

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

This policy sets out the roles and responsibilities of key staff involved in job planning, the purpose of the job plan and the process for agreement.

**Key words:** Consultant, Associate Specialist, Specialist Grade, Specialty Doctor, Senior Medical Staff, Job Plan, DCC, SPA

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## **Policy On A Page**

### **SUMMARY & AIM**

- This policy defines the responsibilities of key staff involved in job planning, the purpose of the job plan and process for agreement.
- 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 the prospective job plans fit in with Trust objectives, which are linked to local and national objectives.

### **KEY REQUIREMENTS**

- All Consultants, Associate Specialists, Specialist Grades 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.
- 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 2021 and 2008.

### **TARGET AUDIENCE:**

Managers

Consultants

Consultants

Associate Specialists

Specialist Grades

Specialty Doctor

### **TRAINING**

What training is there for this policy?

Inhouse training via Medical Director and Assoc Medical Director for Governance, with additional support from external agency as required.

Annually

## 1.0 Quick look summary

Please note that this is designed to act as a quick reference guide only and is not intended to replace the need to read the full policy.

- All Consultants, Associate Specialists, Specialist Grades 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.

## 1.1 Version control and summary of changes

Version number	Date	Comments (description change and amendments)
1.0	18/02/2019	First draft of new policy and procedure
1.1	04/06/2019	Updated following comments received in consultation period and to reflect recommendations following 360 Assurance Audit.
2.0	11/10/2021	Policy review and update
3.0	26/04/2024	<p>Transferred to new policy format resulting in some sections have being re ordered. Specific changes are detailed as follows:</p> <ul style="list-style-type: none"> <li>• Policy on a Page Added</li> <li>• Quick Look Summary Section Added</li> <li>• Section 1.0 Equality Statement &amp; Due Regard updated to Trust's current version.</li> <li>• Updated the circulation list</li> <li>• Section 3.3 amended to 'reflective of the Trust's commitment to work/life balance and compliance with the Working Time Regulations'.</li> <li>• Section 3.4 added 'Job planning is an opportunity for a discussion about an individual's wellbeing, their long-term career plans, any changes they are experiencing outside of work, any requests for changes to working patterns and whether they are wanting to consider flexible working options. Such conversations may be important in informing the job planning process. All requests can be considered, as per the Flexible Working policy, following discussion with Clinical Directors / Associate Medical Directors'</li> <li>• Section 3.5 added 'Job planning is an opportunity to discuss any reasonable adjustments required, all requests can be considered, as per the Reasonable Adjustment policy, following discussion with Clinical Directors / Associate Medical Directors.</li> <li>• Section 5.6 changed 'for' to 'by'. And deleted 'For doctors who commence employment / new role throughout the year, a job plan can be mutually agreed until such time as they fall into the annual cycle of 1 April – 31 March' as covered in appendix 2.</li> <li>• Section 6.8 added 'The medical manager in conjunction</li> </ul>

Version number	Date	Comments (description change and amendments)
		<p>with the doctor, may conduct an interim job plan if the doctor is returning from a period of prolonged absence to support them back into the workplace, rebuild their caseload and settle into the team.'</p> <ul style="list-style-type: none"> <li>Appendix 2 amended to: All consultants, associate specialists, specialist grades and specialty doctors (SAS) should have an agreed job plan entered onto SARD (electronic job planning system used within LPT) by 1 April each year.</li> </ul> <p>Job planning is a prospective look at the year ahead and consideration should be given to the organisational and service objectives for the coming year.</p> <p>The administrative burden associated with job planning is acknowledged. To ensure that all relevant doctors have an approved job plan by 1 April each year this is a guide to the annual job planning cycle:</p> <p>6 months before job plan deadline – Preparation for annual job planning cycle to commence. Medical Managers sent out job plan review meeting dates to take place in 3 months before the job plan meeting.</p> <p>3 months before job plan deadline – Job planning review meetings to take place. All job plans to be finalised in a timely manner.</p> <p>There are times when a job plan may need significant mid-year changes e.g. to support someone new into post, support someone returning from a period of prolonged leave, significant changes within the service.</p> <ul style="list-style-type: none"> <li>Section 6.9 added - The employment of clinical academics is determined by the principles of the Follett review.</li> </ul> <p>Duties of a clinical academic should be set out in a single integrated job plan which covers the whole of the clinical academic's professional duties for both the substantive and honorary employer. A nominated representative of both the substantive employer and honorary employer should be present with the clinical academic at the job planning meeting. The job plan must be jointly agreed by all parties and must include the clinical academic's management and accountability to both employers.</p> <p>It is expected that, in advance of the job planning meeting, there is an established mechanism for the two employers to meet and discuss both the general arrangements under the contract (such as leave, continuity of service and continuing professional development) and to prepare for the job planning meeting itself.</p> <p>Job planning should take account of the likelihood of medical or clinical responsibilities resulting in emergency care that may impact on other scheduled responsibilities. Those</p>

Version number	Date	Comments (description change and amendments)
		<p>involved in the job planning must be aware of the importance of giving appropriate priority to NHS and university work, with clear delineations as to when a consultant is undertaking work for which employer. Whilst the substantive employer is responsible for determining and approving leave arrangements on a practical level this can mean ensuring that the proposed leave arrangements are approved by both the trust and university requirements and appropriately recorded. The university and NHS should define and agree the allocation of time needed to deliver the continuing professional development for and revalidation of the consultant.)</p> <ul style="list-style-type: none"> <li>• Section 7.2 added to include - The standard 2.5 SPAs for a fulltime consultant includes 1 PA for participation in training, medical education, formal teaching of both post graduate trainees (FY's, GP's, CT's and ST's) and undergraduate medical students. This will be pro-rata for those working less than full time following a discussion with their Clinical Director.</li> <li>• Section 7.3 amended to include - Within LPT SAS doctors are allocated a minimum of 2 SPA's, pro rata for less than full time SAS doctors.</li> <li>• Section 7.4 added - Job plans should be agreed with locums taking into account their familiarity with local systems and processes and the extent to which their potential contribution may differ from that of their established colleagues. The job plan may be different to that of the consultant they are replacing, and they may deliver proportionately more direct clinical care. A standard level of SPA time should be allocated to allow locum doctors to meet college and other external requirements. Within LPT, 1 SPA is allocated to locum doctors.</li> <li>• Section 10.1 amended to include reference to the definitions on page 8 and 'Such duties should be set out in a single integrated job plan which covers the whole of the doctor's professional duties for both the substantive and the additional NHS responsibilities. A nominated representative of both roles should be involved in the job planning meeting. The job plan must be jointly agreed by all parties.'</li> </ul>

For Further Information Contact: Medical Director or the Medical Revalidation Team

## 1.2 Key individuals involved in developing and consulting on the document.

**Key Individuals involved in developing the document:**

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Medical Local Negotiating Committee (LNC)	Trust Policy Experts

### 1.3 Governance

Level 2 or 3 approving delivery group	Level 1 Committee to ratify policy
Strategic Workforce Group	People and Culture Committee

### 1.4 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.

If you would like a copy of this document in any other format, please contact [lpt.corporateaffairs@nhs.net](mailto:lpt.corporateaffairs@nhs.net)

### 1.5 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 procedures 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 6) of this policy.

## 1.6 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, Guardian of Safe Working Hours, 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 (Consultant contract and 2008 SAS contracts)</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>Out of Hours (2021 SAS contracts)</b>	Any time that falls outside the period 07.00 to 21.00 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.
<b>Due Regard</b>	Having due regard for advancing equality involves: <ul style="list-style-type: none"> <li>• Removing or minimising disadvantages suffered by people due to their protected characteristics.</li> <li>• Taking steps to meet the needs of people from protected groups where these are different from the needs of other people. Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low.</li> </ul>

## 2.0 Purpose and Introduction/Why we need this policy

2.1 All Consultants, Associate Specialists, Specialist Grades 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.

2.2 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 2021 and 2008.

2.3 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.

### **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 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 Working Time Regulations.
  - 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.
- 3.4 Job planning is an opportunity for a discussion about an individual's wellbeing, their long-term career plans, any changes they are experiencing outside of work, any requests for changes to working patterns and whether they are wanting to consider flexible working options. Such conversations may be important in informing the job planning process. All requests can be considered, as per the Flexible Working policy, following discussion with Clinical Directors / Associate Medical Directors.
- 3.5 Job planning is an opportunity to discuss any reasonable adjustments required, all requests can be considered, as per the Reasonable Adjustment policy, following discussion with Clinical Directors / Associate Medical Directors.

### **4.0 Policy Requirements**

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

### **5.0 Duties within the Organisation**

- 5.1 The Trust Board has a legal responsibility for Trust policies and for ensuring that they are carried out effectively.

- 5.2 The Trust Policy Committee is mandated on behalf of the Trust Board to adopt policies.
- 5.3 The Strategic Workforce Group has responsibility for this policy as the Trust Level 2 Committee.
- 5.4 The Medical Director is the accountable officer responsible to the Trust Board for implementing and monitoring job planning.
- 5.5 Associate Medical Directors, Clinical Directors and Associate Clinical Directors (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.
- 5.6 Consultants and SAS Doctors will be responsible for engaging with the annual job planning process to ensure that an agreed job plan is in place by 1 April each year. Guidance on the annual job planning cycle can be found in Appendix 2.

All doctors are required to declare any private work under the Fraud Act 2006.

## **6.0 Standards for Job Planning**

- 6.1 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.
- 6.2 Every Consultant and SAS Doctor must have a current job plan, effective by 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.
- 6.3 All job plans are to be entered, managed and maintained via the Trust's electronic system. See Appendix 1 for system guidance notes.
- 6.4 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.
- 6.5 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.

- 6.6 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.
- 6.7 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.
- 6.8 The medical manager in conjunction with the doctor, may conduct an interim job plan if the doctor is returning from a period of prolonged absence to support them back into the workplace, rebuild their caseload and settle into the team.
- 6.9 The employment of clinical academics is determined by the principles of the Follett review.

Duties of a clinical academic should be set out in a single integrated job plan which covers the whole of the clinical academic's professional duties for both the substantive and honorary employer. A nominated representative of both the substantive employer and honorary employer should be present with the clinical academic at the job planning meeting. The job plan must be jointly agreed by all parties and must include the clinical academic's management and accountability to both employers.

It is expected that, in advance of the job planning meeting, there is an established mechanism for the two employers to meet and discuss both the general arrangements under the contract (such as leave, continuity of service and continuing professional development) and to prepare for the job planning meeting itself.

Job planning should take account of the likelihood of medical or clinical responsibilities resulting in emergency care that may impact on other scheduled responsibilities. Those involved in the job planning must be aware of the importance of giving appropriate priority to NHS and university work, with clear delineations as to when a consultant is undertaking work for which employer. Whilst the substantive employer is responsible for determining and approving leave arrangements on a practical level this can mean ensuring that the proposed leave arrangements are approved by both the trust and university requirements and appropriately recorded. The university and NHS should define and agree the allocation of time needed to deliver the continuing professional development for and revalidation of the consultant.

## **7.0 Distribution of Programmed Activities**

- 7.1 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.

7.2 The standard 2.5 SPAs for a fulltime consultant includes 1 PA for participation in training, medical education, formal teaching of both post graduate trainees (FY's, GP's, CT's and ST's) and undergraduate medical students. This will be pro-rata for those working less than full time following a discussion with their Clinical Director.

7.3 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 extend as a full-time doctor. The following table sets out the usual balance between DCC PAs and SPAs for part time Consultants:

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

7.4 The SAS 2008 and 2021 Terms and Conditions of Service require that there is a minimum of 1 PA in the job plan for a full-time doctor, designated for job planning and meeting the requirements of appraisal and revalidation. However, it is acknowledged that as SAS doctors progress through their career they are required to produce more evidence of management and leadership which may require more SPA time. Within LPT SAS doctors are allocated a minimum of 2 SPA's, pro rata for less than full time SAS doctors.

7.5 Job plans should be agreed with locums taking into account their familiarity with local systems and processes and the extent to which their potential contribution may differ from that of their established colleagues. The job plan may be different to that of the consultant they are replacing, and they may deliver proportionately more direct clinical care. A standard level of SPA time should be allocated to allow locum doctors to meet college and other external requirements. Within LPT, 1 SPA is allocated to locum doctors.

## **8.0 Regular off site Supporting Professional Activities (SPAs)**

8.1 SPAs remain NHS Time. They may be undertaken away from base providing the following is in place.

8.2 There should be agreement on where SPAs will be undertaken with the Clinical Director and recorded in the job plan. Such agreements will be subject to regular review to ensure services and patient care are not compromised by remote working arrangements.

8.3 The doctor should discuss remote SPA working arrangements with their team to ensure that on site cover is adequate.

- 8.4 The doctor must remain contactable at all times and ensure their contact numbers are available to their team and covering colleagues.
- 8.5 The doctor must be able to return to base within a reasonable time (30-45 minutes), if required to deal with urgent clinical concerns
- 8.6 The underlying principle is that doctors should not be paid twice for the work that they do. A doctor undertaking non-NHS work in NHS time should 'time-shift' to provide the time back to the NHS. "Time-shifting" arrangements may only apply with the prior written agreement of the relevant Clinical Director and should not occur on a regular basis. Where there is a regular occurrence of 'time-shifting' the doctor may either request to reduce his/her PAs or return the fee to the Trust. The reduction of PAs would be subject to service provision and may be used when doctors undertake specific projects for external organisations i.e. NICE, CQC etc, or where there is a regular occurrence of paid work.

## **9.0 Additional Programmed Activities**

- 9.1 A full time doctor is contracted to work 10 Programmed Activities per week (40 hours). There will be flexibility to offer up to 2 additional programmed activities (APAs) to provide a 12 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 13 PA contract which will require joint agreement between the Medical Director and the doctor on a three monthly basis with a 3 month notice period by either party.

## **10.0 Additional NHS responsibilities**

- 10.1 Additional NHS responsibilities (examples can be found in the Definitions section on page 8) 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.

Such duties should be set out in a single integrated job plan which covers the whole of the doctor's professional duties for both the substantive and the additional NHS responsibilities. A nominated representative of both roles should be involved in the job planning meeting. The job plan must be jointly agreed by all parties.

## **11.0 Scheduling of Programmed Activities**

- 11.1 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.
- 11.2 Activity may be scheduled over any appropriate number of weeks or annualised.
- 11.3 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.

## 12.0 Team Job Planning and Flexible Working

12.1 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.

12.2 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.

## 13.0 Objectives

13.1 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.

13.2 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.

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

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

13.5 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.

## **14.0 Rest**

14.1 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.

## **15.0 Links with Appraisal**

15.1 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.

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

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

## **17.0 Resolving disagreements over job plans**

17.1 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 (see appendix 3).

## 18.0 Monitoring Compliance and Effectiveness

Page/Section	Minimum Requirements to monitor	Method for Monitoring	Responsible Individual /Group	Frequency of monitoring
Section 4.5	Job Plan Compliance	Our People Data > Medical Workforce	WDG	Annually
Section 5.2	The job plan should be evident in the appraisal	Appraiser will view the job plan section.	Medical Appraisers	Annually Reported annually to NHSE in October of each year via WDG/PCC / Trust Board
Section 5.4 & 5.5	All activities must be clearly defined and categorised within the job plan	Audit of job plans	Medical Directorate	Annually Reported annually to NHSE in October of each year via WDG/PCC/Trust Board
Section 6.1 & 6.2	Split of DCC and SPA to be appropriate	Audit of job plans	Medical Directorate	Annually Reported annually to NHSE in October of each year via WDG/PCC/Trust Board
Section 7.1	Payment of APAs is appropriate	Review of Nominal roll within budget reports	Budget holders	Monthly Reported annually to NHSE in October of each year via DWG/PCC/Trust Board
Section 12.3 & 12.4	Objectives are SMART and cover the doctors role	Audit of job plans	Medical Directorate	Annually Reported annually to NHSE in October of each year via WDG/PCC/Trust Board

## 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 Guide to consultant job planning July2011.pdf (nhsemployers.org)
- Consultant-job-planning-best-practice-guidance.pdf (england.nhs.uk)
- Terms and Conditions of Service Consultants (2003)
- Terms and Conditions of Services for Specialty Doctors (2008)
- <https://www.rcpsych.ac.uk/docs/default-source/improving-care/better-mh-policy/college-reports/college-report-cr236---community-consultant-psychiatrist-job-planning.pdf>

## 20.0 Fraud, Bribery and Corruption consideration

The Trust has a zero-tolerance approach to fraud, bribery and corruption in all areas of our work and it is important that this is reflected through all policies and procedures to mitigate these risks.

Fraud relates to a dishonest representation, failure to disclose information or abuse of position in order to make a gain or cause a loss. Bribery involves the giving or receiving of gifts or money in return for improper performance. Corruption relates to dishonest or fraudulent conduct by those in power.

Any procedure incurring costs or fees or involving the procurement or provision of goods or service, may be susceptible to fraud, bribery, or corruption so provision should be made within the policy to safeguard against these.

If there is a potential that the policy being written, amended or updated controls a procedure for which there is a potential of fraud, bribery, or corruption to occur you should contact the Trusts Local Counter Fraud Specialist (LCFS) for assistance.

# Appendix 1

## E-Job Plan – Guidance Notes

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

There are 11 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 2021 or 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**

## Appendix 2 The Annual Job Planning Cycle and Process

### **Annual Cycle:**

All consultants, associate specialists, specialist grades and specialty doctors (SAS) should have an agreed job plan entered onto SARD (electronic job planning system used within LPT) by 1 April each year.

Job planning is a prospective look at the year ahead and consideration should be given to the organisational and service objectives for the coming year.

The administrative burden associated with job planning is acknowledged. To ensure that all relevant doctors have an approved job plan by 1 April each year this is a guide to the annual job planning cycle:

6 months before job plan deadline – Preparation for annual job planning cycle to commence. Medical Managers sent out job plan review meeting dates to take place in 3 months before the job plan meeting.

3 months before job plan deadline – Job planning review meetings to take place. All job plans to be finalised in a timely manner.

There are times when a job plan may need significant mid-year changes e.g. to support someone new into post, support someone returning from a period of prolonged leave, significant changes within the service.

### **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 doctor's 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 the 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 halfway 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.

## Appendix 3 Mediation Process

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 (Schedule 4).

### Schedule 4 Mediation and Appeals

1. Where it has not been possible to agree a Job Plan, or a consultant disputes a decision that he or she has not met the required criteria for a pay threshold in respect of a given year, a mediation procedure and an appeal procedure are available.

#### Mediation

2. The consultant, or (in the case of a disputed Job Plan) the clinical manager, may refer the matter to the Medical Director, or to a designated other person if the Medical Director is one of the parties to the initial decision. Where a consultant is employed by more than one NHS organisation, a designated employer will take the lead (in the case of a disputed Job Plan, a lead employer should have already been identified). The purposes of the referral will be to reach agreement if at all possible. The process will be that:-

- the consultant or clinical manager makes the referral in writing within two weeks of the disagreement arising;
- the party making the referral will set out the nature of the disagreement and his or her position or view of the matter.
- where the referral is made by the consultant, the clinical manager responsible for the Job Plan review, or (as the case may be) for making the recommendation as to whether the criteria for pay thresholds have been met, will set out the employing organisation's position or view on the matter.
- where the referral is made by the clinical manager, the consultant will be invited to set out his or her position on the view or matter; the Medical Director or appropriate other person will convene a meeting, normally within four weeks of receipt of the referral, with the consultant and the responsible clinical manager to discuss the disagreement and to hear their views;
- if agreement is not reached at this meeting, then the Medical Director will decide the matter (in the case of a decision on the Job Plan) or make a recommendation to the Chief Executive (in the case of a decision on whether the criteria for a pay threshold have been met) and inform the consultant and the responsible clinical manager of that decision or recommendation in writing;
- in the case of a decision on whether the criteria for a pay threshold have been met, the Chief Executive will inform the consultant, the Medical Director and the responsible clinical manager of his or her decision in writing; if the consultant is not satisfied with the outcome, he or she may lodge a formal appeal.

3. A formal appeal panel will be convened only where it has not been possible to resolve the disagreement using the mediation process. A formal appeal will be heard by a panel under the procedure set out below.

4. An appeal shall be lodged in writing to the Chief Executive as soon as possible, and in any event within two weeks, after the outcome of the mediation process. The appeal should set out the points in dispute and the reasons for the appeal. The Chief Executive will, on receipt of a written appeal, convene an appeal panel to meet within four weeks.

5. The membership of the panel will be:

- a chair nominated by the appellants employing organisation;
- a second panel member nominated by the appellant consultant;
- a third member chosen from a list of individuals approved by the Integrated Care Board (ICB) and the BMA and BDA. The ICB will monitor the way in which individuals are allocated to appeal panels to avoid particular individuals being routinely called upon. If there is an objection raised by either the consultant or the employing organisation to the first representative from the list, one alternative representative will be allocated. The list of individuals will be regularly reviewed.

No member of the panel should have previously been involved in the dispute.

6. The parties to the dispute will submit their written statements of case to the appeal panel and to the other party one week before the appeal hearing. The appeal panel will hear oral submissions on the day of the hearing. Management will present its case first explaining the position on the Job Plan, or the reasons for deciding that the criteria for a pay threshold have not been met.

7. The consultant may present his or her own case in person, or be assisted by a work colleague or trade union or professional organisation representative, but legal representatives acting in a professional capacity are not permitted.

8. Where the consultant, the employer or the panel requires it, the appeals panel may hear expert advice on matters specific to a speciality.

9. It is expected that the appeal hearing will last no more than one day.

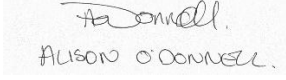
10. The appeal panel will make a recommendation on the matter in dispute in writing to the Board of the employing organisation, normally within two weeks of the appeal having been heard and this will normally be accepted. The consultant should see a copy of the recommendation when it is sent to the Board. The Board will make the final decision and inform the parties in writing.

11. No disputed element of the Job Plan will be implemented until confirmed by the outcome of the appeals process. Any decision that affects the salary or pay of the consultant will have effect from the date on which the consultant referred the matter to mediation or from the time he or she would otherwise have received a change in salary, if earlier.

12. In the case of a job planning appeal from a Medical Director or Director of Public Health, mediation would take place via a suitable individual, for example, a Non-Executive Director.

## Appendix 4 Training Needs Analysis

Training required to meet the policy requirements must be approved prior to policy approval. Learning and Development manage the approval of training.

<b>Training topic/title:</b>	Medical Job Planning Training		
Type of training: (see Mandatory and Role Essential Training policy for descriptions)	<input type="checkbox"/> Not required <input type="checkbox"/> Mandatory (must be on mandatory training register) <input type="checkbox"/> Role Essential (must be on the role essential training register) <input checked="" type="checkbox"/> <b>Desirable or Developmental</b>		
Directorate to which the training is applicable:	<input checked="" type="checkbox"/> <b>Directorate of Mental Health</b> <input checked="" type="checkbox"/> <b>Community Health Services</b> <input checked="" type="checkbox"/> <b>Enabling Services</b> <input type="checkbox"/> Estates and Facilities <input checked="" type="checkbox"/> <b>Families, Young People, Children, Learning Disability and Autism</b> <input type="checkbox"/> Hosted Services		
Staff groups who require the training: (consider bank /agency/volunteers/medical)	Medical staff and senior clinical and non-clinical supporting job planning process		
Governance group who has approved this training:	Strategic Workforce Group	Date approved:	
Named lead or team who is responsible for this training:	Medical Revalidation Team		
Delivery mode of training: elearning/virtual/classroom/informal/adhoc	Blended learning using, virtual and classroom		
Has a training plan been agreed?	Yes		
Where will completion of this training be recorded?	<input type="checkbox"/> uLearn <input checked="" type="checkbox"/> Other (please specify) – Medical Revalidation Team will hold record of training completion		
How is this training going to be quality assured and completions monitored?	Through reports to Strategic Workforce Group. Medical Revalidation Team will monitor that job planning is completed by trained staff.		
<b>Signed by Learning and Development Approval name and date</b>	 ALISON O'CONNELL		Date: 14 <sup>th</sup> August 2024

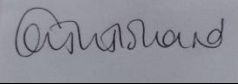
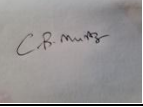
## Appendix 5 The NHS Constitution

- 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>	√
<b>Support and value its staff</b>	√
<b>Work together with others to ensure a seamless service for patients</b>	√
<b>Help keep people healthy and work to reduce health inequalities</b>	√
<b>Respect the confidentiality of individual patients and provide open access to information about services, treatment and performance</b>	√

## Appendix 6 Due Regard Screening Template

Section 1	
Name of activity/proposal	Job Planning Policy for Senior Medical Staff
Date Screening commenced	26.4.2024
Directorate / Service carrying out the assessment	Medical Directorate / Medical Staffing
Name and role of person undertaking this Due Regard (Equality Analysis)	Catherine Holland, Head of Medical Staffing & Business
Give an overview of the aims, objectives and purpose of the proposal:	
AIMS: 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.	
OBJECTIVES:	
<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>	
Section 2	
Protected Characteristic	If the proposal/s have a positive or negative impact please give brief details
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
Section 3	
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.	
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. √
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	9.7.2024
<i>Sign off that this proposal is low risk and does not require a full Equality Analysis</i>			
Head of Service Signed		Date	28.10.2024

## Appendix 7 Data Privacy Impact Assessment Screening

<p>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. 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.</p>		
<b>Name of Document:</b>	Job Planning Policy for Senior Medical Staff	
<b>Completed by:</b>	Catherine Holland	
<b>Job title</b>	Head of Medical Staffing & Business	<b>Date</b> 24.5.2024
<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>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> In this case, ratification of a procedural document will not take place until review by the Head of Data Privacy.</p>		
<b>Data Privacy approval name:</b>	Hannah Plowright	
<b>Date of approval</b>	30/10/2024	

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