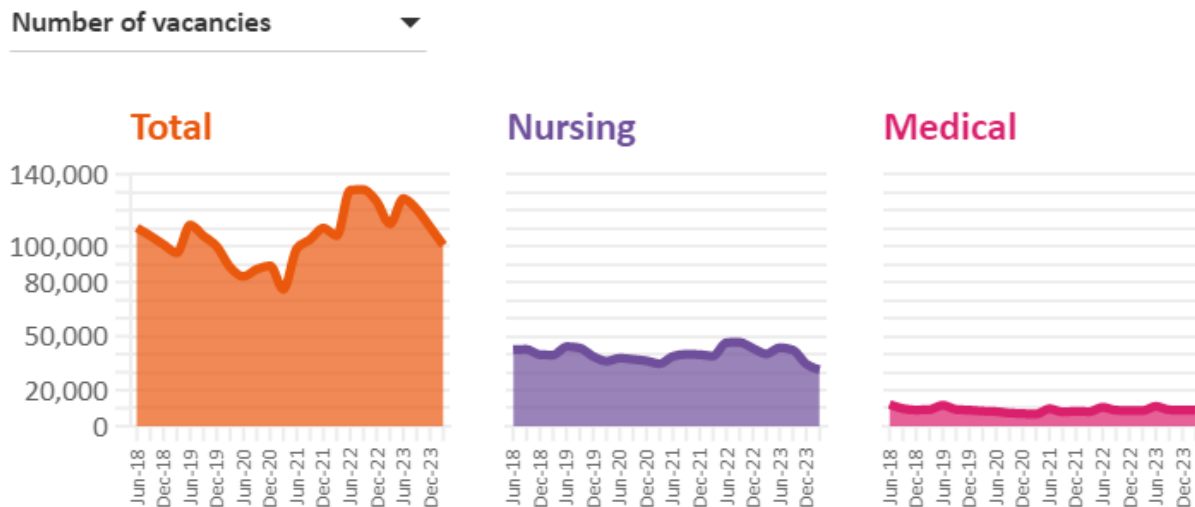


Figure 2 -Secondary care Vacancy Rate in percentage (June 2018 to March 2024)

(Source: British Medical Association 2024)

The need for filling vacant position of doctors is urgent and crucial. The position cannot be filled by other medical professionals. Other staffs do not have the capacity and cannot fulfil the doctor's role in an organisation. According to Armitage (2023), NHS's current workforce of general practice doctors faces less interest in joining this division than shows more interest in designing the position. The continuous dependence on junior doctors in organisations impacts the enlisting process of general practitioners (Armitage,2023). The study of the BMA survey showed that NHS doctors felt anxious, depressed, and stressed out due to workload (British Medical Association 2024).

Realign/ Redefine

To address the demand of the organisation's workload a strategy like repurposing positions might help which is more efficient and cost-effective and helps the organisation's budget. According to the report of the British Medical Association (2024), the medical workforce in NHS is ageing. 18% of General physicians and 13% of secondary care doctors are closed to the minimum

retirement age in the next one to ten years. Repurposing vacant positions while doctors are either retiring or leaving due to various reasons has been very tough for the National Health Service in recent times. Repurposing the vacant position can impact the existing workforce as well as the community environment though it can provide resource flexibility also the ability to manage the cost of the organisation.

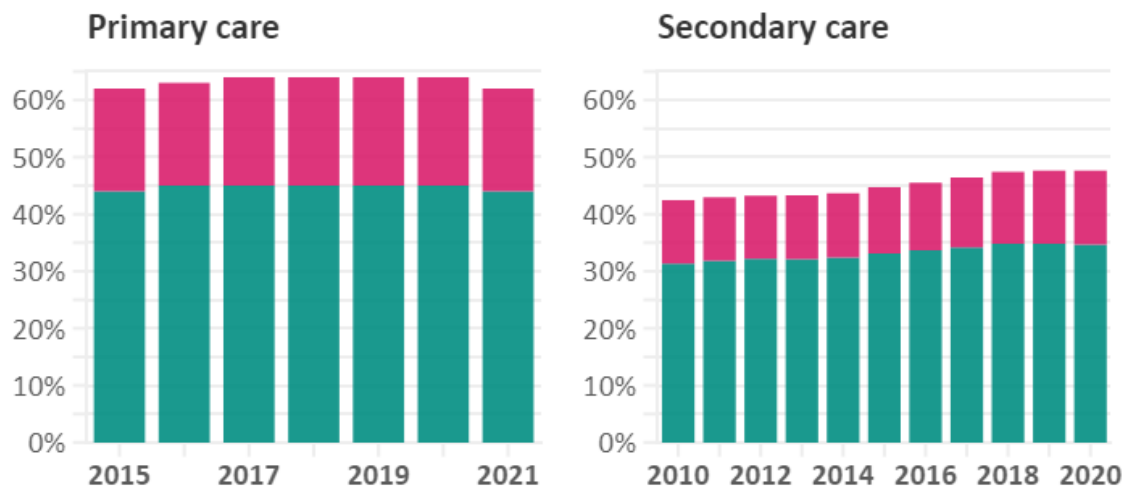


Figure 3- Proportion of Doctors over the age 44 and over 55

(Source: British Medical Association 2024)

Part-Time

The question of whether the vacant position can be filled by a part-timer is a short-term solution to provide temporary workload coverage for such a position that does not require a full-time employee. It helps to divide workload burdens which allows employee work time flexibilities. According to the British Medical Association (2024), The NHS Flexible Careers Scheme for doctors enables doctors to move between part-time and full-time work. This scheme allows the consultant of the NHS to work less than 50% full-time. The scheme helps to fill the vacant position of NHS for a short period. Depending on the contract part-time consultant position is long-term or short-term basis. The workload duties of the vacant position cannot be thoroughly completed by a part-time consultant. Other divisions of doctor's vacancies in the NHS cannot be

filled by the other part-time doctors. To attract talent in a competitive job market and remain a working professional top choice NHS ensures to promote this type of scheme.

Job Sharing

A cost-effective approach is the vacant position's duty share. Splitting positional duties reduces doctors' workload burden on employees. It reflects on the medical professional's improved productivity. Job sharing can improve the working doctor's retention. Maintaining competitive compensation and benefits in job sharing will positively impact doctors' work-life balance. Job sharing allows various experts to manage the vacant position's role. The splitting position can impact the inter-office workload communications.

Virtual

The vacant position of the doctors in NHS cannot be filled by virtual recruitment through some of the categories of NHS doctors who can virtually fill the position. According to Hensel et al. (2024), physicians can do a lot of care work virtually similarly patients also stated that they preferred virtual. In case of critical situations or when a test is needed virtual care is less good possible way. According to the LAS ST3+ has the option to work virtually as a consultant and junior doctor at Milton Keynes University Hospital NHS Foundation Trust. NHS virtual wards allow patients to get care at home and allow doctors to manage the care and treatment remotely.

Conclusion

In conclusion, the NHS faces a multifaceted challenge in managing its workforce, particularly with the critical shortage of doctors. The high vacancy rates and turnover, exacerbated by low wages and intense workloads, had created a vicious cycle impacting patient care quality and staff well-being. Addressing these issues requires a strategic approach to position analysis and workforce management.

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