NHS Improvement

Allied health professionals job planning: a best practice guide

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We support providers to give patients safe, high quality, compassionate care within local health systems that are financially sustainable.

Contents

Introduction

Job planning is an effective method of profiling the clinical workforce to match available clinical resources to the organisation's objectives and clinical priorities.

This guidance:

- explains the benefits of job planning for the allied health professional (AHP) workforce
- provides the framework that organisations must use when job planning for their AHPs
- gives examples for categorising AHP activity.

The commitment to delivering quality care relies on trusts having the right staff available at the right time. AHPs make an essential contribution to patient outcomes across nearly every aspect of healthcare. Therefore tools that enable trusts to plan and co-ordinate AHPs' time effectively are critical to patient flow, patient outcomes and patient experience.

Job planning for consultants was introduced in 1991, and the principles of profiling their specialist contribution are equally valid for AHPs.

In times of rapid change AHPs must use their skills to best effect to have the greatest impact for patients. Job planning will help quantify the AHP workforce's capacity in a way that a budgeted or whole-time equivalents (WTE) number cannot.

This guide offers advice to trusts to ensure their approach to AHP job planning is consistent with best practice.

What is a job plan?

In simple terms, a job plan is a prospective, professional agreement describing each AHP staff member's duties, responsibilities, accountabilities and objectives. It aims to articulate how much of each AHP's role will be allocated to clinical care and how much to any other supporting professional activities, so trusts can manage their capacity and demand.

Job planning enables trusts to reconcile available skills and skill mix with service needs.

A comprehensive job plan will define planned activity in annualised hours, helping actual activities to be timetabled/rostered.

Job planning must provide a transparent profile of the workforce, so the sessions making up the AHP job plan are grouped under two headings:

- **clinical care – i**ncludes direct and indirect activity where it is either attributable to an individual patient, non-individual patient attributable, or for clinical services management (see Appendix 1)

- **supporting professional activities – i**nclude teaching/training to undergraduates, postgraduates and in-service training, and research (see Appendix 1).

What is job planning for?

Job planning gives AHPs and their managers the opportunity to agree the proportion of each role that will be attributed to clinical care and other supporting professional activities. It is also an opportunity to clarify where (in which location/specialist area) and how (whether inpatient/outpatient clinics/domiciliary/private) those sessions will be met.

It should happen annually so that the AHP's contribution best meets the organisation's needs for achieving its objectives while continuously developing and maintaining safe and effective services for patients. Job planning is not to be confused with weekly timetabling, although trusts with supporting IT infrastructure and/or e-rostering may wish to take it to this level.

The job planning process includes a review of current working practices and is a chance to consider alternative ways to deliver high quality, effective and efficient services.

How to do it

The process of job planning can vary in design, and trusts may find it simplest to begin by profiling each individual AHP staff member to build the aggregate team and service capacity.

Principles of job planning

Following fundamental principles will help you implement AHP job planning successfully. Job planning should be:

- undertaken in a spirit of collaboration and co-operation
- completed in good time
- reflective of the professionalism of being an AHP
- focused on measurable outcomes that benefit patients
- consistent with the objectives of the NHS, the organisation, teams and individuals
- transparent, fair and honest
- flexible and responsive to changing service needs during each job plan year
- fully agreed and not imposed
- focused on enhancing outcomes for patients while maintaining service efficiency.

The process

You should see job planning not as a discrete, annual episode but part of an integrated approach to service, workforce and financial planning. You should

continuously review job plans throughout the year: job planning should be integral to the performance management and personal development cycle (see Figure 1).

Figure 1. Annual AHP job planning cycle

Understanding demand

Information on expected activity is essential for job planning to be effective in matching resource to service demands. Information should come from trust capacity and demand plans, but also include more bespoke or local detail for AHP services that follows best practice guidance or benchmarks – for example:

- number of new patients compared to follow-up appointments in an outpatient clinic
- number of board/ward rounds that need to be attended for inpatients
- Sentinel Stroke National Audit Programme (SSNAP) recommended therapy guidelines

- number of contacts (NB for each direct patient contact there will be associated clinical time for indirect activities, which you must allow for when creating job plans).

Understanding capacity

Activity expectations should be based on a minimum of 44 weeks in the working year. A job plan covers the whole week, including – where relevant – weekends, to ensure consistent, high quality patient care. In a full-time working week there are 37.5 hours. Therefore:

productive (annual) hours for 1 WTE: 44 x 37.5 = 1,650

The AHP job plan will describe how 1,650 hours will be split between clinical care and supporting professional activities.

To best help clinical staff meet patient need, you should report capacity by band and by specialism/skills.

Templates[1] are available for your use.

What a job plan should contain

An AHP job plan should reflect trust and individual service requirements but also include these minimum standards:

- clearly identified job banding, hours of work and name of post
- staff member's full name
- all time accounted for and how much time the employee is expected to be available for work
- clearly identified time spent on clinical care and supporting professional activities

[1] https://improvement.nhs.uk/resources/allied-health-professionals-job-planning-best-practice-guide/

- analysis of expected and agreed clinical care and supporting professional activities
- location of planned activity (inpatients, outpatient clinics, community/ domiciliary, private clinics)
- specialty of planned activity.

A template[2] for an individual AHP job plan is available for your use.

[2] https://improvement.nhs.uk/resources/allied-health-professionals-job-planning-best-practice-guide/

Benefits of job planning

Job planning enables the effective and efficient use of resources in a way that brings mutual benefits to trusts, patients and clinical staff when planning and delivering high quality care. At the heart of job planning is a drive to provide patient-centred care that meets the local population's needs and improves outcomes.

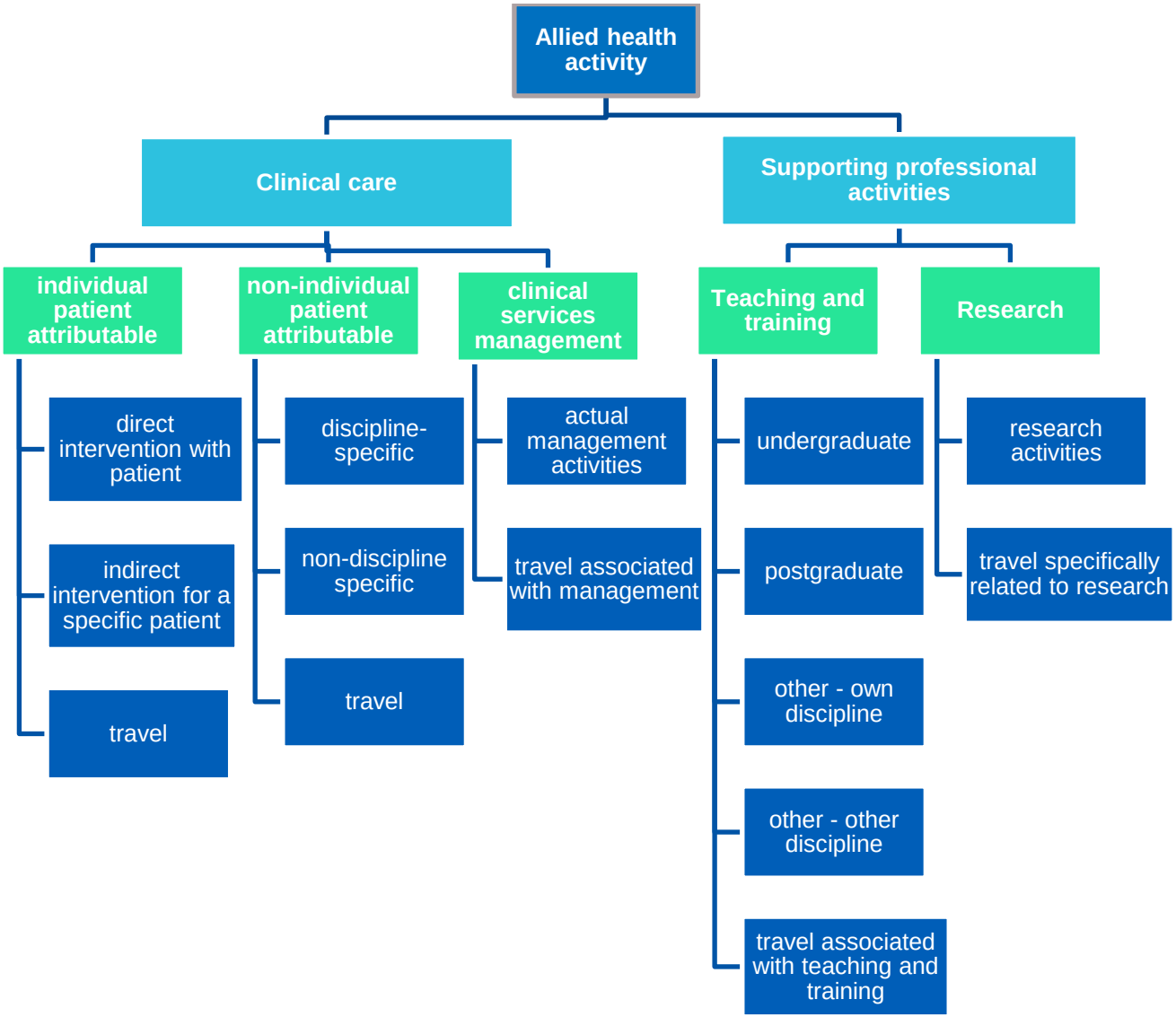
By implementing job planning for AHPs, trusts can expect to benefit from:

- aligning available resources for maximum impact on patient outcomes, ensuring AHPs' skills are used to best effect
- quantifying the AHP workforce's clinical capacity in a way that budgeted/WTE workforce does not, making workload management and escalation more meaningful
- the breadth and diversity of AHPs' skills becoming more transparent
- aligning capacity and demand planning, linking consultant and AHP activity to patient throughput and outcomes
- AHPs being able to adapt service models and even reveal unmet need by linking capacity with demand
- capturing and understanding the AHP contribution, including income generating work, that is not direct clinical care
- demonstrating the productivity of AHP services by measuring outputs against clinical capacity
- helping AHPs comply with their Health and Care Professions Council registration requirements by identifying supporting professional activities, such as clinical audit participation and research, relevant to revalidation
- aligning resource to service requirements according to service redesign, sustainability and transformation partnership, etc

- ensuring personal development objectives are in line with the organisation's priorities for using AHPs' time effectively and efficiently.

Appendix 1: AHP job plan classification of activities

<table>
<tr><th colspan="3">Clinical care</th><th colspan="2">Supporting professional activities</th></tr>
<tr><td>Individual patient-attributable</td><td>Non-individual patient attributable</td><td>Clinical services management</td><td>Teaching/training</td><td>Research</td></tr>
<tr><td>Direct
Examples: assessment; diagnostic sessions; direct delivery of face-to-face therapy programmes; digital/ telephone consultation; other patient treatments; outcome measurement</td><td>Discipline-specific
Examples: dietician working in kitchen planning hospital menus; multidisciplinary team meetings; board rounds Clinical triage</td><td rowspan="2">Actual management activities
Examples: administration generally; staff management; statistics gathering and reporting; financial management; quality activities; representations/ consultation; professional development; programme evaluation meetings</td><td rowspan="2">Imparting knowledge, skills and clinical competency to: undergraduate students, postgraduate students, practitioners within one’s own discipline, practitioners from another discipline
Inclusive of interactions with training institutions and students and prep for delivery of activities such as in-service, lectures and presentations. Excludes one-to-one staff supervision and ad hoc sessions with staff for professional development</td><td rowspan="2">Research activities
Activities undertaken to advance the knowledge of the delivery of care to an individual, group, or community. Research is limited to activities that lead to and follow formal approval of the project by a research committee or equivalent body</td></tr>
<tr><td>Indirect
Examples: coaching of parents, carers and wider workforce to support delivery of specific programme; real-time clinical supervision, clinical activity non-face to face; clinical admin relating to directly related to specific patient</td><td>Non-discipline specific
Examples: any other intervention not required to be discipline-specific which cannot be related to a specific patient – eg setting up equipment for group rehab class; cleaning and maintenance of gym equipment</td></tr>
<tr><td>Travel
Associated with individual patient care and treatments. Examples: travel for home access visit</td><td>Travel
Associated with non-individual patient attributable activities</td><td>Travel
Associated with clinical services management</td><td>Travel
Associated with teaching and training</td><td>Travel
Associated with research activities</td></tr>
</table>


Allied health activity
Clinical care
Supporting professional activities
individual patient attributable
non-individual patient attributable
clinical services management
Teaching and training
Research
direct intervention with patient
indirect intervention for a specific patient
travel
discipline-specific
non-discipline specific
travel
actual management activities
travel associated with management
undergraduate
postgraduate
other - own discipline
other - other discipline
travel associated with teaching and training
research activities
travel specifically related to research

Appendix 2: Rationale and examples for AHP activity classifications

The AHP job planning categorisation has been created to differentiate between time available for clinical duties, whether direct or indirect, and time available for continuous professional development, whether for oneself or others as a requirement for registration.

There is no set percentage for each of the categories as trusts will agree this locally, depending on their workforce requirements and skill mix.

The classification of activity has been aligned to NHS Improvement costing standards and will therefore facilitate accurate recording and costing of AHP activity.

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