University Hospitals of Derby and Burton NHS Foundation Trust

TRUST POLICY FOR MEDICAL AND DENTAL CONSULTANT AND SAS DOCTOR JOB PLANNING

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CONTENTS

Paragraph Number	Subject	Page Number
1	Introduction	4
2	Definition of a Job Plan	4
3	The Job Plan	4
4	Roles and Responsibilities	6
5	Timetable for Job Planning and Links to Business Planning	7
6	Job Planning Principles	8
7	Preparing for the Job Planning Meeting	9
8	Format of the Job Planning Meeting	9
9	Recording	9
10	The Job Plan Review Process	10
11	New Posts	10
12	Annualised Contracts	10
13	Work Commitment	11
14	Objectives	11
15	Supporting Resources	12
16	Components of Job Planning	12
17	Premium Time	13
18	Time Shifting	13
19	Private Work	14
20	Responsibility Allowance Payments	14
21	Change in PAs as a Result of Job Planning	14
22	Signing Off Job Plans	15
23	Access to Job Plans	15
24	Mediation and Appeals	15
25	Clinical Excellence Awards	16
26	Working Time Regulations	17
27	Pay Progression	17

28	Associated Documentation	18
29	Monitor and Review	19
30	Framework Review	19

Appendices

Appendix 1	Guide to Job Planning	20
Appendix 2	Job Planning Fairness Panel Terms of Reference	28
Appendix 3	Job Planning Divisional Approach Document	29
Appendix 4	Job Planning Algorithm	33
Appendix 5	Monitoring Matrix	34

MEDICAL AND DENTAL CONSULTANT AND SAS DOCTOR JOB PLANNING POLICY

1. INTRODUCTION

Clinicians and NHS Employers have a joint responsibility to work closely to provide the best possible care within the resources available. The job plan is a key mechanism through which this shared responsibility can be agreed, delivered and monitored.

Annual job planning is a contractual obligation for all Consultant Medical Staff, all Staff and Associate Specialist (SAS), or all Specialty Doctors (substantive and / or honorary).

2. DEFINITION OF A JOB PLAN

A job plan is an annual prospective professional and contractual agreement between the Trust and the individual setting out their duties, responsibilities and objectives for the coming year. It includes all aspects of professional practice including clinical work, teaching, research, education, managerial responsibilities and regular private practice. Individual job plans for each clinician must be based on either a regular cycle (weekly, monthly etc.) or an annualised basis.

It provides a clear schedule of commitments and should include personal objectives (including details of their link to wider service) and Trust objectives.

As a publicly funded organisation the Trust has a statutory responsibility for probity. For this reason job plans must be based upon fact and evidence.

3. THE JOB PLAN

The job planning process should be:

- Undertaken in a spirit of collaboration and co-operation
- Completed in good time
- Reflective of the professionalism of being a clinician
- Consistent with the objectives of the NHS, the organisation, teams and individuals
- Clear about the supporting resources the Trust will provide to ensure that objectives can be met
- Transparent, fair and honest
- Flexible and responsive to changing service needs as well as the clinician's aims and objectives during each job plan year
- Fully agreed and not imposed
- Focused on enhancing outcomes for patients whilst maintaining service efficiency
- Consistent with the principles set out in the Follett review, in the case of clinical academics.

The job plan should describe:

- The work the clinician does for the Trust and, for clinical academics, what work they also do for the University
- The objectives to be achieved by the clinician and supported by the Trust

- When and where that work is done
- How much time the clinician is expected to be available for work
- What this work (quantified where possible) will deliver for the Trust, individual and patients
- The resources necessary for the work to be achieved
- Any flexibility around these working relationships and interactions that the consultant may have outside their primary role for the Trust.

It is expected that all parties will participate openly and collaboratively in the process and actively consider alternative ways of working to enable service improvements to be introduced. Matching workforce availability to activity will bring greater efficiencies and quality to patient care, as well as a better work- life balance for individuals.

It should be noted that failure by the clinician to actively engage with the job planning process will constitute one of the grounds for deferring pay progression for the year in question. Individuals will not however be penalised for failing to meet objectives due to reasons beyond their control, for example due to a lack of agreed supporting resources or illness. As long as the individual clinician can demonstrate that they have met and agreed a proposed job plan, failure of management approval will not trigger the imposition of sanctions. However, the job planner and the individual have a responsibility to identify potential problems with achieving objectives as they emerge rather than waiting for an annual job plan review meeting.

Where a job plan has not been agreed because it is in dispute, and is subject to ongoing mediation or appeals processes, the individual will also not suffer any detriment.

The aim of this Policy is to support the delivery of a transparent and fair approach to job planning across the Trust, and to support both those undertaking job planning as well as those conducting job plan reviews.

For clinicians on joint appointments with other NHS Trusts the job planning process should be linked. Ideally, this should culminate in one joint meeting with both employers and the clinician to agree the job plan. However, recognising the difficulties of achieving this approach, each clinician with a joint job plan will be expected to share the number and timing of programmed activities (PAs) agreed with their other employer, as part of their job plan discussion in this Trust.

The employer with the majority of PAs is considered the primary employer.

For medical staff who remain on the old contract (pre-2003), and SAS doctors before 2008, annual job planning remains an obligation and the approach within this Policy is applicable.

The job planning process is to ensure alignment of a clinician's work to the delivery of the Trust, specialty and personal objectives for the forthcoming year. It looks forward at the next year's activity requirements. There should be some preparation by the specialty looking at last year's activity and use of resources (time, theatres, out-patients, endoscopy etc.) as well as the anticipated activity needed for the forthcoming year.

The Chief Operating Officer (COO) is accountable for this process and the Executive Medical Director (EMD) remains the person designated for leading the mediation process.

The document also sets out the role of the "Fairness Panel" and it's agreed Terms of Reference (Appendix 2).

4. ROLES AND RESPONSIBILITIES

Whilst the Chief Executive (CE) is ultimately accountable for ensuring job planning is conducted annually across the Trust and in line with Department of Health (DoH) requirements, the following clarifies the roles and responsibilities of staff involved in the overall job planning process.

Post / Group	Details
CE	• Undertake the EMD's job plan (managerial element).
COO	• Overall responsibility for ensuring that job planning is conducted annually across the organisation.
EMD	• Review and maintain this document in conjunction with the COO and Local Negotiating Committee • Lead the mediation process if required - see 'A Guide to Consultant Job Planning' (p41).
Divisional Medical Director (DMD)	• Overall responsibility for the job planning process in their Division and is accountable to the Divisional Director • In conjunction with the Divisional Director they will determine the job planning approach to be followed in the Division.
Clinical Director (CD)	• Responsible for the delivery of annual job plans within their business units within the timeframes set. They will co-ordinate the ACDs to undertake job plan reviews in their sub-specialties
Assistant Clinical Director (ACD)	• Ensure that the job planning process takes place within their Business Unit, in accordance with the timeframe set out by the Trust • Prepare for and lead job planning review meetings.
General Manager (GM)	• Support the job planning review process by providing information to the job planner on service changes, resource implications and links between corporate and divisional objectives • A 'preparation team meeting' at which relevant service information is presented and discussed by the specialty team prior to the beginning of the job planning process can enhance the outcomes. The GM should be responsible for collating and presenting this information and, if appropriate, co- ordinating this meeting • The one to one job planning meeting will generally take place between the clinician and their appropriate medical lead (and in addition, for Clinical Academics, their Academic Lead will also attend). However, the presence of the relevant GM is seen as significantly

	improving the job planning process, and therefore job planning review meetings may include a GM where it is agreed with the clinician and job planner, but in all cases, the review discussion will be led by the job planner who will be a medical manager • Be responsible, in liaison with the CD, for the completion of any e-Notification of Amendment to Contract form (change form) required following the completion of the job planning process.
Individual Clinician	Prior to completing their job plan, clinicians should consider the following: • The Business Unit's / Corporate objectives which their job plan is to contribute towards • Personal objectives agreed during the appraisal meeting • Identification of all external and other commitments (including private practice, managerial and additional responsibility roles) • Any amendments to the previous job plan • Any additional resources required to in order to fulfil their NHS commitments • Advice and guidance from professional bodies.
Associate Director – MD's Office	• Advise on the interpretation of this Policy in accordance with national terms and conditions • Review the policy in conjunction with the Medical LNC in line with Trust policy.
Medical Support Services Manager	• Manage functionality and undertake consistency checks whilst supporting the job planning process • Central administration of the Trust's electronic job planning system • Provide training on the electronic job planning system • Support the job planning process in all areas by providing advice and guidance on the electronic job planning system Upload outline job plans for new starters.
LNC	• Regularly review the fair and sensitive application of the job planning procedure across the Trust • Report concerns to the Medical Staff Committee, the joint LNC and the Trust.

5. TIMETABLE FOR JOB PLANNING AND LINKS TO BUSINESS PLANNING

The job plan should be reviewed on an annual basis ensuring that all annual job planning takes place between January and March every year for the following financial year. Eight weeks' notice will be given to prepare for the meeting. An interim review of a job plan may be conducted if duties, responsibilities and accountability arrangements have changed or need to change significantly within the year, resulting in an increase or decrease in activity and an adjustment to PAs is required. The member of staff or the ACD / CD / DMD can initiate an interim job plan review. This is important during periods of organisational change and where unexpected changes occur, such as the absence of a colleague for a prolonged period or proposed service reconfiguration. It is expected that interim job plan reviews should only be required in limited circumstances and the Trust must ensure that managers do not use the arrangement excessively.

Job planning supports the delivery of specialty and Trust business plans by providing a mechanism to ensure that corporate goals are incorporated into individual job plan objectives, and that the aspirations of clinical staff are consistent with those of the Trust. The links between business plans and individual job plans cover 3 main areas:

	Business Plan	**Job Plan**
1	Corporate objectives	Personal objectives
2	Quality standards	Performance objectives
3	Planned activity levels	Clinical sessions and activity targets

In order to ensure that the activities are coordinated and that the Trust works throughout the financial year with an agreed business plan and signed-of job plans the timetable will be determined through the TOG.

6. JOB PLANNING PRINCIPLES

The job planning process aims to achieve the following outcomes:

- An agreed baseline of commitments detailing attendance and activity expectations for the year ahead that have been transparently reviewed and agreed and are clearly documented for future reference. The requirements for each specialty and each clinician within that specialty will be determined as part of the team job planning process. Activity expectations are based on a 42 week working year. The calculation of a 42 week working year is derived from summating annual leave, study / professional leave and statutory bank holidays (8 per annum) which amount to 50 or 52 days i.e. 10 working weeks or 10.4 working weeks (41.6 after 7 years' service). Commitments will be delivered with reference to 42 sessions. However, clinicians with a disproportionate number of sessions on recurring Bank Holidays (eg. Mondays and Fridays) will not be expected to deliver 42 of those clinical sessions
- With the agreement of the GM, clinicians who over deliver may be paid or take time off in lieu
- All activities should be recorded within the job plan and timetabled as appropriate ensuring that there is no double counting of the same periods of time. This should include all management responsibilities and private patient work
- The clinician's agreed job plan should contribute to the Trust's and the Business Unit's agreed priorities
- The total number of PAs should only in exceptional circumstances exceed 12 and should be reviewed in line with the EWTD and reasonable rest requirements
- Any fraction of PAs can be used for calculation purposes, but PAs will only be payable rounded down to the nearest multiples0.1 Rounding down will be undertaken manually at Divisional level.

7. PREPARING FOR THE JOB PLANNING MEETING

Preparation is the key to effective job planning. To facilitate an informed discussion at the individual job planning meeting, the Business Unit GM will share the specialty demand and capacity analysis and proposed team job plan with each clinician in advance of the job planning meeting.

It is recommended that a team approach to job planning is adopted in the first instance. The intention of team job planning meetings is to enable all clinicians within the team to meet with the clinical manager and the GM in advance of individual job planning meetings to discuss any issues that are generic to all job plans within the team and to agree a consistent approach. This can include the number of PAs to be allocated to clinical activities, the amount of time required on average for clinical administration and on-call duties, the allocation of SPA roles within the team, etc.

8. FORMAT OF THE JOB PLANNING MEETING

At least an hour should be set aside for the meeting at a time when all parties are free of other commitments. As far as possible, interruptions, such as pagers and mobile phones should be avoided. The job planning meeting will take place between the clinician and the job planner and GM if mutually agreed with the clinician being job planned. If the job plan cannot be finalised at the first meeting e.g. if additional information is required, subsequent meetings should take place until the job plan is agreed. While there are agreed processes for mediation and appeal, it is best if the parties can arrive at an agreed job plan by themselves.

9. RECORDING

It is essential that all changes agreed at job planning sessions are retained for future reference by the member of staff and specialty or divisional management.

10. THE JOB PLAN REVIEW PROCESS

10.1 Following the 'Preparation Team Meeting' each clinician will receive e-mail communication from their job planner confirming who will conduct their job plan review. Appropriate access to the Trust on-line job planning system will be given to the clinician and their job planner. The system will have been populated with the previous year's job plan (or with the last job plan completed and submitted) and the service objectives for their specialty. Where no job plan information (e.g. for new appointments) is available centrally, the job planner will provide an initial draft of the plan for discussion.

10.2 The Job Plan will:

- Include a schedule of programmed activities setting out how, when and where the duties and responsibilities will be delivered
- Set out the management responsibilities, for example, appraisal and job planning of colleagues, management / training of junior doctors, managing budgets, clinical governance activities, such as risk management etc.
- Set out the accountability arrangements both professionally and managerially, for example, where the clinician is responsible for a group of junior doctors it will set out the requirement to ensure that junior doctors are adequately supervised in line with the GMC's 'Good Practice Guide 2002'
- Identify reasonable and achievable personal objectives that have been agreed between the clinician and their medical manager, and will set out the relationships between these personal objectives and local service / Trust objectives
- Whilst objectives are not contractually binding in themselves, clinicians have a duty to make all reasonable efforts to achieve them. Where one or

more objectives have not been achieved this must be recorded in the job plan and the reasons why clearly identified

- Where a clinician works for one or more other NHS employers, the Trust will take account of any objectives agreed with those other employers
- Identify the resources likely to be used to help the clinician carry out their job plan commitments over the following year and achieve their agreed objectives for that year
- Identify any potential organisational or systems barriers that may affect the clinician's ability to carry out the job plan commitments, or to achieve agreed objectives.

10.3 Stage 1 - Once the job plan review meeting has taken place, the clinician will be responsible for updating their job plan on-line and forwarding it to their job planner within the set timeframe for Stage 1 'sign-off'. The job planner will review the job plan, "sign-off" and forward to the GM for Stage 2 'sign-off'.

10.4 Stage 2 – The GM will review the job plan and 'sign off'. All job plans agreed with the clinical manger will be reviewed by the DMD.

Any job plan containing more than 12 PAs will require the ratification of the DMD before any change is actioned.

10.5 Stage 3 – Third sign off will be undertaken by the Medical Support Services Office (MSSO). The MSSO will issue quarterly reports to ACDs and GMs ensuring they are aware of any inconsistencies within their department. Also, ensuring that the fairness panel have access to all data, where required.

11. New Posts - Before replacing an existing post the ACD, DMD, DD and GM should ensure that there is a continuing requirement for the post.

Each time a new post is approved (and prior to advertisement), the opportunity should be taken to review job plans and on-call commitment of all clinicians within that specialty. In this way there is a clear and agreed expectations and understanding of the role and contribution of the post to the service and to patient / client care.

12. ANNUALISED CONTRACTS

Annualisation is a flexible working arrangement which needs to meet both the needs of the clinician and employer and is by mutual agreement. It is an approach to job planning in which the individual contracts with the Trust to undertake an agreed number of programmed activities or other activities on an annual rather than a weekly basis. Clinicians who over perform may be paid or time off in lieu taken. This process needs to be overseen by the ACD / CD.

As with all aspects of job planning the decision whether to annualise a job plan or not must be by mutual agreement. The job plan will set out variations in the level and distribution of activities within the overall annual total. Both parties should agree on the outputs and outcomes expected from activity in the job plan, and the means by which they will be measured and reported.

13. WORK COMMITMENT

The 2003 Consultant contract and 2008 SAS contract is based upon a full-time work commitment of 10 PAs per week.

PAs above the core contract of 10 per week are temporary, it is imperative that the job planner completes the job plan on 10 Core PAs and additional PAs identified separately. For less than full time staff or where contracts are more complex it is suggested that advice is sought from Human Resources.

If there are gaps between current capacity and anticipated activity required, clinicians may be offered additional programmed activities in accordance with the Terms and Conditions.

Where an individual clinician wishes to undertake private work and is not already committed to at least an 11 PA job plan (and the equivalent for less than full time job plans with 1 additional PA pro rata), the Trust may at its discretion offer an extra DCC PA to the clinician. Where the extra PA is declined, and the clinician continues to undertake the proposed private work, the individual will not be entitled to receive pay progression during the year in question. This session may be offered out to colleagues within the Department and if accepted this should have no effect on the pay progression of the original consultant.

If the Trust requires a clinician to reduce from an 11 PA or greater contract, down to 10 PAs, this should not prejudice the clinician's right to undertake private work or receive pay progression.

Where the Trust or the clinician requires a change to the number of additional PAs - either an increase or decrease - three months' notice is required unless there is a mutual agreement to carry out the change earlier.

Job plans should be based on a regular cycle (weekly, monthly etc.). Job plans may cover a week or where a weekly cycle is not appropriate, a month or a year, where such a period is agreed by all parties as appropriate.

14. OBJECTIVES

Job planning should not be carried out in isolation. It should form part of a dynamic patient-focused process which incorporates organisational, team and individual objectives.

The process should follow the SMART formula:

- **S**pecific
- **M**easurable
- **A**chievable and agreed
- **R**ealistic
- **T**imed and tracked

The job plan will include appropriate personal objectives that have been agreed between the clinician and the job planner. These may arise out of the appraisal process and should be documented.

The personal objectives will set out a mutual understanding of what the clinician will be seeking to achieve over the year they cover and how this will contribute to the objectives of the employing organisation and the Specialty. More specifically they will:

- Be based on past experience and on reasonable expectations of what might be achievable over the next period

- Reflect different, developing phases in the clinician's career
- Be agreed on the understanding that delivery of objectives may be affected by changes in circumstances or factors outside the clinician's control, which will be considered at the job plan review.

Where a clinician works for more than one NHS employer, the lead employer will take account of any objectives agreed with other employers.

The nature of a clinician's personal objectives will depend in part on his or her specialty, but they may include objectives relating to:

- Trust objectives
- Local service objectives
- Quality
- Team requirements
- Activity and efficiency
- Clinical outcomes
- Clinical standards
- Management of resources, including efficient use of NHS resources
- Service development
- Multi-disciplinary team working.

Objectives may refer to protocols, policies, procedures and work patterns to be followed. Where objectives are set in terms of output and outcome measures, these must be reasonable and agreement should be reached.

15. SUPPORTING RESOURCES

The clinician and the job planner will use job planning reviews to identify the resources that are likely to be used to help the clinician carry out his / her job plan commitments over the following year and achieve his / her agreed objectives for that year.

The clinician and the job planner will also use job plan reviews to identify any potential organisational or systems barriers that may affect the clinician's ability to carry out the job plan commitments, or to achieve agreed objectives.

16. COMPONENTS OF JOB PLANNING

The Trust's Guide to Job Planning (Appendix 1) should be read in conjunction with this Policy.

The job plan will include a schedule of PAs setting out how, when and where the clinician's duties and responsibilities will be delivered. All DCC PAs will normally take place at the clinician's prime place of work, unless this has been negotiated otherwise during the job planning discussions. However, there is the ability for up to 1 SPA per week to be undertaken at home with the agreement of the job planner. This must be reflected accurately within the job plan. In order to drive measurable and sustainable improvements in quality, an effective job plan needs to be more than a high level timetable which sets out in general terms the range of activity. It is vital that it articulates the relationship between the organisation and the member of staff and the desired impact on patient care.

Where clinicians are expected to spend time on more than one site during the course of a day, time spent travelling between sites will be included in their job

plan. All travel associated with clinical activity should be recorded as DCC time and travel associated with non-clinical activity should be recorded as either Supporting Professional Activities (SPA) or Additional NHS Responsibilities as appropriate. Where possible it is more productive for a clinician to remain on one site for a full day.

The schedule of PAs will require full discussion with the job planner taking into account both their and the clinician's views on resources and priorities.

Time given to patient focussed administration is also allocated as DCC time. The PA allocation will vary according to the administrative requirements of a particular role.

It is a Trust requirement that the 0.5 PA allocation for SPAs should be carried out on site unless it is explicitly agreed by the ACD / CD that this can be carried out at another location. However, there is the ability for up to 1 SPA per week to be undertaken at home with the agreement of the ACD / CD. SPAs undertaken in premium time will be remunerated appropriately.

It is recognised that owing to the nature of the work undertaken, there will be variances between the times spent on various components of the job plan.

17. PREMIUM TIME

Non-emergency work after 19.00 and before 07.00 during week days or anytime at weekends (premium time) will only be scheduled by mutual agreement between the clinician and their job planner and will take into consideration private patient activity done in normal time which displaces NHS routine work into premium time.

If clinicians choose to undertake a PA in premium time rather than core working hours for personal convenience, the time for the PA must still need to equate to 4 hours and will not be paid at the enhanced rate.

Time worked is measured in units called Professional Activities, or 'PAs'. During 'normal time' (defined as time between 07:00 to 19:00 on Mondays to Fridays), every 4 hours of work will count as 1 PA. Work undertaken in premium time will be will be calculated at premium time (i.e. 1 PA = 3 hours work).

Any local agreement outside this rule needs to be agreed in writing with the EMD.

18. TIME SHIFTING

Time shifting is the process whereby one activity e.g. SPAs or private practice is carried out during scheduled time for another activity e.g. DCC. The equivalent amount of missed activity e.g. DCC is then carried out during time allocated for the other activity e.g. SPA time or private practice without additional payment. Before time shifting, consideration should be given as to when the displaced activity will be carried out to avoid use of extra resources.

This does allow clinicians some flexibility in their timetable and also allows the accommodation of unscheduled SPA, additional responsibilities, external duties, private professional services and fee paying services while protecting the capacity, efficiency and effectiveness of the service. The key principles are that an individual cannot be paid twice for work done and that flexible

arrangements must not impact negatively on the efficient use of resources. All service lines must have a robust method of accounting for time shifting that can be properly audited if required.

If a clinician is on a non-annualised job plan, they will not be expected to re-provide DCC sessions due to Divisional Days (DD). However, DD days must be attended.

Regular time-shifting must be agreed in advance, where practical, and should be documented by the clinician and the job planner.

19. PRIVATE WORK

As part of the job planning process, any regular or predictable private practice should be reviewed to ensure compliance with the Code of Conduct on Private Practice. The job plan should include details of any regular private work carried out. The clinician should identify any regular private commitments in their job plan and provide information on the planned location, timing and the broad type of work done to facilitate effective planning of NHS work and any out-of-hours cover.

The provision of services for private patients should not prejudice the interest of NHS patients or disrupt NHS services. Any NHS activity which is displaced due to ad-hoc private practice must be carried out at an agreed later stage. Similarly if emergency NHS work displaces private work within normal working hours, work duties will be time shifted where possible to allow the doctor to meet their private practice obligations.

If a clinician undertakes **W**aiting **L**ist **I**nitiative work during normal working hours, duties that would normally be performed during this time should be time shifted.

20. RESPONSIBILITY ALLOWANCE PAYMENTS

If a clinician receives a responsibility allowance payment for a specific role this should not be entered into the main job plan with a PA allocation. These roles should only be entered on the job plan summary.

21. CHANGE IN PAs AS A RESULT OF JOB PLANNING

If the new job plan results in either an increase or decrease in PAs, the effective date will be the commencement of the revised duties. Payment will be actioned once the job plan receives first sign off which should normally be completed within four weeks.

A 3 month notice period is required for a change of PAs. Where a change in PAs has been agreed from the previous year’s job plan, the GM will action the e-Notification of Amendment to Contract form (change form).

22. SIGNING OFF JOB PLANS

What is agreed at the job planning meeting should be put in writing but it should not be put into effect until this has been reviewed and signed off by all parties (please see below table). There may be a need to discuss some aspects of the agreement with other parties before a revised job plan can take effect. Once the job plan has been agreed all parties must complete formal sign off within

two weeks. If sign off is not achieved within this timescale the matter will be escalated to the CD / DMD.

All those involved in the job planning process should be clear about the level of sign-off required at each stage. The default arrangements are as follows:

Clinician	1st Sign Off	2nd Sign Off	3rd Sign Off
Consultant / SAS Doctor	ACD	GM	Medical Support Services Office (MSSO)
Academic Consultant	ACD	GM	*Academic Lead via MSSO*
ACD	CD	GM	MSSO
CD	ACD	GM	MSSO
DMD	CD	GM	MSSO
EMD (Clinical element only)	DMD	GM	MSSO

23. ACCESS TO JOB PLANS

All job plans will be available via Allocate eJob Plan; with the following access:

- Doctor views own
- CDs / ACDs / DMDs view all within their Business Unit
- Finance Business Partners within their Division
- Medical Support Services Office view all to facilitate and shares with Fairness Panel
- Corporate Accountant views all

24. MEDIATION AND APPEALS

Where a clinician is employed by more than one NHS organisation the prime employer will take the lead in the mediation and appeals process.

If at all possible, disagreements regarding job planning should be settled informally. Where this is not possible the clinician can request mediation.

Mediation Stage 1 (within Division)
In the first instance, the clinician or the Clinical Manager should refer the dispute to the EMD (or another designated person if the EMD has already been involved in the job planning discussions) in writing within two weeks of the disagreement arising, setting out the nature of the dispute. The reasons for the dispute will be shared with the other party and they will be required to set out their position on the matter.

Mediation – Stage 2

There will then be a meeting, usually set up within four weeks of the referral, which will be chaired by the EMD. The clinician and the Clinical Manager will be invited to the mediation meeting to present their case. The EMD will seek to mediate a resolution to the points in dispute.

If agreement is not reached at the meeting, the EMD will take a decision or make a recommendation on the matter. The EMD must inform the clinician and Clinical Manager of the decision or recommendation in writing.

If the clinician is not satisfied with the outcome of mediation, a formal appeal can be lodged.

Formal Appeal – Stage 3

Where a clinician remains dissatisfied with the outcome of job plan mediation or they wish to dispute a recommendation regarding their pay progression, they may lodge a formal appeal, in writing, to the CE within two weeks. The CE will then convene an appeal panel.

Membership of the Appeal Panel for Consultant Appeals

The membership of the panel is a chairman nominated by the Trust, a panel member nominated by the clinician and a third independent member from a list approved by the Trade Union and NHS Employers. The clinician can object on one occasion to the independent member who would then be replaced with an alternative representative.

Membership of the Appeal Panel for SAS Appeals

The membership of the panel is a chairman who is a Non-Executive Director of the Trust, a panel members nominated by the clinician preferably from the same grade and an Executive Director from the Trust.

The parties to the dispute will submit written statements of case to the appeal panel one week before the hearing. The clinician can either present their own case at the hearing or they can be assisted by a representative from the Trade Union.

The appeal panel will make a recommendation to the Trust Board, usually within two weeks of the hearing. The recommendation will normally be accepted by the Board

25. CLINICAL EXCELLENCE AWARDS (CEA)

Consultants are not eligible for an award if they have not participated in the job planning process. For clinicians undergoing mediation an award will be held over pending successful completion of mediation. If CEA is successful, it will be backdated following mediation.

In cases where a dispute exists regarding a job plan, provided that the clinician is engaged in the process of job planning, no punitive actions will be instigated, for example provided the clinician is engaged in the job planning process, an application for a CEA should be considered in the same way as an application from a clinician with a signed off job plan.

26. WORKING TIME REGULATIONS

In the interest of the working lives of individual clinicians and to comply with employment law, the Trust is committed to working towards a reduction in working hours. Job plans must comply with the European Working Time Regulation rest requirements.

It is recognised that clinicians often do not take formal, unpaid, rest and meal breaks but they are responsible for ensuring that they take appropriate breaks to comply with the Regulations where they are working continuously for 6 hours or more. All efforts must be made in the job planning process to ensure all clinicians understand the requirement to work within the Regulations.

Clinician's total DCC, SPA and Additional NHS Responsibilities **should not exceed an average of 48 hours per week**. Where this is the case, clinicians do need to opt out of the Working Time Regulations and a plan does need to be agreed in writing to reduce to 12 PAs within a specified timescale. In some circumstances this may equate to more than 12 PAs because a proportion of the time worked would be in premium time.

27. PAY PROGRESSION

The Consultant and SAS contracts make provision for clinicians' remuneration to rise through a series of thresholds subject to certain criteria being met. The CEO, informed by the EMD's recommendation, will subsequently decide each year whether the clinician has met the criteria.. Where one or more of the criteria are not achieved in any year, the CEO will have the discretion to decide where appropriate, for instance because of personal illness, that the clinician should nonetheless be regarded as having met the criteria for that year.
The criteria to be referred to annually for pay progression purposes are that the clinician has:

- Made every reasonable effort to meet the time and service commitments in the job plan
- Participated satisfactorily in the appraisal and revalidation process
- Participated satisfactorily in reviewing the job plan and setting personal objectives
- Met the personal objectives in the job plan, or where this is not achieved for reasons beyond the clinician's control, made every reasonable effort to do so
- Worked towards any changes identified in the last job plan review as being necessary to support achievement of the employing organisation's objectives
- Taken up reasonable offer to undertake additional PAs that the employing organisation has made to the clinician in accordance with Schedule 6 of the Terms and Conditions
- Met the standards of conduct governing the relationship between private practice and NHS commitments set out in Schedule 9 of the Terms and Conditions.

Clinicians should not be penalised if objectives have not been met for reasons beyond their control. Employers and clinicians will be expected to identify problems (affecting the likelihood of meeting objectives) as they emerge, rather than wait until the job plan review.

If it becomes evident to a clinician or the job planner that their duties, responsibilities, accountabilities or objectives have changed or need to change significantly during the year they will:

- Keep progress against the clinician agreed objectives under review; and
- Identify to each other any problems in meeting those objectives as they emerge.

If through this process it becomes apparent that the objectives may not be achieved, the clinician or the job planner should request an interim job plan review. Pay progression will not be denied if the job planner has not requested an interim job plan review with the clinician. It is expected that this would be sufficiently timely for any change in activity to facilitate pay progression.

The job planner who has conducted the job plan review will report the outcome to the EMD who will in turn make a recommendation to the CEO on whether the clinician concerned has met the criteria for pay progression.

The EMD will decide whether the clinician has met the criteria for pay progression. Where one or more of the criteria are not achieved evidence for this decision will be provided to the clinician.

Clinicians who wish to appeal against the decision made by the EMD should do so in accordance with Schedule 4 of the Terms and Conditions.

When a clinician becomes eligible for a pay threshold they will receive it provided that the EMD agrees they have met the criteria outlined above in every year since the award of the previous threshold, or in the case of a clinician's first pay threshold, since the commencement of their post.

28. ASSOCIATED DOCUMENTATION

National Terms and Conditions of Service (as amended from time to time)

- Terms and Conditions - Consultants (England) 2003
- Terms and Conditions for Specialty Doctors (England) 2008
- National Health Service Hospital Medical & Dental Staff and Doctors in Public Health Medicine and the Community Health Service (England and Wales).

Trust Local Agreements (as amended from time to time)

- Leave Policy – Medical and Dental Staff
- Implementation of the Working Time Regulations
- 2003 Consultant Contract Local Implementation Agreement
- Agreement to consolidate extra statutory days into annual leave
- Recognition agreement Medical and Dental Consultants
- Supervision of Medical Staff in Training Policy.

Other

- Terms of Reference for the Fairness Panel, Version 1; July 2012 (Appendix 2)
- *Consultant Job Planning*; Standards of Best Practice; January 2004 – NHS Employers
- *A Code of Conduct for Private Practice;* Recommended Standards of Practice for NHS Consultants; January 2004 – NHS Employer
- The National Health Service Act 1997
- Clinical Excellence Award Process (Burton Hospitals NHS Foundation Trust)
- Carter Report.

Further information is available on the Department of Health and NHS Employers websites:

www.nhsemployers.org
www.gov.uk/government/organisations/department-of-health

29. MONITOR AND REVIEW

Details of the Monitoring Matrix can be seen in Appendix 5.

30. POLICY REVIEW

This Policy will be reviewed annually or earlier by joint agreement between management and LNC or earlier if legislation dictates.

Should there be a delay in the renewal of this Policy it will remain in force until superseded.

Appendix 1

GUIDE TO JOB PLANNING

Direct Clinical Care (DCC)

The Terms and Conditions of Service define "Direct Clinical Care" as:

"work directly relating to the prevention, diagnosis or treatment of illness that forms part of the services provided by the employing organisation under section 3(1) or section 5(1)(b) of the National Health Service Act 1977. This includes emergency duties (including emergency work carried out during or arising from on-call), operating sessions including pre-operative and post-operative care, ward rounds, outpatient activities, clinical diagnostic work, other patient treatment, public health duties, multi-disciplinary meetings about direct patient care and administration directly related to the above (including but not limited to referrals and notes)."

Some of the clinical activities defined below are those that are normally timetabled, where the clinician would be expected to attend at a fixed time. Others are essential for the complete delivery of care, but may not necessarily be time-tabled.

This list is not exhaustive:

- Outpatient activities
- Emergency duties including work relating to on-call
- Theatre operating sessions
- Day case theatre sessions
- Intensive Care sessions
- Travelling between sites
- Pre-operative and post-operative assessments and care
- Ward rounds (including post-take)
- Clinical diagnostics work
- Laboratory work
- Clinical interventions e.g. endoscopy lists
- Multi-disciplinary meetings and meeting preparation regarding patient care
- Medical advice to hospital or general practice by telephone, e-mail, etc.
- Public health duties
- Consent taking
- Patient related administration, including notes, reports, referrals, correspondence
- GP communication
- Patient communication
- Communication with relatives
- Other patient treatment
- Research clinics (may be separately funded)
- Clinical Governance (e.g. complaint management) and clinical coding
- Electronic Results' acknowledgment
- An average of DCC administrative time should be calculated over a reasonable period to determine how much time is required and considered a reasonable allocation. It is recognised that this will vary according to the

specialty and any specifically designed half clinics will need to be factored into this calculation.

- It is recognised that meal breaks are typically taken by clinicians in a flexible and professional manner around patient care. They should nevertheless be factored into the appropriate programmed activity without being timetabled. If a clinician wishes to have a formal meal break then this will be recorded in their Job Plan
- Clinicians would be expected to exercise their judgment in taking breaks flexibly at times chosen to minimise disruption to patient care and to promote patient safety.

On-call and Emergency Work - Consultants

Availability Supplement

The supplement payable is based on a percentage range of 1–8% of the full-time basic salary, which is determined by the frequency of the rota commitment and an allocation of either Category A or B, depending on the likelihood and rapidity of having to return to the hospital**.**

Frequency of Rota Commitment	Value of Supplement as a percentage of full-time basic salary	
	Category A	Category B
High Frequency: 1 in 1 to 1 in 4	8.0%	3.0%
Medium Frequency: 1 in 5 to 1 in 8	5.0%	2.0%
Low Frequency: 1 in 9 or less frequent	3.0%	1.0%

Category A: this applies where the Consultant is typically required to return immediately to site when called, or has to undertake interventions with a similar level of complexity to those that would normally be carried out on site, such as telemedicine or complex telephone consultations.

Category B: this applies where the Consultant can typically respond by giving telephone advice and/or returning to work later *(*Terms & Conditions of Service, Schedule 16, and paragraph 3).

Programmed Activities for Predictable and Unpredictable Emergency Work - **Predictable Emergency Work** is that which takes place at regular and predictable times, often as a consequence of a period of on-call work (e.g. post-take ward rounds).

Unpredictable Emergency Work is that which arises from on-call duties: that is work done whilst on-call and associated directly with the Consultant's on-call duties e.g. recall to hospital to operate on an emergency basis.

The actual work undertaken when on-call should be identified in the job plan as either predictable or unpredictable emergency work, and should be included within the DCC Programmed Activities.

The predictable and unpredictable emergency work will vary by specialty. The time allocated for each rota should be agreed by the job planner. Some specialties may wish to undertake a diary card exercise to validate the emergency time on the rota.

Provision of On-call

- All consultants on call should be contactable and able to respond in a time that will not compromise patient outcome, or result in an excessive wait for the patient
- The agreed headcount - Whole Time Equivalent (WTE) will be used to calculate the frequency of the rota. This will allow for variations in contributions if some individuals are less than full time part time. The frequency calculation should not take account of leave and prospective cover
- It should be recognised that within departments there may be sub-speciality rotas that require staff to be on call more frequently than the “general” speciality rota
- The philosophy held within the Trust is that all consultant medical staff should contribute to the provision of continuing clinical care (including on call). It is recognised that in particular circumstances, some consultants after agreement with colleagues, DMDs and CDs, might not participate in the regular on call rota. This requires formal agreement and individual assessment
- If a consultant believes that, as a consequence of unpredictable emergency work arising from on-call duties, he / she is unable to safely perform his / her duties on the following day, there needs to be arrangements within the specialty to provide cover for this eventuality. A single point of contact will be given to report this absence to.. If this is a regular occurrence such work may require fixed compensatory rest periods, additional staff or a change in working pattern
- If an eventuality (such as a colleague’s protracted sick leave) results in sustained additional workload for a consultant this workload must be compensated by additional remuneration or time off in lieu. It is not the clinician’s ongoing responsibility to cover others duties for anything other than emergency situations of 72 hours or less, clinicians can decline such work if it is not practicable to provide assistance
- On call work that takes place during a period of scheduled PA (that is not counted within the job plan as Emergency Work PA) will not count as additional work.

On call and Emergency Work – SAS Doctors

An SAS doctor’s job plan should clearly set out their on call commitments. Under the 2008 contract it is recognised in three ways:

- An availability supplement (see table 1 below) based on the commitment to the rota. Prospective cover allowance payments are included in the total PA calculation
- PA allocation for predictable emergency work arising from on call duties (ward rounds, administration etc) should also be prospectively built into timetables as DCC PAs. There is no limit on the amount of predictable on call work that can be allocated to DCC PAs and prospective cover (providing this is compliant with the Working Time Regulations). If an SAS doctor covers

colleagues' on call duties when they are away on annual or study leave, this should be factored into the calculation.
- PA allocation for unpredictable emergency work done whilst on call - this should usually be assessed retrospectively (using diary evidence) and included first within the allocation of DCC PAs in the job plan. The allocation can be adjusted at job plan review. Once again, prospective cover should be recognised here.

Table 1

More frequent than or equal to 1 in 4	6.0%
Less frequent than 1 in 4 or equal to 1 in 8	4.0%
Less frequent than 1 in 8	2.0%

Supporting Professional Activities (SPAs)

Less than full time consultants will receive a minimum SPA time on a pro-rata basis dependent on the number of PAs agreed i.e.

Up to 5 / Less than 5 DCC PAs 1 SPA
5 or more DCC PAs 1.5 SPAs

Consultants

Examples of SPAs:

- Training in clinical and non clinical activities (trainees & students)
- Teaching in clinical and non clinical activities (trainees & students)
- General clinical supervision
- Clinical management eg. contribution to departmental meetings (excluding official management appointments)
- Local clinical governance activities (excluding official clinical governance lead appointments)
- CPD
- Mandatory training
- Audit (personal)
- Own Job planning
- Committee membership (excluding Chairing Committees)
- Revalidation and own appraisal.

The above list is not exhaustive.

Clinical Governance and Audit Activities - Whilst clinical governance and / or audit activities are considered to be an integral part of all clinical activity and therefore difficult to identify separately in the job plan, it is recognised that there may be times when clinicians are required to undertake clinical governance / audit activity at a time when clinical activity is not being undertaken, e.g. Clinical Governance or Audit meetings. The time required for this activity should be recorded as part of the Core SPA time in the job plan. All other clinical governance / audit activity will be assumed to be undertaken as part of DCC and therefore the time is already allocated in the job plan. If DDs are attended during DCC activity this will not be expected to be re-paid.

SAS Grades

SAS grade contracts attract a minimum 1 SPA. All SPAs would be expected to be timetabled within the job plan. The aspiration is to increase this to 1.5 SPAs in the future.

SPAs

Normally up to a maximum of 1 additional SPA will be awarded for commitments over and above the SPA duties.

These would be determined by the specific output of the various roles and may vary from department to department according to the time commitment required.

Additional NHS Responsibilities (AR)

Special responsibilities not undertaken by generality of consultants and SAS doctors in the employing organisation and which cannot be absorbed into the time normally set aside for SPA activities. **Including but not restricted to:**

- *Educational Supervisor
- **Trust Appraiser
- DMD
- CD
- Lead appraiser role
- LNC roles
- Clinical Tutor.

*Educational supervision, undertaken by those with appropriate training, will be recognised with an allocation of 0.25 PA per trainee. Allocations of over 2 trainees will require confirmation by the College Tutor and Director of Postgraduate Medical Education. .

Educational Supervisors are allocated in July for the next training year and remain in the job plan for one year; only in certain circumstances such as a training post being removed will this alter. If a clinician gains a trainee or loses a trainee midyear their pay will not be affected.

College / Specialty Tutors will receive a PA allocation between 0.25 PA and 1.00 PA depending on the number of trainees they are responsible for. This will be capped at a maximum of 1.00 PA.

All educational PAs are allocated and approved by the Director of Learning and Education (Medical Education).

Approved, trained and up to date appraisers will receive 0.25 PA. They should do no less than 5 appraisals per year and no more than 10. CDs and ACDs will not receive this as appraisal is part of their role. Anyone undertaking less than 5 appraisals per annum will not be paid

Training Programme Directors (TPD) should ensure that PAs are not “double counted”. Where the TPD receives remuneration from the Educational commissioner (currently HEE) the relevant PA should be specifically included and scheduled in the job plan.

External or Other Duties (ED)

It is expected some clinicians will undertake roles outside the Trust that are of benefit to medical practice at regional, national or international level. External Duties may have 2 components: time required away from the Trust to fulfil the duty, and administration required to be undertaken during the normal working week, to support the duty. The time to perform external duties can either:

- Be recognised as PAs in the job plan, or be taken as special professional leave in accordance with the allowance for professional and study leave set out in the terms and conditions, depending upon the extent and scope of the duties concerned, or
- Be accounted for as part of the CEA Process if not remunerated elsewhere. Taken as study leave, but evaluated on a case by case basis with following basic principles:
  - All SPA time has been taken
  - All DCC activity is paid back or time shifted.

Additional PAs may only be assessed for duties that are in addition to others already assessed, such as direct clinical care or supporting professional activities.

ED roles include, but are not restricted to*:*

- Trade Union duties
- AAC external member
- Work for Royal Colleges / Deanery Specified work for GMC.

Other Elements of the Job Plan

Teaching and Education

It is normally expected that all clinicians will provide some teaching. However the teaching commitment may be amalgamated across a specialty group. This teaching however may be delivered during activities already accounted for in the job plan such as clinics or ward rounds and continues part of the general terms and conditions.

Specialty groups are advised to consider the overall teaching requirement for their specialty, in terms of teaching preparation, tutorials, lectures, exams, related to undergraduate, postgraduate or other healthcare teaching, excluding that which is delivered through clinical activity to inform the job planning process.

The job plan recognition for clinicians will then vary depending on their commitment to the specialty teaching activity.

Research (NHS)

Time may be recognised in the job plan for research-active clinicians. For these purposes, 'research-active' has been defined on the basis of the "RCP research for all, 2019" which sets out NHS priorities for research.

Up to 0.5 PAs can be recognised as local PI on portfolio adopted studies which are actively recruiting within the Trust, depending on flow through of service support costs to the relevant business unit.

Grant funded research time will be recognised appropriate to the amount of funding received. There should be no maximum stipulated, however this should be discussed with the business units prior to funding application and reviewed annually.

Where NHS clinicians have evidence, from publications or research grant funding, of an ongoing programme of research, the allocation of additional research programmed activities within the job plan may be agreed by the job planner, if agreed with the business unit and funding available.

Any prospective research opportunities must be agreed with the Director of Research and Development prior to discussion with the job planner

Work for Charitable Organisations

The time required to support roles / duties for charitable organisations is **not** recognised as part of the NHS working week, and therefore does not attract a PA value.

Honorary and Other Contracts

These duties are to be set out in a single, integrated job plan which will cover all of their professional duties for both the substantive employer and the honorary employer.

Displacement

Recognising that it is reasonable that private patients are treated within the Trust, the following **'displacement'** system has been developed to enable clinicians to undertake low amounts of private practice activity during NHS working time.

Displacement applies to unscheduled private professional services or fee paying services. Where individual clinicians identify unscheduled private professional services or fee earning activity in their job plan which will occur during the NHS working week and which on average amounts to less than 2 hours of activity per week, then agreement should be reached with the Trust to allow this activity to take place during the NHS week without any corresponding reduction in the PA value of NHS activity. This is on the basis that it is recognised that individuals should be able to displace up to two hours of NHS activity to another part of the week in order to deliver their non-NHS commitment at a time when they would normally have been delivering NHS activity.

If the average number of hours per week is in excess of 2 hours, then individuals will need to discuss with the Trust whether or not they should consider a corresponding reduction in the PA value of their NHS working week in order to facilitate the additional non-NHS activity during the NHS working week.

Notwithstanding the detail provided within the 'Code of Conduct for Private Practice' and the Terms and Conditions of Service, the following provides clarification of a number of issues, as understood in this Trust.

Private Practice Undertaken during On call Activities

It is important to emphasise that private practice work done when on call should not prevent immediate return to the hospital to attend emergencies if required. In this context, it is particularly important to note that procedures such as surgery, endoscopy and anaesthesia should never be undertaken in the private sector when

on call for the NHS and this includes outpatient activity for those clinicians on a category A on call rota if this compromises the ability of the clinician to promptly attend for an NHS emergency.

However, it has been recognised that the restrictions imposed on those consultants with a rota frequency of less than a 1 in 4 (as set down in the Terms and Conditions of service, schedule 8, paragraph 5) are too onerous and are therefore not recognised locally. Instead, the Trust requires that these consultants, should they wish to undertake private practice, adhere to the guidance laid down in this document and the Code of Conduct on Private Practice.

Travel

Travel to Peripheral Clinical Commitments:

The time counted for travelling should be the difference between the time taken to travel daily from home to base and the time taken to travel from home to the peripheral commitment if the journey commences at home. If travelling occurs from the base hospital to the peripheral hospital on those days when the individual is on 2 sites, then the full distance should be counted. This should be counted under the heading DCC.

Travel Associated with NHS Emergencies:

Travel to and from work for NHS emergencies will count as working time *(Terms & Conditions of Service, Schedule 12, and paragraph 11).*

Travelling time will not be paid for Saturday and Sunday predictable on-call e.g. ward rounds. Travel time however will be paid for subsequent evening predictable on-call as it is the second time that a journey to work has been undertaken that day. The amount scheduled will depend upon the distance a clinician lives from the Trust.

Appendix 2

University Hospitals of Derby and Burton NHS Foundation Trust
Job Planning Fairness Panel
Terms of Reference – November 2018

1. Purpose

The purpose of the group is:

- Strategic quarterly meeting to look at job planning reports and provide assurance in respect of consistency
- To receive job plans and provide constructive feedback when requested
- Be an advisory group to both clinicians and managers.

2. Membership

Core Members

Associate Director – Medical Director's Office
Deputy Chief Operating Officer
Medical Support Services Manager
LNC Representatives

Co-opted Members

As items are tabled relevant General Managers and ACDs / CDs / DMDs will be asked to attend.

Frequency

The Panel will meet towards the end of the job planning cycle and then on an as and when required basis.

3. Quorum

At least three Core members will be required for the meetings to be deemed quorate, one of which must be the LNC Representative. Meetings will take place as and when required but it is expected that the panel will meet at least twice per year.

4. Confidentiality

Information on individual cases will be dealt with in strictest confidentiality and conflicts of interest will be avoided whenever possible by maintaining the appropriate membership of the group.

5. Reporting

The panel will provide updates to TOG and the Medical and Dental LNC.

6. Review

Annual review of membership / Terms of Reference will take place.

Appendix 3

JOB PLANNING DIVISIONAL APROACH DOCUMENT

INSERT NAME OF BUSINESS UNIT

Insert Date

This document outlines the principle approach used to undertake departmental job planning within the ……………… Business Unit and it has been applied equally and consistently for all. It must also be read in conjunction with the following documents:

- Terms and Conditions of Service,
- Local Implementation Agreement for the 2003 Consultant Contract,
- National Guidance Consultant Job Planning – Standards of Best Practice
- University Hospitals of Derby and Burton NHS Foundation Trust Job Planning Policy

This pro forma should be used to capture the outputs and decisions made in each Specialty Job Planning discussion. Where appropriate, the SPA activity should be listed here and treated as a central record for each department. This record should then be utilised when building individual job plans and as part of the preparation for appraisals.

Specialty: ……………………………………………………………………………..….

Complete below the contracted activity for the Specialty for the forthcoming financial year:

Contracted Activity

Activity	**Number**
Outpatients – New	
Outpatients – Review	
Theatre Lists	
Procedure Lists	
Ward Round	
Other	

Please detail below how the contracted activity corresponds to Direct Clinical Care sessions required

Activity	**Required Sessions**
Outpatients – New	
Outpatients – Review	
Theatre Lists	
Procedure Lists	
Ward Round	
Other	

In Attendance:

Name	Job Title

Apologies:

……………………………………………………………………………………..

……………………………………………………………………………………..

……………………………………………………………………………………..

……………………………………………………………………………………..

……………………………………………………………………………………..

Please detail below the average predictable and unpredictable on-call work for each clinician, taken from the diary exercise. These figures should be then used to calculate the mean average for the Specialty

Clinician	Predictable	Unpredictable

On-call Frequency – Week	
On-call Frequency – Weekend	
On-call Percentage and Category to be Paid	

Specify the on-call to be undertaken, where the on-call is either weekdays or weekends only this must be stated clearly.

Please list below those who will undertake Educational Supervision and the number of trainees per Consultant

Number of Trainees	
Multiplied by 0.25 PAs	
Number of PAs Required for the Specialty	

Name of Educational Supervisor	Number of Trainees	Number of PAs

Add in below the Audit Lead for the Specialty and, if separate, the Clinical Governance Lead

Name of Audit Lead	
Name of Clinical Governance Lead	

Detail in this section the Audit and Governance requirements of the Specialty and the name of the Consultant who will undertake the responsibility

Name of Clinician	Audit	Time Per Week

Other responsibilities undertaken on behalf of the department/specialty:

…………………………………………………………………………………………..

…………………………………………………………………………………………..

…………………………………………………………………………………………..

…………………………………………………………………………………………..

…………………………………………………………………………………………..

Responsibilities including, but not limited to, Trust committees, formal teaching, service development, rostering etc.

Name of Clinician	Role	Time per Week

Enter below the agreed time to undertake administration time pertaining to both DCC and other required administration duties (for example, dealing with incoming new patient referrals)

	PAs
Agreed Administration Time Per Clinic	
Agreed Administration Time Other	

Please use this section to continue detailing any further outcomes of the discussion

Non-Timetabled Direct Clinical Care

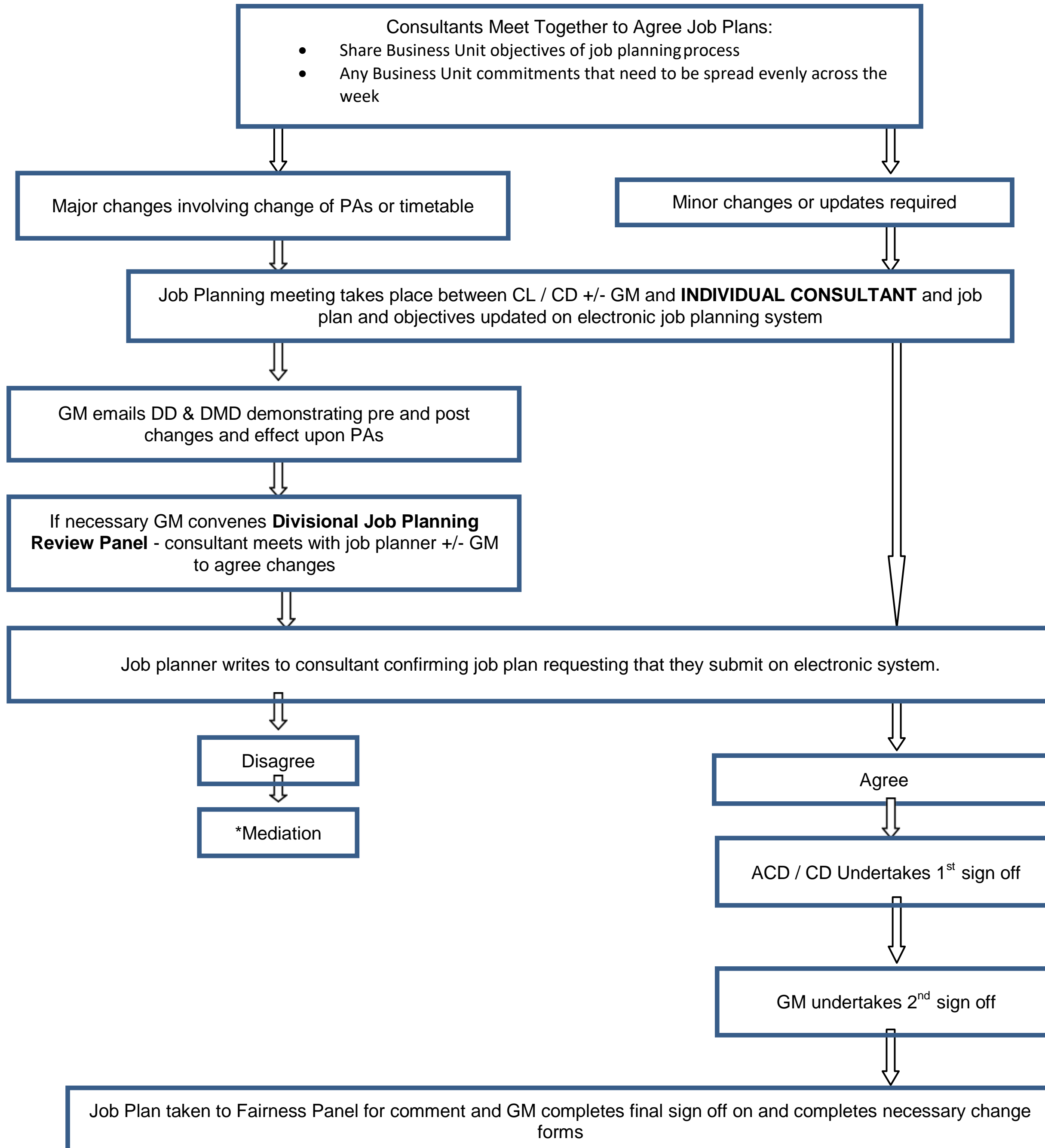
It is expected that most clinical work (that does not fall within any of the categories already stated within this document) will be timetabled within the job plan therefore no allocation will be given for non-timetabled DCC unless specifically agreed with the job planner.

All such activity should be carefully diaried for future discussion at appraisal and job planning meetings.

Appendix 4

University Hospitals of Derby and Burton NHS Foundation Trust - Job Planning Process

GM – General Manager
MSSM – Medical Support Services Manager
ACD –Assistant Clinical Director
CD – Clinical Director
DMD – Divisional Medical Director
DD – Divisional Director



*Outcome of mediation will determine what process is followed next.

Appendix 5

Monitoring Matrix

Minimum policy requirements to be monitored	Process for monitoring e.g. audit	Responsible Individual/ Committee/Group	Frequency	Responsible Individual/ Committee/Group for review of results	Responsible Individual/ Committee/Group for development of the action plan	Responsible Individual/ Committee/Group for monitoring of the action plan
Annual job plan review and submission via electronic system for all Consultant Medical & Dental Staff	Audit	DMD and Associate Director	Annually	DMD and Associate Director	DMD and Associate Director	DMD and Associate Director
Fairness Panel Review of Job Plans	Audit	Chair of Fairness Panel	Annually	Chair of Fairness Panel	Chair of Fairness Panel	Chair of Fairness Panel