

JOB PLANNING

Job planning is one of the 11 components of the Choice and Partnership approach and essentially the nuts and bolts of how to make a service work.

A full CAPA implementation requires both individual and team job plans. These two plans relate, as the needs of the team, in part define the individual's job plan and how their skills are best used. For an individual and a team there are several steps to making a job plan.

This document has been developed to assist with understanding the process of job planning including the provision of a CAPA work plan adapted for the New Zealand context. This template has been developed and successfully implemented into NZ services and continues to be used with confidence.

DEMAND AND CAPACITY FRAMEWORK

The basics: Separating all the clinical work we do – Partnership – into two segmented work streams: core and specific work. These two streams are based on two factors

1. The clinical skills deployed
2. The amount of capacity service users within each stream use i.e. how many appointments/resources do they require?

This separation of clinical work into two streams is known in demand and capacity terms as segmentation.

Segmentation is about separating a large group into several smaller groups based on their subgroup characteristics, attributes or needs

An example of segmentation is the separation of a swimming pool into two lanes: fast and slow swimmers. These two lanes allow swimmers to choose the lane that suits their speed and the flow in each lane will be smooth.

In CAPA the segmentation is not only based on some of the clinical skills but also, and importantly, on the amount of time or number of appointments to complete treatment, intervention or assessment. Knowing the amount of resource required in each stream allows us to plan much more accurately the capacity of that stream and know how much work we can do. This is crucial in individual and team job planning and to be able to match our capacity to our team or service demand.



The Choice And Partnership Approach

CORE AND SPECIFIC PARTNERSHIP WORK

Core Partnership appointments are offered by a range of multidisciplinary clinicians who have extended, multiple, clinical assessment and treatment skills that we describe as the 'Alphabet' skills of Assessment, Behavioural, Cognitive, Dynamic and Systemic (ABCD'S), supported by advanced skills in Specific Partnership. The majority of clinical work is carried out in the Core Partnership pathway with the general principle of Core Partnership work first with Specific Partnership work added if required.

Why define Core and Specific Partnership work?

- Many people can be helped by Core level work
- Extended Core skills reduces bottlenecks to Specific work
- Extended Core skills increase clinical flexibility (fewer queues into specific intervention streams)
- Allows us to identify AND PROTECT team/individual capacity for Specific work.

A CAPA team that separates work into delivery of Core Partnership and Specific Partnership ensures particular work is defined and protected.

Where to start?

- Identify your streams of work.
- Determine the streams of work that take predictably different amounts of time.
- All the 'average' time work is Core Partnership (about 7ish, ranging around 3-15 hours).
- All predictably 'not average' work is Specific Partnership.

It may be that all your clinical activity is currently merged into one with no separation into different activity types. For your CAPA capacity plan, you need to decide how much of this clinical activity is going to be Core Partnership and how much will be in Specific Partnership segments.

- You can then work out the skill mix needed to allow deployment into each steam.
- Define your capacity for each stream.

The Choice And Partnership Approach

JOB PLANS

Describing what each individual does in terms of their capacity in their *Job Plan* e.g. how many *Choice* they are going to do a week, how much time they spend in *Core* partnership work and so on. Each individual has a *Job Plan* that is then combined into a team job plan that will accurately describe what the team can do and thus what demand it can manage.

The team job plan is not just the sum of the individual plans. Each individual plan should be influenced by the needs of the whole service. How much time an individual deploys using their advanced skills, or in specific partnership streams depends on the perceived needs for those skills and streams amongst the work with the whole team. This allows the team skills to be deployed to the needs of the service user rather than trying to fit users into a predefined skill set.

To work out how much you can do, you need to know:

1. How many referrals you accept and how much time these take up (your demand for Choice).
2. How much Core Partnership work results from this demand
3. How much time you have left to do all other work – Specific Partnership and non-clinical work – once you have allocated the Choice time.

It is absolutely imperative to know the average number of face to face per episode but calculating this can be tricky.

Run a yearly report that lists every discharge – Name, NHI, Diagnosis, days in service, number of f/f etc. This should then be sorted (pivot table) into useable data as the example below demonstrates

2016 - Choice/Urgent Only (3 or less direct contact)			
	Episodes	Ave Days in Service	Ave F/F per Episode
Child Team	304	62	1.6
Youth Team	267	52	1.6
Rural	142	61	1.6
Totals:	653	58	

2016	Episodes of Care	Ave. Days in Service	Ave Direct contact per Episode
Child Team	693	123	6.1
Youth Team	626	95	6.8
Rural	202	121	6.2



The Choice And Partnership Approach

Accepted Referral Rates

It's important to know the accepted referral rate for the team- on average, how many referrals per week... this will determine how many Choice appointments need to be made available per week.

N.B. All episodes of 3 or less face to face [f/f] (will be the CHOICE or one off urgent presentations).

Capacity for Choice

You are now able to determine how many *Choice* appointments are needed over the quarter and an actual number of Choice appointments that will be allocated to each clinician. Staff then choose when they will do their allocated number and write these in. What is different in this model is that if staff are away then they have to choose when they do the required Choice. The number doesn't reduce.

Practice Point: there is no CAPA "rule" about how many Choice appointments staff do. It could be that everyone does 1 per week whatever their FTE, or some may prefer not to do Choice appointments – or not have the skills- it's up to you and the team!

CHECK

- You know how many accepted referrals come into your service.
- You know how many Choice appointments you need based on the accepted referrals.
- You are able to identify the different work streams.
- You have a feel for the balance of the streams for Core and Specific Partnership work that will be right for the service.

Next you need to work out how many Core Partnerships each clinician can offer based on their job plan.



The Choice And Partnership Approach

CAPACITY FOR PARTNERSHIP

Step 1: Everyone draft their *Job Plan* (see example on page 6).

Step 2: Add the right number of Choice appointments across the team.

Step 3: Review whether each member of the team has the right Core/Specific Partnership balance based on their skills and the team needs.

Step 4: Now to work out how much new Core and Specific Partnership activity each clinician can do:

- Look at each clinician's job plan – how many half- days or hours do they have for Core Partnership once Choice, Specific, other work, team meetings and other commitments have been accounted for?
- For each clinician, identify the number of half days (or hours) they have available for Core Partnership work.

Step 5: Calculate capacity for each clinician by counting the free sessions in the job plan:

CORE WORK – Multiply by 3.

E.g. **If your average is between 6-8, the multiplier of 3 will work here** (especially in NZ as we work a 40 hour week as opposed to 37.5 hours [UK], we also have less allocated A/L). Some NZ services have been using 3 as the multiplier for > 10 years and can demonstrate that this works.

SPECIFIC WORK – Adjust Maths

E.g. **If the average is above 8, then you need to lower the multiplier** (which will then result in less partnerships per quarter), so if your average f/f per episode is 10, then you'd need to reduce to something like 2.7.

Multiplier = Appointments per half day x (weeks available per quarter) / average number of appointments to complete the task.

It's the number of appointments you have to offer in a 3 month period divided by the average number of appointments needed to complete treatment on average in core work.

The Choice And Partnership Approach

JOB PLAN TEMPLATE

We recommend using a *Job Plan* template like the example below:

You will notice that instead of the CAPA plan, the day has been divided into four slots –this seems to make more sense to clinicians.

NAME:

JOB PLAN #

	Monday	Tuesday	Wednesday	Thursday	Friday
830					
0900					
1000					
1100					
1200					
Lunch					
1300					
1400					
1500					
1600					
Small Admin					
CHOICE =	Partnership =	Specific =			

- Note there is an hour “wriggle time” between the first two sessions (10.00-11.00) and between the last two sessions (14.00-1500), plus half an hour each morning (0830-0900). Admin time of one hour a day is also allowed for.

The Choice And Partnership Approach

Below is a real plan from a team member. Enough time was allocated for travel to the more remote areas and also included time for admin. They were allocated 9 partnerships for the ¼ (the 3 blank spots multiplied by 3), professionally specific work as well as specific work for clients that were anticipated to need more than 6-8 sessions (DBT).

TIP: If you travel a lot, you may find it easier just to add up how much time you spend per week on travel and allocate this in job plans, rather than reducing the Core Partnership Multiplier – the effect is similar.

NAME:

JOB PLAN #

	Monday	Tuesday	Wednesday	Thursday	Friday
830					
0900	Business meeting	DBT consult	Travel		Supervision (own)
1000					
1100	CHOICE	DBT consult	Travel		Supervision (others)
1200					
Lunch					
1300	CHOICE	DBT group	MDT		OT specific
1400					
1500	OT MTG	DBT group	travel	DBT specific	OT specific
1600					
Small Admin					

When do you see existing clients?

Plot out a whole ¼- this will allow you to see that a gap opens as a client is discharged after e.g. 7 sessions.



The Choice And Partnership Approach

Full Booking to Partnership

If the service user is going to return for partnership work, a system exists whereby they can leave the Choice appointment with a booked Partnership appointment with the selected clinician/s.

Full booking to partnership requires a partnership diary and no internal waiting list.

Full booking at Choice means offering families the choice of two appointments when they contact the service to book in an initial appointment. Ensure that you have enough appointments to fully book in line with your demand.

Why?

- Full booking extends your capacity by moving clients into anticipated capacity (planned Core Partnership appointments), rather than waiting for capacity to appear. This improves service flow.
- Helps develop a responsive “no wait” system to ensure prompt access to services, reduce escalation and loss of resiliency.
- In traditional CAMHS an appointment is offered when the clinician has a space. But this usually involves a delay between the clinician deciding they have space and the actual appointment. The capacity in between is lost.

What happens if you don't use full booking?

- It is stressful for clients to be seen, choose a service but then not know when they will be seen again.
- You will lose some capacity and are likely to develop internal waiting lists.
- Time is wasted managing the waiting list, responding to anxiety in the waiting clients and referring agencies.

Organising Initial Core Partnership Appointments

- At the end of the Choice appointment, the Choice clinician will have an idea of who has the right skills to help this person reach their goals.
- They find the diary (or phone up if off-site) and offer the next available appropriate appointments.
- These vacant first Core Partnership appointments are generated following team and individual job planning. Everyone will have an activity number for first Core Partnerships they must offer in a quarter (3 month period).

The Choice And Partnership Approach

The Partnership Diary

The Partnership diary needs to have a number of appointment times that clinicians can opt into according to their activity target.

- Clinicians show their availability entering their initials in slots that suit them. The number next to their initials show which Core Partnership offer it is for them that quarter i.e. for AD it is her 4th new Core Partnership appointment.
- To help with transparency and activity management, ensure that each person enters the number of new Core Partnership appointments they need to offer per quarter on a quarterly activity-planning sheet. Insert this into the Core Partnership diary at each quarter boundary to facilitate activity monitoring. Each member of staff then enters their planned activity onto this sheet.

Partnership Diary Example

Date	Sometime...			
Time	Clinician	Name	Room	Came?
2 pm	DG ₁	John Doe	Orange	
2 pm	KP ₃			
2 pm	SP ₂			
Time	Clinician			
4 pm	AD ₄			
4 pm	EM ₂	Carrie White	Blue	
4 pm	DG ₂			

Approximately 6 weeks before the new quarter, everyone in the team needs to put their vacant appointment slots in the diary.