

### HR Management & Staff side

## 1. Introduction

- 1.01 NHSBT is committed to working in partnership with its employees, and recognised trade unions, to maximise the successful delivery of the organisation's strategy and corporate objectives, ensuring robust processes are in place for full and meaningful consultation, negotiation and genuine involvement in decisions that affect employee's lives.
- 1.02 This agreement sets out the consultative framework through which a partnership approach to joint working will be achieved. The framework is split into two sections, the first detailing the consultative framework and operating guidelines and the second outlining the facilities arrangement including time off etc.
- 1.03 NHSBT recognises the importance of proper representation by recognised unions/professional organisations and will work jointly in partnership with such organisations, and with staff, to ensure and maintain effective workplace employee relations.
- 1.04 NHSBT faces a challenging agenda but understand that the objectives of such will be best met by a shared vision, common understanding and joint communication between the management and staff side working in partnership. NHSBT want staff to feel this is a 'great place to work' and key to achieving this is high engagement with staff and their staff side representatives.

## 2. General Principles

- 2.01 All are committed to joint working principles which detail the approach and behaviour of all parties concerned in this process. The following working principles are agreed and adhered to by both NHSBT and staff side :-
- We commit to working jointly to solve problems and identify solutions.
  - We are committed to a relationship of trust between NHSBT, its employees and union representatives.
  - We agree that decisions made by the NHSBT Staff Partnership Committee will be by consensus
  - We will ensure fair treatment of employees and a mutual respect between all working within the partnership approach including employees, managers and union colleagues
  - We will engage in open, honest and meaningful dialogue
  - We will ensure the recommended and appropriate agreed time and funds allocated to partnership working are managed appropriately
  - We will actively seek, listen to, value and respond to the views of our colleagues, managers and union colleagues in the development of strategy and organisational policies.
  - The organisation will communicate and consult at the earliest opportunity (whether locally, regionally or nationally) about any significant decision that is likely to affect employees. We commit to sharing good quality information at all levels so that we

can fully participate in partnership working. As a matter of good practice, the organisation will communicate to employees and their representatives about :-

- The organisation structure and purpose, arrangements for supervision and management, operating and technical processes, training opportunities etc
- Strategic planning decisions that affect the workforce
- How the organisation is performing including its financial performance, service developments and operational performance

### 3. The Partnership Framework

3.01 Appendix 1 details the consultative framework in a diagram format for ease of reference.

### 4. NHSBT Staff Partnership Committee – Corporate Policy & Strategy

4.01 The NHSBT Staff Partnership Committee (SPC) will be the national committee for formal negotiation and consultation between management and staff side on strategic issues of concern and interest to either party.

4.02 The detailed Terms of Reference for this committee are shown in appendix 2, however in brief this committee will act as the final authorisation and ratification for organisation wide strategic human resourcing issues, organisational HR policies and procedures and any other organisation wide best practice or improvement programmes not covered by the other function based committees.

4.03 Consultation and Negotiation for the purposes of this policy is described in the definition below :-

*‘Consultation is the dynamic process of dialogue between individuals or groups based on a genuine exchange of views and normally within the objective of influencing decisions, policies or programmes of action’ (Consultation Institute 2009)*

*Negotiation is an interactive process between two or more parties seeking to find common ground on an issue or issues of mutual interest where the involved parties seek to make or find a mutually acceptable agreement that will be honoured by all the parties concerned.*

NHSBT therefore accepts and supports the view that the mere passage of information is not consultation. Consultation should occur at the earliest opportunity and be at the point where an idea for change has been identified but before formal decisions have taken place. It is best conducted when some attention has been given to alternatives, but they have not taken their final form. The aim of consultation is to take account of, as well as listen to, the views of staff and staff representatives before any final decisions are taken.

This committee will also consult on matters relating to any national and local agreements which accompany Agenda for Change.

4.04 In the main this meeting is held quarterly but on occasions it may be necessary to hold extraordinary meetings or alternatively establish a small working party or sub group to work on or deal with specific issues which will be time limited as they arise. NHSBT and staff side will be able to volunteer members for these groups ensuring necessary expertise is available, but any subgroups would not normally be larger than a total group membership of eight management and staff side members collectively. These groups will be agreed by the NHSBT SPC and expected to report their progress at regular intervals.

4.05 Membership of the NHSBT Staff SPC is detailed below. The composition of the group may change overtime to reflect emerging organisational arrangements but the overall numbers described below will remain the same :-

Management	Staff Side
CEO (Notional Member) Director of Workforce & Transformation (Mgt Side Chair) Deputy Director of Workforce Director of Blood Donation Director of Manufacturing & Logistics Director of ODT Director of Diagnostics & Therapeutics Head of Workforce Service Improvement (Mgt Side Secretary)	Staff side Chair and Secretary Unison x 4 seats Unite x 4 seats RCN x 2 seat BMA x 1 seat GMB x 1 seat In addition Full time officers can attend as appropriate
<b>Agenda Specific:-</b> Other operational Directors Assistant Director of Health & Safety Associate Director of OWD HR Business Partners	

4.06 It is recognised that in-between NHSBT SPC it will be necessary for a small group of senior management and staffside to meet to discuss ongoing business and to provide a way of updating each other on a more regular basis. The agendas for forthcoming NHSBT SPC will also be agreed at these meetings. These 'Joint Officer Meetings' will be held bi-monthly and will normally consist of the following members :-

- Director of Workforce & Transformation
- Deputy Director of Workforce
- Head of Workforce Service Improvement
- Staffside Chair and Secretary
- 1 X full time officer plus 1 X lay Rep per union

Others may be invited from to time for specific agenda items but additional attendees will be agreed by both sides prior to the meeting if required. For development purposes other HR/staff side staff may attend to observe but again this will be agreed by both parties prior to attendance.

#### 4.1 Functional NHSBT Staff Partnership Sub Committees

4.1.1 There will be seven sub committees feeding into the NHSBT SPC as follows :-

- **Blood Donation Committee**  
This committee will encompass responsibility for all staff working within the blood donation Function.
- **Manufacturing & Logistics Committee**  
This committee will encompass responsibility for all staff working within the Manufacturing and Logistics Function
- **Organ Donation & Transplant Committee**  
This committee will encompass responsibility for all staff working within the Organ Donation and Transplant Function.
- **Diagnostic and Therapeutic Services Committee**  
This committee will encompass responsibility for all staff working within the Diagnostic and Therapeutic Services Function.
- **Group Services Committee**  
This committee will encompass responsibility for all staff working within corporate services including estates and logistics staff, senior managers, Finance, HR, IT and any other management specific issues.

- **Medical Staff – National Joint Negotiating Committee**

This committee will encompass responsibility for all medical staff and associated medical staff terms and conditions. The Chair and Secretary of this group will notify NHSBT SPC of any significant agreements reached and these will be reported to the NHSBT SPC.

- **National Health & Safety Committee**

This committee will encompass responsibility for all health and safety related matters and make recommendations to the NHSBT SPC in relation to Health and Safety matters.

4.1.2 These are the committees where all strategies, policies and procedures and operational issues for each area will be discussed and consulted.

4.1.3 These committees will have the authority to make decisions relating to changes to work practices/processes that affect the staff it covers. These committees do not have authority to agree changes or alterations to policies and procedures or local agreements accompanying Agenda for Change or any issue that will impact on another staff group. Any issues of this nature must be referred to the NHSBT SPC for consideration and final consultation and adoption. These committees agree their own terms of reference.

4.1.4 In the main these sub committees will be held bimonthly (with the exception of Group Services), but again it may be necessary to hold these at more regular intervals or to establish small working groups to allow more detailed discussions and consultation if issues arise. Similar to the NHSBT Working Groups any working groups would have no more than eight members in total and would be expected to report their progress back to the relevant sub Committee.

4.1.5 Membership of the national functional Sub Committees may change overtime to reflect emerging organisational arrangements but in the main should include those individuals as listed in appendix 3.

## 4.2 NHSBT Regional Consultative Frameworks

4.2.1 There is a need for consultation and discussion with staff at a more regional/local level. It is essential that there is a two way flow of communication between the local/regional committees and national strategic committees so that all views and opinions are considered. Consultation at a regional level is achieved as follows:-

### 1. Centre Partnership Committees (CPC)

CPC's are held in each centre as detailed in Appendix 4. These committees have the authority to discuss, consult and make decisions on changes to work practices/processes that affect the centre/s it covers. Similar to the national functional committees they do not have authority to agree changes or alterations to policies and procedures or local agreements accompanying Agenda for Change or any issues that will impact on another staff group or centre. Any issues of this nature must be referred to the NHSBT SPC for consideration and final consultation and adoption where applicable.

Any issues outside of this criteria arising from the CPCs which cannot be resolved locally should first be forwarded to the relevant national functional committee and then on to NHSBT SPC if necessary.

The draft terms of reference of the CPCs are shown in appendix 5.

### 2. Regional Blood Donation Partnership Committees (RBDPC)

RBDP Committees have the authority to discuss, consult and make decisions on changes to work practices/processes that affect the area/teams within Blood Donation that it covers. Again, similar to the national function committees they do not have authority to agree changes or alterations to policies and procedures or local agreements accompanying Agenda for Change or any issues that will impact

on another staff group/team/centre. Any issues of this nature must be referred to the NHSBT SPC for consideration and final consultation and adoption where applicable.

Any issues outside of this criteria arising from the RBDPCs which cannot be resolved at a local level should be forwarded to the Blood Donation Committee for discussion consultation and or decision.

The draft terms of reference of the RBDPCs are shown in appendix 6.

### **4.3 Meeting Operating Arrangements**

#### **4.3.1 Pre-meets for SPC and national Functional Committees**

Sufficient time will be made available to enable pre meets for both management and staff side. It is accepted that any pre-meets on the day should not normally last for more than two hours on the day of the meeting. Any additional preparation will be organised by management and staff side at their discretion on alternative days.

#### **4.3.2 Pre meets for CPCs and RBDPCs**

Premeets for these meetings will be arranged as and when required by management and staffside prior to them taking place. It is expected that only brief pre meets will be necessary on the day for these committees.

### **4.4 Meeting Chair**

4.4.1 The Chairing of all committees discussed within this document will be alternated between the most senior operational manager present and the staff side chair.

### **4.5 Meeting Purpose and Duration**

4.5.1 NHSBT SPC and functional sub committee meetings will not normally last for more than three hours in duration. Any matters requiring more detailed discussions will either be worked on by a small time limited working party with recommendations being brought back to the main committee or a separate meeting will be set up to discuss specific matters if and when necessary.

4.5.2 Any issues requiring more detailed discussions should be done off line with the key representatives and then brought back to the meeting with the proposed options for taking matters forward or enabling the committee to make a decision.

### **4.6 Agenda and Minutes – for all committees described in this document**

4.6.1 There are some key principles with which both management and staff side abide by in order to ensure the appropriate information and records of any such meetings are efficient and timely as follows :-

- Agendas will be sent out, a minimum, of five working days before any committee following prior input from both staff side and management. All agenda items will be tabled through the staffside or management side secretaries of each committee.
- Individuals submitting agenda items will be asked for their proposed time allocation which should not normally be longer than 30 minutes.
- Individuals submitting agenda items will also be expected to complete a summary page to their item, which specifically states the outcome/decision expected so that all attending the meeting are clear of the outcomes required. An example of the summary sheet to be used for the NHSBT Staff Partnership Committee is shown in appendix 7.
- Minutes/action logs will be drafted and distributed for agreement within seven working days of the date of the committee.
- All Agenda's and Minutes will be made available on the NHSBT website once agreed.
- Minutes of all sub committees will be made available to SPC Members. Any issues that require a recommendation or authorisation from the NHSBT SPC will need to be submitted as a separate paper with summary sheet as explained above.

- At the end of each of the national committees a summary communications sheet will be agreed for wider communication to the organisation. This communications brief will include a summary of the key topics and decisions made at each committee and contact details for further information if required. This will be drafted by the meetings administration support and agreed by both management and staff side within three working days of the meeting for distribution, an example of this is shown in appendix 8.
- CPCs and RBDPCs will also be expected to prepare a summary communications sheet for the centres/regions they represent. This will be drafted by the meetings administration support and agreed by both management and staffside. These summary sheets will be posted on the organisations intranet for ease of reference for all.

#### **4.7 Meeting Cancellation and/or postponements**

- 4.7.1 Meetings for all national committees will be arranged at the start of the calendar year. If during the year these dates are not convenient or attendance is low owing to a range of circumstances then the meeting may be postponed or cancelled by the agreement of both the management and staff side chairs.
- 4.7.2 CPCs and RBDPCs will be organised locally and dates will be organised in advance of a six month period to allow plenty of notice to attendees and staff based regionally.
- 4.7.3 The quorum for the NHSBT SPC will be at least four management representatives and four staff side representatives (and a minimum of two staffside organisations) in order for any meeting to proceed. All other committees represented in this document will record their quorum in their terms of reference and record the agreement in their minutes.

#### **4.8 Consultation Framework review**

- 4.8.1 This framework may be amended at anytime with the consent of both parties. The full content will be reviewed annually at the NHSBT SPC.

### **5.0 Recognition and Facilities Arrangements**

#### **5.1 Definitions**

- 5.1.1 NHSBT recognises the following unions:-

- Unite
- Unison
- Royal College of Nursing (RCN)
- British Medical Association (BMA)
- GMB

- 5.1.2 Section 25 of the Agenda for Change Handbook should be referred to for further information in relation to Facilities for staff organisations.

- 5.1.3 Unions will elect their own members and notify the Deputy Director of Workforce of outcomes of elections and also when members are no longer in post.

#### **5.2 Facility Time for staff seconded to undertake national union duties**

- 5.2.1 NHSBT seconds staff to undertake national union duties to ensure the involvement of staff side in its primary functions and to ensure time is allocated to providing this level of involvement. Secondees will need to understand the flexibilities required of representing their union on a national scale and agreements will be made at the outset as to how union duties can be managed with any existing role, including the participating in rotas, expense claims, TOIL, and supervision whilst on secondment

- 5.2.2 Where possible the distribution of this time off should allow union representatives the ability to maintain their skills in the workplace. Appendix 9 details the current staff seconded to union duties for NHSBT.
- 5.2.3 Payment for elected union officers for NSPC will be no less than their substantive payment levels had they not been undertaking union duties.
- 5.2.4 Local representatives will be encouraged to attend meetings and events in their own area supported by National representatives where appropriate.
- 5.2.5 Representatives must keep an accurate record of time spent on union duties or activities which will be collated and reviewed by the NHSBT SPC annually.

### 5.3 Facility time

- 5.3.1 Subject to adequate notification accredited representatives will be permitted reasonable paid time off during working hours to carry out duties including for example :-
  - terms and conditions of employment including job evaluation
  - Engagement or termination of employment
  - Allocation of work
  - Matters of discipline, grievance meetings, formal sickness meetings and dispute resolution meetings
  - Union membership or non membership
  - Facilities for staff officials
  - Machinery for negotiation or consultation or other procedures, i.e. joint consultation meetings
  - Any other function on behalf of the employees of NHSBT which the organisation has agreed the representative may perform.
  - Trade Union Forums, Conferences, union regional meetings, representing unions at external bodies and committees
  - Consultation with members, facilitating time off as appropriate for members subject to contingencies of the service
  - Meetings with management and preparation for these meetings
  - Keeping members informed about negotiations
  - Training in aspects of employment relations relevant to the carrying out of trade union duties.
- 5.3.2 Representatives requesting time off to pursue their duties or activities whether paid or unpaid should provide NHSBT with as much notice as possible and give details of :-
  - The purpose of such time off
  - The intended location
  - The timing and duration of the time off required
- 5.3.3 Where time off, whether paid or unpaid, has been granted then it is advised that these should be arranged at a time and venue that will minimise disruption to normal working arrangements wherever possible.
- 5.3.4 Safety reps will be permitted to take paid time off work as is necessary to undertake training and duties concerned with health, safety and welfare *for the purposes of* performing their functions under health and safety legislation. Undergoing training to carry out their duties and responsibilities. Attending health and safety meetings at local, regional, national and international levels where appropriate. *Cross Reference to MPD and National Health and Safety Committee (check whether we have an appendix that sets out NHSC framework)*

Learning reps will be provided permitted reasonable paid time off during working hours to carry out duties that are concerned with: Analysing learning or training needs. Arranging, promoting and advising on learning or training. Consulting with employers and undergoing relevant training. Learning representatives will be encouraged to work closely with OWD to encourage lifelong learning and continuous professional development

- 5.3.5** Where a staff representative is required to attend a meeting outside of normal working hours, or work additional hours/overtime then compensatory time off or payment maybe agreed by the Line Manager or in the case of duties arising from role as seconded National Representative, the Deputy Director of Workforce. Permission to work outside of normal working hours/additional hours or time off in lieu/overtime must be sought before carrying out the duties. Payment will only be agreed in exceptional circumstances and must be authorised.
- 5.3.6** Where necessary work cover and or workload reductions will be provided when time off is required. This can include the reallocation of duties, rearranging work at a different time or a reduction in workload
- 5.3.7** It is not the intention that this agreement diminishes any existing facilities or rights. Any difficulties in identifying and agreeing reasonable time off will be discussed with the appropriate national officer of the recognised trade union involved. Any failure to agree between the national officer and senior HR staff on a matter of principle may be referred to the joint officers and to the SPC for discussion and resolution.

## **5.4 Time off for Training**

- 5.4.1** Understanding and recognising the need to ensure that representatives are skilled and well trained NHSBT will afford reasonable time off, with pay, for representatives to undertake appropriate approved training relevant to the carrying out of their trade union duties. Reasonable time off with pay will be granted for training purposes which may include :-
- Initial basic training, subsequent skills and advanced training
  - Training for changes in the structure or topics of negotiation
  - Training for legislative changes

Requests should normally be made to the appropriate Senior Manager at least 4 weeks in advance of the course/training period commencement. Details of any courses should be provided. Union branches should seek to undertake annual training needs assessment of representatives and notify senior managers accordingly.

Paid time off will be provided where training is undertaken at a time when the representative would not other wise have been at work. Staff who work part time will be entitled to be paid for the duration of the training course or given time off in lieu if preferred.

## **5.5 Disagreement Regarding Time off**

- 5.5.1** Permission for reasonable time off with or without pay will normally be obtained from the immediate Supervisor/Manager. In giving approval account will be taken of the operational needs of the organisation. Every effort will be made to resolve speedily any disagreement in relation to time off work for union duties or activities. Any dispute in this regard will firstly be discussed with the National officer and senior HR member of staff to seek resolution if this cannot be resolved locally.

## **5.6 Recognition for newly appointed Trade Union Representatives**

- 5.6.1** If the trade union representatives appointed for the organisation change then formal notification of the change should be forwarded to the Deputy Director of Workforce. The Deputy Director of Workforce will acknowledge receipt and ensure the list of union representatives is updated. The relevant manager will be notified of accredited

representatives, should there be any cause for concern around the practicality of release of the member of staff the matter will be discussed with National Union Officer and an approach agreed.

## **5.7 The role of National Union Officers**

5.7.1 National Union Officers are able to attend the NHSBT SPC and can also attend the other sub committees as appropriate and or necessary.

## **5.8 Travel Arrangements**

5.8.1 Travel bookings can be made via the NHSBT agents and the agent will invoice the NHSBT for the travel arrangements as per the NHSBT Travel and Expenses Policy. In centres where this facility is not available, bookings can be made via the PA to the Director of Workforce or PA to the Deputy Director of Workforce for staff seconded for union duties.

5.8.2 Where union representatives are seconded full time to union duties then their expenses will be authorised by the Deputy Director of Workforce/Director of Workforce.

5.8.3 Appropriate travel expenses will be paid according to the Travel and Expenses Policy for union representatives attending meetings at the organisations request or directly related to matters associated with the business of NHSBT (Trade union duties). Payment for expenses to attend meetings, conferences or training at the specific request/or benefit of the union will be met by that relevant union (Trade union activities).

## **5.9 Facilities Arrangements**

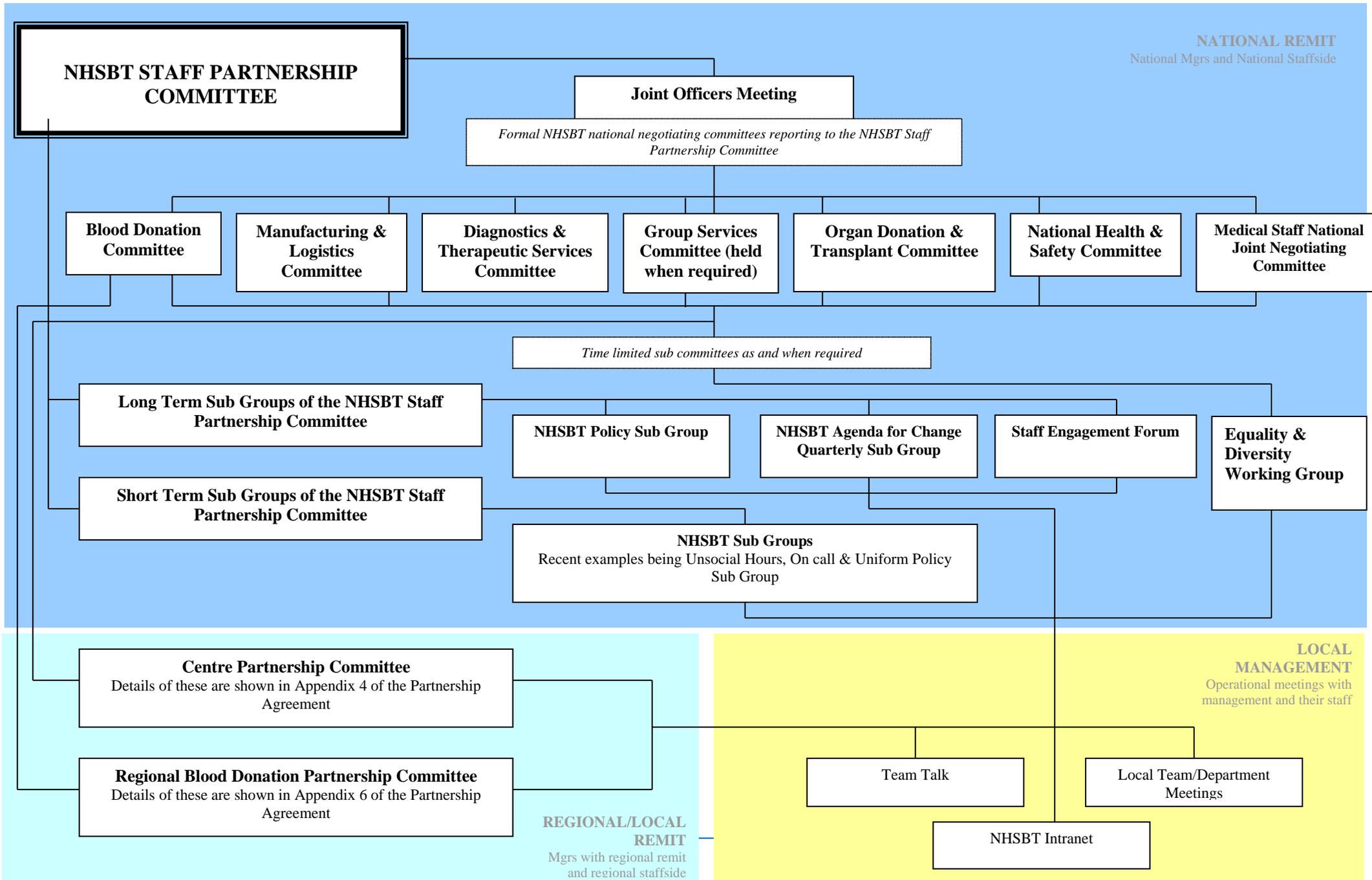
5.9.1 NHSBT will make available to the staff side and their accredited representatives where reasonably practicable, for the purpose of carrying out their agreed functions, the following :-

- a. the provision and use, by agreement, of notice boards on NHSBT premises
- b. Facilities for representatives or officials to interview members in privacy
- c. Facilities for the holding of meetings between members and representatives or officials and for education purposes
- d. Reasonable office facilities (with telephone and appropriate IT facilities for union business) for the unions shared use.
- e. The provision to the appropriate unions of regular lists of their members from whom subscriptions are deducted by the agreed check-off system.
- f. Facilities sufficient to enable union elections to take place during working hours
- g. The use of IT, typing and reprographic facilities for work in respect of their work providing this does not unreasonably interfere with NHSBT work and provided that representatives have due regard to costs and use the facilities as economically as possible. Where such facilities are used for Unions activities other than for consultative reasons then a charge will be levied by NHSBT.
- h. The use of the NHSBT internal post system
- i. Access to department or NHSBT management to make representations on behalf to the unions or members and to discuss matters associated with this framework
- j. Access to the NHSBT communications networks including e-mail, and intranet. Recognised unions of NHSBT will have a staff side page on the NHSBT intranet site where unions can publish matters of interest/information/briefings to their members. Any material must be shared with the Deputy Director of Workforce in advance of publication and then the Deputy Director of Workforce will authorise publication with the IT Department.
- k. Staff and union representatives are able to use the e-mail facility for their own discussions, but must comply with the IT policies and procedures governing the use of e-mail for the organisation as would be the case for all staff working within the NHSBT.

## 6.0 Disputes

- 6.1 It is hoped in the true spirit of partnership working that there will be few disputes/disagreements which will require a formal resolution. Any dispute arising from the interpretation and application of any part of this agreement will be discussed with the NHSBT Staff Partnership Staff side Chairs with a view to agreeing a resolution.

# NHSBT CONSULTATIVE FRAMEWORK Appendix 1



## Appendix 2

### NHSBT STAFF PARTNERSHIP COMMITTEE

#### Terms of Reference

##### Meeting Purpose

- To be the NHSBTs recognised committee for consultation and negotiating on terms and conditions of employment and associated HR policies where these are not covered by national NHS Terms and Conditions and are subject to local determination by NHSBT.
- To be NHSBTs recognised committee for raising and resolving matters relating to the working conditions and environment, health, welfare and safety of staff where these have not been resolved at the Health and Safety Committees
- To be informed about the economic basis of the service and to consult with management on plans for the development of services that have an effect on the staff of NHSBT
- To inform and consult on new ways of working for staff such as technology changes or skill mix changes which will influence the employment prospects of staff
- To provide a forum for the exchange of views on matters unresolved at Regional or Local level in respect of the Regional Working Group Recommendations and the Health and Safety consultative framework review.
- To consider matters regarding staff welfare and proposals for improving working lives
- Matters that are properly the concern of the NHS Staff Council or NHS Employers shall be excluded from the terms of reference of the committee, although there may be some areas for local determination for which the NHSBT SPC is the recognised negotiating body. Individual matters covered by existing agreed policies and procedures should also be excluded.
- In sharing information consideration will first be given to ensure that it is not commercially sensitive or personally confidential
- Trade union and staff side representatives will have the opportunity to influence clinical and operational policies during the consultation process.

##### Meeting Objectives

- To engage and empower all trade union representatives at all levels ensuring that management have the opportunity to hear and take into account the views/ideas of union members
- To enable all employees to be kept fully informed about the NHSBT business, performance and future plans
- To consider the views of all staff where these views have been gathered through agreed methods of consultation e.g. staff attitude survey etc.
- To form an excellent working relationship between management, staff and trade unions and provide a forum to resolve issues that might lead to problems and conflict.
- To ensure proper consultation by providing information and engaging in debate, enabling the opportunity to influence decisions and their application

## Membership

Management	Staff Side
CEO (Notional Member) Director of Workforce & Transformation (Mgt Side Chair) Deputy Director of Workforce Director of Blood Donation Director of Manufacturing & Logistics Director of ODT Director of Diagnostics and Therapeutic Services Head of Workforce Service Improvement (Mgt Side Secretary)  <b>Agenda Specific:-</b> Other operational directors HR Business Partners	Staff side Chair and Secretary Unison x 4 seats Unite x 4 seats RCN x 2 seat BMA x 1 seat GMB x 1 seat In addition Full Time Officers can attend as appropriate

The chairing of this committee will be alternated between the Director of Workforce & Transformation and the staff side chair.

### Quorum

The quorum for the NHSBT Staff Partnership Committee will be at least four management representatives and four staffside representatives (and a minimum of two staff side organisations) in order for any meeting to proceed.

## Appendix 3

### NHSBT CONSULTATIVE FRAMEWORK MEETING MEMBERSHIP

BLOOD DONATION COMMITTEE	
Management Side	Staffside
Assistant Director Operations and Nursing (Chair) Senior Operational Managers X 2 Blood Donation HR Business Partner Associate HR Business Partner – Blood Donation BS Business Partner (Notional)	Unison x 4 seats  Unite x 2 seat  RCN x2 seat  GMB x1 seat  BMA x1 seat  In addition Full Time Officers can attend as appropriate but Staffside membership will rarely exceed 6 members in total

<b>MANUFACTURING &amp; LOGISTICS COMMITTEE (Split meetings)</b>	
<b>Management</b>	<b>Staff Side</b>
<p><b>Manufacturing Committee</b>            Director of Manufacturing and/or AD for Manufacturing            HR Business Partner for Manufacturing &amp; Logistics            Other SMT members to be co-opted on an as and when basis</p> <p><b>Logistics Committee</b>            Director of Manufacturing and/or AD for Logistics            Associate HR Business Partner for Manufacturing &amp; Logistics            Other SMT members to be co-opted on an as and when basis</p>	<p>UNITE x 4 seats</p> <p>UNISON x 2 seats</p> <p>GMB x 1 seat</p> <p>UNITE x 2 seats</p> <p>UNISON x 3 seats</p> <p>GMB x 1 seat</p>

<b>ORGAN DONATION COMMITTEE</b>	
<b>Management Side</b>	<b>Staff Side</b>
<p>Assistant Director – Organ Donation            Head of Clinical and Nursing Governance            Assistant Director Transplant Support Services            HR Business Partner            Associate HR Business Partner            Operational Manager (potentially on a rotational basis)</p> <p><b>Agenda Specific:-</b>            Operational Managers as required or where it can be used for developmental purposes</p>	<p>Staff Side Chair and Secretary</p> <p>Unison x 2 seats</p> <p>RCN x 2 seats</p> <p>Unite x 1 seat</p> <p>From time to time additional staff representatives in training may attend in an observational/development capacity subject to prior agreement with the management side</p> <p>In addition Full Time Officers can attend as appropriate</p>

<b>DIAGNOSTICS AND THERAPEUTICS COMMITTEE – held quarterly</b>	
<b>Management Side</b>	<b>Staff Side</b>
<p>DTS Director (Notional Member)            General Manager Specialist Services or Head of RCI            Head of SCI            Head of H &amp; I            Chief Nurse            Business Partner – DTS            Associate Business Partner - DTS</p> <p><b>Agenda Specific:-</b>            General Manager Tissue Services            Assistant Director Customer Services</p>	<p>Unite x 4 seats</p> <p>Unison x 2 seats</p> <p>RCN x 1 seat</p> <p>BMA x 1 seat</p> <p>GMB x 1 seat</p> <p>In additional Full Time Officers can attend as appropriate</p>

**GROUP SERVICES COMMITTEE\* To be held as and when required (2 dates diaried annually which can be calls, additional calls/meetings arranged as necessary**

Management Side	Staffside
Relevant Director/Assistant Director for the Group Service Area HR Business partner for the relevant area	Unite x 1 seat Unison x 1 seat
<b>Agenda Specific:-</b> HR, ICT, Finance etc and management representatives	GMB x 1 seat
<ul style="list-style-type: none"> <li>With the agreement of both management and staffside chairs the membership of the Group Services Committee can be flexed dependent on the agenda to ensure appropriate representation to cover specific topics</li> </ul>	

## Appendix 4

### Centre Partnership Committees

Centre Partnership Committees will incorporate LSGs and be held at:-

Centre
Bristol Filton
Birmingham
Plymouth
Southampton/Oxford
Leeds
Sheffield
Liverpool
Manchester/Lancaster
Newcastle
Cambridge/Basildon
Colindale
Tooting

## Appendix 5

### CENTRE PARTNERSHIP COMMITTEES

#### Terms of Reference

#### 1. Meeting Purpose

- 1.1 CPC are NHSBTs recognised centre committees to communicate issues, discuss, consult and make decisions at the appropriate levels on changes to work practices and processes that affect the centre/area.
- 1.2 These committees are able to consider matters raised regarding changes to work practices and processes that affect the centre/area only. Any issues which would have a wider impact on other centre's, staff groups or nationally should be referred to the relevant committee identified in NHSBTs Partnership Agreement.
- 1.3 Similar to the national functional committees the CPC do not have authority to agree changes or alterations to policies and procedures or local agreements accompanying

Agenda for Change or any issues that will impact on another staff group or centre. Any issues of this nature must be referred to the NHSBT SPC for consideration and final consultation and adoption where applicable.

- 1.4 These Committees also enable a forum for exchange of views on matters unresolved at local level and a means of an informative mechanism.

## **2. Meeting Objectives**

- 2.1 To enable all employees to be kept fully informed about NHSBTs business, performance and future plans.
- 2.2 To consider the views of all staff especially where these views have been gathered through agreed methods of consultation e.g. staff attitude survey etc.
- 2.3 To form an excellent working relationship between management, staff and trade unions and provide a forum to resolve issues that might lead to problems and conflict.
- 2.4 To ensure proper consultation by providing information and engaging in debate, enabling the opportunity to influence decisions and their application.
- 2.5 To enable resolution of issues at a local level through discussion and partnership working.

## **3. Membership**

- 3.1 To be agreed

## **4. Pre-Meets for CPC**

- 4.1 Pre-meets for the CPC will be arranged as and when required by management and staffside prior to the meeting taking place. It is expected if appropriate that only brief pre-meets will be necessary on the day for these committees (approx 30 minutes).

## **5. Meeting Details (Attendance, Chair, Duration)**

- 5.1 Meetings will be scheduled to take place every 8 to 12 weeks within each of the following centres from June 2011. If matters arise that need to be discussed prior to a meeting, informal meetings can be scheduled between management and staff side representatives.

- Bristol Filton
- Birmingham
- Plymouth
- Southampton
- Oxford
- Leeds
- Sheffield
- Manchester/Liverpool/Lancaster
- Newcastle
- Cambridge/Basildon
- Colindale
- Tooting

- 5.2 The chair of the meeting will be alternated between the most senior operational manager present and the staff side chair.
- 5.3 If an appropriate number of management and staff side representatives are not available for the meeting, the meeting will be rearranged within 2 weeks of the original date.
- 5.4 Dates will be agreed by the management and Staffside chair at the beginning of the year.

- 5.5 The CPC meetings will not normally last for more than three hours in duration. Any matters requiring more detailed discussions will either be worked on by a small time limited working party with recommendations being brought back to the main committee or a separate meeting will be set up to discuss specific matters if and when necessary.
- 6. Agenda and Minutes**
- 6.1 The CPC will follow the key principals outlined within the [NHSBT Working in Partnership Agreement and Framework](#) to ensure agendas are produced for each meeting and minutes are cascaded to staff within the centre/area remit in a timely manner.
- 6.2 The chair of the CPC is responsible for ensuring the agenda and minutes are produced and cascaded.
- 6.3 Minutes will be available on the intranet within two weeks of the date of the meeting.
- 7. Progression of Outcomes**
- 7.1 Any issues outside of this criteria arising from the CPCs which cannot be resolved locally should first be forwarded to the relevant national functional committee and then on to NHSBT SPC if necessary.

## **Appendix 6**

### **REGIONAL BLOOD DONATION PARTNERSHIP COMMITTEE**

#### **Terms of Reference**

##### **1. Meeting Purpose**

- 1.1 In order to ensure meaningful discussion and consultation at Regional and Local level, Regional Blood Partnership Committee's (RBPC) have been developed, previously known as RJSCC Meetings.
- 1.2 RBPC are NHSBTs recognised area team committees to discuss, consult and make decisions at the appropriate levels on changes to work practices and processes that affect the area, within Blood Donation (BD) that it covers.
- 1.3 These committees are able to consider matters raised regarding changes to work practices and processes that are specific to that BD Region area only. Any issues which would have a wider impact on other areas/Regions, staff groups or nationally should be referred to the relevant committee identified in NHSBTs Partnership Agreement.
- 1.4 Similar to the national functional committees the RBPC do not have authority to agree changes or alterations to policies and procedures or local agreements accompanying Agenda for Change or any issues that will impact on another staff group or centre. Any issues of this nature must be referred to NHSBTs SPC for consideration and final consultation and adoption where applicable.
- 1.5 These Committees also enable a forum for exchange of views on matters unresolved at local level and a means of an informative mechanism.
- 1.6 Any other issues that are not outlined in point 1.4 that cannot be resolved with the RBPC should be progressed through the National BD Committee in the first instance for discussion, consultation and or decision.

##### **2. Meeting Objectives**

- 2.1 To enable all BD employees to be kept fully informed about the NHSBT business, performance and future plans, in relation to the BD Directorate.
- 2.2 To consider the views of all staff especially where these views have been gathered through agreed methods of consultation e.g. staff attitude survey etc.

- 2.3 To form an excellent working relationship between management, staff and trade unions and provide a forum to resolve issues that might lead to problems and conflict.
- 2.4 To ensure proper consultation by providing information and engaging in debate, enabling the opportunity to influence decisions and their application.
- 2.5 To enable resolution of issues at a local level through discussion and partnership working.

### **3. Membership**

- 3.1 To be agreed

### **4. Pre-Meets for RBPC**

- 4.1 Pre-meets for the RBPC will be arranged as and when required by management and staffside prior to the meeting taking place. It is expected that only brief pre-meets will be necessary on the day for these committees (approx 30 minutes).

### **5. Meeting Details (Attendance, Chair, Duration)**

- 5.1 Meeting will be scheduled to take place every 8 to 12 weeks within each of the Senior Donor Service Manager BD areas. If matters arise that need to be discussed prior to a meeting, informal meetings can be scheduled between management and staff side representatives.
- 5.2 The chair of the meeting will be alternated between the most senior operational manager present and the staff side chair.
- 5.3 If an appropriate number of management and staff side representatives are not available for the meeting, the meeting will be rearranged within 2 weeks of the original date.
- 5.4 Dates will be agreed by the management and Staffside chair at the beginning of the year.
- 5.5 The RBPC meetings will not normally last for more than three hours in duration. Any matters requiring more detailed discussions will either be worked on by a small time limited working party with recommendations being brought back to the main committee or a separate meeting will be set up to discuss specific matters if and when necessary.

### **6. Agenda and Minutes**

- 6.1 The RBPC will follow the key principals outlined within the [NHSBT Working in Partnership Agreement and Framework](#) to ensure agendas are produced for each meeting and minutes are cascaded to staff within the centre/area remit in a timely manner.
- 6.2 The chair of the RBPC is responsible for ensuring the agenda and minutes are produced and cascaded.
- 6.3 Minutes will be available on the intranet within two weeks of the date of the meeting.

### **7. Progression of Outcomes**

- 7.1 Any issues outside of this criteria arising from the RBPCs which cannot be resolved should first be forwarded to the relevant national functional committee (National BD Committee) and then on to NHSBT SPC if necessary.

## Appendix 7

### NHSBT STAFF PARTNERSHIP COMMITTEE

#### Summary Sheet

Time Allocated:

Date of Meeting	Agenda Item
<b>Title/Subject:</b>	
<b>Presented By:</b>	
<b>Representing:</b>	
<b>Short Summary of Paper</b>	
<b>Key Points for consideration</b>	
<b>Other Stakeholders affected by paper/outcomes of this paper</b>	
<b>Action required from NHSBT Partnership Committee</b>	
Information <input type="checkbox"/> Approval/Agreement <input type="checkbox"/> Discussion <input type="checkbox"/>	
Other (please state)	
<b>Other considerations</b>	
Financial	
HR/Recruitment	
Communication	
Equality and Diversity	
<b>To be recorded at the meeting</b>	
Outcome recorded	
Include in Meeting Summary for wider circulation	Yes <input type="checkbox"/> No <input type="checkbox"/>
Who responsible for further action	

## Appendix 8

### NHSBT STAFF PARTNERSHIP COMMITTEE

#### Communications/Outcome for Communication

<b>Date of Meeting</b>	
<b>Chaired By</b>	

#### Key Points/Outcomes/Agreements

<b>Blood Donation</b>	
<b>Manufacturing</b>	
<b>Logistics</b>	
<b>Organ Donation</b>	
<b>Group Services</b>	
<b>Change Management</b>	
<b>Terms and Conditions</b>	
<b>Policies and Procedures</b>	
<b>Equality and Diversity</b>	
<b>General Information</b>	

<b>Attendees</b>	<b>Management Representatives</b>	<b>Staff side Representatives</b>

## Appendix 9

### NHSBT CONSULTATIVE FRAMEWORK

#### Staff Side Representatives

<b>Union</b>	<b>Full time duties and SPC Members</b>
<b>Unison</b> <b>Full time duties x 2.0wte</b>	Bev Easton 0.50wte Chris Kearney 0.50wte Sallie Case 0.50wte 0.50 duties covered by Doug Holmes Teri Williamson
<b>Unite</b> <b>Full time duties x 2.0wte</b>	Andy Ford 1.00wte Lynn Pope 0.80wte David Agbley 0.20wte Barry Tompkins (SPC only)
<b>RCN</b> <b>0.50wte duties</b>	0.50wte covered by Penny Mannings Gary Edmonds  Lesley Howard (SPC only)
<b>BMA</b>	Dr Robert Webster
<b>GMB</b>	

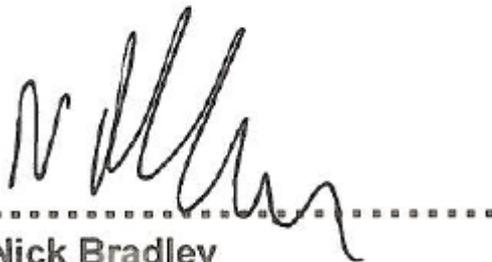
## Signed



.....  
Ian Trenholm  
Chief Executive  
On behalf of NHSBT

17/5/16.

.....  
Date



.....  
Nick Bradley  
Unison  
On behalf of Staff Side

17/5/16

.....  
Date

Allyson RCN

17/5/16

Bella Unite

17/5/16.