

Report to:	Health and Care Jersey Advisory Board – Part A – Meeting in Public		
Report title:	Medical Job Planning Update		
Date of Meeting:	29 th May 2025	Agenda Item:	15

Executive Lead:	Dr Simon West – Medical Director
	Ian Tegerdine - Director of Workforce
Report Author:	Ester Jewson – Head of Medical Staffing

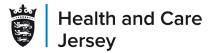
Purpose of Report: (Please select one and delete others) Definitions can be found	For Noting This paper provides the update requested by the Board on the current medical job planning process and looks forward with a proposed plan of actions to be undertaken prior to the next job planning round.
Definitions of Purpose for Agenda Items.docx) Summary of Key Messages:	The key messages arising from this report are: see below.
Recommendations:	The Board is asked to note the excellent progress made on job planning in 2025 and the plans to move to prospective job planning for 2026.

Link to Jersey Care Commission (JCC) Domain:		Link to Board Assurance Framework (BAF):	
Safe	Х	SR 1 – Quality and Safety	Х
Effective	Х	SR 2 – Patient Experience	
Caring		SR 3 – Operational Performance (Access)	Х
Responsive	Х	SR 4 – People and Culture	Х
Well Led	Х	SR 5 – Finance	Х

Are any stakeholders impacted?	Key stakeholder here is the medical staffing body. The impact has been managed with high volume communication and engagement work. Concerns about historical inequity in job plans have previously been raised via the
	Medical Local Negotiating Committee and we expect many of these stakeholders to see these issues being resolved via the job planning process.

Are there any	There is a risk that if service provision plans do not match job planning	
associated risks?	medical staff allocation, then misalignment could lead to challenges in maintaining optimal service levels.	

Are there any	Positive workforce implications as we are better at matching medical staff
workforce	availability to service need. This is also a key enabler to achieving the
implications?	erostering of medical staff.



Are there any financial	We have potential cost savings noted within the FRP programmes which
implications?	relate to more effective job planning leading to more efficient deployment of
	medical staff, resulting in reduced locum and prospective cover costs.

Are there any Digital	The job planning process is supported via a module on the 'Allocate'	
systems implications?	erostering system, this has required investment to secure these modules	
	which was accounted for in the 2025 workforce budget.	

Next steps?	Lock down of the 2025 process at the end of May 2025 and commencement	
	of the 2026 prospective process from September 2025.	

Boards / Committees / Groups where this report has been discussed previously:			
Meeting	Date	Outcome	

List of Appendices:	
Nil	

MAIN REPORT

Job Planning update as of 21st May 2025

• Consultant Job Plans:

82% of all Consultant Job Plans are currently at either the first or second sign-off stage. This represents a significant level of progress and is a testament to the work of Dr. Mark Pugh and the Medical Staffing Team.

The remaining 18% are still in the discussion phase. These are primarily delayed due to pending confirmation of new rotas or working patterns, although the job plans themselves are otherwise complete.

SAS Doctor Job Plans:

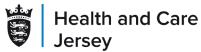
68% of SAS doctors have job plans that have reached either the first or second sign-off stage.

The remaining 32% are under discussion, with ongoing work within care groups to address inconsistencies—particularly around on-call arrangements.

Continuing actions: April to 31st May

A consistency analysis has been conducted by the Medical Staffing team and shared with Chiefs of Service and Clinical Leads across the Care Groups. This analysis is supporting ongoing discussions to ensure alignment and fairness across job plans.

Engagement with key stakeholders continues, helping to maintain momentum. The steady progress is clearly reflected in the weekly progress reports.



Final discussions between Clinical and Operational Leads are scheduled to take place before job plans are formally locked down at the end of May.

End of May

It is proposed that this round of job planning be formally concluded, with all job plans locked down by the end of May. Following this, a detailed analysis will be conducted to evaluate the impact of the reduction in average Programmed Activities (PAs) to 14 and 12. This analysis will also incorporate the Quality Impact Assessment (QIA) process to ensure that both clinical and operational implications are fully considered. The findings will be shared with the Financial Recovery Programme (FRP) to provide a comprehensive understanding of the financial impact resulting from these changes.

Mid-June

From mid to late June, the impact of this round of job planning will be reviewed and reported. This will involve discussions with the COBRA Executive Leadership Team (ELT), which will be informed by the outcomes of both the QIA process and the FRP. The implementation of any agreed actions will follow at the end of June, based on decisions made by COBRA ELT.

June to September 2025

Proposed follow on actions:

- Review the eJob Planning System
- Work with Allocate and internal subject matter experts to revisit the system set up.
- Review hierarchy and clinical activities.

The proposal is to carry out diary card exercises in the following specialties:

- Emergency Medicine Consultant and SAS staff
- General Surgery SAS Staff
- Trauma and Orthopaedics (T&O) SAS Staff
- Ophthalmology SAS Staff

As a follow-up, it is proposed that a series of job planning sessions be held in collaboration with the Medical Director and the Medical Staffing team, with potential additional support from Allocate. These sessions will serve as preparation for the next round of job planning, which is scheduled to commence on 1st September 2025.

September to December 2025

Job Planning Round to commence 1st September and closes 20 December.

END OF REPORT