Appendix 5: Approaches to team job planning

Case Study 1: Cambridge University Hospitals NHS Foundation Trust – Consultant team job planning policy

Introduction

Departments choosing to approach job planning on a team basis should remember that each individual retains the right to an individual job plan, as this forms part of their contract with the Trust.

There should be no pressure placed upon either departments or individuals within departments to participate in team job planning. Individuals electing not to participate in a team job plan should suffer no detriment with regard to job planning, pay progression and clinical excellence awards.

The team job plan relies on good relations between individuals within the team, and regular review of the working arrangements within a team job plan is strongly recommended. Individuals are free to withdraw from a team job plan, at any time during the annual agreement, providing they give sufficient notice to enable any reorganisation of clinical services.

It is recommended that job descriptions drawn up for new appointments should clearly state the arrangements for the team job plan. In addition, details of the agreed working arrangements should be made available to prospective applicants.

1. Development of a team job plan:
   i. determine what activities are required to deliver the service
   ii. consider the number of consultant hours required to deliver each activity
   iii. consider the number of weeks in the year when each activity occurs
   iv. determine annualised hours for each activity, based on points (ii) & (iii)
   v. quantify how many consultants are available week to week to deliver the service (taking account of absences for annual/study leave)
   vi. cross reference the activity with a departmental timetable to ensure all activity has been identified and capacity issues are understood
   vii. divide the annualised hours identified in (iv) by the figure identified in (v) to determine the average working week per full time consultant.

An Excel spreadsheet is provided at the end of the case study and on the CD-ROM which follows the above steps. The data in the spreadsheet is incomplete and therefore the calculations are for illustration only.

Two styles of job plan have been developed to date:

Style 1: Full team job plan

Style 2: Team job plan for core departmental activity (i.e. those activities which run 52 weeks of the year) with individualised job plans for individual activity (i.e. those activities which only occur when consultant X is present – e.g. subspecialty activity).
2. Development of an individual job plan from a team job plan:
   i. individuals should be able to draw up personalised schedules based on their average NHS working week and any individual external commitments they may have. In the spirit of team job planning, these may be shared with colleagues to enhance transparency
   ii. the team should agree and sign a ‘statement’ about how they work as a team and how they intend to share the responsibility of the team job plan, to compliment the individualised schedules.

3. Completion of annual job plan review form (per individual):
   i. team members should be able to complete all sections of their individual job plan review form with the exception of details about their average weekly programmed activity (PA) total and the weekly time-table of PAs, which will be provided as a team template
   ii. no further action should be required for **Style 1** team job plans
   iii. for **Style 2** team job plans, each team member will need to identify the PA value of their individual job plan, which will need to be added to the figure identified in the team job plan assessment. Individual timetables will also be necessary.

4. Ownership of the team job plan:
   i. good communication is essential to ensure team ownership of the job plan and shared responsibility for its success
   ii. there needs to be mutual responsibility for the shared workload and for the delivery of efficiency within the team
   iii. there must be agreed shared objectives / goals.

5. Review of team job plans:
   i. a regular review should be undertaken to assess progress against the annualised plan and to ensure working arrangements agreed remain the most effective and appropriate. It is recommended that this is sufficiently frequent to ensure problems are identified and resolved swiftly to avoid a collapse of the team structure. Consultant team meetings may provide a useful opportunity for this review
   ii. departments need to validate the information provided within a team job plan through the review of individual’s workloads.
Team job plan assessment template (data is incomplete - figures are illustrative only)

Transplant/general surgery

<table>
<thead>
<tr>
<th>Type of activity</th>
<th>Frequency</th>
<th>Hours required for each activity</th>
<th>Total hrs per wk</th>
<th>Annual cycle</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct clinical care</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Theatre sessions</td>
<td>8 per week</td>
<td>clinical activity 4 per session plus clinically related activity 1 per session</td>
<td>40 weekly 2086 annually</td>
<td>52.143 weeks of the year</td>
</tr>
<tr>
<td>All day lists (gen surg)(C)</td>
<td>1 per fortnight</td>
<td>8 per list</td>
<td>0</td>
<td>4 168 42 weeks of the year</td>
</tr>
<tr>
<td>General surg clinics (A/B)</td>
<td>2 per week</td>
<td>4 per clinic</td>
<td>1 per clinic</td>
<td>10 320 32 weeks of the year</td>
</tr>
<tr>
<td>Travel to clinics</td>
<td>per week</td>
<td>-</td>
<td>4</td>
<td>4 209 52.143 weeks of the year</td>
</tr>
</tbody>
</table>

Actual work on-call for general surgery

| Weekdays (Cons B only) | 1 day per wk (OOH) | 4 per night | 4 209 52.143 wks of year as swaps occur |
| Weekends | 1 in 3.8 frequency | 7 per w/end | 1.84 96 52.143 weeks of the year |

Supporting professional activities

| UG teaching (A,G) | per week | 2 each for 2 consultants | 4 128 32 weeks of the year |
| PG teaching | per week | 2 for the dept | 2 104 52.143 weeks of the year |

Summary

Consultant NHS full time equivalents (FTE) Total: ‘x’ total no of cons hrs per annum

A 1
B 1
C etc. 0.5 etc.

‘x’ hours per week for the department / ‘x’ FTE NHS (available each week) = ‘x’ hrs per NHS FTE

On-call availability supplement = ‘x’% of basic salary based on a 1 in ‘x’ frequency and category A/B
Case study 2: York Hospitals NHS Trust - Developing a prospective team based job plan

Introduction

This simple case study is based on a specialty that is working at or close to capacity in order to meet current workload and has a significant unmet development need. Here there is a need to provide labour ward cover by a consultant, 40 hours per week, however, similar developments, risk or quality issues will occur from time to time in all departments. The principles applied in this case study can be used to assist in these situations.

The clinical manager, supported by his management team, quantified the demands upon the service and the capacity of that service to meet those demands (as shown overleaf). He then produced a plan to align the two.

This example does not involve devolving work to non-consultant grades or other health professionals, nor does it identify areas of work that no longer need doing. This omission is to provide an understandable example rather than to dismiss these approaches.

It must be acknowledged that some of the capacity constraints or service demands are much more clearly quantifiable than others. It is therefore essential that some sensible estimations are made where necessary and that the whole process is subject to appropriate challenge but overall support from the corporate team of the Trust. In this instance, the process of support and challenge was led by the medical director whose aim was to ensure the validity of the figures and assumptions allowing comparison with other clinical teams and replication of the process as necessary, throughout the Trust.

In the example overleaf, both “other professional duties” and “outside NHS duties”, have been quantified. The former consisted of management and supervisory duties, for example attached to the roles of clinical director and college tutor. One of the consultant team had a high workload associated with a national role. The strength of this team approach is that the effects of these roles can be estimated and then taken into account when planning the capacity of the overall service.
Identifying demand

In attempting to scope a team-based job plan it is necessary to first look at the ‘must do’ work within the specialty, quantifying the weekly commitment and the frequency of that work throughout the year. This should include any weekday and weekend on-call commitments.

Consideration should also be given in these calculations to the total sum of elective work that is required per year and how this breaks down into programmed activities (PAs).

The total supporting professional activity commitment should be quantified as well as any additional professional duties (e.g. clinical director, lead clinician) and external duties (e.g. college examiner) across the specialty.

Identifying capacity

To identify capacity you need to calculate the total number of PAs available across the specialty in a year based on a full year – ie 52 weeks and the consultants working only their basic contracted PAs – ie 10 PAs per week for a full time consultant.

Calculate the total number of PAs that will be taken up by:

- annual leave
- public and statutory holidays
- study and professional leave.

This total should be deducted from the overall total of PAs in a year. The resulting total will show the total number of PAs left over to undertake general elective work across the specialty. To see how many PAs this leaves each consultant with at the end of the week divide the total by the number of full time equivalent consultants in post and then by the number of weeks consultants are available to provide clinical services (eg. 41 weeks).

Managing the gap

Deduct the total work commitment from the available capacity you have calculated. If there is sufficient capacity to meet the demand then there is no need to contract for additional PAs. However if the demand exceeds the capacity, it will be necessary to look at options to manage the gap. These options include, but are not exhaustive, contracting for additional PAs, consultant expansion, new ways of working.

An example of scoping a team-based job plan for Obstetrics & Gynaecology is detailed opposite.
## Calculation Sub total (PAs)

### Demand – the ‘must do’

<table>
<thead>
<tr>
<th>Description</th>
<th>Calculation</th>
<th>Sub total (PAs)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cover labour ward 52 weeks per year (10 PAs per week)</td>
<td>52x10</td>
<td>520</td>
</tr>
<tr>
<td>Less bank holidays where only 1 PA available</td>
<td></td>
<td>-8</td>
</tr>
<tr>
<td>On-call w/e 52 weeks/yr 1 PA Sat/Sun plus 1 PA Sat &amp; Sun</td>
<td>52x4</td>
<td>208</td>
</tr>
<tr>
<td>On-call w/days 260 days/yr eve on call</td>
<td>1x260</td>
<td>260</td>
</tr>
<tr>
<td>Supporting professional activities</td>
<td>2x8x41</td>
<td>656</td>
</tr>
<tr>
<td>Additional professional activities</td>
<td>1x4x41</td>
<td>164</td>
</tr>
<tr>
<td>External duties</td>
<td>1x2x41</td>
<td>82</td>
</tr>
<tr>
<td>Elective work &amp; associated administration</td>
<td>5x8x41</td>
<td>1640</td>
</tr>
<tr>
<td><strong>Demand total</strong></td>
<td></td>
<td><strong>3522</strong></td>
</tr>
</tbody>
</table>

### Capacity

- 8 consultants working 10 PAs per week per year                             | 8x10x41     | 3280            |

3280-3522 = -242  

-242/8/41 = -0.7  
There is a gap of 0.7 PAs per week per consultant

### Managing the gap

- 8 consultants working 11 PAs per week per year                             | 8x11x41     | 3608            |

3608-3522 = 86

86/8/41 = 0.2

With an 11 PA team job plan, the specialty is able to deliver its service needs and provide a small surplus capacity to meet rising demand.
Case study 3: Leeds Teaching Hospitals
NHS Trust – Steps taken to develop a consultant team job plan

Background
The neonatal service is delivered on two sites with consultants providing cover separately. Both teams of consultants (4 at Leeds General Infirmary and 3 at St James) provide weekly “in-service” cover where the named person is responsible for the care of all the patients 9-5 Monday to Friday with on-call on the weekend. Outside “in-service”, individuals have varying clinical, university and managerial commitments.

Job plan process
1. All produced diary exercise for at least two complete service cycles of “in-service” cover
   Output: Calculated total time for daytime and out-of-hours
2. Produced rota for 12 months of “in-service” weeks by consultant
   Output: Complete clarity of who is “in-service”
3. 1:1 job plan reviews with each consultant
   Agreed “in-service” time and responsibilities “off-service”
   All diaries were taken into account to produce average for the “in-service” weeks
4. Total PAs varied due to impact of “off-service” weeks
   Output: Consultants rewarded for what they do
5. University employees job plan done jointly
   Agreed NHS / university responsibilities especially during “in-service” weeks
   Output: Greater clarity of role than before.

Conclusion
Team job planning provided an effective mechanism for clarifying consultant roles in delivery of care and the contribution each made to the neonatal service. It was completed with relative ease and had the full support of all since it took into account everyone’s roles.
Case study 4: Devon Partnership NHS Trust – A consultant job plan within the context of a multi-disciplinary team

Introduction
The aim was to create a model, which could be used within any healthcare setting to develop a consultant job plan within the context of a multidisciplinary team job plan. The work was evaluated by a team of practitioners who trialled the model in their own service.

A multidisciplinary team job plan should link in the consultant’s job plan, as well as providing a more holistic view of the pressures and requirements on the service as a whole. The team job plan therefore could be used by all individuals within that team to inform appraisals and could act as a communication tool to other services and organisations which commission from or provide support to the team.

Objectives
• To create a generic tool which could be used to develop a multidisciplinary team job plan
• To test this tool on a consultant led team

Methodology
The test group was the Devon Drug Action Team (to be referred to as ENDAS) as they had previously demonstrated a forward thinking approach to workforce planning and development.

It was agreed to hold two separate workshops, away from the workplace, to develop the generic tool and then review the results of the trial.

A programme was agreed for both workshop days, so that each session was structured.

Results
Day 1: Creating a generic model
To construct a team job plan, it was agreed that the first consideration should be to identify which drivers influence service provision – e.g. NSF targets. Six categories were identified as underlying themes, which would motivate thinking and discussions when identifying priorities, targets and drivers (Action 1):

• national drivers / commitments
• local Trust priorities
• outside organisations and agencies
• current policies / frameworks
• priorities for individual team members
• what is on the horizon – the unexpected.

Once the targets and priorities were identified, they would need prioritising so that the group could identify the most important drivers behind their work. It was accepted that it might not be possible to achieve every target set for a service (Action 2).

Once prioritised, the group identified which of the targets were already being met, and would continue to be achieved if working practices were sustained. This helped identify those targets, which were not being met, highlighting possible gaps in the service provision (Action 3).

It was felt that the completion of Actions 1 to 3, would result in the strategic drivers being identified, which would underpin the multidisciplinary team job plan.

The next step (Action 4) is for a team to challenge their own working practices, develop new ways of working, and build the operational side of a team job plan to meet the prioritised targets and objectives in providing a service.

Day 2: The invitation to attend Day 2 was extended to more people working within ENDAS
The action points from Day 1 were summarised in a workbook and copies given to all who attended Day 2 (workshop handout – Summary of action points). Day 2 allowed ENDAS to focus and work on action points 1 to 3, commentary on this is provided in the table on page 24.

The ENDAS team were tasked with working through each action point, drawing on their knowledge and understanding of the priorities and drivers, which underpin their service. They were asked to comment on the structure and content of each of the actions, with a view to further improve and develop the model.
Day 3: A further workshop will be held to consider Action 4

The day has been structured in two parts:
AM – psychometric testing of the team with the aim of improving the understanding of the team dynamic
PM – a table top exercise with separate tables reviewing each of the previously agreed priorities. Workshop attendees will move round each table at regular intervals developing ideas about how each priority will be met by the team. An external facilitator will look after each table.

Conclusion
Initial feedback has been extremely positive, and the model will now be trialled by other teams within the trust.

The consultant member of the team took the results of the workshops to their job-planning meeting. The information enhanced the job plan discussion and aided the development of a dataset for the specialty. This will be used in future team and individual job plan reviews. Further information on the dataset developed is contained in Case study 2 of Appendix 6 of this handbook.
Workshop handout - Summary of action points

Action 1 - What is expected of our service?

To create and develop a team job plan, the first stage is to consider who expects what from our service and the type of service we need to be delivering for our patients. Under each of the following headings, list what you think are the main drivers and influences on the service you provide within your team/unit/department.

1. National drivers/commitments
2. Local Trust priorities
3. Outside organisations and agencies
4. Current policies/frameworks
5. Priorities for individual team members
6. What is on the horizon – the unexpected

Action 2 - Reviewing in order of importance

By just looking at these areas, which have been identified through Action 1, it can be seen that there are many drivers impacting on the service your team/unit/department provides. These areas now need to be prioritised, so that the most urgent and pressing areas of work can be highlighted. Review each of the topics, and place in order of priority noting the level of risk involved if a piece of work is not a priority.

As you begin to consider this list, keep in mind:

• the reason why the area of work is of that importance – e.g. it is mandatory, linked to star ratings etc.
• who are the commissioners – e.g. PCTs
• are there connections between two or more areas of work – e.g. completing one piece of work with a low priority will ensure high priority areas are achieved
• what are the risks around not focusing on certain areas of work – e.g. financial implications.

You may wish to structure your notes as follows:

<table>
<thead>
<tr>
<th>Level of priority</th>
<th>Why a priority</th>
<th>Commissioner</th>
<th>Connections with other areas</th>
<th>Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Action 3 - Achieving or not achieving – that is the question!

With the key drivers which influence the team’s work now in order of priority, we need to identify which of these we are already achieving and why. This will then highlight the gaps, i.e. work areas we are not completing.

Keeping the areas of work in the priority you have listed them, work your way through the list, highlighting which goals are being met. When undertaking this work, keep in mind:

- why you think we are achieving when providing these services?
- do you think these areas can continue to be met if there are no changes to working practice?

Action 4 - Problem solving

You will now have a clearer understanding about the work your team needs to achieve over the coming year, why you need to achieve it and whether sustaining current working practices will allow you to do so. The focus now needs to be on those priority areas, which are not being met, and how you can tackle these. There are a number of problem solving options available to you, e.g. tracking the patient pathway and identifying where working practices could be undertaken differently.

As a team, focus on the areas that are not being achieved, now identify ways in which problem solving tools could be used to help organisations and consultants achieve in these areas.
### Day 2 activity

<table>
<thead>
<tr>
<th>Action point</th>
<th>Observations and comments</th>
<th>Developments and changes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Action 1</td>
<td>A ‘brain storming’ session, with facilitator writing on 6 different flip chart pads, visible to all delegates. Positive and supportive discussions, which at times would lead into more in-depth analysis of a service – facilitation required to ensure focus on initial task. The group sat around one table, however they agreed it would have been possible to undertake this task in smaller working groups.</td>
<td>The category headings to be updated: 1. National drivers/commitments 2. Local Trust priorities 3. Outside organisations and agencies 4. Current policies/frameworks 5. Priorities for individual team members 6. What’s on the horizon – the unexpected Still use 6 different flip charts with categories, however issue a set of post-it notes to each group member, to write priority/drivers and place under relevant category heading. Using post-it notes would allow greater flexibility when undertaking actions 2 &amp; 3.</td>
</tr>
<tr>
<td>Action 2</td>
<td>All the priorities and drivers were brought together under three headings, and it was agreed that all areas identified were necessary to work towards during the coming year.</td>
<td>Post-it notes would have made this exercise easier.</td>
</tr>
<tr>
<td>Action 3</td>
<td>A ‘traffic light’ approach was used, and useful discussions were held around what areas were being achieved and which targets were being missed. This was a more factual exercise, lead by the senior members of the team.</td>
<td>Suggest a structure around traffic lighting, and an example of laying out the information to assist with discussions.</td>
</tr>
<tr>
<td>Action 4</td>
<td>Although this was not undertaken during the time available, it was agreed that within this action, the discussions and areas highlighted under the category ‘horizon/the unexpected’ would need to be revisited.</td>
<td>A separate full day to be arranged to analyse the services changes and workforce requirements to meet the targets and priorities of the service.</td>
</tr>
<tr>
<td>General observations – day 2</td>
<td>This is a group of individuals who work together as a multi-disciplinary team within the same environment and have regular weekly team meetings. It was clear that they were comfortable to talk openly, in the presence of the consultant and senior managers, and to that end chose to undertake the tasks seated around one table. They agreed that a larger team would benefit from being placed in smaller work groups. It was also agreed that different teams could be invited to undertake actions 1, 2 and 3 at the same event. The potential benefit would be for departments/teams/working groups to share with others the priorities driving their service. Additionally, if there could be an over-arching link for these groups, i.e. all from the same organisation or having a service link, there would be the opportunity to recognise and appreciate how each links with another.</td>
<td></td>
</tr>
</tbody>
</table>
Case study 5: Creating a new post using team job planning

All five ophthalmic surgeons at a district general hospital, at the request of the Trust agreed 12 programmed activity (PA) job plans on the understanding that the Trust would seek to appoint a sixth consultant within the year as all wanted to reduce the number of PAs they undertook.

When the consultants and the directorate general manager met to agree the provisional job plan for the new post, they realised that if the current consultants each gave up two direct clinical care (DCC) PAs, there would be a loss of overall clinical activity as allowance would have to be made in the new job plan for supporting professional activities (SPAs). They decided therefore to review the activities of all of the current consultant team to see how the workload of each could be reduced, whilst maintaining current levels of clinical activity.

Of the five of them, two were currently undertaking 2 SPAs and 10 DCC PAs. It was agreed that both of these individuals would reduce their clinical commitments to 8 DCC PAs. One consultant worked 4 SPAs as she undertook a heavy teaching workload; she wanted this reduced and it was decided to devote one PA to teaching in the new job with her job plan being reduced by one DCC PA and one SPA. The job plan for the fourth clinician included 3 SPAs in recognition of his managerial commitments as clinical governance lead, so he felt he could only reduce his clinical workload. The fifth consultant also had 3 SPAs in his plan as he undertook some research; he was keen to see if the new consultant would be interested in collaborating with him. He felt he could only reduce his clinical workload. They agreed that although the precise job plan could not be agreed until the individual was in place, provisionally it should include 8 DCC PAs and 2 SPAs.

They summarised the changes in tabular form, in preparation for the funding discussion, which would take place at the Trust’s workforce planning committee. Other information required included details such as the effect of the new post on the on-call rota, additional costs relating to increased capacity requirements, pathology and radiology support costs and office equipment.

They noted that the total number of SPAs had increased, but felt that this was inevitable as they were all involved in continuing professional development and clinical governance, as well as having teaching and research commitments. The directorate manager felt that the service would need the additional DCC PA; they agreed it would be need to be offered to all six of them in the fullness of time, but consultants 1 and 2 agreed to undertake half an additional programmed activity each for the first six months after the new consultant took up post, after which they would all review both the need for additional activity and who would undertake it.

<table>
<thead>
<tr>
<th>Consultant</th>
<th>Old job plan</th>
<th>Proposed job plan</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>DCCs</td>
<td>SPAs</td>
</tr>
<tr>
<td>1</td>
<td>10</td>
<td>2</td>
</tr>
<tr>
<td>2</td>
<td>10</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>8</td>
<td>4</td>
</tr>
<tr>
<td>4</td>
<td>9</td>
<td>3</td>
</tr>
<tr>
<td>5</td>
<td>9</td>
<td>3</td>
</tr>
<tr>
<td>New</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Total</td>
<td>46</td>
<td>14</td>
</tr>
</tbody>
</table>