



Job Planning Guide for Prosthetists and Orthotists



Contents

Acknowledgements	3
How this guide has been developed	3
Funding	3
Foreword	4
Introduction	5
What is a job plan?	6
What is the purpose of job planning?	7
How often should a job plan be completed?	8
The context of job planning for prosthetics and orthotics	9
P&O Job Planning and the Contracted Sector	9
NHS Engagement	10
Challenges	10
Strategies and Recommendations	10
Benefits of job planning	11
How to Job Plan	13
Case Studies	14
Donna Cooper	14
Liz Thomas	16
Nikki Munro	18
Nina Darke	20
Resources for Job planning	22



Acknowledgements

PROJECT LEAD

Dr Beverley Durrant
Director, Vectis Health Care Solutions



COLLABORATORS

Dr Nicky Eddison
Chair of BAPO, Consultant Orthotist, and Orthotics Service manager

Nikki Munro
Orthotic clinical lead/ manager NHSGGC

Nina Darke
Head of Orthotics, Somerset NHS Foundation Trust

Kay Purnell
BAPO Project Lead – Commissioning project Professional Stewardship workstream

Gary Parfett
Prosthetic and Orthotic Service Manager Livewell Southwest CIC

Liz Thomas
Orthotics Head of Service/Clinical Lead, Nottingham Universities Hospital NHS Trust

How this guide has been developed

This guide was collaboratively developed with prosthetic and orthotic colleagues from across the UK. A stakeholder group, representing the diversity of P&O job planning in NHS settings—from early implementers to established users—was assembled. Over an eight-month period, a series of task and finish group gatherings worked online and asynchronously to create this guide and produce the supporting case studies.

Funding

This work was commissioned and funded by NHS England.

Foreword

Effective job planning is essential for optimising resources and ensuring the highest quality of care for both service users and staff. By systematically documenting professional activities, job plans enable employers to better understand workforce capacity and align it with service demands.

Beyond workforce management, job planning serves as a strategic tool for service redesign and continuous improvement. By aligning staff capabilities with evolving needs, it enhances service delivery and supports long-term sustainability.

Job planning should be a collaborative process between employees and employers, requiring regular review and adaptation. This guide is designed to support professionals in prosthetic and orthotic services in integrating job planning into their practice. It outlines the purpose and benefits of job planning, offers practical guidance on implementation, and provides real-world examples from professionals at different stages of the job planning journey.

The aim is to equip the prosthetic and orthotic profession with the necessary tools to maximise the benefits of job planning, ensuring the continued growth and advancement of clinical practice.



Dr Nicky Eddison
Chair, BAPO



Introduction

Job Planning in the NHS

Job planning has been a contractual requirement for medical consultants working within the NHS since 2003. However, it has only recently started to be applied to the non-medical workforce (HSJ 2024), and now AHPs are in scope.

The main impetus for this project stemmed from several strategy and policy documents published by NHS England and NHS Improvement (NHSE&I). Since 2017, job planning has been recommended for allied health professionals (AHPs), with a best practice guideline issued in 2019, mandating job plans for all AHPs. Additionally, the NHS Long Term Plan committed to supporting NHS hospital Trusts in implementing electronic rosters or e-job plans by 2021.

More recently, job planning and e-job planning has been suggested for all AHPs within the NHS bringing prosthetics and orthotics in scope¹

1 www.england.nhs.uk/wp-content/uploads/2023/10/e-job-planning-guidance-2023.pdf



What is a job plan?

A job plan is a forward-looking, professional agreement that outlines each employee's duties, responsibilities, accountabilities, and objectives. It details how an employee's working time will be allocated across specific categories or areas of their role. A job plan uses standardised terms that are used to gather job planning data.

There are four main categories used to record volume of activity. These are:

- Direct Clinical Care (DCC)
- Specified Supporting Professional Activities (SPA)
- Additional Responsibilities (AR)
- Externally Funded Duties (ED)

Table 1: Provides further details on the main categories and definitions used in job planning.

CATEGORY	DESCRIPTION
Specified Direct Clinical Care (DCC)	<ul style="list-style-type: none"> • All clinical and clinically related activity, including multidisciplinary team meetings/ ward rounds and patient-related clinical administrative tasks e.g., writing notes, data and shape capture and completing orders and specifications for prostheses or orthoses. triaging caseloads/waiting lists etc.* • Virtual Clinics using Skype/video calls, delivering patient support via apps, digital media, telehealth monitoring, and other digital solutions. • Discussions/queries with suppliers/ manufacturers/ workshop technicians.
Specified Supporting Professional Activities (SPA)	<ul style="list-style-type: none"> • Activities such as appraisal, teaching, completing mandatory training, research, audit, equipment management. Clinical supervision, clinical management, and continuing professional development (CPD) activities, supporting and assessing learners. Service improvement planning.
Additional Responsibilities (AR)	<ul style="list-style-type: none"> • Non-clinical or non-patient facing leadership, ICB committees, NICE committees, mental health first aider, Freedom to Speak Up guardian, trade union representative roles.
External Duties (ED):	<ul style="list-style-type: none"> • Roles undertaken by Trust/Health Board employees that are external and externally funded, teaching, guest lectures and research.

Note: Travel is allocated under the appropriate category depending on the activity. Travel between clinical location for example, would be categorised under DCC, whereas travel to the University to deliver a guest lecture would be categorised under ED.

* BAPO's Standards of Best Practice outline the requirement for prosthetic and orthotic appointment times
www.bapo.com/wp-content/uploads/2025/01/Standards-for-Best-Practice-2025-2.pdf

What is the purpose of job planning?

NHS England (2019) recognises job planning as an important means of linking best use of resources with quality outcomes for patients and can be a useful element in service redesign.

In the NHS, job planning is a key tool for aligning resource utilisation with quality patient outcomes. It also supports departmental or service transformation initiatives, such as service redesign.

The deployment of prosthetic and orthotic services by provider NHS Trusts and Boards varies significantly across the UK. Sixty percent of prosthetists & orthotists are not directly employed by the NHS, rather they are employed by commercial companies whose services are contracted through national procurement processes.² Documenting professional activities in job plans for both NHS providers and contractor organisations, may facilitate a better understanding of their workforce capacity and how well this aligns with patient and service needs.

For contracted services, understanding the language of job planning may help to enhance commissioning conversations in NHS settings or help private companies to use NHS job planning techniques to determine the workforce/job role characteristics of their own workforce, potentially helping provide contractor workforce efficiencies.

The methods for recording job plans also vary widely across the sector. While some use e-rostering or e-job planning software, others rely on simple spreadsheets and the NHS job planning calculator, executed at a departmental level.

² Eddison, N., Healy, A., Leone, E. et al. The UK prosthetic and orthotic workforce: current status and implications for the future. *Hum Resour Health* 22, 3 (2024). <https://doi.org/10.1186/s12960-023-00882-w>



How often should a job plan be completed?

It is recommended that Job plans are created annually and reviewed at appropriate intervals e.g. when new team members join a department, or staff leave their role, or move into alternative roles. Job plans may be implemented through weekly or daily operational deployment systems, for example, through e-rostering systems. Actual activities may sometimes differ from planned activities for valid reasons. Therefore, it is crucial to measure and monitor these discrepancies to adapt future job plans more accurately to meet service needs.

Available guidance suggests that effective e-job planning will facilitate organisations to define the available clinical capacity in a way that is more detailed and therefore more useful than 'whole-time equivalents' (WTEs) staffing numbers.

NHS England suggests that timely, detailed data, such as that obtained by completing job plans, will allow realistic planning of clinical services enabling workforce capacity to be matched to predicated clinical demand.³

At the highest level of job planning (level 4), e-job plans, ledgers, roster templates, and electronic staff records (ESRs) should automatically reconcile to ensure consistency across these platforms.⁴ However, contracted services are not included in this infrastructure. This exclusion poses a risk that the elements essential to a comprehensive job plan (see section 6) may be overlooked when procuring contracted P&O services. Therefore, it is crucial to raise awareness of job planning within this sector.

3 www.longtermplan.nhs.uk/online-version/chapter-4-nhs-staff-will-get-the-backing-they-need/6-enabling-productive-working/

4 www.england.nhs.uk/wp-content/uploads/2021/05/aps-job-planning-best-practice-guide-2019.pdf



The context of job planning for prosthetics and orthotics

Prosthetics and Orthotics differs from many other allied health professions (AHPs) because many clinical services are contracted, providing NHS services through procurement processes. With increasing pressure on NHS budgets, the electronic staff record (ESR) is often used to help organisations reduce costs, improve workforce planning and management, and empower NHS managers and employees to take ownership of their data (source: NHS ESR⁵). However, contracted services do not have an ESR, and therefore, they are often overlooked when it comes to collating service profile data by profession.

Kay Purnell has been associated with prosthetics and orthotics in non-clinical roles for many years and is working with BAPO on a commissioned project funded by NHS England, assessing how contracting of services may impact the ability to deliver training and development opportunities for prosthetists and orthotists. Her focus is on contracted services rather than in-house services, although some aspects are relevant to both. The outcome of this project has identified aspects relevant to job planning.

P&O Job Planning and the Contracted Sector

Key Factors to Consider:

Lack of planned time to support professional activity

One of the main issues highlighted is the lack of planned time for training and education, which is often consumed by clinical duties.

Job Planning Documentation

Kay emphasises the importance of having job planning documentation in place to inform the contracting of services. This will help to ensure that all specified activity is allocated within the contract agreement. She noted that while 70% of in-house services currently have job planning processes underway or in place, whereas for the contracted services only 30% are engaged in job planning (Source: FOI to Trusts and Health Boards and survey to contracted sector).

Equity Between Services

According to Kay's findings there is a need for equity between in-house and contracted services. To ensure equity, Kay recommends job planning should be included in pre-tender activity so that realistic capacity requirements can be documented. This would mean that the appropriate clinical expertise required to deliver the service is recorded, as well as the time required for SPA activity, such as CPD, teaching, appraisals etc. The resulting service specifications would reflect the job planning output.

NHS England's Safe Staffing for AHPs and the Health and Care staffing (Scotland) Act⁶ should further enhance the opportunity for Job planning processes to include contracted prosthetic and orthotic staff, as job planning would become a regular /annual process for all AHP services, contracted or otherwise.

5 <https://my.esr.nhs.uk/dashboard/web/esrweb>

6 [https://www.nhsggc.scot/health-care-staffing-scotland-act-2019/#:-:text=The%20Health%20%26%20Care%20\(Staffing\),and%20effective%20high%2Dquality%20care](https://www.nhsggc.scot/health-care-staffing-scotland-act-2019/#:-:text=The%20Health%20%26%20Care%20(Staffing),and%20effective%20high%2Dquality%20care)

NHS Engagement

Although the NHS is driving the job planning process, there is an opportunity through engagement in the job planning process, for contracted services to review P&O workforce modelling and take advantage of initiatives already underway within the sector to ensure safe and effective delivery of service.

For example, by developing support worker roles this may facilitate 'freeing up' prosthetists and orthotists to ensure they are utilising their full skill set e.g., working across all four pillars of practice. Additionally, with a focus on developing patient pathways, there is an opportunity to clearly identify and ensure there is the appropriate quantity and skill level in place to deliver safe & effective services. If contractors can provide evidence and examples from their own services in these areas it may help to prompt Trusts to include them in job planning discussions.

Challenges

Of course, implementing job planning may bring challenges too, and Kay has highlighted where she believes some of those challenges may lie.

Resistance to Change

There may be resistance from both contractors and Trusts/Health Boards to change existing practices and include job planning in contracts.

Awareness and Understanding

There is a need to raise awareness and understanding of the importance of job planning among all stakeholders.

Implementation

Implementing job planning processes can be challenging, especially for smaller services with fewer clinicians. A clinical lead or Chief AHP at the Trust should be engaged to advocate for prosthetists and orthotists to support the case for job planning across all AHPs whether inhouse or contracted.

Strategies and Recommendations

Initiating Conversations

Contractors need to be proactive in starting conversations with Trusts and Health Boards about job planning for prosthetic and orthotic services. Rather than go with a set job plan they should initiate dialogue and be part of the Trusts/Health Boards job planning initiatives.

Inclusion in Service Specifications

Job planning should be included in service specifications and tender documents. This would ensure that it becomes an integral part of the service delivery and supports the procurement process.

Benefits of job planning

NHS job planning offers numerous benefits, including the efficient and effective use of resources, which brings mutual advantages to organisations, patients, and clinical staff. By documenting professional activities in job plans, NHS service providers can better understand their workforce capacity and align it with patient needs. This process supports improved workforce planning and management, leading to enhanced patient care and outcomes. Additionally, integrating job planning with e-job planning software, where available, can help with dynamic workforce deployment.^{7, 8}

The work that Kay has completed for the P&O contracted services, has highlighted potential benefits of job planning for prosthetists and orthotists, including but not limited to:

- **Improved staff retention and motivation:** Proper job planning can lead to better staff retention and motivation by ensuring that prosthetists and orthotists have planned time for specified professional activities.
- **Enhanced Service Delivery:** Including job planning in contracts can help aid understanding of capacity and demand, leading to more efficient service delivery.
- **Equity and Fairness:** Ensuring that both in-house and contracted services have job planning processes in place promotes equity and fairness.

7 www.england.nhs.uk/wp-content/uploads/2021/05/ahps-job-planning-best-practice-guide-2019.pdf

8 <https://www.england.nhs.uk/wp-content/uploads/2020/09/e-job-planning-guidance.pdf>



Diagram 1: Captures some of the key benefits of job planning for Prosthetics and Orthotics



How to Job Plan

While the approach to job planning needs to be consistent with best practice guidance⁹, defining the DCC and SPA is not prescribed. Therefore, the percentage of allocated DCC and SPA is not set. A rigid approach is considered insufficient to reflect the diversity and breadth of roles that exist across the AHP professions. However, some Trusts may have chosen to be more prescriptive or provided guidance on this as a starting point.

Before embarking on job planning, recommended guidance suggests completing a short time and motion study, to better understand a realistic split for DCC and SPA. Additionally undertaking a capacity and demand analysis would be helpful in converting clinical demand into expected DCC hours. In this context, clinical demand is defined as clinical activity taking account of patient needs, commissioning priorities and staff training needs. If available, best practice guidelines recommend the use of a validated acuity tool to establish demand¹⁰.

Each of the case studies on pages 14-21 recognise the benefits of early engagement with the team about job planning. This could be through team gatherings, as well through individual one to one meetings with staff.

The benefits of a team-based approach to job planning are that it provides an ideal opportunity to discuss broader service objectives. This may help to lay the foundations for the approach to individual jobs plans, where the team collectively set out the strategic goals within the department. The one-to-one meetings would then move to personal job planning. This can only be completed with the individual and the manager/clinical lead.

For more information and suggested content for a team-based job planning meeting see appendix 4 in E-job planning for the clinical workforce¹¹.

Diagram 2: Suggests six steps to job planning for Prosthetists and Orthotists.



9 www.england.nhs.uk/ahp/allied-health-professionals-job-planning-a-best-practice-guide/

10 www.england.nhs.uk/wp-content/uploads/2021/05/aps-job-planning-best-practice-guide-2019.pdf

11 www.england.nhs.uk/wp-content/uploads/2021/05/aps-job-planning-best-practice-guide-2019.pdf



Job Planning

Organisation:	Royal National Orthopaedic Hospital NHS Trust
Name and Job Title:	Donna Cooper, Clinical Lead
Stage of Job Planning:	Established

Introduction

This case study highlights the importance of dynamic and collaborative job planning in managing a complex healthcare service. It underscores the need for proper tools and flexibility to adapt to changing circumstances, ultimately leading to better resource management and service delivery.

Background information

Donna Cooper is the clinical lead for the orthotics department at the Royal National Orthopaedic Hospital NHS Trust, a tertiary service that accepts internal referrals only through a consultant-led pathway. The department provides both inpatient and outpatient services, specialising in a mix of orthopaedic, neurosurgical and rheumatology referrals. There is a primary focus on spinal work, which comprises of approximately 30% of the caseload. Donna leads a team of 10.3 whole-time equivalent Orthotists with the department engaged in job planning for 6 years.

Approach to job planning

When job planning was first introduced, staff were initially resistant, fearing micromanagement. Donna was aware that she needed to introduce the concept in a way that instead empowered the team. From the start, she was proactive in communicating how job planning was not about making the team work harder or insisting on them accounting for every minute of their day. Instead, she involved the team in the process, which helped alleviate concerns. The job planning process became collaborative, involving input from staff to ensure accuracy and relevance. Job planning was treated as a dynamic tool, regularly updated to reflect changes in staff and patient needs.

Benefits of job planning

Job planning has helped staff understand their roles and responsibilities, ensuring they have adequate time for patient care and additional tasks. It also provided a platform for discussing workload and making necessary adjustments. From an individual staff perspective, job planning has been helpful in giving staff a stronger voice when it comes to negotiating the time for various aspects of their job roles. Initially, Donna took on the role of creating job plans for all the staff. However, she soon realised the importance of involving the staff in their own job plans, making the process much more collaborative and equitable. This approach led to significant changes after the first round of job

“Job planning has helped staff understand their roles and responsibilities, ensuring they have adequate time for patient care and additional tasks. It also provided a platform for discussing workload and making necessary adjustments. From an individual staff perspective, job planning has been helpful in giving staff a stronger voice when it comes to negotiating the time for various aspects of their job roles.”

“Managing inpatient and outpatient services requires frequent adjustments to ensure coverage and maintain service quality. Initially, the lack of proper tools made job planning difficult. The introduction of the NHS job plan calculator improved the process but also highlighted the need for better technology. We still do not have the software that some Trusts have, but just having the job planning calculator has made an enormous difference.”

planning, as staff were able to articulate their roles better than Donna could.

Donna also uses individual job plans during individual performance reviews (IPRs) to discuss the balance of their roles. We look at the three main descriptors of activity: direct clinical care (DCC), specified supporting professional activities (SPA), and other activities such as additional NHS responsibilities (ANR), plus any externally funded duties (ED). This holistic approach allows for adjustments in CPD and role development, feeding into career development and enhancement. It makes sense to look at the entire workforce holistically and use job planning and performance reviews as opportunities to fine-tune and get the most from the team, ensuring they feel fully engaged in the process.

Organisational benefits

For the department and organisation, job planning allows leaders and managers to track staff activities, identify gaps, and make informed decisions about resource allocation. It supports capacity and demand analysis, helping justify the need for additional staff. It also helps Donna as a leader and manager to keep up to date on what the team is doing from one week to the next. She can use the job plan to help plan resources. For example, if someone leaves their post, their workload needs to be assessed and redistributed among the team. When it comes to replacing that person, Donna can tailor the job advert based on the job plan and create a job description that fits the needs of the department. This structured approach to job planning has led to better resource management,

improved service delivery, and successful business cases for additional staffing.

One of the major benefits of job planning was that it highlighted the chronic understaffing in the department. With detailed job plans, Donna was able to construct a strong business case for additional recruitment funding. Without the granular detail provided by the job planning process, she would not have been able to present such a compelling case.

Challenges

The orthotics team faces constant changes in schedules due to staff turnover and varying patient needs, making job planning complex. Managing inpatient and outpatient services requires frequent adjustments to ensure coverage and maintain service quality. Initially, the lack of proper tools made job planning difficult. The introduction of the NHS job plan calculator improved the process but also highlighted the need for better technology. We still do not have the software that some Trusts have, but just having the job planning calculator has made an enormous difference.

Advice for others

Donna’s advice for others starting out with job planning is to ensure they have the right tools, as proper technology is crucial for effective job planning. Job planning should be flexible to accommodate changes in staff and patient needs, and it should be seen as a fluid tool rather than a rigid schedule. Involving staff in the job planning process ensures buy-in and accuracy, making the tool more effective and less intimidating.

“For the department and organisation, job planning allows leaders and managers to track staff activities, identify gaps, and make informed decisions about resource allocation. It supports capacity and demand analysis, helping justify the need for additional staff.”



Job Planning

Organisation: Nottingham University Hospitals NHS Trust
Name and Job Title: Liz Thomas, Head of Service/Clinical Lead
Stage of Job Planning: Established

Background

The orthotic service at Nottingham University Hospitals NHS Trust operates across two acute sites, serving a diverse patient population. The team consists of ten clinicians who provide services to inpatients, outpatients, adults, and children. The service also offers specialist input into diabetic foot clinics, neurology, and learning disabilities. While based within an acute setting, GP referrals are also accepted. The service is part of the Therapies and Rehab pathway within the Clinical Support division.

Approximately six years ago, paper-based job planning was introduced to the Therapies and Rehab pathway. As it was a new concept it felt complex, and people were nervous about engaging with it. Job plans were created but no processes were implemented to ensure these were updated regularly.

About 2 years ago, the Trust employed an Associate Chief AHP for workforce, part of their role was to ensure job planning was rolled out for all AHPs across the Trust.

Approach to job planning

The Trust procured electronic job planning software from SARD, to move in line with medical job planning. The electronic job planning made the process feel more straightforward.

It was crucial to explain the benefits and process of job planning to the team to gain their acceptance. Emphasising that job planning was not a punitive measure but a way to showcase their work, was important. Once they realised that job planning was just detailing day-to-day activities, they quickly got on board.

Drawing parallels between job planning terms and specific

professional activities helped make the process more relatable for individual teams, and therefore easier for them to create their job plans. For example, equating ward rounds to joint clinic meetings helped orthotists understand how to align activities more easily. The Orthotics team were not daunted by the latest rollout, as they had prior understanding of the benefits of job planning.

A new AHP Job Planning Policy and Procedure was written and published, this has offered clarity and a consistent approach to the use of job planning. This is also supported by an AHP job planning toolkit, which has been created through learning gained from the wider implementation project.

Benefits of job planning for clinicians

Job planning ensures tasks and activities are equitably distributed, providing a clear understanding of roles and responsibilities. This helps maintain a fair workload across the team. By assessing the service needs, team skills, and priorities, the team has ensured that no one is overburdened, and everyone has time for their development. This balance has been a significant benefit of job planning.

Going through this process with the team has allowed for the quantification of time needed for patient activity and additional tasks, such as appraisals and staff management. But more than this job planning has helped build a strong ethos around staff development.

Although job planning has not changed what is offered to new recruits, it helps clearly communicate job expectations and offers an organised workflow to inexperienced staff. The job plans are used at 1:1s and appraisals to re-enforce expectations of the job role.

“Job planning ensures tasks and activities are equitably distributed, providing a clear understanding of roles and responsibilities. This helps maintain a fair workload across the team. By assessing the service needs, team skills, and priorities, the team has ensured that no one is overburdened, and everyone has time for their development.”

Benefits of job planning for the department or organisation

Job planning has helped define the differences between various bands (e.g., Band 5, Band 6, Band 7) and ensure a balanced workload. This equity extends across different professions within the Trust, providing a standardised approach to workload distribution. It has validated existing beliefs about workload distribution and has been beneficial in creating business cases for new services. Quantifiable data from job planning is crucial when services are changing or expanding.

Using a common language for job planning across different professions and aligning it with medical staff job planning has facilitated better communication and understanding of the service from divisional leadership teams.

The data from job planning has also been the baseline for capacity and demand work. Flow charts to map patient journeys shows actual time each referral takes, underpinning the demand on the service. The job planning data shows actual capacity, through use of the proportion of time for direct clinical care activities against someone's working hours (ie 80% of 37.5hrs). This quantifies the capacity (in clinical hours) versus the demand (in hours), which will become the basis of AHP establishment reviews at NUH.

There is potential for job planning to positively impact commissioning processes with contracted services like prosthetics commissioning, by providing clear data on staffing needs and service requirements, based on capacity and demand.

Liz hopes that job planning will ensure equitable workload distribution and support professional development, helping to build a culture where staff development is prioritised.

Challenges and solutions

While the orthotics team was generally on board with job planning, there was some resistance due to fears of micromanagement. However, explaining the purpose and benefits of job planning alleviated these concerns. Quantifying non-clinical time, such as appraisals, one-to-ones, and development activities, was another challenge but crucial for accurate job planning.

One of the most significant benefits of job planning has been the ability to articulate staffing needs clearly, which is useful in creating business cases and justifying the need for additional staff. While job planning has not directly changed recruitment and retention strategies, it has provided a better way to articulate job roles and responsibilities during the recruitment process.

Looking ahead, Liz believes that job planning will continue to promote equity and provide a clear understanding of staffing needs. It will help maintain a fair distribution of tasks and support the development of staff and services. The ability to articulate need will help to maintain and potentially expand the workforce during this time of financial pressure.

Top tips for those at an early stage of job planning

Liz speaks from her lived experience of completing job planning with her team. If you are just embarking on job planning, Liz has a few words of wisdom. She says first - Don't Panic! Remember, it is a starting point, and job planning can evolve over time. Secondly, Liz says Trust the process: Keeping it simple and believing in the process can help overcome initial challenges and lead to accurate and useful results.

“One of the most significant benefits of job planning has been the ability to articulate staffing needs clearly, which is useful in creating business cases and justifying the need for additional staff. While job planning has not directly changed recruitment and retention strategies, it has provided a better way to articulate job roles and responsibilities during the recruitment process.”

CASE STUDY



Job Planning

Organisation: NHS Greater Glasgow and Clyde
Name and Job Title: Nikki Munro
 Orthotic Clinical lead/ Manager NHSGGC
Stage of Job Planning: Early

About the Trust/Health Board/ provider organisation

The orthotic service at NHSGGC is one of the largest in the UK, employing 21 orthotists and including Healthcare support workers and support staff the service employs 38 staff in total. Orthotics GGC is a hospital-based service covering a large geographical area radiating some 30 miles from the centre of Glasgow and provides services to rural and urban settings. Service provision includes, lone working, within teams of orthotists, within multidisciplinary teams, for example on wards and in consultant led clinics and also providing domiciliary care for housebound patients.

How did you approach job planning with your team?

Nikki's team is currently in the early stages of exploring job planning, and there is a collective curiosity among the team regarding this new initiative. In Scotland, one of the key drivers of the Health and Care Staffing (Scotland) Act requires all Allied Health Professionals (AHPs) to demonstrate compliance with its terms by April 2025.

This means we need to ensure we have adequate staffing levels on any given day, know their activities, and quantify their time involvement doing those activities. This is particularly crucial when a team member calls in sick; we must be prepared to prioritise and cover patient care effectively. Job planning will facilitate this process.

We have decided to begin the job planning initiative with our clinical leads, including myself and the other clinical team leads. This approach seems to be the most logical starting point. In Scotland, "Time to Lead," which is a

component of the Health and Care Staffing (Scotland) Act emphasises the importance of protected leadership time. One challenge we often face is the loss of this leadership time, due to the need to cover clinical services. Without clearly defined job plans that outline the leadership responsibilities, it becomes difficult to safeguard that time. Hence, job planning could greatly benefit our ability to maintain this leadership focus and capture data on when this is compromised.

Another important aspect to consider is job sharing. The clinical leads have discussed this, and we have concluded that job planning should focus on the role rather than the individuals occupying this. Each team member will be required to have a job plan, but it will be centred on the role rather than the individual. This allows us to develop a comprehensive plan for roles that involve job sharing, identifying the responsibilities and contributions of each job share partner in relation to that role's job description based on a whole-time equivalent (WTE) post.

Once we finalise the job planning for our clinical leads, we will extend the process to include all clinical staff in the teams we lead, ensuring that everyone has a clear and effective job plan in place.

What do you believe are the benefits of job planning for clinicians?

Job planning provides a clear outline of each clinician's role, responsibilities, and the proportion of time allocated to various activities. This clarity prevents confusion and helps clinicians understand their expectations, ultimately enhancing job satisfaction.

The alignment of job planning with personal development plans (PDPs) allows for meaningful conversations

“By assessing roles in the context of leadership requirements, job planning helps clinicians recognise the skills and competencies they’ll need to advance.”

about career aspirations. For instance, identifying a team member’s desire to pursue a management career direction can lead to targeted support and development opportunities, ensuring that personal goals align with departmental needs.

By assessing roles in the context of leadership requirements, job planning helps clinicians recognise the skills and competencies they’ll need to advance.

In Scotland, we have a job planning template which includes mapping roles to the four pillars of practice. This is particularly useful for individuals transitioning to higher banded roles, as it makes clear what the new role requires and the balance of the required elements of the role needed to succeed, across the four pillars. For example, one of my team is moving from a Band 5 post to a Band 6 role. The Band 5 role has a proportionally higher clinical element. The Band 6 post they are moving into has a larger proportion of leadership.

By mapping roles to the four pillars of practice, clinicians can regularly review and assess their performance against these standards, fostering a culture of continuous improvement.

What do you believe the benefit of job planning will be for your department or organisation?

Job planning helps identify gaps in service coverage, particularly during periods of leave (e.g., maternity leave). By clearly articulating the differences in role expectations (e.g., Band 5 versus Band 6), it facilitates smoother transitions and ensures that team members are prepared for increased responsibilities.

With job plans for the entire team, it will become easier to manage career development collectively. This will promote a cohesive approach to workforce planning, ensuring that both individual and organisational needs are met.

When the job plans are clearly defined, it simplifies the process of identifying and articulating the skills required for various roles within the team. This ultimately enhances the effectiveness of succession planning and will help us build and update our workforce plan.

Job planning helps ensure that responsibilities are distributed across the team. By mapping roles against the

four pillars, the organisation can assess whether workloads are balanced and if certain areas require more focus or support.

At NHS GGC, we hope by mapping roles to the four pillars of practice and aligning clinical responsibilities with career progression, organisations can enhance both individual and team performance while effectively meeting the changing needs of healthcare delivery.

Where we see the biggest challenges?

First, it’s worth saying that we don’t believe it’s just job planning we need to do for our service to be as efficient and effective as it can be. There is more we need to do, but job planning is a good place to start.

Job planning sits alongside a service specification, workforce plan, and a learning and development plan for the whole service. We need to consider all these topics. Our challenge will be to look across all these areas to ensure we have the best workforce we can.

Another challenge will be looking at job descriptions alongside this. People’s roles change and evolve over time, and it’s important to recognise this. For example, I might do things that are not in my job description, but they are part of my role. At NHSGGC, I have just updated some of the job descriptions for my teams. The new style job description includes a percentage breakdown of different elements of the job.

The introduction of percentage breakdowns in new job descriptions is a positive step. This allows for clearer expectations and easier job planning. However, acknowledging that older job descriptions lack this granularity presents an ongoing challenge

Embracing that the starting place may not be perfect is critical. Acknowledging current limitations allows for a more constructive approach to improvement.

“By mapping roles to the four pillars of practice, clinicians can regularly review and assess their performance against these standards, fostering a culture of continuous improvement.”



Job Planning

Organisation: Somerset NHS Foundation Trust
Name and Job Title: Nina Darke, Head of Orthotics
Stage of Job Planning: Pre/Early Stage

Background

Nina Darke oversees a team formed from the merger of Yeovil District Hospital and Somerset NHS Trust. This merger created a new role that Nina occupies and has brought together orthotics teams from both sites. The merger aimed to unify the services and improve efficiency, but it also presented challenges, including the need to standardise practices and integrate the teams effectively.

The orthotics team at the new organisation, Somerset NHS Foundation Trust, consists of twelve members, including five part-time administrators. The clinical team comprises four orthotists, including Nina, two apprentices, and one newly recruited orthotist who will start in March. The team is responsible for providing orthotic services across the county, and the merger has necessitated a complete service redesign to ensure optimal functioning.

Nina is at a pre job planning stage with her team, and the merger has provided the ideal conditions for commencing job planning within the new department.

The merger brought together two teams with different historical practices and working conditions. This has created a need to unpick these differences and create a unified approach. One of the primary challenges is the lack of existing job plans. Neither of the original teams had job plans in place. Alongside this there is a need to review and unify job descriptions to ensure consistency and clarity.

What do you hope job planning will achieve for the team and department?

Nina says she hopes that job planning will improve staff well-being and bring consistency to working practices and

expectations within roles across both teams. She would like job plans to reflect the four pillars of professional practice: clinical practice, leadership, education, and research. Also important is to align orthotic services with the expectations of professional bodies like the British Association of Prosthetists and Orthotists (BAPO) and the Health and Care Professions Council (HCPC), as well as the NHS long term workforce plan.

Do you see the merger as a positive or negative contribution to the job planning process?

The merger has provided us with an incredibly positive opportunity to really take a close look at the service our team provides in Somerset. Job planning is linked to various stages of the quadruple aims the Trust has identified, including, understanding capacity and demand, staff wellbeing, sustainability and optimisation and understanding population health. By accurately documenting job roles and time allocation, the Trust can better understand its workforce needs and plan accordingly. This will also support workforce planning and help make a case for additional funding if needed.

Nina described three interrelated improvement initiatives that have come about because of the merger.

- 1 Service Redesign:** The service redesign involves redefining how the team functions across the county. This includes standardising processes such as triaging and clinic bookings. The goal is to create a unified team that operates efficiently and effectively, providing high-quality orthotic services to patients.
- 2 Job Planning:** Nina is keen that the job planning process begins with one-on-one meetings with each team member. These meetings aim to understand the tasks each member performs and how they allocate their

“By accurately documenting job roles and time allocation, the Trust can better understand its workforce needs and plan accordingly. This will also support workforce planning and help make a case for additional funding if needed.”

time. Nina sees creating a job plan as a collaborative process, not a top-down management function. Once Nina and the team member have agreed on what their role entails on a day-to-day basis, the information will be used to create job plans that accurately reflect the work being done. The job plans will be documented using specialised software, that the Trust has committed investment to purchase, providing the latest technology which will also help with capacity and demand calculations.

3 Collaboration and Benchmarking: Nina has linked with other departments, such as physiotherapy, which have established job plans. By learning from these departments and benchmarking against them, Nina aims to ensure that the orthotics team’s job plans are consistent and appropriate. This collaboration also provides valuable insights into best practices and helps identify areas for improvement.

What do you believe the positive impact of job planning will be for the future of the orthotics team?

The job planning initiative is expected to have several positive outcomes. Firstly, it will improve staff well-being by ensuring that job roles are clear and realistic. This will help reduce stress and burnout, leading to a more satisfied and motivated workforce. Secondly, the initiative will enhance capacity and demand management. By accurately documenting job roles and time allocation, the Trust can better understand its workforce needs and plan accordingly. This will support workforce planning and help make a case for additional funding if needed.

Additionally, the initiative will align the orthotics team’s practices with the Trust’s quadruple aims, focusing on service user experience, staff well-being, sustainability, and population health. By ensuring that job roles are aligned with professional standards and Trust goals, the initiative will contribute to the overall improvement of orthotic services at Somerset NHS Foundation Trust.

What challenges do you expect the job planning process to highlight?

There are many expected benefits from the introduction of job planning, and the clinical team are keen for the process to take place. We are experiencing increasing demand on our service but there are financial challenges which will limit additional resources. Staff have been adaptable to ensure that we have continued to provide safe and effective care to patients despite these challenges. There is a risk that changes in planning our clinicians’ time may prove difficult to implement if capacity reduces as a result. However, it will provide valuable insight into how the team work and highlight where planning for improvements or investment is needed.

Can you summarise the expected outcomes of the job planning process?

The job planning initiative at Somerset Foundation Trust aims to create a unified, efficient, and well-supported orthotics team. By aligning job roles with professional standards and Trust goals, the initiative seeks to enhance both staff well-being and service delivery. Despite the challenges, the initiative has the potential to significantly improve the functioning of the orthotics team and contribute to the overall success of the service redesign.

The process of job planning involves a detailed understanding of the tasks performed by each team member and how they allocate their time. This information is used to create job plans that accurately reflect the work being done. Because the job plans will be documented using specialised software, an integral function of this technology will help with capacity and demand calculations. Collaboration with other departments and benchmarking against best practices are also key components of the process.

The expected outcomes of the initiative include improved staff well-being, enhanced capacity and demand management, and alignment with the Trust’s quadruple aim. Overall, the job planning initiative represents a key step in the service redesign at Somerset NHS Foundation Trust. By creating clear and realistic job roles, the initiative aims to improve staff well-being, enhance the quality of orthotic services provided to patients and provide much needed data regarding capacity within our service. Through careful planning and collaboration, the Trust, and our department, can overcome the challenges and achieve its goals.

Resources for Job planning

This section provides an overview of key reference documents available to assist prosthetists and orthotists with job planning.

The E-Job Planning Guidance 2023

www.england.nhs.uk/wp-content/uploads/2023/10/e-job-planning-guidance-2023.pdf

'The E-Job Planning Guidance 2023' document provides comprehensive instructions for implementing electronic job planning (e-job planning) within NHS clinical workforce groups. It aligns with the NHS Long Term Plan's commitment to deploy e-job plans across various workforce groups, including those for whom job planning is a novel concept. The guidance emphasizes the importance of governance, board-level support, and a collaborative approach involving employees and their representatives. By documenting and digitising professional activities, e-job planning aims to enhance workforce capacity understanding, match it to patient needs, and improve productivity. The document outlines the e-job planning process, including annual cycles, benefits, and the integration with e-rostering systems to ensure efficient workforce deployment and improved patient outcomes.

The E-Job Planning Guidance 2020

<https://www.england.nhs.uk/wp-content/uploads/2020/09/e-job-planning-guidance.pdf>

The 'E-Job Planning Guidance 2020' document, published in September 2020, provides detailed instructions for implementing electronic job planning (e-job planning) within NHS clinical workforce groups. It aligns with the NHS Long Term Plan's commitment to deploy e-job plans across various workforce groups, including those for whom job planning is a novel concept. The guidance emphasises the importance of governance, board-level support, and a collaborative approach involving employees and their representatives. By documenting and digitising professional activities, e-job planning aims to enhance workforce capacity understanding, match it to patient needs, and improve productivity. The document outlines the e-job planning process, including annual cycles, benefits, and the integration with e-rostering systems to ensure efficient workforce deployment and improved patient outcomes.

NHS England and NHS Improvement Job Planning the Clinical Workforce - Allied Health Professionals 2019

www.england.nhs.uk/wp-content/uploads/2021/05/aps-job-planning-best-practice-guide-2019.pdf

The document 'NHS England and NHS Improvement Job planning the clinical workforce – allied health professionals 2019' provides detailed guidance on job planning for allied health professionals (AHPs) within the NHS. It emphasises the importance of job planning in linking resource utilisation with quality patient outcomes and service redesign. The guide outlines the components of a job plan, including direct clinical care (DCC), supporting professional activities (SPA), additional NHS responsibilities (ANR), and external duties (ED). It highlights the benefits of job planning, such as improved patient care, efficient resource use, and enhanced staff morale. The document also provides a step-by-step approach to implementing job planning, ensuring alignment with organisational objectives and service needs.

Allied Health Professionals Job Planning Productive Hours Calculator

www.england.nhs.uk/ahp/allied-health-professionals-job-planning-a-best-practice-guide/

www.england.nhs.uk/wp-content/uploads/2023/01/ahp-job-planning-productive-hours-calculator-2019-revised.xlsx

This template is designed to help you calculate the number of clinical hours that are being allocated to each job planning category. There are two web links. The first takes you to the updated NHS England Allied health professionals job planning: a best practice guide. The second takes you directly to the job planning calculator.

Enabling Success: Implementing Healthcare Science Job Planning in the NHS

<https://documents.ahcs.ac.uk/storage/284/HCS-Leadership-Journal---Winter-Edition-2024.pdf>

The document 'Enabling Success: Implementing Healthcare Science Job Planning in the NHS' outlines a pilot project at Imperial College to introduce job planning for healthcare scientists. Job planning, a high-performance workforce practice, has been a requirement for medical consultants since 2003 and is now being extended to non-medical staff. The project was driven by NHS strategy and policy documents advocating job planning for allied health professionals and proposing e-job planning for all clinical professionals. The initiative aimed to enhance workforce deployment, engagement, and performance. The study identified key themes and recommendations for successful job planning, emphasising professional autonomy, visibility, and collaboration.

Job Planning is Vital – without it, there is no team

www.hsj.co.uk/workforce/job-planning-is-vital-without-it-there-is-no-team/7024851.article

The online article 'Job planning is vital – without it, there is no team', is a short article that highlights the importance of job planning in healthcare. It argues that without effective job planning, healthcare teams cannot function optimally. Key points include:

- **Improved Efficiency:** Proper job planning ensures that all team members know their roles and responsibilities, leading to better coordination and efficiency.
- **Enhanced Patient Care:** When healthcare professionals have clear job plans, they can focus more on patient care rather than administrative tasks.
- **Staff Well-being:** Job planning helps in managing workloads and reducing burnout among healthcare staff.
- **Team Cohesion:** Clear job plans foster a sense of teamwork and collaboration, as everyone understands their contributions to the overall goals.





Registered address:

Clyde Offices, 2/3 48 West George Street, Glasgow G2 1BP

Tel: 0141 561 7217 E-mail: enquiries@bapo.com

www.bapo.com