

## NHS D&G Job planning process

### Team Service Planning

The multidisciplinary team will agree the team priorities and objectives at team service planning meetings which will take place at least annually. These will take the corporate objectives into account that have been set by the Board. Individual job plans will be informed by team service planning. Individual objectives will be discussed and agreed in the context of the relevant service objectives at individual job planning meetings.

The aim is to hold a round of team service planning meetings in April each year followed by individual job planning during May – June. The assistant general managers would include the team service planning meeting into the departmental meeting schedule and ensure all relevant service information is made available for this. It would be appropriate for all Clinical Directors/Service managers to exchange information on departmental priorities/outcomes of service planning meetings to ensure appropriate inter-dependencies have been accounted for. This should be done before individual job planning begins and may require a further team service planning session if there are clear mismatches.

### Individual Job Planning

Every consultant and SAS doctor or dentist will be offered an annual job planning meeting with their clinical manager (STL or CD depending on the specialty team). Whilst the key focus of the meeting is around a clinician-to-clinician discussion, the relevant assistant general manager will usually be involved in the job planning meeting to enable sign off of any required supporting resources unless the doctor or dentist objects.

Additional job planning meetings can be requested by either the doctor or the clinical manager if there is any change in circumstances. In preparation for the meeting doctors will be expected to collate any information they want to discuss including evidence of their progress against the previous year's objectives, personal objectives agreed at their last appraisal, mandatory training record, job diary and a reflection on their contribution towards agreed team service developments and objectives. Job plans will include:

- A timetable of activities
- The number of PAs of each type
- Confirmation of the normal workbase
- On-call arrangements
- Any arrangements for acting up/down
- A list of agreed SMART objectives/ outcomes
- A list of supporting resources
- A description of additional responsibilities to the wider NHS if applicable
- Any arrangements for Extra/Additional PAs if applicable
- Details of regular private work and fee-paying services if applicable
- Accountability arrangements
- Agreed flexible working if applicable.

For new starters, the initial job plan will be reviewed three months after commencing in post.

We would suggest setting time aside for the STL/CD in their job plans during May – June for the individual job planning meetings which would be co-ordinated by the assistant general managers for the relevant area.

Commented [SA1]: STL/SCL?

### *Mediation*

If an agreement cannot be reached between the doctor and the medical manager mediation will be arranged. The relevant contracts outline the purpose of mediation and for all grades in HS D&G there will be two stages of mediation:

Stage 1 Mediation will be with the AMD, stage 2 will be with the Medical Director.

If the doctor is not satisfied with the outcome, a formal appeal can be lodged

### *Appeal*

Appeals are heard by a three person independent panel.

The panel consists of a Chair (often a Non-Exec Director), one member appointed by the chief executive and one member appointed from the JLNC.

The decision at Appeal is final and binding.

### *Recording of job plans*

In order to improve the consistency and transparency of the job planning process the Board and JLNC would encourage all relevant staff to use the electronic platform Allocate. In order to implement this we suggest transferring to Allocate as part of the 2019-20 job planning round. It should be noted that the use of this format to record agreed job plans does not in any way affect the process every member of staff can expect in terms of the meetings, etc outlined above.

If a member of staff has a strong preference, or specific need, to use a different format, this should be agreed in advance with their STL/CD. Such agreement should not be unreasonably withheld.

Once medical staff and managers are entered into the system and have received the relevant log in and training we suggest using the job planning meeting to jointly enter the initial job plan based on the previously available paper format and any amendments agreed during the meeting. 2019-20 would be a transitional year to gradually move to the electronic platform in recognition that the job plan meeting that year will take longer if it is used to enter the initial electronic version of the job plan. Updates in the following years are then expected to be quicker and more straightforward.

### *Reference*

[https://www.sehd.scot.nhs.uk/dl/DL\(2016\)14.pdf](https://www.sehd.scot.nhs.uk/dl/DL(2016)14.pdf)

DL (2016) 14 – Consultant job planning guidance

- Agreed guidance between BMA, NHS employers and SGHSCD
- Two annexes – Engaging the team and Resolving disagreements

**Commented [SA2]:** We can discuss whether this can be put across as a joint recommendation or not