



# Interim Job Planning Policy

## Document Summary

This Policy sets out the Trust's approach to job planning.

The Policy is an interim measure and has been put in place to communicate governance changes in this area; longer term improvements and objectives will be considered by the LNC and the Policy will be reviewed again in 2017/18

<b>DOCUMENT NUMBER</b>	POL/004/042
<b>DATE RATIFIED</b>	27/04/2017
<b>DATE IMPLEMENTED</b>	28/04/2017
<b>NEXT REVIEW DATE</b>	01/08/2018
<b>ACCOUNTABLE DIRECTOR</b>	Medical Director
<b>POLICY AUTHOR</b>	Medical Directorate Business Manager





## Table of Contents

### Contents

1. SCOPE.....	2
2. INTRODUCTION .....	2
3. STATEMENT OF INTENT .....	2
4. DEFINITIONS .....	3
5. DUTIES .....	3
6. Job Planning Cycle .....	5
7. Job Planning Procedure.....	6
8. Pay Progression and Clinical Excellence Awards.....	14
9. Training .....	14
10. Monitoring Compliance with this Document .....	15
11. References/ Bibliography / Related policies.....	15



## 1. SCOPE

This policy applies to all doctors who have a licence to practise and are employed by Cumbria Partnership NHS Foundation Trust (“CPFT”) who are required to have a Job Plan as part of their National Terms and Conditions.

## 2. INTRODUCTION

- 2.1. The purpose of this policy is to set out the Trust’s approach to job planning. This guidance replaces all previous guidance issued
- 2.2. This document is intended to compliment national guidance and ensure contractual requirements are implemented
- 2.3. In accordance with the new consultant contract (2003) and the Speciality and Associate Specialist (SAS) doctors’ contract (2008) this policy is based on the requirement that all doctors, including those holding other contracts will participate in annual job planning
- 2.4. Job planning is fundamental to the delivery of clinical services, service development, training and research. The Trust is keen to ensure job planning is valued activity and the information is agreed and used in an effective way
- 2.5. A job plan is a prospective, professional agreement that sets out the duties, responsibilities, accountabilities and objectives of the practitioner and the support and resources provided by the employer for the coming year
- 2.6. The policy aims to standardised the process across the Trust and ensure effective job planning governance processes are in place to manage the lifecycle of the job plans.

## 3. STATEMENT OF INTENT

Job Planning is fundamental the delivery of clinical services, service development, training and research. An annual job plan is a contractual obligation for all consultant and SAS doctors and others on a consultant contract e.g. consultant dentist.

As an agreed professional agreement a job plan should allow the alignment of organisational, service level and personal professional objectives. The Job Plan will document opportunities for the practitioner to develop both personally and professionally to help drive quality improvement in lie with the present and future needs of patients. The Job Plan will accurately set out the agreed number of Programmed Activities (PAs) and on-call commitments they will undertake, plus an understanding of the duties the doctor has agreed to perform.

Where practitioners engage in work for other employers (fee paying work or private practice they should do so in a way that does not conflict with any business of CPFT.



The detail around this should be discussed, agreed and documented within the Job Plan.

3.1. Key principles which should characterise a collaborative approach to the job planning process. Job planning should be:

- Undertaken in a spirit of collaboration and cooperation. It is fundamental to the job planning process that the Trust works in partnership with its practitioners
- Completed in good time
- Focused on measureable outcomes that benefit patients
- Consistent with the objectives of the NHS, the Trust, teams and individuals
- Completed considering wider implications (e.g. commissioning, workforce planning, wider team implications)
- Carried out in line with the Trust's value; Kindness, Ambition, Fairness and Spirit

## 4. DEFINITIONS

The Trust or CPFT	Cumbria Partnership Foundation Trust
RO	Responsible Officer under the Medical Profession (Responsible Officers) Regulations 2010
NHS E	NHS England
PA	Programmed Activity
DCC	Direct Clinical Contact
SPA	Supporting Professional Activity
MDT	Multi-Disciplinary Team
Practitioner	for the purpose of this document 'practitioner' refers to any doctor / dentist required to have a Job Plan as part of their National Terms and Conditions.

## 5. DUTIES

### 5.1. Chief Executive

Has overall responsibility for ensuring that job planning is conducted annually across the organisation and in line with the Department of Health Requirements



## **5.2. Medical Director**

Will be involved where there is failure to agree job planning at the Associate Medical Director Level and will be required within the job planning appeals process.

Has overall responsibility for monitoring compliance with this policy and will produce a report to the Board on an annual basis

## **5.3. Associate Medical Directors (AMD)**

Responsible and accountable for the operation of this policy. They will ensure any issues with job planning activities and / or compliance are dealt with within their care group.

## **5.4. Clinical Managers (CD)**

Will carry out job planning activities with the practitioners they manage. In situations where the clinical manager is not medically qualified they will be supported by the AMD.

## **5.5. Practitioners**

Have a contractual responsibility to engage in job planning on an annual basis (or when changes occur) with their Clinical Manager on an individual basis. They must also participate with the wider MDT for group job planning.

## **5.6. Medical Directorate**

The Medical Directorate will manage the job planning lifecycle and be responsible for the governance process of job planning. A central log and document storage will be maintained and the team will support the practitioners, CD and AMD in Job Planning activity, where appropriate.

## **5.7. HR Workforce Team**

Will update systems and records and ensure that Job Plans are aligned with the individual's contract and pay records.



## 6. Job Planning Cycle

6.1. The diagram below shows the relationship between Trust objective setting, job planning and appraisal.



*Consultant Job Planning Toolkit: Job Planning Handbook; NHS Employers*

6.2. Job planning and appraisal processes should be viewed as a continuous cycle where:

- Appraisal is a systematic approach to review an individual's achievements, consider their continuing progress and to identify development needs. It is also a prime of evidence required for licensing and revalidation purposes. It tends to be retrospective in nature
- Job planning is a systematic activity designed to produce clarity of expectations for employer and employee about use of time and resources to meet individual and service objectives. It tends to be prospective in nature.

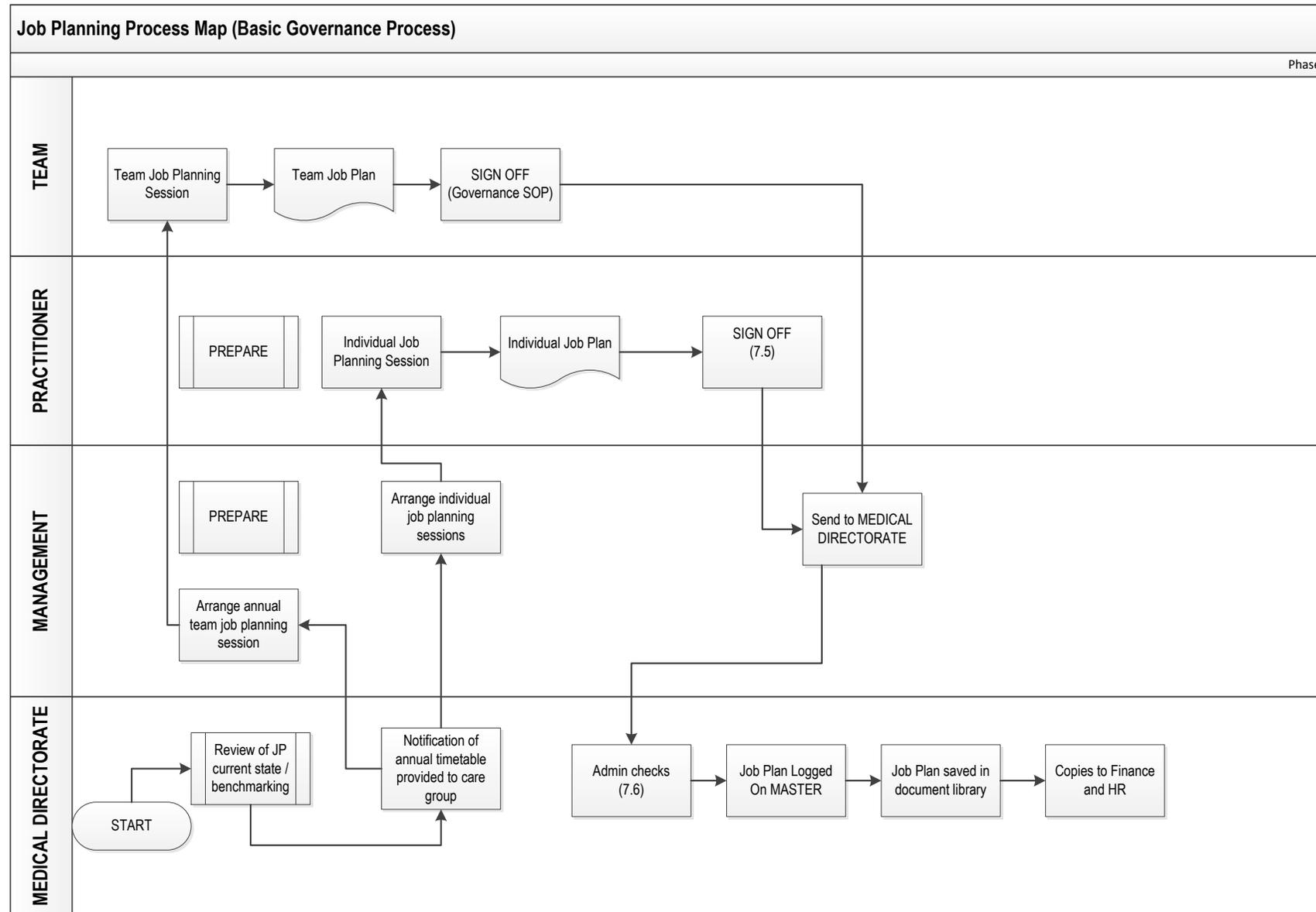
6.3. It is important that objectives agreed in the job plan align with service and Trust objectives.

6.4. Team job planning should be undertaken after care group objectives have been set on an annual basis.

6.5. The deadlines for all individual job plans will be agreed with the AMD for each care group; a staged approach will be used to ensure the care group can be supported in its activity by the Medical Directorate.



## 7. Job Planning Procedure





## 7.1. What is a Job Plan?

The expectations of a Job Plan vary but the Trust want to ensure the activity adds value to the practitioner and service manager.

Within the process above team job plans should be completed before individual job plans have been agreed.

Job Plans will:

- set out all the practitioner's NHS duties and responsibilities and the service to be provided for which the practitioners is accountable
- take account of all work carried out within the practitioner's professional capacity
- contain 10 PA sessions if the doctor is full time or pro rata calculation will be used.
- include a schedule of activities setting out how, when and where the practitioner's duties and responsibilities will be delivered
- set specific personal and service improvement and development objectives. These must be SMART (specific, measurable, attainable, realistic and time based); they must not be pasted from appraisal personal development plans.
- Include specific statements regarding any private practice and/or paid work for external bodies that is carried out by the practitioner
- allow a process for doctors to consider service provision and wider implications for their teams
- be an inclusive and transparent process across teams and professional groups

## 7.2. Job Plan Components

- Direct Clinical Care
- Supporting Professional Activities
- Research
- Additional NHS Responsibilities
- External Duties
- Academic activities
- Annual leave
- Location
- Personal Objectives
- Service Objectives
- Supporting Resources
- Managerial Responsibilities
- On call



- Private Practice and paid for work will also be discussed.

### 7.2.1 Supporting Professional Activities

The normal expectation for a doctor working 10PA consultant contract is to have 2.5 SPAs; with other doctors have 1.5 SPAs. There is a minimum of 1.5 SPAs to complete the tasks required for revalidation (e.g. CPD, training, some study leave).

External study leave is not intended to form part of the SPA allowance (please see CPD Leave Guidance for more information on external CPD leave and budget).

Activities which are essential for appraisal and revalidation which may be included within the SPA allocation include the following:

- Attendance at peer groups (for both peer review and CPD review purposes)
- Journal Clubs
- Case conferences
- Audit (both attendance at meetings and participation / leading)
- Attending local consultant meetings
- Local clinical governance meetings
- Completion of training (statutory and mandatory)

Outside of the above, other activities, for which SPA time may be allocated, include the following:

- Medical Education roles (e.g. 0.5 SPA Educational Supervisor / 1.0 SPA as a tutor)
- Clinical Lead duties (e.g. Lead clinician for LAC Team 1.0 SPA)
- Medical Appraiser Role (0.5 SPA based on 10 appraisals)

The above SPA allocation will allow time to perform the duties and to participate in relevant local training and support activities.

The activities undertaken in SPA time will be reflected on at appraisal and reviewed in job planning.

### 7.2.2 Additional PAs

Occasionally a practitioner may be offered extra PAs to undertake specific work or to reflect regular additional duties or activities that cannot be contained within the standard 10 PA contract. This would be with the agreement of the Associate Medical Director and would be time limited for up to 12 months or until the next job planning meeting.

Such PAs will have specific expectations attached to them and will be subject to review when no longer required. Consideration to a responsibility allowance will be made in lieu of increased PAs in circumstances where this is deemed appropriate.



The agreement should be documented (Appendix 1: Fixed Term Contract for Additional Programmed Activities)

### **7.3. Preparation for Job Planning Sessions**

The Clinical Manager and practitioners will need to prepare for the team job planning session and individual job planning review to make these valuable and relevant.

### **7.4. Team and Individual Job Planning**

It is expected that each practitioner will have an individual Job Plan and a copy of their Team Job Plan, and that the Team Job Plan will precede the individual Job Plan.

The Clinical Manager conducting the job planning will have to have an overview of the relevant services and the service objectives which will be considered throughout the activity.

It will be up to each Care Group's AMD to decide whether to have more than 1 team together in a team job planning session. This will depend on the number of staff in each team and how teams interact. The process for appeals in team job planning is the same as for individual job planning (see section on resolving disagreements and appeals).

#### **7.4.1 Team Job Planning**

It is expected that the following individuals at a minimum will be involved with team job planning:

- Service Manager
- Clinical Manager
- Nursing and Quality manager
- Practitioners within the team and
- Other senior clinical decision makers (e.g. Nurse consultant and consultant clinical psychologist)

The Aim of the Team Job Plan is to:

- Provide a session where service and team requirements can be discussed and agreed
- Provide service direction / management which is consistent with Trust values and objectives
- Remove unnecessary duplication of work
- Achieve comprehensive coverage of the SPA and other non-clinical work needing to be done
- Ensure responsibility for service delivery is shared amongst practitioners
- Equity
- Provide data on service structures and current capacity levels; the impact on the wider team can be considered



#### 7.4.2 Individual Job Planning

Job Plans will be based on a regular cycle (e.g. weekly/monthly), with the intent that these will be annualised.

It is expected that the following individuals will be involved with individual job planning:

- Clinical Manager / Director
- Practitioner
- Service Manager (may require input)

The aim of the individual job plan:

- To provide an opportunity for collaboration and agreement over how practitioner time is to be spent
- Allow practitioners to focus on areas of interest balanced with service requirements
- Manage work pressures by ensuring practitioners are not overburdened; this in turn could help improve engagement, satisfaction and well being
- Manage efficiencies; through transparency this process aims to show the hard work within services and the efficiencies that are being made year on year to balance budgets whilst maintaining quality outcomes for patients
- Provide data on service structures and current capacity levels; the impact on the wider team can be considered
- In line with Trust values provide a structured work environment with transparent expectations and requirements

#### 7.4.3 New practitioners joining the Trust

It would be expected that an interim job plan would be agreed within the first month of joining the organisation (based on the practitioners start date).

### 7.5. Job Plan Sign Off

The individual Job Plan form must be signed off by the practitioner and Clinical Manager within 28 days of the meeting.

In circumstances where an agreement has not been reached the form will record this and section 'Resolving Disagreements over Job Plans' should be adhered to.



## 7.6. Management and Governance Functions

- 7.6.1 The Medical Directorate, from 2017, will be responsible for the management of job planning governance
- 7.6.2 Clinical Managers / Directors and AMD will retain ownership of job planning activity and approval
- 7.6.3 Job plans will only be accepted as complete if they are within the agreed template and provided as an electronic copy **OR** if they are within the electronic module of the Trust's Revalidation System. The Trust hopes to move to the electronic module via a structured project and until that is complete either will be accepted (*please speak to The Medical Directorate Team if you have any queries*)
- 7.6.4 The Medical Directorate will issue an agreed timetable for job planning completion for services within each care group; this will be provided on an annual basis. Timetables will be agreed and distributed by 01/07/2017.
- 7.6.5 The Medical Directorate will ensure the Job Plan meets the following requirements; if not it will be returned:
- Is on the correct template OR within the correct system
  - Is completed appropriately, no sections have been missed without justification
  - It has been signed off by both parties
- 7.6.6 A document library within SharePoint will be used for the storage of Job Plans with appropriate access controls.
- 7.6.7 The Clinical Manager then distributes the Job Plan as follows:
- The Practitioner – for own records
  - Care Group – to aid processes (e.g. management and clinic scheduling)
  - The Master copy to be held by Medical Directorate
  - The Medical Directorate will ensure HR and Finance have sight of Job Plans for:
    - recording on ESR
    - quality assurance of Job Plans
    - reference for practitioners under performance review
    - reference as part of revalidation
    - finance reviews and planning
- 7.6.8 The Medical Directorate will keep and update a Master Log of all Job Planning activity; this will be on an individual and care group level
- 7.6.9 The Medical Directorate will provide quarterly reports on Job Planning completion and any improvement projects that are ongoing; copies will be provided for Clinical Governance Groups so wider staff groups can be kept up to date



7.6.10 A Job Planning Governance Group (JPGG) will meet on a quarterly basis; chaired by the Medical Director this group will ensure Job Planning is monitored and improvement aims are met

7.6.11 A quality assurance framework will be developed and adhered to as part of the Terms of Reference for the Job Planning Governance Group

7.6.12 An annual Job Planning Report will be provided for Quality & Safety Committee.

7.6.13 The HR Workforce Team will validate each individual's Job Plan against their contract and pay records.

7.6.14 A Job Planning Audit Framework will be developed and consistency checks will be carried out to ensure the process is being applied across the Trust in line with values and objectives.

## **7.7. Job Plan Review and Change Management Process**

7.7.1 The Job Plan will be reviewed annually **or** on significant changes to working practice and be revised accordingly.

7.7.2 Depending on the level of the change, it may require a change to the Team and / or individual Job Plan.

7.7.3 The review will consider:

- Factors that have affected the achievement of objectives
- Progress against personal objectives
- Any changes to duties or responsibilities
- Ways of improving management of workload
- Planning and management of the practitioner's career
- Agree plan for setting and achieving next year's objectives and identify the resources required.

7.7.4 If a significant change is identified the job plan will need to be reviewed as soon as practicable; the revised job plan would need to follow the approval and governance route to be accepted as a new version.

## **7.8. Resolving Disagreements over Job Plans**

7.8.1 The practitioner and Clinical Manager will make every effort to agree any change to the Job Plan at the annual review.

7.8.2 Local resolution is supported and whilst not a requirement discussion with the Associate Medical Director is encouraged in the first instance where there is failure to agree.



- 7.8.3 If this is not successful or this route is not appropriate a formal disagreement should be made in writing to the Medical Director within 2 weeks of the failure to agree stating:
- The nature of the disagreement
  - The reason for their position
  - The evidence from their point of view
  - The consequences of alternative job plans
  - Their ideas for solution e.g. ideas on how to reduce number of hours worked if the number of PAs is the problem.
  - Evidence brought will depend on the nature of the disagreement but may include: • Work diaries • Workload activity statistics • Prescribing data • Corroborating letters from external organisations • Specialty advice re best practice • CQC visit information • NICE guidance • Comparison with agreed job plans of other practitioners in the same or different organisations.
- 7.8.4 The Medical Director or appropriate other person will convene a meeting, normally within four weeks of receipt of the referral, with the practitioner and the responsible Clinical Manager to discuss the disagreement and to hear their views.
- 7.8.5 If agreement is not reached at this meeting, then the Medical Director will decide the matter and inform the practitioner and the responsible Clinical Manager of that decision or recommendation in writing. If the practitioner is not satisfied with the outcome, he or she may lodge a formal appeal.
- 7.8.6 If agreement is reached the Job Plan should be signed off and section on 'Job Plan Sign Off' adhered to.

## **7.9. Appeals**

- 7.8.7 A formal appeal panel will be convened if it is not possible to reach an agreement at mediation. An appeal is lodged according to schedule 4 of the terms and conditions of service.
- 7.8.8 An appeal shall be lodged in writing to the Chief Executive as soon as possible and in any event within two weeks, after the outcome of the mediation process. The appeal should set out the points in dispute and the reasons for the appeal. The Chief Executive will, on receipt of a written appeal, convene an appeal panel to meet within four weeks.
- 7.8.9 The panel will consider the dispute taking into account views of the practitioner and the organisation and will normally make a recommendation to the trust board within 2 weeks (depending on the complexity of the situation) of the appeal being heard. It is expected that the Trust board will normally accept the recommendation.
- 7.8.10 Appeal panel consists of:
- A chair nominated by the appellants employing organisation



- A second panel member nominated by the appellant practitioner
- A third member chosen from a list of individuals approved by the CCG, the BMA and BDA.

7.8.11 The CCG will monitor the way in which individuals are allocated to appeal panels to avoid particular individuals being routinely called upon.

7.8.12 If there is an objection raised by either the practitioner or the employing organisation to the first representative from the list, one alternative representative will be allocated. The list of individuals will be regularly reviewed

7.8.13 The practitioner may present his or her own case in person, or be assisted by a work colleague or trade union or professional organisation representative, but legal representatives acting in a professional capacity are not permitted.

## **7.10. Job Planning Risk Management**

7.8.14 If risks are identified with the governance and/or management processes these can be raised directly with the Medical Directorate Team

7.8.15 The Medical Directorate will monitor the processes and where appropriate will raise and manage risks via the Trust's Risk Management System.

7.8.16 Risks that are raised as part of the Job Planning activity will be owned by the care group and raised via the Trust's Risk Management System.

7.8.17 If a risk raised by the care group, relating to Job Planning receives a risk score of 12 or more, these will be escalated via the Medical Directorate Team

7.8.18 All known risks will be reviewed via the Job Planning Governance Group, they will be managed by exception and only those rated with risk score 12 and over will be included on the highlight reports and annual report that is sent to the Quality and Safety Committee.

## **8. Pay Progression and Clinical Excellence Awards**

Adherence to these standards for job planning will form part of the criteria for pay progression and clinical excellence awards. It has been determined nationally that adherence to the standards of best practice for job planning will form part of the eligibility criteria for clinical excellence awards.

## **9. Training**

An annual workshop will be provided by the Medical Directorate Team; this will provide support for those experiencing difficulties job planning.



A Job Planning resource webpage will be available via SharePoint; this provides information for existing and new staff members and be a training resource that the Medical Directorate signpost doctors to. All doctors will receive a link to this resource and it will be available by the end of May 2017.

## 10. Monitoring Compliance with this Document

The table below outlines the Trusts' monitoring arrangements for this policy/document. The Trust reserves the right to commission additional work or change the monitoring arrangements to meet organisational needs.

Aspect of compliance or effectiveness being monitored	Monitoring method	Individual responsible for the monitoring	Frequency of the monitoring activity	Group / committee which will receive the findings / monitoring report	Group / committee / individual responsible for ensuring that the actions are completed
Job Plan completion Report	Written Report	Medical Directorate Business Manager	Quarterly	Job Planning Governance Group	Medical Director
Job Plan Annual Report	Written Report	Medical Directorate Business Manager	Annually	Quality and Safety Committee	Medical Director
360 Audit	Audit of 10% of completed job plans to check for completion and consistency of approach	AMDs and Medical Directorate Business Manager	Annually	Job Planning Governance Group	Medical Director

## 11. References/ Bibliography / Related policies

Consultant Job Planning Toolkit	<a href="http://www.nhsemployers.org/PayAndContracts/MedicalandDentalContracts/ConsultantsAndDentalConsultants/ConsultantJobPlanningToolkit/Pages/ConsultantJobPlanningToolkit.aspx">http://www.nhsemployers.org/PayAndContracts/MedicalandDentalContracts/ConsultantsAndDentalConsultants/ConsultantJobPlanningToolkit/Pages/ConsultantJobPlanningToolkit.aspx</a>
A Guide to Consultant Job Planning	<a href="http://www.nhsemployers.org/PayAndContracts/MedicalandDentalContracts/ConsultantsAndDentalConsultants/ConsultantJobPlanningToolkit/Pages/ConsultantJobPlanningToolkit.aspx">http://www.nhsemployers.org/PayAndContracts/MedicalandDentalContracts/ConsultantsAndDentalConsultants/ConsultantJobPlanningToolkit/Pages/ConsultantJobPlanningToolkit.aspx</a>
Medical Appraisal Policy	

Appendix 1: Fixed Term  
Contract for Additional  
Programmed Activities



Ref: JP/PA/

Date

Name  
Building  
Street Name  
Town  
County  
Postcode

Dear <Name>

**Fixed Term Contract for Additional Programmed Activities**

Cumbria Partnership NHS Foundation Trust is pleased to offer Additional Programmed Activities (APAs) for the period from to for <name>. This contract for APAs is fixed term and will be reviewed at least annually as part of your Job Plan Review.

The terms and conditions of your APA(s) are as detailed in your Consultant Contract. Additional Programmed Activities will be readily identified in your Job Plan with a clear explanation of why they are to be undertaken.

Should either party wish to alter or terminate this fixed term contract before the end date, they may do so by notifying the other party in writing and giving 3 months notice that the Additional Programmed Activities will cease.

Yours Sincerely

Associate Medical Director

I hereby agree to undertake the Additional Programmed Activities specified and confirm that the details given are correct

Signed:  
(Consultant)

Date: