



THE SECRETARY OF VETERANS AFFAIRS

WASHINGTON

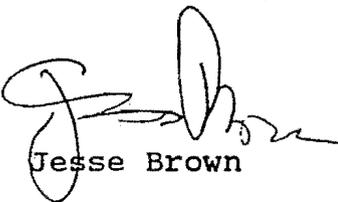
APR 12 1994

ADMINISTRATION HEADS, ASSISTANT SECRETARIES, OTHER KEY OFFICIALS, DEPUTY ASSISTANT SECRETARIES AND FIELD FACILITY DIRECTORS

Today the Department enters into a historic Labor-Management Partnership Agreement with employee unions at the national level. I am delighted to share the Agreement with you, and look forward to expeditious implementation of its provisions.

The Agreement is an outgrowth of President Clinton's direction to Federal agencies to overcome past adversarial relationships, and to mobilize the creative energies of employees to help achieve the reform objectives of National Performance Review. Partnerships require top level cooperation between Labor and Management. Such cooperation, sharing of information, and predecisional involvement are indispensable ingredients for achieving a better quality of work life for employees, more efficient administration of our programs, and above all better services to veterans.

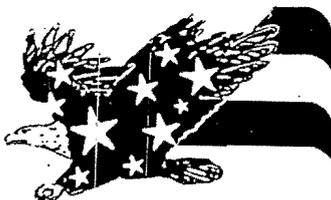
I want to thank the members of the VA National Partnership Council for producing the Agreement signed today and to heartily encourage the establishment of Local Partnership Councils. This is a great beginning, and I look to leaders at every level of the Department to continue this process. This will help make partnership a success for VA and for veterans.



Jesse Brown

Enclosure

RPC: 6001



Putting Veterans First

STRUCTURE/OPERATION

The Council will be comprised of the following *primary members:

Management

Human Resources Management
 General Counsel
 National Cemetery System
 Veterans Health
 Administration
 Veterans Benefits
 Administration

Union

American Federation of
 Government Employees
 American Nurses
 Association
 National Association of
 Government Employees
 National Federation of
 Federal Employees
 Service Employees
 International Union

The intent is to have two (2) members from each union listed above (total 10) and 10 management members.

Co-Chairpersons will be elected, (one from labor and one from management) by the NPC for a term of two (2) years. The responsibility for chairing the Partnership Meeting will be rotated between the Chairpersons.

The meetings will be held quarterly. The Co-Chairpersons may call additional meetings as are necessary. The duration of the meetings will be determined by the agenda items.

The NPC shall establish meeting agendas consisting of subjects agreed to by its members. Agenda items will be received in advance by the Co-Chairpersons.

The meeting place will be in Washington, DC, unless otherwise decided by the Co-Chairpersons.

The NPC may establish committees, task forces, or work groups as appropriate to carry out the work of the council.

It has been determined that travel is in the best interest of the government, accordingly, the Department of Veterans Affairs will be responsible for all Council members' appropriate travel and per diem expenses.

The NPC shall have the right to establish such procedures as are necessary to carry out the functions of the NPC.

VA NATIONAL PARTNERSHIP AGREEMENT

The Department of Veterans Affairs, American Federation of Government Employees (AFGE), National Federation of Federal Employees (NFFE), Service Employees International Union (SEIU), National Association of Government Employees (NAGE), and the American Nurses Association (ANA), enter into this partnership agreement in the spirit of Executive Order 12871, Labor-Management Partnerships.

PURPOSE

The purpose of the VA National Partnership Council (NPC) is to design, implement and maintain within the Department of Veterans Affairs a cooperative, constructive working relationship between labor and management to achieve common goals. To that end, the partners will make the investment necessary to establish an atmosphere of mutual respect and trust in accomplishing the Department's mission. This includes open and honest communication with a view toward recognizing and addressing the interests of the partners. This relationship must be established and vigorously maintained nationally and at local field facilities.

OBJECTIVES

In order to achieve this purpose, the partners agree to the following objectives:

1. Improve the day-to-day operations of the Department of Veterans Affairs.
2. Insure implementation of partnership concepts which include:
 - a. Pre-decisional involvement
 - b. Shared responsibility
 - c. Identification of problems
 - d. Sharing of information
 - e. Finding solutions
 - f. Forwarding recommendations to deciding official.
3. Ensure local implementation of partnerships.
4. Develop methods of voluntarily resolving disputes without use of a third party.
5. Identify training needed to accomplish partnership objectives.
6. Follow OPM guidance on implementing Executive Order 12871.
7. Address department policies and procedures which affect employees and customer services.

All NPC members will be in a duty status while participating in council business. Local and National Partnership activities beyond or outside normal duty hours of those involved will be considered as official duty and compensated in accordance with the law.

NPC decisions will be made using a consensus approach that integrates the interests of the partners.

Employees are encouraged to participate in partnership activities. Participation in partnership activities shall have no adverse impact on an employee.

IMPLEMENTATION

Joint training for members of the NPC and Local Partnership Councils should be provided as soon as possible. Such training should include:

- o examples of successful partnership experiences in VA and other Federal agencies;
- o interest-based bargaining techniques,
- o alternative dispute resolution approaches; and
- o communication and cooperation skills

Such programs should to the maximum extent possible draw upon the resources of the Federal Labor Relations Authority, the Federal Mediation and Conciliation Service, the Department of Labor, the Office of Personnel Management as well as VA resources such as the Regional Medical Education Centers (RMECs), Unions and teleconferencing and video capabilities as appropriate. This training will be conducted on a continuous basis to reflect new approaches and to meet the training needs of new employees.

The NPC will develop a procedure to evaluate progress and improvements in organizational performance resulting from the labor-management partnership.

The NPC should provide guidance to facilities on ways to foster local partnerships including specific examples of actions that have been useful such as union membership on facility committees, such as Director staff, Administrative Executive Board, Clinical Executive Board, Strategic Planning, Resources; joint training programs, and work groups to address issues of mutual interest.

At each facility there will be a Facility/Local Partnership Council established. The membership will consist of mutually agreed upon number of members from labor and management. The size, frequency, duration of meetings and agenda items of the council will be mutually agreed upon locally.

COMMUNICATIONS

The NPC shall foster a harmonious atmosphere of communication through the sharing of all information that will affect the relationship of this Partnership. The Co-Chairpersons shall be responsible for the distribution of all correspondence, etc., to all members of the NPC. The Council shall establish an open line of communication that is available to all members of the Council.

Between regular NPC Meetings, Conference Calls will be utilized as an effective means of communication with NPC members who are working on special projects with committees or work groups. The results of these Conference Calls will be reported at the next scheduled NPC meeting.

NPC members have responsibility for notifying the Co-Chairpersons about planned or current initiatives.

Members of the NPC shall have, or have access to, communication tools including P/Cs with modem, Electronic Bulletin Boards, facsimile equipment, FTS, etc.

Minutes will be recorded at each NPC meeting and distributed to each member prior to the regular meeting. Minutes from the prior session will be read and approved at the NPC meetings. All Agreements reached by the NPC shall be distributed to each NPC member for review and comment prior to final signatures.

A National newsletter or publication will be established and distributed to the Local Facilities to provide the status of the progress and accomplishments of VA partnership efforts.

In order to assure an atmosphere of trust, the NPC will encourage that all Facility Directors include the Local Union(s) in Directors Staff meeting and other meetings that affect the relationship of the Facility and the Union.

ALTERNATIVE DISPUTE RESOLUTION

The intent of the partners is to reduce the number of formal disputes and the need for third parties in dispute resolution, which will foster a cooperative labor-management relationship.

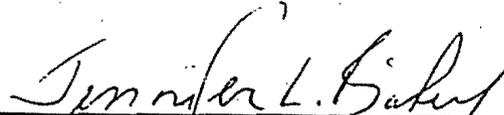
The partners at all levels will develop plans to implement alternative dispute resolution systems that emphasize and promote the voluntary resolution of conflict based on an interest-based approach. The NPC will provide guidance to this effect. The parties at all levels will identify pending formal disputes, which may include EEO complaints, unfair labor practices, or other matters affecting labor-management or employee relations that are susceptible to resolution and will make a good faith effort to resolve them.

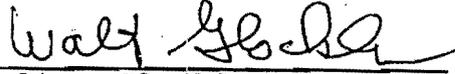
Nothing in this agreement shall preclude the parties from resolving formal disputes at any time.

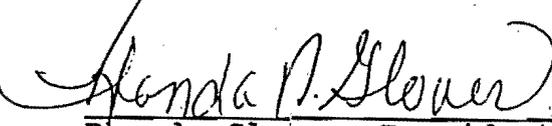
COMMITMENT

This agreement is a commitment by the partners that all management and union entities within VA make the best efforts to ensure the partnership principles are implemented.

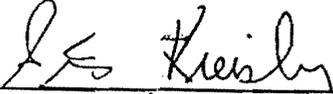
Union:

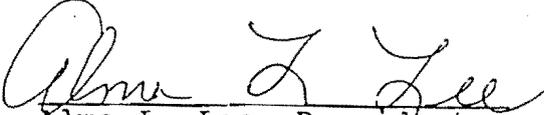

Jennifer L. Bailey, R.N.
Staff Nurse Representative
American Nurses Association
VAMC, Des Moines, IA


Walter Glockler
1st Executive Vice-President
AFGE National VA Council
VAM&ROC, Togus, ME

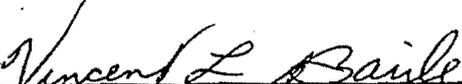

Rhonda Glover, President
SEIU Local 551
VAMC, Indianapolis, IN

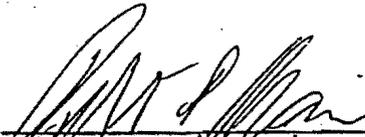

Louis Jasmine
Secretary/Treasurer
NFFE VA Council
President, NFFE Local 1904
VAMC, New Orleans, LA

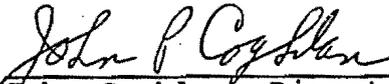

Steve Kreisberg
American Nurses Association
Center for Labor Relations


Alma L. Lee, President
AFGE National VA Council
VAMC, Salem, VA

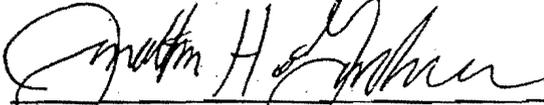
Management:

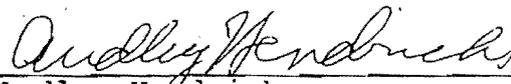

Vincent Barilé, Director
Office of Operation Support
National Cemetery System

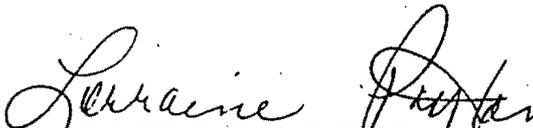

Robert Blair, Director
VAMC, Tuscaloosa, AL

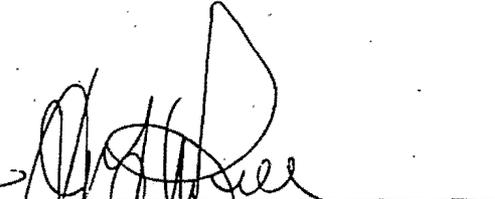

John Coghlan, Director
Personnel Assistance Staff
Veterans Benefits Administration


Ronald E. Cowles
Deputy Assistant Secretary for
Human Resources Management


Jonathan H. Gardner
Director Field Support
Southern Region,
Veterans Health Administration

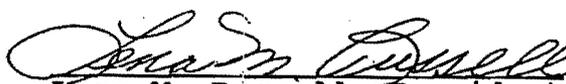

Audley Hendricks
Assistant General Counsel

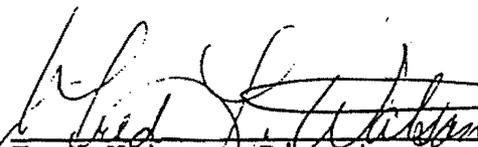

Lorraine Payton, President
NFFE VA Council
VAMC, New Orleans, LA


Jack McReynolds, Director
VARO, Denver, CO

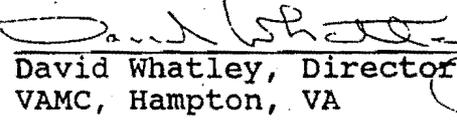

Susanne J. Pooler
National Vice-President
NAGE

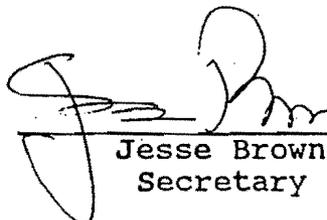

R. Stedman Sloan, Jr., Director
VARO, Columbia, SC


Lena M. Russell, President
NAGE R 14-8
VAMC, Topeka, KS


Fred Watson, Director
Field Program Service
National Cemetery System


Steve Schwartz, Director
Professional Council
SEIU AFL-CIO, CLC


David Whatley, Director
VAMC, Hampton, VA


Jesse Brown
Secretary

APR 12 1994

Date

Department of Veterans Affairs, James A. Haley Veterans' Hospital, Tampa, Florida, the American Federation of Government Employees (AFL-CIO), Local 547, and the Florida Nurses Association (FNA), Tampa Professional Nurses Unit

Prior to the beginning of formal partnership structures in December 1994, labor-management relations at the James A. Haley Veterans' Hospital were not usually characterized by mutual respect, open communication, or trust, let alone consensual decision making and shared responsibility and accountability.

In the transition from hospital to health care system, this hospital is undergoing the most radical change in its history. Fostered by partnership, Continuous Quality Improvement (CQI) teams involving labor and management representatives are analyzing hospital processes, identifying customer needs, and searching for ways to accomplish measured improvement in the hospital's delivery of services.

The Thrombolytic Therapy team decreased critical medication delivery time from 92 to 20 minutes, while another CQI team reduced the turnaround time for x-ray reports from an average of eight days to one day. Appointment access time for specialty clinics has decreased from 10-12 weeks to 1-2 weeks as a result of CQI team initiatives. Also a result of team efforts is the reduction in the processing time of compensation and pension examinations from an average of 31 to 18 days.

An interdisciplinary quality team chartered in February 1994 to establish a new process for assigning injured employees to modified (light) duty assignments, has produced a new process enabling greater utilization of employee skills and supports patient care priorities. The results of the modified duty process include a reduction of costs from approximately \$1,060,050 in fiscal year 1994 to \$872,772 in fiscal year 1995, a 16.9% reduction.

Labor and management have worked closely in developing recognition programs, for both individual employees and groups, that promote unit cohesiveness, improve employee morale, and encourage excellence in providing customer support.

In addition to producing process improvement in customer service, the Local Partnership Council appointed a task force to develop Customer Service Standards in order to provide employees with standards for customer service excellence.

The Local Partnership Council strives to use a partnering approach in addressing employee relations and labor-management issues, rather than the traditional position-based approach. An outstanding example of the Council's joint problem-solving approach is reflected in reduced EEO complaints. From fiscal year 1993 to fiscal year 1996, the hospital received 128 EEO complaints. In fiscal year 1997 complaints significantly decreased to 12. Also, thirty-seven potential EEO complaints were resolved informally by interest-based discussions. This dramatic decrease in EEO complaints has resulted in a cost avoidance in excess of \$740,000.

Pre-decisional involvement, as formalized through the membership on strategic committees, has resulted in a reduction of unfair labor practice charges from 3 in fiscal year 1994 to zero in fiscal year 1997.



DEPARTMENT OF VETERANS AFFAIRS
DEPUTY ASSISTANT SECRETARY FOR PERSONNEL AND LABOR RELATIONS
WASHINGTON DC 20420

July 22, 1994

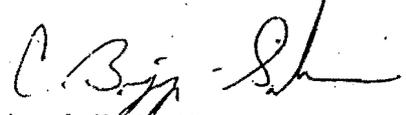
FAX NO. 05-94-9

ALL FIELD STATIONS - Directors and Human Resources Management Officers

This is an advance copy of the VA National Partnership Council Guidance implementing Local Partnership Councils signed July 20, 1994. This document will be printed and distributed.

It is important that a copy of this document be provided to Directors, Human Resources Management Officers and the Local Union President upon receipt at the field station. This document will be the subject of discussion as early as July 26, 1994.

If there are any questions, concerning distribution of this document please contact the Publications Control Officer Shirley A. McIntyre, at (202) 273-5008. If you have questions concerning the content of the document, please contact Melvin S. Weinstein, Deputy Director, Labor-Management Relations Service (202) 273-4932.


Annabelle D. Stone

Enclosure

VA NATIONAL PARTNERSHIP COUNCIL GUIDANCE
Implementing Local Partnership Councils

One of the objectives of the recently signed VA National Partnership Agreement is to ensure the timely implementation of local partnership councils in accordance with Executive Order 12871.

Consistent with this objective, the VA National Partnership Council (VANPC) is providing the following guidance. It is intended to better enable managers and union representatives to work together as partners in fostering positive change.

Where adversarial relationships exist, local parties must overcome these barriers, recognizing that the Executive Order fundamentally changes the way labor-management relations are to be conducted. Specifically, the traditional labor-management relationship must be changed to a constructive, cooperative partnership. This involves a sharing of information, joint participation in predecisional involvement, and an acceptance of responsibility to improve the day-to-day operations of the facility and foster positive change.

It is suggested that the parties use a skilled facilitator in developing a local Partnership Agreement which should set out clearly the objectives and operation of the local partnership. Our experience with establishing the VA National Partnership Council showed the Federal Labor Relations Authority (FLRA) to be very skilled at facilitating the hard work that is vital to moving beyond traditional labor-management relationships. The Federal Mediation and Conciliation Service (FMCS) is similarly skilled, with substantial experience in bringing union and management parties to agreement. The demand for facilitators, however, has created a backlog for both the FLRA and FMCS. So, after reserving time on the calendar of your jointly-selected facilitator, and until this process is completed and local partnership councils are formalized, the partners should be meeting, sharing information, and discussing issues that involve improved services to veterans and that affect the working conditions of all employees. In addition, union participation in Directors' staff meetings and membership on administrative and clinical executive boards, and strategic planning and resources committees, to name a few, should be provided.

Top level management, to include officials above the service chief level or equivalent, and top union officials are strongly encouraged to comprise the partnership. There are far more advantages than disadvantages when top level management participates. When top levels participate they have an opportunity to share their concerns, fears and

interests regarding matters before the partners. If difficult agenda items can be worked out in partnership, there should be little need for traditional bargaining or third party resolution; subsequently, a great saving of time, effort and money will be realized.

Health Care Reform and right-sizing will require the highest levels of trust, sharing of information, and responsibility. Immediate decisions will have to be made that cannot be delayed in the traditional labor-management forum. The ability of the VA to improve the workplace, become more efficient, and provide better services to clients requires joint responsibility and cooperation if we are to succeed in Health Care Reform and other similar initiatives.

The National Partnership Agreement furnishes guidance for the establishment of a local Partnership Council, which should operate under the principles of consensus based decision making. You may want to review the information regarding partnership efforts across the Federal Government developed by the National Partnership Council clearinghouse at OPM to assist you in this effort. This has been previously provided to you for your consideration.

The parties should, next, jointly agree and arrange for mutual training in the two key concepts underlying the partnership, namely integrating the mutual interests of both parties through Interest Based Bargaining techniques and Alternative Dispute Resolution. The training should include sessions in communications and cooperation skills which can be obtained through FLRA, FMCS and OPM as well as private sources. Early joint training to meet the needs of the individuals involved in local partnerships is critical to developing the communication and trust necessary for partnerships. Nonjoint training programs lack the advantage of interaction between the individuals who will be members of the local partnership councils. It is important that those individuals together develop the local training agenda and agree on the provider.

For training developed and sponsored jointly, duty time for those involved is appropriate and is consistent with the provisions of the national partnership agreement on council business. Because such training usually can be arranged at the facility involved, or within the commuting area, travel and per diem would not normally be necessary resulting in greater cost effectiveness. Duty time for nonjoint partnership training should be provided when the partners agree that it furthers the objectives of the Council.

It needs to be emphasized that there exists no standard formula on how to establish and implement local partnership councils. It involves a willingness to change old ways, trust and cooperation on the part of both parties, vision for the future, hard work, and, where necessary, assistance from the VANPC to overcome obstacles encountered.



Walter Glockler
Co-Chair, VANPC



Ronald E. Cowles
Co-Chair, VANPC

July 20, 1994



**Department of
Veterans Affairs**

Salt Lake Regional Medical Education Center
Salt Lake City National Media Development Center
VA National Partnership Council &
Office of Human Resources Management

present

Labor-Management Partnerships in VA



Satellite Conference
May 23, 1995
Project 95ED

Purpose and Description

This two hour satellite conference will enhance veterans services through the use of new knowledge and skills of labor and management staffs of the Department of Veterans Affairs regarding the accomplishment of the National Performance Review Goals. This will be accomplished through the use of lectures, panel discussions, examples, and questions and answers.

Intended Outcome

Participants will be able to apply newly acquired knowledge and skills in developing labor-management partnerships in accordance with Executive Order 12871. The participants will be motivated to accomplish the transition from traditional labor-management relations to one which fosters the accomplishment of the National Performance Review (NPR) goals of:

Establishing good government practices through:

- Increased quality and productivity
- Improved customer services
- Accomplishment of mission
- Efficiency
- Quality of work life

Developing a new organizational culture and vision through:

- Employee empowerment
- Sharing information
- Joint decision making through consensus
- Cooperation even when there is disagreement
- Problems jointly identified and solved
- Patience and trust in the process

Establishing a formal partnership agreement.

Planning Committee

Ronald Cowles, James A. Coyne, Sheree Cramer, William Ted Galey, M.D., Walter Glockler, Scott Jackson, Peggy Joyner, Linda Kent, Nicholas J. LoBurgio, Cheryl A. McNeil, Jack McReynolds, Laura Morehead, Ronald B. Norby, M.S.N., R.N., Y C Parris, Lorraine T. Payton, B.S., Thomas J. Price, B.A., Lena Russell, Gordon Schaffer, Steve Schwartz, Eldon Shafer, Richard Shew, Paul Smith, Dan Sobrio, Raymond Spry, M.B.A., M.S.O.D., Susan Tripp, Vincent J. Varnas, Al Wagner, Mel Weinstein, David Whatley

Target Audience

Department of Veterans Affairs medical center directors, chiefs of staff, chief nurses, associate and assistant directors; VARO directors and assistant directors, division chiefs and other managers and supervisors; other DVA facility/component managers and supervisors; and national and local union presidents, officers and representatives.

Objectives

Upon completion of this program, participants will be able to:

1. Describe the intent of the NPR goals as identified in Executive Order 12871.
2. Foster the transition from traditional labor relations to VA Partnerships.
3. Describe the VA Partnership structure and the process utilized to accomplish the NPR goals.
4. Discuss how interest-based bargaining and alternative dispute resolution can be utilized in labor-management relations.
5. Compare and contrast traditional labor-management approaches with interest-based bargaining techniques and alternative dispute resolution strategies.
6. Describe outcomes achieved by local medical centers who have established VA Partnerships and utilized alternative dispute resolution and interest-based bargaining techniques.

Agenda

Welcome and Introductions

Commitment of Department of Veterans Affairs

National Partnership Goals

Alternative Dispute Resolution and Interest-Based Bargaining

Model Sites: VAMC Portland and VAMC Amarillo Accomplishments

Panel Discussion

Evaluation and Adjourn

Accreditation

The Salt Lake Regional Medical Education Center is accredited by the Accreditation Council for Continuing Medical Education to sponsor continuing medical education for physicians.

The Salt Lake Regional Medical Education Center designates this continuing medical education activity for 2.0 credit hours in Category 1 of the Physician's Recognition Award of the American Medical Association.

This offering for 2.4 contact hours is provided by the Salt Lake Regional Medical Education Center, Continuing Education Section, which is accredited as a provider of continuing education in nursing by the American Nurses Credentialing Center's Commission on Accreditation.

The Salt Lake Regional Medical Education Center designates that this activity meets the criteria for 2.0 contact hours of continuing education.

A certificate of attendance will be awarded by the Salt Lake Regional Medical Education Center. Participants must attend the entire session and complete an evaluation form in order to receive a certificate. A record of attendance for all participants will be kept on file at the Salt Lake Regional Medical Education Center.

Faculty

Jesse Brown

Secretary, Department of Veterans Affairs, VA Central Office, Washington, DC

Ronald Cowles

Deputy Assistant Secretary for Human Resources Management, & Co-chair, VA National Partnership Council, VA Central Office, Washington, DC

William Ted Galey, M.D.

Chief of Staff, VA Medical Center, Portland, OR

Walter Glockler

First Executive Vice-President AFGE National VA Council & Co-chair, VA National Partnership Council, VARO & MC, Togus, ME

Linda Kent

Vice-President, AFGE Local 2250 VA Medical Center, Amarillo, TX

Nicholas J. LoBurgio

Regional Attorney, Denver Region, Federal Labor Relations Authority

Laura Morehead

President, AFGE Local 2157, VA Medical Center, Portland, OR

Ronald B. Norby, MSN, RN

Program Director, Field Support & Clinician Integration, Nursing Service, VA Central Office

Y C Parris

Director, VA Medical Center, Amarillo, TX

Lorraine T. Payton

President, NFFE VA Council & Member, VA National Partnership Council, VA Medical Center, New Orleans, LA

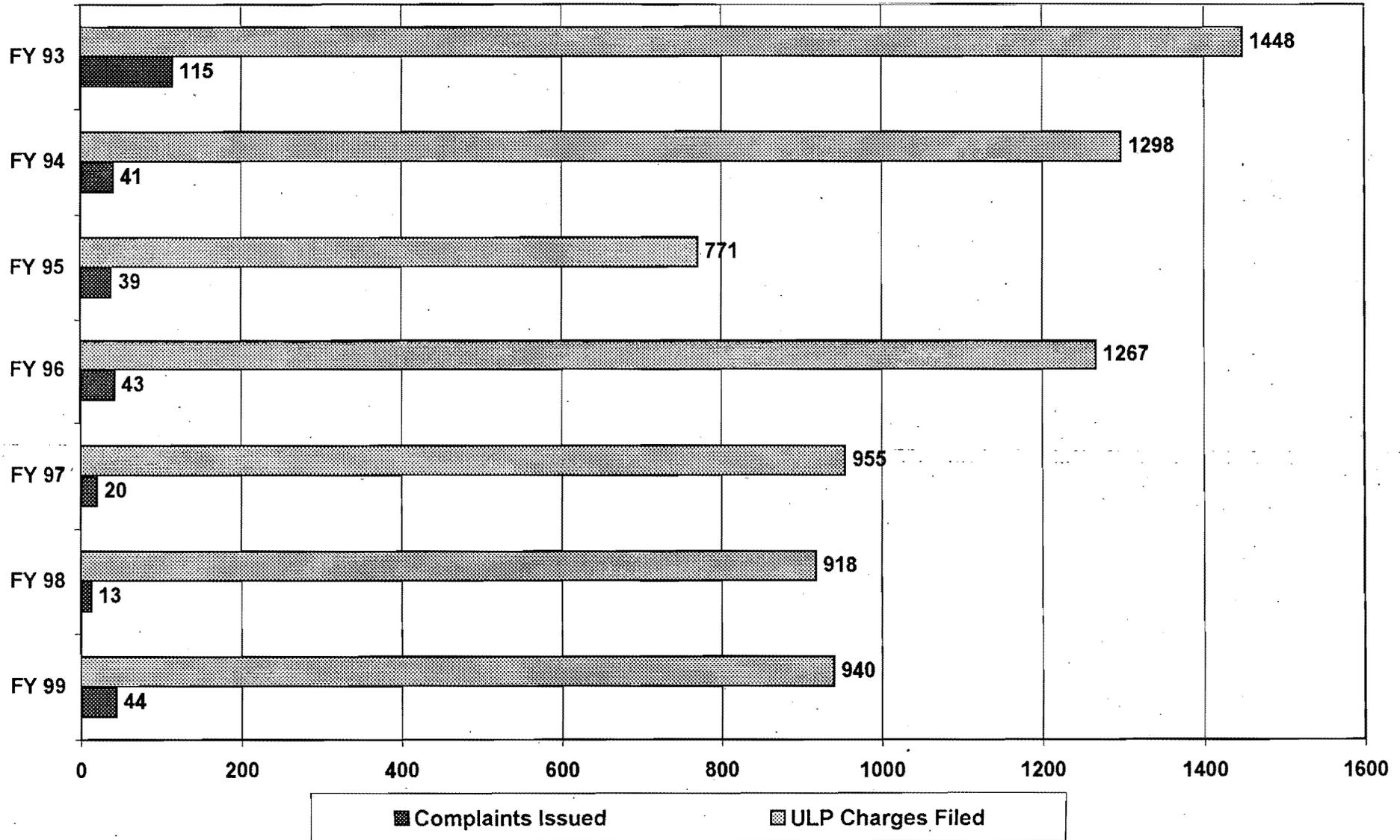
Gordon Shaffer

President, NFFE Local 1138, VA Medical Center, Amarillo, TX

DEPARTMENT OF VETERANS AFFAIRS

Trends in Union Filed Unfair Labor Practice Charges and Unfair Labor Practice Complaints Issued

1993 - 1999



VA NATIONAL PARTNERSHIP COUNCIL GUIDANCE
Negotiating Matters Related to 5 USC 7106(b)

As part of the National Performance Review (NPR) the President issued Executive Order 12871 entitled "Labor-Management Partnerships". Section 2 of the Executive Order pertains to the implementation of partnerships and states that "the head of each agency...shall (d) negotiate over the subjects set forth in 5 U.S.C. 7106 (b)(1) and instruct subordinate officials to do the same."

5 U.S.C. 7106 (b) (1) addresses "the numbers, types, and grades of employees or positions assigned to any organizational subdivision, work project, or tour of duty, or on the technology, methods, and means of performing work". Pursuant to the EO, management is now required to bargain on matters covered by Section 7106(b) (1) and a failure by managers to bargain on them is inconsistent with the Executive Order.

It is anticipated that fewer and fewer of these matters will be the subject of negotiations when the principles of partnership are applied. Many of these issues are the type which initially should be referred to local partnership councils where the subject can be fully discussed and hopefully a consensus reached negating the need for further negotiations.

When agreement is not reached, the parties are encouraged to approach negotiations through interest-based bargaining which is based upon consensus decision-making and trust within the local partnerships.

It is also important for the parties to distinguish those matters which are 5 USC 7106(a) (mandatory rights of management). Management should not use 7106(a) as a means to circumvent their 7106 (b) bargaining obligations.

Before the parties start to negotiate over 7106(b) (1) subjects, they should first seek agreement on how to resolve impasses or negotiability disputes. The parties should make every effort to avoid disputes over whether a proposal on a Section 7106 (b) (1) matter is nonnegotiable because it also conflicts with Section 7106(a) management rights. Rather, the parties should focus on the intent of the proposal and on ways to reformulate it in a manner that does not result in a conflict with Section 7106(a). Thus, it should be a rare circumstance when 7106(a) is utilized.

In the event the parties are unable to reach an agreement, they are encouraged to use the Federal Mediation and Conciliation Service as well as any other mutually agreed-upon dispute resolution processes. Every effort should be made to reach agreements that address the interests of both parties. If that does not result in an agreement, either party may take the impasse to the Federal Service Impasses Panel or to an arbitrator agreed upon by the parties under procedures approved by the Panel.

Walt Glockler
Walter Glockler
Co-Chairperson, VANPC

Ronald E. Cowles
Ronald E. Cowles
Co-Chairperson, VANPC

1/6/95
Date



VA NATIONAL PARTNERSHIP COUNCIL

Ideas On Using Pre-decisional Involvement To Enhance Partnership Councils

We don't pretend to have all the answers in the VANPC, and like any partnership we have our highs, lows and growing pains. As we grow, one of the things that we keep coming back to as partners is the issue of pre-decisional involvement and how to actually successfully accomplish it. Here are some of our thoughts on pre-decisional involvement and how we are accomplishing it. We hope this helps local partnerships and other pre-decisional groups in their quest for more effective collaboration.

What is "pre-decisional involvement?" "Pre-decisional involvement" is a term that represents those activities where employees, through their union (their elected exclusive representative), are given the opportunity to help shape decisions in the workplace which impact their work. Executive Order No. 12871, LABOR-MANAGEMENT PARTNERSHIPS (October 1, 1993), is the cornerstone of the movement toward greater pre-decisional involvement. However, the Executive Order does not define the term "involvement," nor does it establish at what stage of the decision-making process this "involvement" should occur, or how this "involvement" should be accomplished. These matters are left for the participants, through their partnership councils, to deliberate and decide. Parties should not engage in a pre-decisional involvement processes unless they have addressed what pre-decisional involvement means for them, how it will be accomplished, what they hope to get out of the process, and what actions will occur upon the conclusion of the process.

We have spent a lot of time discussing predecisional involvement in the VANPC. For the VANPC, members decided that "predecisional involvement" meant "involving union partners at the beginning, when the organization first has the idea that it wants to consider or implement a new policy." We also define "policy" broadly as including new programs and initiatives. As an active partnership, the VANPC uses pre-decisional involvement as a way to address national issues, i.e., those affecting more than one facility. We also agree that union partners should be involved and participate in the groups' decision making process as opposed to merely providing input after a decision is formulated.

Thus, we try to involve our union partners on work groups at the formation stage (prior to a recommendation or decision being made) where they help to "weigh the options" as opposed to merely being asked to "give a stamp of approval".

To use pre-decisional involvement successfully, it is critical that all parties to the relationship:

- Have a common understanding of what pre-decisional involvement, as they themselves define it, means.
- Understand the scope of the group's charge.
- Share a mutual appreciation of why it is in their own best interest to engage in pre-decisional involvement.
- Have similar expectations of the results they seek to obtain from pre-decisional involvement.
- Agree on what actions should occur after pre-decisional involvement has concluded.

To structure an effective pre-decisional involvement process, the partners (or another pre-decisional group), should openly discuss and come to a common understanding on the following matters:

- The issues or types of issues that are appropriate for pre-decisional involvement.
- The information that the agency will provide to the union when the pre-decisional involvement process is triggered.
- The factors that the union will evaluate to determine whether it will engage in pre-decisional involvement.
- Whether the group will make recommendations or has been delegated final decision-making authority.
- The process to follow to engage in predecisional involvement.
- The constraints of the respective participants when engaging in pre-decisional involvement, particularly those associated with time and authority.

The VANPC recognizes that unions must select the individuals who will represent their interests in any group utilizing pre-decisional involvement, and that union representatives engaging in partnership activities are doing so on duty time. We also understand that the more notice a union has of the need for representative(s) the more likely it will be able to have qualified union representatives assigned. W.

agree that our union partners have the right to decide the issues and groups in which they have a particular interest and to assign representatives accordingly. Thus, there may be groups in which the unions do not send a representative and others where greater representation is desired. We worked together to develop and structure a process to facilitate obtaining adequate union representation to accomplish pre-decisional involvement. VANPC's process involves a designated management point of contact liaising with a designated labor point of contact to obtain union representatives for groups and, as they arise, to work out other issues associated with pre-decisional involvement. Our ultimate goal is to eliminate, or at least reduce, and tailor the need for traditional bargaining.

Ideally, when engaging in individual pre-decisional processes, partners (or another pre-decisional group) should jointly reach a common understanding on additional matters such as:

- Their charge, including the scope of the charge.
- Matters that are "on" or "off the table."
- Size and membership of the group.
- Roles of group members.
- Expectations of group members.
- Limitations of group members.
- The means of making the decision, i.e., consensus, majority.
- Time limitations of group members.
- Standards that any solution must meet.
- Interests that any solution must meet.
- A method of operation for the group.
- The commitment to the task.
- Information and resources needed.
- The format of final work product.
- Confidentiality within the group.
- Group member skills needed.

Does pre-decisional involvement expand or reduce the number of subjects over which there is a duty to bargain under the Federal Service Labor-Management Relations Statute (Statute)? No. It does not expand the topics that are mandatorily negotiable under the Statute. Predecisional involvement and bargaining are different processes.

Why should employees be involved in the decision-making process? Isn't that management's job and responsibility? The ultimate responsibility for making

management decisions rests with management. Management manages the agency and unions represent bargaining unit employees. However, management decisions on how work should be performed must be implemented - and it is employees who perform those work tasks. Also some decisions may be delegated to a group. Employees have valuable suggestions on matters as to ways to work better and cost less, achieve significant results for the money spent, provide value to customers and stakeholders, deliver products and services on time, bring recognition to the agency for the services it provides and foster a productive and constructive labor-management relationship. By using pre-decisional involvement as a mechanism to making these decisions, an organization can take better advantage of its assets.

Why is it necessary to deal with the union if it is the employees who have the suggestions? When employees are in bargaining units under the Statute they have selected that union as their exclusive representative to represent their interests in workplace matters.

Does pre-decisional involvement require either the union or the agency to waive or give up any rights under the Statute? Pre-decisional involvement does not waive management's statutory right to make decisions under the Statute, nor does it waive a labor organization's right to engage in bargaining prior to implementation to the extent required by the Statute. The decision to engage in a pre-decisional involvement process should not disadvantage the agency or the union with respect to any statutory rights. However, successful pre-decisional involvement may eliminate the need for other bargaining under the Statute, or it may limit statutory bargaining to the areas where consensus was not reached. It is important that the parties understand that bargaining under the Statute might have to occur after pre-decisional involvement. Both parties should fully recognize the possibility that it may indeed be necessary to engage in some statutory bargaining after pre-decisional involvement and prior to implementation of a change which otherwise triggers a duty to bargain under the Statute. Conflict can occur when the participants do not have a common understanding of this concept.

Some basic principles of pre-decisional involvement include:

- The process begins early when ideas are forming.
- The participants have common expectations.
- Information is freely shared throughout the process.
- The participants have a common understanding on confidentiality of the information and the process.
- The participants utilize a problem solving approach founded on interest-based principles.
- The participants adapt a team approach to their activities.
- The participants demonstrate a high degree of commitment to the process and to achieving their shared expectations.

Pre-decisional involvement is necessary for improved decisions and a best practice in management that fits well with the practice of continuous quality management (CQI). Inclusion of employees and stakeholders early in the development of policies, plans and strategies is also a key part of the High Performance Development Model (HPDM) which is in the process of being rolled out to employees and managers. In the context of CQI and HPDM, it is important to note that decision-making and the related quality of decisiveness (timeliness) should require a business reason to object and is not a bureaucratic, regulatory or legal process. HPDM core competencies

include systems thinking, creative thinking and flexibility, all of which improve with increased responsible participation. Participation is greatly enhanced through pre-decisional involvement.

Properly executed, pre-decisional involvement results in better decisions, faster and full implementation, and less conflict, even if bargaining is still required. If, as part of the pre-decisional process, the parties recognize and articulate their respective interests and set forth the standards that any solution must meet, there is a high possibility that the group members will be able to produce options which provide the basis for the best solution.

The benefits of pre-decisional involvement include:

- Better decisions.
- Fuller implementation of decisions.
- Greater support of the decisions.
- More timely implementation.
- Any subsequent collective bargaining will be facilitated.

The risks of pre-decisional involvement include:

- Increased investment of time.
- Increased administrative costs.
- Collective bargaining under the Statute may still be necessary.

For more information:

Executive Order No. 12871, Labor-Management Partnerships, 58 Fed. Reg. 52,201 (October 1, 1993).

Executive Summary, FLRA GENERAL COUNSEL'S MEMORANDUM TO REGIONAL DIRECTORS ON PRE-DECISIONAL INVOLVEMENT: A TEAM-BASED APPROACH UTILIZING INTEREST-BASED PROBLEM SOLVING PRINCIPLES (July 15, 1997)

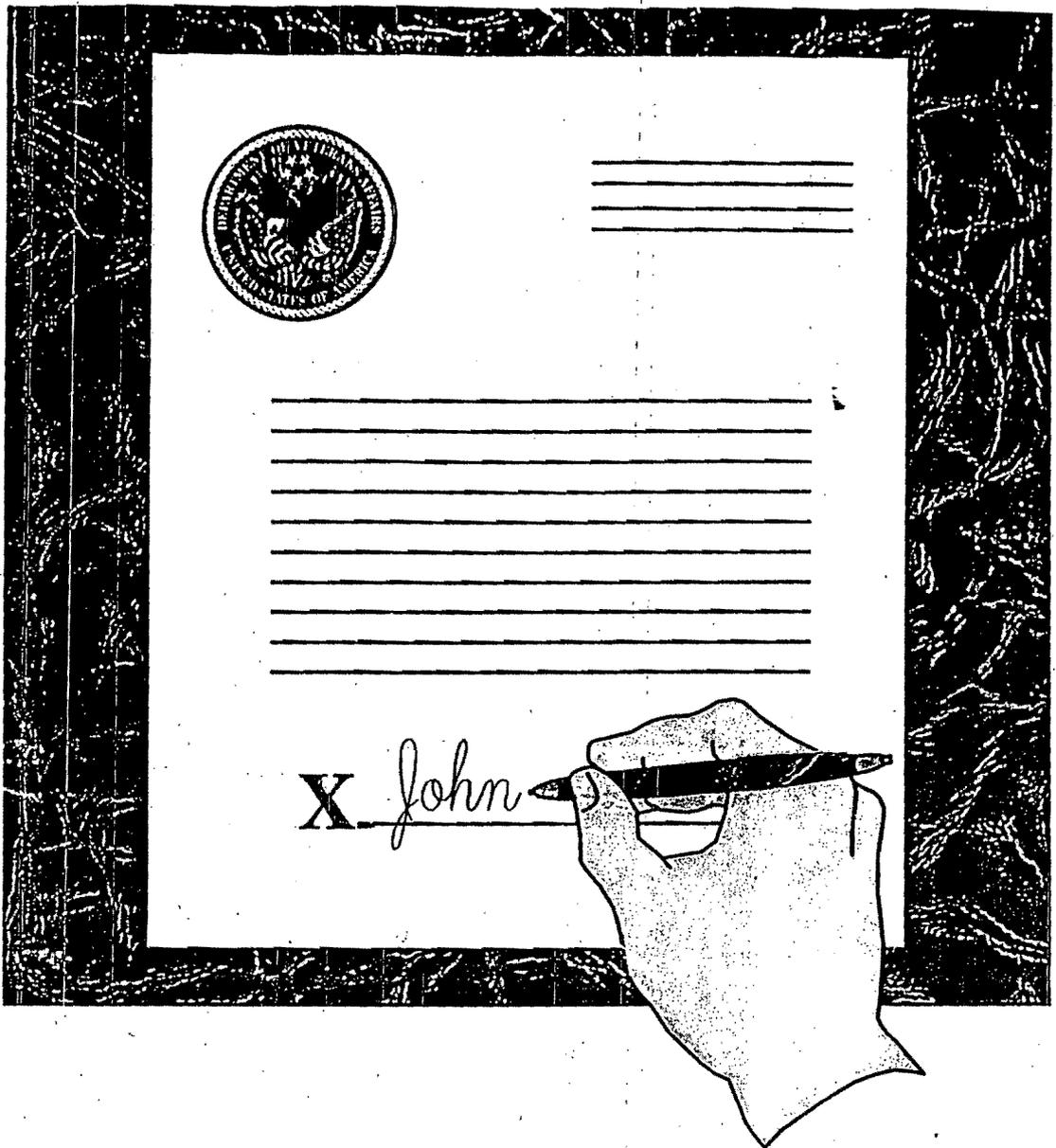
(<http://www.fpml.com/FLRA/ogcinfo/pdlq-a.html>).

Guidance Memorandum, FLRA GENERAL COUNSEL'S MEMORANDUM TO REGIONAL DIRECTORS ON PRE-DECISIONAL INVOLVEMENT: A TEAM-BASED APPROACH UTILIZING INTEREST-BASED PROBLEM SOLVING PRINCIPLES (July 15, 1997) (<http://www.fpml.com/FLRA/ogcinfo/Painvolvement.html>).

FLRA News, GENERAL COUNSEL ISSUES PRE-DECISIONAL INVOLVEMENT POLICY (July 15, 1997) (<http://www.fpml.com/FLRA/info/pr-113-97.html>).

FLRA News, GENERAL COUNSEL ISSUES GUIDANCE ON THE CREATION AND OPERATION OF EMPLOYEE MANAGEMENT WORK GROUPS (<http://www.fpml.com/icrpress/groups.html>).

Guidance Memorandum, FLRA GENERAL COUNSEL'S MEMORANDUM TO REGIONAL DIRECTORS ON DUTY TO BARGAIN OVER PROGRAMS ESTABLISHING EMPLOYEE INVOLVEMENT AND STATUTORY OBLIGATIONS WHEN SELECTING EMPLOYEES FOR WORK GROUPS (August 8, 1995)



THE VA PARTNERSHIP COUNCIL'S
GUIDE TO COLLECTIVE BARGAINING
AND JOINT RESOLUTION
OF 38 U.S.C. §7422 ISSUES

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INTRODUCTION

In Executive Order 12871, President Clinton directed all federal agencies to allow their employees to contribute to the fullest extent possible in determining how the agency can best serve its customers. To do this, the President directed all agencies to develop partnership relations with their employees' unions. Additionally, the President ordered most agencies to bargain with the unions representing their employees on, among other things, the methods, means, and technology of performing work and the numbers, types, and grades of employees assigned to various work units or shifts.

This handbook explains how the President's order will be complied with as it applies to Title 38 employees, in light of 38 U.S.C. §7422(b). That section bars bargaining over the following particular subjects:

- (1) any matter or question concerning or arising out of professional conduct or competence, i.e., direct patient care or clinical competence;
- (2) any matter or question concerning or arising out of peer review; and
- (3) any matter or question concerning or arising out of the establishment, determination, or adjustment of employee compensation under this title.

The Title 38 restrictions on the scope of bargaining reflect a congressional determination that the listed subjects cannot be appropriately dealt with in the negotiation system that had developed under the federal sector labor relations law. The restrictions do not reflect a hostility to employee involvement in ways that avoid the problems of the old labor relations system.

Union-agency relations under the old system, not just in VA but throughout the federal government, were adversarial, litigious, dilatory, distracting, and non-credible. The unions and management in VA are now committed to creating a new system, as envisioned by President Clinton's October 1993 executive order. It is worth comparing the two systems:

OLD

Adversarial: The union's goal was to get as much as possible, and management's goal was to give as little as possible. The legitimate interests of the parties were not always considered.

Dilatory: In contract bargaining, management was motivated to delay. In bargaining over the impact and implementation of management decisions, the union was motivated to delay.

Litigious: Disagreements were framed in legal terms, and negotiations were delayed while the FLRA and courts considered the legal issues.

Distracting: Contract negotiations concentrated on matters which were of marginal importance to the employees and the agency.

Noncredible: Impasses were resolved by individuals whom neither management nor the union believed understand the needs of the agency or the employees.

NEW

We will use interest-based problem solving in order to meet the legitimate objectives of all concerned. We recognize that the employees have a deep stake in the quality and efficiency of the work performed by the agency.

We share a sense of urgency in addressing the problems of the agency which, if not soon cured, threaten the jobs of all of us.

Management will have no incentive to avoid dealing except to the minimum absolutely required by the law. Thus, there will be no need to litigate what that minimum is. Besides, the unions gain nothing from discussions which cannot yield results until after years of litigation.

We are going to concentrate on issues of the utmost importance to the employees and the agency.

We will avoid delegating decision-making power to any outsider. If we seek advice or training from the outside, it will be from people that both sides trust.

TITLE 38 ISSUES WITHIN THE LOCAL PARTNERSHIP

As long as the law remains as it is, there cannot be written contracts which control patient care, clinical competence, peer review, etc. Ambiguous contracts cannot be construed to control these matters. On the other hand, the law certainly allows management to try to reach consensus with the unions on these subjects, to make commitments based on that consensus, and to keep those commitments. That is how the unions and the agency are going to try to deal with Title 38 issues.

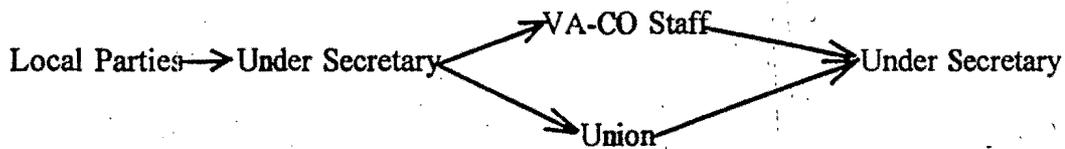
The purpose of labor-management partnership is to get the front line employees directly involved in identifying problems and crafting solutions to better serve the agency's customers and mission. In practice, the solutions that are developed will rarely be appropriate to place in a contract. If a consensus is reached on the proper mix of staff in an intensive care unit ("ICU"), management will simply make the change. It would, however, contradict the purpose of government reinvention to say that that particular mix must stay in effect for some arbitrary period of time. The local partnership will be continuously monitoring the quality of service provided by that ICU. If either party sees a problem, the partnership will revisit the staffing issue.

DECISION-MAKING UNDER 38 U.S.C. §7422 IN THE CONTEXT OF PARTNERSHIP

The union members of the VA Partnership Council recognize that a decision as to whether a matter falls within the "professional conduct or competence" exception of 38 U.S.C. §7422(b) rests with the Under Secretary. VA recognizes, however, consistent with the spirit and letter of Executive Order 12871, labor organizations representing VA's medical professionals are to play a role in how decisions affecting those employees are made.

The final voice within the department as to the scope of bargaining belongs to the Under Secretary. Nevertheless, all such decisions should be made with the pre-decisional involvement of VA's union partners. The VA Partnership Council has crafted two mechanisms ensuring the pre-decisional involvement of VA's union partners: one for issues arising at a particular facility and one for addressing national level issues.

Local level issues: The members of the VA Partnership Council have jointly decided upon the structure for decision-making under 38 U.S.C. §7422 for matters arising at the local level. That structure is envisioned as:



When issues concerning the application of §7422 arise at the local level, management and the union will make every reasonable effort to resolve the dispute within the local partnership council. If that fails, the matter should be forwarded to the VA Central Office ("VACO"), for further attempts at mutually satisfactory resolution and, if necessary, decision by the Under Secretary.

The request for action should be addressed to the Under Secretary. It may be initiated by the local parties jointly, by the local partnership, or either of the local parties separately. The Under Secretary will not decide the matter until the national unions have had an opportunity to address it through the process described below.

Upon receipt of the request, the Under Secretary will forward copies to the unions represented on the National VA Partnership Council. Within 30 days of their receipt of the documents, the unions -- jointly or separately -- may submit their analyses and recommendations to the Under Secretary.

It is presumed that the Under Secretary will also seek the advice of VACO staff, including the office of labor management relations and the office of general counsel. Any such advice must be provided within the same deadlines as apply to the unions.

Although in the interest of speed and of avoiding unnecessary bureaucratization, there is no requirement that every issue forwarded by the local parties be formally considered by the National VA Partnership Council, it is expected that in some cases national level attempts will be made to resolve the issue by consensus.

If national consensus is reached, it is expected that the local parties will proceed in accordance with it, without any need for a formal decision by the Under Secretary. Otherwise -- if there is no national consensus within the deadline for national party submissions to the Under Secretary, or if one of the local parties refuses to abide by the consensus -- the Under Secretary will be advised of the need to issue a decision. Decisions of the Under Secretary will be stored in a database or some other form that may be accessed by both union and agency parties.

National level issues: For those issues/matters arising at the national level, requests for a decision as to the negotiability of a matter under 38 U.S.C. §7422 may be submitted to the VA Partnership Council. The members (unions and agency) of the council will make a good faith effort to find a solution to the underlying dispute which will avoid the necessity of a decision on the legal issue. If that fails, the council will attempt to reach a consensus on the legal issue, and urge the parties to dispose of the case based on that consensus. The Under Secretary will be informed of any consensus advice of the council. If there is not consensus, the Under Secretary will be provided the views of the various council members.

TITLE 38 ISSUES WITHIN THE FRAMEWORK OF NEGOTIATIONS AND ARBITRATION

During the transition from the old to the new system, there are sure to be mistakes and disagreements. These will be treated as opportunities for the parties to learn, rather than grounds for winning or losing appeals.

With respect to the Title 38 issues, disputes are going to arise in at least the following three situations:

- * contract negotiations
- * contract enforcement
- * disciplinary actions

Contract negotiations: Collective bargaining over peer review matters, professional conduct or competence, *i.e.*, direct patient care and/or clinical competence, is precluded by the law governing Title 38 employees. Thus, there are not going to be contract provisions defining the proper care for particular types of patients, or that bar the agency from using peer review procedures established by law. Nevertheless, the parties will attempt to craft solutions in partnership to address problems in these areas.

In the past, the disputes concerned proposals which management believed, if agreed to, might at some time during the life of the contract interfere with the agency's management rights and responsibilities, such as patient care. Quality patient care is recognized as an interest of both sides which must be protected or enhanced by any contract. Both parties will seek to develop contract provisions, not involving the excluded matters, which respect the patient care interest while also achieving the interest underlying the original proposal.

Contract enforcement: What if management believes that it cannot comply with an existing contract clause which is contrary to the restrictions of §7422.

Management's first resort should be to the local partnership council. If maintaining the current schedule is truly important to the employees, then the union would be obliged to propose viable alternative means of providing the necessary quality of care. If, within the partnership, the parties agree to the change, it would be implemented. If the parties cannot agree after utilizing the process outlined previously in pages 3-4 of this document, the union may seek review as provided by law.

Disciplinary actions: Title 38 requires that appeals of major disciplinary actions involving patient care or clinical competence issues be decided by peer review boards rather than by arbitrators or the Merit Systems Protection Board ("MSPB"). Many cases will clearly fall within one system or the other. For some cases, however, the parties may have difficulty determining which forum to use. When the matter does not clearly involve direct patient care or clinical competence, one factor that is helpful to consider is whether the application of professional judgment is required in order to decide the merits of the case. However, if the parties are in disagreement over whether a matter arises out of or involves a question of professional conduct or competence, Title 38 provides that the Disciplinary Appeals Board has exclusive jurisdiction to decide that issue.

EXAMPLES OF THE TITLE 38 EXCLUSION OF SUBJECTS FOR BARGAINING

Outside the partnership, management retains unilateral responsibility to make decisions with respect to employees' professional conduct and clinical competence as these relate to patient care. Matters relating to professional conduct and competence are not subject to collective bargaining or negotiated grievance procedures. However, the definition of professional conduct and competence has often been the subject of dispute between labor and management. **The Secretary has decided that VA will apply the exception to bargaining based on professional conduct or competence "narrowly to matters clearly and unequivocally involving direct hand-on patient care or clinical competence."** Therefore, labor and management parties must be mindful of the fact that many matters affecting the working conditions of Title 38 employees affect patient care only indirectly and therefore should be subject to bargaining.

No contract or arbitration should attempt to define the care which is given to patients. Nor should a contract or arbitration define the professional qualifications for positions or whether particular employees meet those qualifications.

To be sure, it is the responsibility of both parties to avoid agreements which will make it impossible to provide proper levels of patient care. Similarly, both parties must be aware of, and consciously take account of, the costs associated with the employee benefits. For example, scheduling shifts substantially in advance, so that employees can plan family and civic activities, may make it more expensive to meet patient care standards under certain

circumstances. That does not relieve management of either the responsibility to assure proper patient care or to bargain over employee working conditions.

Collective bargaining and arbitration should not attempt to control the scope of peer review or the outcome of particular cases.

Under Title 38, pay scales are set by the agency, outside of collective bargaining and arbitration. Left within the scope of bargaining and arbitration are such matters as: procedures for collecting and analyzing data used in determining scales, alleged failures to pay in accordance with the applicable scale, rules for earning overtime and for earning and using compensatory time, and alternative work schedules.

This primer and its contents were developed by the members of the Title 38 Subgroup of the VA National Partnership Council. VA representatives on the subgroup were designated by the VA members of the Partnership Council; Union representatives on the subgroup were designated by the Union members of the Partnership Council. The substance and wording of the primer are the products of the consensus of the members of the subgroup. By consensus, the VA National Partnership Council adopted the primer.

The members of the Title 38 Subgroup who worked on this primer were:

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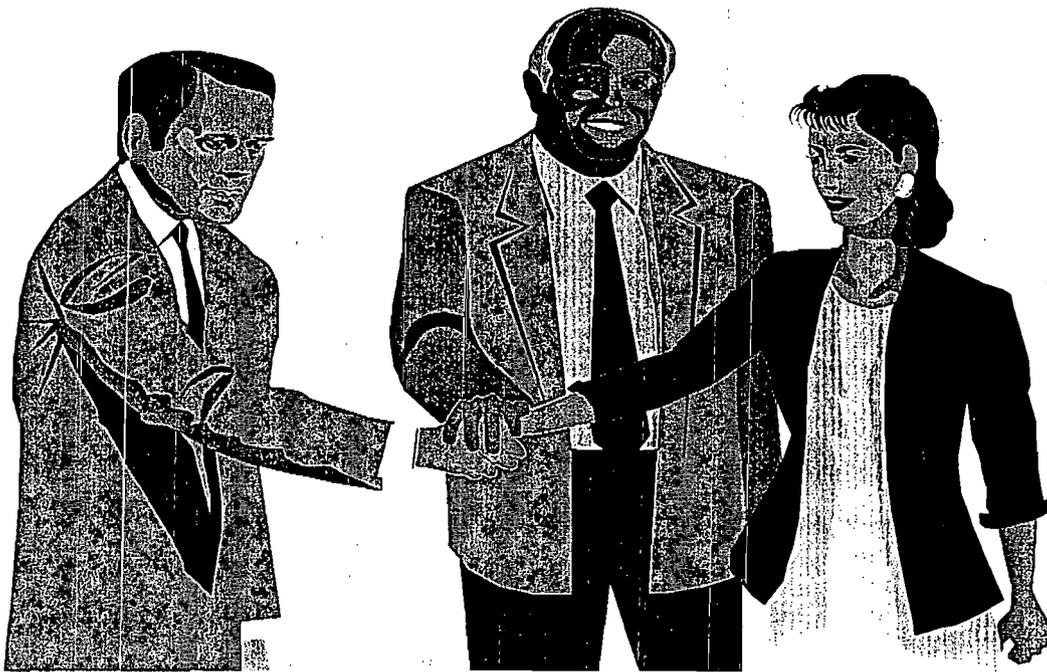
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IMPROVING PARTNERSHIP SUBCOMMITTEE

Final Report



May
1999

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EXECUTIVE SUMMARY

As indicated in the task group charge memorandum, we were asked by the National Partnership Council Subcommittee to examine ten (10) objectives and provide a framework on successful Partnership development, maintenance, and improvement.

A thorough review of the objectives revealed that they are deeply interwoven and each was required to maintain the fabric of a successful partnership plan. Due to this tight weave, it was difficult to address the objectives separately. The subcommittee membership, after careful deliberation, decided that a unified approach to addressing the objectives would be the most comprehensive way to fulfill our charter. The objectives were divided into three unifying categories based on subject (a matrix of the objectives by category is provided as Appendix C). The three categories are as follow:

Category A: *Public Relations (internal and external publics)*

Category B: *Establish or Improve*

Category C: *Keep Healthy*

In discussing the categories noted above, it became apparent that two tenets were basic in partnerships. **Trust** between and among the partners and the need for a **centralized information repository**. Trust is the most significant tenet that must be developed in all aspects of a partnership life cycle. The partners must not only trust each other; they must develop an environment that nurtures working together. To develop trust, there must be equal and comprehensive training provided to all partners. The training must allow the growth and development of the partners, while maintaining sensitivity to the needs of the partnership team. Training should exceed the bounds of IBB, ADR, team building, etc. While these initial classes lay a solid foundation for the partnership team, they will need ongoing advanced training to maintain and improve the partnership. The partnership team is a dynamic team that cannot rely on static learning.

Another aspect of trust is the freedom to agree and disagree within the partnership team. Each member must feel safe in expressing his or her opinions. The team must understand that not all issues can be resolved in a partnership environment. Included in a successful partnership is a clearly defined process for the partners to utilize alternative methods of problem resolution. Recognizing the value of traditional labor/management bargaining is still a viable and valuable process to resolve some issues.

The second tenet, centralized information repository, is multifaceted. While an OPM partnership clearinghouse currently exists, information does not specifically

pertain to the VA. For VA partnerships to be successful, a VA clearinghouse (repository) must be established and have accountability and authority to provide assistance as needed. Local organizations need a responsive source of information, lessons learned, tools, etc. to implement and maintain healthy partnerships. The repository must provide information, guidance and tools. An additional element, mentoring, would be of great value to the local partnership teams. The ability to draw on the expertise of the clearinghouse leadership and others within the system would provide a practical hands-on learning environment that cannot be gleaned from other learning methods. Integral components of any project are the evaluation tools to assess the process and products. The subcommittee is aware of the Office of Personnel Management's research project to develop survey and measurement tools. As the largest agency in this project, VA assessment requirements can be integrated into the final OPM product. The task group wholly supports this project as it is beneficial to our process and provides a well-researched evaluation tool.

BACKGROUND

As indicated in the Subcommittee Charge Memorandum, the purpose of this Subcommittee is to develop recommendations to the National Partnership Council to assist field facilities in developing local labor/management partnerships, improving existing local partnerships and provide the tools necessary to maintain healthy local partnerships. The Subcommittee was provided ten objectives to address. These objectives are identified in the initial Charge Memorandum. Subcommittee members are identified in Appendix A.

The Subcommittee conducted several teleconference calls and a face-to-face meeting to develop the framework of this report. The face-to-face meeting was held on February 23-25, 1999, at the VBA (Training) Academy in Baltimore, Maryland. A list of teleconference calls is included as Appendix B. The Subcommittee would like to acknowledge the Academy for their efforts and assistance in making this meeting an extremely productive event.

In an effort to accept input from as many sources as possible, the Subcommittee opened the teleconference calls to National Partnership Council (NPC) members and has provided minutes of these calls to the NPC.

Because all of the objectives were interrelated, it was extremely difficult to separate activities, discussions and recommendations. The ten objectives were divided into three broad categories (a matrix of the objectives by category is provided as Appendix C):

Category A *Public Relations*

Category B *Establish or Improve*
Category C *Keep Healthy*

Subcommittee members either volunteered or were assigned to two categories. This provided a pool of 4-5 individuals to work on each category of objectives. The Chairperson assigned a lead individual for each category.

Of special note, again, is the acknowledgment that the ten objectives and categories are interrelated and extremely difficult to discuss separately. Many of the recommendations are redundant between subgroups because they apply to several aspects of the life cycle of a partnership. The life cycle used for this purpose was: Establish a partnership, Improve a partnership and Maintain a partnership. The Subgroup utilized this life cycle approach to segregate the ten objectives and develop recommendations accordingly. Because of this interrelationship between objectives and, therefore, recommendations, all Subcommittee recommendations are presented together, as opposed to presentation by each subgroup.

SUBGROUP A

Subgroup A dealt with the following objectives:

<u>Objective</u>	<u>Description</u>
5	<i>Establish a group of trained consultants to be available for on-site assistance to facilities in forming or improving partnerships</i>
6	<i>Establish a clearinghouse for information and assistance for emerging partnerships or "struggling partnerships"</i>
7	<i>Develop an inventory of training resources for initial or refresher training for partnership</i>

Subgroup A held intense and very productive brainstorming sessions. They are very confident that not only the objectives can be reached but also the goals of the other subgroups as well. It is strongly believed that everyone involved, NPC members, as well as upper VA management, must make a commitment both to making partnership work and to the time and resources necessary to make partnership work.

All employees in the VA system, from the Secretary to nurses, to clerks, to housekeepers, to maintenance workers, recognize diversity in the work place. In this era of restricted budgets, all employees must have the commitment to work toward providing better customer service and improving efficiencies. In VBA that means providing faster claims processing. In VHA that means quality care. In

NCA that means more compassionate treatment for families. In headquarters that means improved customer service to other offices. Partnership is a different way of working towards the same goals this agency has always had. Instead of wasting resources to create and defend adversarial relationships between labor and management, these resources can be utilized to educate employees, provide learning experiences, promote VA as the Employer of Choice and meet or exceed VBA, VHA, NCA, etc. missions.

As a first step, a centralized function should be created. Its mission should be to coordinate all the activities of creating and nurturing partnership. Sufficient resources should be allocated so that the mission of this function has permanence and can develop or purchase the tools necessary to support partnership. A staff of Subject Matter Experts (SMEs) from all areas of VA, field and headquarters, union and management can be identified and made available on an ad-hoc basis. The SMEs can provide assistance to the field in creating, training, evaluating and encouraging local partnerships. The activities of this cadre of SMEs would be coordinated by the small, permanent, centralized function.

In establishing any centralized entity, there must be clear, meaningful lines of authority to ensure that the mission and resources will not be diminished or diluted over time. Also, so that the mandate of Executive Order 12871 is not obscured, this function must have primary responsibility for its mission, not assigned as a secondary, collateral assignment to an existing organization element. *For partnership to work in VA, resources within VA must be adequate and responsive.*

The centralized function should be responsible for several basic elements:

- Coordinating a training program that encompasses the total life cycle of a partnership from formation to maturation.
- Developing a warehouse of information, tools, guides, survey instruments, facilitators, consultants, etc.
- Identifying the need for additional tools, information, training, staff, etc.
- Coordinating training or resources between VA and other federal agencies, as well as the private sector.

While an OPM partnership clearinghouse currently exists, information does not specifically pertain to VA. For VA partnerships to be successful a VA clearinghouse must have accountability and authority to provide assistance as needed. The VA clearinghouse may utilize existing resources for information

dissemination (OPM, FCMS, etc.) such as national publications, sample partnership agreements, agency/union guidance, speakers' bureau, assessment tools and surveys, training materials (ADR, IBB, etc.), books, pamphlets, audio/video tapes, FCMS (library, communications materials, basic information, etc.), public library (private sector) and web sites.

A process or mechanism must also be established to identify needy partnerships. The avenues for assistance must be open to either labor or management partners. Assistance should be provided from previously trained consultants (Northport training); newly trained experts; successful partnerships in the field or other appropriate sources. The key is to match the talent to the need.

The central clearinghouse staff should be responsible for obtaining and cataloguing training resources. A key task is to search both other government entities and the private sector for existing training plans and programs. Within VA, it will be necessary to inventory and evaluate existing training modules. Materials and instructors exist; skilled and experienced in team training, TQM/TQI, and facilitation along with numerous other disciplines. Using ad-hoc trainers will require evaluation of skills, need for refresher courses, availability and travel coordination. A general training plan for all partnership groups should be developed that matches the life cycle of groups working together (i.e., formation, growing, maturing and performing). It is also suggested that elements of partnership be included in other training modules (i.e., Leadership VA, initial management courses, etc.). To be useful, the training inventory must be kept current, available with a summary of module goals and available for review by partnership groups at all levels. The responsibility for any costs associated with any training course needs to be identified and clearly defined. Finally, a mechanism to critique training performed must be developed. This evaluation should include elements based on the actual, future performance of the group receiving the training. Ineffective training modules should be replaced. If existing resources cannot meet training needs, professionals should be employed to create effective and useful modules. It is critical that training be provided to partnership groups and not to separate segments of a partnership group. Managers or union members should not be trained separately, which tends to promote a very negative "us versus them" atmosphere. Training may be the key element to successful partnerships.

The NPC should establish a pool of trained facilitators and/or consultants who are versed in the processes and needs of VA. Such a group was established in 1995 and 1996 in the training provided at VAMC Northport RMEC. The facilitators should represent a cross section of VA labor and management (VHA, VBA, NCA, General, etc.).

Match the talent to the needs of the facility by providing specialists who are diverse in the needs of VBA, VHA, NCA and other offices. On-site visits by the consultant could be greatly enhanced by assessing weaknesses prior to an on-site visit, either by telephone conference calls or written response.

An inventory of the existing trainers, facilitators or consultants should be maintained. Poll previous trainers from the Northport sessions for renewed interest in the facilitator/consultant process. If efforts to renew interest from the Northport trainers fail to produce sufficient numbers of trainers, then aggressive recruitment of interested trainers should start, as soon as possible. Mandatory training should be given initially to both labor and management and maintained through annual refresher courses.

The Fair Labor Relations Authority (FLRA), Federal Conciliation and Mediation Service (FCMS) and other agencies should be sought out for their expertise in Alternative Dispute Resolution (ADR), Interest Based Bargaining (IBB) and mediation training for consultants and facilitators. This specialized training is important in meeting the needs of the facility requesting help in building their partnership council.

SUBGROUP B

Subgroup B dealt with the following objectives:

<u>Objective</u>	<u>Description</u>
4	Identify success stories, best practices and distribute as "lessons learned"
8	Sponsor national training conference to highlight and assist partnerships
9	Sponsor National award/recognition of successful partnerships (VA award)
10	Publish stories about the NPC and successful partnerships in the Vanguard, the annual NPC report, in pay envelopes, etc.

It is well known that success breeds success. The stories of others have long been useful tools to help those facing similar problems or situations. Through defining an approach to systematic sharing of both success stories and pitfalls, it is possible to speed up the partnership development process for others who may be struggling. Positive outcomes and success stories could well be the incentive that leads others to establish or improve their own partnerships. Troubled partnerships might be inspired to keep talking and trying to make their partnerships work. As stories are shared, one-to-one dialogue with the storytellers could promote the kind of informal discussions that lead to problem resolution at the local level.

An incentive award or recognition program is also strongly supported because it would encourage those partnerships that have been successful to share their strategies for success. In addition, as partners work toward defining appropriate expectations for their own partnerships, the stories of others can help clarify the kinds of expectations and results that are reasonable outcomes of the partnership process.

A national training initiative would also be beneficial to all VA elements. Training would help to educate all those who need to know about the potential benefits of partnership and would provide a forum for peer interaction. In addition, inclusion of employees from all departments would provide the opportunity for cross-fertilization between facilities and across the VA system. The training sessions would also provide for sharing of how others resolved common issues relative to partnership development and maintenance and would introduce participants to a potential labor and management resource pool. Successful partnerships would have the opportunity to showcase their successes for others who attend. We also believe that offering the training at some intermediary or mid-level (for example: Service Delivery Network (SDN), Veterans Integrated Service Network (VISN), etc.) would make the training more "local" and thus, more accessible. This approach would afford more employees the opportunity to participate in the training.

SUBGROUP C

Subgroup C dealt with the following objectives:

<u>Objective</u>	<u>Description</u>
1	Disseminate information on the elements of effective partnerships
2	Develop indicators of effective partnerships
3	Develop a diagnostic tool to gather information about the "health" of partnerships or potential for developing one

This group focused on core competencies that are indicative of healthy partnerships. It is important to define how to determine what constitutes a healthy partnership before a diagnostic tool can be developed to assess the health of a partnership or the potential to develop a partnership.

The group spent considerable time developing competencies and indicators of healthy partnerships and recommends the NPC come to agreement on a set of core competencies and indicators for healthy partnerships. This must be accomplished before an effective diagnostic tool can be developed and

information disseminated. Listed below is a suggested set of core competencies and indicators:

- *Collaborative Relationship*
Indicators: Pre-decisional involvement, use of ADR, information sharing, consensus decision-making, interest based bargaining, open and regular communications, joint communications, active partnership council, formal partnership agreement that reflects mutual understanding and expectations, mutually developed mission statement, design/P.I.T. teams.
- *Communications*
Indicators: Active Partnership Council, open forum meetings, publish and disseminate Council minutes to employees, quarterly newsletter from council, joint letters/memoranda to employees, an MOU, mission statement and ongoing education.
- *Ongoing education*
Indicators: Education at all levels, team building training, Relationship by Objectives (RBO) training, Interest-Based Bargaining (IBB), Alternate Dispute Resolution (ADR), open forum meetings.
- *Organizational focus*
Indicators: Mutually developed mission statement, vision, objectives; mutually developed organizational values (i.e., Respect, Honesty, Integrity, and Teamwork).
- *Continuous assessment*
Indicators: Self-assessment by local Council members, employees' assessment of Council, external assessment of partnership (VISN/SDN, HQ, NPC, national labor organization, etc.).

A guide that outlines steps to building and maintaining healthy partnerships should be utilized as part of the information process to assist local entities in developing partnerships. Listed below are suggested topics for the guide:

- ⇒ Mutually define Partnership expectations.
- ⇒ Establish a Partnership Agreement that reflects expectations and core competencies.
- ⇒ Establish a Partnership Council that includes fair representation of all parties, has ground rules, access to content experts as needed,

several methods to make decisions, reach consensus (TQI, data, IBB, facilitation, traditional bargaining, etc.).

⇒> Continuous assessment using standard diagnostic tools and other tools defined under core competencies.

SUMMARY/ RECOMMENDATIONS

The face-to-face meeting of the Subcommittee exposed several aspects of local partnerships that have been addressed in this report. To be successful, any coalition of individuals must have the commitment necessary to institute and maintain a viable partnership. Labor/management partnerships are a significant change from traditional labor management relations. All parties of the partnership must make concerted and continual efforts to improve their interactions with the other partner and keep their employees and bargaining unit members apprised of goals, issues, benefits, etc. The recommendations and discussions presented in this report should be fully discussed and, hopefully, implemented by the National Partnership Council. Many of the Subcommittee members have offered to assist the NPC with further assignments to operationalize the recommendations presented. Recommendations have been categorized around main concepts to aid in fully understanding the depth of the recommendations.

1. The National Partnership Council should pursue the establishment of a "One VA" Clearinghouse that is the repository for all partnership information in VA and other agencies. This Clearinghouse should be staffed with adequate resources to be responsive to requests for information and assistance. The duties and responsibilities of a "One VA" Clearinghouse should include:

- √ Provide partnership information to VA field and headquarters activities.
- √ Advertise the existence of and process to obtain information from the "One VA" Clearinghouse within VA.
- √ Coordinate VA partnership activities with OPM's Partnership Clearinghouse, FLRA, FCMS, as well as other agencies.
- √ Serve as the staff office to support VA's participation with the government-wide National Partnership Council.

2. The National Partnership Council should establish a subcommittee to work with the "One VA" Clearinghouse to advertise partnership:

- √ Utilize successful VA partners (management and union) from the field to promote partnership.
- √ Publish joint management/labor memoranda from top VA leaders, supporting partnership.
- √ Ask local partnerships for success stories via a survey. Devise a survey process that would reach the widest target group and elicit the most fruit in terms of partnership stories.
- √ Establish a mechanism for wide dissemination of partnership stories and awards.
- √ Establish an "editorial board" of partners to review and edit articles, stories, messages, etc. for inclusion in various forums.
- √ Utilize existing tools such as the Vanguard, VA Website, Web links, HR Links, pay envelopes, VHA National weekly call, VISTA, email broadcast messages and other, appropriate forums.
- √ Aggressively promote a partnership awards program.
- √ Develop a National Partnership Council Newsletter.
- √ Include partnership stories in mid-level agency communications (e.g., VISN, SDN, newsletters and communications).
- √ Partner with VA's Office of Public Affairs to develop best marketing approaches for sharing information.
- √ Establish a mechanism for disseminating information on the elements of effective partnership.

3. The National Partnership Council should establish a subcommittee to work with the "One VA" Clearinghouse to develop tools to advance partnership at the local level:

- √ Establish a cadre of trainers, mediators and facilitators for local partnerships to utilize as needed.
- √ Solicit all areas of VA for trainers experienced, and those willing to be trained, in partnership principles.

- √ Separate partnership initiatives and drivers from traditional labor/management initiatives and drivers.
- √ Develop core indicators of a "good partnership"; define reasonable expectations for a partnership.
- √ Explore successes via OPM's Website to look for practices or successes that can be adapted to VA.
- √ Explore benchmarking partnership practices in the non-government or state and local government sectors for best practices and adapt these to VA.
- √ Encourage each department or administration (e.g., SDN, VISN, etc.) to develop a core of partnership experts or consultants to work with local partnerships that need or request assistance.
- √ Establish a set of core competencies and indicators for healthy partnerships. At a minimum, the following areas should be considered: collaborative relationship, communications, ongoing education, organizational focus and continuous assessment.
- √ Develop a guide that outlines steps to building and maintaining healthy partnerships.
- √ Charter a group to develop the diagnostic tools necessary to assess the health of partnerships or the potential for developing partnerships.

4. The National Partnership Council should establish a subcommittee to work with the "One VA" Clearinghouse to develop training initiatives for partnership:

- √ Establish initial and periodic "mandatory" training for all VA facilities (management and union).
- √ Identify specific goals, objectives, and content to be included in training (successful partnerships, pitfalls to avoid, what "causes" failures, how to assess the health of your partnership, etc.).
- √ Identify target audiences. Recommend members of local partnerships, if they exist, or union officers and selected management officials who routinely work with the union where there is no partnership. Also recommend including others who may need general education on the concepts of partnership.

- √ Consider mid-level (SDN, VISN, etc.) training rather than national training conferences to make the training more “personal” and localized.
- √ Involve field management and labor in the planning process for training initiatives.

5. The National Partnership Council should establish a subcommittee to work with the “One VA” Clearinghouse to develop a partnership awards process:

- √ Determine what partnership recognition programs already exist; if any.
- √ Awards should be both monetary and non-monetary to recognize various partnership successes (e.g., most improved, forming a partnership, innovations, national award winners, SDN, VISN success, facility-level, etc.).
- √ Develop award criteria and widely disseminate.
- √ Establish an “Advancement of Partnership” award to recognize significant management and/or labor efforts toward advancing partnership efforts in their own organizations (management can only nominate labor counterparts; labor can only nominate management counterparts).
- √ Develop nomination or application criteria and process and widely disseminate. Find mechanisms to encourage nominations or applications.
- √ Make the awards ceremony meaningful and important.

SUBCOMMITTEE MEMBERS

<u>NAME</u>	<u>TITLE</u>	<u>ORGANIZATION</u>
Paul West (Chair)	Associate Director	VAMC Phoenix, AZ
Susan F. Anderson	1st Vice President, NAGE Local R4-78	VAMC Martinsburg, WV
LouAnn Atkins	Associate Director for Patient Care Services	VAMC Erie, PA
Donald Converso, RN	ANA Representative	VA Western New York HCS, NY
Barbara Cook	President, AFGE Local 2571	VA Regional Office, Waco, TX
Betty J. Crocker	President, NFFE Local 1453	VAMC Miami, FL
Essie Hogue, RN	Vice President, AFGE Local 1738	VAMC Salisbury NC
Richard E. Kesteven	Director	VA Regional Office, Des Moines, IA
Dennis Kuewa	Assistant Director	VA Regional Office, Los Angeles, CA
Claudia Wallace Moore	Administrative Assistant, NAGE Local R3-35	VAMC Coatesville, PA
Emma Jean Powell	President, Georgia Nurses Association, ANA	VAMC Atlanta, GA
Alicia Roca	NFFE Local 1	VAMC San Francisco, CA

LISTING OF TELECONFERENCE CALLS

<u>Date</u>	<u>Time</u>
November 24, 1999	1:00 (EDT)
December 16, 1999	1:00 (EDT)
January 8, 1999	1:00 (EDT)
February 3, 1999	1:00 (EDT)
February 17, 1999	1:00 (EDT)
February 23-25, 1999	*
March 3, 1999	1:00 (EDT)
March 17, 1999	1:00 (EDT)
March 31, 1999	1:00 (EDT)
April 14, 1999	1:00 (EST)
April 28, 1999	1:00 (EST)

* Face-to-face meeting in Baltimore, Maryland

MATRIX OF CATEGORIES AND OBJECTIVES

CATEGORY: A		PUBLIC RELATIONS	
OBJECTIVE #	DESCRIPTION	ASSIGNED TO	ORGANIZATION
5	Establish a group of trained consultants to be available for on-site assistance to facilities in forming or improving partnerships	*Susan Anderson Barbara Cook Essie Hogue Richard Kestevan	NAGE AFGE AFGE VBA
6	Establish a clearinghouse for information and assistance for emerging partnerships or "struggling partnerships"	Emma J. Powell	ANA
7	Develop an inventory of training resources for initial or refresher training for partnership		
CATEGORY: B		ESTABLISH OR IMPROVE	
OBJECTIVE #	DESCRIPTION	ASSIGNED TO	ORGANIZATION
4	Identify success stories, best practices and distribute as "lessons learned"	Susan Anderson Lou Ann Atkins *Donald Converso	NAGE VHA ANA
8	Sponsor national training conference to highlight and assist partnerships	Barbara Cook Alicia Roca Betty Crocker	AFGE NFFE NFFE
9	Sponsor National award/recognition of successful partnerships (VA award)		
10	Publish stories about the NPC and successful partnerships in the Vanguard, the annual NPC report, in pay envelopes, etc.		
CATEGORY C:		KEEP HEALTHY	
OBJECTIVE #	DESCRIPTION	ASSIGNED TO	ORGANIZATION
1	Disseminate information on the elements of effective partnerships	Lou Ann Atkins Donald Converso *Dennis Kuewa	VHA ANA VBA
2	Develop indicators of effective partnerships	Claudia Moore	NAGE
3	Develop a diagnostic tool to gather information about the "health" of partnerships or potential for developing one		

* Lead individual

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THE WHITE HOUSE

WASHINGTON

June 9, 2000

MEMORANDUM TO THE HEADS OF EXECUTIVE DEPARTMENTS AND AGENCIES

SUBJECT: Actions to Further Improve the Management of
Federal Human Resources

The Federal Government's most valuable resource is the talented and diverse group of men and women who work every day to make a difference in the lives of the American people they serve. Effective management of this workforce is critically important to accomplishing your agencies' varied missions and continuing to improve service.

My Administration has made a significant commitment to achieving the highest standards of human resources management and accountability for the American people -- but more can be done. To continue to improve Government services, we must (1) recognize and reinforce the critical role human resources management plays in achieving each agency's mission and strategic planning goals, and (2) maintain and strengthen our vision of a diverse Federal workforce that is skilled, flexible, and focused on results and service.

To achieve these goals, I direct the heads of each executive department and agency to take appropriate action to:

- fully integrate human resources management into your agency's planning, budgeting, and mission evaluation processes, and clearly state specific human resources management goals and objectives in your organization's strategic and annual performance plans;
- renew your commitment to recruit, develop, and manage your workforce to ensure high performance;
- provide for the continued development of a highly competent corps of human resources management professionals to assist agency line managers in ensuring the most effective use of their workforce to accomplish the agency mission.

To reflect the essential role of effective human resources management in achieving agency missions, the Interagency Advisory Group of Federal Personnel Directors, established in 1954, will be redesignated as the Human Resources Management Council. This Council will continue to:

- provide a forum for communicating and evaluating Government-wide human resources management policies and sharing best practices;
- promote collaboration across agency lines and with the Office of Personnel Management (OPM) to foster policies and actions to achieve our vision of a diverse Federal workforce that is skilled, flexible, and focused on results and service to the Nation; and
- collaborate with OPM to identify and address emerging human resources management issues.

The Council shall continue to be chaired by the Director of OPM or the Director's designee and shall continue to include the senior human resources management official (or designee) from each executive department or agency, including military departments and defense agencies, and other members as proposed by the Chair. Within 30 days of the issuance of this memorandum, the Director of OPM shall officially redesignate the Interagency Advisory Group of Personnel Directors as the Human Resources Management Council.

Beginning on October 1, 2000, and annually thereafter, agency heads shall ensure that human resources management objectives and means to accomplish these objectives are incorporated in their Annual Performance Plans. The Office of Management and Budget, in consultation with OPM, will provide the guidance for this requirement as part of its overall guidance on Annual Performance Plans.

William S. Clinton

THE WHITE HOUSE

WASHINGTON

July 26, 2000

MEMORANDUM FOR THE HEADS OF EXECUTIVE DEPARTMENTS AND AGENCIES

SUBJECT: Employing People with Significant Disabilities
 to Fill Federal Agency Jobs that can be Performed
 at Alternate Work Sites, Including the Home

Cutting-edge telecommunications technology has recently made it possible for customer service "call/contact" centers to transmit voice and data to employees who are located at work sites other than the call/contact centers, employers' headquarters, or other centralized locations. Individuals employed as customer service representatives can work from their homes or any other accessible off-site location just as if they were working in the call/contact centers themselves. Technology also enables other types of work activities, such as the processing of insurance claims and financial transactions, to be carried out from such alternate work stations.

The unemployment rate of individuals with significant disabilities is among the highest of disadvantaged groups in the Nation. These individuals are an important untapped resource of talent and skills, and a key element in our Nation's ability to sustain our historic economic growth. The increasing use of off-site work stations to carry out significant and competitive work activities provides a critical new source of employment opportunities for individuals with significant disabilities.

It is in the interest of the Federal Government to utilize the skills of qualified people with significant disabilities by recruiting them for appropriate off-site, home-based employment opportunities with Federal agencies, including employment as home-based customer service representatives linked to Federal customer service call/contact centers.

To harness the power of new technologies to promote Federal sector employment of qualified people with significant disabilities, as defined in the Rehabilitation Act of 1973 (29 U.S.C. 701 et seq.), as amended, and to improve Federal customer service representation, I direct executive departments and agencies as follows:

(a) Each head of an executive department or agency operating customer service call/contact centers shall identify positions that can be relocated to home-based or other off-site facilities, and that can be filled by qualified individuals, including those with significant disabilities.

(b) Each head of an executive department or agency shall identify the appropriateness of using home-based and other off-site positions to carry out other specific work activities, such as the processing of insurance claims and financial transactions, that could be accomplished by qualified individuals, including those with significant disabilities.

(c) If the head of a department or agency determines it is feasible and appropriate to use home-based and other off-site locations pursuant to its actions under paragraphs (a) and (b) of this memorandum, such head shall develop a Plan of Action that encourages the recruitment and employment of qualified individuals with significant disabilities.

(d) The Plan of Action developed pursuant to paragraph (c) of this memorandum shall be submitted to the National Task Force on Employment of Adults with Disabilities (Task Force) (established by Executive Order 13078 of March 13, 1998) within 120 days from the date of this memorandum.

(e) The Task Force shall review and approve agency Plans of Action and shall be responsible for developing guidance for the implementation of the plans and the provisions of this memorandum.

(f) In implementing this memorandum, agencies must honor their obligations to notify their collective bargaining representatives and bargain over such procedures to the extent required by law.

(g) This memorandum shall be implemented consistent with merit system principles under law.

(h) This memorandum does not create any right or benefit, substantive or procedural, enforceable at law by a party against the United States, its officers, its employees, or any other person.

William J. Clinton