E-job planning the clinical workforce: levels of attainment and meaningful use standards

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NHS England and NHS Improvement

Contents

Introduction

The NHS Long Term Plan[1] contains the commitment that "by 2021, NHS Improvement will support NHS trusts and foundation trusts to deploy electronic rosters or e-job plans". This document supports NHS providers in implementing and using e-job planning software to its fullest potential.

By documenting and digitalising professional activity in e-job plans, trusts can better understand their workforce capacity. When this is combined with e-rostering software, they can better match their planned capacity to expected demand. E-job planning is essential for achieving the productivity gains described in Lord Carter's reports.[2,3]

We set out five 'levels of attainment' for using e-job planning systems. These enable a trust to benchmark its progress as it adopts e-job planning software. Each level of attainment is underpinned by 'meaningful use standards'. These describe the processes and systems trusts need to meet each level of attainment.

Scope

In line with the NHS Long Term Plan commitment, we expect that all the clinical workforce will eventually have an e-job plan, except staff who work exclusively in one clinical area (eg purely ward-based staff) and doctors in training (since e-rostering, generic work schedules and training curricula are considered sufficient for these workforce groups). All targets in this document therefore exclude these groups. We developed the levels of attainment and meaningful use standards to be relevant to all sectors – acute, mental health, community and specialist NHS providers.

[1] https://www.longtermplan.nhs.uk/
[2] https://www.gov.uk/government/publications/productivity-in-nhs-hospitals
[3] https://improvement.nhs.uk/about-us/corporate-publications/publications/lord-carters-review-unwarranted-variations-mental-health-and-community-health-services/

What is a job plan?

A job plan is a prospective, professional agreement describing each employee's duties, responsibilities, accountabilities and objectives. It sets out how an employee's working time is spent on specified direct clinical care (DCC), specified supporting professional activities (SPA) and other activities such as additional NHS responsibilities and external duties.

A comprehensive job plan will show the timetabling of scheduled activities and define the number of flexibly timetabled, annualised activities. This enables monitoring of an individual employee's annual outputs, particularly when combined with e-rostering. In addition, a job plan should outline an individual's professional objectives for the coming year, including any support the employer will provide to enable the employee to achieve their objectives. This may include a list of supporting resources or a plan to overcome any relevant barriers to meeting their objectives.

For some employees, a job plan is a contractual requirement. Where this is the case, the job plan must meet the requirements set out in the employee's contractual terms and conditions. For most of the workforce (as defined in the scope on page 2), we consider it best practice to have a job plan, even when not contractually required. It is worth noting that e-job planning is not part of the appraisals process; these activities should be considered as two distinct and complementary entities. E-job planning is intended to complement existing workforce planning tools.

By adopting the standards, trusts can be assured they have implemented the e-job planning systems and processes necessary to achieve productivity gains. If they adopt the equivalent e-rostering standards[4] (see page 5) at the same time, they can be assured they have deployed their clinical workforce to best effect.

The NHS clinical workforce has the skill, competence and compassion to deliver world-class patient care. As recommended by Lord Carter, the meaningful use of

[4] *E-rostering the clinical workforce: levels of attainment and meaningful use standards*, NHS Improvement, June 2019.

workforce deployment software can ensure these qualities are deployed to best effect, across all clinical professions, in all healthcare settings.

How widespread is e-job planning?

Our survey in July 2018 to assess e-job planning software coverage and usage across all clinical workforce groups in acute and community trusts found 73% of trusts at attainment Level 0 (see page 7 for definition). This suggests few have realised the benefits of e-job planning software. We also found that 12% of the clinical workforce is deployed via an e-job planning system, with doctors being the predominant group. There is therefore a significant opportunity to improve trusts' use of e-job planning software.

Implementing e-job planning

Each trust's individual circumstances will influence its adoption of e-job planning. Some workforce groups are more accustomed to e-job planning than others. As a result, the manner and timescale for implementing e-job planning will vary between trusts and between workforce groups within a trust.

Implementing e-job-planning for workforce groups to which it is a new concept will need significant board-level support. Evidence shows that an organisation's leadership is the single biggest influence on culture; paying attention to this will make success in implementing this guidance more likely. Implementation should be a collaborative process involving employees and their representatives.

Interdependency with e-rostering levels of attainment

You should use the levels of attainment and meaningful use standards with their e-rostering counterparts.[5]

We envisage that trusts would struggle to meet the higher levels of attainment for e-job planning without an effective e-rostering system. For example, to monitor metrics such as 'planned versus delivered clinical sessions', data will need to be pulled from both the e-job planning and e-rostering systems.

We also envisage that, for in-scope workforce groups, trusts would be unable to meet the higher levels of attainment for e-rostering without an effective e-job planning system. E-job planning is essential for using e-rostering to its maximum potential: it enables the workforce availability and capacity to be defined accurately and in line with service objectives. This information can then be used to create an e-roster.

You should therefore adopt e-job planning systems at the same time as e-rostering systems. During this process, trusts should use as many of the software functions (such as recording clinical unavailability) as possible.

[5] *E-rostering the clinical workforce: levels of attainment and meaningful use standards*, NHS Improvement, June 2019.

Levels of attainment and meaningful use standards

How to use the levels of attainment and the standards

We designed the levels of attainment to assess a trust's progress in adopting and using e-job planning software. You can use them to benchmark your entire trust, an individual workforce group or an individual department or team.

The meaningful use standards describe the processes and systems that trusts need to meet each level of attainment.

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

1. **chronological** – to reflect the trust's progress towards the most effective levels of using e-job planning systems

2. **all-encompassing** – to suit any clinical workforce group, while allowing for nuances that are specific to a workforce group

3. **measurable** – to assess how far trusts have implemented e-job planning systems and to enable NHS Improvement to identify lessons to share and target support

4. **meaningful** – so we are setting standards that directly relate to matching workforce capacity to demand.

The levels of attainment are sequential, and all the standards underpinning each level must be achieved before the next level can be met. For example, to meet Level 2, all the standards underpinning both levels 1 and 2 must be met. To meet Level 3, all the standards underpinning levels 1, 2 and 3 must be met, and so on. It is possible for one clinical workforce group to be at a different level from another, but we expect trusts to plan to move all clinical workforce groups to Level 4.

Level 0	**No e-job planning:** e-job planning software may be being procured or in place, but fewer than 90% of employees are fully accounted for on the system. Job plans may be in place (eg paper-based or Microsoft Excel) but are not recorded on dedicated e-job planning software.
Level 1	**Basic individual e-job planning:** the trust has procured e-job planning software and trained its staff to use it. Trust-wide policies detail the e-job planning process and its governance. At least 90% of employees have an active e-job plan.

Standard 1.1: The trust has procured e-job planning software

- E-job planning software is in place.
- Staff access to the e-job planning system complies with local information governance policy, so personnel have the right and proper access to oversee the job plans of those in their line management structure and can see relevant system reports.
- Less than 10% of staff use other systems such as Microsoft Excel or paper-based systems.

Standard 1.2: Staff have been trained in the e-job planning process

- All staff who use the e-job planning software have been trained for the role.
  - This training includes how to use the software as well as skills relevant to e-job planning.
- Software training is ongoing to enable troubleshooting and use of all software functions.

Standard 1.3: Trust-wide policies detail the e-job planning process

- A trust-wide e-job planning policy covers all clinical workforce groups. This policy has been approved in the past three years. It covers all aspects of the e-job planning process, including mediation and appeals where contractually required.
- The trust-wide e-job planning policy is aligned to other relevant policies (eg annual leave, flexible working), as well as national guidelines and workforce-specific contractual requirements. This policy sets out justified workforce-specific nuance, ensuring each professional group's unique contribution is accounted for.
- The policy identifies a single accountable officer responsible to the trust board for implementing and monitoring e-job planning. They lead an 'e-job planning workforce group' with a specific remit to implement and maintain e-job planning in the trust. This e-job planning workforce group meets regularly, and we recommend monthly.
- The director of human resources is accountable for ensuring all workforce policies are up to date.

Standard 1.4: At least 90% of employees have an active e-job plan

- At least 90% of employees (excluding staff who work exclusively in one clinical area and doctors in training) have an active e-job plan (ie reviewed and approved in the past year).
- Individual e-job plans detail the employee's objectives as well as their expected clinical and non-clinical activity.

Level 2

Advanced individual e-job planning: the trust allocates time and resources to e-job planning. The trust uses the full functionality of e-job planning software to include details of the agreed average output of planned activity. It maintains a fair and transparent culture around e-job planning.

Standard 2.1: The trust allocates time and resources to e-job planning

- Line managers and other staff responsible for agreeing individual e-job plans have adequate time allocated in their own e-job plan for the task. They also have access to non-clinical resources such as managerial support.
- When adopting the e-job planning software, adequate time in employees' work schedules is allocated for training. For most employees this can occur during induction. However, line managers who use this software weekly will need time for dedicated training and ongoing troubleshooting during implementation.

Standard 2.2: Trusts use the full functionality of e-job planning software to include details of the agreed average output of planned activity

- The job plan sets out how an employee's working time is spent on specified direct clinical care (DCC), specified supporting professional activities (SPA) and other activities such as additional NHS responsibilities and external duties.
- Each recorded activity details the agreed average output per session (eg number of patients seen in clinic). The metrics chosen should take account of the specific complexities of an employee's specialty, case mix and workforce group. When agreeing these metrics, care should be taken to ensure that patient safety and clinical outcomes will not be compromised. Although these metrics will be agreed individually between the employee and employer, there should be consistency across the team.
- The time allocated to activities in the e-job plan should be routinely reconciled against the actual time taken to deliver these activities.

Standard 2.3: The trust maintains a fair and transparent culture around e-job planning

- Trust-wide policies are kept to and applied fairly and consistently.
- Where contractually required, mediation and appeals are timely and responsive. Outcomes from mediation and appeals are recorded on the e-job planning software, enabling audit and making the process transparent.
- The trust approaches all aspects of e-job planning collaboratively, agreeing e-job plans with employees. E-job planning is flexible and responsive to both service and workforce needs.

Level 3

Team e-job planning: teams establish team e-job planning meetings that align team objectives to individual e-job plans and service needs, as defined through team capacity and demand analysis. Planned and delivered activity is reconciled at least quarterly using data from the trust's e-rostering system, with objectives annualised if this meets service needs. The trust ensures e-job planning is consistent between teams.

Standard 3.1: Teams use the e-job planning software to help analyse capacity and demand

- The team analyses capacity and demand, using data from the e-job planning, e-rostering and other clinical systems, at least annually. Non-clinical managerial support is provided to clinical leads for this.
- The results are used to inform team e-job planning meetings, helping set the team's objectives.
- Throughout the year, this capacity and demand analysis is correlated with other data sources (including e-job planning, e-rostering and clinical data). This enables actual demand to be tracked against planned and delivered activity, ensuring continuous and dynamic capacity and demand matching.

Standard 3.2: Teams establish team e-job planning meetings that align individual e-job plans to team objectives and service needs

- Before individual e-job plans are agreed, the department holds a team e-job planning meeting. This occurs at least annually.
- Team e-job planning meetings set team objectives and outline the team's expected clinical output for the following year (based on the team's capacity and demand analysis).
- The team agrees a plan for delivering these outputs, with individual e-job plans reflecting the mutually agreed team plan. Individual e-job plans are therefore aligned to the team's objectives and agreed personal objectives. The team monitors and tracks their collective performance to identify any variance from this team plan, enabling mitigating actions to be implemented.
- During discussion and agreement of team e-job plans, care must be taken to respect individual employee confidentiality, ensuring that individually identifiable information is not shared without permission.
- The wider multidisciplinary team has been consulted, so the impact of any changes to the service has been fully considered.
- The team identifies the necessary leadership roles (such as governance lead, trainee supervision, etc) for the following year and allocates these roles, with their individually agreed SPA time, appropriately among team members.

Standard 3.3: Planned and delivered activity are reconciled at least quarterly using data from the trust's e-rostering system

- Team leads use data from both the e-job planning and e-rostering software to monitor variances between planned and delivered activity at least quarterly. Where variance to e-job plans is identified, the team leader should identify the cause of this variance and agree appropriate mitigating actions collaboratively with the team.

Standard 3.4: Objectives are annualised if this meets service needs

- Annualising an e-job plan involves an employee agreeing with their employer to undertake a particular number of working sessions annually rather than weekly. This usually incorporates allowances for contractual obligations such as annual leave and study leave.
- All or part of an e-job plan may be annualised. Annualisation brings many benefits:
  - scheduling, monitoring and tracking activity across the year ensures the agreed number of sessions is delivered and enables more accurate capacity and demand management (eg annualising on-call sessions can make them easier to deliver)
  - employees may work more flexibly.
- The decision to annualise should only be taken if it meets service needs and is agreed with the individual employee.

Standard 3.5: The trust ensures e-job planning is consistent between teams

- The trust has an e-job planning consistency committee. This meets at least quarterly to review a sample of individual and team e-job plans, so that e-job plans within and between teams or departments consistently apply trust-wide policy. Where variance from trust policy is identified, the committee advises on the best way to proceed and returns the relevant e-job plans to the team for review.
- The committee's governance includes terms of reference and defined corporate responsibility.
- The trust has a standardised suggested 'tariff' for non-clinical duties that attract a SPA time allocation in an employee's e-job plan (eg one hour SPA time/week for the first trainee who is supervised) to support consistency between departments. These suggested tariffs should be routinely reconciled to ensure they reflect the realistic time requirements of the role.

Level 4

Organisational e-job planning: there is board-level accountability for monitoring e-job planning across all workforce groups, ensuring audit and review. Individual and team objectives, departmental budgets and the trust's objectives are aligned, so it can respond dynamically to services' changing needs.

Standard 4.1: There is board-level accountability for monitoring e-job planning across all workforce groups

- The trust clearly identifies and details the responsibilities of its board members, clinical directors and service leads/budget-holders for implementing and delivering e-job planning.
- Key performance indicators and metrics, as shown in Appendix 2, are reported at least quarterly at both departmental and trust-board level.

Standard 4.2: The trust undertakes at least a quarterly audit and review

- An executive-led governance group is responsible for e-job planning (this can be an evolution of the 'e-job planning workforce group' set up to satisfy Standard 1.3). Specific responsibilities include:
  - implementing and reviewing trust-wide policies
  - regularly auditing and reviewing the e-job planning process, ensuring that policy guidelines have been applied to all workforce groups
  - governance of the consistency committee
  - governance of the mediation and appeals process (where contractually required)
  - implementing the levels of attainment and meaningful use standards in this document.
- The trust engages with requests from external agencies for data on the e-job planning process.

Standard 4.3: Team objectives, departmental budgets and the trust's objectives are aligned

- Trust-level objectives are established, and team objectives are aligned to them while ensuring delivery of the department's core services.
- A professional triumvirate including the finance, clinical and human resources teams undertakes a service-level review at least quarterly to enable continuous capacity and demand matching. This review will be supported by analytics and operational intelligence. The purpose of this review is to identify appropriate support for the team, enabling them to meet the team's objectives. This review includes:
  - monitoring relevant key performance indicators and metrics (see Appendix 2)
  - monitoring the team's planned versus delivered sessions
  - monitoring the team's expected versus actual demand
  - reviewing the team's objectives.
- This evidence-based review informs the department's budget, so it is aligned to the team's and trust's objectives.
  - E-job plans, ledgers, roster templates and electronic staff records should automatically reconcile, ensuring consistency across these platforms.

Standard 4.4: The trust responds dynamically to services' changing needs

- Services' changing needs are identified through:
  - capacity and demand analysis, including monitoring actual versus expected demand (Standard 3.1)
  - team e-job planning meetings (Standard 3.2)
  - regularly reconciling individual planned and delivered activity (Standard 3.3)

  - monitoring key performance indicators and metrics (Standard 4.1)
  - quarterly service-level reviews at the professional triumvirate meetings (Standard 4.3).

- When identifying changing service requirements, updated individual and team e-job plans are agreed which align with the new service requirements. (This may involve triggering mid-year reviews of e-job plans, ensuring that employees are engaged in this process along the same principles as when initially agreeing e-job plans with their employer).
- E-job planning redeploys workforce resources appropriately and in collaboration with affected staff, maximising their potential so the right staff with the right skills are in the right place at the right time.

Appendix 1: Definition of terms

Active e-job plan: one that has been reviewed and approved in the past 12 months.

Annualisation: when an employee agrees with their employer that they will undertake a particular number of working sessions annually rather than weekly.[6] All or part of the e-job plan may be annualised (for example, on-call activity is often annualised rather than scheduled weekly, to allow for flexibility in its delivery).

Clinical demand: clinical activity taking account of patient needs, commissioning priorities and staff training needs. If available, validated acuity tools should be used to establish demand.

Clinical workforce: any member of the workforce who undertakes clinical or clinically related tasks, whether patient-facing or not.

E-job plan: a prospective, professional agreement describing an employee's duties, responsibilities, accountabilities and objectives. It describes how their working time is spent on specified direct clinical care (DCC) and on specified supporting professional activities (SPA).

[6] *A guide to consultant job planning*, British Medical Association and NHS Employers.

Appendix 2: E-job planning key performance indicators and metrics

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 sessions to total planned sessions – this should be broken down by professional group. It should be reported at least quarterly.

Percentage variance between planned and delivered sessions – this should be reported at least quarterly. It should be broken down by professional group and monitored at trust level.

Contact us:

NHS Improvement

0300 123 2257
enquiries@improvement.nhs.uk
improvement.nhs.uk

@NHSImprovement

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