

# Speech & Language Therapy e-Job Planning Tool Manual

Copyright © 2023 The Royal Wolverhampton NHS Trust.  
Author Charlotte Colesby MBA BSc MRCSLT.  
All rights reserved.

This Work, Speech and Language Therapy e-Job Planning Tool Manual is protected by copyright law and is wholly owned by The Royal Wolverhampton NHS Trust and its use is monitored by MidTECH, the NHS Innovations Intellectual Property Hub for the West Midlands. You may not copy, reproduce, publish, republish, post, transmit, modify, adapt, translate, manipulate, add to, delete from, adapt, distribute or otherwise use any of the content in whole or in part, in any medium without the permission of the copyright owner.

**Working in partnership**

The Royal Wolverhampton NHS Trust  
Walsall Healthcare NHS Trust

Section	CONTENTS	Page
1	Introduction	3
2	Rationale for engaging in Job Planning	4
3	Quality Contacts	5
4	Clinical Service Management (CSM) – what is included in each banding and why?	9
5	Overview of the E-job planning tool	11
6	How to use the E-job planning tool	12
7	What needs strategic agreement and what can be agreed with line managers?	18
8	Procedures when saving the individual's e-job plan	19
9	Role of the line manager	20
10	Data Outputs from Job Planning	21
11	Acknowledgments	23

## 1. Introduction

Job planning is a recognised tool for AHPs. The e-job planning tool has been developed for use by Speech and Language Therapy clinical staff in an NHS context. It includes models for adult acute, adult community, children's acute and children's community.

It is a tool which allows individuals to have a job plan which details all commitments in their role, both clinical and non-clinical. The tool then automatically calculates their projected clinical contacts per year ensuring that sufficient time is available for all other aspects of their work.

When used across a whole service the data can then be used strategically to calculate the overall service capacity, thus allowing service managers to use this data to ensure there is sufficient capacity to meet demand as well as giving the ability to identify where efficiencies can be achieved.

There are a number of acronyms used in job planning and these are;

Full name of activity	Acronym
Direct Clinical Care (covers individual patient attributable and non-individual patient attributable aspects)	DCC
Supporting professional activities	SPA
Clinical Service Management	CSM
Additional NHS responsibilities	ANR
External duties	ED

There is detailed information about what is covered in each area via the job planning tool in sections 5 and 6.

## 2. Rationale for engaging in Job Planning

Job planning is a well-established tool used by Doctors. NHSI published “Job planning the clinical workforce – allied health professionals. A best practice guide” in July 2019. This lays out the requirement for job planning for AHPs.

The document states that the “*job plan is a prospective, professional agreement describing each employee’s duties, responsibilities, accountabilities and objectives. It describes how an employee’s working time will be used according to the specific categories of direct clinical care (DCC), specified supporting professional activities (SPA) and other activities such as additional NHS responsibilities (ANR) and externally funded duties (ED)...*

*It is a **plan** that is created annually, then delivered by the weekly/daily operational deployment systems (eg e-roster). It is possible that **actual** activity may differ from **planned** activity for valid reasons. It is important to measure and monitor how frequently activity differs, so that subsequent job plans can be adapted to meet service needs more accurately.”*

The work at The Royal Wolverhampton NHS Trust identifies the following benefits to the Trust, the SLT staff and the SLT management team. Job planning enables us,

- To ensure we properly quantify our clinical capacity
- To have evidence to grow the service where needed
- To have evidence to demonstrate any areas for efficiencies

This can be seen to have the following strategic and operational benefits to the SLT team.

Benefit	Strategic	Operational
Modelling service capacity (which can then be compared to demand)	x	
Ensure provision of Quality Contacts (see section 3) in the delivery of DCC	x	x
Ensure SLT staff are able to complete essential SPA activities	x	x
Support service change/development	x	x
Demonstrate the breadth of SLT work	x	x
Compare planned vs actual contacts over time	x	x

Job planning is underpinned by outcomes measures and other routinely collected data. The outcome measures evidence the effectiveness of the intervention. Various data is collected, collated and analysed routinely by the service. The data provided via job planning adds to this and supports strategic oversight.

### Working in partnership

The Royal Wolverhampton NHS Trust  
Walsall Healthcare NHS Trust

### 3. Quality Contacts

It is vital that the clinical input provided by SLTs is of an appropriate quality to meet HCPC and RCSLT requirements. In the e-job planning tool these are called **Quality Contacts**. In order to provide a Quality Contact we need to evidence as a minimum that the intervention;

- Is timely – both that the appointment is on time and that the wait for this appointment is appropriate (18 weeks maximum for community and usually within 2 days as an in-patient, but local requirements may establish different timeframes than these)
- Has all information needed available and to hand – this may be via electronic or paper notes and includes full referral information
- Utilises appropriate assessment. This requires sufficient time to complete a full assessment of SLCN and/or swallowing
- Uses evidence based practice where this is established and that regular practice is used where there is not yet an evidence base established
- Finishes each episode of care with a plan

A Quality Contact includes every aspect of the contact i.e.

- Face to face work with the patient/service user to assess and/or provide therapy
- Writing up all notes
- Writing any/all reports
- Making any/all telephone calls needed
- Other liaison with patient/service user, their family and the MDT

In reality the SLT staff member may see a number of patients/service users in a clinical session and write up the case notes. They may then write reports or make calls on a different day. Job planning does not remove this autonomy from the clinician but takes a hypothetical position that all of this work takes place within the one Quality Contact. The e-job planning tool extrapolates the clinical capacity for each SLT staff member across the year for each staff member. Autonomy can be accommodated and the individual enabled to continue to work in a flexible way. This is the way of working that most SLT staff are used to, value and realise as essential to meet patient/service user needs. It allows flexibility within the context of the wider MDT, while also quantifying clinical capacity across the year.

The e-job planning tool calculations are based on a standard 7.5 hour day. Because the e-job planning tool takes account of actual hours worked in each area an accurate figure for number of potential contacts across a year is established. This means that working days which are longer or shorter than 7.5 hrs are fully accounted for within the tool.

At first glance many SLTs will consider that they see far more than this number of contacts within a day. Once all necessary non face to face aspects of the Quality Contact are accounted for it can be seen that that the split described above is accurate. It is frequently surprising that this is the case which suggests that SLT staff are likely to be overestimating the numbers of contacts which are realistic. SLT staff also express the desire to be able to provide Quality Contacts and therefore it is important to be realistic about the number of Quality Contacts that can be achieved.

The tool uses the following calculations for Quality Contacts.

CHILDREN'S	Number of quality contacts per 7.5 hrs	Notes
Band 5 NQP	2	This allows the NQP time to become a competent clinician and varies across the year, averaged at this figure
<b>Communication</b>		
Mainstream School Assessment	4	Time for all aspects of the quality contact and travel time
Special School Assessment	4	Time for all aspects of the quality contact and travel time
Pre-School Assessment	4	Time for all aspects of the quality contact and travel time
Resource Base Assessment	4	Time for all aspects of the quality contact and travel time
Resource Base Intervention	6	Time for all aspects of the quality contact and travel time
Highly Specialist Assessment	2	Time for all aspects of the highly specialist quality contact, enhanced liaison and travel time
Therapy Intervention by Therapist	4	Time for all aspects of the quality contact and travel time
Group Therapy	4	Time for all aspects of the quality contacts, predicated on 2 groups of 4 children run by 2 clinicians across the standard day

APT (Additional Purchased Therapy – may also be called Traded SLT or similar)	0	These contacts are covered by an SLA
<b>Dysphagia</b>		
Home Visits	2.5	Time for all aspects of the quality contact and travel time
Special School/CDC (Child Development Centre)	4	Time for all aspects of the quality contact and travel time
Wards	4.5	Time for all aspects of the highly specialist quality contact
<b>Support Practitioners/Assistant</b>	4.5	Time for all aspects of the quality contact and travel time
<b>Non Clinical</b>	0	There are no clinical contacts

<b>ADULTS</b>		
Band 5 Rotation	2	This allows the NQP time to become a competent clinician and varies across the year, averaged at this figure
<b>Acute Stroke In-patient</b>		
Communication & Swallowing	5	Time for all aspects of the quality contact
<b>Acute Gen Med In-patient</b>		
Communication & Swallowing	5	Time for all aspects of the quality contact
<b>Critical Care</b>	5.5	Time for all aspects of the quality contact
<b>Instrumental Dysphagia Assessment</b>		
VF (Videofluoroscopy) - Lead	3	Time for all aspects of the quality contact including enhanced analysis
VF – interpretation/2nd person/support	0	This avoids double counting and is not a reflection on the importance of this role
FEES (Fibreoptic Endoscopic Evaluation of Swallowing)- Scoping	4	Time for all aspects of the quality contact including enhanced analysis
FEES – interpretation/2nd person/support	0	This avoids double counting and is not a

### Working in partnership

The Royal Wolverhampton NHS Trust  
Walsall Healthcare NHS Trust

		reflection on the importance of this role
<b>Head &amp; Neck</b>		
In-patient	5	Time for all aspects of the quality contact
Out-patient	4	Time for all aspects of the quality contact
<b>Voice</b>	4	Time for all aspects of the quality contact
<b>In-patient Rehab</b>		
Communication	4.5	Time for all aspects of the quality contact
In-patient Group	12	Time for all aspects of the quality contacts, predicated on 2 groups of 6 patients run by 1 clinician across the standard day
Swallowing	6	Time for all aspects of the quality contact
<b>Out-patient</b>		
Communication	4	Time for all aspects of the quality contact
Out-patient Group	12	Time for all aspects of the quality contacts, predicated on 2 groups of 6 patients run by 1 clinician across the standard day
Swallowing	6	Time for all aspects of the quality contact
<b>Domiciliary (General)</b>	3	Time for all aspects of the quality contact and travel time
<b>CNRT</b>	2	Time for all aspects of the quality contact and travel time
<b>ESD</b>	3.5	Time for all aspects of the quality contact and travel time
<b>Support Practitioners/Assistants</b>	4.5	Time for all aspects of the quality contact
<b>Non Clinical</b>	0	There are no clinical contacts

**Note:** These numbers were reached in one service using clinical expertise and then the figures generated compared with actual contacts across the previous year. The figures were then further triangulated with a different SLT Service who had already undertaken a retrospective view and then compared to these figures. In all instances they demonstrated parity.

### Working in partnership

The Royal Wolverhampton NHS Trust  
Walsall Healthcare NHS Trust



## 4. Clinical Service Management (CSM) – what is included in each banding and why?

The e-job planning tool has been developed to include an expectation that at each band there will be specified time allocated to CSM. The percentage of CSM time is automatically calculated and presented in hours on the e-job plan. These hours are automatically removed from the total available hours to enable an accurate calculation of hours for DCC.

CSM includes those aspects of the role that are included in the job description and are core to the role. These are quantified in percentage terms as follows.

Band	DCC (Direct Clinical Care)	CSM (Clinical Service Management)
3	100%	0%
4	90%	10%
NQP 5	80%	20%
5	100%	0%
6	90%	10%
Team Lead 7	60%	40%
Highly Specialist 7	80%	20%
Advanced Practice 8a	80%	20%
Head of Service 8a	10%	90%

The areas included in CSM should not be included in the individual's other SPA. Below are details of what is included at each band.

Band 3 staff are expected to have no CSM. They are not expected to manage other staff nor to organise routine meetings. Any activities other than DCC can be added in the SPA section.

Band 4 staff are expected to be organising meetings for the band 3 and 4 staff, undertaking other duties routinely as part of their competencies eg. regular displays on notice boards, managing purchase of new apps to iPad clusters etc. This is all included in their 10% CSM time.

Band 5 NQP staff are expected to have regular meetings with their preceptor about their NQP development, put together their portfolio of evidence and undertake the necessary shadowing, learning and reflection required to complete their NQP Competencies (as required by RCSLT). This is all included in their 20% CSM time.

Band 5 staff who have completed their NQP Competencies and are on the full register of RCSLT are expected to have no CSM. They are not expected to manage other staff nor to organise routine meetings. Any activities other than DCC can be added in the SPA section.

Band 6 staff will hold a clinical specialism. They are expected to undertake learning, remain up to date in their specialist area and disseminate this to the wider team. They will engage in development of their role and specialist area. This is all included in their 10% CSM time.

Band 7 Team Lead staff are expected to have a number of staff whom they manage as direct reports. This will include appraisal, 1-1s, sickness management, performance management etc. They are expected to attend leadership meetings and to organise and run their own team meetings. As band 7 staff they will also hold an area of clinical specialism for which they are expected to undertake learning, remain up to date in their specialist area, disseminate this to the wider team. This is a significant workload and essential to the proper running of the service. It is all included in their 40% CSM time.

Band 7 Highly Specialist staff are expected to undertake learning, remain up to date in their highly specialist area, disseminate this to the wider team. They will engage in development of their role and highly specialist area. They are also expected to have some line management of staff but this is expected to be proportionately significantly less than those staff who are Team Leads. They are also expected to attend leadership meetings. This is all included in their 20% CSM time.

Band 8a Advanced Practitioner staff are expected to undertake learning, remain up to date in their area of advanced practice and disseminate this to the wider team. They will engage in development of their role and area of advanced practice. They are also expected to have some line management of staff but this is expected to be proportionately less than those staff who are Team Leads and in line with those staff who are Highly Specialist. They are also expected to attend leadership meetings. This is all included in their 20% CSM time.

Band 8a Head of Service staff are expected to be predominantly managerial. This is the basis of their role and all of this is included in their 90% CSM time. Nothing else needs to be added for SPA for those in these roles.

## 5. Overview of the E-job planning tool

The e-job planning tool is a spreadsheet with two tabs.

The first tab follows the format of the job plan as laid out by NHSI. This should be completed by working through each element systematically, starting at the top and working down. Some elements will fill automatically and do not need to be completed by the individual. There is more detail on this in section 6.

The second tab covers what work is done in hours on each day of the week. The information should be inputted across the week. Once this page is completed it will show at the bottom whether or not the hours inputted match the total hours provided per week on the first tab. If they do not match then they should be adjusted accordingly. There is more detail on this in section 6.

Once all of the information has been inputted the tool will automatically calculate;

- The total hours available for DCC
- The total hours available for SPA
- The % split across DCC, SPA etc
- The hours split across DCC, SPA etc
- The total number of contacts per year
- The number of contacts per year for each area of service

The layout of the first tab is based on the document provided by NHSE “Allied Health Professionals job planning: a best practice guide” (November 2017). This formed the basis for the template and has been significantly developed to be used as the e-Job Planning Tool.

## 6. How to use the E-job planning tool

Complete all sections as relevant to the individual. A detailed line by line guide follows.

### Tab 1 – Job Plan

At the top of the first tab 'job plan' fill in personal details section.

- Name – free text
- Job title – free text
- Band – choose from the drop down menu
- Specialism – free text (optional)
- Contracted hours per week – fill in as a number with a decimal place. This means that 30 minutes = 0.5, 15 minutes = 0.25 etc. Full time = 37.5 hours per week and this would be put in as 37.5
- Do you work term time only – choose 'yes' or 'no' from the drop down box
- Additional contracted hours per year – leave blank if you do not have additional contracted hours per year, complete with the total number of additional hours per year if you do. This should be expressed as a number with a decimal place. This means that 30 minutes = 0.5, 15 minutes = 0.25 etc.

The following two lines will provide automatic calculations as the rest of the spreadsheet is completed. These lines are

- Total hours available for work per year
- Total hours available for individual patient attributable care per year

This section of the e-job planning tool looks like this.

© Microsoft 2023

## Direct Clinical Care (DCC) line by line

- Individual patient attributable care – this will automatically calculate as the rest of the spreadsheet is completed
- Non-individual patient attributable – this will automatically calculate as the rest of the spreadsheet is completed
- Non-individual Activity 1 – 6 – complete as many of these boxes as applicable to the job. Use where there are broader or more general conversations with wider workforce which are not specific to a single patient/service user eg. meeting with SENCO about whole school caseload, ward huddles, panel meetings, preparation of group sessions. List all activities as free text and complete the hours and frequency from the drop-down boxes. Where the frequency is not covered eg half termly, simply double the number of hours and put in as termly or where the activity happens every two months halve the figure and put it in as monthly etc.

## Supporting Professional Activities (SPA) line by line

- Clinical Services management – this is auto-completed dependant on banding and responsibilities. Full details of what is included automatically are included in section 4. It is important that these activities are not included again on subsequent lines

Working in partnership

The Royal Wolverhampton NHS Trust  
Walsall Healthcare NHS Trust

- Teaching/training 1-4 – complete as many of these boxes as applicable to the job. Include all teaching/training delivered by the individual. The teaching/training in this section should not relate to an individual patient/service user but instead cover an area of practice eg training Nurses to undertake swallow screening, or cover an aspect of practice taught to others eg Makaton. Include time for preparation, delivery and any follow up work. List all activities as free text eg. Elklan, Swallowing awareness for general wards etc and complete the hours and frequency from the drop-down boxes. Do not use for training received as this is covered in CPD
- Research 1-4 – complete as many of these boxes as applicable to the job. Include all research being undertaken by the individual. List all activities as free text ie. Title of Research project and complete the hours and frequency from the drop-down boxes. Use only for research and leave blank if no research is being undertaken
- Audit General (all staff) – There is an allowance of 3 hours per year for national, regional and local surveys and audits that staff are expected to take part in eg. national staff survey, local staff stress survey, research audits etc.
- Audit (lead role) 1-3 – complete as many of these boxes as applicable to the job. Include all audits where the individual has the lead role. The hours are allocated automatically, 12 hours to plan, run and write up the audit. Use only for audit lead duties and leave blank if no audit is being undertaken
- Audit (supporting role) 1-3 – complete as many of these boxes as applicable to the job. Include all audits where the individual has a supporting role. The hours are allocated automatically, 6 hours per audit supported. Use only for audit duties where the individual is providing a supportive role and leave blank if no audit is being undertaken
- CPD – this calculates automatically based on 30 hours for full time and pro-rata for part time qualified SLT staff members. For unqualified staff (assistants and support practitioners etc) an allocation has been made of 20 hours for full time and pro rata for part time.
- Mandatory training – this is prepopulated and covers the standard requirement for all staff. For those staff where additional mandatory training is required, this falls into their CSM and does not need to be added separately
- Supervision (peer) – this is pre-populated for all staff as an essential element of practice as required by HCPC registration
- Supervision (management) – this is pre-populated for all staff as an essential element of practice to ensure safe practice as required by CQC
- Supervision (NQP development) – complete for those who are either a preceptor/supervisor/line manager or a buddy to the NQP. Do not complete for anyone who is an NQP as this is captured in their banding and accounted for in their CSM
- Meetings (all staff) – choose from adults or children's services on the drop down box

- Meetings 1-5 – complete as many of these boxes as applicable to the job. Include all meetings attended by the individual. List all meetings as free text and complete the hours and frequency from the drop-down boxes. Use only for meetings and leave blank if no meetings are attended. Do not use for non-individual patient attributable meetings eg. ward huddles, SENCo meetings for a whole school. These should be included under DCC
- Task and finish group 1-3 – complete as many of these boxes as applicable to the job. Include all task and finish groups attended by the individual. List all task and finish groups as free text. 12 hours is automatically added per task and finish group to include time for meetings and completion of all work. Use only for task and finish groups and leave blank if no task and finish groups are attended
- Students (placement) 1-3 – complete for each student the individual has for a placement block. In the free text box type the student's name (or where this is not known the student type eg Level 6) and complete the number of days each week that the student is with the individual, followed by the length of the placement in weeks. The calculation automatically allocates time on each placement day for specific student supervision along with time to take part in meetings and contribute to the report \*
- Students (chief clinical supervisor) 1-3 – complete for each student for which the individual is chief clinical supervisor. In the free text box type the student's name. Time is automatically allocated which includes liaison with the HEI, liaison with other SLTs supporting the placement, any pastoral support for the student and the collation of the report. This should be completed in addition to the Students (placement) section as each section allows specific time for the different aspects of work with the student \*
- Students (short observation block – may be a group) – complete where student(s) attend for a short block, usually for observation. The free text can be used for the group eg MSc A1 placement or where the observation is by an individual that person's name can be used. Choose the number of days from the drop down box \*
- Other – this can be used for anything not already covered. Please ensure the activity inputted is not already covered in CSM. Use the free text box to list the activity and then use the drop down boxes to identify the number of hours and frequency

\* Students – the calculations created do not cover all of the hours for which the student is with the clinician. This is because the clinician will continue to do clinical contacts during this period. The SPA time allocated allows time for discussion with the student (non-client contact) of 1 hour per day. Additionally where there is a report writing/meeting requirement time is allocated for this. This means that if for example a clinician has a student 1 day per week for 8 weeks the SPA hours allocated would be 10 made up of 1 hour per day for supervision of the student's learning and development (outside of clinical work with the



student) plus 2 hours for attending meetings/providing feedback/reports on the student.

### **Additional NHS Responsibilities (ANR) line by line**

- ANR 1-3 – this includes (but is not limited to) clinical senates, STP committees, NICE committees, mental health first aider, FTSU guardian, trade union representative role etc. The individual nor the NHS Trust is paid for these roles. List the activity by name in the free text box and then use the drop down boxes to identify the number of hours and frequency

### **External Duties (ED) line by line**

- ED 1-3 – this includes activities that the NHS Trust is paid for that are carried out by the individual eg guest lecturer at the local HEI. List the activity by name in the free text box and then use the drop down boxes to identify the number of hours and frequency. Do not use where the individual uses their annual leave to undertake such activities and is paid as an individual

### **TOTAL**

- This is calculated automatically and the number of hours automatically deducted from the hours available for DCC

## **Tab 2 – My Typical Week**

The upper section relates to children's SLT and the lower section relates to adult SLT. Choose the relevant section and complete it for the individual. The page looks like this.



	Mon	Tue	Wed	Thu	Fri	Sat	Sun		Location	%	Hours Available Per Year	Annual Contacts
Band 5 NQP								0.00	Community	#DIV/0!	#DIV/0!	#DIV/0!
Communication												
Mainstream School Assessment								0.00	Community	#DIV/0!	#DIV/0!	#DIV/0!
Special School Assessment								0.00	Community	#DIV/0!	#DIV/0!	#DIV/0!
Pre-School Assessment								0.00	Community	#DIV/0!	#DIV/0!	#DIV/0!
Resource Base Assessment								0.00	Community	#DIV/0!	#DIV/0!	#DIV/0!
Resource Base Intervention								0.00	Community	#DIV/0!	#DIV/0!	#DIV/0!
Highly Specialist Assessment								0.00	Community	#DIV/0!	#DIV/0!	#DIV/0!
Therapy Intervention by Therapist								0.00	Community	#DIV/0!	#DIV/0!	#DIV/0!
Group Therapy								0.00	Community	#DIV/0!	#DIV/0!	#DIV/0!
APT								0.00	Private	#DIV/0!	#DIV/0!	#DIV/0!
Dysphagia												
Home Visits								0.00	Community	#DIV/0!	#DIV/0!	#DIV/0!
Special School/CDC								0.00	Community	#DIV/0!	#DIV/0!	#DIV/0!

© Microsoft 2023

Choose the relevant activity day by day and complete the number of contracted hours worked each day in that area. Once the week is complete the number of hours worked should match the hours that were inputted on the previous page. Check the bottom of this spreadsheet and you will see a message that will either confirm that the hours match or that they don't. If they don't check the hours on both this tab and the previous tab and correct the error(s).

The number of available hours for each area will automatically calculate. The formulae will then use the hours available for DCC along with the percentage of time in each area to calculate the number of contacts available in a year by area and in total.

## Notes

For NQPs use the top line on either adults or children's as appropriate. All of the NQPs hours should be placed onto these lines regardless of the caseload configuration.

For any outpatient caseload not listed use Outpatients and then complete the relevant section.

## 7. What needs strategic agreement and what can be agreed with line managers?

At appraisal the individual discusses areas of development with their line manager. These areas of development are typically in line with the area(s) of professional responsibility and align with the service aims and objectives.

Where the individual and line manager agree that the activities discussed meet the criteria above they do not usually require strategic agreement from the management team. Where the activities discussed sit outside these parameters and/or mark a distinct service development or departure from usual service delivery these should be brought to the SLT management team for a strategic decision to be made prior to commencement of the activities.

Below are examples. This is not an exhaustive list and clarity should be sought from the management team as needed.

Example	Agreement needed
Children's – Specialist SLT for DLD wants to develop in-service training around DLD therapy evidence base	Line manager
Children's – SLT wants to start delivering training to Schools that has never been delivered before	Strategic
Adults – Specialist SLT for Dementia wants to develop in-service training around Dementia therapy evidence base	Line manager
Adults – SLT wants to start delivering training to Residential Homes that has never been delivered before	Strategic
All – SLT wants to deliver a new therapy approach that fits existing service offer	Line manager
All – SLT wants to deliver a new therapy approach which requires intensive work with the patients over and above the existing service offer	Strategic

## 8. Procedures when saving the individual's e-job plan

The e-job plan is a personal document which should be available only to the individual, their immediate line manager and the SLT management team. As such the document is password protected and can be opened using the individual's personal number as the password. The current job plan is saved in this format.

Should any changes be needed to the e-job plan these should be saved as a separate document on the line manager's personal drive (as a temporary measure to be deleted when the copy is saved as a password protected document by the Admin Manager), sent by email to the Admin Manager, who will archive the previous copy and save the current copy as a password protected document as described above. Do not over save. It is important to have a record of the e-job plans as these evolve.

## 9. Role of the line manager

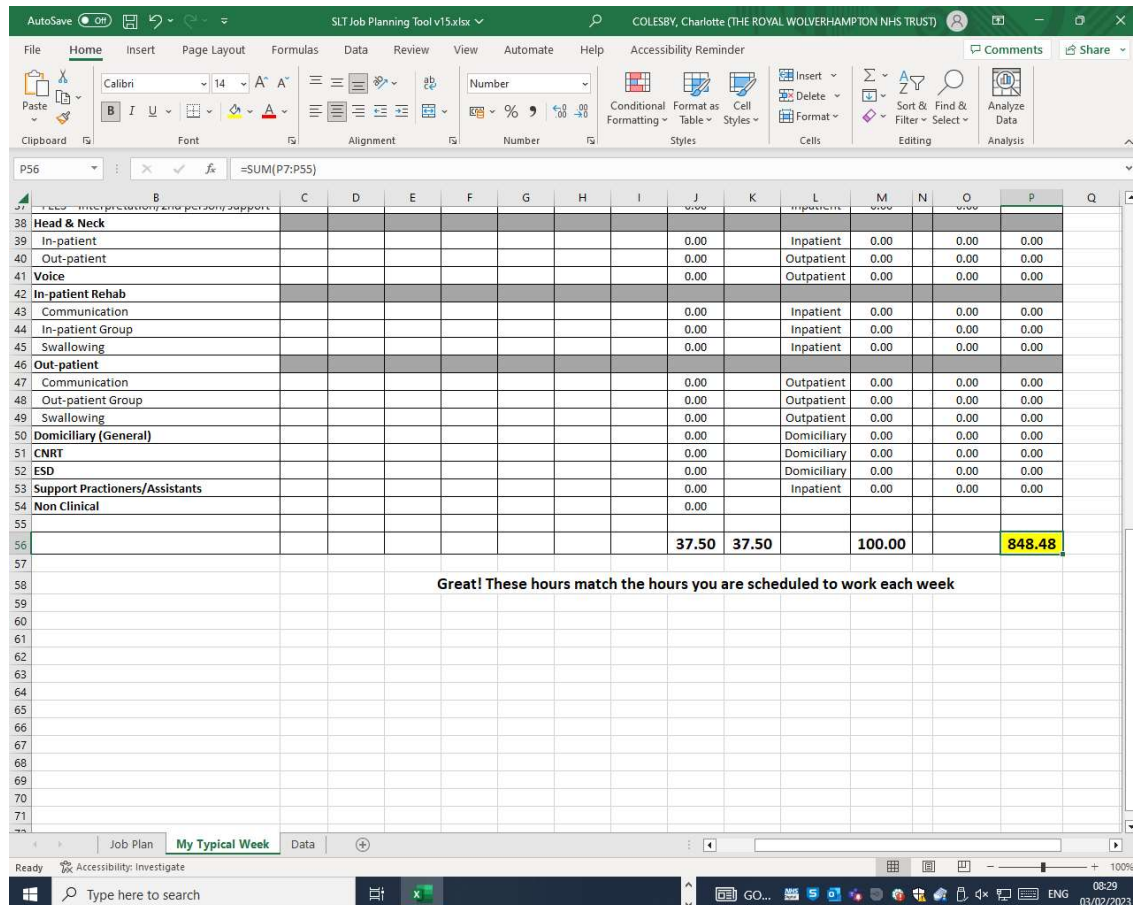
The line manager must have a good understanding of the various aspects of the e-job planning tool. This manual will support that understanding and should be used and adhered to when supporting staff in setting job plans and reviewing them.

The line manager should ensure any revisions to the job plan are sent to the Admin Manager to ensure that they are securely saved as a password protected document. Where revisions require strategic oversight it is the responsibility of the line manager to raise this with the SLT management team and to communicate the outcome of the management decision to the individual.

## 10. Data Outputs from Job Planning

### Individual staff member's predicted annual contacts

Once all information for the staff member has been entered the job planning tool shows a figure which predicts the annual contacts for the year ahead. This figure appears on the second tab 'My Typical Week' in cell P56 (highlighted in yellow in the example below). This is the sum of each area in the column above.



	C	D	E	F	G	H	I	J	K	L	M	N	O	P
Head & Neck														
In-patient								0.00		Inpatient	0.00	0.00	0.00	
Out-patient								0.00		Outpatient	0.00	0.00	0.00	
Voice								0.00		Outpatient	0.00	0.00	0.00	
In-patient Rehab														
Communication								0.00		Inpatient	0.00	0.00	0.00	
In-patient Group								0.00		Inpatient	0.00	0.00	0.00	
Swallowing								0.00		Inpatient	0.00	0.00	0.00	
Out-patient														
Communication								0.00		Outpatient	0.00	0.00	0.00	
Out-patient Group								0.00		Outpatient	0.00	0.00	0.00	
Swallowing								0.00		Outpatient	0.00	0.00	0.00	
Domiciliary (General)								0.00		Domiciliary	0.00	0.00	0.00	
CNRT								0.00		Domiciliary	0.00	0.00	0.00	
ESD								0.00		Domiciliary	0.00	0.00	0.00	
Support Practitioners/Assistants								0.00		Inpatient	0.00	0.00	0.00	
Non Clinical								0.00						
								37.50	37.50		100.00		848.48	

Great! These hours match the hours you are scheduled to work each week

© Microsoft 2023

### Measuring Service Capacity

Once there are complete job plans for all members of staff, created in full consultation with them, service capacity can be determined.

Whole service capacity is calculated by taking all members of staff predicted annual contacts and adding them up. This gives the overall predicted service capacity for contacts in the year ahead taking account of all other work as listed in the job plans.

Specific areas of the service can also be assessed for capacity. To do this service managers should access the job plans of all staff working in that area and then look

**Working in partnership**

The Royal Wolverhampton NHS Trust  
Walsall Healthcare NHS Trust

in column P for the number of contacts predicted for the year ahead described in the aspect of work in column B. For example if the service manager wanted to understand service capacity for pre school assessments then they would access the data from cell P11(see example of one form below) for all staff delivering pre-school assessments. They would then add those figures together to arrive at the service capacity for pre-school assessments for the year ahead.

## 11. Acknowledgements

Thank you to Chris Colesby who donated his time to support with the technical aspects of the development of the e-Job Planning Tool.

Thank you to the SLTs who tested the e-Job Planning Tool and provided feedback.