NHS England

E-job planning the clinical workforce

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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". To support providers in meeting this goal, we published national levels of attainment and meaningful use standards,[2] outlining best practice for using e-job planning software.

This guide provides more detailed information on implementing e-job planning systems and their governance, enabling providers to meet the highest level of attainment in e-job planning. A similar, complementary guide has been produced to aid implementation of e-rostering systems.[3]

The Long Term Plan commitment extends e-job planning beyond workforce groups that have traditionally job-planned their workforce (eg consultant doctors). As a result, some 'Agenda for Change' workforce groups, where e-job planning may be a novel concept, are now in scope (please see scope section below for more detail).This document adopts a universal language[4] for e-job planning to avoid confusion going forward.

By documenting and digitising professional activity in e-job plans, NHS provider organisations can better understand their workforce capacity and match it to patients' needs. When this is combined with e-rostering software, they can effectively plan and deploy their workforce to achieve the productivity gains described in Lord Carter's reports[5] and meet the National Quality Board's expectations on safe, sustainable and productive staffing.[6]

NHS provider organisations need to be increasingly versatile to manage changing demographics, new disruptive technologies and changing patient expectations. E-job planning enables organisations to respond dynamically to these challenges, facilitating the introduction of new service delivery models.

1 www.longtermplan.nhs.uk
2 https://www.england.nhs.uk/workforce-deployment-systems/
3 https://www.england.nhs.uk/workforce-deployment-systems/
4 Job Planning Language - Clinical Workforce Productivity - FutureNHS Collaboration Platform
5 www.gov.uk/government/publications/productivity-in-nhs-hospitals
https://improvement.nhs.uk/about-us/corporate-publications/publications/lord-carters-review-unwarranted-variations-mental-health-and-community-health-services/
6 https://www.england.nhs.uk/ourwork/part-rel/nqb/

Scope

In line with the NHS Long Term Plan commitment, we expect all the clinical workforce to 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).

This guidance covers the principles that apply to all clinical workforce groups. It should be used alongside existing[7] and profession specific guidance[8,9] to ensure that individual workforce nuances are accounted for. It does not supersede existing contractual guidance.[10]

It is relevant to all sectors – acute, mental health, community and specialist NHS provider organisations.

Implementing e-job planning in clinical workforce groups for which it is a new concept will need significant board-level support. There is evidence 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.

The NHS clinical workforce has the skill, competence and compassion to deliver world-class patient care. As recommended by the NHS Long Term Plan and Lord Carter, the meaningful use of workforce deployment software can ensure these qualities are deployed to best effect, across all clinical professions, in all healthcare settings.

7 https://improvement.nhs.uk/resources/developing-workforce-safeguards/
8 www.nhsemployers.org/jobtoolkit,
Job Planning Toolkits - Clinical Workforce Productivity - FutureNHS Collaboration Platform
9 NHS England » E-job planning for pharmacists and pharmacy technicians: A good practice guide
10 www.nhsemployers.org/case-studies-and-resources/2011/07/a-guide-to-consultant-job-planning

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 above), we consider it best practice to have a job plan, even when not contractually required.

E-job plans and appraisal

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. While the e-job planning process may facilitate the delivery of any objectives agreed during the appraisal process, it should not be used as a 'performance management tool'. E-job planning is intended to complement existing workforce planning tools.

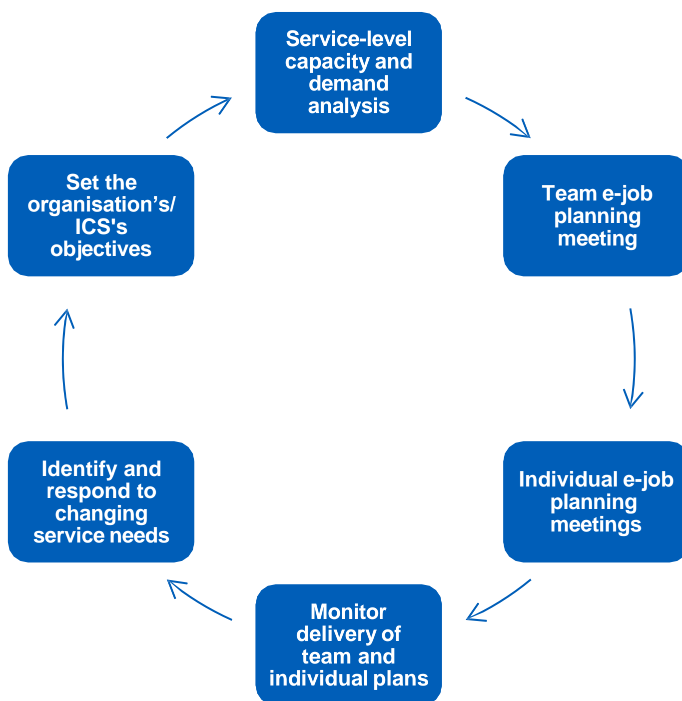
Annual cycle of e-job planning

E-job plans should be created/ maintained annually to ensure they accurately reflect current service requirements, patient and staff needs. Automatically rolling on an e-job plan will not achieve this.

An effective e-job planning process, as outlined below and summarised in Figure 1, will facilitate organisations to define the available clinical capacity in a way that is more detailed and therefore more useful than 'whole-time equivalents' (WTEs). This detail enables workforce capacity to be matched to predicted clinical demand with accurate, realistic and timely data. Any discrepancy between workforce capacity and predicted demand can be identified early, facilitating the development of detailed plans to manage this discrepancy. For this process to be successful, high quality 'clinical demand' data will also be required.

Through this process, workforce resources can be aligned for maximum impact on patient outcomes, ensuring that the optimum clinical pathway and skill mix are available to meet predicted demand at all times of day and night.

Figure 1: Six steps for effective e-job planning



Benefits of e-job planning

Our visits (see case studies below) identified these potential benefits of a focused and structured e-job planning process:

1. Positive impact on patient outcomes: by aligning workforce resources to patient need, resources can be focused on the areas with the highest impact for patients.
2. Empower staff to shape services: easy access to reliable data will enable staff to build stronger cases for service redesign.

Case study: East Suffolk and North Essex NHS Foundation Trust

East Suffolk and North Essex implemented allied health professional (AHP) job planning and the deployment metric 'clinical hours to contact' (CHtC) to identify whether there was opportunity to improve AHP productivity and, therefore, reduce unmet need. They identified the following:

- agreeing job plans in teams was useful in finding consensus of DCC per bands
- small changes to practice, identified via job planning process, made significant cumulative gains to clinical capacity
- challenge the data – the initial effort focused on developing reliable data feeds
- facilitate staff working at the top of their licence – advance workforce planning facilitates the deployment of staff to areas where they will be most effective.

Case study: East Kent Hospitals University NHS Foundation Trust

The clinical pharmacy team at East Kent introduced full job planning and electronic rostering to improve workforce visibility across the three acute sites, optimise staff deployment and increase management accountability for forward planning.

The trust has improved staff recruitment and retention and substantially reduced sickness absence and unauthorised leave. It has also released the time of a WTE Band 6 from manual rota creation for patient facing clinical work.

3. Improve understanding of the multidisciplinary team's contribution to the patient pathway: by providing easily accessible data, e-job planning can clearly document the input of each professional group to a patient's care, improving board-level understanding of its role in care delivery as well as improving income recovery for its work.

4. Improve staff morale, health and wellbeing: more efficient staff deployment alongside improved expectations of the workforce's capacity for service delivery should reduce understaffing, and its associated stress. Additionally, if implemented appropriately and collaboratively, the process is more transparent, consistent and fair.

5. Improved staff recruitment and retention: points 1 to 4 should be a powerful facilitator for organisations to recruit and retain staff.

Case study: Sherwood Forest Hospitals NHS Foundation Trust

Sherwood Forest introduced electronic software for job planning and clinical activity management (rostering). This resulted in the following benefits:

Quality benefits:

- reallocation of sessions to daily board rounds and 'good practice' ward rounds
- 98% of consultants have signed off job plans
- transparent and consistent allocation of tariff for corporate and mandatory sessions
- established consistency and transparency of outputs between team and individual job plans.

Financial benefits:

- release of posts within the medicine budget – £300,000
- trauma and orthopaedic job planning to introduce a hot (emergency) week, reduction in independent sector work and an increase in theatre productivity – £675,000
- releasing locum posts by redirecting activity – £250,000 achieved and further savings in costs expected
- removal of 'waiting list initiatives' incorporated into standard sessions – £40,000 savings and substantive cost avoidance.

6. Improve responsiveness of services to changing clinical demand: routine, annual review of service delivery, alongside accurate and timely data, should enable identification of changing patterns of clinical demand. Service design can then be recalibrated to incorporate these changing service requirements.

7. Improve use of resources: reporting of metrics such as planned versus delivered direct clinical care sessions ensures that agreed individual and team e-job plans are being delivered and subsequently provides an evidence base to inform organisational planning processes.

8. Increase visibility of workforce capacity to the board: detailed reporting of key performance indicators (KPIs) and other e-job planning data enables improved board oversight of workforce planning.

9. Reduce bank and agency spend: for some workforce groups, early identification of a shortage in workforce resources enables forward-planning to manage this discrepancy in a way that avoids the excessive use of bank and agency.

Additional case studies can be found at: Clinical Workforce Productivity - FutureNHS Collaboration Platform

Interdependency with e-rostering

The East Kent case study demonstrates that an effective workforce strategy will include plans to implement both e-job planning and e-rostering software. This guidance document should therefore be used in conjunction with its e-rostering counterparts.[11,12]

E-job planning is essential for using e-rostering to its maximum potential for 'in-scope' clinicians (see page 3): 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. Ideally e-job planning systems will be adopted in conjunction with e-rostering systems.

[11] https://www.england.nhs.uk/workforce-deployment-systems/
[12] E-rostering the clinical workforce, August 2019

Governance

Governance structure

Implementing e-job planning represents a significant change in culture for staff; therefore, board-level leadership and engagement will be vital in changing this culture. During our trust visits (see case study below), NHS provider organisations have demonstrated that when there are high levels of board engagement, alongside a regular focus on software implementation, they have been more successful at implementing e-job planning software and realising the benefits.

Case study: Barts Health NHS Trust

Barts Health set up a medical workforce productivity group to meet regularly, consisting of key stakeholders. The primary role of this group was to stimulate and guide senior leadership in developing and implementing medical workforce plans that improve quality, efficiency, productivity and contribute to sustainable clinical services.

Since the group's formation:

- Barts is rolling out team job planning with an emphasis on reviewing demand and capacity. This will enable informed decisions regarding workforce planning and recruitment and strategic decisions regarding services.
- Barts has commenced a pilot interfacing e-job plans with e-rostering. This has resulted in clearer visibility of activity per planned clinical session.
- They are undertaking a pilot use of a 'locum app' with an aim to increase the fill rate of locum shifts, improve user experience and provide transparency of bank rates and shifts available.
- Embedding the e-roster for doctors to enable the management of rotas in a clear and transparent manner understanding gaps and eventually link these with the 'locum app' to fill them in a proactive way, maximising the use of technology to do so.

We therefore advocate that trusts create an e-job planning workforce group led by a single accountable officer when implementing e-job planning software, to meet, at a minimum, monthly. Once in place, this governance structure can be maintained to ensure that effective 'business as usual' (BAU) use of the software is sustained at a high standard (as per the e-job planning meaningful use standards). Over time, data from e-job planning systems will become a core element of regular workforce management information for the board.

The e-job planning process should not occur in isolation from other workforce planning processes, such as recruitment and retention programmes, but should complement and facilitate these. Organisations should therefore ensure that their governance structure facilitates alignment of these programmes of work.

A full list of the roles and responsibilities associated with e-job planning can be found in Appendix 3.

Single accountable officer

Board-level engagement can be facilitated by a clear line of accountability reporting to the board, provided by a single accountable officer who is either a member of the board or at a senior level reporting directly to the board. This single accountable officer would be expected to chair the e-job planning workforce group and may also be responsible for e-rostering.

E-job planning workforce group

The e-job planning workforce group is responsible for both implementing the e-job planning process and managing BAU use of the software. Please see Appendix 3 for suggested membership and responsibilities of this group. It is recommended that appropriate union representatives, through the organisation's established channels (eg staff side/local negotiating committee representatives), are given an opportunity to review key decisions and deliverables where relevant.

Every NHS provider organisation will be structured differently, therefore it may be appropriate for the e-job planning workforce group to be merged with its e-rostering equivalent. It may also be appropriate for it to form part of a wider workforce programme including groups around workforce recruitment and retention, training and development, and workforce planning. Whichever organisational structure an organisation decides to adopt, we strongly recommend that the chair of the e-job planning workforce group still reports directly to the board.

Some NHS provider organisations may decide to set up profession-specific operational groups for e-job planning to delegate responsibility for implementing, monitoring and auditing the e-job planning process within a specific professional group. If this decision is taken, we recommend these committees report directly to the organisation's e-job planning workforce group.

Mediation and appeals process

E-job planning should be undertaken in a spirit of collaboration and co-operation, agreeing e-job plans jointly with employees. However, there will be occasions where the employee and employer are unable to agree an e-job plan. When this occurs, the e-job plan should be referred to a mediation and appeals process that is consistent with the relevant contractual provisions and the organisation's current human resources (HR) policies. This will usually involve mediation between the employee and employer, with an appeal process available if mediation is unsuccessful. NHS provider organisations have a responsibility to ensure they treat their employees fairly and transparently during this process. Consideration needs to be given to interim arrangements to cover work required while mediation activities are taking place.

When setting up the mediation and appeals process, or adapting existing processes, NHS provider organisations should ensure they comply with any contractual requirements, follow nationally available guidance and discuss this through existing partnership working arrangements with the relevant trade unions. The outcomes from the process should be recorded on the e-job planning software, enabling audit and making the process more transparent. In addition, the process should be timely and responsive.

E-job planning consistency committee

NHS provider organisations may also consider setting up an e-job planning consistency committee. The purpose of this committee would be to ensure that policies are being applied consistently across teams and service lines. The committee would meet at least quarterly to review a sample of individual e-job plans. Where variance from organisation policy is identified, the committee may advise on the best way to proceed and return the relevant e-job plans to the team for review. The committee's governance will likely include terms of reference, locally agreed membership and defined corporate responsibility.

This committee could also set 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). These suggested tariffs would then be routinely reconciled to ensure they reflect the realistic time requirements of the role. They would also be tailored to professional group to ensure they reflect the realities and nuances of that group's work.

E-job planning policy

We recommend that NHS provider organisations have an organisation-wide e-job planning policy, agreed, reviewed and updated by the e-job planning workforce group. Ultimately the HR director (or equivalent) will be accountable for ensuring all workforce policies, including the e-job planning policy, are up to date. Employees and their representatives should be consulted during the development of this policy.

When implementing this policy, organisations should consider the impact of e-job planning on existing policies and procedures. They should also ensure any respective e-job planning policy updates take into account other workforce policies and subsequent training is available.

The e-job planning workforce group, through the governance of the e-job planning consistency committee, will also be responsible for ensuring the e-job planning policy is applied fairly and consistently across the organisation. Please see Appendix 3 for the suggested contents of this policy.

Sign-off process

The e-job planning policy should outline the organisation's policy for sign-off of individual e-job plans. This process will involve the employee and their clinical manager signing off each individual e-job plan.

E-job plan review

As outlined above, e-job plans are usually created annually, although either the employee or employer may propose amendments to the job plan at any time. The e-job planning policy should outline the process for initiating and managing this review if requested and as with all aspects of e-job planning, any review should be undertaken collaboratively and co-operatively with employees, engaging them in the same manner outlined in this guide.

Reporting

To maintain a regular focus on effective e-job planning, we recommend NHS provider organisations should review KPIs and metrics (as shown in Appendix 5) at least quarterly at both team and board level. The e-job planning working group, team e-job planning meetings and service-level reviews are an ideal place to review these metrics in detail and to form a strategy if there is a significant variance from plan. These detailed reviews can then form the basis of the routine report to the board.

Implementation

Strategic case for change

Before procuring software, a clear vision for the programme or project needs to be agreed. This would usually be outlined in a strategic business case. It will provide the preliminary justification for the work based on a strategic assessment of business needs and a high-level assessment of likely costs and potential for success. To be successful, it is important software procurement is linked to a robust implementation plan and a sufficiently resourced project team. A pre-implementation checklist of early considerations is included in Appendix 6.

Providers are encouraged to consider systems that support a multi-professional or competency-based approach to workforce planning and deployment, where there are a variety of benefits associated with workforce alignment and efficiency.

A workforce deployment system will support development of a productive and engaged workforce, but ultimately success will depend on a robust implementation plan and active benefits management.

Detailed project plan

Once the organisation has signed up to implementing new software or switching supplier(s) it can develop a detailed project plan. Careful consideration should be given to the phasing and lifecycle of the project plan and transfer to the resulting BAU model.

Procurement

When purchasing software, providers should procure against the *Workforce deployment systems: Software requirements specification,* which stipulates core and value-added system requirements. Software should be procured from a workforce deployment systems framework and use the *Contract Guidance – a toolkit for trusts* to set up the contract. This will ensure relevant issues, such as data ownership, standards of customer service and standard contract break clauses. This will help with effective contract management once the contract is agreed. Following these steps will ensure the software procured is fit for purpose and able to interoperate with

related software systems, such as other workforce deployment modules, electronic staff record (ESR) and bank and agency systems.

Peer learning from other providers can provide insight into the benefits of different software systems and standards of customer service. A variety of supplier packages are on offer; so we recommend providers investigate items such as training pricing models, emergency support and data storage solutions to learn from other NHS providers.

Depending on the workforce in scope, switching software suppliers is likely to entail the parallel running of two or more systems during transition to allow for data migration and could require a phased rollout. It is advisable to allow time for testing of new systems before full implementation. Thought should also be given to storing data safely in compliance with the organisation's information governance policy and legal requirements.

Project team

Plan the new workforce deployment systems project according to project duration and the number of staff and types of professional groups in scope. Scope can vary greatly, so it is beneficial to learn from peers.

Once a project plan has been approved, create a communications plan to optimise staff awareness and engagement throughout the project lifecycle. This will clearly identify the clinical leadership, case for change and schedule for briefing and training sessions – which should be planned with clinical staff shift patterns in mind. Investing in appropriate staff training is key to the successful implementation of e-job planning, ensuring that staff have the skills and knowledge to e-job plan effectively.

A stakeholder map will help to involve affected teams in project planning. Close liaison with clinical, finance, information management and technology (IM&T) and workforce teams will enable them to:

- undertake any preliminary work, such as the ESR and staff establishment reviews
- agree key project milestones, benefits to track success criteria
- plan business over critical periods and arrange backfill where required
- set expectations.

The project team will require both workforce and systems expertise and a proven ability to manage change. Individual roles will be related to unique skill sets. The inclusion of frontline staff in the project team is key and will help bridge the gap between software experts and clinical staff.

The project team should be linked into the organisation's change governance structure. A phased rollout will help to resolve issues through a 'test and evaluate' approach. When planning a phased rollout, consider the resultant BAU requirements arising at different project phases. This will include ongoing monitoring, training and post-implementation support. As the project progresses, resource will need to be converted into the newly established BAU model.

Training

Following initial training, an ongoing programme of training will be required, tailored to individual roles and responsibilities (see Appendix 3: Governance). This could range from basic system training or e-learning at induction for all system users to advanced configuration and reporting training for workforce personnel. System users, clinical leads, professional leads, workforce information managers and board members will all have different training needs. The operational manager can play an important role bringing financial, performance and contract considerations into the job planning process, especially as they will also be able to support multi-professional job planning across a service line.

It is a good idea for the education or organisational development department to consider how the skills relevant to workforce deployment systems will fit into their existing leadership training programme. This will encompass many general management skills, such as handling difficult conversations, but should also include finance, workforce and analytics training to ensure there are shared understanding and goals between the workforce and leadership teams.

The e-job planning process

What is included in 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): this includes all clinical and clinically related activity, including activities such as multidisciplinary team meetings, patient-related clinical administrative tasks (eg writing letters), digital tasks such as virtual clinics or telehealth monitoring and undertaking laboratory or other diagnostic work.
- Specified supporting professional activities (SPA): this includes, but is not limited to, activities such as appraisal, teaching, training, mandatory training, research, audit, clinical management and continuing professional development (CPD).
- Other activities including:
  - additional NHS responsibilities (ANR): this includes appointed roles both within the trust and in the wider NHS – for example, clinical director, Freedom to Speak Up guardian and clinical governance lead
  - external duties (ED): this includes external roles that bring benefit to the NHS but are not connected to the agreed job plan outcomes – for example, academic posts, trade union duties, roles in professional bodies or royal colleges.

A comprehensive job plan will show the timetabling of scheduled activities, where these activities will take place and define the number of flexibly timetabled, annualised activities (see below).

We advise that each recorded activity should detail the average expected output per session (eg number of patients seen in clinic). The metrics chosen will take account of the specific complexities of an employee's specialty, case mix and workforce group, ensuring any relevant national guidance is adhered to (for example, Getting It Right First Time's minimum number of procedures to ensure safe practice). 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 where possible.

E-job planning is an opportunity to ensure that staff development is considered to enable an employee to achieve their objectives. This may include a list of supporting resources or a plan to overcome any relevant organisational barriers to meeting their objectives.

Case study: Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust

Doncaster and Bassetlaw has used job plans across therapy services for over two years, and they have been critical in ensuring the effective use of clinical resources to deliver patient care. The amount of available time to deliver care is estimated using an in-house calculator known as ‘productive hours’ to help complete demand and capacity assessments.

Trust therapies reviewed all current job plans by implementing the new national AHP job planning template from NHS Improvement, collecting clinical resource data and comparing this against the current ‘productive hours’ model.

The trust has demonstrated the following outcomes from job planning:

- clear staff expectations
- better understanding of time required to complete ‘indirect’ duties
- a ‘live’ document of all available clinical hours to deliver patient care across therapy services.

Case Study: Guy's and St Thomas' NHS Foundation Trust

Guy's and St Thomas' pharmacy has implemented job planning for the majority of their clinical pharmacy staff. The trust is a combined acute and community trust where senior pharmacists work across multiple settings. The planning has been a core tool to enable optimal deployment of clinical pharmacy workforce based on service demands and patient needs. It provides opportunities for staff development in clinical leadership, education and training and research as well as meeting organisational priorities.

It also promotes career development for individuals enabling them to remain in clinical practice with professional accountability for broader aspects of their job. Job planning has given the pharmacy service the ability to deliver high standards of clinical pharmacy, while taking into consideration fixed and flexible commitments for pharmacy staff.

Annualisation

Annualising an e-job plan involves an employee agreeing with their employer to undertake a set number of working sessions annually rather than weekly. This usually incorporates allowances for contractual obligations such as annual leave and study leave. This approach enables monitoring of an individual employee's annual outputs, particularly when combined with e-rostering.

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.

The six steps for effective e-job planning

The e-job planning process can broadly be broken down into six steps (see Figure 2 below), which will usually be aligned to the annual business cycle. However, where service requirements change significantly during the year, a mid-year review of a team's e-job plans may be required as outlined below.

Preparation is key to gaining the most from the e-job planning process. It is therefore important to ensure that 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 need access to non-clinical resources such as managerial support.

Steps 2 to 6 are best undertaken by the clinical/team leader with the full support of central teams such as the analytics/operational intelligence team, finance and HR teams. A full list of the roles and responsibilities associated with e-job planning can be found in Appendix 3.

Figure 2: Six steps for effective job planning

Step 1: Set the organisation's/ICS's objectives

- Identify the known organisation/ICS priorities (such as improving service integration between primary and secondary care).
- Communicate these effectively to employees.

Step 2: Undertake service-level capacity and demand analysis

- Undertake a capacity and demand analysis, converting clinical demand into expected direct clinical care (DCC) hours.
  - Use data from the e-job planning, e-rostering and other clinical systems to support this analysis. Organisations should ensure that assumptions used in the capacity and demand analysis are routinely reconciled to ensure they reflect the realistic time requirements to perform the clinical activity.
  - Use NHS England's guidance and toolkits to inform the analysis.
  - Develop a standardised trust approach to calculating and minimising unutilised capacity in elective settings (such as 'did not attends' (DNAs), short notice cancellations and reschedules). For rapid access services, where demand will fluctuate, plan to ensure capacity available to deliver activity in the 80th centile of demand.
- Identify any gaps between expected clinical demand and available workforce capacity.
  - Use workforce deployment rostering and job planning data where available, to help with this.

Step 2 (continued): Undertake service-level capacity and demand analysis

- Plan how to bridge these gaps:
  - Redeploy spare capacity to areas of under-capacity.
  - Increase the workforce capacity through training, staff development, recruitment and additional hours. Consider the capabilities of the whole multi-professional team.
  - Manage clinical demand through prioritisation, consolidating services, clinical pathway review, reviewing the scope of work and identifying plans to reduce demand.

Step 3: Team e-job planning meeting

- Hold a team e-job planning meeting to review the capacity and demand analysis and last year's record of activity and agree a team plan to deliver the following year's outputs. Please see Appendix 4 for more detail on the suggested content of this meeting.
- Consult the wider multidisciplinary team to ensure that the impact of any changes to service delivery on the team has been fully considered and minimised. During this engagement, consider alternative methods of delivering clinical activity.

Step 4: Individual e-job planning meetings

- Hold individual e-job planning meetings between employees and their line manager (or another appropriate individual).
- Agree personal objectives, considering the most recent appraisal and/or personal development plan.
- Ensure that individual e-job plans reflect the mutually agreed team plan. Individual e-job plans are therefore aligned to the team's objectives and agreed personal objectives.

Step 5: Monitor delivery of team and individual plans

- Undertake a service-level review at least quarterly to enable continuous capacity and demand matching.
  - This review can be undertaken by a professional triumvirate of the finance, clinical and human resources teams supported by analytics and operational intelligence.
  - This service-level review will analyse whether actual demand is matching expected demand (from the capacity and demand analysis) and reconcile the team's delivered sessions with planned sessions (using data from the e-job planning and e-rostering systems). In addition, the team's objectives, KPIs (see Appendix 5) and other metrics should be reviewed alongside existing metrics.
  - The purpose of this review is to identify the cause of any variance to plan and agree appropriate mitigating actions collaboratively with the team, identifying additional support if required.

Step 6: Identify and respond to changing service needs

- Identify the changing needs of the service through these service-level reviews.
- Develop plans to realign all individual and team e-job plans to these changing service requirements.
  - Usually this will occur at the annual review. However, on occasion, a more urgent change to service delivery plans will be required. When this occurs, a mid-year review of both the team and individual e-job plans may be necessitated.
  - As with all aspects of e-job planning, any mid-year review should be undertaken collaboratively and co-operatively with employees, engaging them in the same manner already outlined in this document.

This approach to e-job planning should facilitate the effective deployment of the workforce to maximise patient outcomes and staff satisfaction, ensuring that the right staff with the right skills are in the right place at the right time.

Appendix 1: E-job planning levels of attainment

Each level of attainment is associated with meaningful use standards outlined in *E-job planning the clinical workforce: levels of attainment and meaningful use standards*, NHS England and NHS Improvement.

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.
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 expected output of planned activity. It maintains a fair and transparent culture around e-job planning.
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.

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.

Appendix 2: 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. 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).

Appendix 3: Governance

E-job planning policy checklist

This template is a checklist for trusts reviewing or developing their e-job planning policy. A comprehensive e-job planning policy will cover all the points below.

Number	Action	Yes/No
1	Does the policy include sections covering the scope, an executive summary and the purpose of the policy?	
2	Does the policy cover all clinical workforce groups including details of any relevant workforce-specific nuance, ensuring that each professional group's unique contribution is accounted for?	
3	Does the policy outline individual roles and responsibilities including the responsibilities of its board members, service leads/budget-holders and clinical leads (see below)?	
4	Does the policy cover all aspects of the e-job planning process including governance, the e-job planning consistency committee and the mediation and appeals process (where contractually required)?	
5	Is the policy aligned to national guidelines and workforce-specific contractual requirements?	
6	Is the policy aligned to other relevant policies (eg annual leave, flexible working)?	
7	Does the policy outline the organisation's policy for sign-off of individual e-job plans?	
8	Does the policy outline who has access to individual e-job plans and system reports, ensuring that this is aligned to local information governance policy? • This will ensure that only appropriate personnel have the right and proper access to oversee the job plans of those in their line management structure.	
9	Is the policy approved within the past three years with a clear review date?	

Roles and responsibilities

The organisation's e-job planning policy may outline the roles and responsibilities of those involved in the e-job planning process.

Chief executive and trust board (including chief information officer and the clinical leadership)

The chief executive and trust board have overall responsibility for:

- ensuring adequate, effective and efficient e-job planning of all clinical staff groups throughout the trust
- understanding how their trust performs against the e-job planning levels of attainment for all staff groups
- establishing improvement plans to reach Level of Attainment 4
- setting trust objectives.

Director of human resources

The director for human resources has overall responsibility for:

- ensuring all trust policies such as annual leave, flexible working and sickness/absence align with the trust e-job planning policy
- ensuring all workforce policies, including the e-job planning policy, are up to date.

Single accountable officer for e-job planning

The single accountable officer for e-job planning has overall responsibility for:

- ensuring trust-wide compliance with the e-job planning policy
- implementing and maintaining BAU use of the e-job planning software systems
- chairing the 'e-job planning workforce group' (as outlined in governance section).

Service leads/budget-holders at service-line level

Managers at service-line level have overall responsibility for:

- implementing the e-job planning policy in their service line
- ensuring the compliance of all clinical staff groups
- ensuring sufficient training and support is provided to team leaders to enable them to manage the e-job planning process effectively
- developing ‘capacity and demand’ analysis for the teams
- monitoring the delivery of team e-job plans.

Team/clinical leaders

Team leaders have overall responsibility for:

- chairing team e-job planning meetings
- developing team e-job plans
- ensuring all staff within their team have an active individual e-job plan
- monitoring delivery of individual e-job plans
- implementing the e-job planning policy locally and ensuring compliance.

All employees

All employees have overall responsibility for:

- being familiar with the trust’s e-job planning policy, understanding both the expectations and implications
- engaging in both the team and individual e-job planning process.

E-job planning workforce group – membership and responsibilities

We suggest the following representatives should sit on the e-job planning working group:

- HR director or deputy
- medical director or deputy
- director of nursing or deputy
- director of AHPs/chief AHP or deputy
- director of pharmacy or deputy
- lead healthcare scientist or deputy
- finance director or deputy

- director of operations or deputy
- chief clinical information officer or deputy
- where appropriate, locally agreed employee representation.

The e-job planning workforce group will normally be responsible for:

- implementing the e-job planning process and software
- implementing and reviewing trust-wide policies
- setting the e-job planning sign-off process
- 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
- producing a quarterly report for the board including the KPIs and other metrics for e-job planning (see Appendix 5)
- implementing the levels of attainment and meaningful use standards (see Appendix 1), ensuring the provider has a plan to meet and sustain the highest level of attainment
- responding to requests from external agencies for data on the e-job planning process.

Appendix 4: Team e-job planning meeting

Suggested content for team e-job planning meetings:

- provide team members with adequate information about the organisation's objectives including their clinical, educational, research and improvement activity for the coming year
- review last year's record of activity, KPIs and metrics
- set team objectives for the following year: these should align with the organisation's objectives
- outline the team's expected clinical output for the following year, based on the team's capacity and demand analysis
- agree a plan for delivering these outputs including how on-call/out-of-hours commitments will be managed
- identify the necessary leadership roles (such as governance lead, trainee supervision) for the following year and allocate these, with their individually agreed SPA time, appropriately among team members.

Please note that 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.

Appendix 5: E-job planning KPIs 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.

Appendix 6: Pre-implementation checklist

Strategic fit of different software solutions across the **sustainability and transformation partnership (STP)** or **integrated care system (ICS)** and alignment with trust objectives	
Fit with **related workforce improvement programmes**, such as staff retention, temporary staffing reduction and clinical pathway redesign	
High level **outline of project scope**, timeframe, phasing, resourcing and potential clinical and financial benefits	
Overview and understanding of the **range of systems** on the market and associated benefits	
Organisational capability in terms of IT infrastructure and hardware, workforce skill base and competing trust priorities	
Identification of **preliminary work** required, such as basic IT training for staff, interoperability of related software systems and review of ESR data quality and processes	
Chief information officer, chief clinical information officer and **Caldicott Guardian** endorsement	
Stakeholder identification and engagement, including: clinical, operational, finance, IM&T, workforce and analytics leaders	
Shared expectations around **markers of success** and **metrics for tracking implementation**	