



**England**

# Non Medical Job Planning Operational Toolkit

November 2022

# Contents

|           |  |           |   |
|-----------|--|-----------|---|
| <b>3</b>  | <b>Introduction to Toolkit</b>                             | <b>27</b> | <b>Policies for Non Medical Job Planning</b>                          |
| 4         | Introduction   | 28        | Policies for Non-Medical Job Planning                                 |
| 5         | Meaningful Use Standards and Levels of Attainment          | <b>29</b> | <b>Governance for Non Medical Job Planning</b>                        |
| <b>6</b>  | <b>What is Non-Medical Job Planning?</b>                   | 30        | Roles and Responsibilities  |
| 7         | What is Non Medical Job Planning?                          | 33        | Different Organisational Structures for reporting                     |
| 9         | Job Planning Benefits                                      | 34        | Governance Structure for Non Medical Job Planning                     |
| 12        | The difference between job planning and rostering          | 35        | Terms of reference – Job Planning Committee                           |
| 13        | The language of job planning                               | 36        | Job Planning Consistency Panel  |
| 14        | Categories of Job Planning                                 | 37        | Suggested Workflow for Job Planning                                   |
| <b>19</b> | <b>Getting Started with Non Medical Job Planning</b>       | 38        | Managers check-list   |
| 20        | Staff Groups in Scope for Non Medical Job Planning         | 39        | Suggested mediation process   |
| 21        | Services in Scope for Non Medical Job Planning             | <b>40</b> | <b>Sustainability</b>   |
| 22        | Example: Letter to Staff                                   | 41        | What is Demand and Capacity Modelling?                                |
| 23        | Getting Started with Non Medical Job Planning: An Overview | 42        | Use of Data and Dashboards and recommended Key Performance Indicators |
| 24        | Getting Started with Non Medical Job Planning              | 43        | Benchmarking  |
| 25        | Project Initiation   | 44        | Example of consistency approach to job planning                       |
| 26        | Key Stages in Project Initiation                           | 45        | Embedding NMJP into Annual Establishment Reviews                      |
|           |  | <b>46</b> | <b>Supporting Resources</b>   |
|           |  | 47        | Supporting resources  |

Non Medical Job Planning Operational Toolkit

# Introduction to Toolkit

# Introduction

- This toolkit is designed as a step by step guide to support organisations establishing job planning for clinicians working under agenda for change contracts. This is an additional resource to the: [ALOA handbook ALoa Handbook 2022 for E-Rostering and E-Job Planning - Clinical Workforce Productivity - FutureNHS Collaboration Platform](#) which outlines the Levels of Attainment and resources available to support each level
- Through Advancing levels of Attainment, organisations can reach maximum benefit of using e-job planning systems, through board visibility and reporting of Key Performance Metrics
- Throughout the toolkit you will see case studies from organisations and systems where they have implemented non medical job planning successfully and are working through the levels of attainment to ensure they are maximising the benefits of both the software they are using as well as the core benefits of job planning itself

- It is important to note that while the ultimate goal is to have non medical job plans on a digital system, many of the processes and steps outlined in this toolkit can be completed whilst business cases for software are being agreed and therefore a lack of software shouldn't delay the implementation of job planning for the non-medical clinical workforce

This document provides further details on operational aspects of non medical job planning, and should be read alongside Job Planning for the clinical workforce guidance document (<https://www.england.nhs.uk/wp-content/uploads/2020/09/e-job-planning-guidance.pdf>)

*[Supporting resources](#) can be found at the end of the document*

# Meaningful Use Standards and Levels of Attainment

Through Advancing levels of Attainment, organisations can reach maximum benefit of using e-job planning systems, through board visibility and reporting of Key Performance Metrics.

The levels of attainment, and their associated meaningful use standards, are:

- **chronological** – to reflect the Trust's progress towards the most effective levels of using e-job planning systems
- **all-encompassing** – to suit any clinical workforce group, while allowing for nuances that are specific to a workforce group
- **measurable** – to assess how far trusts have implemented e-job planning systems and to enable NHS England to identify lessons to share and target support
- **meaningful** – so we are setting standards that directly relate to matching workforce capacity to demand.

**Operational guidance** and other resources to support Trusts to move all clinical workforce groups to Level 4 can be found here: [NHS England » Workforce deployment systems](#)

Non Medical Job Planning Operational Toolkit

# What is Non-Medical Job Planning?

# What is Non Medical Job Planning?

- It is a Long Term Plan (NHS, 2018) commitment for all clinical staff to be deployed utilising either an electronic job plan or roster
- Unlike for medical consultants, job planning for the non medical workforce (Agenda for Change) is not a contractual requirement
- A job plan is a prospective, professional agreement which details duties, responsibilities, accountabilities and objectives
- A job plan sets out direct clinical care (DCC), supporting professional activities (SPA), additional NHS/trust responsibilities (ANR) and external duties (ED)
- For more information see:
- [E-rostering meaningful use standards - Clinical Workforce Productivity - FutureNHS Collaboration Platform](#)

Direct clinical care activities can include;

- Clinics (virtual, face to face, telephone)
- Procedure lists / operating lists
- Patient related admin (results. liaison, profession to profession discussion)
- MDTs, ward rounds, board rounds

SPA, ANR and ED activities are discussed as part of job planning and vary dependent on role

Different roles / bands will have different expectations regarding the splits' on time

| DOC<br>Direct Clinical Care                   | SPA<br>Supporting Professional Activities   | ANR<br>Additional NHS/Trust responsibilities                     | ED<br>External Duties (funded)  |                         |
|---|---|--|---|-------------------------|
|   | Activities that supports the delivery of high-quality clinical services                               | Additional trust white appointed roles                           | Roles undertaken by trust employees that are external roles and externally funded   |                         |
| Direct Intervention with patient ("contacts") | Clinical activities not attributed to a single patient e.g. ward / board rounds MDTs clinical reviews | Clinical service management – includes appraisal as an appraiser | Are used to categorise roles within the trust brackets e.g. transformation (and the wider NHS (e.g. member of clinical reference group) |                         |
| Indirect intervention for a specific patient  |   | Students – time allocated for students                           |   | Teaching/Guest lectures |
|   |   | CPD – personal study, journal, clubs, IST                        |   | Research                |
|   | Eric – includes job planning, appraisal as an appraisee   |  |   |                         |
| Travel  | Travel  | Travel   | Travel  |                         |

# What is Non Medical Job Planning?

- Non medical job planning will enable both employee and employer to agree outputs and their timetable for the course of the year
- It is important to note that the appraisal and job planning processes are separate. However, there may be overlap with some of the discussions and therefore it may be beneficial to align the two processes so the relevant elements of each can be taken into consideration in the overall workforce plan for the service and individual.
- Non medical job planning is an individual process but in most instances will also form part of a service plan and job planning may be undertaken multi professionally at a service level in order to understand the totality of safe service delivery
- Job planning at service level also has an added benefit of promoting fairness, equity and transparency for all of the workforce, the board and ultimately the public



# Job Planning Benefits

Effective job planning delivers patient and staff benefits

Visibility of workforce capacity

Board-level workforce intelligence

Identification of workforce shortages

Better forward-planning

Reduced understaffing

Formal agreement and protection of supporting activities

Capacity deployed in line with service objectives & patient need

Transparent & consistent deployment

Staff empowered to shape services

Build better case for change

Improved responsiveness of services



## Benefits of Job planning: Casestudy Northern Care Alliance

### What was the problem?

- The Northern Care Alliance collectively employs 20,000 staff between Salford Royal Hospital and Pennine Acute Trust, of which 4,000 individuals are clinical (non medical) staff. The Safe Staffing group established a programme of work in 2017 to understand what the current staffing capacity was for AHPs and to try to align this to patient need.

### What was the solution?

- To understand the available clinical capacity within the AHP staff employed across the Northern Care Alliance, the Safe Staffing team undertook a programme of work to implement job planning to all AHP's across the organisation. This would enable the clinical managerial teams to have a good understanding of the clinical capacity that was available through a comprehensive job planning process. This was then aligned to activity data to understand where the greatest challenges sat within the services.

### What were the challenges?

- As this was a novel project, the team began by launching paper based job planning. This required significant input and development of standardised approaches (such as using consistency terminology for describing job planning activities (this was overcome by developing a job planning 'language' guide) and developing standardised job planning templates. There were challenges from different professional groups in undertaking the job planning process using the standardised job planning templates, as these were felt as too generic for some of the specialties / complexities of the patients.
- Once the decision had been taken to migrate from paper-based job planning to an electronic system, the team had to engage in a full market assessment. This presented some challenges in terms of understanding the procurement process and knowing which questions to ask suppliers to understand software functionality. Once the software had been procured, migrating the paper-based job plans onto the digital platform was a time-consuming exercise.



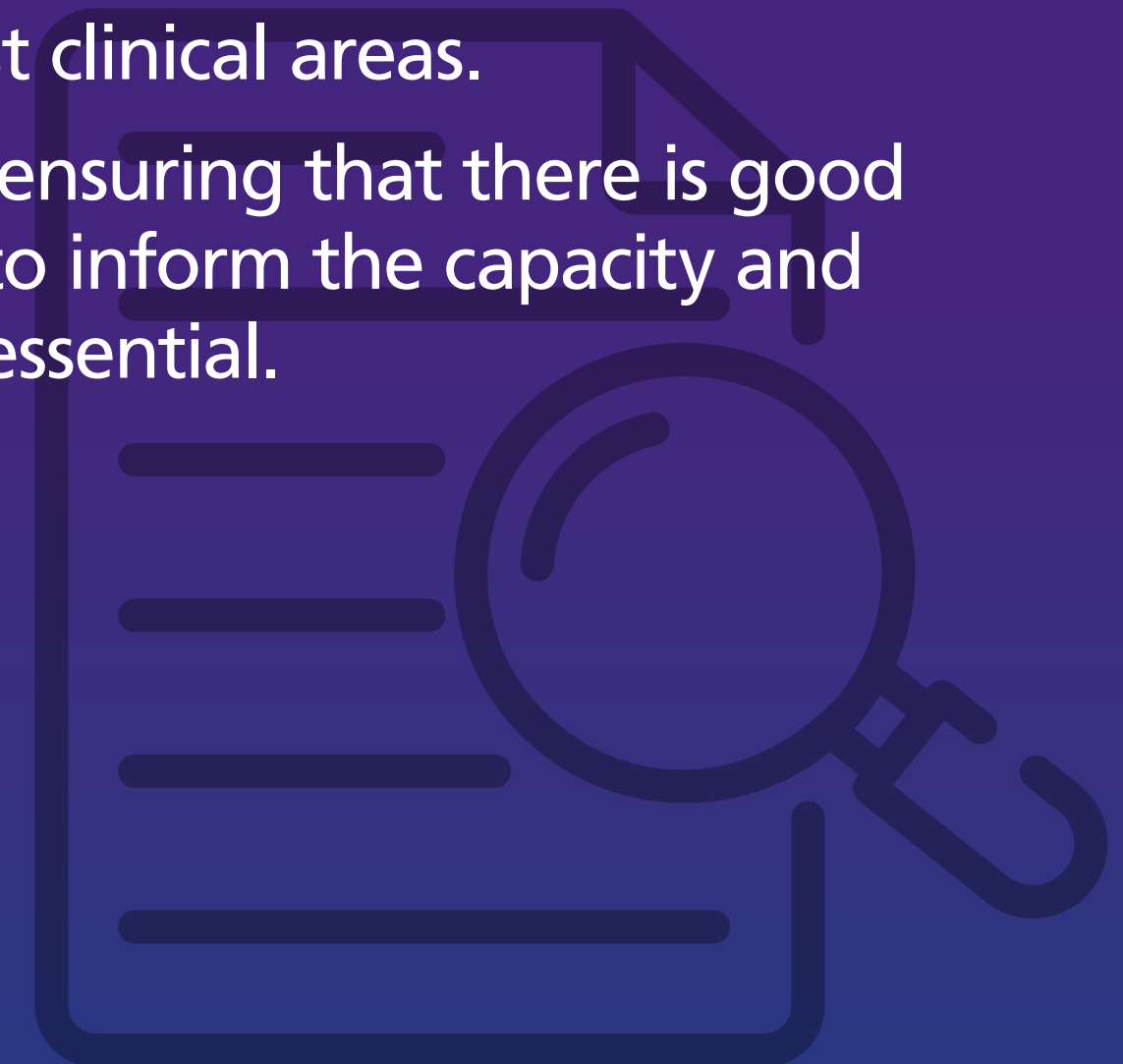
## Benefits of Job planning: Casestudy Northern Care Alliance

### What were the results?

- Through developing good robust job plans for all AHP's across NCA, the team were able to understand some of the capacity deficits and where more resources were required. It became apparent that several clinical staff were undertaking basic admin activities. Through providing additional admin support, teams were able to release clinical time back to services to support patient care. Through having good visibility of capacity and demand within the services, decisions were able to be taken about how best to align staff skills and resources to optimise the patient pathway.
- Finally, through developing the job plan approach and methodology on paper, the safe staffing team were able to understand the needs of the users, which helped procure the right type of software to support implementation. This also ensured that the organisation and software supplier developed a good relationship as the business needs were understood.

### What were the learning points?

- Ensuring that both teams (the job planning implementers and the clinical teams) have reasonable expectations about what the outcomes are going to be from the job planning processes (including how resources might be changed / developed according to demand profiles on clinical services).
- Although the job planning team had significant challenge around generic templates being used across differing professionals and specialties, given time to work out what they felt were reasonable expectations within their own teams, there was very little variance and NCA have used standard templates across most clinical areas.
- As part of the work, ensuring that there is good quality activity data to inform the capacity and demand planning is essential.



# The difference between job planning and rostering

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## E job planning

A job plan is an annual plan agreed by an employee and their manager about how their time will be used

E job planning and e-rostering syncing together can give you information on:

- What activities individuals are undertaking
- When the activities are being undertaken
- Where the activities are being undertaken
- Who is undertaking the activity
- What the day to day activity is as well as the annualised activity plan

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## E-rostering

e-rostering is the specific dated activity and includes leave and absences

It should be noted that for e-rostering to be meaningful and to reap its full benefits, it is important that the demand templates for each area are accurate and aligned to the budgeted establishment for the unit/service. For further guidance please see the following link:

[Establishment Setting Guidance - Clinical Workforce Productivity - FutureNHS Collaboration Platform](#)

# The language of job planning

Job planning language and terminology makes reference to Direct Clinical Care and Supporting Professional Activities. **This applies across all professions.**

- Focus on the **Direct Clinical Care** activities in broad principles (i.e. having grouped headings such as: outpatient clinic (these can include face to face, virtual, telephone etc), group clinics, procedure lists, theatre lists, the location and type of clinic (i.e. INR monitoring clinic) can be detailed in the description. It is helpful to describe Direct Clinical Care activities in the following way:
  - Direct patient interventions attributed to a single patient
  - Indirect patient interventions attributed to a single patient
  - Clinical activities not attributed to a single patient
- Be clear on what **constitutes Supporting professional activities (SPA)** – these include activities such as; training education, research and can be described as such in the text. It is also helpful to have an agreement within the organisation as to the allowance of continuous professional development (CPD) time that is allocated to each employee
- Headroom is the % uplift to establishment applied to take account of predictable absences including annual leave, study leave, sick leave and maternity leave. It does not include other discretionary leave. This term is predominantly applied to Agenda for Change establishments.
- Bank holiday entitlement should be rostered for part time and annualised hours staff to ensure the correct coding of leave and the subsequent calculations in ESR eg 'Flowers' payments for regular additional work over a defined reference period
- Headroom is the % uplift to establishment applied to take account of predictable absences including annual leave, study leave, sick leave and maternity leave. It does not include other discretionary leave. This term is predominantly applied to Agenda for Change establishments.

As an example in a ward nursing establishment there will be an uplift applied of between circa 20-24% to ensure that there is safe staffing throughout the 24hr period. This is additional to time allocated within the SPA category on a job plan as this is accounted for through the job planning process
- Job plans may include **External Duties** - Within working hours but externally funded roles such (e.g. research, guest lecturers) or **Additional NHS responsibilities** – this are within working hours and will be paid for by the substantive employer (e.g. Clinical Advisory Groups (CAG), Integrated Care Board (ICB) work leads, ICB committees, Mental health first aider, Freedom to Speak Up guardian, trade union representatives)

# Categories of Job Planning

## JOB PLANNING ACTIVITIES

### Direct Clinical Care (DCC)

Direct Clinical Care is any work that involves the delivery of clinical services and administration directly related to them. This includes both direct and indirect patient care. All DCC activity should be linked to clinical activity which the trust is commissioned to carry out or which it requires the clinician to carry out. Externally commissioned DCC activities are best recorded as DCC and sub-coded for financial recharges and clinical capacity assessment. DCC activity includes not only patient-facing activity, but also a degree of clinical administrative time.

| Activities   | Guide  | Examples   |
|--|--|--|
| <b>Other</b>   |  |  |
| <b>Travel</b>  |  | Travelling to and from a patient's home<br>Travelling to and from clinic settings<br>Travelling around and between hospital sites<br>Excess travel to and from home  |
| <b>Attending or priority work</b>                            | Dedicated time, shift or series of shifts where the clinician is available for planned activities and also possibly on-call duties. This can be annualised or recurring, often is attached to a team rota and can supersede usual or other timetables activities.  | Priority shifts<br>Shop floor work<br>Physician of the week<br>Hot reporting<br>Acute and emergency work<br>Same Day Emergency Care<br>Hot clinics and hot treatment lists<br>Delivery Suite   |
| <b>Ward rounds and inpatient work</b>                        | Planned inpatient reviews and treatment activities   | Grand ward round<br>Inpatient referrals (eg drug review, specialty review)<br>Inpatient psychology and counselling<br>Board round<br>Handover  |
| <b>Multidisciplinary care</b>                                | All multidisciplinary care, MDTs and bi-lateral meetings, including direct and indirect patient input and learning   | Clinical case reviews<br>X-Ray meetings<br>Rehab MDT<br>Cancer MDT<br>Inpatient MDT<br>Virtual MDT<br>Transplant MDT<br>Discharge planning meeting<br>Allocation meetings<br>Complex case reviews  |
| <b>Operating theatre work</b>                                | A period of planned or flexible operating theatre time allocated consultant firms or theatre teams, which require equipment, teams and space. It would be beneficial to sub-categories elective and non-elective activities. We recommend only theatre time be included and pre & post ward rounds recorded separately.  | Planned in-patient operating sessions<br>Flexible theatre session<br>Day surgery<br>Emergency operating sessions<br>CEPOD operating sessions<br>Trauma lists   |
| <b>Procedures</b>  | Procedures which require equipment, teams and/or space   | Thrombectomy<br>Interventional Radiology<br>Cath lab<br>Pleural procedures<br>Urology Procedures<br>Minor operations   |
| <b>Outpatient activities</b>                                 | Any planned clinic, including all modalities (virtual, telephone, F2F), sub-specialties and types (teaching, group, MDT, one-stop, walk in, rapid access). It can be beneficial to identify face to face and non-face to face clinical activity.   | Virtual diabetes clinic<br>Rapid access chest pain clinic<br>Nurse-led monitoring follow up clinic<br>Bereavement consultation<br>Multi-disciplinary clinic<br>Results clinic<br>Psychology clinics<br>Group counselling<br>Community ophthalmology clinics (Glaucoma, AMD etc)<br>Appointment based clinical care   |
| <b>Clinical diagnostic work</b>                              | All clinical diagnostic work, including lab, imaging and specialist tests. This includes clinical work, such as testing, screening, interpreting and reporting.  | Echocardiography reporting<br>Tilt table tests<br>Test results interpretation and collation<br>Lab reporting<br>Retinal screening<br>Infection Control<br>Autopsy<br>Neurophysiology<br>Transoesophageal endoscopy<br>DNA tests<br>Blood monitoring clinics  |
| <b>Planning and managing patient care</b>                    | Planned time to manage individual patient care planning. This includes triage, guidance and advice to other clinicians, colleagues, patients and families. This activity relates to supplying a service to individual patients, rather than managing the service.  | Responding to patient and family queries<br>Specialty advice to other areas<br>Advice to students<br>New referral triage<br>Electronic referral management<br>Triage and allocations<br>Admission and discharge management<br>Structured education programmes<br>Patient management plans<br>Patient database updates<br>Education sessions<br>Individualised patient resources<br>Patient research<br>Equipment calibration<br>Drug trials<br>Medicines reconciliation<br>Dispensing medications<br>Counselling<br>Community Clinical Care<br>Technology Enabled Care<br>Aseptic medication preparation (individual patients)<br>Setting up and cleaning equipment for group sessions<br>Support groups<br>Parent education and antenatal classes<br>Rehab groups |
| <b>Clinical service management</b>                           | Management activities directly related to the delivery of clinical care, including managing patient flow and communicating and coordinating activities within and across clinical teams. This activity is used to describe clinical management of a service, rather than individual patients.  | Operational safe care meetings (bed meetings & SAFER staffing)<br>Review of clinically fit list<br>Team meetings and huddles<br>Patient-Led Assessments of the Care Environment<br>Patient outcomes database management<br>Board rounds<br>National audits and service clinical data management<br>Support care homes' health provision and standards<br>Aseptic medication<br>Clinical and safeguarding supervision<br>Feedback and complaints  |
| <b>Community or home visit</b>                               | Shops, community and other visits, where the clinician is travelling to see patients. Providers may choose to include visits as a sub-activity of planning and managing patient care, whereby the care delivery setting is suitably coded. Alternatively, providers may choose to use separate activities to capture home visits - eg home based assessment, therapy or an access visit – and clinical care provided in other settings - eg school, work, daycare. | Home visits<br>Community health checks<br>School visits<br>Care home visits  |
| <b>Administrative work directly related to clinical care</b> | Administration arising directly from the delivery of clinical care. Administrative time should use the relevant trust tariff for the relevant DCC activities - eg one hour for an outpatient clinic and any exception agreed by the consistency committee. All DCC administration should be attached to the relevant DCC activity.   | Checking results<br>Dictating letters<br>Phone calls and communication<br>Emails regarding clinical care<br>Case note writing and updating EPR<br>Clinical coding  |
| <b>Public health duties</b>                                  | Public health work including health promotion, policy, guidance and advice   | Universal and telephone advice ('pre-referral')<br>Work with specialised commissioners<br>Advice on health promotion initiatives<br>Advice on health surveillance programmes<br>Policy and guidelines formulation<br>Advice on infection outbreaks/issues<br>Immunisation<br>Public health representation on Trust committees<br>Population health   |

# Categories of Job Planning

## JOB PLANNING ACTIVITIES

### Supporting Professional Activities (SPA)

Supporting Professional Activities are activities that underpin Direct Clinical Care and may include participation in education and training, research, clinical governance and clinical management activities. All staff require dedicated core SPA time for revalidation. All remaining SPA time allocated in job plans should be linked to non-clinical activity which the NHS employer is commissioned to carry out or which it requires the clinician to carry out. SPA time should be supported by SMART objectives or pre-defined responsibilities. Approved research, beyond basic research for CPD, and roles originating from regulatory requirements or contractual obligations, such as medical education commitments, should be sufficiently detailed and evidenced within job plans.

| Activities   | Guide  | Examples  |
|--|--|---|
| <b>Other</b>   |  |   |
| <b>Travel</b>  |  |   |
| <b>Continuing Professional Development</b>               | All healthcare professionals require time for CPD ('core SPA') to meet revalidation requirements, as set out in the NHS constitution. Consultant and SAS doctors receive a minimum of 1 PA for core SPA and NHS organisations would benefit from having a tariff for all professionals within the local policy. CPD or core SPA includes an individual's appraisal and participation in audit and clinical governance. | Departmental meetings<br>Local audits<br>Appraisal<br>Informal learning and shadowing<br>E-learning<br>Conferences<br>Study days<br>Team away days<br>Workplace training<br>Reviews & discussions<br>Journal clubs<br>Peer and colleague observations<br>People management (1:1's)  |
| <b>Appraiser and revalidation roles</b>                  | Providing appraisal or revalidation of clinical staff  | Medical appraiser (x 5 per year)  |
| <b>Audit, quality improvement and service evaluation</b> | Specific audit or improvement projects   | Clinical guideline compliance audit<br>Service evaluation<br>Development and standardisation of best practice   |
| <b>Research</b>  | Specific research projects or roles. Organisations may like to combine research and improvement activities, which can both be used to evidence this pillar of advancing practice.  | Research & Development lead<br>Commercial research funded work<br>Academic research grant work<br>Development of research proposals<br>Academic Internship<br>Multisite collaboration and engagement  |
| <b>Supervision, coaching and mentoring</b>               | Formal or informal coaching, mentoring and supervision   | Preceptorship<br>Medical School blocks<br>Multidisciplinary teaching<br>Clinical supervision of students<br>Designated supervisor for trainees<br>Supervision of apprentices<br>Designated prescribing practitioner for post-reg<br>Independent prescribing trainee<br>Peer group supervision   |
| <b>Education and teaching</b>                            | Delivering teaching, lecturing and assessment. These activity codes can be used by individuals to demonstrate their work across the four pillars of advancing practice.  | Medical education<br>Postgraduate simulation<br>PG trainee Educational Supervisor<br>Undergraduate Examiner<br>Delivery of accredited training<br>Supporting regional foundation training programme<br>Undergraduate education (eg SME lectures)<br>Assessment of students in practice<br>Delivering in service training sessions<br>Teaching on programmes |
| <b>Job planning and rostering management</b>             | Management of team deployment and ongoing staffing provision. The activity can also be included within 'service management'.   | Annual leave management<br>Return to work interviews<br>Recruitment<br>Roster or rota management  |
| <b>Local clinical governance</b>                         | Local risk review and management   | Risk assessments<br>Incident reviews<br>Coroners<br>Health and safety checks<br>Lab quality assurance<br>Investigations into medicines incidents  |
| <b>Service management</b>                                | Business and service management duties, where not covered within the ANR leadership portfolio roles, including support roles for the safe running of a service   | Development projects<br>Finance, performance and business planning work<br>HR activities<br>Review and management of budgets<br>Strategy and development of projects  |
| <b>Equipment, devices and medicines management</b>       | Maintenance of equipment and devices, not directly related to individual patient care  | Ordering suppliers<br>Calibration<br>Medicines stock management   |
| <b>Non-clinical administration</b>                       | Administration unrelated to delivery of clinical care  | Routine administration<br>Emails<br>Participation in business and service activities<br>Liaison with IT, estates, HR and Occupational Health<br>Communications  |

# Categories of Job Planning

## JOB PLANNING ACTIVITIES

### Additional NHS Responsibilities (ANR)

Additional NHS responsibilities include appointed roles both within the employing organisation and in the wider NHS. They are not undertaken by the generality of clinicians within the employing organisation and cannot be absorbed within the time that would normally be set aside for Supporting Professional Activities. This includes leadership and management roles at trust, division and departmental level -often linked to a job description - or standard NHS roles within education, public health or governance. Standard roles should have an agreed trust activity tariff.

| Activities   | Guidance   | Examples  |
|--|--|---|
| <b>Other</b>   |  | Trust funded LNC duties<br>CCG commissioned roles hosted by the trust   |
| <b>Travel</b>  |  |   |
| <b>Director of Public Health and other public health roles</b>         | Formal public health roles   | Public Health Director  |
| <b>Trust director, deputy director or other trust or ICS lead role</b> | Established national governance and leadership roles as well as bespoke leadership roles within the trust or ICS   | Caldicott guardian<br>Freedom to speak up champion<br>Guardian of Safe Working Hours<br>Director of medical education<br>Director of Simulation<br>Director of undergraduate education                      |
| <b>Directorate or divisional lead role</b>                             | Clinical lead at a directorate, division or care group level   | Divisional Director<br>Care Group Director  |
| <b>Medical Director or Professional lead</b>                           | Trust or ICS professional lead   | Chief AHP<br>Chief Nurse  |
| <b>Clinical Director</b>   | Department, specialty or care group level director   | Clinical director<br>Head of Nursing  |
| <b>Lead clinician</b>  | Clinical lead for a service, specialty or sub-specialty  | Service lead<br>Clinical network lead<br>Trust-wide developments related to professional activities eg job planning, CDP, ACP framework<br>Business planning and review of budgets<br>Promoting AHP careers |
| <b>Clinical governance lead</b>  | Formal role with oversight of defined areas, such as safety, quality assurance and Mortality and Morbidity reviews | Investigation of medicines incidents<br>Lab quality assurance lead  |
| <b>Clinical audit lead</b>   | Formal role for audits at a service, division or trust level   | NICE guideline compliance lead  |
| <b>Postgraduate dean</b>   |  |   |
| <b>Undergraduate dean</b>  |  |   |
| <b>Regional educational supervisor</b>                                 |  | Postgraduate Training Programme Director  |
| <b>Clinical tutor</b>  |  | Undergraduate Clinical Tutor  |
| <b>Link roles</b>  | Standard roles required for organisation and staff safety and wellbeing  | Mental health first aider<br>Fire warden  |



# Categories of Job Planning

## JOB PLANNING ACTIVITIES

### External Duties (ED)

External duties are not done directly for the NHS employing organisation and should not impact on a team's ability to deliver NHS services. Externally funded duties will require a recharge to be arranged with the finance team.

| Activities                                     | Examples   |
|--|--|
| <b>Other</b>                                   |  |
| <b>Travel</b>                                  | Excess travel to and from home   |
| <b>Trade Union duties</b>                      | BMA, unite   |
| <b>Royal College work</b>                      | Clinical reference groups, council, public engagement work                           |
| <b>Care Quality Commission work</b>            | Trust inspections  |
| <b>Academic activities and guest lecturing</b> | Paid lecturing, academic supervision, programme writing, providing external training |
| <b>Externally commissioned research</b>        | Principal investigator on national funded studies                                    |
| <b>Government departmental work</b>            |  |
| <b>Other arm's length bodies work</b>          | Public Health England, NHS employers, NICE, funded advisory role                     |
| <b>Professional body work</b>                  | GMC, RCN, HCPC   |
| <b>Practitioner performance advice</b>         | National Clinical Assessment Authority (NCAS)  |
| <b>Media and public engagement</b>             | Public information and engagement  |
| <b>Charity support</b>                         | Clinical reference groups, governance and third sector clinical representation       |

## Other Categories

Other activities to be captured include any regular non-NHS commitments that may affect the clinician's ability to meet their NHS commitments. In line with the code of conduct for private practice, a consultant job plan must set out in detail where and when such activity is undertaken.

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## Private Professional Services

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Fee Paying Services

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Medical School and other undergraduate education

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Non Medical Job Planning Operational Toolkit

# Getting Started with Non Medical Job Planning

# Staff Groups in Scope for Non Medical Job Planning

As there is no contractual requirement for staff working with agenda for change contracts to have a job plan, the question is often asked as to which staff groups are in scope for non medical job planning. There is no absolute right or wrong in terms of which staff groups should be included, however there are some broad principles outlined below which will help guide you as you plan for your roll out

When considering which staff groups to job plan it will usually make sense to include all staff involved in delivering care within the clinical team being job planned

## Should do

- Senior clinical leadership roles e.g. team leader for a clinical group
- Medical associate professional e.g. Physician associates, Advanced Clinical Practitioners
- Professional registered peripatetic staff e.g. Allied Health Professionals, Clinical Nurse Specialists, pharmacists, psychologists

## Can do

- Non registered health staff e.g. therapy assistants, health care support workers
- Clinical trainees e.g. Trainee AHP, scientists, pharmacist,
- Registered non-clinical roles that use clinical skills e.g. education
- Social care / Local authority / external employment where there may be a benefit in job planning but the staff are not on NHS Contracts. This could be overcome through Service Level Agreements, agreeing cross organisational job planning or TUPE
- Primary care employees
- Research and academic posts

## Not required:

- Trainee doctors / clinical fellows due to work schedules being provided through junior doctor contract
- Managerial roles without clinical care
- Staff who work in one clinical area or that have dynamic scheduling solutions e.g. ward based nursing, laboratory workers, paramedics, district nursing teams

# Services in Scope for Non Medical Job Planning

Non medical job planning can be undertaken in any clinical service where it will support capacity and demand modelling and planning.

In some cases rostering may give the required level of granularity for service provision and therefore job planning would not be required in these circumstances e.g. ward based nursing, laboratory workers, paramedics or district nursing teams.

# Example: Letter to Staff

These letters can be used to support face to face discussions regarding job planning between employees and employers. As with all new processes, a face to face discussion about the opportunity and benefits that job planning can provide should be the first part of the process.

## Dear Colleague

As an organisation we are about to start job planning the peripatetic workforce and as part of this we want to write to explain to you about job planning and how the process will affect you.

## What is a job plan?

A job plan is a prospective, professional agreement describing each employee's duties, responsibilities, accountabilities and objectives. It describes how an employee's working time will be used according to the specific categories of direct clinical care (DCC), specified supporting professional activities (SPA) and other activities such as additional NHS responsible (ANR) and externally funded duties (ED).

It is a plan that is created annually, and then delivered by the weekly/daily operational development systems (e.g. e-roster). It is possible that actual activity may differ from planned activity for valid reasons. It is important to measure and monitor how frequently activity differs, so that subsequent job plans can be adapted to meet service needs more accurately.

## Minimum standards for job staff plans

- Full name;
- Clearly identified job banding and hours of work;
- All time accounted for and how much time the employee is expected to be available for work;
- Clearly identified Direct Clinical Care (DCC), Supporting Professional Activities (SPA), Additional NHS Responsibilities (ANR) and External Duties (ED) time;
- Clearly identified objectives and supporting resources;
- Analysis of expected clinical and non-clinical activity;
- Location of planned activity (inpatients, outpatient clinics, community/domiciliary, private clinics);
- Specialty/service line or planned activity;
- Outcomes that the job plan is expected to deliver.

## Purpose of job planning

The purpose of job planning is to ensure enough clinical capacity to meet the expected demand on the clinical service, seven days a week, 52 weeks per year, while balancing the development needs of people and the Trust. Job planning provides the opportunity for AHPs/nurses/midwives/pharmacists/radiographers and their managers to agree the proportion of each role that will be attributed to clinical care and other specified supporting clinical activities. It is an opportunity for AHPs to describe the activities they are delivering that may not be patient-facing add value for patients.

## What is e-Job Plan.

- e-Job Plan, from developers, is designed to help facilitate the process of job planning, allowing users to populate, review sign off job plans one place;
- The system provides the facility to manage and report on job plans at an individual, departmental and organisational level, presenting a valuable opportunity to maximise efficiency through increased transparency;

## What do I need to do!

- Our project team will provide full user and manager training for the system, and this information will be shared with you as soon as it is available;
- In the case of staff with existing job plans, these can be transferred onto the e-Job Plan system; start who are creating entirely new job plans can do these directly onto the system and avoid needing to create a paper version first;
- There will be full system training throughout the roll-out of e-Job plan and post-implementation support will also be available.

## When will this happen:

- The project team will be arranging system training sessions with the early adopter teams in August and September, with full roll out commencing from September onwards.

## Staying up to Date with Information

To stay up to date with Information, follow the team directly on Twitter or for more information email the team at XXXX. Information will be circulated by Global email as it becomes available on the trusts intranet page LINK.

# Getting Started with Non Medical Job Planning: An Overview

- When starting with the job planning process it is important to have a clear project plan and be aware of all the interdependencies that any change process demands
- Develop a stakeholder map to ensure there is widespread engagement from all key staff groups and individuals e.g. staff side representation, all clinical professional groups, procurement & contracting teams
- When considering staff engagement it's important to recognise that lack of buy in can be a significant barrier to effective implementation. Staff engagement should be aimed at explaining that job planning should be a supportive process which can drive improvements for patients while also protecting time for activities like CPD
- It is vital to have Board level leadership to signify the importance of the approach and demonstrate engagement. Therefore identify who is the Single accountable officer who should be board level with a clear line of accountability
- Set out a clear and transparent governance structure for the e-job planning process
- Set up an E-job planning group – to consider key issues arising such as DCC / SPA allocations per band / profession and to engage with the local unions. May be profession specific depending on organisation – could become multi professional once processes embedded and in an annual cycle of review and refresh
- Set up an E-job planning consistency committee – review sample of job plans, ensure fairness and transparency. Committee may recommend 'tariffs' for DCC / SPA based on outputs of committee
- E-job planning policy – trust wide and takes into account all professional groups. Should link to other HR policies (such as flexible working, annual leave, study leave / professional leave, rostering policy).
- Sign off process – this should be clearly articulated in the job planning policy including how the individual job plan should be reviewed and signed off by employee and clinical manager.

# Getting Started with Non Medical Job Planning

- Job planning review process should be built into the policy to review annually, or at employees request if outside of normal cycle (in line with other HR guidance's / policies)
- The job planning process should be set up in the spirit of collaboration, but you will also need a mediation and appeals process to ensure that employees are treated fairly and in line with HR policies. This should follow national policy, and local trade union guidance
- Develop a business case for software including people resources. The composition of your project team will depend on the size of your organisation and the number of staff in scope for the project. Ensure you include in your business case the need for the implementation team AND an ongoing business as usual team which needs to be embedded within the organisation ideally working closely with the rostering team
- There are templates available to support your job planning process – these have been developed by organisations undertaking NMJP and agreed as helpful through the Non-Medical Job Planning Forum
- Please see the following links:  
[Business Cases - Clinical Workforce Productivity - FutureNHS Collaboration Platform](#)



# Project Initiation

- Establish the scope of the project, which professional groups this will cover who should be involved and the intended output of the project. As part of this think about:
  - The problem you are trying to solve
  - The case for change
- As part of this process establish what is out of scope for the project
- Work with procurement, HR and clinical services to develop business case and understand needs of services and as part of this start developing a project initiation document
- As part of the business case development ensure that you have engaged with your key stakeholders (such as clinicians, IT and HR teams) in order to ensure that you have buy in
- It is important this this project and implementation has senior leadership, as this has to be championed by the workforce groups that are undertaking the job planning process. In particular, ensure that the board are sighted on the key deliverables and risks associated with the project. The senior leader should provide guidance on how best to approach the challenges regarding implementation (e.g. language, consistency, benefits)
- The diagram on the next slide identifies the key milestones to be met in setting up an e-job planning project.

# Key Stages in Project Initiation

## Overarching site

1) Understand business need / challenges and early review of supplier market

2) Development of business case and anticipated benefits

3) Identify governance structure and risks

4) Identify project group

5) Develop communications plan

6) Map Stakeholder Engagement

7) Engage Supplier market / Procurement process

8) Evaluate bids and agree key milestones for implementation

Non Medical Job Planning Operational Toolkit

# Policies for Non Medical Job Planning

# Policies for Non-Medical Job Planning

- Ensure there is an in date E-job planning policy in place. The policy should be trust wide and take into account all professional groups. As there are specific contractual considerations for medical consultants, these could be covered either in a separate section or as an appendix to the main policy
- Recent audit of job planning policies revealed that there are 23 core standards identified in the policy document "Job Planning the Multi-professional Workforce". A recent audit of 10% of all policies for hospitals in NHS England revealed at 57% compliance with these standards. Key areas that were omitted in job planning policies included:
  - Minority referenced digital systems for job planning
  - Only 2 policies referenced how to manage locum/ bank staff
  - Lowest results are for standards determined understanding service needs
  - Few have clinical authors which may reflect on the small number that have analysis of demand or clinical strategy included in the process of individual and team job planning
- When considering development of job planning policies consider how best to incorporate the above standards to ensure a comprehensive job planning policy
- The e-job planning policy should link to other relevant HR policies (such as flexible working, annual leave, study leave / professional leave, rostering policy, sickness, safe staffing, learning and development)

Non Medical Job Planning Operational Toolkit

# Governance for Non Medical Job Planning

# Roles and Responsibilities

- The following people have key responsibilities to ensure that the Trust job planning policy and procedures are implemented effectively to provide:
  - optimum patient experience and outcomes
  - fair and transparent terms and conditions are provided to the clinical workforce
- Roles and responsibilities for
  - Trust Board members – executive and non-executive
  - Chief Executive
  - Human Resources Director
  - Clinical Directors, Clinical Leads, Divisional Directors and General/Service Managers

## Trust Board members

- The Trust Board is responsible for ensuring that good governance is in place to assure the Trust Board of the following:

1. The Trust has in place a fair and transparent process for managing all individual clinician who are employed under the terms and conditions Agenda for Change
2. Clinicians are consistently managed across the Trust to provide the most productive, efficient and effective clinical care pathways for patients in each speciality;
3. The Trust job planning process results in job plans that are designed to meet clinical demand and are affordable in line with Trust income;
4. The Trust job planning policy, systems and procedures follow NHS E and NHS Employers best practice guidance;
5. The Trust job planning policy, systems and processes include timely and accurate management reports that assure the Trust Board that the above are in place and well managed.

# Roles and Responsibilities

## Chief Executive

- The Chief Executive is responsible for ensuring that the systems and processes necessary to achieve the above governance framework are in place and functioning effectively.

## Chief Nurse/Chief Allied Health Professional/Chief Pharmacist

- The “Chief” lead for the profession is responsible for providing leadership to ensure that all staff within their remit who need to undertake job planning are aware of their responsibility in this process and to provide support to the leaders who are undertaking job planning within services.

Other responsibilities:

- Ensure that job planning is incorporated into the bi-annual establishment setting processes/business planning as per Developing Workforce Safeguards (NHSI 2018)

- Ensure there is an appropriate Senior Responsible Officer (SRO) to lead the process for their respective profession – this does not mean there needs to be one for each profession but that whoever is in this role can provide appropriate professional leadership and direction, referring to others as appropriate.

## Clinical Directors, Clinical Leads, Divisional Directors and General/Service Managers

The people in these roles are jointly responsible for determining:

- The baseline of the current service;
- Aspirations of the service, the business plan;
- Standards are agreed to provide the ‘Must do’s’ including Risk, Governance, Complaints, Morbidity and Mortality, Audit and pathway review, Local Delivery Plans, Access, Finance;

# Roles and Responsibilities

## Clinical directors

Ensuring that systems and processes are in place to provide timely and accurate information including:

- Activity required in the year ahead
- Capacity – theatre, procedure, ward rounds and outpatient
- Targets
- Development needs
- Trust and service business plans
- Any links required with other departments/services
- Financial issues e.g. affordability of Job Plans
- Workforce Issues
- Existing gaps

### **Clinical Directors, Clinical Leads, Divisional Directors, Professional leads and General/Service Managers**

- The people in these roles are jointly responsible for:
- Ensuring that the totality of job plans meets the operational needs of their services. Where this is not possible the reasons and mitigation to manage the deficits are reported to the Executive Team and Trust Board.
- Completing and keeping under constant review team and individual job plans for all clinicians
- Conduct effective team and individual job planning meetings (individual job planning meetings will be conducted on a one to one basis)
- Providing reports re job planning as required.
- Ensuring that all job plans are input, maintained and stored in the Trust electronic job planning system.
- Completing the Trust approved electronic job plan change process to reflect any increase/decrease in programmed activities following a job plan review.
- Ensure that adequate administrative support arrangements are in place
- Agree and recommend for approval a Job Plan with individual doctors
- Where necessary, take part in the mediation and appeals process

- Ensure that where new roles are identified as part of job planning process (eg ACP's) that a business case is completed, including funding for training places and the agreed Band and job plan for the post is included as part of the case for change
- The experience of colleagues who have implemented non medical job planning, within providers, has demonstrated that there is often a misunderstanding or lack of knowledge of the role of an Advanced Care Practitioner (ACP)
- ACP's can be from any non medical profession eg nurses, midwives, physiotherapists, occupational therapists, pharmacists and can work in any healthcare sector or specialty.

Advanced clinical practice is delivered by experienced, registered health and care practitioners. It is a level of practice characterised by a high degree of autonomy and complex decision making. This is underpinned by a master's level award or equivalent that encompasses the four pillars of clinical practice, leadership and management, education and research, with demonstration of core capabilities and area specific clinical competence.

Advanced clinical practice embodies the ability to manage clinical care in partnership with individuals, families and carers. It includes the analysis and synthesis of complex problems across a range of settings, enabling innovative solutions to enhance people's experience and improve outcomes.

The definition of an ACP – Health Education England (HEE, 2017) [multi-professionalframeworkforadvancedclinicalpracticeinengland.pdf](https://www.hee.nhs.uk/sites/default/files/multi-professionalframeworkforadvancedclinicalpracticeinengland.pdf) (hee.nhs.uk)

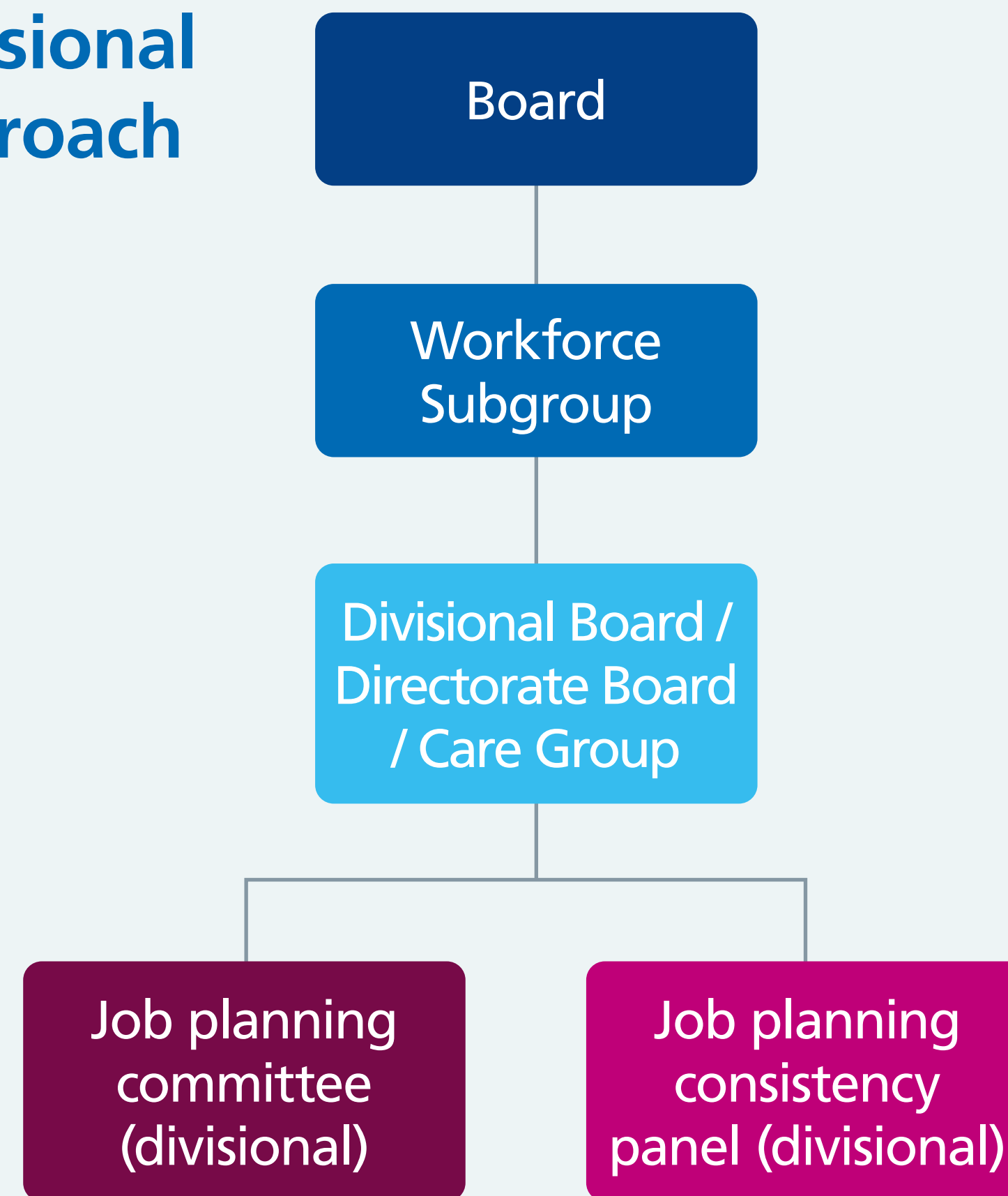
The Four Pillars that underpin advanced clinical practice as below can also be aligned to the job planning language e.g DCC and SPA

- Clinical Practice (DCC)
- Leadership and Management (SPA)
- Education (SPA)
- Research (SPA/ANA)



# Different Organisational Structures for reporting

## Divisional approach



## Trust-wide approach



# Governance Structure for Non Medical Job Planning

- A clear governance process is essential to ensure that there is clear accountability for decision making with job planning

## **Job Planning Committee**

- Establishing a job planning committee is key to ensuring there is a standard approach across the organisation to job planning. In the first instance we recommend reviewing the following key performance indicators to give an overview of departmental performance
  - Job plans signed off
  - Variable pay spend as proportion of budget
  - DCC to SPA ratio
- Once the job planning committee has been established and Key Performance Indicators (KPI's) are routinely reported and understood, it is helpful to expand the KPI's to include:
  - on call supplements,
  - A payroll reconciliation audit with ongoing monitoring. This will involve reviewing what is currently paid via payroll, what is recorded on ESR and what is job planned
  - Planned vs delivered activity
- Where individuals have agreed Flexible working signed agreements these should be recorded on ESR and noted on the e-job planning system including their review date

# Terms of reference – Job Planning Committee

## **Suggested Terms of Reference for the job planning committee:**

- The purpose of the Committee is to provide assurance to the Board on the outputs of job planning the clinical workforce.
- This will include all aspects of performance, including financial, and all risks and mitigating actions affecting job planning delivery, sign off and monitoring.
- The specific duties of the Committee are to:
  - Oversee the development and delivery of the Trust's Job Planning commitment
  - Regularly review and monitor job planning sign off rate, taking action where required to address low sign off rates.
  - Regularly review and monitor bank, agency and waiting list initiative spend in relation to the clinical workforce and take appropriate action where required
  - Review and approve policies and procedures that fall within the remit of the Committee

- The following people have key responsibilities to ensure that the Trust job planning policy and procedures are implemented effectively to provide:
  - optimum patient experience and outcomes
  - fair and transparent terms and conditions are provided to the workforce

## **Suggested membership for job planning committee:**

- a. Professional lead (Chair)
- b. Chief Operating Officer (vice chair)
- c. HR director
- d. Divisional Clinical directors
- e. Divisional General Managers
- f. Temporary staffing lead
- g. Professional leads (e.g. AHP, Nurse, Health Care Scientist, Pharmacist)

# Job Planning Consistency Panel

In addition, to the job planning committee it may be useful to establish a consistency panel for non medical job planning. This will help ensure that there is standard approach to applying DCC: SPA ratios and will allow the committee to understand any variation between job plans.

## Process for consistency panel

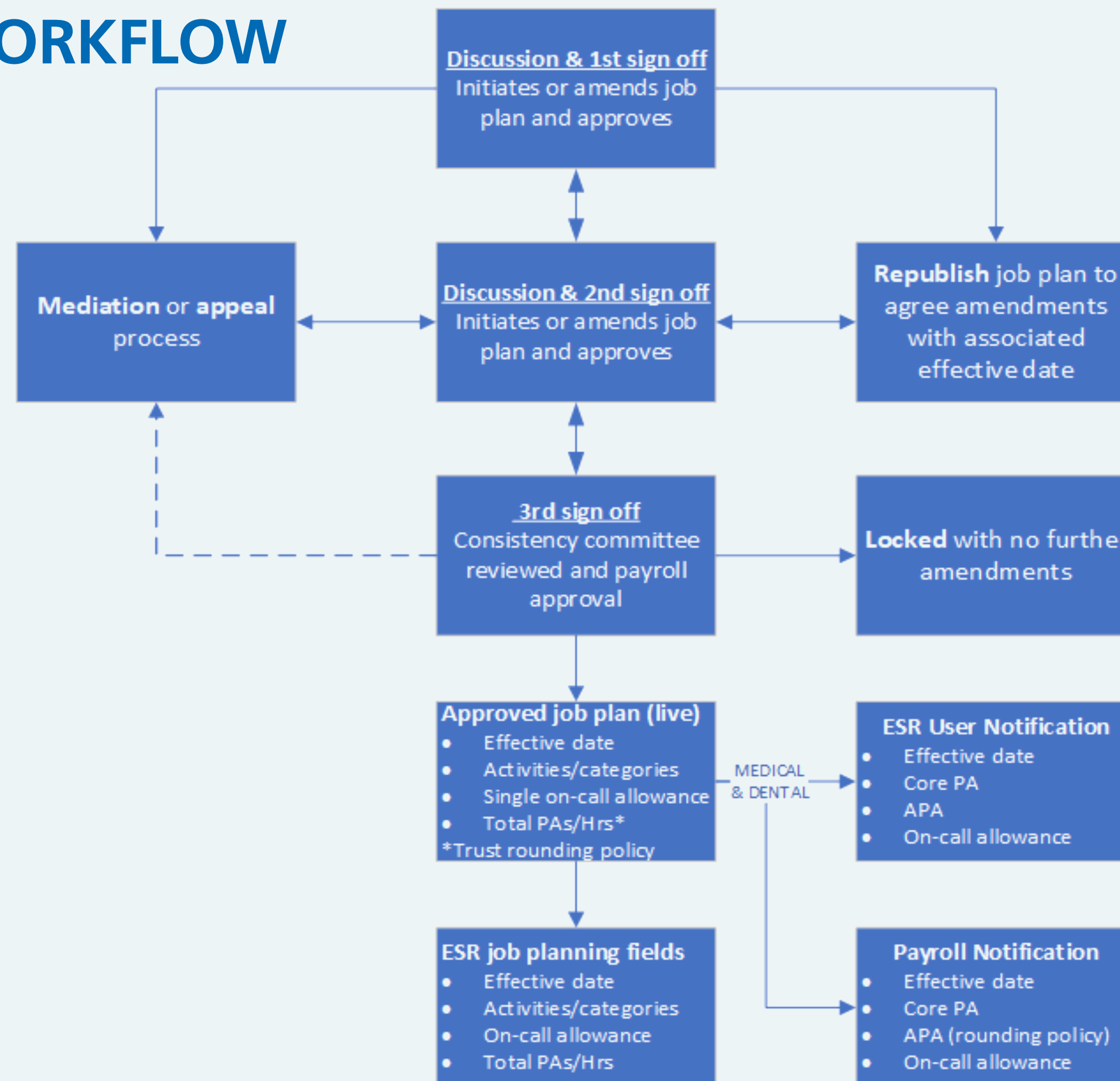
Invitees:

- Director of professional group
- Safer Staffing lead
- Staff sider rep
- Member of the job planning project team

|   |  |  |
|---|--|--|
| 1 | Compliance                                     | Percentage of staff with up to date signed off job plans - by care organisation reported over last 6 months to see Trends - record on compliance tab   |
| 2 | Actions to improve compliance                  | Actions underway or required to improve compliance by next month - record on compliance tab  |
| 3 | Job planning updates / issues since last month | Record areas discussed on For review tab   |
| 4 | Action updates from last month                 | Actions taken as recorded in the "needs action tab" - include examples of benefits from job planning, changes to templates that may be required or unresolved issues   |
| 5 | Number signed off this month                   | Report manager report out of Premier IT that details any staff that have had a job plan signed off since last scrutiny panel - recorded in "for review tab"  |
| 6 | Number within expected levels                  | Number of those within 5% of agreed templates (or agreed variances) - move to "within expected levels tab"   |
| 7 | Review in detail those outside expected levels | Initially check if there is a note added to describe the reasons behind variance, otherwise consider role , agreed exceptions to templates e.g. apprentices' - review detail and agree whether there is sufficient information to agree as a warranted variance  |
| 8 | Actions required for those unwarranted         | Allocate actions to members of the scrutiny panel, e.g. for discussion with clinician for further clarity, review professional guidance, discuss within clinician whether a note needs adding with reasoning for variance, add new agreed variance, for service lead advice etc - record in "needs action" tab |
| 9 | Any mediation requests                         | For agreed process for any e-mail requests for mediation   |

# Suggested Workflow for Job Planning

## WORKFLOW



Example sign off hierarchy

### 1st Level

Line manager

### 2nd Level

Senior Manager

eg Matron, ACP, Lead Clinician,  
Service Manager, General Manager,  
Consultant Therapist/Nurse/  
Midwife/Pharmacist/ Radiologist/  
Radiographer

# Managers check-list

- Is the start date of the job plan correct? This should reflect the date the job plan has been in effect from?
- Does the job plan reflect the correct working hours?
- Is all contracted time accounted for?
- Have activities been named and categorised correctly within the job plan?
- Does the job plan have an appropriate proportion of Direct Clinical Care and Supporting Professional Activity?
- Are any Additional NHS responsibilities or External Duties categories correctly within the job plan and are they agreed within the substantive role or with the role?
- Does the job plan contain personal objectives linked to job planned activities?
- Does the job plan contain an appropriate list of resources required to undertake any planned activity?
- Have activities been appropriately allocated within the timetabled / flexible sessions?
- Does the job plan demonstrate an adequate contribution to the overarching service plan and objectives?
- Is the job plan consistent with other job plans for similar roles / bands across the service?

# Suggested mediation process

## Stage 1

### Local Resolution

- Engage with your local HR team and job planning team to discuss the challenges and try to see a reasonable way forward, working with the employee
- If the staff member and line manager are unable to agree a job plan to either parties' satisfaction, the staff member or line manager should escalate a request for mediation

## Stage 2

### Mediation

- Once mediation has been requested, a member of the HR team and job planning team should support both the manager and employee in seeking a resolution
- Ensure that the individuals assigned are both experienced in job planning and have had no prior involvement with the dispute
- The HR team will ensure that both parties are aware of and have followed the Trust guidance on job planning and aim towards resolution without escalating through the appeals panel
- If mediation is unsuccessful, the HR team will work with the individual staff member to escalate the dispute for consideration at appeals panel

## Stage 3

### Appeals

- Escalation to the consistency committee should include
  - Name of individual for whom there is a job plan dispute
  - Role of individual
  - Key responsibilities of the individual
  - Concerns and issues for consideration from the individual
  - Concerns and issues for consideration from the line manager
  - Summary of actions taken and discussions so far from safer staffing team
- The appeals panel will consist of the consistency panel chair for the professional group (director level), a professional lead specific to the dispute and a member of staff side. No panel members should have had previous involvement in the dispute.
- The appeals panel will look at
  - Available national benchmarks
  - Trust templates
  - Professional body guidelines
- And if appropriate they may also
  - Meet with individual staff member
  - Meet with line manager
- Written recommendations will be made to the individual member of staff and the line manager within 8 weeks of the appeals request being received at scrutiny panel. If the individuals involved are unsatisfied with the response, they can formally escalate through Trust Grievance Procedure

Non Medical Job Planning Operational Toolkit

# Sustainability



# What is Demand and Capacity Modelling?

- Demand and capacity planning in the purest form is understanding the clinical capacity ie the number of staff available to work within your service, and aligning this to demand ie number of patient referrals/procedures etc.
- Gives clear, quantitative and graphical evidence in supporting service planning and developments and helps identify any constraints in a service.
- Enables those within a service to articulate current and future concerns to those outside the service.
- Supports development of a sustainable service by proactively managing capacity and efficient use of current and future resourcing.
- Job planning in this context ensures there is enough clinical capacity to meet the expected demand on the clinical service whilst balancing the development needs of Trust employees. Through job planning, organisations can take a whole-service approach to multi professional workforce capacity planning, which will enable the right skills to be available at the right time to deliver high quality, efficient patient care.
- Demand and capacity modelling should be based on service level capacity and demand analysis
- When reviewing the demand on the service also consider any current or planned changes in activity such as; changes in pathway / referral management criteria, changes in location of care, population increases and other health economy factors (close work with ICS's, STPs and regional teams). This review should include any actual or potential impact on local team service delivery
- Have a discussion with service delivery team regarding objectives and activity for the coming year to get agreement regarding delivery
- Arrange for individual job planning discussions to take place to identify individual needs and align to service objectives

# Use of Data and Dashboards and recommended Key Performance Indicators

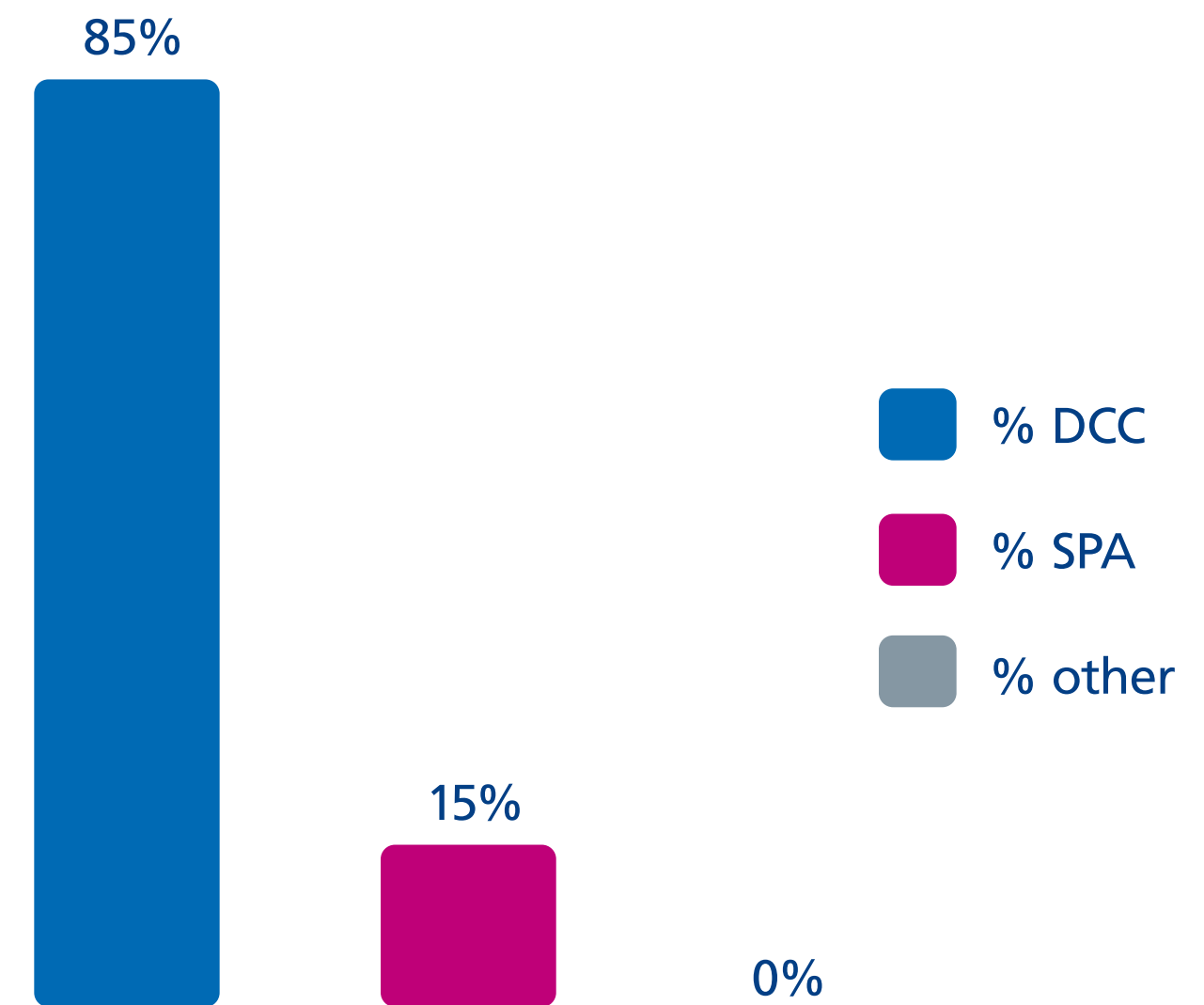
- ***Using the Meaningful Use Standards assess E-job planning level of attainment*** – this should be broken down by professional group and monitored at trust level. It should be reported at least quarterly.
- ***Percentage of staff with an active e-job plan*** – an active e-job plan is one that has been reviewed and approved in the past 12 months: trusts are aiming for more than 90% coverage. This should be broken down by team and professional group and monitored at trust level. It should be reported at least monthly.
- ***Ratio of planned direct clinical care hours to total planned hours*** – this should be broken down by professional group. It should be reported at least quarterly.
- ***Percentage variance between planned and delivered hours*** – this should be reported at least quarterly. It should be broken down by professional group and monitored at trust level

# Benchmarking

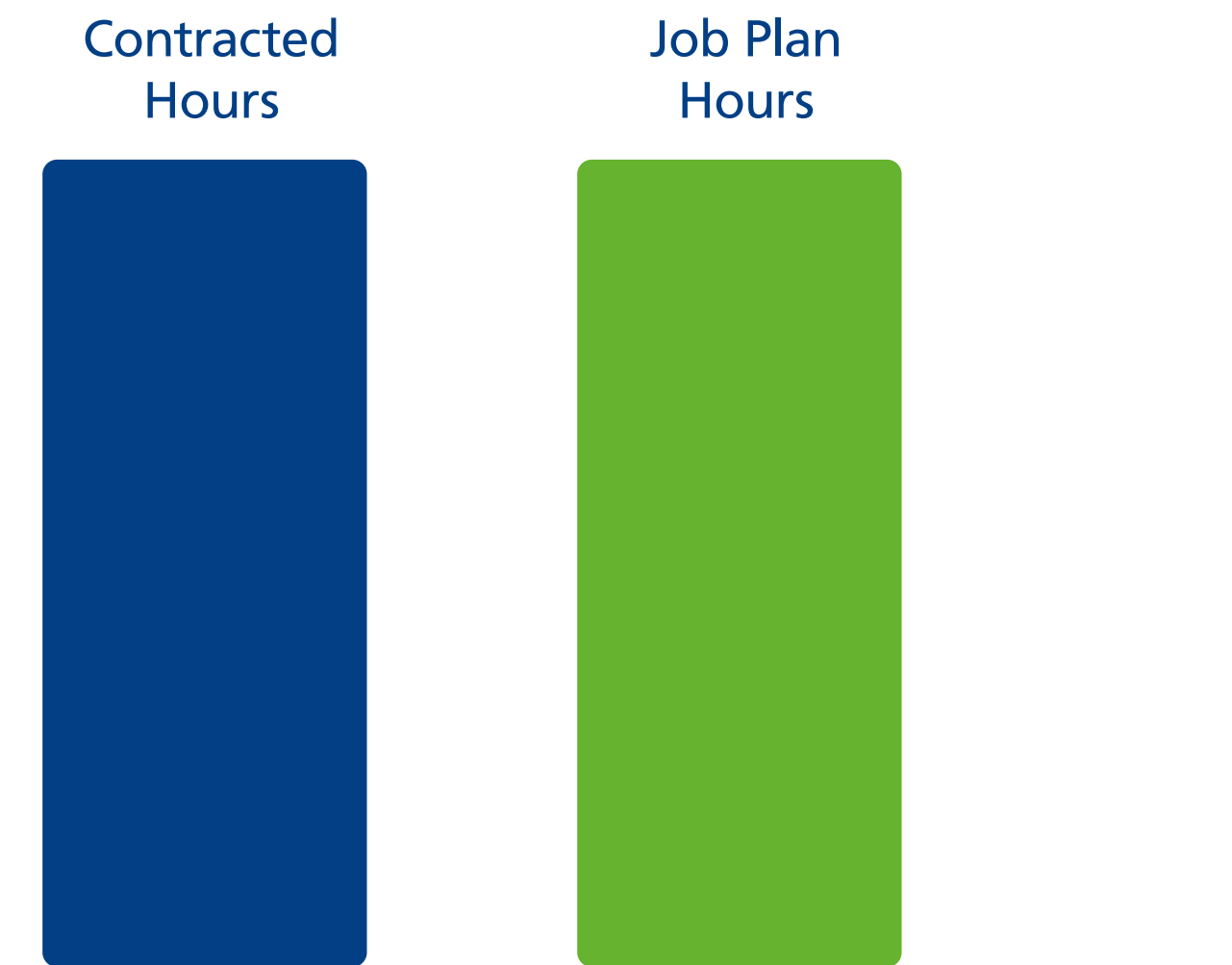
- Benchmarking the categorisation of activities will allow review of variance between individual job plans
- It would be anticipated that staff in the same or similar role would have the same or similar split between DCC, SPA and other activities
- where variance occurs this can be reviewed to establish if it is warranted or not
- Although the actual clinical activities undertaken may vary within teams or across specialties, the percentage direct clinical care for all staff of the same grade is likely to be similar.
- Further review can consider the expected activity within that allocated DCC time. For example Band 5 community staff may have the same percentage DCC as Band 5 acute staff but it would be reasonable to expect that the community colleague would undertake fewer contacts within that time allocation as they will require time for travel.
- Variation may need review by the consistency panel

# Example of consistency approach to job planning

DCC/SPA/other split by employee

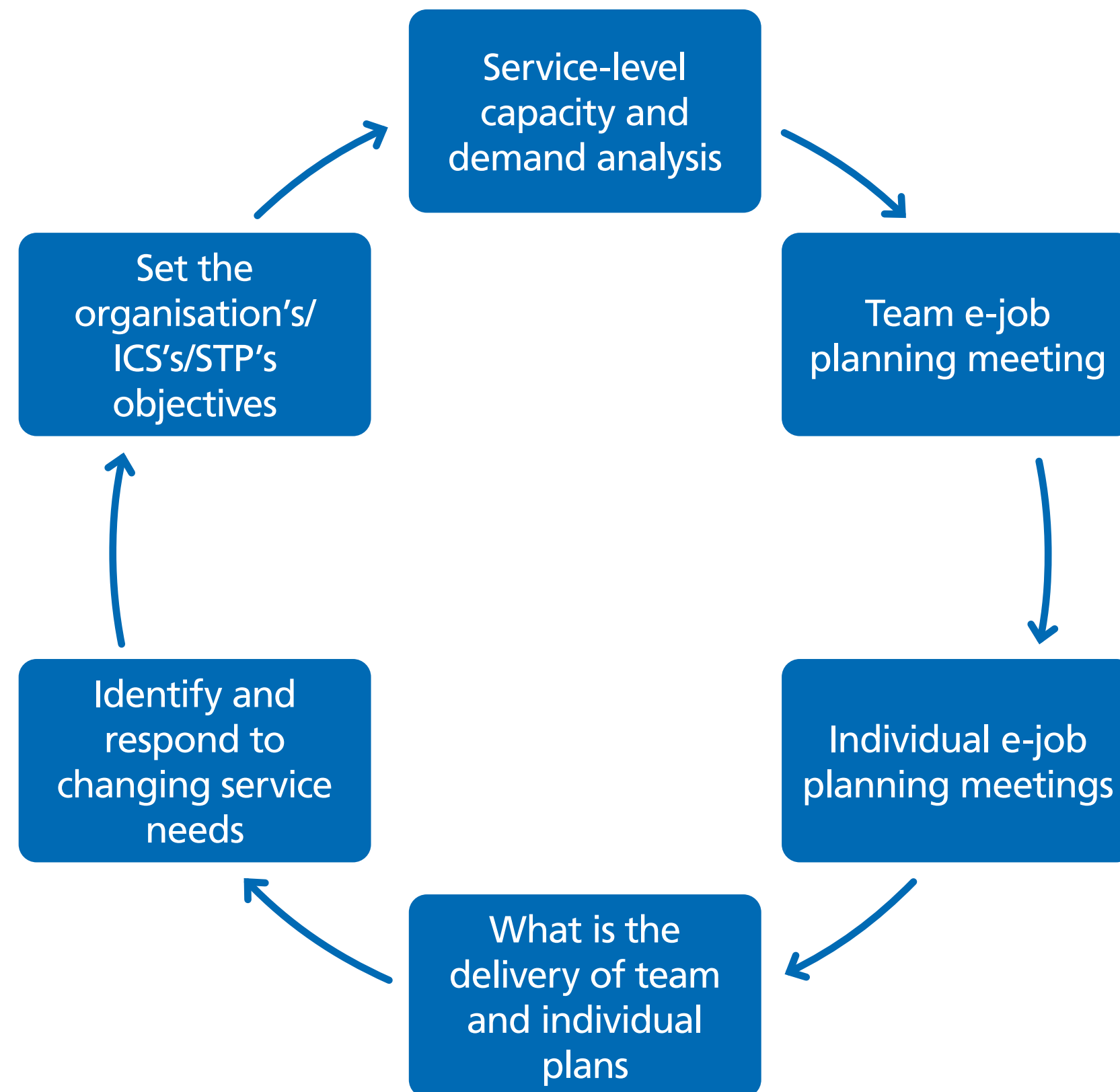


Job plan and contract hours by employee



| Contracted Hours | Job Plan Hours | Job Plan Vs Contracted | Total DCC Hours | Direct Contact | SPA Hours | Other Hours |
|------------------|----------------|------------------------|-----------------|----------------|-----------|-------------|
| 37.5             | 37.5           | 0.0                    | 31.7            | 18.6           | 5.8       | 0.0         |

# Embedding NMJP into Annual Establishment Reviews



- Job plans should be reviewed annually
- Base on service level capacity and demand analysis
- Consider changes in activity such as; changes in pathway / referral management criteria, changes in location of care, population increases and other health economy factors (close work with ICS's, STPs and regional teams)
- Consider how this will impact on local team service delivery
- Have a discussion with service delivery team regarding objectives and activity for the coming year to get agreement regarding delivery
- Arrange for individual job planning discussions to take place to identify individual needs and align to service objectives

Non Medical Job Planning Operational Toolkit

# Supporting Resources

# Supporting resources

A number of guides, templates, examples and other resources are available via this link <https://future.nhs.uk/connect.ti/ClinicalWP/grouphome> on our futures site. This includes

- Job planning language guide
- Multi professional team job planning guide and templates
- Example Job planning policy and guide
- Trust board reporting template
- The Advancing Level of Attainment (ALOA) handbook supports NHS providers implementing and optimising the use of e-rostering and e-job planning software to their fullest potential, achieving productivity gains as also described in the Lord Carter report. This handbook comprises resources which have been created specifically for this collaborative, other existing resources from different teams across NHS England and practice examples and contributions from provider organisations.

For further information please see:  
<https://future.nhs.uk/connect.ti/ClinicalWP/grouphome>