

# Job Planning Policy for Senior Medical Staff (Consultants and SAS Grades)

This document defines the responsibilities of key staff involved in job planning, the purpose of the job plan and process for agreement.

Key Words:	Consultant, Associate Specialist, Specialty Doctor, Senior Medical Staff, Job Plan, DCC, SPA	
Version:	1.1	
Adopted by:	Strategic Workforce Group	
Date Adopted:	11 September 2019	
Name of Author:	Dr Sue Elcock, Medical Director	
Name of responsible Committee:	Medical Local Negotiating Committee (LNC)	
Date issued for publication:	September 2019	
Review date:	March 2021	
Expiry date:	1 September 2021	
Target audience:	Medical Staff	
Type of Policy	Clinical	Non Clinical √
Which Relevant CQC Fundamental Standards?		

# Contents

Version Control.....	4
Equality Statement.....	4
Due Regard.....	4
Definitions that apply to this policy.....	5

## THE POLICY

1.0 Purpose of the Policy.....	6
2.0 Summary of the Policy.....	6
3.0 Introduction .....	6
4.0 Duties within the Organisation.....	7
5.0 Standards for Job Planning.....	7
6.0 Distribution of Programmed Activities.....	8
7.0 Additional Programmed Activities.....	8
8.0 Additional NHS Responsibilities.....	9
9.0 Scheduling of Programmed Activities.....	9
10.0 Team Job Planning and Flexible Working.....	9
11.0 Objectives.....	9
12.0 Rest .....	10
13.0 Links with Appraisal .....	10
14.0 The Annual Job Planning cycle and process.....	10
15.0 Resolving disagreements over job plans.....	10
16.0 Training Needs.....	10
17.0 Monitoring Compliance and Effectiveness.....	11
18.0 Standards/Performance Indicators.....	11
19.0 References and Bibliography.....	11

<b>Appendix 1</b>	<b>E-Job Plan – Guidance notes.....</b>	<b>12</b>
<b>Appendix 2</b>	<b>The Annual Job Planning Cycle and Process .....</b>	<b>14</b>
<b>Appendix 3</b>	<b>NHS Constitution Checklist .....</b>	<b>16</b>
<b>Appendix 4</b>	<b>Stakeholder and Consultation.....</b>	<b>17</b>
<b>Appendix 5</b>	<b>Due Regard Screening Template Statement .....</b>	<b>18</b>
<b>Appendix 6</b>	<b>Privacy Impact Assessment Screening Template.....</b>	<b>20</b>

DRAFT

## Version Control and Summary of Changes

Version number	Date	Comments (description change and amendments)
1.0	18/02/19	First draft of new policy and procedure
1.1	04/06/19	Updated following comments received in consultation period and to reflect recommendations following 360 Assurance Audit.

### For further information contact:

Medical Director; or  
Medical Staffing Department

### Equality Statement

Leicestershire Partnership NHS Trust (LPT) aims to design and implement policy documents that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others. It takes into account the provisions of the Equality Act 2010 and promotes equal opportunities for all. This document has been assessed to ensure that no one receives less favourable treatment on the protected characteristics of their age, disability, sex (gender), gender reassignment, sexual orientation, marriage and civil partnership, race, religion or belief, pregnancy and maternity.

### Due Regard

LPT will ensure that Due regard for equality is taken and as such will undertake an analysis of equality (assessment of impact) on existing and new policies in line with the Equality Act 2010. This process will help to ensure that:

- Strategies, policies and services are free from discrimination;
- LPT complies with current equality legislation;
- Due regard is given to equality in decision making and subsequent processes;
- Opportunities for promoting equality are identified.

Please refer to due regard assessment (Appendix 5) of this policy.

## Definitions that apply to this Policy

<b>Programmed Activity (PA)</b>	A scheduled period, nominally equivalent to four hours, during which a Consultant/SAS doctor undertakes Contractual and Consequential Services.
<b>Contractual and Consequential Services</b>	The work that a doctor carries out by virtue of the duties and responsibilities set out in his/her Job Plan and any work reasonably incidental or consequential to those duties.
<b>Direct Clinical Care (DCC)</b>	Work directly relating to the prevention, diagnosis or treatment of illness that forms part of the services provided by the employer. Includes outpatient activities, ward rounds, clinical diagnostic work, multi-disciplinary meetings about patient care, emergency duties, other patient treatment and patient admin.
<b>Supporting Professional Activities (SPA)</b>	Includes participation in training, medical education, continuing professional development, formal teaching, audit, job planning, appraisal, research, clinical management and local clinical governance activities.
<b>Additional NHS Responsibilities</b>	Special responsibilities which cannot be absorbed within the time that would normally be set aside for Supporting Professional Activities. Includes being a Medical Director, Clinical Director, acting as a Caldicott guardian, undergraduate dean, postgraduate dean, clinical tutor or regional education adviser. This is not an exhaustive list.
<b>External Duties</b>	Duties in addition to DCC and SPA and not included within the definition of Fee Paying Services or Private Professional Services, but undertaken as part of the Job Plan. May include trade union duties, inspections for the Care Quality Commission, acting as an external member of an Advisory Appointments Committee, undertaking assessments for the National Clinical Assessment Service, work for the Royal Colleges in the interests of the wider NHS, work for a Government Department, or specified work for the General Medical Council. This list of activities is not exhaustive.
<b>Premium Time</b>	Any time that falls outside the period 07:00 to 19:00 Monday to Friday, and any time on a Saturday, Sunday or public holiday
<b>Emergency Work</b>	Predictable emergency work: regular and predictable work often as a consequence of a period of on-call work. This should be programmed into the working week as scheduled Unpredictable emergency work: this is work done whilst on-call and associated directly with the doctors on-call duties
<b>Fee Paying Services</b>	Any paid professional services, other than those falling within the definition of Private Professional Services, which a doctor carries out for a third party. A third party may be an organisation, corporation or individual, provided that they are acting in a health related professional capacity, or a provider or commissioner of public services. Examples of work that fall within this category can be found in Schedule 10 of the Terms and Conditions.
<b>Private Professional Services (also referred to as “private practice”)</b>	The diagnosis or treatment of patients by private arrangement (excluding fee paying services). There is an obligation to declare all private work under the Fraud Act 2006. Completion of a Declaration of Interest is also required.

## **1.0 Purpose of the Policy**

- 1.1 All Consultants, Associate Specialist and Specialty Doctors (SAS Doctors) employed by Leicestershire Partnership NHS Trust (LPT) are required to have a job plan. A job plan is a prospective agreement that sets out a doctor's duties, responsibilities and objectives for the coming year.
- 1.2 This policy will outline the requirements and arrangements for completing and maintaining job plans for medical staff in accordance with the Terms and Conditions for Consultants 2003 and SAS Doctors 2008, and the guide to Consultant Job Planning agreed by the BMA and NHS Employers 2011.
- 1.3 The purpose of this document is to:
- Provide guidance to support the job planning process
  - Standardise practice across the Trust, bring greater focus and consistency to the job planning process
  - Ensure work patterns are fully aligned with the organisation's priorities and Business plans.
  - Ensure that prospective job plans fit in with Trust objectives, which are linked to local and national objectives

## **2.0 Summary of the Policy**

- 2.1 This policy defines the responsibilities of key staff involved in job planning, the purpose of the job plan and process for agreement,
- 2.2 This policy applies to all Consultants, Associate Specialists, Specialty Doctors and Staff Grades employed by LPT and honorary academic doctors

## **3.0 Introduction**

- 3.1 Managers, Consultants and SAS Doctors need to work together to ensure that the Trust is able to meet the challenges of the NHS climate, in terms of increasing demands for high quality, compassionate care but also to respond to the financial constraints placed upon the organisation.
- 3.2 Effective job planning is one mechanism through which the Trust and its medical staff can agree, monitor and deliver this shared responsibility.
- 3.3 Detailed guidance has been prepared jointly by the BMA and NHS Employers and reflects a shared understanding of the key principles which should characterise a collaborative approach to the job planning process. In accordance with this guidance Job planning should be:
- undertaken in a spirit of collaboration and cooperation
  - reflective of the professionalism of being a doctor
  - focused on measurable outcomes that benefit patients
  - consistent with the objectives of the NHS, the organisation, teams and individuals
  - transparent, fair and honest
  - reflective of the Trust's commitment to work/life balance and compliance with the European Working Time Directive (EWTD)
  - flexible and responsive to changing service needs during each job plan year
  - completed in good time, fully agreed and not imposed
  - focused on enhancing outcomes for patients whilst maintaining service efficiency

#### **4.0 Duties within the Organisation**

- 4.1 The Trust Board has a legal responsibility for Trust policies and for ensuring that they are carried out effectively.
- 4.2 Trust Board sub-committees have the responsibility for ratifying policies and protocols.
- 4.3 The Medical Director is the accountable officer responsible to the Trust Board for implementing and monitoring job planning.
- 4.4 Associate Medical Directors, Clinical Directors and Lead Consultants (defined as Medical Managers) are responsible for agreeing job plans for their work areas and ensuring an agreed job plan is in place for each year. Medical managers should ensure that all fields within the job plan are completed prior to sign off.
- 4.5 Consultants and SAS Doctors will be responsible for engaging with the job planning process to ensure that an agreed job plan is in place for 1 April each year. All doctors are required to declare any private work under the Fraud Act 2006.

#### **5.0 Standards for Job planning**

- 5.1 The agreed job plan should set out:
  - What work the doctor does for LPT and in the case of clinical academics, what work they also do for the university
  - The objectives to be achieved by the doctor
  - When and where that work is done
  - How much time the doctor is expected to be available for work
  - What this work will deliver for LPT and patients
  - What resources are needed for the work to be achieved
  - What flexibility there is around the work
  - The working relationship and interactions, if any, the doctor may have outside his/her primary role for LPT.
- 5.2 Every Consultant and SAS Doctor must have a current job plan, effective from 1 April each year, to inform their appraisal and is expected to deliver the work in the job plan unless there are factors outside of their control. Individuals are responsible for ensuring their job plan is current and to raise promptly any concerns if this cannot be achieved.
- 5.3 All job plans are to be entered, managed and maintained via the Trust's electronic system. See Appendix 1 for system guidance notes.
- 5.4 All activities must be clearly defined by timings, the place where undertaken, the activity to be delivered and the expected outcome of the activity e.g. number of patients seen in a clinic.
- 5.5 A Job Plan should consist of:
  - Direct Clinical Care (DCC)
  - Supporting Professional Activities (SPA)
  - Additional NHS responsibilities
  - External duties
  - On Call duties

- Fee Paying services/Private Practice
- Objectives
- Supporting resources

5.6 Time outside of the Job Plan, and unpaid by the Trust is free to be used in whatever way the doctor wishes. However, account must be taken of the Trust's Standards of Business Conduct Policy, annual Declaration of Interests and Private Practice & Fee paying Work Policy.

5.7 The medical manager in conjunction with the doctor, may conduct an interim review of a job plan where duties, responsibilities or objectives have changed significantly within the year.

## 6.0 Distribution of Programmed Activities

6.1 A full time Consultant job plan will generally contain 7.5 PAs for Direct Clinical Care and 2.5 PAs for Supporting Professional Activities. There is flexibility to agree a different balance of activities; if for example, the doctor has additional responsibilities such as being a clinical governance lead. DCC activities may need to be reduced to accommodate the additional work into a 10 PA job plan.

6.2 It is recognised that part time doctors need to devote proportionally more of their time to SPAs, for example, due to the need to participate in continuing professional development to the same extent as a full time doctor. The following table sets out the usual balance between DCC PAs and SPAs for part time Consultants:

Total number of PAs	Number of SPAs
2 or less	0.5
2.5 – 3.5	1
4 – 5.5	1.5
6 – 7.5	2
8 or more	2.5

6.3 The SAS Terms and Conditions of Service require that there is a minimum of 1 PA in the job plan for a full time doctor. However, it is acknowledged that as SAS doctors progress through the pay thresholds they are required to produce more evidence of management and leadership which may require more SPA time. Therefore SAS doctors over threshold 2 of the Specialty Doctor pay scale and any doctor on the Associate Specialist grade will require a minimum of 2 SPAs in their job plan. Pro rata for part time SAS Doctors.

## 7.0 Additional Programmed Activities

7.1 A full time doctor is contracted to work 10 Programmed Activities per week (40 hours). There will be flexibility to offer up to 3 additional programmed activities (APAs) to provide a 13 PA contract where doctors have additional roles and responsibilities or to avoid a detrimental impact upon service delivery. There is however, no obligation for a full time doctor to accept APAs. In exceptional service need, the Trust may offer a short term maximum 14 PA contract which will require joint agreement between the Medical Director and the doctor on a month by month basis.

## **8.0 Additional NHS responsibilities**

- 8.1 Additional NHS responsibilities will be defined and agreed with the Clinical Director and Medical Director. Such responsibilities will have an associated job description, a formal process of competitive appointment or election where appropriate, and be defined in terms of additional pay as a PA.

## **9.0 Scheduling of Programmed Activities**

- 9.1 Non-emergency clinical activities will be scheduled between 7am and 7pm Monday to Friday to meet the needs of the service and the desires of individuals. Non-emergency activity will only be scheduled outside the weekday 7am to 7pm period with the express agreement of the individual consultant, SAS Doctor and the Trust.
- 9.2 Activity may be scheduled over any appropriate number of weeks or annualised.
- 9.3 It is not necessary to schedule all activity at a specific time where the type of work undertaken is not suitable for fixed timetabling or where the variable demands of the service are best met through flexible timetabling. However, the overall number of PAs agreed for such an activity should be recorded in, and form part of, the job plan.

## **10.0 Team Job Planning and Flexible Working**

- 10.1 Team Job planning and flexible working will usually increase efficiency of clinical teams, therefore wherever possible groups of clinicians should explore and implement ways of improving efficiency through team job planning, flexible working and annualised job plans. This may involve week-to-week variation in the number of direct clinical care and supporting professional activities carried out by the individuals. But overall the agreed annual DCC: SPA ratio will be maintained. It is recognised that team working that maximises efficient service delivery needs to be linked to an agreed annual leave plan.
- 10.2 Before individual job plans are agreed, the team should hold a team job planning meeting to set team objectives and outline the expected clinical output based on capacity and demand analysis. The team should agree a plan for delivering these outputs with individual job plans reflecting the mutually agreed team plan.

## **11.0 Objectives**

- 11.1 The job planning process should align the objectives of the NHS, the organisation, clinical teams (and in the case of clinical academics, their higher education institution) and individuals in order to allow consultants/clinical academics/SAS doctors, managers and the wider NHS team to plan and deliver innovative, safe, responsive, efficient and high-quality care. At the same time the job plan should provide opportunities to develop both personally and professionally to help drive quality improvement in line with the present and future needs of patients.
- 11.2 The nature of a doctors personal objectives will depend on his/her specialty but may include objectives relating to:
- Quality
  - Activity and efficiency
  - Clinical outcomes
  - Clinical standards
  - Local service objectives

- Management of resources, including efficient use of NHS resources
- Service development
- Multi-disciplinary team working

11.3 Objectives should follow the SMART formula – Specific, Measurable, Achievable and Agreed, Realistic, Timed and Tracked.

11.4 Objectives should cover all aspects of a doctor's role – DCC, SPA and academic where appropriate.

11.5 Objectives should be focused on key strategic and service aims. General contractual requirements such as retaining professional registration, participating in mandatory training do not need to be included as job plan objectives as they are contractual expectations.

## **12.0 Rest**

12.1 Consultants and SAS Doctors are responsible for ensuring that they take appropriate breaks to comply with the European Working Time Directive where they are working continuously for 6 hours or more.

## **13.0 Links with Appraisal**

13.1 Appraisal is a systematic approach to review doctor's achievements, consider their continuing progress and to identify developmental needs. For NHS doctors, it is also a prime form of evidence required for revalidation. Appraisal will happen annually and separately from job planning and the main emphasis will be on personal and professional standards and development framework. The two processes are separate but complement each other. The personal development plan agreed during appraisal will inform the objectives agreed at job planning.

## **14.0 The Annual Job Planning cycle and process**

14.1 The annual job planning cycle and process is set out in Appendix 2 of this document.

## **15.0 Resolving disagreements over job plans**

15.1 The Consultant/SAS Doctor and clinical manager will make every effort to agree any appropriate changes to the job plan at the annual or interim review. If it is not possible to reach agreement on the Job Plan either party may refer to mediation and, if necessary, appeal as set out in the Terms and Conditions of Service.

## **16.0 Training needs**

16.1 There is no training requirement identified within this policy.

## 17.0 Monitoring Compliance and Effectiveness

Ref	Minimum Requirements	Evidence for Self-assessment	Process for Monitoring	Responsible Individual / Group	Frequency of monitoring
A	There will be an agreed job plan in place each year	Section 4.5	Reports generated through job planning e-system	Medical Directorate	Monthly
B	The job plan should be evident in the appraisal	Section 5.2	Appraiser will sign off the job plan section.	Medical Appraisers	Annually
C	All activities must be clearly defined and categorised within the job plan	Section 5.4 & 5.5	Audit of job plans	Medical Directorate	Annually
D	Split of DCC and SPA to be appropriate	Section 6.1 & 6.2	Audit of job plans	Medical Directorate	Annually
E	Payment of APAs is appropriate	Section 7.1	Review of Nominal roll within budget reports	Budget Holders	Monthly
F	Objectives are SMART and cover the doctors role	Section 12.3 & 12.4	Audit of job plans	Medical Directorate	Annually
G	Management of disputes	Section 15.1	Inclusion in HR/workforce report	Medical Staffing	Annually

## 18.0 Standards/Performance Indicators

TARGET/STANDARDS	KEY PERFORMANCE INDICATOR
Care Quality Commission Regulation 18 : Staffing	<p>There must be enough suitably qualified, competent and experienced staff to make sure they can meet these standards.</p> <p>Staff must be given the support, training and supervision they need to help them do their job.</p>

## 19.0 References and Bibliography

The policy was drafted with reference to the following:

- A best practice guide for consultant job planning – NHS Improvement, July 2017
- A Guide to Consultant Job Planning - NHS Employers and BMA, July 2011 Version 1
- Terms and Conditions of Service Consultants (2003)
- Terms and Conditions of Services for Specialty Doctors (2008)

## E-Job Plan – Guidance Notes

All job plans should be managed and maintained via the Trust's electronic system SARD.

There are 15 sections within the SARD Job Plan for completion.

### 1. General Info

Update the Effective Date to 1 April. All LPT Consultants and SAS Doctors should have an agreed job plan entered onto the electronic job planning system by 1 April each year. All LPT Job Plans should follow the financial year effective from 1 April through to 31 March.

Specify the job title, specialty, directorate, employer and main base. Contract type will either be Post 2003 Contract (for Consultants) or Clinical Academic Contract or SAS 2008 Contract. Indicate WTD compliance and pay threshold.

### 2. Signatories

Specifies who is required to sign off the job plan. This is usually the individual doctor (Job Plan Owner) and the Line Manager (Medical Manager)

### 3. Timetable

Record of all activities by day

### 4. On call Supplement

For Consultants on call, frequency is Low (Adult, MHSOP and CAMHS rotas) or Medium (LD rota). All Consultant rotas are Category A. On Call supplement is 3% for Adult, MHSOP and CAMHS rotas. 5% for LD rota. SAS Doctors are not usually contracted to work on call duties.

### 5. SPA Notes

SPA activities are carried forward into this section from section 3 (timetable). Provide further information about SPA activities.

### 6. Additional / External

Record any Additional NHS responsibilities and/or external duties.

### 7. Other Agreements

List any other agreements such as fee paying services, domiciliary consultations and location flexibility.

### 8. APAs/ATCs

Additional Programmed Activities and Additional to Contract. Note – Additional to Contract are not counted in the PA total i.e, seen as unpaid

### 9. Fee Paying Services

Record of fee paying work

### 10. Private Practice

Answer the three questions to confirm if private practice is undertaken, that a Declaration of Interest has been completed if required and that the obligation to declare all private work under the Fraud Act 2006 is understood.

**11. Objectives**

Enter SMART specialty and personal objectives

**12. Support Resources**

Record of the resources needed to help carry out the job plan – staffing, accommodation, equipment, other

**13. General Discussion**

Any other additional notes.

**14. Meetings**

Record meeting dates and the names of those present

**15. Sign off**

## The Annual Job Planning Cycle and Process

### Annual Cycle:

All job plans should reflect the financial year effective from 1 April through to 31 March. If a doctor commences in post part way through the financial year or the existing job plan is changed significantly mid year, the new/amended job plan will apply until 31 March to ensure the annual cycle is maintained.

November/December – Preparation for annual job planning cycle to commence. Medical Managers sent out job plan review meeting dates to take place in January/February.

January/February – Job planning review meetings to take place.

March – All job plans to be finalised

### Process:

#### **1. Scope of the meeting**

It is important that at the outset there is a common understanding of the purpose and scope of the meeting. There may have been 'team' job planning of some elements of the timetable, for example, on-call, emergency cover, departmental SPA and it is inadvisable for this to be revisited on an individual basis. While the meeting can sometimes throw up other issues that are outside the scope of job planning, these are best noted to be dealt with at another time as otherwise the meeting can be distracted from its core purpose.

#### **2. Format of the meeting**

At least an hour should be set aside for the meeting at a time when all parties are free of other commitments. Avoiding interruptions as far as possible. The job planning meeting will generally take place between the individual consultant and their clinical manager and academic manager for clinical academics

#### **3. Where to start**

As objectives are at the heart of the doctors job plan it is best to start by reviewing the objectives from the previous job planning round. If any have not been achieved then the reasons for this should be explored in a non-critical fashion. If any change in overall direction of the doctor's job plan is anticipated this should be discussed at this point. The next step is to consider what objectives are appropriate for the new job plan. It may be helpful to consider the organisation's objectives and ask the doctor how they think they can contribute to them through their own objectives. This should lead to the agreement of a new set of objectives for the coming year. It can be entirely appropriate for some of these to be identical to the previous year's objectives but, in general, to have a completely unchanged set suggests poorly chosen objectives.

#### **4. Progressing to a job plan**

Once the objectives are agreed, the resources required to achieve them should then be considered. These could, for example, include clinic time, support from other staff, SPA time, or secretarial and IT support. This is an aspect of the job plan that may need to be revisited at an interim review if it appears that objectives may not be achieved because either agreed resources are not being provided or some resources are required that were not anticipated.

#### **5. Finalising the timetable**

The doctor and their manager(s) then need to review the agreed resources and any elements that have already been agreed through team job planning, so that they can be mapped to the timetable. This is an opportune point to consider whether there are advantages to the doctor, the organisation or both in creating an annualised job plan. There should also be consideration of whether any external duties will be undertaken and whether professional leave will be required for these. Any private practice should be reviewed to ensure compliance with the Code of Conduct on Private Practice.

#### **6. What is there is a disagreement?**

If an element of the job plan cannot be agreed then it may be best to leave that issue for further discussion at another time. Both parties should consider if they can meet half way for example, where there is an activity that the doctor wants to continue but there seems little room within the overall PA envelope for it, alternating this activity with another on a weekly basis may satisfy both parties. An alternative strategy may be to suggest a trial of a particular job plan and schedule a review within six months. While there is an agreed process for mediation and appeal, it is best if the parties can arrive at an agreed job plan by themselves.

#### **7. Sign off**

What is agreed at the job planning meeting should be put in writing but it should not be put into effect until this has been reviewed and signed off by all parties. There may be a need to discuss some aspects of the agreement with other parties before a revised job plan can take effect. There should be an agreement as to when the job plan will be reviewed and whether there is any specific data that may be required at that time. Once the job plan has been verbally agreed both parties must complete formal sign off within a reasonable period of time.

### The NHS Constitution

The NHS will provide a universal service for all based on clinical need, not ability to pay. The NHS will provide a comprehensive range of services

<b>Shape its services around the needs and preferences of individual patients, their families and their carers</b>	
<b>Respond to different needs of different sectors of the population</b>	
<b>Work continuously to improve quality services and to minimise errors</b>	X
<b>Support and value its staff</b>	X
<b>Work together with others to ensure a seamless service for patients</b>	X
<b>Help keep people healthy and work to reduce health inequalities</b>	X
<b>Respect the confidentiality of individual patients and provide open access to information about services, treatment and performance</b>	

## Stakeholders and Consultation

### Key individuals involved in developing the document

Name	Designation
Angela Salmen	Medical Staffing & Revalidation Support Manager
Anandhi Mathew	Medical Directorate Support Officer
Dr Sue Elcock	Medical Director
Dr Saquib Muhammad	Associate Medical Director for Medical Governance

### Circulated to the following individuals for comment

Name	Designation
Ali. A	Lead Consultant in CAMHS
Bargir. N Dr	LNC Rep for Higher Trainees
Belshaw. L	Clinical Director for MHSOP
Biswas. A Dr	LNC Rep for LD Consultants
Boyle. A Dr	LNC Rep for MHSOP Consultants
Burt. K	Head of Operational HR
Chakrabarti. S Dr	LNC Chair
Famakinwa. A Dr	LNC Rep for Higher Trainees
Felix. P	Lead Consultant in Comm. Paediatrics
Gumber. R	Lead Consultant in LD
Hiremath. A Dr	Clinical Director for FYPC
Jhingan. H Dr	Lead Consultant in AMH
Kakani. J Dr	LNC Rep for Psychiatry SAS Doctors
Karim. K Dr	LNC Rep for Clinical Academics
Khan. R Dr	LNC Rep for CAMHS Consultants
Khoosal. D Dr	Lead Consultant in AMH
McConnochie. M	Lead Consultant in AMH
Natarajan. M Dr	Deputy Clinical Director for AMH.LD
Noushad. F Dr	Clinical Director for AMH.LD
O'Kelly. N Dr	Associate Medical Director for CHS
Patel. K Dr	LNC Rep for Core Trainees
Rao. S Dr	LNC Rep for AMH Consultants
Sangita. S Dr	LNC Rep for Comm. Paediatric SAS Doctors
Stringer. J	BMA Representative

## Due Regard Screening Template

<b>Section 1</b>			
<b>Name of activity/proposal</b>	Job Planning Policy for Senior Medical Staff		
<b>Date Screening commenced</b>	12/03/2019		
<b>Directorate / Service carrying out the assessment</b>	Medical Directorate / Medical Staffing		
<b>Name and role of person undertaking this Due Regard (Equality Analysis)</b>	Angela Salmen, Medical Staffing & Revalidation Support Manager		
<b>Give an overview of the aims, objectives and purpose of the proposal:</b>			
<b>AIMS:</b> The aim of this policy is to outline the requirements and arrangements for completing and maintaining job plans for medical staff in accordance with the Terms and Conditions for Consultants 2003 and SAS Doctors 2008.			
<b>OBJECTIVES:</b>			
<ul style="list-style-type: none"> <li>• Provide guidance to support the job planning process</li> <li>• Standardise practice across the Trust, bring greater focus and consistency to the job planning process</li> <li>• Ensure work patterns are fully aligned with the organisation's priorities and Business plans.</li> <li>• Ensure that prospective job plans fit in with Trust objectives, which are linked to local and national objectives</li> </ul>			
<b>Section 2</b>			
<b>Protected Characteristic</b>	<b>If the proposal/s have a positive or negative impact please give brief details</b>		
Age	Positive impact on all protected characteristics as this policy applies to all staff		
Disability	As above		
Gender reassignment	As above		
Marriage & Civil Partnership	As above		
Pregnancy & Maternity	As above		
Race	As above		
Religion and Belief	As above		
Sex	As above		
Sexual Orientation	As above		
Other equality groups?	As above		
<b>Section 3</b>			
<b>Does this activity propose major changes in terms of scale or significance for LPT? For example, is there a clear indication that, although the proposal is minor it is likely to have a major affect for people from an equality group/s? Please <u>tick</u> appropriate box below.</b>			
Yes		No	
High risk: Complete a full EIA starting click <a href="#">here</a> to proceed to Part B		Low risk: Go to Section 4.	X

## Section 4

**If this proposal is low risk please give evidence or justification for how you reached this decision:**

Job Planning for doctors has been a requirement of the Consultant contract since 2003 and of the SAS contract since 2008. Job Planning is already operational in LPT. This policy aims to standardise the completion of job plans.

**Signed by reviewer/assessor**



**Date**

12/03/19

*Sign off that this proposal is low risk and does not require a full Equality Analysis*

**Head of Service Signed**

**Date**

## DATA PRIVACY IMPACT ASSESSMENT SCREENING

<p><b>Data Privacy impact assessment (DPIAs) are a tool which can help organisations identify the most effective way to comply with their data protection obligations and meet Individual's expectations of privacy.</b></p> <p><b>The following screening questions will help the Trust determine if there are any privacy issues associated with the implementation of the Policy. Answering 'yes' to any of these questions is an indication that a DPIA may be a useful exercise. An explanation for the answers will assist with the determination as to whether a full DPIA is required which will require senior management support, at this stage the Head of Data Privacy must be involved.</b></p>		
<b>Name of Document:</b>	Job Planning Policy for Senior Medical Staff	
<b>Completed by:</b>	Angela Salmen	
<b>Job title</b>	Medical Staffing & Revalidation Support Manager	<b>Date</b> 10/02/2019
<b>Screening Questions</b>	<b>Yes / No</b>	<b>Explanatory Note</b>
1. Will the process described in the document involve the collection of new information about individuals? This is information in excess of what is required to carry out the process described within the document.	No	
2. Will the process described in the document compel individuals to provide information about them? This is information in excess of what is required to carry out the process described within the document.	No	
3. Will information about individuals be disclosed to organisations or people who have not previously had routine access to the information as part of the process described in this document?	No	
4. Are you using information about individuals for a purpose it is not currently used for, or in a way it is not currently used?	No	
5. Does the process outlined in this document involve the use of new technology which might be perceived as being privacy intrusive? For example, the use of biometrics.	No	
6. Will the process outlined in this document result in decisions being made or action taken against individuals in ways which can have a significant impact on them?	No	
7. As part of the process outlined in this document, is the information about individuals of a kind particularly likely to raise privacy concerns or expectations? For examples, health records, criminal records or other information that people would consider to be particularly private.	No	
8. Will the process require you to contact individuals in ways which they may find intrusive?	No	
<p><b>If the answer to any of these questions is 'Yes' please contact the Data Privacy Team via <a href="mailto:Lpt-dataprivacy@leicspart.secure.nhs.uk">Lpt-dataprivacy@leicspart.secure.nhs.uk</a></b>  <b>In this case, ratification of a procedural document will not take place until review by the Head of Data Privacy.</b></p>		
<b>Data Privacy approval name:</b>		
<b>Date of approval</b>		

Acknowledgement: This is based on the work of Princess Alexandra Hospital NHS Trust