

### 1.19.8 TUPE

Please provide a project plan that shows how you would manage any potential TUPE transfer of staff into your organisation and support this with your approach to staff resource management and staff retention for delivery of these services; taking into account the staff planning associated with the required service delivery.

(Maximum Word Count – no limit but be concise)

#### 1.19.8.1-Applicability of TUPE for this contract

Vocare is the current provider of GP-OOH services across the whole of Staffordshire.

Therefore, whether we were to win one Lot or both, we will not be TUPE transferring any staff into Vocare.

We will be continuing to subcontract the prison service in the South Lot to our current prison healthcare specialist, The Gables Offender Healthcare. Therefore TUPE will not apply to this element either.

Should we not win both Lots, we will be involved in transferring staff out of Vocare to the incoming provider. This process is essentially the mirror of our proven process for TUPE transferring people into Vocare.

The Vocare business model relies on procurement of contracts and therefore TUPE is an integral part of the skill set within HR. All members of the HR team are CIPD qualified and experienced professional with industry accreditation. Identified critical success factors drive our application of the TUPE process.

We are aware of the continuous nature of change within the legal structures surrounding TUPE and the working partnership with our legal team at BPE ensures we fully meet our legal obligations.

#### 1.19.8.2-Key roles for TUPE, resource management and staff retention

Figure 1 illustrates the process HR would follow if TUPE transfers into Vocare were applicable on this contract.

Dedicated legal support is available to HR and the wider project team to accommodate the subtle differences each contract involving TUPE transfer brings.

Building on previous experience and CIPD and ACAS guidance, we have developed an in-house guide to TUPE to ensure continuity of approach and further develop understanding. The guide is accompanied by previous legal advice and case studies as a learning document for future transfers.

Vocare is part of Totally plc's Urgent-Care Division. The North Region's HR Business Partner, [REDACTED] support from Head of HR & OD, [REDACTED] and Director of HR, [REDACTED] will lead any outward TUPE transfers.

TUPE sits within our HR Mobilisation workstream.

### **1.19.8.3-TUPE experience**

Vocare's HR department is experienced with TUPE in/out of the NHS, and public and private-sector organisations. As a combined resource, we have facilitated over 15 transfers in the past five years varying from 12–850 people across a variety of organisations.

### **1.19.8.4-TUPE process**

#### **a)-Critical success factors**

The key to a successful TUPE lies in the planning. Guided by our management of change policy and previous experience, we consider the critical success factors for TUPE transfers to include:

- Communication.
- A focus on the human aspects of change and treating those affected with respect.
- Clear timelines.
- Clarity over protected groupings to identify those affected by the change.
- Attention to detail and continued management of accurate information.
- Engagement and collaboration from both sides throughout the process.
- Joint consultation to aid transparency and reduce concern.

#### **b)-Proven process**

During the mobilisation period, meetings are held at least 3 days per week with HR Senior Leadership to ensure continuity of approach and address matters as they arise.

The TUPE process follows our tried and tested model as detailed below, led by the HR Business Partner for urgent care in the North Region.

The benefits to smooth mobilisation of maximising the numbers of transferring staff include:

- Retention of service-specific and local community knowledge.
- Business as usual from Day 1 using established relationships with system partners.
- Lower risk of performance dip as the new contract beds in.

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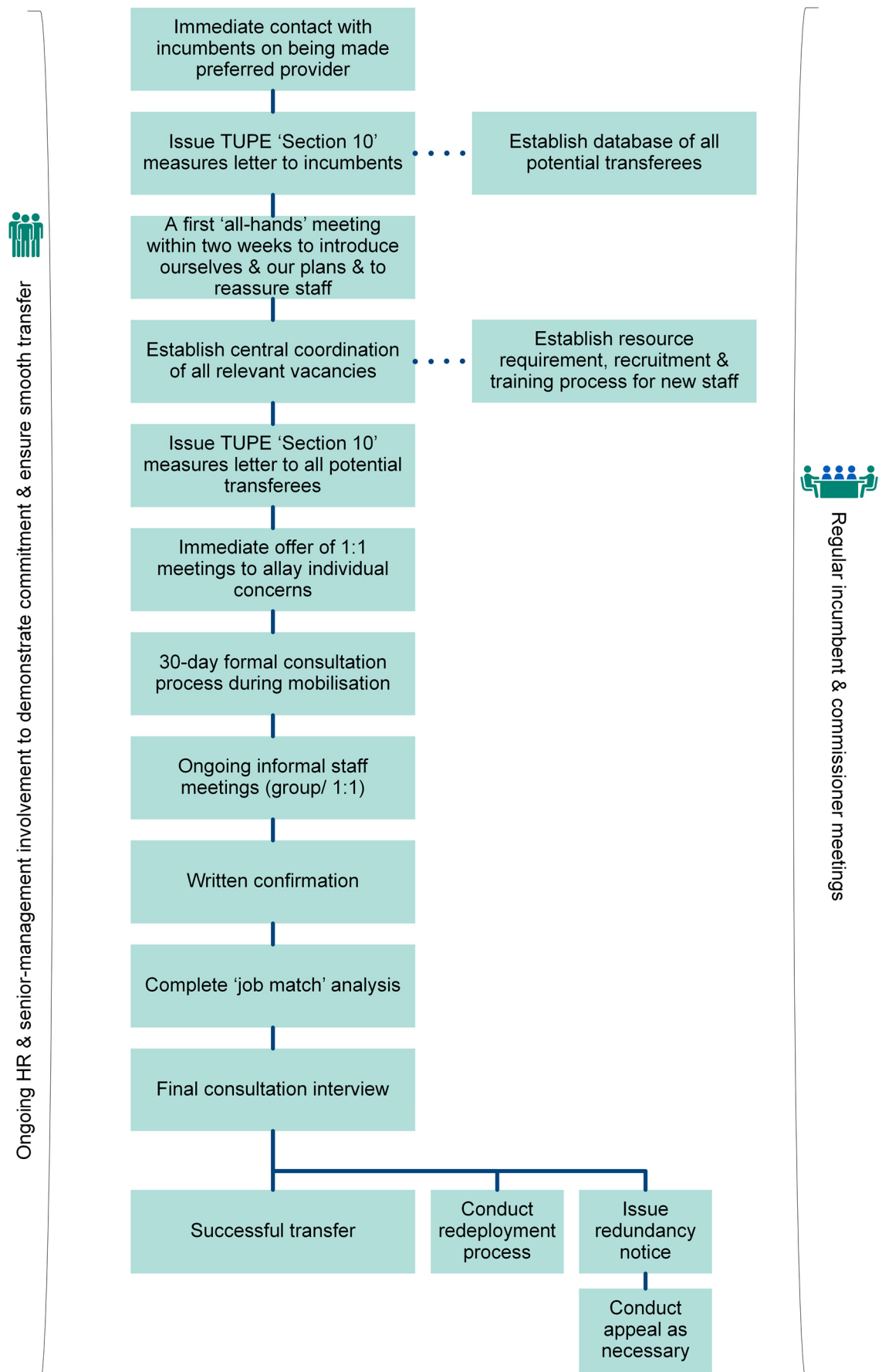


Figure 1: TUPE process

### 1.19.8.5-Project plan

We are responding to this section hypothetically as incoming TUPE will not apply to us. We therefore do not have a project plan showing how it will be managed.

Had TUPE been applicable, we would have managed via the HR is a workstream within the overall mobilisation plan. The plan would have included TUPE detail, employee engagement including 1:1s and transition meetings and all individuals affected from all providers.

The HR workstream lead would have provided strategic updates to the wider mobilisation group and been accountable for the appropriate actions.

### 1.19.8.6-Staff planning associated with the required service delivery

Currently, Vocare provides the existing Staffordshire GP-OOH service as part of a wider integrated urgent care offer. The specification for the new service without NHS-111 and for North and South Staffordshire separately prompted a full review of our delivery method, including from a patient perspective, in which we considered locations from which to offer face-to-face services.

The changes in requirements were analysed against the current delivery model to create a gap analysis showing where service change is required. This approach has enabled an improved delivery model to be proposed.

The core skills required for the patient facing roles will largely remain the same as the clinical skillset required is unchanged.

The operational set up and service provision will change to incorporate new pathways and innovation over the contract, to deliver good patient outcomes with a greater focus on hard-to-reach patients and rural locations. We hope to expand these services out as part of an integrated approach in care delivery e.g. using pharmacy and technology to operate 'pop-up clinics' at core times.

We have assessed where core demand from a patient perspective is generated from and identified these areas for the face-to-face services. This approach benefits patients by reducing unnecessary travel time.

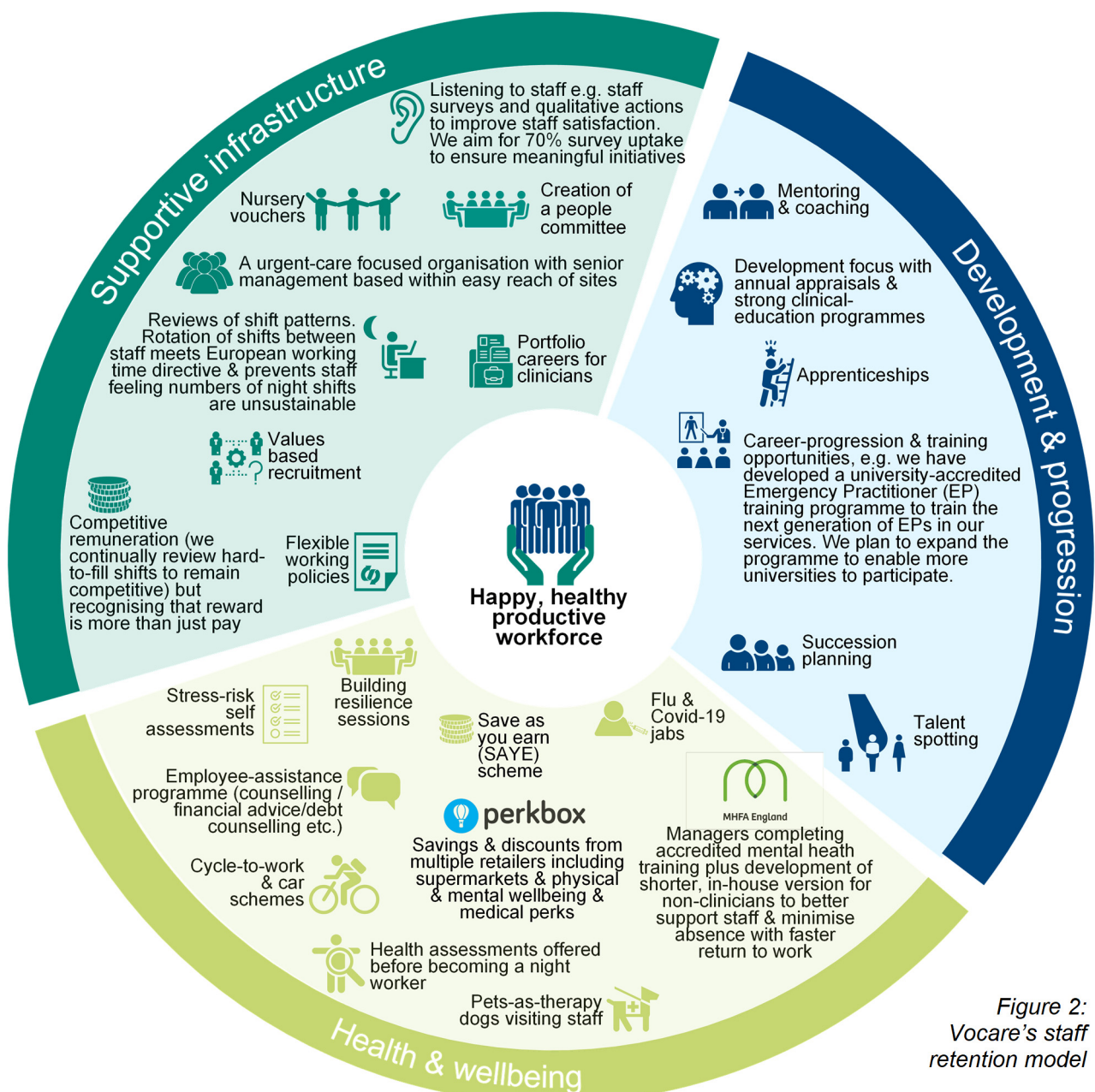
### 1.19.8.7-Staff retention strategy

Across the UK, clinical staff are in short supply, further exacerbated by the pandemic. Therefore, it is more important than ever, for Vocare to not only attract high calibre staff but to retain and grow them within our organisation.

Our management approach includes a 3-strand staff-retention strategy (Figure 2) that feeds into our 'culture of excellence'. We are keen to retain and grow our own staff to retain local knowledge and aid team cohesion. The three strands are:

1. **A supportive infrastructure:** Creating a strong 2-way communication with staff, listening to their needs and tailoring interventions to meet the needs of both individuals and the wider business. Reward has a significant part to play with competitive salaries and meaningful benefits. The development of the reward programme is on-going and will be designed to adapt to the changing needs of individuals and the business.

2. **Development and Progression:** Identifying capability, skills and behaviours for the personal development of individuals and delivery of the strategic plan as outlined in the 2020-21 HR & OD Strategy.
3. **Health & Wellbeing:** The focus on active interventions to support both mental and physical health have been widely developed in 2020-21. The success of Mental Health First Aid in NHS-111 has led to a business-wide rollout of the service aimed at providing support to all staff via a network of volunteers. The creation of SAMS (Sickness Absence Management Service) in the wake of Covid-19 led to a comprehensive and confidential support service for staff suffering from both physical and mental illness. Staffed by clinicians, it is complemented by the Occupational Health Service provided externally by Medigold. This holistic approach, along with the HR, line management and the Employee Assistance programme provide round-the-clock support for staff.



*Figure 2:  
Vocare's staff  
retention model*