



Decommissioning the 0845 4647 telephone and associated services

Formal consultation on the implications for NHS Direct employees

3 December 2012

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- 1. Introduction**
2. This formal consultation document provides the background and rationale for proposed changes for employees resulting from the decommissioning of the 0845 4647 telephone number and associated services (0845 service).
3. It applies to all NHS Direct employees, apart from those who work directly for The Appointments Line (TAL). The reason for this exclusion is explained in Section 17 below.
4. The consultation document also sets out:
 - a. The implications of the decommissioning of the 0845 service for NHS Direct employees
 - b. Proposed actions we are taking to minimise redundancies, including the nature and structure of the Future NHS Direct organisation which will deliver NHS 111 services and other services
 - c. Actions we will take if employees are at risk of redundancy, including the arrangements for serving notice and calculating redundancy payments
 - d. Support we will offer employees at risk of redundancy
 - e. Arrangements for undertaking an Equality Impact Assessment.
5. A period of consultation will allow us the opportunity to answer questions and provide clarification about the proposed changes. It allows for views and comments from affected employees to be aired, discussed and documented. Following the consultation, we will consider all views and comments, and we will produce an implementation plan.
6. The then Secretary of State for Health, Andrew Lansley, took the decision in 2010 to decommission NHS Direct's 0845 telephone and associated services. This consultation document focuses on the impact on NHS Direct employees and proposes the ways we can mitigate the impact of the decision on our employees. The success in securing new NHS 111 contracts, for example, will act as a means of avoiding and reducing the potential requirement for redundancies.
7. Consultation will take place on the following topics:
 - a. The impact of decommissioning the 0845 service on NHS Direct employees.
 - b. The proposals to mitigate the impact of decommissioning and avoid redundancies through the Future NHS Direct organisation delivery of NHS 111 services, and through other means
 - c. The principles and methods we will use to make appointments to Future NHS Direct.
 - d. The possible impact of potential transfers into NHS Direct under TUPE regulations in areas where we have won NHS 111 contracts.
 - e. The procedures if employees are put at risk, and confirmation of the use of the Agenda for Change agreement where applicable in cases of redundancy
 - f. The arrangements for selecting employees for redundancy.

8. The Trust Board approved this document as a basis for consultation at its meeting on 26 November 2012. A timetable of key events during the consultation period is included in Appendix 1. The consultation process is being led for NHS Direct by Roger Rawlinson, HR and Transition Director.
9. **The reasons for this consultation**
10. In 2010 the Department of Health announced the introduction of the new NHS 111 service to replace NHS Direct's 0845 service by 31 March 2013. It has recently been agreed that the 0845 service will remain in place for three areas of the country (Devon, Leicestershire and East London & City) until 30 June 2013 where 111 implementation is delayed, as well as for those areas of the country that require contingency due to 111 go-live delays. In line with the new NHS commissioning arrangements, the NHS 111 service has been procured locally. Since August 2011, NHS Direct has submitted bids for most of the NHS 111 contracts. There are two remaining areas that have yet to select their 111 provider – Devon and Leicestershire which account for 4% of the English population. These will be finalised in 2013.
11. It is expected that there will be 44 locally commissioned NHS 111 services in England by the end of the 111 procurement process. NHS Direct will be delivering at least 11 of these, serving around 34% of the English population
12. NHS Direct's success in securing NHS 111 contracts means that there is a viable future for the Trust. It will also mitigate the impact of the decommissioning of the 0845 service on NHS Direct employees by reducing the number of redundancies.
13. However, the national specification for the NHS 111 service is very different from that of the existing 0845 service. Critically, the NHS 111 service does not require the same blend of skills we currently utilise for the 0845 service, so we will have a much lower level of income available to provide the service and the supporting infrastructure.
14. Future NHS Direct will have to operate from significantly fewer contact centres, therefore, with fewer clinical front-line employees, a smaller board and management team, and much reduced back-office services. This is the only way that we will be able to deliver an NHS 111 within the income from the contracts we have won.
15. We are entering a period of profound change for all employees. Redundancies will be inevitable, and those employees who remain with NHS Direct will be working differently from the way they work at the moment.
16. Future NHS Direct has also been nationally commissioned to provide some other services beyond April 2013 in addition to NHS 111 contracts. In addition, we are in discussion with local commissioners about

continuing to deliver some existing services such as long-term conditions. Information on any additional services NHS Direct will provide alongside NHS 111 and the impact of these on redundancies and future roles will be released during the course of the consultation as contracts are finalised. The provisional posts listed in Appendix 2 of this document relate to the delivery of NHS 111 services only.

17. We will retain the national contract to deliver the The Appointments Line service until November 2013 at the Milton Keynes, Chatham and Hedge End sites. We will inform TAL employees when the future of the TAL service beyond November 2013 has been made clear by the National Commissioning Board, when they will be part of a separate consultation process. We will also retain the national contract to deliver the National Pandemic Flu Service (NPFs) until April 2014.
18. Some employees who have not secured positions in Future NHS Direct may be required to extend their period of notice of redundancy in order to continue to assist with the establishment of Future NHS Direct, or to undertake 0845 decommissioning activity.
19. In summary, the starting point of this formal consultation is that the 0845 service has been decommissioned, and will cease by 30 June 2013. The proposals in this document address the activities we are undertaking to avoid as many redundancies as we can. Where redundancies cannot be avoided we have set out the processes we will be following.
20. **The consultation process**
21. The NHS Direct Board approved this consultation document at its meeting on 26 November 2012.
22. The full time officers of NHS Direct's recognised trades unions (RCM, RCN, UNISON and UNITE) and the NHS Direct staff side chairs saw the document in confidence during week commencing 26 November 2012. The National Joint Partnership Forum (NJPF) received a presentation on 29 November 2012 when copies of the consultation document were shared with NJPF representatives, with an embargo on further circulation until 3 December 2012.
23. Formal consultation begins on 3 December 2012 at a joint management and staff side collective consultation meeting. The consultation document is being made available to all employees via the intranet on 3 December. The document will be posted to employees on long term absence on 3 December.
24. NHS Direct employees who work directly for TAL (ie front line employees and first line supervisors) are excluded from the consultation because NHS Direct has a national contract to deliver the TAL service until 30 November 2013. Workers employed by employment agencies, bank workers, contractors, and non executive directors are also excluded from the consultation.

- 25.** This consultation is with **all** other employees of NHS Direct.
- 26.** We will commence collective consultation with agreed staff side representatives on 3 December 2012. It is our intention to undertake collective consultation in a meaningful way with the objective of reaching agreement on all issues set out in the consultation document, where possible. The members of the collective consultation group are listed at Appendix 5.
- 27.** We are inviting questions, views and comments on all elements of this consultation document, using the following means:
- a. Executive directors will lead Open Forums at most NHS Direct sites between 3 and 16 December. The Open Forums are part of the consultation process and will enable employees to discuss the implications of the consultation directly with senior executives. If an employee needs to attend an Open Forum out of working hours, overtime will be paid.
 - b. Meetings will also be arranged on a site, functional and directorate basis so that employees can understand the implications for them.
 - c. Line managers will arrange to meet with employees if requested during the consultation period in order to further describe and discuss how they are personally affected and to listen to and respond to any questions, comments or views raised. Employees are encouraged to take every opportunity to participate, and may be accompanied at such meetings by a representative of a recognised trades union, if available, or a work colleague. During the meeting, the employee will be given the opportunity to discuss their individual circumstances and preferences. A 1-2-1 consultation form will be used to record relevant information.
- 28. Consultation communications plan**
- 29.** We will:
- a. communicate outcomes of the consultation as soon as practicable after they are confirmed
 - b. communicate to employees clearly and in plain English
 - c. ensure that employees have access to appropriate background information to allow them to make timely informed decisions
 - d. use a variety of channels of communication to enable employees to access information at convenient times and locations, as follows:

Channel	Audience
Intranet	All employees
News shot (e- bulletin)	All employees
Open Forums	All employees
Road shows (site visits)	All employees
Employee briefings	All employees
Voluntary Employee 1-2-1s	All employee
Webinars	Offering guidance to Managers and Team Managers

A basic guide to the consultation process	All employee
Consultation launch packs (presentations)	By directorate

- 30.** Additional communications will be designed to assist employees in understanding the consultation process and in taking informed decisions. These will outline the roles and responsibilities of management, staff side representatives and individual employees. These communications will include presentations, briefing notes, webinars as well as content for the existing channels (news shots, Chief Executive emails, and intranet). In addition;-
- a. Employees will be able to ask questions or make comments using the dedicated intranet page at <http://intranet/NewTeamSites/Transition/Pages/default.aspx>.
 - b. Frequently Asked Questions documents will be provided to employees by management in association with staff side representatives. A copy of the initial Frequently Asked Questions (FAQs) is at Appendix 4.
 - c. FAQs will be updated during the consultation period and any implementation period that follows the end of consultation.
 - d. Site notice boards and intranet sites may be used to display information and updates as relevant.
- 31.** Appendix 1 provides further details on the consultation timetable and contents.
- 32. Reference to NHS Direct policies**
- 33.** During the consultation, we will make reference to the following NHS Direct policies, which are accessible in the policies section of the intranet:
- a. NHS Direct people transition policy
 - b. Policy for protection of pay on organisational change
 - c. Joint Partnership Agreement
 - d. Relocation and associated expenses policy
 - e. Travel expense policy
 - f. Agenda for Change Terms and Conditions Handbook
- 34.** A list of key contacts for the consultation process may be found at Appendix 5.
- 35. The Implications of the consultation**
- 36. Potential Redundancies**
- 37.** In law, redundancy occurs when employees are dismissed because one or more of the following circumstances apply:
- a. The employer has ceased, or intends to cease, to carry on the business for the purposes of which the employee was employed.
 - b. The employer has ceased, or intends to cease, to carry on the business in the place where the employee was so employed.

- c. The requirements of the business for employees to carry out work of a particular kind have ceased or diminished or are expected to cease or diminish.
 - d. The requirements of the business for employees to carry out work of a particular kind in the place where they were so employed, have ceased or diminished or are expected to cease or diminish.
- 38.** A combination of these factors will apply in our circumstances, which is likely to lead to a significant number of unavoidable redundancies from NHS Direct. More information on redundancies is set out in sections 127-139.
- 39.** We are absolutely committed to minimising the number of redundancies from NHS Direct, however. For example:-
- a. The Trust has not made permanent appointments to nurse advisor positions since May 2012, or to any other positions since April 2011, and has used temporary arrangements as an alternative.
 - b. We may seek volunteers for redundancy from specific groups as part of the appointments process to Future NHS Direct. If we decide to ask for volunteers for redundancy, we will communicate with all relevant employees.
 - c. We will transfer employees to an NHS provider of NHS 111 services under the Cabinet Office Statement of Practice (COG) in areas where NHS Direct has not won a contract to deliver 111 services.
 - d. We will facilitate the voluntary appointments of employees to new NHS 111 providers in circumstances where COG does not apply in areas where contracts have been won by non NHS organisations.
 - e. We will appoint employees from NHS Direct to positions in Future NHS Direct in every possible case
 - f. Transfer out of NHS Direct under TUPE regulations will be undertaken where a different organisation undertakes activity currently undertaken by NHS Direct.
 - g. Extension to current employment contracts for NHS Direct employees will be made in order to assist with the establishment of Future NHS Direct, or to complete decommissioning work.
 - h. Appointment to another NHS organisation may be achieved as part of the “associated employer” mechanism, and as suitable alternative employment.
 - i. Subject to suitability, home working for nurse advisors, and remote or mobile working for managers and back office employees, will be considered for positions in Future NHS Direct.
- 40. Future NHS Direct organisation to deliver the NHS 111 service**
- 41.** This section addresses the principal mechanism we have for avoiding redundancies from NHS Direct - the establishment of Future NHS Direct to deliver NHS 111 and other services.
- 42.** The creation of Future NHS Direct is the direct result of the replacement of our core 0845 telephone and on line services by NHS 111. Future NHS Direct has been designed specifically to deliver the NHS 111 service. The

shape of the new organisation is driven by fundamental changes in the external environment such as the move to more local commissioning; increased competition for services; and financial pressures across NHS, public health and social care sectors.

43. NHS 111 Services

44. NHS Direct has been successful in securing 11 NHS 111 contracts covering almost 34% of the English population, in the following areas:

- a. Sutton and Merton
- b. South East London
- c. North Essex
- d. West Midlands (including Arden, Birmingham, Black Country, Staffordshire, and West Mercia)
- e. Somerset
- f. Cornwall and the Isles of Scilly
- g. Cumbria and Lancashire
- h. Cheshire & Merseyside
- i. Greater Manchester
- j. Buckinghamshire
- k. East London & City

45. These services will go live before April 2013.

46. There are two further procurements to complete in early 2013 in Devon and Leicestershire/Rutland.

47. Services other than the NHS 111

48. Future NHS Direct has been commissioned to continue to provide some national services in addition to NHS 111 from April 2013 and we are in discussion with local commissioners about other services. These include:

- a. complex health and medicines information (commissioned until March 2014)
- b. dental nurse assessment (commissioned until March 2014)
- c. digital services with 'click to speak to clinician' (commissioned until March 2015)
- d. We are in discussion with local commissioners about other services including tele-health and tele-coaching for patients with long-term conditions

49. The national commissioning decision has only just been taken so we have been unable to finalise the organisational model or posts to support these services for this document. We will release information on additional services and the impact of the services on redundancies and future roles as soon as we can during the course of the consultation.

50. Securing contracts for these services will further mitigate the number of redundancies in NHS Direct and has increased the number of sites which will remain operational to deliver these additional services.

- 51.** High Level NHS 111 structure – details of proposals
- 52.** Estate
- 53.** We require significantly fewer sites to deliver our NHS 111 services. We will retain contact centres in the following locations to deliver 111 services:
- a. Carlisle
 - b. Dudley
 - c. Exeter
 - d. Milton Keynes
 - e. Middlebrook
 - f. Beckenham
- 54.** The rationale for retaining the sites listed above is to:
- a. Minimise redundancies (accounting for both front line and back office roles)
 - b. Maximise cost effectiveness including numbers of seats, lease arrangements,
 - c. Minimise overheads and running costs
 - d. Meet contractual requirements to site a centre in a specific geographical location
 - e. Maintain the resilience of our service delivery
- 55.** Due to the recent decision to continue to nationally commission three services we will retain the following sites for the immediate future:
Newcastle
Nottingham
Wakefield
Bristol
Hedge End
Chatham (to deliver the Appointments Line until November 2013 only)
- These sites will only deliver the additional services – no NHS 111 services will be delivered from these sites. The longer term future of these sites will be subject to further review.
- 56.** Staffing proposals
- 57.** Our success in securing a number of NHS 111 contracts will mitigate the need to make redundancies but will not avoid redundancies altogether.
- 58.** Our staffing proposals to deliver the NHS 111 services have been informed by the experience from four NHS 111 pilots since 2010. We have come to the following broad conclusions: -
- a. the experience from the pilots will be broadly replicated in the wider roll-out of the NHS 111 service
 - b. the evidence from the pilots gives an accurate indication of the call volumes and average call handling time (AHT) which can be expected in the wider roll-out of the NHS 111 service. As a consequence:-

- c. the number of front-line and back office employees required will be reduced, and
 - d. the skill mix of front-line employees will change in line with NHS 111 service model requirements
- 59.** We are proposing that, wherever possible, all employees who are not transferred under COG processes and who may be placed at risk will be appointed to suitable alternative employment within the organisation. (A definition of suitable alternative employment is included in the Trust's People Transition Policy).
- 60.** The proposed but provisional posts for the delivery of NHS 111 services are in Appendix 2. At this stage, any posts or structures proposed will be subject to continuous review and revision to meet changing business needs. Posts and organisational structures for the additional services will be released during the course of the consultation.
- 61.** Legal form
- 62.** For the next 12 months, in line with national policy, NHS Direct will remain an NHS Trust. We remain on the Foundation Trust pipeline and we will continue work on the future legal form during 2013.
- 63.** Impact of staff transferring into NHS Direct under TUPE regulations
- 64.** The Trust's processes to mitigate redundancies may be impacted by TUPE transfers into the organisation of staff from current providers of out of hours services. At present it is not known how many employees will transfer into the organisation under TUPE regulations, although the numbers are expected to be small. TUPE staff will be treated fairly and in line with TUPE regulations to ensure that they are not unfairly dismissed on the grounds of redundancy. We cannot lawfully 'pool' only TUPE staff and identify them (if redundancies are required) as the group from whom redundancies will be made.
- 65.** **Proposed process for appointments to Future NHS Direct**
- 66.** The principal objective of the appointments process to Future NHS Direct is to secure the future employment of as many NHS Direct employees as possible through the application of a fair and transparent selection process. It is important to note that, where selection of employees is to be made, no preference will be given to employees who have been working on 111 pilots or mobilisation teams. The use of "slotting in", "ring fencing" and "pooling" is to ensure a fair process, and these terms are defined in the Glossary in Appendix 6.
- 67.** The key principles and features of the appointments process to Future NHS Direct are set out below

68. There will be a formal process to appoint employees to all positions in the new structures, which will follow the principles in the Trust's People Transition Policy.
69. Due to the urgent requirement to mobilise the NHS 111 services where we have won contracts, appointments to some posts will be made during the consultation period. We will work with staff side representatives to consult meaningfully and to reach agreement on the appointments process.
70. All positions in Future NHS Direct whose content will change significantly, will be subject to the job evaluation process set out in the Agenda for Change agreement.
71. Agreement will be sought as to which posts are suitable for:-
72. Slotting in (individual slotting in or a competitive selection process) where the number of employees exceeds the number of vacancies **(Step 1)**
73. Ring fencing of new posts to employees at the same payband who are at risk. Ring fencing may be extended to employees one band either side of the new role, where the new post is broadly similar to the roles of current employees. There is no absolute requirement that appointments have to be made from the pool of employees at risk. Principles within the People Transition Policy however must be followed in accordance with an overall objective being to minimise redundancies **(Step 2)**
74. Slotting in and ring fenced pools will usually apply in a specific directorate, but if employees undertake similar roles in a different directorate they may be included in a pool. Slotting in, ring fencing, and pools are defined in the Glossary in Appendix 6.
75. Information on employee pools for each directorate and at each level will be made available to relevant employees and the collective consultation group before the start of each selection process.
76. Posts will only be advertised through normal recruitment processes after steps 1 and 2. This principle may be waived where time is short, when posts may be advertised before completion of step 2. However, employees within ringfences will receive prior consideration in accordance with para 7.5.1 of the People Transition Policy. Formal shortlisting may be used at this stage.
77. "Same pay band" refers to an employee's substantive position
78. The Trust will be clear in its communication to employees during the appointment process. This will include:
- a. Written invitations to individual employees, who are required to or may apply for specific posts. Any consequences of not applying will be clearly set out.
 - b. A timetable setting out when expressions of interest will be invited

- 79.** Individual arrangements will be made for employees who may be on long term absence including sick leave or maternity leave at the time of appointments. We will aim to consider individual circumstances as fairly as possible.
- 80.** All recruitment information including Job Descriptions, bandings, structures and locations will be available before the start of the relevant appointment processes.
- 81.** At each stage expressions of interest forms, application forms and further documentation will be sent to each employee eligible to apply for posts as appropriate. The principles contained in the Trust's People Transition Policy in respect of eligibility, and ring fencing of posts will be applied.
- 82.** Expressions of interest forms will be used in Steps 1 and 2. External references will not be requested as part of this process.
- 83.** If applicants are to be interviewed at Step 2, there will be no assumption that appointments will be made from that pool of ring fenced employees.
- 84.** Geographical limitations to applications will only be introduced where they are essential.
- 85.** Posts assessed as suitable for remote working or homeworking will be clearly marked as such during the application process (Home working and remote working are defined in the Glossary in Appendix 6).
- 86.** Employees will not be expected to express an interest in posts designated as suitable for remote working or home working if it is agreed that their own circumstances would not allow for remote or home working and they are based outside their mobility clause for any relevant NHS Direct site.
- 87.** Employees will not be required to express an interest in or volunteer for posts located outside their mobility clause area (unless remote working or homeworking is possible).
- 88.** The mobility clause is contained within all employees terms and conditions and is as follows:-

Band	Less than 5 hours a day or less than 3 days a week	More than 5 hours a day or more than 3 days a week
1-4	30 minutes 10 miles	45 minutes 15 miles
5-7	45 minutes 15 miles	1 hour 20 miles
8-9	1 hour 20 miles	2 hours 40 miles

Both time and distance criteria will need to be exceeded in order for the mobility requirement not to apply. However individual personal circumstances such as childcare, feasibility of travel and disability will be taken into account in consultation on any change of base.

- 89.** Relocation will be voluntary for all employees, and expenses may be paid in accordance with the Trust Relocation Policy.
- 90.** The selection methods to appoint to posts will be set out for each appointment. An assessment process will be used for the appointment of employees to back office positions. We will also conduct contact centre style questionnaires (CCSQs) or occupational personality questionnaires (OPQs) for some posts and for potential home workers.
- 91.** The Trust's Pay Protection Policy will apply. The policy is on the intranet but in brief is as follows:-

Length of service (in years) with NHS Direct	No of months pay protection
One	6
Two	24
Four	36

- 92.** Appointments will normally take place in a cascade commencing at the highest bands.
- 93.** Posts which are more than one band lower or one band higher than an employee's current substantive post will not be regarded as Suitable Alternative Employment. An employee appointed to a vacant post more than one band lower than their existing post will not be offered pay protection
- 94.** "Bumping" (which is defined in the Glossary) may occur when those at a higher pay band are not successful in being appointed to the higher band and join those in a lower pay band (maximum of one band below current substantive band) within a selection pool.
- 95.** Fixed term employees will be considered in accordance with statutory regulations which may require them to be considered as part of selection pools.
- 96.** Agency employees are not included in the appointments process. They will not be considered for any posts in the new structures until external recruitment occurs beyond employees at risk.
- 97.** If volunteers for redundancy are to be invited it will be made clear to all relevant employees.
- 98.** For all offers of posts made as suitable alternative employment, the statutory four week trial period will apply in accordance with the Employment Rights Act 1996.
- 99.** Employees receiving historic pay protection relating to a previous role will be considered for roles in the context of their current substantive roles.

- 100.** Front line appointments process (Health Advisors, Nurse Advisors, Senior Nurse Advisers, and Clinical Leads)
- 101.** The Call Handler position in the NHS 111 service model has been evaluated by the job evaluation panel at band 2, and will be considered as suitable alternative employment for the existing band 3 Health Advisor position, with the application of the Trust's Pay Protection Policy, in sites that deliver 111 services
- 102.** There are approximately 33 WTE Continuous Quality Improvement Advisor (CQI) roles in the 111 service model, which have been evaluated at band 6. Dependent on numbers of posts at each site, the CQI post will be slot in or competitive slot in for Clinical Leads on 111 sites. If vacancies remain the role will be considered as suitable alternative employment for the Senior Nurse Advisor role.
- 103.** The Clinical Advisor position in the NHS 111 service model has been evaluated by the job evaluation panel at band 5, and will be considered as suitable alternative employment for the existing band 5 and band 6 nurse Advisor and Senior Nurse Advisor positions, with application of the Trust's Pay Protection Policy.
- 104.** Current frontline employees based at a Future NHS Direct 111 site, or at a site within the employee's mobility clause area, will be offered a role at that site as suitable alternative employment.
- 105.** If vacancies remain, Health Advisor, Nurse Advisors and Senior Nurse Advisors will be invited to express an interest in relocating to an NHS 111 site to take up the new call handler and clinical advisor and CQI positions on a voluntary basis.
- 106.** Employees will specify the site(s) they wish to relocate to, but it should be noted that where relocation is voluntary the Trust will not pay relocation expenses unless it deems that to do so would be cost effective.
- 107.** In the unlikely event that there is oversubscription the Trust may consider inviting applications for voluntary redundancy from existing relevant employees based at any site which is oversubscribed. Alternatively selection will be based on length of service in NHS Direct (or in the case of TUPE staff their continuous service at transfer date).
- 108.** Home working
- 109.** Unfortunately, Call Handlers delivering the NHS 111 service cannot be home based due to the conditions attached to the NHS Pathways licence, but Nurse Advisors who are not based at, or within the mobility clause area of, a 111 site, will have the option of working as home working Clinical Advisors, although there will be a limit to the number of home workers.

110. Re-deployment to a home working position will be subject to an assessment of suitability, based on objective measurable criteria including Contact Centre Styles Questionnaires and Occupational Personality Questionnaires, a good quality broadband connection and facilities that give appropriate levels of privacy and reach acceptable health and safety standards.
111. In the Future NHS Direct 111 service delivery model home workers will be required to work flexibly across shift patterns including 'split shifts' (currently the White roster).
112. Existing home workers will be undergo additional training to ensure that they remain able to continue as home working Clinical Advisors in the 111 service.
113. Management and support or back office posts
114. Structures, roles, locations and job descriptions for management and support or back office positions will become available over the next few weeks.
115. The same principles of slotting in, ring fencing and pooling will apply to these roles as to front line roles, in line with the Trust's People Transition Policy.
116. Some management, support and back office positions may be assessed as suitable for remote working, in which case it will be clearly marked on the job description.
117. Outsourcing
118. Some elements of the support functions in Future NHS Direct such as Finance, ICT and HR may ultimately be outsourced, although it is unlikely that the preparatory work will be completed by the end of this consultation period. In such circumstances existing functions may continue in their current form, or an interim structure may be introduced, and employees would be subject to a separate consultation exercise at a later date.
119. **The end of consultation and subsequent activity**
120. Either management or staff side representatives can bring consultation to an end if they believe that it has been meaningful, and that each side has tried to reach agreement.
121. Employees who have not secured a permanent or interim position in Future NHS Direct and who remain at risk will receive notification of redundancy **no less** than 90 days from the commencement of consultation, irrespective of when consultation ends.
122. At the end of the consultation we will produce an implementation plan, which will set out the major themes of the consultation, any changes to

the proposals in this consultation document, and the next steps, including detailed plans and timetables. The implementation plan will be distributed to employees and their representatives.

- 123.** Further individual meetings will be arranged, on request, for employees who are not appointed to Future NHS Direct. During these meetings their circumstances will be further discussed along with ways that they might avoid redundancy.
- 124.** Where structures are finalised immediately following the end of the consultation period every effort will be made to ensure that as many employees as possible know whether they have secured suitable alternative employment in the organisation. Where final decisions have not yet been made, eg in cases where functions have been proposed for outsourcing, an interim structure may be introduced.
- 125.** During this “at risk” period, and the period of notice of redundancy, both employer and employee are obliged to make every effort to secure suitable alternative employment, either in NHS Direct or elsewhere in the NHS.
- 126.** Employees will only become redundant as a last resort and the Trust has committed to doing its utmost to identify suitable alternative employment and thus avoiding redundancy.
- 127. **Proposed method for unavoidable dismissals****
- 128.** Dismissals resulting from the implementation of the proposals will be undertaken in line with NHS Direct’s People Transition Policy.
- 129.** Support will be provided as is reasonably practicable to ensure continuous NHS service can be maintained by employees that may remain or are put at risk of redundancy following consultation
- 130.** Where redundancy cannot be avoided, it will be confirmed in writing to employees following a final 1-2-1 meeting, along with details of their right to appeal and the process by which they may appeal against dismissal.
- 131.** During their period of notice, employees will be required to continue to fulfil their contractual duties. Applications for early release will be reviewed in line with relevant NHS Direct policy.
- 132.** Employees who have obtained, been offered or unreasonably refused to apply for or accept suitable alternative NHS employment within 4 weeks of the termination date of their NHS Direct post will not be eligible for redundancy pay.
- 133. **Process for appeals against dismissal****
- 134.** The process for appeals against dismissal will be set out in the letter confirming the dismissal.

135. Employees who consider they have been unfairly dismissed or selected for redundancy should write to the HR Director at NHS Direct, 2nd Floor, 120 Leman Street, London, E1 8EU within 21 days of receiving notice of redundancy or being dismissed. The appeal stage of the grievance policy and procedure will apply.
136. **Redundancy payment calculations**
137. If redundancy is unavoidable, contractual redundancy payments will be made. For those employees on Agenda for Change terms and conditions these will be in line with Section 16 of the Agenda for Change Terms and Conditions of Service Handbook which may be found on the HR microsite or at www.nhsemployers.org
138. Employees identified as being at risk will be notified of their situation by letter at the appropriate time. Estimates of redundancy pay for employees with the appropriate length of service will be provided at that time.
139. Similarly, employees eligible in NHS Pension Scheme rules for compensation through early retirement on the grounds of redundancy will be provided with the appropriate estimates and choices from the NHS Pensions Agency, whose website is at: www.nhsbsa.nhs.uk/pensions
140. **Support for employees during consultation and during any subsequent transition/implementation phase**
141. Employee Assistance Programme. Right Management Workplace Wellness offers a freephone, [24-hour confidential staff support line](http://www.wellness.rightmanagement.co.uk) which provides unlimited access to advice, information and to face – to – face counselling support, where appropriate. The number for the service is **0800 111 6387**. Further information can also be accessed on www.wellness.rightmanagement.co.uk. The service assists employees in addressing a range of problems, either personal or work related. Callers to the helpline are given unlimited support, advice and information to help address with their concerns.
142. Right Management is completely confidential:- NHS Direct will have no access to your calls, but it cannot advise on NHS Direct Policies
143. Our Future Support Programme. We have launched a programme of support to assist all employees through the coming months. The programme includes workshops on how to plan your next move, re-enter the labour market, writing CVs and preparing for interviews. There are workshops to help employees plan for retirement or a self-employed future. Coaching and career counseling will be available across the organisation. A network of 'Support Advisors' – internal, professionally-trained colleagues, are available to give some dedicated one-to-one support and advice.
144. All employees have access to an online portal, containing a variety of

materials including advice, guidance, practical tools, short video content and an online 'CV-builder'. Further resources will be added to the portal in response to identified needs.

- 145.** We have refreshed the appraisal process to focus more on helping employees plan for the future. There will be some development opportunities available to employees to help manage this period of change, and prepare for the next career move.
- 146.** We will aim to provide the following:
- a. Named HR contacts to handle enquiries
 - b. An identified HR Manager for each at risk employee who remains at risk once Steps 1 (slotting in) and Step 2 (ringfencing) are complete for their directorate and payband. The HR manager will ensure internal vacancies are brought to their attention and ensure that prior consideration is given to at risk applicants in accordance with the Trust's People Transition policy
 - c. Vacancy bulletins
 - d. Right to time off to attend interviews
 - e. Allocation of priority status on NHS Jobs
- 147.** A register of "at risk" employees will be maintained by HR and will be reviewed at regular intervals with senior management.
- 148. Equality impact assessment**
- 149.** An Equality Impact Analysis will be undertaken in respect of these proposals. The initial assessment is attached as Appendix 3, and a full assessment will be undertaken by the end of the consultation period.
- 150.** Confidentiality is essential and no personalised information held on HR systems will be shared outside of the appropriate HR personnel.
- 151. Responding to the proposals in this document**
- 152.** Views and comments may be communicated using the following methods:
- a. Through the agreed collective forum during the consultation period or by contacting your union representative
 - b. At site presentations where senior managers, HR and staffside partners will be in attendance
 - c. During individual consultation meetings with a manager
 - d. In writing to Roger Rawlinson, Director of Human Resources, NHS Direct, 2nd Floor, 120 Leman Street, London E1 8EU
 - e. By e-mail to ourfuture@nhsdirect.nhs.uk

Appendix 1: Timetable for consultation

Consultation document approved by Trust Board	26.11.2012
Fulltime Officers informed of proposals and process	w/c 26.11.2012
Proposals shared with NJPF chairs	w/c 26.11.2012
NJPF presentation	29.11.2012
HR1 form sent.	w/e 2.12.2012
S188 letter sent to all recognised Trade Unions	w/e 2.12.2012
Letters sent to affected employees and a copy of consultation document posted on the intranet	3.12.2012
Site presentations commence	3.12.2012
Directorate presentations commence	10.12.2012
NJPF collective consultation groups commence each week	w/c 3.12.2012
DJPF Presentations commence	w/c 3.12.2012
121s commence with line managers	w/c 17.12.2012
Updating of FAQs	weekly
Ad hoc communications including news shots, Chief Executive updates	Ad hoc
Consultation closes	TBC
Responses considered and final plans formulated	TBC
NJPF and affected managers advised of outcome and finalised proposals	TBC
Directorate and site meetings to confirm outcomes	TBC

Appendix 2 - Provisional Structure for 111 Services

Non Executive: provisional structure

Role
Chair
Non-Executive Director

Executive Management: provisional structure

Role
Managing Director
Strategy and Business Development Director
Corporate Services Director
Service Delivery Director
Medical Director
Company Secretary
Assistant Company Secretary / Office Manager
Communications Manager - Internal
Executive Assistant

Strategy and business development: provisional structure

Role
Strategy and Business Development Director
Head of Strategy and Planning
Strategy and Business Development Support
Associate Director of Business Development
Head of Business Development - North
Head of Business Development - Mids & East
Head of Business Development - London
Head of Business Development - South
Account Manager – North and Mids & East
Account Manager – South and London
Head of External Communications and Insight

Finance, procurement and estates: provisional structure

Role
Corporate Services Director
Associate Director of Finance
Head of Estates and Facilities
Estates and Facilities Manager
Head of Financial Services (FC)
Financial Accountant
Senior Management Accountant
Management Accountant
Procurement Manager
Procurement Support
Accounts Payable Accounts Receivable Services
Internal Audit Payroll Local Counter Fraud Services

Roles in grey indicate identified Executive Management lead

Roles in blue indicate services which are planned to be outsourced, or could potentially be outsourced

ICT: provisional structure

Role
Corporate Services Director
Associate Director of ICT
Head of ICT Operations
Telephony Analyst - Site 1&2
ICT Support - Site 1&2
Telephony Analyst - Site 3
ICT Support - Site 3
ICT Support - Site 4
ICT Support - Site 5
ICT Support - Site 6
Head of Information Governance
Information Governance Support
Head of Enterprise
ICT Business Analyst / UAT
Service Desk Services
Remote / First Line Support Services

Workforce: provisional structure

Role
Corporate Services Director
Associate Director of Workforce
HR Business Administrator
HR Advisor
Head of Workforce
Administration / Records Management
Administration Assistant
Resource Lead
Resource Assistant
Workforce Information Systems Lead
Pay and Contracts Team (TBC)

L&D: provisional structure

Role
Corporate Services Director
Head of L&D
Induction Manager
Safety and Compliance Manager
Work-based learning facilitator Non Clinical - Site 1&2
Work-based learning facilitator Clinical - Site 1&2
Work-based learning facilitator Non Clinical - Site 3
Work-based learning facilitator Clinical - Site 3
Work-based learning facilitator Non Clinical - Site 4
Work-based learning facilitator Clinical - Site 4
Work-based learning facilitator Clinical - Site 5
Work-based learning facilitator Clinical - Site 6

Roles in grey indicate identified Executive Management lead

Roles in blue indicate services which are planned to be outsourced, or could potentially be outsourced

Service delivery: provisional structure

Role
Service Delivery Director
Associate Director of Operations
Head of Contact Centre Operations
Admin - Central Services
Team Manager
Call Handler
Clinical Advisor
Homeworker Manager
Homeworker Team Manager
Homeworker Clinical Advisor
Head of Clinical Operations
Clinical Operations Manager
CQI Advisor

Contact centre planning: provisional structure

Role
Service Delivery Director
Head of Contact Centre Planning
Head of MI, Forecasting & Capacity
Data Integrity Manager
MI Analyst
Forecasting Analyst
Schedule Analyst
Business Analyst
Shift & Scheduling Manager
Scheduling & Insight
Shift Manager

Clinical: provisional structure

Role
Service Delivery Director
Head of Clinical Operations and Safeguarding
Named nurse safeguarding children
Named nurse safeguarding adult
Head of Clinical Services - North
Head of Clinical Services - South
Head of Clinical Governance
Head of Clinical Risk and Litigation
Clinical Risk Manager
Clinical Governance Officer
Complaints Manager
Clinical Governance Admin Manager
Clinical Admin Assistant
PPI Function Services

Roles in grey indicate identified Executive Management lead

Roles in blue indicate services which are planned to be outsourced, or could potentially be outsourced

Research and evaluation: provisional structure

Role
Service Delivery Director
Head of Research and Clinical Audit
Research Assistant
Research and Survey Coordinator
Clinical Audit Manager
Clinical Audit Nurse
Research Governance and Survey Manager

Roles in grey indicate identified Executive Management lead

Roles in blue indicate services which are planned to be outsourced, or could potentially be outsourced

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Appendix 3: – Equality impact analysis



INITIAL SCREENING EQUALITY IMPACT ASSESSMENT FORM

Manager’s Name: V Savarani Manager’s Job Title: Divisional Head of HR			
Identified Service/ Function/ Policy/ Process/ Change Service/ Function/ Policy/ Process/ Change: <i>Brief description of the changes or development proposed.</i> Organisational change as a consequence of the decommissioning of the NHS Direct 0845 4647 number and associated services			
Overall aims: <i>The organisation will be decommissioning the 08454647 number and mobilising a number of 111 contracts. In undertaking these changes the objective is to minimise redundancies whilst ensuring that the new structures and roles are fit for purpose.</i>		Who does the policy/process, service/function or change affect? The organizational change affects all employees in the organization with the exception of groups identified in the consultation document	
Screened by: Vera Savarani		Initial screening carried out on: 8.11.2012	
Relevance of the new development and/or change to each Protected Characteristic Group		Degree of Relevance*	Outline the Positive or Negative Impact
Race		0	It is considered that there is no positive or negative impact specifically related to race
Disability	The mobility clause requires employees to move base within a specified contractual time and mileage limit	-2	There could be a negative impact as disabled employees may be less able to comply with the mobility clause. However as already stated in

			contracts individual circumstances will be taken into account. Potential also of home working/remote working for some employees/employee groups may also mitigate for disabled employees.		
Sex/Gender	The mobility clause requires employees to move base within a specified contractual time and mileage limit. This could have implications for carers	-2	There could be a negative impact as carers may be less able to comply with the mobility clause. However as already stated in contracts individual circumstances will be taken into account. Potential also of home working/remote working for some employees/employee groups may also mitigate for carers.		
Age		-1	Further investigation on the potential of differing impact of the changes on different age groups in the workforce		
Gender reassignment		0	It is considered that there is no positive or negative impact specifically related to this protected characteristic		
Pregnancy/ maternity		0	It is considered that there is no positive or negative impact specifically related to this protected characteristic		
Marriage/ Civil Partnership		0	It is considered that there is no positive or negative impact specifically related to this protected characteristic		
Sexual Orientation		0	It is considered that there is no positive or negative impact specifically related to this protected characteristic		
Religion/Belief		0	It is considered that there is no positive or negative impact specifically related to this protected characteristic		
Human Rights		0	It is considered that there is no positive or negative impact specifically related to this protected characteristic		
*KEY: What is the degree of relevance either positive (+ve) or negative (-ve) on a score of 0 – 3.		0 – None	1 = A little	2 = Some	3 = A lot
Summary of data or evidence available and data identified to gather: demographic information on groups with potential					

negative impact as identified above.

Profile of employees delivering the service – employees and partners (contractors/agencies)

Any there any gaps in the required data/information? – Further information on caring responsibilities and identification of disabled employees may need to be undertaken via the 121 process

Action:

(Please delete as appropriate).

The degree of relevance to protected characteristic groups will require a full Equality Impact Assessment prior to and during implementation. The decision, policy, proposed policy or practice may/will have a negative impact on equality and/or good relations as defined in the Equality Act 2010 and/or is of high significance.

Signed by Manager: Date signed:

Appendix 4: Frequently Asked Questions

Questions	Answers
Consultation Process	
What will happen at the end of the consultation period?	We will need a period to consolidate the consultation information and produce an outcomes paper. This paper will be submitted to the Board for final agreement and shared with NJPF. It is then that we anticipate implementing any finalised proposals.
What is the feedback mechanism during the consultation period and how are the views of employees being represented in the consultation process?	The National Joint Partnership forum and their elected representatives will be one of the main mechanisms for receiving your views. However you may also send your views, comments and questions to ourfuture@nhsdirect.nhs.uk where they will be forwarded to the project team for information and will form part of a wider (anonymous) frequently asked question communication to all managers affected.
How are employees involved and how does this meet consultation requirements?	The full consultation process is available in the wider document. All employees will be able to attend presentations at which they will be able to ask questions and put forward suggestions. On an individual basis affected employees will be able to meet with their line manager during the consultation period in a 1-2-1 meeting. Employees will also be able to put forward suggestions at comments by using the above website or if they wish can submit questions and comments through their Trade union representatives.
I cannot make the presentation at my site. Can I attend another one?	Yes - please let your line manager know you wish to attend a different site presentation.
I think my role might be affected in a way that is not highlighted within the consultation document. What do I do?	Contact your line manager in the first instance to arrange an individual meeting where any issues or concerns can be discussed.
Some of my colleagues are currently absent from work due to annual leave, sickness or maternity, how will they know what is happening?	All absent employees affected by these proposals will be contacted at home to ensure they are involved throughout the consultation period and given the same opportunity to have an individual meeting.
I will be going on annual leave for a period of time. How will this affect me?	Your line manager should be aware of your leave. There should be plenty of time to feedback any queries, comments or concerns. However, you may wish to inform your staff side representative that you will not be here and inform them of any initial views. You may wish to book an individual meeting immediately to alleviate any anxiety before you go on leave.
I don't have a union representative as I am not a	For collective consultation purposes, your views will be represented through staff side members of our National Joint

Questions	Answers
member of a Trade Union. How can I be represented?	Partnership Forum. At individual meetings you may bring a work colleague. You can still ask a union representative to attend but they can only act in the same capacity as a work colleague. You are not able to bring anyone external to the organisation (e.g. solicitor).
I am concerned about my colleagues and how these proposals may affect them. What can I do to help them?	We would encourage employees to support each other where it is appropriate but if in any doubt please ask them to speak to their line manager, staff side representative, HR Business Partners or the Right Management Workplace Wellness EAP helpline on 0800 1116 387.
Has an equality impact assessment been undertaken?	We are required to undertake Equality Analysis and use the Equality Impact Assessment screening process for this. The Equality impact screening form is included at Appendix 6
My current working hours are restricted or I am on a flexible working pattern. Will this change?	Your individual working hours will be discussed in your individual consultation meeting.
Potential Redundancies	
How many redundancies are there likely to be?	At present we do not know. The changes affect all employees(see exceptions outlined in the consultation document) in their substantive roles. However, our intention is that we mitigate as far as possible the number of redundancies made by utilising the different options outlined including the appointment of employees to the new 111 service
When will I be given formal notice of redundancy?	If it is ultimately not possible to identify suitable alternative employment for you formal redundancy notices will be prepared by HR. It is emphasised this would not happen until after the process to appoint to posts in the new structure and all other attempts to seek suitable alternative employment had occurred.
What is suitable alternative employment?	In considering whether a post constitutes suitable alternative employment we would consider whether it provides similar earnings and conditions; has similar status; is within your skills set and capability; and does not involve unreasonable inconvenience. Reference should be made to the s 138 of the Employment Rights Act 1996. We would also take into consideration your personal and domestic circumstances (e.g. increase travel time, childcare arrangements etc.) as well as the objective employment related matters above. Employees will, however, be expected to show some flexibility.

Questions	Answers
	<p>Employees accepting suitable alternative employment are entitled to a trial period of up to 4 weeks. Individual discussions will take place against any training and support required for employees taking up new posts.</p>
<p>Who is responsible for seeking suitable alternative employment?</p>	<p>The employer (in this case NHS Direct) has a responsibility before making a member of employee redundant or agreeing early retirement on grounds of redundancy to seek suitable alternative employment for that person, either in their own organisation or through arrangements with another NHS employer.</p> <p>Any suitable alternative employment must be brought to the employee's notice in writing or by electronic means agreed with the employee before the date of termination of contract and with reasonable time for the employee to consider it. The employment should be available at a maximum not later than four weeks from that date i.e. beyond the date of termination of contract. Where this is done, but the employee fails to make any necessary application, the employee shall be deemed to have refused suitable alternative employment. Where an employee accepts suitable alternative employment the 'trial period' provisions in Section 138 (3) of the Employment Rights Act 1996 will apply.</p>
<p>What is the situation if my contract contains a mobility clause?</p>	<p>You would be expected to comply with any suitable redeployment opportunity within the radius stated, however employees will still be entitled to excess travel expenses payments if incurred.</p> <p>We would also take into consideration your personal and domestic circumstances.</p>
<p>What happens if I am redeployed to a different work location?</p>	<p>If you incur additional travel expenses – NHS Direct will reimburse any excess cost for four years.</p>
<p>What will happen to my salary as a result of organisation change if I move to a new post with a lower salary?</p>	<p>Pay protection will apply in accordance with the Trust's Pay Protection policy.</p>
<p>If given notice of redundancy and suitable alternative employment cannot be identified when will employment end?</p>	<p>In the event that the Trust terminates your contract employees will be entitled to minimum notice of their contract (which is dependant on your AFC band) as follows:-</p> <p>Band 1-5 employees have 4 weeks notice period Band 6&7 employees have 8 weeks notice period Band 8&9 employees have 12 weeks notice period For employees on local contracts, their contractual notice will be given</p> <p>Or the statutory minimum of 1 week's notice for each year of continuous service to a maximum of 12 weeks if this is greater</p>

Questions	Answers
	than contractual notice.
What is the statutory minimum notice period?	4 weeks or more but less than 2 years = 1 weeks notice 2 years or more but less than 12 years = 1 weeks notice for each year of service up to 12 weeks notice as a maximum 12 years or more = 12 weeks notice
How many years service do I need to qualify for a redundancy payment? What is 'reckonable service' for redundancy?	Any member of employees with (2 years) 104 weeks continuous service with NHS Direct or another NHS organisation at the time of termination of their employment due to redundancy will be entitled to a redundancy payment only if they are made redundant. Reckonable service will be calculated up to the date on which the contract of employment ends and is the continuous service within NHS Direct and other NHS employers from the age of 18. Please refer to Agenda for Change Handbook Section 16. Previous employment that has been subject to a termination or redundancy payment, or where an NHS pension benefit has been paid, does not count towards continuous service. Employees not on Agenda for Change terms and conditions will receive contractual redundancy pay.
How will employees on fixed term contracts be affected?	Employees on fixed term contracts will be consulted with. Fixed term staff will be considered in accordance with statutory regulations which may require them to be considered as part of selection pools.
Are employees on fixed term contracts entitled to redundancy pay?	Any member of employees with 104 weeks continuous service with NHS Direct or another NHS organisation at the time of their termination of employment due to redundancy will be entitled to redundancy pay if they are made redundant.
How will agency staff be affected?	If there are any agency staff in posts directly affected they will not be formally consulted with. However, they will be kept up to date in respect of their own individual assignment.
The proposal creates new posts. Who will be entitled to apply for these?	The process of implementing revised structures is described in the section on Appointments to Future NHS Direct: These include slotting in, ring fencing, home working etc. Information on who can apply for individual posts will be made available to affected employees and their representatives prior to the appointments process commencing.
Can Right Management Workplace Wellness help with careers advice?	Yes. They can provide advice through their telephone careers counselling support line on 0800 1116 387. Employees can also utilise the resources made available through

Questions	Answers
	the Trust's own Support Programme as outlined in the consultation document.
Other relevant information	
What HR policies apply that I can refer to for more information?	<p>These can be accessed on the NHS Direct microsite under HR Policies</p> <ul style="list-style-type: none"> • People Transition Policy • Policy for Protection of Pay • Relocation & associated expenses policy • Travel expenses policy • Joint Partnership Forum Recognition & Partnership Agreement • Agenda for Change Handbook • NHS Employers website www.nhsemployers.org • NHS Pensions Agency website www.nhsbsa.nhs.uk/pensions
Where can I find all the documentation which accompanies this document?	All documentation will also be available to be accessed through the NHS Direct website home page.
How will information be held throughout the process?	All relevant documentation relating to the proposed changes, consultation process and information gathered from meetings will be collated and stored centrally by the national HR team.
How will bank workers be affected?	Bank workers are not NHS Direct employees and will not be consulted with individually.

Appendix 5: Key contacts

Senior Responsible Officer (SRO)	Roger Rawlinson – Director of Human Resources	
Authors of Paper	Roger Rawlinson – Senior Responsible Officer Vera Savarani – Divisional Head of HR	
Transition Team HR representatives		
Wakefield	Vera Savarani	07824 460897
Beckenham	Ann Byles	
Directorate consultation leads	TBC	
Collective Consultation Group		
Staff side	Sue Green (RCN) Sandra Maxwell (Unison) David Forey (RCN) Tim Savory (Unison) Michael Walker (Full time officer UNISON ex-officio) Gary Kirwan (Full time officer RCN ex-officio) Barrie Brown (~Full time officer UNITE ex-officio) Francine Allen (Full time officer RCM ex-officio)	07785700861 07785231272 07827282415 07826914986
Management	Roger Rawlinson (HR & Transition Director) Tricia Hamilton (Clinical Director/Chief Nurse) Chris Morgan (Operations Transition Director) Vera Savarani (Divisional Head of HR)	02075994203/07917201555 02075994222 07770644758 07824460897

Appendix 6: Glossary of terms used in the consultation document

Agenda for Change	Agenda for Change is the national agreement between NHS organisations and recognised trade unions, which covers most principal terms and conditions of employment for all NHS employees, with the exception of doctors, executives and non executives . The majority of our employees will be on agenda for change terms and conditions.
Bumping	This is where an employee at a lower band is dismissed to make way for an employee whose role has become redundant and for whom Suitable Alternative Employment is being sought.
Cabinet Office Guidelines (COG)	COG is the mean whereby NHS Direct is transferring employees to Ambulance Trusts where they have won 111 contracts but we currently have contact centres. To all intents and purposes it is the same as TUPE
Collective Consultation	Collective consultation is the formal mechanism for discussing and striving to reach agreement on the proposals in the consultation document. It is a group made up of equal members of managers and NHS Direct's recognised trade unions, and will meet weekly during consultation. The names of the members are in an appendix of the consultation document. A communiqué for employees will be produced after every meeting.
De-commissioning	In this document decommissioning refers to the closure of the 0845 service, and all the activity associated with it.
Employee	For the purposes of the employee consultation, employee is used to describe an individual who has a contract of employment with NHS Direct. The individual can be permanent, temporary or fixed term, but will not have their contract of employment with an employment agency, or be a contractor. The consultation is with all NHS Direct employees apart from those working directly for The Appointments Line.
Equality Impact Assessment	An Equality Impact Assessment looks at the effects of the proposals in the consultation document on a number of specific groups with what are called "protected characteristics", which include women, disabled employees and ethnic minorities. We will be undertaking the assessment in two stages: an initial assessment is included in the appendices of the

	consultation document, but a comprehensive assessment, with an action plan if appropriate, will be part of the Implementation Plan, produced at the end of the consultation.												
Future NHS Direct	Future NHS Direct is the phrase we are using to describe the organisation which will be delivering the 111 service, and any other services after the decommissioning of the 0845 and associated services. It creates a distinction with Existing Services, which describes the 0845 service until it is decommissioned by 30 th June 2013. In fact, until at least the end of the 2013/14 financial year, the formal name of the organisation will remain NHS Direct NHS Trust.												
Home working	Home working is the phrase we are using to describe nurse advisors or senior nurse advisors, who undertake front line duties from home. In Future NHS Direct home workers will be either Clinical Advisors or CQIs, as Call Handlers will not be able to work at home due to the Pathways licence												
Mobility Clause	<p>The mobility clause is included in each individual's terms and conditions and explains the time and distance you would be expected to travel if your place of work changed. The time and distance are related to your pay band and contracted working hours/time and explained in the table below:-</p> <table border="1"> <thead> <tr> <th></th> <th>Less than 5 hours a day or less than 3 days a week</th> <th>More than 5 hours a day or more than 3 days a week</th> </tr> </thead> <tbody> <tr> <td>Band 1-4</td> <td>30 minutes • 10 miles</td> <td>45 minutes • 15 miles</td> </tr> <tr> <td>Band 5-7</td> <td>45 minutes • 15 miles</td> <td>1 hour • 20 miles</td> </tr> <tr> <td>Band 8-9</td> <td>1 hour • 20 miles</td> <td>2 hours • 40 miles</td> </tr> </tbody> </table> <p>Both time and distance criteria will need to be exceeded in order for the mobility requirement not to apply.</p> <p>There will be consultation on any change of base taking into account individual personal circumstances such as childcare or dependant responsibilities, feasibility of travel and disability</p>		Less than 5 hours a day or less than 3 days a week	More than 5 hours a day or more than 3 days a week	Band 1-4	30 minutes • 10 miles	45 minutes • 15 miles	Band 5-7	45 minutes • 15 miles	1 hour • 20 miles	Band 8-9	1 hour • 20 miles	2 hours • 40 miles
	Less than 5 hours a day or less than 3 days a week	More than 5 hours a day or more than 3 days a week											
Band 1-4	30 minutes • 10 miles	45 minutes • 15 miles											
Band 5-7	45 minutes • 15 miles	1 hour • 20 miles											
Band 8-9	1 hour • 20 miles	2 hours • 40 miles											
Pool	A pool is a group of identified employees who will either be ring fenced and invited to apply for a specific post or invited to compete for a slot in position where there are more employees than posts available.												

Remote workers	Remote workers refers to managers or back office employees who, in Future NHS Direct, do not need to be based in one the contact centres.
Ring fencing	For many positions certain employees will be invited to apply, either because they are in a specific directorate, or because they are at a specific band. The process of indentifying the employees invited to apply is called ring fencing. Employees ring fenced for specific posts will have been identified as being 'at risk' and their current role will be broadly similar to and either at the same pay band or one band above or below the new post.
Slot in	Slot in will take place when a position in Future NHS Direct is identical to or substantially the same as the current substantive position of an employee and does not involve a change in payband. The employee simply takes up the new position on a specific date. If the positions are identical or substantially the same but there are more employees than posts available in Future NHS Direct, then there may be competition for the position.
Substantive role or band	The substantive role or band is the one to which an employee has been contracted to normally perform for the Trust. It excludes acting up/secondments or other arrangements where an employee may be undertaking a different role or post on a temporary basis.
Suitable Alternative Employment (SAE)	Suitable Alternative Employment is a position that the organisation believes is so similar to the employee's current position, that the employee is obliged to accept it and continue to work for the organisation, unless they decide to resign. A number of factors are taken into account such as pay, working hours, status, working environment and location in determining whether the post is similar or the same to the employee's current role and therefore considered suitable.
TUPE	TUPE stands for the Transfer of Undertakings (Protection of Employment) regulations, which in our circumstances require NHS Direct to transfer in employees from out of hours providers whose services are transferring to NHS Direct as a result of us winning 111 contracts in a specific area. The employees transfer into NHS Direct on their existing terms and conditions.

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Appendix 7: Map of NHS Direct sites and NHS provision

