Job planning the clinical workforce – allied health professionals

A best practice guide

July 2019

NHS England and NHS Improvement

The NHS Long Term Plan says that when organisations work together they provide better care for the public. That is why on 1 April 2019 NHS Improvement and NHS England united as one – our aim, to provide leadership and support to the wider NHS. Nationally, regionally and locally, we champion frontline staff who provide a world-class service and constantly work to improve the care given to the people of England.

Contents

Introduction

This guide provides detail on job planning specifically for allied health professionals (AHPs). It supplements national workforce guidance published by NHS England and NHS Improvement on e-job planning and levels of attainment, and it replaces *AHP job planning: a best practice guide* published by NHS Improvement in 2017.

Job planning is recognised as an important means of linking best use of resources with quality outcomes for patients and as a useful element in service redesign. However, the way in which provider trusts deploy their AHPs varies significantly. This makes it challenging to match AHP resources to trusts' overall activity plans.

By documenting professional activity in job plans, NHS providers can better understand their workforce capacity and match it to patients' needs. When this is combined with e-rostering software, providers can effectively plan and deploy their workforce to achieve the productivity gains described in Lord Carter's reports[1, 2] and meet the National Quality Board's expectations on safe, sustainable and productive staffing.[3]

The NHS Long Term Plan[4] made the commitment that "by 2021, NHS Improvement will support NHS trusts and foundation trusts to deploy electronic rosters or e-job plans". To help with this, we have published national levels of attainment and meaningful use standards,[5] outlining best practice for using e-job planning software.

It is important to recognise that digitising job plans by using software will enable transparency and efficiency. However, time allocations and the content of an individual's job plan can be agreed before software is in place. We therefore recommend you use the levels of attainment to measure your progress towards

[1] www.gov.uk/government/publications/productivity-in-nhs-hospitals
[2] www.improvement.nhs.uk/about-us/corporate-publications/publications/lord-carters-review-unwarranted-variations-mental-health-and-community-health-services/
[3] www.england.nhs.uk/publication/national-quality-board-guidance-on-safe-staffing/
[4] www.longtermplan.nhs.uk
[5] www.improvement.nhs.uk/resources/levels-attainment-and-meaningful-use-standards-e-rostering-and-e-job-planning/

effective team job planning – with or without software – and in conjunction with this guide, which can also be used as a standalone document to support implementation of job planning without an appropriate software system.

Scope

In line with the NHS Long Term Plan commitment, we expect all the clinical workforce[6] across all sectors to have an e-job plan. Exceptions apply for clinical staff exclusively deployed and embedded in one clinical area.

AHPs in clinical roles, management or leadership roles that require AHP registration should have a job plan. The 14 individual allied health professions are:

1. Art therapists	2. Drama therapists
3. Music therapists	4. Chiropodists/podiatrists
5. Dietitians	6. Occupational therapists
7. Operating department practitioners	8. Orthoptists
9. Osteopaths	10. Paramedics
11. Physiotherapists	12. Prosthetists and orthotists
13. Radiographers	14. Speech and language therapists

Where any of the professionals above are included in the establishments for a specific clinical area (eg wards), and therefore included within the 24/7 roster, we do not envisage they will require a job plan.

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

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 responsibilities (ANR) and externally funded duties (ED). AHP job planning categories are outlined in the Appendix.

It is a **plan** that is created annually, then delivered by the weekly/daily operational deployment systems (eg 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.

Figure 1: Example showing allocation of clinical hours

Physiotherapist A is full time and therefore is employed to work 37.5 hours per week

37.5 x 52 = 1,950 paid hours	
	Annual leave (37.5 x 6) plus 8 days bank holiday = 285 hours
	Sickness (3% of paid hours) = 58 hours
	Total hours available for clinical work = 1,607 (equates to 42.85 weeks)

For Physiotherapist A, 1,607 clinical hours may be split as follows:

DCC	**SPA**	ANR	ED
70%	30%	0%	0%
1,125 hours	**482 hours**	0	0

DCC, SPA, ANR and ED have subcategories to allow for additional local descriptors of activity, if required. For example, in DCC you may want to know the balance of individual patient-attributable time to non-individual patient-attributable time, as this may help you find unwarranted variations between teams. In SPA you may want to record planned continuing professional development (CPD) time separately from planned clinical service management time, so that you have a detailed understanding of the blocks of time that make up each category.

You may want to add additional detail to allow further breakdown of planned time. This is acceptable if it helps you to plan time effectively but must be able to map back to the primary categories of DCC, SPA, ANR and ED.

The quantified annualised[7] clinical hours must be aligned to specific service lines so that trusts can clearly report planned capacity into each service. This should be done at individual level and aggregated to achieve the service level.

A comprehensive job plan may show the timetabling of scheduled activities and quantify the number of specific activities to be undertaken: eg the number of new patient assessments in outpatient clinics. It should also 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 the 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 organisational barriers to meeting their objectives.

Reporting the outputs of job planning

We expect the outputs of job planning to be published via the Model Hospital. The metrics will be displayed as **% DCC per FTE** and **% SPA per FTE** in the AHP workforce compartment, which will enable comparison between peers.

The metric **% DCC per FTE** will be displayed in each clinical service-line compartment to evidence AHP value into specific clinical specialties.

[7] **Annualisation:** when an employee agrees with their employer that they will undertake a particular number of working sessions annually rather than weekly. 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).

What is included in a job plan?

Specified direct clinical care (DCC)

This covers all clinical and clinically related activity, including activities such as multidisciplinary team meetings and patient-related clinical administrative tasks (eg writing notes). Virtual clinics that use Skype/video calls, AHP services that deliver patient support via apps, digital media, telehealth monitoring and other digital solutions are also included.

It includes public health work intended to improve the health and wellbeing of a specific community, patient group or whole population; examples of this could be planning and carrying out public health campaigns, working as part of a multi-agency group or community development initiatives.

Specified supporting professional activities (SPA)

This includes, but is not limited to, activities such as appraisal, teaching, training, research, audit, clinical management and CPD activities.

Other activities including:

- **additional NHS responsibilities (ANR)** – eg clinical senates, sustainability and transformation partnership (STP) work leads, STP committees, NICE committees, mental health first aider, Freedom to Speak Up guardian, trade union representative roles
- **external duties (ED)** – this includes roles undertaken by trust employees that are external roles and externally funded such as guest lectures, or research.

A comprehensive job plan will show the timetabling of scheduled activities and where the activities will take place, and it will define the number of flexibly timetabled, annualised activities.

Minimum standards for staff job plans

- clearly identified job banding and hours of work and post identification
- staff full name
- all time accounted for and how much time the employee is expected to be available for work
- clearly identified DCC, SPA, ANR and 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 of 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 organisations.

Trusts should aim for a whole-service approach to multiprofessional workforce capacity planning, which will enable the right skills to be available at the right time to deliver high quality, efficient patient care. However, we recognise this will take time to achieve, as many workforce groups are new to job planning. AHP job planning will prepare the AHP workforce to take part in these conversations.

Job planning provides the opportunity for AHPs 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 but that add value for patients.

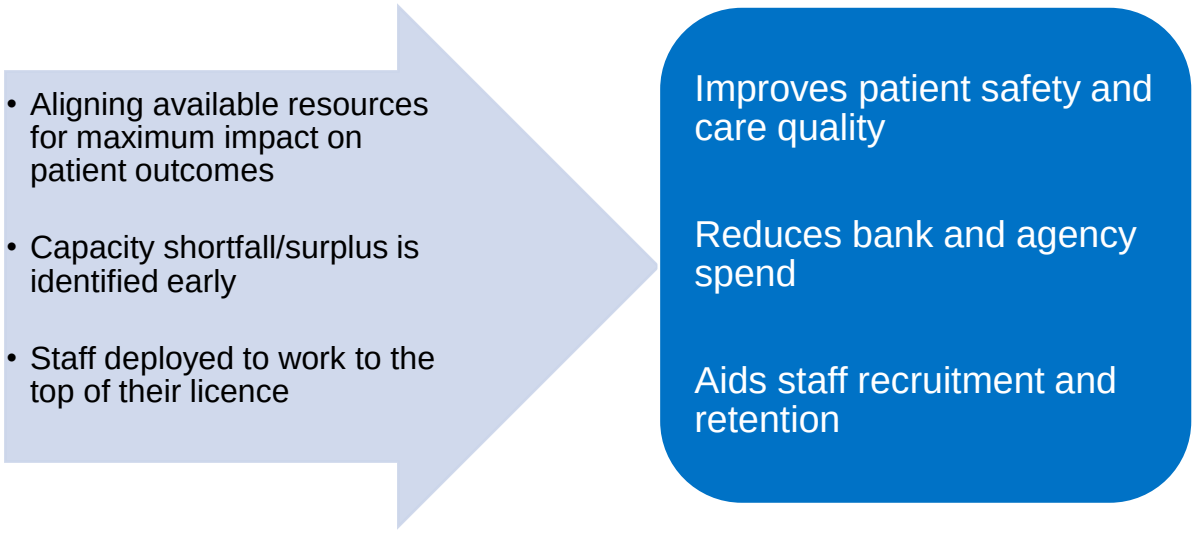
CPD and lifelong learning are necessary for the development of everyone who works in health and social care and for the experience of service users. They support a workforce that is capable of designing, delivering, evaluating and improving high quality care and services.[8] CPD and lifelong learning in line with regulatory, professional and UK health and social care system requirements (as well as any statutory and compulsory training requirements) are an essential part of SPA. Job planning enables individuals and trusts to show how they are meeting this requirement.

[8] *Principles for continuing professional development and lifelong learning in health and social care*, January 2019 – available from www.bda.uk.com

Benefits of job planning

Job planning enables the effective and efficient use of resources in a way that brings mutual benefits to organisations, patients and clinical staff in planning and delivering high quality care. At its heart is a drive to provide patient-centred care that meets local populations' needs and improves outcomes.

What are the benefits of e-job planning for trusts?

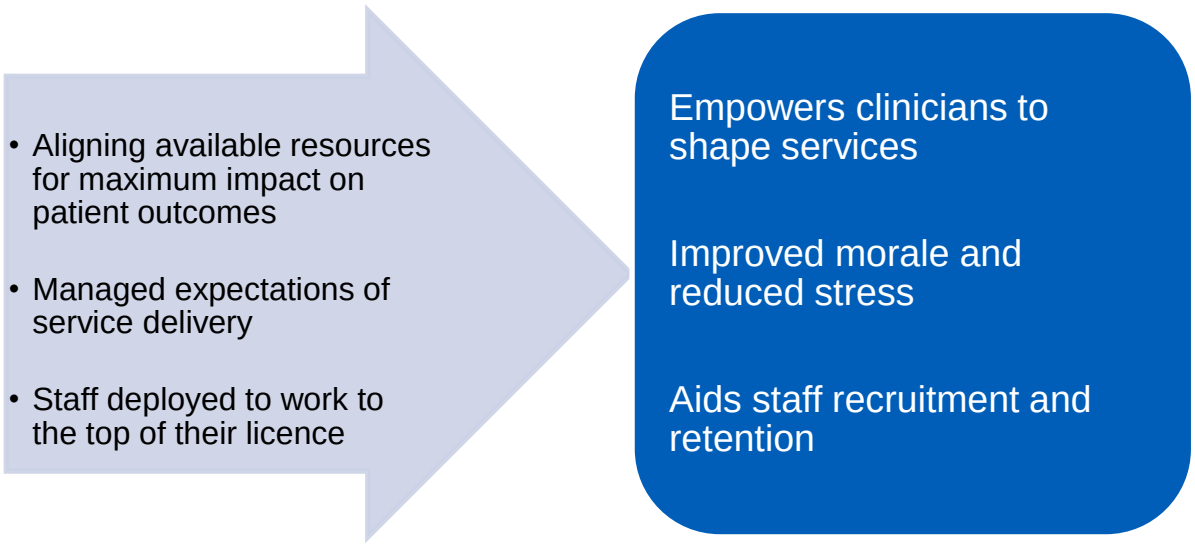


Achieved by:

- a proactive approach to aligning available resource
- quantifying the AHP workforce's clinical capacity and skills availability, making workload management more meaningful
- making the AHP workforce's broad and diverse skills more apparent to the organisation
- aligning the AHP job planning process to the trust's capacity and demand planning, linking the dependencies between consultant activity and AHP activity in relation to patient throughput and outcomes

- realigning and redeploying AHPs to meet changes in service requirements according to service redesign, sustainability and transformation partnerships, etc
- reviewing safe working hours and allowing negotiation of extra hours where relevant.

What are the benefits of e-job planning for clinicians?



Achieved by:

- quantifying the AHP contribution that is not direct clinical care, including income-generating work
- measuring outputs against clinical capacity, so the productivity of AHP services will be easier to demonstrate
- supporting the AHP workforce to comply with its Health and Care Professions Council registration requirements by identifying supporting professional activities such as CPD, clinical audit participation, research and other activities relevant to the individual's revalidation
- linking capacity with demand, enabling AHPs to adapt service models accordingly

- providing a useful adjunct to development reviews by ensuring personal development objectives are in line with the organisation's priorities for the effective and efficient use of AHP time.

A more cohesive team has been an unexpected but most rewarding impact of implementing job planning.

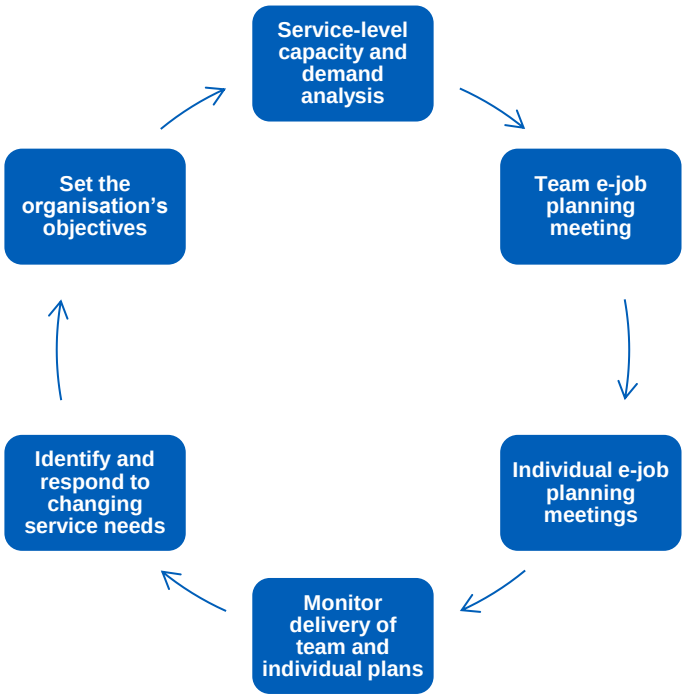
Cassie Hawkins, Speech and Language Therapist, St George's University Hospitals NHS Foundation Trust

I am able to more effectively plan my diary; I have been able to see more patients; patient-related tasks that aren't patient-facing are more visible and better understood; planning is better for patients, and I am more productive.

Clare Smith, Speech and Language Therapist, Whittington Health NHS Trust

Getting started with job planning

Figure 2: Annual job planning cycle



Many AHP services will never have used job planning before, and many AHPs will never have had a job plan before. Services should aim for an annual cycle of job planning that follows these six steps:

Step 1: Set the organisation's objectives

Step 2: Undertake service-level capacity and demand analysis

Step 3: Team e-job planning meetings

Step 4: Individual e-job planning meetings

Step 5: Monitor delivery of team and individual plans

Step 6: Identify and respond to changing service needs

Before moving onto the six-step cycle of regular job planning, you may need to take some additional steps:

1. Review ESR

The electronic staff record (ESR) is the primary source of workforce data for your trust. All AHPs requiring a job plan should be identified and coded correctly on ESR using Code S from the NHS Occupation Code manual. www.digital.nhs.uk/data-and-information/areas-of-interest/workforce/nhs-occupation-codes

Further support for AHPs to reconcile ESR can be found here: www.improvement.nhs.uk/resources/nhs-electronic-staff-record-allied-health-professions/

2. Propose DCC/SPA ratio for job roles and bands

As a service/team lead, you will have a notional idea of how much DCC time you will expect from each role. You may choose to apply a blanket approach for all similar band staff, or you may choose to consider each individual job plan separately, or a mixture of both.

We are not recommending a set percentage for DCC and SPA, as a rigid framework would be unable to reflect the diversity and breadth of roles that exist across the professions and the sectors. However, some trusts have chosen to set their own percentage of DCC as a starting point. Figure 3 below shows an example from an acute teaching trust.

Figure 3: Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust AHP job planning

Job banding	Percentage of week allocated to clinical activity (DCC)	Percentage of week allocated to non-clinical activity (SPA, ANR, ED)
1	95%	5%
2	95%	5%
3	90%	10%
4	90%	10%
5	90%	10%
6	85%	15%
6*	80%	20%
7	70%	30%
Clinical 8	85%	15%

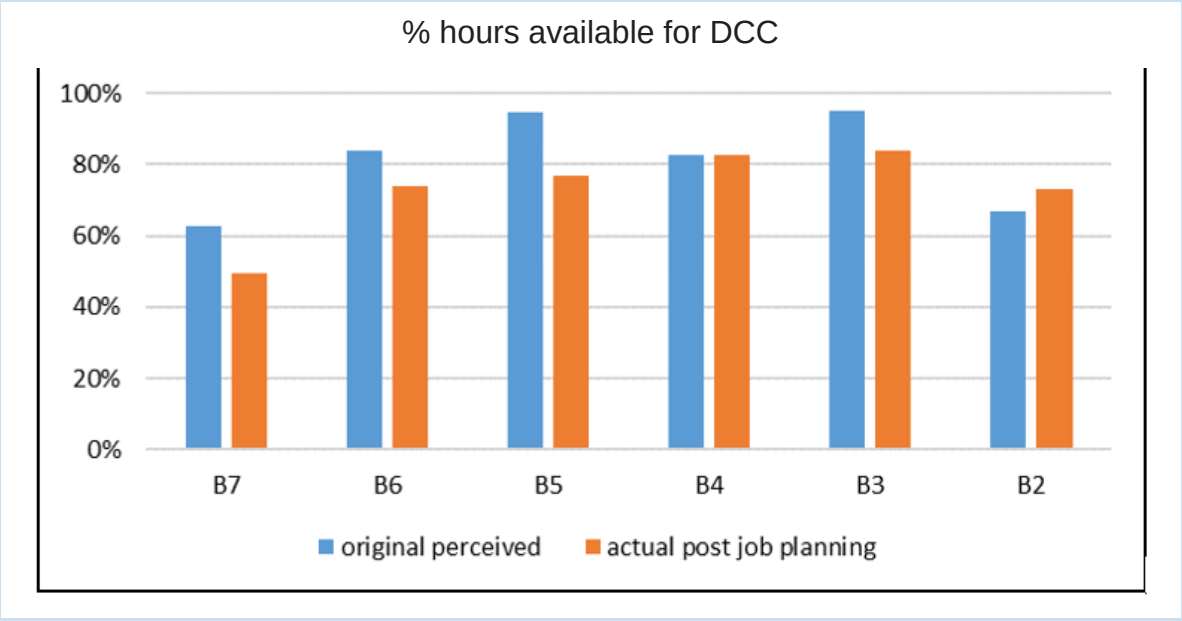
* Denotes a Band 6 post with additional leadership responsibilities

To inform a realistic split of DCC and SPA for your specific service, consider doing a short time-and-motion survey (no more than two weeks). Discuss the study's findings with the team and base target DCC/SPA ratios on the outcome. Refer to the Ipswich Hospital NHS Trust case study below.

Case study – The Ipswich Hospital NHS Trust

(now East Suffolk and North Essex NHS Foundation Trust)

When Ipswich Hospital's therapy service began its job planning process, the team considered how much time it spent delivering individual patient-attributable and non-individual patient-attributable contacts (original perceived percentage). A time-and-motion survey was then undertaken to establish whether these perceptions were correct. Once job planning was completed, percentage hours available for DCC were compared against pre-job planning assumptions; in bands 7 to 5 this showed marked differences in the perceived versus actual percentage of hours available for direct and indirect patient contacts of up to 18 percentage points.



3. Undertake service-level capacity and demand analysis

Undertake a capacity and demand analysis, converting clinical demand[9] into expected DCC hours. Specifically:

- use data from existing workforce systems and other clinical systems to support this analysis

[9] **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.

- use NHS England and NHS Improvement's guidance[10] and toolkits[11] to inform the analysis.

Information about expected activity is essential for job planning to be effective in matching resource to the demands of the service. Information should come from trust capacity and demand plans as well as more bespoke detail for AHP services that follows best practice guidance or benchmarks. For example:

- number of referrals to the team/service per day/week/month/year; number of new to follow-up appointments in an outpatient clinic
- number of board/ward rounds that need to be attended for inpatients
- therapy guidelines – eg Sentinel Stroke National Audit Programme (SSNAP) recommended agreed therapy times per day/week, intermediate care, etc
- number of contacts (NB for each direct patient contact there will be associated clinical time for indirect activities, which must be allowed for when creating job plans)
- known teaching commitments, student placements, etc.

The *AHP job planning productive hours calculator* is available to download to support your job planning process.[12] This template helps you calculate clinical capacity for AHP teams and services. You may wish to use it to support the implementation of job planning for AHP services that do not have software in place.

[10] www.improvement.nhs.uk/resources/demand-and-capacity-comprehensive-guide/
[11] www.england.nhs.uk/ourwork/demand-and-capacity/models/endoscopy-capacity-and-demand-tool/
[12] www.improvement.nhs.uk/resources/allied-health-professionals-job-planning-best-practice-guide/

Appendix: AHP job planning categories

£££ cost of service				
DCC **Direct clinical care**		**SPA** **Supporting professional activities**	**ANR** **Additional NHS/trust responsibilities**	**ED** **External duties (funded)**
Individual patient-attributable	Non-individual patient-attributable	Activities that support the delivery of high quality clinical services	Additional trust-wide appointed roles	Roles undertaken by trust employees that are external roles and externally funded
Direct intervention with patient	Clinical activities not attributed to a single patient: eg ward/board rounds, MDTs, clinical reviews	Clinical service management – includes appraisal (appraiser)	Use to categorise roles within the trust (eg transformation lead) and the wider NHS (eg member of a clinical reference group)	External income-producing activity for individuals
		Students – time allocated for students		Teaching/guest lectures
Indirect intervention for a specific patient		CPD – personal study, journal clubs, IST		Research
		Generic – includes job planning, appraisal as an appraisee		
Travel	Travel	Travel	Travel	Travel

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