Job Planning for Quality and Performance

NHS Employers & British Medical Association
9 January 2014
Fair use of slides

- These slides the property of the authors (Dr Ian Wilson, Dr Rob Harwood, Dr Paul Flynn and Dr Jonathan Fielden) and are intended to support local job planning discussions. They should not be used for commercial or for any other purposes without the authors’ permission.
INTRODUCTION
The Politics

• Unprecedented structural change & significant financial pressure
• Demands for higher standards of care and improved outcomes.
• Pressure on Productivity
• Pressure on Contracts and Costs

• Managers and doctors will need to work even more closely together to meet these diverse challenges.
• Effective job planning is one key mechanism to deliver this shared responsibility
Working together with Employers

- Reflects a **shared understanding** of the key principles which should characterise a **collaborative** approach to the job planning process.
- Highlights the benefits of **effective preparation** for both managers & consultants, including agreeing **objectives**
- Offers a basis which is more likely to be an **effective and mutually beneficial** means of meeting the challenges that consultants and managers face
  - delivering high quality patient care in the face of testing financial circumstances and complex organisational change.

These principles translate across to Specialty Doctors – although differences in contracts
Refreshing the Basics - What is a Job Plan?

A prospective description
A professional relationship
An annual process

A great opportunity
• To drive improvements and quality of patient care
• To take professional leadership and ownership of services

• What work the consultant does for the NHS organisation (&/or university)
• the objectives to be achieved by the consultant & supported by the employer(s)
• When & where that work is done
• how much time to be available for work
• what this work (quantified) will deliver for the employer(s), employee and patients
• what resources are necessary for the work to be achieved
• what flexibility there is
• the working relationships outside their primary role
What is it for?

• Core to the business of the NHS
• It’s not just a timetable
  – tools to drive measurable & sustainable improvements
  – Timetable is *one* tool
• The keys to success:
  – Preparation
  – Planning as a team
  – use of SMART objectives

• Alignment the objectives of
  – NHS,
  – organisation (including HE Institution),
  – individuals
• Allows clinicians, managers and the wider NHS team to plan and deliver innovative, safe, responsive, efficient and high-quality care.
• Opportunities to develop personally & professionally
  – drive quality improvement for present and future needs of patients.
Who is it for?

- Consultants
- Clinical Managers
- Service and Trust Managers
- Patients
- The public
- Planners
- The Profession

“We cannot meet the demands for a high quality service unless consultants and managers combine forces with the wider NHS team to find new and innovative ways to work. This requires effort, patience and compromise but the rewards will be significant for all involved”
Job planning should not be in isolation

- **Performance**
  - Delivery & outcomes
- **Quality Improvement**
  - Clinical Care
  - Patient experience
- **Education & Training**
  - Delivery & Quality
  - Fewer Trainees
- **Revalidation**
  - Focus on professional development
- more innovative approaches to working lives
  - Consultant-based / present services

- Clinicians & managers have joint responsibility to provide the best possible care within the resources available
  - Distinction b/n management of care and management of resources is becoming increasingly narrow.
  - Job Planning is a mechanism through which this shared responsibility can be agreed, monitored and delivered
  - Spirit of collaboration & cooperation
  - Reflective of the professionalism of being a doctor

- Clinical leadership
- Team approaches
- Focus on measurable outcomes that benefit patients
“LOCAL” CONTEXT
The Plan for the Day

- Job Planning – The Basics
  - Dr Rob Harwood
- Advanced Job Planning – using Objectives to drive quality
  - Dr Jonathan Fielden
- Preparing as a team
  - Dr Ian Wilson
- Interactive session – objective setting and service level agreements
  - Drs Paul Flynn and Ian Wilson
- Flexibility and Professionalism within Job Planning
  - Dr Jonathan Fielden
- Job planning scenarios
  - Yourselves!
- Difficult Situations
  - Dr Paul Flynn
- Q&A
Handling Concerns

• We know you’ll have questions
• Experience suggests best to hold points and questions to the open session and the Q&A
  – Unless it is simply a clarification
• LOT to get through in a very short time…

• Future support and follow-up will be vital
  – Next steps
Dr Rob Harwood

Job Planning: From the basics to advanced
A Time-Sensitive professional Contract

- Programmed Activities (PAs)
- Typically 7.5 DCC & 2.5 SPA
- Full time contract is 10 PAs
- Plan ahead in whole or half PAs

Programmed Activities:
- Normally equivalent to 4hrs
  DCC Direct Clinical Care ("Fixed Sessions" plus)
  SPA Supporting Professional Activities (non-fixed minus)
  ANHS Additional Responsibilities (e.g. CD, PGO)
  EDs External Duties (College, BMA, etc.)
A Time-Sensitive professional Contract

• It is a **plan** not a record…
  – **Prospective** description of all the NHS duties you will be contracted to do to fulfil your NHS role
  – how, when & where duties will be delivered
  – within the context of professionalism, not clocking in/out

• Agreement of **objectives**
  – What you will actually be aiming to do

• The timetable *one* component of a job plan
  – a resource for delivering objectives
  – Not the prime purpose
  – Facilitative not restrictive

• Job planning should finish with a timetable not begin with it
Emergency Work First

• Predictable
  – Programmed into timetable
  – If in premium time, 1PA=3PAs
  – Not the same as a scheduled PA dealing with emergency work.

• Unpredictable
  – Planned ahead as an estimate
  – Based on previous experience and data
  – Averaged over a period
    • Therefore is, by definition, annualised!
  – If >2PA should have job plan review
    • Alter job plan to decrease work or plan for scheduled/predictable
Around the edges, but important!

- **Private Practice**
  - Contract requires it to be declared and scheduled (typical)
  - BUT any spare time should first be offered to the NHS… the “11th PA”

- **Fees**
  - General rule is can’t be paid twice for same period of time
    - Unless agreed & minimal disruption to NHS work.

- **Other additional PAs (>10) by agreement**

- **Changes require fair notice**
Job Planning is part of an ongoing cycle.
Preparation for Job Planning

• Needs to begin well in advance of meeting.
• Diary useful particularly if changing patterns of care.
• Should also reference national quality indicators and local priorities.
Arranging the meeting

• At least an hour.
• Private, with no interruptions.
• Who?
  – Consultant
  – Clinical Manager
  – General Manager
• Those present should be trained to carry it out without the multiple levels of sign-off.
• Review previous objectives
• Consider new objectives & support (SPA)
• Consider DCC
  – Emergency/On-call (if not done with team)
  – Remainder of DCC
• Additional PAs
• Private commitments
The job plan review meeting

Review progress against objectives

Agree new objectives
- Personalised service objectives
- Personal development objectives

Agree prospective work programme
- Weekly / other schedules
- Location of work

Sign off for pay progression

It’s what you are going to do...!
Obstacles

• Opening with the timetable
• Bringing in other issues
  – Other colleagues
  – Trainees
  – Surprise!
    • Collect, reflect and share

• Difficulty getting agreement
  – Compromise e.g. alternate week sessions
  – ‘Parking’ to get more information/perspective
  – No shame in going to mediation.
ADVANCED JOB PLANNING: Using objectives to drive quality and value

What the consultant contract is intended to do
Elements of the contract

- Personalised model contract – the statement of particulars
- Job plan with objectives, timetable and other supporting resources
- Terms and conditions of service
- Professional ethics and obligations
- National law

Diagram created by NHS Employers.
“a consultant job plan should be a prospective agreement that sets out a consultant’s duties, responsibilities and objectives for the coming year”

“consultant job plans should set out agreed personal objectives and their relationship with the employing organisation’s wider service objectives”
Agreement of personal objectives

Agreement of service objectives (team or individual)

Agreement of personal objectives

Job plan review meeting

Job planning and appraisal cycle

Clinical excellence awards

Local Delivery Plan

Business planning and service development

Annual pay progression

Appraisal meeting

Appraisal meeting

Clinical excellence awards

Annual pay progression
The job plan review meeting

Review progress against objectives

Agree new objectives
- Personalised service objectives
- Personal development objectives

Agree prospective work programme
- Weekly or other schedules
- Location of work

Sign off for pay progression
Consultants should have done their best to achieve agreed objectives

Linked to supporting resources
Must not be the blank page in the job plan

Objectives should be appropriate, identified and agreed

The commitment is to do one’s best to achieve them

The trust must support objectives with resources

Strong objective setting
Objectives

Types of objective
All objectives are personal

Balance between:

Perhaps four of each?

Service objectives, personalised, probably shared as part of a team
Linked to trust objectives

Personal development objectives
Smart objectives framework

- Specific
- Measurable
- Achievable and agreed
- Relevant
- Timed and tracked
Hard objectives
- Four hour wait
- 18 week RTT

Soft objectives
- Greater involvement of patients
- Multidisciplinary team review

Personal development objectives
- Acquire a new skill
- Gain appropriate certification

Team objectives
- Team performance more relevant
- Your individual role should be specified

Performance standards
- Need to the SMART
- Where substandard performance is not acceptable
Objective setting discussion

- Clinical governance and quality issues
- Additional responsibilities e.g. teaching, research
- Team objectives
- Service requirements Include corporate objectives, LDP, local service developments
- Personal development plan From appraisal

Agreed process for review of objectives
Agreed objectives Including agreed and supported PDP
Agreed support requirements
Objectives

Review process
Above requirements

• Exceeds personal objectives; makes a substantial contribution to team objectives.
• Accepts responsibility, solves problems and makes decisions at a level one would expect from a more senior consultant.
• Applies him/herself well; manages time very effectively.

Meets requirements

• Meets majority of personal objectives; contributes to team objectives.
• Accepts responsibility, solves problems and makes decisions within capabilities.
• Hardworking; uses times satisfactorily.

Below requirements

• Contributes little to team efforts.
• Avoids responsibility.
• Does the minimum to get by.
Good principles for performance monitoring

- It happens quickly
- It is accurate and believed
- It is relatively easy to collect and collate
- It is ‘owned’ by those who are monitored
- It is as user-friendly as possible
Objectives

Supporting resources
Supporting resources

**Generic**
- Time (SPAs)
- Workspace and computer
- Medical staff team
- Secretarial / PA
- Mandatory training opportunity
- *Car parking space*

**Specific**
- Time – leave or external duties
- Access to database
- Audit / governance support
- Offsite remote access to servers
- Theatre access
Supporting Professional Activities

ACADEMY OF MEDICAL ROYAL COLLEGES

Advice on Supporting Professional Activities in consultant job planning

The Academy of Medical Royal College’s understanding of Supporting Professional Activities (SPAs) is that they reflect time spent undertaking teaching, training, education, CPD (including reading journals), audit, appraisal, research, clinical management, clinical governance, service development etc; activities that are essential to the long-term maintenance of the quality of the service but do not represent direct patient care.
Objectives

Using SPAs in pursuit of objectives
Delivering quality improvement

May be undertaken during

- SPA time
- Additional responsibilities time
- External duties time

Time spent on:

- Personal development objectives agreed during appraisal
- Service objectives agreed during job plan reviews

Investment in productive SPA time is the hallmark of a good employer
The art of delegation

Mobilise SPAs

- Typically ten hours a week per consultant.
- Some used for personal objectives, some available for pursuing trust objectives.
- What objectives can you achieve in SPA time?
- A good clinical director will be familiar with the portfolio of objectives in their directorate.
Dr Ian Wilson

PREPARING AS A TEAM
Planning in the NHS

Use the tools available

Joint Guidance Ch.6:
• Preparation is key
• The teams should meet beforehand
  – so that job planning flows naturally from organisational and team objectives
  – so that job plans are not drawn up in isolation
The logic

• We are all working in teams
• We should plan what we do
• We should plan for the team
• We should plan with the team

Clinical Leadership within services

The practicality

• What the Service will do
  – Commissioned Activity
  – Demand and capacity
• What each doctor will do
  – As part of the team
• Professional Requirements
• Personal Requirements
• Governance & Quality
More specifically…

- commissioning and contracting environment,
  - for the coming year and beyond
- the previous year
  - what went well
  - areas for improvement
  - Across organisation/directorate
- actions and resources needed
  - to improve quality as well as delivery
- areas of strength and weakness
  - opportunities and threats
- Identifying priorities
  - organisation and team
  - shared objectives
- setting out clinical governance requirements,
- education, training and research
- Improving data in setting objectives and the job plan.
  - job planning diary can help to provide workload information
- time away from the trust
  - impact on service & other delivery
DCC Activity
Does what we did (in the past) match what we need (in the future)?

<table>
<thead>
<tr>
<th></th>
<th>Elective Daycase</th>
<th>Elective Inpatient</th>
<th>Outpatient New</th>
<th>Outpatient F/U</th>
<th>Outpatient Procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Capacity</td>
<td>540</td>
<td>837</td>
<td>8415</td>
<td>15017</td>
<td>0</td>
</tr>
<tr>
<td>Demand</td>
<td>752</td>
<td>948</td>
<td>7776</td>
<td>10887</td>
<td>5525</td>
</tr>
<tr>
<td>Difference</td>
<td>(212)</td>
<td>(111)</td>
<td>639</td>
<td>4130</td>
<td>(5525)</td>
</tr>
</tbody>
</table>

- This model has
  - Not enough theatre lists
  - Not doing outpatient procedures
  - Too many outpatient clinics
- Time for a Service Level Review
  - What is needed from each individual job plan within such a review?
  - Is the commissioned model the right one?
- How to move from “A” to “B”
  - What will each individual do to change the service
  - A bunch of objectives and shared roles here
  - Professional Engagement; Clinical Leadership

- Hours
  - Is anyone seeking fewer hours (PAs)
  - Any imminent staff changes (retirement / temporary contracts)
  - Sharing / spreading impact
- Flexibility
  - Planned occasional exchange SPA/DCC or type of DCC
  - Production
  - Best use of other staff
    - doctors
    - Non-medical
Supporting Professional Activities

Activities which underpin Direct Clinical Care

• A team approach is just as valid
• Share information
• Plan
• Prioritise
• Use the tools
  – Objectives
  – Examples
  – Templates

SPA

Local Clinical Gov.

Training

Medical Education

CPD

Formal Teaching

Research

Appraisal

Job Planning

Audit
Value and Performance

SPAs

• Increasing Demand
  – Leadership
  – Development
  – Audit and Quality Assurance
  – Revalidation
  – Teaching, training & Supervising

• Downward Pressure
  – Reduced resource / Service Efficiencies
    • (the “Nicholson Challenge”)

• Value and Need
## Thinking as a Team

### Plan the Team & the Service
- What have you got
- What do you need
  - When
  - Where
  - What
- People
  - Number
  - Capacity
  - Contribution

### Overall Service Organisation
- Emergency / On-Call work
- Education plan
- Appraisal
- Quality & Governance
- Admin
- Dept Duties

### Emergency / On-Call work
- Frequency
- Intensity
- Duration
- Non-conventional methods
- Think “Consultant-Present”
- Novel methods

### “Mind the Gap”
- Options
- Impact
- Cost
  - Financial
  - Opportunity
  - Organisational
- Fixed base and flexible

---

Fail to plan = plan to fail
Team-based planning:

• Should be at the core of your approach
  – As a CD, a Manager and as a member of the team
  – Based on an individual’s role within the team/service

• All Job Plans are individual
  – May have elements which are team agreements
  – Should have elements with team responsibilities, delivered by individuals

• Creates the opportunity to lead
  – Supported by, rather than driven by, non-clinical management
    • Information, finances, commissioning, administrative

• Used properly team based job planning will make job planning more useful and more manageable
Questions?
Interactive Session – Service Level Agreements and Setting Objectives
Drs Paul Flynn and Ian Wilson

Interactive Session – Service Level Agreements and Setting Objectives
National Resources

• BMA Guide

• Specialty Association Guides or info

• NHS Employers / BMA Joint Guide
Local Resources

- Intranet
- Processes / Local Framework(s)
- Service / Organisation standards and templates
  - Coding
  - Appraiser
  - Educational Supervisor
  - Mandatory Training
  - etc
- All objectives should be properly described and supported/managed
- Templates in packs
  - Blank (for spec/person-specific)
Spot the Objective

Our five goals that are driving our work going forward are:

• Driving improvement in service quality, safety and performance so that we always compare well with the best organisations

• Promoting better ways of working between community and hospital services so that people are treated in the best place for them, by staff who have the most appropriate skills

• Investing in customer care so that people’s experience of using our services is the best it can be

• Encouraging lifelong learning and research to develop a skilled and motivated workforce

• Working as part of the wider health and social care community to improve opportunity and life chances for the population.
Let’s write an objective

“Promoting better ways of working between community and hospital services so that people are treated in the best place for them, by staff who have the most appropriate skills”

**Objective:** To establish outpatient management of Hyperemesis Gravidarum

**Actions:** To develop a pathway for the management of HG in obstetric day unit.

**Measures:** Pathway document agreed with GP Leads and ready for implementation.

**Support:** SPA time 24 PA over 12 months
Dr Jonathan Fielden

FLEXIBILITY
Essential to good professional performance
Annualisation

• “You and your clinical manager may agree, as part of your Job Plan, arrangements for the **annualisation of Programmed Activities**. In such a case, you and your clinical manager will agree an annual number of Programmed Activities and your Job Plan will set out variations in the level and distribution of Programmed Activities within the overall annual total.

• “You and your clinical manager may agree, as part of your Job Plan, other arrangements for flexible scheduling of commitments over an agreed period of time.”
What is annualised job planning?

- Essentially a determination of the total number of programmed activities needed to be done over a year.
  - But delivered in chunks, rather than as the same number each week.

- May be useful where:
  - Variable work pattern.
  - Family requirement.
  - Seasonal variation.

- Examples:
  - Week-about in ITU.
  - Term-time working.
  - Charity work in 3rd world.
  - Variable job plans.
Issues with 42

• Variable amounts of leave.
  – Maternity leave.
  – Jury service.
  – Sick leave.
  – Professional leave.
  – Untaken annual and study leave.
  – Etc…

• Should be 52.18−(weeks approved leave)
Important considerations

• Annualisation:
  – Regular review.
  – Whole-year or part-year timetables.
  – Full or partial annualisation.
  – Treating clinical sessions differently.

• Consistency is critical:
  – Pay back over time on audit.
  – Sessions dropped beyond the consultant's control.
  – Control and self-scheduling.
Flexibility

Essential to good professional performance

Remember this is a professional contract:

A consultant has continuing clinical and professional responsibility for patients admitted under his or her care

Schedule 2 para 1
Any questions?
Break out groups to explore job planning scenarios
Dr Paul Flynn

Dealing with Difficult Situations
Summary

Difficult situations or difficult people?

The ideal

Problems and solutions

Avoiding problems
Difficult people or difficult situations?

People
- Experience
- Expectations

Situations
- External pressures
- Management style
Ideal Job Planning

Purposes aligned
Manager seeking to optimise quality
Consultant wishing to enhance quality

Team Job Planning
Only individual issues remaining to be dealt with in individual meetings

Preparation
Manager familiar with process and issues
Consultant ready to report on objectives and diary

The meeting
Both parties seeking an agreed job plan
Previous rounds of job planning have failed to address issues.

Acknowledge previous failure. Agree to honest process this time. Gradual progress to resolving historical issues.
Unaligned Objectives

Manager: Arbitrary reduction of SPA
Consultant: Additional PA

Organisational commitment to proper job planning.
Sharing of information well in advance.
Perceived inequity

Perception that this job plan is not consistent with others in the unit.

Are you comparing like with like? Should this issue be dealt with in team job planning?
Non-JP issues

Either party wants to discuss another issue not directly related to job plan.

Can be symptom of failure of other channels of communication.

Arrange a separate approach to this issue so that job planning meeting can progress.
Non-engagement

Difficulty in arranging meetings, getting sign-off.

Written approach may be advisable. Consultants may need reminding of consequences for pay progression.
Lack of progress on quality improvement.

No change in quality measures despite being a unit priority.

Objectives not set appropriately. Use SMART objectives with appropriate resources (SPA).
Meeting an Impasse

Job planning meeting is going around in circles.

Would more information help?
Understand motives
A compromise agreement may preserve a working relationship.
Mediation & Appeal
Avoiding Difficulties

- Strong organisational support
- Good preparation by both parties.
- Sharing of information
  - No surprises
- Thorough utilisation of team job planning
- Start with objectives – not the timetable
- Avoid other issues – keep focus
- Be prepared to compromise
## Ideal Job Planning

### Purposes aligned
- Manager seeking to optimise quality
- Consultant wishing to enhance quality

### Team Job Planning
- Only individual issues remaining to be dealt with in individual meetings

### Preparation
- Manager familiar with process and issues
- Consultant ready to report on objectives and diary

### The meeting
- Both parties seeking an agreed job plan
NHS Employers

Interactive Panel Session
Tell us your views!

• How useful did you find today’s training package?
• Do you now feel fully informed about job planning?
• What content would you add/remove to make the training better?
• How confident would you be to deliver the training to others?
• What additional resources would you need?
• Would you want anyone to help you to provide the training?
• What additional pre-course material would have been helpful?
• What else do you think others in your organisation might need?
• Do you feel more confident in undertaking job planning in future?
• Do you feel more confident in providing job planning?
• Where could we improve?

Thank you!