Team job planning

Introduction

Clinicians frequently work in teams, be they teams of consultants, medical teams or multi-disciplinary teams. Recognising this, a number of approaches to team job planning have been developed. Some of these, as listed below, are included as case studies in Appendix 5.

1. Cambridge University Hospitals NHS Foundation Trust – consultant team job planning policy
2. York Hospitals NHS Trust - developing a prospective team based job plan
3. Leeds Teaching Hospitals NHS Trust – steps taken to develop a consultant team job plan
4. Devon Partnership NHS Trust – a consultant job plan within the context of a multi-disciplinary team
5. Creating a new post using team job planning

It is considered that there are a number of potential advantages to adopting a team approach to job planning and in devising a team job plan. Team job planning enables individuals to take account of the role of each team member in terms of service delivery and their achievement of team objectives. The presence of a team job plan is entirely acceptable so long as each individual agrees to participate without coercion, and that they still retain the right to sign an individual job plan agreement with the employing organisation.

In some circumstances it might be appropriate for various elements of the planning stages of the job plan review to be undertaken on a team basis, but for the written job plan agreement to be on an individualised basis only.

Job planning by team, rather than by individual, should not be viewed as a timesaving solution to the whole job planning process. If anything, it will take considerably longer, but it is suggested that the benefits gained make it a worthwhile investment of time.

Developing a team job plan

The following steps may assist organisations in the development of a team job plan:

Step 1: Understanding the demand, the capacity and the gap
i. Determine what direct clinical care (DCC) activities are required to deliver the service
ii. Identify the number of consultant hours required to deliver each activity
iii. Determine 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 DCC working week per full time consultant
viii. In addition, quantify the total Supporting Professional Activity (SPA) commitment as well as any additional duties (e.g. clinical director, lead clinician) and external duties (e.g. college examiner) across the team
ix. Add the figures identified in (vii) and (viii) together to determine the total weekly programmed activity (PA) figure – if this figure lies outside the 10 PA full time contract then discussions will be needed about how to manage the gap – e.g. with additional programmed activities, consultant expansion, new ways of working.
Step 2: Development of an individual work programme from a team job plan

i. Individuals should have 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, defining their shared objectives and detailing how they intend to share the responsibility of the team job plan, to compliment the individualised schedules.

Step 3: Ownership and review of the team job plan

i. Good communication between members of the team is essential to ensure shared ownership of the job plan and shared responsibility for its success.

ii. A regular review is required to assess progress against the annualised plan and to ensure working arrangements agreed remain the most effective and appropriate.

Team job plans – advantages

There are two main types of teams, the consultant team and the multi-disciplinary team. Outlined below are some of the potential advantages of pursuing a team job plan in each of these cases:

**Consultant team job planning**

Where consultants in a specialty act effectively as a team, sharing overall responsibility for the consultant input to a service.

- Can assist clinicians who work in several teams, e.g. vascular surgeons who may undertake their elective activity in one hospital but cover a number of hospitals as part of a shared on-call rota.
- Recognises a team approach to service delivery, such that facilities such as theatres can be maximised, as it is the team that uses the slot rather than the individual – i.e. in the absence of one individual, another team member can still make use of the facility.
- Recognises a team approach to delivering a “block contract” pathology or radiology service.
- Can help deliver contractual flexibilities.
- Would help groups of consultants support one or more of their number engaging in Royal College or similar external activities.
- Separately for both the DCC and SPA aspects of the job plan may assist with subsequent reviews of the overall teamwork programme, arising from a change in circumstances, e.g. additional theatre capacity or the arrival of a new colleague. In the latter example, it would be possible to divide the core activity in the DCC by one extra and re-evaluate roles within the SPA to assess whether or not there has been a re-allocation of duty and correspondingly a reallocation of PAs.
- Supports a transparent approach to job planning within departmental structures. For example, if the team agree the time commitment associated with the weekly ward round, the CT reporting session, or a theatre list, where these are common activities, then each member of the team has a set of common building blocks from which to build and identify their personal weekly commitment.

**Multidisciplinary team job planning**

Where the service is delivered by a multidisciplinary team working together, of which the consultant is a member.

- Allows for the specific contribution made by the consultant to the team to be clarified. This is especially of value if the consultant belongs to several teams.
- Provides an opportunity to consider whether other team members could effectively and safely do work currently done by the consultant. This may require a review of team skill mix, or additional training.
- Ensures multidisciplinary involvement in dealing with service pressures, and service changes and developments.
- Ensures clarity about clinical and medical responsibility.