**NPC Agenda:**



**NPC Members:**

Alma Lee- AFGE (Not present) Bill Wetmore- AFGE

Burke Mary-Jean- AFGE (acting Co-Chair) Irma Westmoreland- NNOC/NNU

John Stead-Mendez- NNOC/NNU Jeffrey Shapiro-NFFE

Kevin Mitchell- NFFE Claudia Moore-NAGE

Mark Bailey- NAGE David Palmer-SEIU

Denise Biaggi-Ayer- LMR (Co-Chair) David Perry-VHA

Doris Gruntmeir -OGC (Not present) Terri Beer-NCA

Michael Stephens-VBA Christine Polnak- SEIU

Linda Parker-Cooks-AFGE/VBA James Leahy-VCS

Robert Sheena-VBA George Cannizzaro-NCA (Not present) Gia Chemsian-OGC Sarah Porter-OIT (Not present)

Michael Salazar-OIT James Zeveski-VHA

David Perry-VHA

**January 24, 2023**

Meeting began at 10:15 a.m. ET

Denise Biaggi-Ayer, Executive Director LMR (Co-Chair Management) and MJ Burke acting as Union Co-Chair in Alma Lee’s absence.

Denise and MJ welcomed everyone. Meeting was held virtually. Denise mentioned that providing additional guidance to some of the NPC subcommittees will be good to discuss on Thursday. Mark Bailey asked to add an agenda item related to a veteran suicide at the Jamaica Plain VA Medical Center.

**Nursing Services Update - VHA**

* Karen Ott, Director for Policy, Legislation and Professional Standards, Office of Nursing Service

Karen – I’m going to provide a recap on important initiatives ONS has undertaken in the past few months. HRO Values and being an employer of choice is our goal. We want to be proactive in engagement and active listening with nurses at VA. We want every nurse at every level to see themselves in the plan. We have a framework to follow and VA Stay interviews is an important part of that. Stay Touchpoints are an important way to do that. We think it will allow leaders to get a sense of how employees are handling their position. Reason why we need to have a touch point with our staff and that's what we are promoting here in the office. The six items we have on this slide are very important, Work, People, Places, Well Being, Organization and Technology. It’s important that we strike a chord with nurses. Recognition and celebration of individuals should not be glossed over of course, so we want to recognize and celebrate individual contributions. Exit surveys show compensation as a top 5 reason for leaving VA. Incentives vary across the enterprise and we work with WMC closely. We want to be competitive in the marketplace and one of the legislative proposals we’re working with is a market pay system and would replace locality pay system.

Priorities for nursing recruitment: We use open and continuous announcements to follow CBAs and we believe time to hire is an issue. Using appropriate marketing to the right audiences is important and with a workforce of over 112,000 nurses, we are the biggest employer of nurses across the country and part of integrated care teams. We want to use key messages that will help attract candidates and participate in local and student events. The health professional scholarship programs.

Strengthening the nursing pipeline is one of our 4 goals. Reimagining lifelong learning and career development. We have been submitting legislative proposals to allow for professional education reimbursement. Bottom line up front, last August a team was chartered for non-competitive hiring opportunities. We’ve identified the benefits, developed tools to outline the process, proposed recommendations for current barriers and developed a toolkit to support hiring efforts. Non-competitive hiring authority is used without a vacancy or posting. AFGE provided a suggestions of a broad, generic announcement in USA Jobs. It’s efficient and eliminates complex hiring steps. It can save up to 74 days in the process. We have a need for 45,000 RNs, 10,000 LPNs and 15,000 NAs. 87% state RNs are one of the hardest to recruit positions. Union partner challenges and recommendations: we understand the unions concerns in non-competitive hiring, confusion about the July 2021 message regarding T38 direct hiring guidance and we acknowledge that. We are working behind the scenes with our SharePoint site to make information available to all nurses asking about important questions. Key take-aways, we want to increase awareness of non-competitive hiring opportunities.

Elimination of nurse professional standards board. We’ve made progress. All 5 of our VA handbooks that are open to support the elimination of NPSBs are with OGC who is reviewing. From there they will go to LMR and the unions for negotiation.

ONS is resubmitting two legislative proposals. One requests the authority to reimburse continuing professional education requirements for APRS, PAs, Pharmacists and Pharmacy Techs. Cost without Pharmacy Benefits Management is 118 million dollars. We also have a proposal that modifies the appointment authority to Title 38 and out of the general schedule system.

Irma – Every single orientation that I have with nurses, almost every one of them I ask how long it takes to get into the VA. Some have said as much as 18 months or 3-4 months. The 88 days doesn’t seem to ring true to me. These are the nurses coming onboard. Also, they feel that seeing something in advertisements but then is available, feels like a bait and switch kind of thing. We’ve got to push 72/80 across the hospitals and nurses are disconcerted when they come in, that it’s being advertised but not available when they come in.

Karen – I think this is very catching and we should have a positive outcome shortly.

Irma – Locality pay raises, we have inconsistency in hospitals in what is being offered and it’s a shame that the COLA is what is providing the raises. I appreciate we have incentives but all those can go away and they don’t count in your retirement or pay long term. So when they go away, the nurses think of it as a pay decrease and use the locality pay system for nurses meeting their salaries. You were talking about the open continuous but the question that comes up on AES consistently is that nurses feel they don’t have promotion potential. That has to come from the internal posting process. If we do open continuous but if we only use that, inside nurses don’t know.

Karen – Yes, thank you Irma.

Denise – Are those for external candidates only? Why can’t nurses see them on USA Jobs and when they’re posted?

Irma – It’s only posted one time so they may not know it’s there. There may not be a specific job open at the time it’s posted. When the exact job is open, they get applications from outside, but they don’t know it’s open on the inside. We don’t have a reminder. The only time I’m seeing an announcement come to me is for a nurse manager job, but the staff nurse jobs aren’t posted on the inside. It’s hard to find and know when they’re open.

Karen – It makes sense to me but I’m going to take this back to get more information and give you the right response.

Bill – Why did the recent hiring event result in faster hires? And how much?

Karen – I asked for that data and couldn’t get it yet, but I think the attention that was paid to this event, is that they had people in the pipeline, but the surge event sped up the process.

David – It was a concerted effort to get people through the pre onboarding steps. They all had tentative offers.

Jeff – We’ve seen in Miami, LPNs get their RN degrees and they’re not being hired by the facility for lack of experience. Is there anything in policy that states when a degree is gained, VA will hire you? It doesn’t make sense to me, that we lose people who get their RN but the station turns them away? Is there anything in policy to help retain them?

Karen – The only thing I can think of in policy is when the LPN used one of the VA scholarships to increase their license. But I don’t think there’s anything in policy.

Jeff – Is this something we should look into? It’s not making sense to me.

Karen – When an LPN becomes an RN, they have experience as an LPN, but the responsibility of an RN is different. So you have someone who just became an RN. If a candidate just graduated, they probably wouldn’t be the most competitive.

Jeff – Right but here you have someone in the system and is vested in the system. It’s throwing away money, skills, and dedication. I know of at least 3 in my facility. They should get some kind of consideration for being in the VA.

David from Chat- hiring data doesn't suggest this is a significant issue; ~70% of nurse hiring is internal hiring.

Karen – I will take this back and see how we can run this and think about it.

Jeff – We do this in all the other services but not in nursing.

MJ from Chat: Have some comments here that are just for the record: So, this locality pay tool legislative changes proposal please explain more--I feel VA goes consistently into Congress for "more authority" for years and years... tends to blame collective bargaining for the reason they can't hire---and quite honestly, the issue is funds and how the facility or the Agency prioritizes staffing needs in very vague terms- even in manpower requirements--- We Union can't deal with salaries but, we need to have a mechanism even know to ask about policy interpretation in 5007 regarding LPS in OCHO. PACT act--- EDRP funds, complaint from two RNs one new and one current --- offer is not what the promise is--- NA - I think we need to modify HR policy in 5005 to allow the Sec to waive requirements if it is not specifically listed in 7402 with specificity.

MJ – We have a lot of mistrust for the last 3 years because of the labor market, retention allowances. We should be involved in what the agency is doing in legislative proposals. We are under the impression that there are less people out there to recruit, but there has to be more internal opportunity.

Karen – You said you needed contact information on what again?

MJ – I need a policy resource to ask questions to. You should help us apply the policy, I don’t care what the policy is, but we need to have a lot more transparency. Dr. Strong was at the convention, and she is operational, but there was a line of people screaming at her about not being provided notice or included.

David – A couple things we could do is give an overview of how LPS schedules work and the policy. The policy doesn’t dictate the amounts. But your general point of contact is your VISN compensation unit. My office does the technical review. OCHCO office doesn’t approve, just process. We would be happy to come on and walk you through the overview of the process.

MJ – Someone is 72/80, go to the justification to the VISN, then you don’t get a retention allowance.

David – Definitely sounds helpful to provide an overview. That should be able to answer some of those questions. We can commit to that in the next meeting.

Claudia – LPNs, we can’t get RNs for the off shifts so now they want to open a GS-7 position on the CLC floors and want the 4, 5 and 6 to rotate into the 7 position. How is that possible without compensating them?

Karen – I don’t understand that either. I will need to talk with you offline on that. You cannot plug a lower graded nurse into a position of a higher graded nurse without compensating them.

Claudia – Thanks. I also wanted to piggyback on what Jeff said, here I’m told they have to go through a residency program. RNs don’t want to be in that mentoring position. They don’t get the credit for it in their proficiencies, which they also don’t get on time.

Karen – There’s a couple things I don’t think I understood correctly. Are we talking orientation or transition program? Can we take this offline?

Claudia – Yes. We have one RN that is working as a NA.

Chris – I wanted to get an update on LPN 7 and what is getting started on that?

Karen – I will get that information out to everybody.

Kevin – I can’t see how our conversations still steer toward recruitment. Dr. Elnahal was here in Montana and when HR was asked about the delay in hiring, HR said we have to do 42 different processes to get someone onboard. We have a huge block of employee nurses, but it’s an untapped resource that we’re not using to recruit. We’re hesitant to recruit those people. For the first time in 5 years, in Montana we finally have a nurse recruiter, but we need to contact the potential employees. The problem is we try to bring people in to work, they’re not explaining that the retention incentive is only temporary. If we don’t fix the HR component, the nursing service across the country is an untapped resource and you wouldn’t have RNs saying they don’t want to train somebody. If 70%, as David said, are saying they are looking at internal announcements and not going outside, here we are wasting that resource.

Karen – When we do eliminate the board, the supervisor will be in that role and will know the employee.

David – A lot of our steps are policy or regulation driven. With the elimination of the boards that will help that aspect. We’re also transitioning to a single offer letter.

Kevin – If we have a single offer letter, will it also put in writing the incentives offered so we don’t get this bait and switch?

David – Yes, absolutely. When you see an incentive offered, some think they will get the maximum incentive but that is not exactly what happens. But I wrote down your comment on the timeframes as well. But to answer your question, it specifies exactly what is being offered. For EDRP, we may offer a certain amount, but a reduced amount could be given based on the employee’s actual debt and loan amount.

Mark – I would suggest that there be training for staffing HR folks as it relates to understanding hiring of RNs, LPNs and NAs. It seems it depends on who you get in HR that is processing the applicants as to what the individual may receive on the other end. I would ask you consider the nurse recruiters from nursing work with HR staffing when looking to hire. Also is it possible to get the functional statement for the LPN 3,4,5,6,7?

Karen – When we do the elimination of the board training, our desire is to make sure 30-60 days is enough time that they’re fully aware and comfortable with their new responsibilities. The nurse recruiters have been part of ONS at the national level, I will take that back about their involvement and I believe that is our goal too, but I will find out more. I’ll send you the link for the Functional Statement for LPNs 3-7.

Bill – ONS seems to want stronger relationships with schools to improve recruitment, what is the status?

Karen – Yes, we do have a working group. I can create a document that speaks to that and send it to Denise to get that out to everybody. We’re also working on a project of looking at how nurses could teach at a university like the Physicians do, on duty time. That is also a good way to create a pipeline.

Bill – Wasn’t there some talk about how the Department would create a nursing school? Am I misremembering something?

Karen – The nursing academy, it wasn’t a school, but we were creating a contract with the schools that they would accept so many students that would become residents into the VA. It has morphed into post-baccalaureate program.

**Employee Experience, OIT**

* Nathan Tierney, DCIO, Chief People Officer

Nathan - This is some information about who we are and what’s important to us. We have three strategic priorities. First is employee experience, secondly customer experience, and finally the business process improvement. What we do is broken out by our function lines. What we’re trying to do is fix the pain points. We know requirement is an issue as well as retention. I look at employees as customers. We’ve established a coaching and mentoring program that we’re piloting as well. We want to excel at the basics. We’re looking at making sure service awards, recognition and special contribution awards and QSIs are getting done. OPM approved the special salary rate on January 10th to close the disparity in pay. For standby duty pay, OGC has reviewed and we’re waiting on it to come through in VIEWs. It’s different than On-Call pay and it will make sure our employees will be paid and I think it’s a great thing. We drive to put people first and we want to make sure their time with OIT is a delightful experience from cradle to grave.

Bill – How many employee altogether are we talking about?

Nathan – Onboard today we have 8,658. We have 7,700 vacancies as of this morning.

Bill – Do you have trouble filling those vacancies?

Nathan – We do. There have been recent layoffs in the industry, but compensation has been a challenge for us. It’s a constant battle and IT professionals have on average 3 job offers.

Bill – I would imagine everyone is telework eligible, is that true?

Nathan – No. Some employees do have to go into the medical centers. They are currently in full time. It is management’s discretion to make that determination.

Bill – Can you talk about the mentorship program?

Nathan – They apply and then are matched to a mentor. Everyone who applies gets a mentor.

MJ – With the 2210s, can you walk me through the upward mobility programs and are they written specifically.

Nathan – On the CERNER side, they’re managed by a different group outside my purview. Systems are getting more complex and we’re trying to race ahead of technology and we’re trying to provide those opportunities to employees.

MJ – Do you have written upward mobility plans? As in software/hardware?

Nathan – Not at this time, our competency models were developed about 12 years ago and are pretty antiquated so that’s why it’s one of the top 3 priorities we’re working to address.

**OWCP, HRA/OSP**

* Frank Denny, Director, Occupational Safety and Health
* Yvette Talley and Heather Nichol, Occupational Safety and Health

Yvette - American Rescue Plan Act signed into law in 2021. Under ARPA, a covered employee who was diagnosed with COVID-19 whose duties required contact with patients, members of the public or coworkers was deemed to have gotten it through their employment. The interaction was required to be direct physical contact. General office contact was sufficient. This was pretty simple, though home tests were not acceptable. They used CA-1 to file the claim and a special form was created in ECOMP. DOL has issued updated guidance that after January 27, 2023, the specialized treatment of COVID -19 claims and new claims filed after that date would need to go through the standard process. The date of the positive test results is the key takeaway. Before January 27th, they will be processed under the ARPA provisions, but after January 27th, normal processing procedures will apply. OWCP will fully develop claims using the 5 basic elements in the regulations establishing a causal link to employment. Any claim with a positive test date, on or before 1/27/23 and filed within 3 years will be filed under ARPA. I would like to stress how important the medical evidence is when establishing a claim. After 1/27/23, employees should file on a CA-2. CA-1 may be used if the event alleged to cause the COVID is identifiable in terms of a single time and occurrence. Post ARPA claims are similar to other airborne infectious diseases.

Heather – There are no changes to the medical documentation as proof of diagnosis. A positive PCR or antigen test. If a positive test is not available a diagnosis from a medical physician as to why there was never a positive test. Home tests are not allowed. One important change is that employees will have to supply medical documentation for any days that they missed regarding compensation. OWCP requires medical documentation demonstrate disability from work. The primary change with the end of ARPA is the causal relationship for federal employees, that tie will no longer be assumed, and medical evidence will always be required from a qualified physician. There is going to be some wiggle room for DOL. There will be a burden for employees to take on with the end of ARPA by having to establish the causal relationship. There is an ASHO memo sitting on the Assistant Secretary’s desk that we expect at any time. If any union representatives would like a copy, please let us know.

Denise – Please make sure it goes to me before it goes out to everybody so we can disseminate.

Heather – Absolutely. We know VHA has published a DUSHOM memo as well. We have Stephanie Burke and Craig DeMello on the line if they want to add anything.

MJ – This is more of a concern of how things are operationalized in VHA. On the safety side of the house. VHA has taken the position that we’re still following the COVID ETS. We have patients who come in negative and convert to positive. It’s really about notice to the employee that they’re eligible basically. We’re not consistent in VHA in notification. Can someone file a CA-1 and potentially get indebted and still file a CA-2 for long term COVID.

Heather – In most instances, supporting a CA-1 will be difficult because even with a lot of patients, you may have a lot of contact with a person in more than one day. And isolating that particular instance will be tough with people resuming normal day-to-day life. So that is hard. If I have to go to a training at the VISN, and I work from home, but I go there and get COVID that may work if someone there is confirmed to have had COVID. But if that was a 3-day training, it would be harder.

MJ – If you have someone that converts which means you have a carrier among you, it seems like the due diligence of the Agency for notice of the exposure has gone out the window.

Heather – There is a collaborative team between OSH and Occupational Safety and Health.

Stephanie – We collaborated with our partners in Occ health and so if you were to read the DUSHOM memo that came out Friday, so EOH providers will have a unique perspective for that employee.

MJ – But are we doing consistent notifications of exposure across VHA? VHA says we’re still following the rule for ETS, but I don’t get people getting notification out of this whole thing.

Heather – If an employee erroneously files a CA-1 instead of the CA-2, they will administratively change that to a CA-2 and adjudicate it on that basis.

Stephanie – There will also be an ECOMP button that says file a COVID claim and then a series of questions that will lead them to the correct form. SO they’re not actually picking a CA-1 or 2, and it will lead them to the form. Regarding notification of exposure, that is an important thing since they’ll have to prove it now in the workplace. I will take that back to our EOH partners and see what they suggest. They will have a template in EOH that will document so that will help without contact tracing, but in cases where EOH is not aware, that is a good concerns and I will bring it back.

Yvette – DOL has advised they do not need names of patients or employees who have tested positive, because we know privacy is a very big concern.

Heather – VHA frontline workers are disproportionately affected by the end of ARPA.

Bill – Is it sufficient that the employee sees their private doctor and the doctor states the employee’s infection is due to the employees occupation and they site a specific event?

Heather – Yes, that would then be captured in medical documentation.

Yvette – DOL is going to be looking at that provider’s statement to see the causal link. If the physician says this nurse works on a COVID unit or if they say the patient sneezed on them, then DOL will likely accept that as sufficient.

Heather – It has to be an unequivocal statement and it’s not as clear cut with a virus.

Bill – You said a reasonable degree of medical certainty. A reasonable degree is one thing, medical certainty is another, so putting that together its due to the employee being around patients in a hospital.

Yvette – At the end of the day, the CE makes that determination, but based on the information provided to us, we believe that type of medical documentation will be sufficient.

Mark – I hope VA is not putting us on a slippery slope where employees are coming to work to care for veterans. When I said something about putting a mask on, he looked at me and kept walking. I don’t want employees feeling that these changes are leaving them out there on their own and they need to go work elsewhere because they have to battle with DOL.

Yvette – This is really going to be hard and you make a valid point. I think that employees who come in contact regularly with patients or other employees is going to be in better condition than someone who is working in a cubicle and mainly making calls. I think they will have an easier time than someone that does not. I don’t have an answer regarding how the Agency can help or document exposure, other than validating their statement of their working conditions.

Heather – We also don’t want employees to knowingly have it, but don’t feel they have a choice because they need their paycheck, to then come in because they don’t have other options. If you have better ideas please share them, you often have ideas that we don’t.

Mark – I don’t know if we have any better ideas, we’re all in the same boat. But you’re 100% right, they’re going to come to work because they have to pay the rent. Hopefully the Secretary can meet with the legislative folks because employees need to be able to not burn all their leave or have to come to work with it.

Jeff – I’m thinking, kind of the best way to do this is to get our occupational health doctor employees, the agency will provide the test for them that day, then the Agency will write the reason why. I think DOL will have a hard time counterbalancing that argument. If Occ Health can attest, that will help the employee. But I think this is going to become more like the flu, as time passes.

Stephanie from chat - This is the section of the EOH template that EOH providers will use to support work exposure: “VHA Employee Occupational Health will continue to provide initial services (up to 2 visits) to VHA employees. These services include testing of symptomatic employees and medical documentation in the employee medical folder that establishes the essential elements required by 20 C.F.R. 10.330 to substantiate a Workers' Compensation claim, which includes a physician's written opinion with a reasonable degree of medical certainty of the causal relationship between the medical condition and the factors or conditions of employment.” You’re right that employees may choose to not report and come to work if they’re sick and don’t have leave.

Stephanie mentioned at the end that they discussed with DOL the pandemic not being over, the VA is still filing 800 claims a week.

**PACT Act Updates, VHA and OCHCO/HR&A/OSP**

* Jessica Bonjorni, Chief Human Capital Management
* Tracey Therit, Chief Human Capital Officer

Title 9 of PACT Act is focused on workforce. What do we need to do to strengthen workforce to deliver on PACT Act? Slide 3, enhanced HR system to provide visibility of where we are on hiring process/actions. Removed preference-eligible restrictions on hiring housekeeping aides (Sec 905). Eliminated cap on awards and bonuses (Section 908). 2022 perf awards were not subject to caps. Can issue Special contribution awards (SCA) no OPM approval needed. Have authority to use expedited hiring authority for college graduates and post-secondary students (Section 909 (f) and G)).

Section 903 required us to develop qualification standards for HR specialists. We had to standardize performance metrics for HR Specialists. Identified base level standards for everyone to achieve. Will add and monitor these measures and metrics on a regular basis. Will refine metrics as we can gather Documents are being sent to the Hill in a Congressionally mandated report due next month.

Section 904 impacts hybrid Title 38, Police and Title 5 health care workers. This policy notice expedited implementation, along with the VA Handbook 5007 change to communicate increases in pay cap for certain VHA employees and procedures HR offices should follow.

Tracey - that is where partnership comes in, our systems need to be updated to make these modifications happen.

Section 906 -3Rs, recruitment, relocations, and retention incentives-

909 authorized 3Rs up to the higher limits. Other key piece is our ability to offer retention incentives, to pay those as a lump sum up front. Some people do not want to wait around, they want to receive up front.

Jessica - Have still some systems issues to sort out on aggregate pay, impacts our physician specialties.

Critical Skills Incentives-if we do not offer this, we may not be able to retain the individual. May not be able to retail the person if we do not have the authority to do this. This impacts all employees and communicates SECVA authority to approve critical skills incentive for eligible employees through September 30, 2027.

Jessica - What will make more sense for our difficult to fill positions, special skills…do we do this at the local level, or National level. May deploy in a way that is consistent across the enterprise for difficult to fill positions at the Department level. We will use it more often as people get familiar with the tool.

Slide 9-student loan repayment program Bulletin communicates SECVA authority for student loans at higher limits (up to $40,000 annually and up to $100,000 lifetime) through September 30, 2027. Have used for MSA, for Social Workers.

Section 909 Critical pay positions. Have about 53 positions, can now authorize up to 200 position and limits have been increased.

All authorities are 5 years limited. Working on a dashboard, want to track the use of these authorities, will share the dashboard. Want to see if these are having the desired impact, shorter time to hire, better retention, better AES scores…?

Sites on information on PACT Act, resources for the workforce. Vaww.insider.va.gov/pact-act-VHA.

Last slide, pending implementation. VHA has the lead on section 901 and 902, VHA buyout on service contracts. 903 CHCO is working on that plan to recruit and retain HR Employees.

Jessica - Many of the policies have published, have received a lot of questions on how to use these authorities, working on training about interplay of these authorities. Tracey’s team is looking at very similar training, VHA is trying to get it outs as soon as possible. Convince Congressional partners before they expire, that we need to keep these. Tracey can share a one pager of the authorities we have and how we should be using them. Another Bill was introduced by Tester and Boseman, to strengthen the workforce.

Jeff - Question with all this money, is it only for new hires? I am respiratory doctor, I am not skilled, will we send him to school… to get better certifications or gain a new skill that will eventually get him promoted? Response, not generally how it would work.

Tracey - These authorities are Dept wide-some are VHA specific, not limited to a specific occupation, to the initial point, folks will look at their budget and ask, do I need to offer a student loan repayment to keep or supplement…? Then that can be used and not specific to new people…

Jessica - Do not think we have anything specific to send someone to training and then getting a raise.

Jeff - Concern we will certify people, not pay them…

Jessica - Nothing about PACT is specific to increase their certification. We can pay physician and dentist to pay for CLE. Mentioned the WISE Act.

Jeff-If I have one of those needed critical skills, I am the sole person, is the new person coming in going to get paid more than me? That could be a problem in the facility. Is the new person making more money than the current person? Jessica would not recommend it. That is not what we are aiming for here. We want to retain the people we have as well, it is not only for new hires.

Tracey-We do need to educate HR, to make sure we have guardrails to address this situation.

Jeff does not want animosity between employees. Tracey-Hiring managers need to not do things disparately.

Mark B-Concern with equity piece of it. Happy Jessica mentioned the Boiler Plant operators, WG employees, have been downgraded by VISN Staffing folks, how are staffing folks, grading positions keeping in mind what is happening to attract employees in the Dept. Does not look good and does not make a lot of sense if employees are being downgraded. We do downgrades, then increase incentives for people being hired... Glad that we are keeping account of where these incentives are being used, are we doing the same things for special salary rates?

Tracey-Special salary rates will be for existing and new employees. WG topic, we were talking to some folks yesterday, want to work with you on what else we need to be working on….DOL there are caps in place on how high our WG employees’ salary can be increased…We do not want Fed workers in blue collar positions not getting paid the same or similar way than the private sector.

We do not like the current Classification system. Downgrading of positions is controlled very much by OPM, we have not been able to figure out how to control it.

Jessica-classification is not a strategic tool we can use, it is very rigid, historical, and old, we do not want to use this system, we do want more flexibility, we are using these pay tools to help, but this is a real problem. Welcome your ideas.

Mark-Suggests we do what we did with clerical staff, they were told we were downgraded then we converted them into hybrids. Can we do the same? Look at grades at each facility and VISN, you will see disparities. Boiler Plan, same positions are at different grade levels in different facilities, it makes no sense. Know what can happen if they file a classification appeal. Asking for help with more consistency. Same was happening with Housekeeping Aids.

Tracey-likes the idea that whether it is whatever position try to move them up in grade rather than down. Suggesting the NPC HR sub-Committee look into this. Consistently.

MJ-Payroll Clerks-Complexity of work was not captured at all in their PDs, complexity of the system. HR Smart is not intuitive in the way it works. Need a training program-people get mad at HR Specialist, it is a disaster from there.

LPS, USH has a role in …do not know how many of those, out of whack with third party data...not sure how that has LPS or SSR changes-modifies the way we have done this to provide more visibility, have the ability for USH to override, reviewing some of the SSRs are under way under PACT Act.

MJ-Cannot make adjustments if facility does not have money, it is complex, but it always starts with a logistic situation, what are your staffing needs…we struggle every year.

**PACT Act Updates, VBA**

* Emily Wilson, Senior Management and Program Analyst, Office of Policy and Oversight
* Rashmi Matarese, Senior Management Advisor, Office of Field Operations

Rashmi-providing updates. Guiding Principles Slide 2. Veterans are the center of all that we do. Accelerate process for PACT cancer patients. Veteran filed claim shortly after PACT was signed. Received his decision immediately. Vet with prostate cancer submitted claim August 8, decision in December and was retroactive.

They had an offsite in Baltimore in December, where they talked about PACT Act implementation and success strategies. Talking about who participated. Collaborative approach in implementation strategy.

Our next Quarter will be refining those plans discussed in December, looking forward to working with you.

People strategy-deliver more benefits to move Veterans and survivors in a timely manner to improve Outcomes. Hiring, training, and producing cases. Filled 53% of positions authorized by initial PACT Act Spend plan. Increasing training. Virtual and career hiring fairs (Feb and March). The next one is Feb 7 in St. Petersburg, FL and continuing to other locations mentioned. Bring several thousand employees call center employees VSR, other position.

Emily-Training. New employees must be trained. PACT training-worked really hard from when PACT Act was passed. Developed 12 TMS different courses, added two more TMS courses; Issued courses in December, to be ready to start processing claims. Supplemented with four live training courses. Claims processing employees received training, got four hours of down time to read some manuals related to this. There were questions about contract support for training that VBA was considering. VBA is continuing to explore different avenues to provide training. Contract support will be mainly for administrative functions that do not require specific VBA skills.

Have trained many of the new hires. Have set out for next session of training to start in Feb. 21st, all positions for training is filled. Feb 27th there is another session of training scheduled, almost filled.

Rashmi-A lot of work and a lot of new information, along those lines, we looked at quality grace period, processor would get 30 days to understand that new policy or procedures… Appeals Modernization Act-quality grace period is extended to 90 days, want to make sure people understand the processes properly. With performance standards-a lot of interest on how that impacts Claims Processors, that is a key project. Trying to understand what changes are needed to the standards, being discussed in the VBA forums.

Process inventory and backlog-Slide 5. Over 904,000 claims, significant increase from last year.

Process strategy-Emily-Slide 6-PACT Covers many areas. Overview of everything that has changed-issued interim guidance until we issued sub-regulatory guidance. Started early processing for terminal Veterans. Veterans and survivors do not have to wait for regs to be completed.

Issued SOP on Dec 5th, went out with PACT training. We made dedicated PACT intranet page; added job aids for claims processors, helps ensure consistency. VBA posted all FAQs received, getting questions through new Pact Act Inquiry Tool. Designated specific field liaisons who can get questions and enter. Great feedback loop. Regional Offices identifying issues through the Tool, and they have been able to address those issues quickly. If you subscribe you get an e-mail blast with new information posted. Have updated claims application form, section on toxic exposure.

Technology Strategy-Similar to what the USB briefed already. Deliver on automated decision support technology. Not end to end automation, but it scans documentation, provides a summary sheet of what Veteran is claiming. Automation support will automate claims processing tasks and workflows. Claims automation will provide support for PACT Act Claims by leveraging automation capabilities for all PACT Act conditions.

Slide 8, everything was fully deployed. As of December 5, 2022, all 26 PACT Act conditions are eligible for automated decision support. Each of the 26 overarching PACT Act conditions has been evaluated to determine the precise diagnostic codes associated with each condition which resulted in automation logic for a total of 54 diagnostic codes.

PACT Act Automated Decision Support is available for claims for presumptive service connection, supplemental claims, and claims for increase.

Military service data specific to presumptive service connection under the PACT Act has been incorporated into the automation logic.

Verify, validate, graduate. They are now at verify and validate state, not a graduate state.

Bill-Are automated claims tools only used for PACT Act?

Answer-Tool may be used for more than PACT. Rashmi-Tool does not replace rater’s review based on that objective reference.

Bill- A lot of material is handwritten-is the tool good at reviewing handwritten materials?

Emily- Seems like tool is exceeding industry standard.

**January 25, 2023**

**OAWP Updates**

* Bruce Gipe, Deputy Assistant Secretary
* Eric Calhoun, Acting Executive Director of Investigations

Eric – This presentation is intended to be interactive. We understand you had a OAWP 1 on 1 presentation previously and so we put this together to get a little more to what you’re looking for. Enron debacle put the strongest Whistleblower retaliation law into effect at the time, and I worked for OSC for 10 years. After OSC I went to DHS where I was in charge of the DC and NY field offices and investigated senior leadership misconduct. In 2019 I came to OAWP. Shortly thereafter the OIG investigation came out, which gave me a roadmap as to what was going wrong. We started with establishing SOPs which didn’t exist prior. We trained all of our investigators. We had a 572 backlog, and we were inundated with more complaints than the capacity to handle. So we had to staff up quickly. We had to put policies and procedures to ensure we’re unbiased fact finders, which the IG confirmed. Moving forward in time, we established an Investigative Attorney Division. They assist with ensuring we frame the investigation properly. We looked at why our recommendations were not being followed for discipline in VA and that has improved over time.

Eric – we have a complainant portal where employees can track their complaint. To address the culture of VA, we vastly increased our training, which is 4,000 more than the prior year. I’m in NOLA now with VISN 6 and had an opportunity to answer questions and provide information that has been very beneficial. There are 2 division in our compliance and oversight. It is a 2-part body, one is the analytical side, the other is special reviews, that maybe the secretary will ask us to look into. Also, are these issues being looked at or on the backburner, so oversight looks at what is happening. We also began tracking whistleblower settlement agreements from OGC. And if there is settlement, is anybody being held accountable?

Eric – We have stakeholder engagement as well which is a great resource for your BU members. They will not provide legal advice but can answer questions if they believe they have been retaliated against. For the future, we’re looking at a ADR process and program. Where Bruce and I came from that exists, so it’s looking at something we may adapt here. We’re looking at trend analyses as well. We’re enhancing our website and communications strategy. And continued projects under advice to the Secretary and also adding possible policy 2.0.

The electronic disclosure form is here. One critical element is that a person can remain anonymous. Sometimes that makes it difficult to investigate, but if they wish to do it anonymously, we cannot see who made that complaint. We cannot identify a whistleblower unless they give us permission, which is captured in the statute as well. In terms of status, a user can see exactly where their complaint is.

The bulk of our functions are captured in statute, but VA Directive 0500 further identifies what we do and don’t investigate. It also identifies who is a senior leader, which can differ between VHA and NCA. But with NCA, a GS-13 Cemetery Director would be a senior leader.

Walks through whistleblower disclosure process (slide12) and what it is (13). Gross mismanagement or gross waste of funds needs to be substantive. Allegations regarding senior leaders can be misconduct, abuse of authority and poor performance, though we do not address that very often because senior leaders mgmt.. can also address those. If we substantiate an allegation, we can then make a recommendation. If you think about our authority, it’s pretty narrow but the largest pool we have jurisdiction over are supervisors across VA. Congress put a lot of teeth into the Act. 38 USC 7131 is the strongest authority in the federal government for whistleblower protection. At the VA, we have a minimum 12-day suspension which is very strong comparing to the rest of the governments 3 day proposed suspension for a first-time offense. Criminal acts we send to the IG. Here is something I think is critical to our union folks. We try to avoid duplication of effort. I noticed that some of the CBAs include whistleblower protections right in the CBA. So employees do file in the form of a grievance. But it should be an informed decision and I would suggest that consideration be given in what is in the employee’s best interest. But if they choose one forum, it can be limiting in what they do in another forum. If they file a grievance, they may not be able to file with OSC. We also defer to the grievance process. An arbitrator decision would have precedent. We may get involved again on the back end. If an arbitrator determined retaliation took place, let us know because we can make a recommendation for discipline whereas an arbitrator is looking at employee relief. Once we know we have authority, we start the investigation by interviewing the complainant The investigator will gather evidence. We’ll interview witnesses as well as the respondent. Once the investigation is completed, a report is drafted and reviewed. If we find the allegation is substantiated, we make our recommendation and look at policy or case law to make a specific recommendation. We then track to see if that recommendation is taken. If mgmt.. does not take the discipline, VA must explain to Congress why it didn’t take the action. If you are a prevailing party before an arbitrator, that should be reported to us, because it is something we can review and possibly make a recommendation on.

Eric – I wanted to share some numbers as well. Over 2,000 complaints came in. About a quarter are monitored referrals. There were 172 substantiated allegations reported back to us. About half the allegations that come in are within our authority. The average length of investigation is 170 days but that is relative. In terms of every complaint that comes in through the door, that is under 100 days. We’ve come a long way in making sure we’re expediting. We made 121 recommendations in calendar year 2022. There were 27 disciplinary recommendations for misconduct. 11 recommendations for whistleblower retaliation, and 83 non disciplinary recommendations. OAWP has trained almost 378,000 employees and over 40,000 supervisors.

We’re looking at getting more compliance with our recommendations, so looking at 2021 and 2022, in 2021, 40% of our recommendations were not implemented. That’s a high percentage. This year, only 15% were not implemented.

Holds under 38 USC 714. The MSPB has always granted a stay for OSC. When Congress established 714, they counterbalanced with Whistleblower protection balances. If an employee has made a disclosure, the secretary may not remove them until a decision has been made. If we have a complaint, the action has to be withheld. There was a recent T38 decision that states actions must be taken under T5, but it means that hybrid employees cannot have an action taken under 714. So currently, only T5 employees could be proposed under 714. The action can be proposed and decided, but not effectuated. OSC has the right to exercise, but may not, they have the discretion. They know the track record before the board. Choosing your forum is critical because different forum have pluses and minuses. For bargaining unit, obviously you’re going to be considering the grievance process but that can limit the path.

Denise – if the action being proposed is chapter 75 or 43, do you recommend these holds generally?

Eric – No we’ve never done that. We’ve had discussion about that, it’s only for those actions under 714. Candidly, the agency proceeds at their own risk, if they know we’re investigating. But if its not under 714, we don’t have that ability. When it comes to whistleblowers, in the 1970s Watergate was an earth-shattering event. How that was discovered was a disgruntled FBI employee who didn’t get a promotion and set forth his disclosures to the Washington Post and led to President Nixon resigning. It was huge. Sometimes Whistleblowers motives are not altruistic, but sometimes they are. We’re here to serve veterans, and who gets harmed when there’s misconduct? They are, the people we serve. Just recognize the critical role whistleblowers serve.

Jeff – Can you explain the effectiveness of OAWP?

Eric – OAWP investigations has resulted in more disciplinary actions against supervisors and leaders within VA than OSC has achieved across the entire federal service. The difference between OAWP and OSC is that OAWP is about accountability. Money through settlement is not a deterrent, but a 12-day suspension is.

Jeff – Speed is a major issue so how quickly are you moving when the complaints come in?

Eric – I won’t give up thoroughness for speed. We have to be able to back up our recommendations. We’re building very strong cases evidence wise to support the recommendations.

Jeff – Where does your funding come from? Are you funded separately?

Eric – We don’t have the same independence the IG does, but I’ve been here since 2019 and I’ve never been asked to change an investigative finding by leadership, ever. We are not management advocates or employee advocates, but advocates for the law.

Jeff – Do you post how cases were reviewed or became successful?

Eric – We do have statistics on our website, but we try to educate people directly. If the complainant wants to know more, they can FOIA so that it becomes available. We can’t share some information because even the accused employee has rights that we cannot disclose. But our recommendations are being implemented at a much higher rate than before.

Jeff – So are these cases being listed on a site where people can see how it was conducted? Like cyberfeds where you can pull a case? Maybe not the exact punishment but how it played out?

Eric – The short answer is no, but there isn’t the same sort of right for us to publish that as the MSPB does. This isn’t that forum, we’re not an adjudicating body.

Jeff – Is there a training process that union members can go to understand how a case should be formulated?

Eric – I’m happy to talk to your BU members but I can’t tell them how to file their case. We’d be happy to come.

MJ from the chat - I suggest making a policy recommendation regarding training for OAWP--- I believe what the law notes is to the extent as practicable it should be face to face--- not sure -This is off the top of my head. So, what constitutes that. Second, the Enterprise OI/E VA directive, handbook, notice, USH VA and SOP is so, so confusing... this translates for us and employees.... how to find the rule of the issue involved.... where meeting don't discuss VA policy. So, I think the content of the training for OAWP. Additionally, recommendations the TMS training for your disclosure to be protected by law you must make it to the right person and the right way, if you made a qualifying disclosure to your employer. So, for lay person that is not clear from my perspective.

**Education Debt Reduction and Education Incentive Scholarship Programs, VHA**

* Russ Peal, Director, Workforce Recruitment & Retention Service
* Dr. Nicole Nedd (EISP) Director, Scholarship and Clinical Education
* Teresa Culpepper (EDRP) Director, Education Loan Repayment Service

Dr. Nedd – I’m going to share information on the Employee Scholarship Programs. Congress established this to award scholarships to employees pursing degrees or training in healthcare occupations. We provide oversight for the programs and work with coordinators across the country to make that happen. The VA National Education for Employees Program is really great because it allows employees to pursue full time for providers in clinical occupations. The National Nursing Education Initiative is for RNs. RF: Add info from slide 3. By law we can offer up to 44,000 for scholarships. Employees need to be employed for at least 1 year. If they are changing occupations. For NNEI VANEEP we’ve supported over 24,000 employees. The majority of awards are going to RNs. Out of Tampa, we’ve looked at over 10,000 participants, 97% completed the service obligation and of those 89% stayed for over 2 years.

John – We agree that these programs are really good for retention purposes. In addition to education programs, we’re really interested in 72/80 in our facilities. Some of these programs have exclusions, where 72/80 is not full time.

Dr. Need – I can speak broadly. We ask as part of the application process if the individual would need a change in their tour and ask the supervisor.

John – It sounds like it’s not specifically excluded. APRNs where 72/80 are being told they can’t do it. If the commitment requires full time.

Dr. Nedd – I haven’t heard of 72/80 excluding someone. The employee can be part time when participating in the program, but when they graduate for the service commitment, they have to work full time.

Russ – I know there has been discussion on the schedule you’re referring to. We know there are competitors in the private sector that offer it. I’m not aware of any exclusions regarding that, and I believe they’re focusing on turning to those schedules for better recruitment.

Kevin from chat - Can the Unions be supplied the current listing of the difficult to hire and high priority positions across the VA? Local facilities "listings" are often a moving target.

Russ – We have a national list based off national data that we could provide.

Teresa – Education Debt Reduction Program. This is a recruitment and retention incentive. This is for hard to fill positions that are providing direct patient care. Each facility determines which positions are hardest to fill. Once that list is defined, employees are offered the opportunity to apply. Both the position and employee must qualify. For the position, it’s specific and usually to a specialty, like primary care physicians, or mental health nurses, so it’s targeted. The folks that come through the door then have an opportunity to apply. The program was implemented in 2002. The awards have increased over the years. In 2018 the President signed the MISSION Act which increased it to 200,000 dollars. In 2022, nurses, psychologists and physicians have been the top 3. VA has awarded over 23,000 since EDRP started.

Mark – I have a statement. In reference to EDRP, many times employees are familiar with or aware of the programs. The concern has nothing to do with what’s being done or offered, but it’s at the facility level, whether it’s education or nurses that get offered the most opportunities and Nursing Service is great in educating employees, but in other departments employees aren’t being educated. Is there any way you can assist in ensuring the education departments are reaching out to other parts, besides nursing, so employees know? Whether its an email blast or whatever, so that it’s recurring and doesn’t appear like a top-secret thing that only a supervisor can recommend someone.

Teresa – for the EDRP, it’s not something that an employee can apply for at will. It is a recruitment and retention incentive, so if they apply for one of those hard to fill positions, they can be offered it and they’ll get it if they take that position. If you take Psychiatrists, I have a great one that I’m afraid she’s going to leave, I can offer her the incentive, but it’s not a program they can apply for at will.

Mark – Yesterday we talked about Boiler Plant Operators, and if you have a Journeyman, they can.

Russ – That may not occur under EDRPs program, which is for hard to fill clinical and direct patient care specialists. Non-clinical occupations are different and although there is challenge there, there may be other programs that we could leverage to discuss those occupations.

Kevin – Is SLRP managed by another Department?

Russ – I believe that’s HRA. That may be the type of program you could leverage, but SLRP is used for a lot of non-clinical occupations.

Teresa – Yes, the SLRP is decentralized and used for Title 5 and some Hybrid positions. Recently the award amount increased dramatically, and I believe that is at 60K.

MJ from chat: the Designation of EDRP funds on vacancy --- I have one recent 22 that the facility designated and was told the funds "dried up "--So, can you walks us through how the VISN get the centralized funds.

Russ – I think that’s more to how facilities receive their funding for EDRP.

MJ – Since they centralized the funds I got the vibe there was more PACT Act funding that blossomed the 2022 monies. They promise the EDRP money and then they say centralized funding has dried up.

David from chat - PACT act increased SLRP total lifetime award to 100K, up from 60K.

MJ – I feel people aren’t being informed of the applicant policy.

Russ – is your question around EDRP being offered on the front end and then no longer available?

MJ – Yes that’s question 1 and question 2, an employee was having a loan being made.

Teresa – EDRP comes from the President’s budget. What is dispersed to the VISN is a regular allocation and it’s not a dollar amount. Instead, they get a number based off the data. For those situations where folks are hurting, we determine that for particular positions we identify based on what we’re seeing and the need for the future, we will then add additional EDRP awards for those particular positions. What can happen is we distribute those allocations to the VISN which then go to the facilities. But I’ll be happy to make some time to talk about what you’re experiencing.

Kevin – Must an EDRP only be offered on hire? Or are existing employees also eligible for EDRP after they’ve been hired?

Teresa – If the situation warrants, it can be used to retain someone. It can be offered in those situations, yes. According to our policy, if we believe we’re going to lose that individual. Where you have a new hospital that’s recruiting people left and right, or they’re doing a sign-on, we know it’s hard to fill already, they can offer it.

Kevin – Are there restrictions of whether there are federal student loans or private?

Teresa – They can be federal or commercial.

MJ – Employees are a bit disheartened, if they see a job on USA Jobs and they see that for existing nurses. Do you offer when an employee gets both a recruitment incentive and EDRP incentive?

Russ – We are exclusively monitoring EDRP.

David – We do track all incentives. We look at EDRP and SLRP down to the facility level, so yes we do track everything.

MJ – That’s the complaint on the floor on the CLC units. Current employees see bonuses going upwards to 80K for new employees, so they see that. I think it is more along the nurses where I get nervous about that.

David – It wouldn’t show you specific breakdowns on service lines, but we have that data we can share.

Kevin – If someone is receiving a retention incentive, they’re not necessarily excluded from an EDRP incentive as well, correct?

Teresa – They cannot receive an EDRP incentive on top of that.

MJ – But they can get a recruitment and EDRP correct?

Teresa – Yes, when they’re recruited in, it can be EDRP or a moving incentive. But not two retention incentives. Policy allows for multiple recruitment incentives.

**Weather and Safety Leave Updates, OCHCO/HRA & AOSP**

* Meg Martella, Supervisory HR Specialist, Worklife and Benefits Service

Meg - There’s not much to update in terms of what has changed in the last couple months, so I’ll provide an overview and leave most of the time to questions. Weather and safety leave comes from public law and gave OPM the authority to regulate this form of administrative leave. Agencies can authorize it for employees that cannot safely travel to their worksite or performing work. It can be provided to employees due to an act of God, or terrorist attack or another appropriate reason. Major weather events are included, power failures, fuel shortages or public transportation crisis. At VA we have critical services we provide, and we have employees designated as emergency employees providing critical services. EAAS is our alert system and employees get those through text, email accounts. There may be a localized emergency and no general notice for closure of an entire facility and under current policy the supervisor can make those determinations taking into account road conditions and that type of things. Generally, teleworkers are not excused from duty since they are working offsite. But if there is an unexpected weather event it can be provided if they couldn’t reasonably anticipate the severe weather and did not bring home their equipment or work to perform. Also, if there’s an unsafe worksite or if the emergency affects their telework site. This could include roof collapse, loss of electricity and they cannot perform their telework or remote work.

Requirements to report to work are maintained unless employees are specifically excused or directed by the Agency that they do not have to report. Generally, emergency employees do not receive weather and safety leave, though there are exceptions in VA policy and in the regulations. That is when the Agency determines the circumstances have determined circumstances are unsafe for employees. There has to be sufficient justification for doing that.

For VACO, a Deputy Assistant Secretary can authorize up to 1 day of weather and safety leave not to exceed 7 days, but the Under Secretary for each Administration can authorize anything in excess of 7 consecutive days. In field facilities, leave approving officials can authorize up to one day. We send out general bulletins each year on this to make people aware. In Washington, DC, OPM actually issues notifications for employees or agencies in the DC area. The VA EAAS system alerts whenever there is a situation. We have strict parameters in place because it is regulated by OPM and not the Agency. For employees with preapproved leave, when there is a closure, weather and safety leave is not authorized because you were not expected to be in a duty status during that time. In December 2022, OPM updated the government dismissal and closure procedures, which they typically do each year.

David – I have a big problem when we’re supposed to be looking out for the safety and veterans. I’m from western New York where we’ve had some recent weather in events, such as in Buffalo. We’ve had power failures and a lot of snow. If an employee cannot get out of their house for 3-7 days, they’re being forced to still come to work. You can walk to work, but as the recent storm showed, there were 44 deaths of people walking in the streets. If you’re at the facility and you can’t go home. Why do we leave clinics open and have veterans drive to get to them? To me, it’s our job as a union to be looking at all that stuff and maybe redesign this policy to put the value on our employees.

Meg – This is ultimately a leave policy and I think the issues we’re talking about is more than just the policy. I think it relates mostly to the Department’s emergency system and decision making. The leave is secondary to that conversation I think. I do think overall that its an operational decision and should be looked at when there is a shutdown and what types of situations warrant that. There are exceptions in the policy that are ultimately a management determination. That authority does exist in the policy.

David – Thank you, I would definitely appreciate that.

Presentation ended.

Added for context regarding MJ comment from chat:

*I suggest making a policy recommendation regarding training for OAWP--- I believe what the law notes is to the extent as practicable it should be face to face--- not sure -This is off the top of my head. So, what constitutes that. Second, the Enterprise OI/E VA directive, handbook, notice, USH VA and SOP is so, so confusing... this translates for us and employees....how to find the rule of the issue involved.... where meeting don't discuss VA policy. So, I think the content of the training for OAWP. Additionally, recommendations the TMS training for your disclosure to be protected by law you must make it to the right person and the right way, if you made a qualifying disclosure to your employer. So, for lay person that is not clear from my perspective.*

MJ – I wanted to talk about face-to-face training in OAWP whether it’s for union officials or putting something together like that.

Denise – Okay, I will see what kind of training they have available and what it covers. What about the other part of your comment?

MJ – I’m trying to find the rule of what VA is supposed to do in finding rules? If I’m in the program office and I’m trying to find a POC and the rules.

Denise – Like how to find a POC?

MJ – Information is so dispersed and there’s so much of it that it’s hard to find something. So maybe a good start is what is going on with VA publishing policy. There seems to be an effort of them redoing everything. I think the training for employees need to be revamped.

Denise – So that means where you go to complain.

MJ – I’ll send it to you.

Mark – Denise we’ve talked about these policies and when MJ started mentioning that they publish policies, particularly in VHA and if you’re not in the VHA publications group looking, you would never know new policies have been put out in the field or rewritten. This is becoming a problem. Management won’t hesitate to put in the charge what policies the employee has violated. It creates a concern because if they’re not sharing the policies like they’re supposed to do contractually, how can we review it or make a decision on whether to submit a DTB or place a briefing. I think what MJ is saying there’s so many it’s hard to keep up with for one person. It all comes together. Many times they don’t send the policies to your people. So how can we communicate?

Denise – I know what you’re saying Mark. It’s hard because the Agency is so big it’s difficult to achieve. But when there is a policy being renewed with no changes or the changes are de minimis, then we don’t send notice.

Mark – If we’re partnering we need to be able to figure this out with modern technology it shouldn’t be so hard.

Jeff from chat - OSC and OAWP really needs to be defined. How they employee goes may reap better outcomes. This is why training is required from OAWP.

Are HR officials required to provide the information on the Directive they are using when formulating a charge.

Maybe this NPC group has to review what the HR/ER webpage provides Directive or policy This group should review this process as it serves both parties. This could be a discussion on how we move through VA's process and procedures are formulated. It seems broken because the number of policy changes.

Denise – I’m assuming what OAWP is saying is come to us instead of OSP. OAWP provided better numbers of holding employees accountable than generally what OSC does. If discipline is citing to directive or handbook, it should include that as part of the evidence file.

Jeff – I’m not sure if that happens. When you go that HR library you’re not seeing everything.

Denise – Jim, do you know if there is an effort to update VHA policies?

Jim – There is a distribution group of policies that are set to expire.

Denise – Do you know if there is a link of all the updated policies?

Jim – There is a list that shows when they have to be updated.

James Leahy – Maybe we can get Molly Berger or someone from that office that can give us an overview of where the information is and share that with the union partners.

Denise – That’s a great idea.

**Employee Engagement Council Updates, OCHCO**

* Tracey Therit, CHCO
* Dr. James Martin, AFGE

Tracey – Dr. Martin and I co-chair the employee engagement council and we want to get your input if there is anything that we can do to support you. We have an agenda for you providing information on the council and what we do. The council members, we have two members from each of our unions and members from VACO staff. We recently added two members who are veterans and we wanted to make sure the voice of the veteran was included in what we discuss and to ensure what we do with employees is being reciprocal and touches veterans. The council has been around since 2016 and was updated in 2021 to be more reflective of our labor partners. The employee engagement is to make sure that there is a level of satisfaction among employees and that it’s not just a paycheck. What’s happening as they seek to grow and get promoted, what happens when they depart, we want to make sure all those moments are captured. We also have an equal number of voting members, 10 labor members and 10 management members who vote. The roles and responsibilities look like our charter. When we do make recommendations, we take those to Ms. Grosso. The activities that we’ve completed in the past 2 to 3 years. We set up a subcommittee where we make recommendations to the Secretary for the ICARE Awards. The VA Gratitude app that we have, many of you who like research will know that the power of gratitude in minimizing burnout and how appreciative that is very powerful. We’ve also worked with VEO with the onboarding experience. We know it can be a painful process, you deal with six different people, it can be confusing, so we worked with VEO so that there can be a standard welcome kit and have a buddy program other than the employee’s supervisor. For mentoring, we know we will lose employees if they do not have an opportunity to grow. We didn’t want to build a VA mentor program, but we did want to give some tools for facilities where they utilize them. So we built a framework and offered best practices on how they can do that.

Current EEC activities, we have webinars and lunch and learns on IDPs, performance and hiring. We’re also making sure employees know how to develop their plans and write their assessments. Same on the side of health and wellness for onsite and remote employees. Whether its yoga, tai chi, or other things that may help the workforce. We’re also continuing to make sure we continue to keep our facilities safe, that we’re working together to make sure we’re watching for signs of potential workplace violence, whether it’s through REBOOT or other things we want to take on as a council.

James Leahy – I wanted to weigh in because I have a big passion for employee engagement. 88% of my employees are BU eligible and we’ve driven big increases in our scores of employee satisfaction. We’ve really driven that in the past 21 months since I’ve come onboard with my leadership team. I’m passionate about this, it doesn’t always come down to money. It come down to being inclusive. We have to bring people to the table. I speak with my frontline employees, that they know the Director of the Canteen service has their back. We can’t take a perfunctory check the box, we have to connect.

Tracey – Being innovative is huge and glad you received that recognition. I’m looking at the diversity, inclusion and satisfaction metrics. There’s a lot of things coming together.

Mark – Tracey I was going to suggest an interview with Mr. Leahy so that all managers and employees can see and understand how he is working with his employees and how they were successful enough to win the Secretary award.

James Leahy – I would be happy to do anything to tell our story. What matters most is our employees. But I want to make sure they get recognized.

Tracey – I come into the building everyday and during Covid. They’re working hard every day before the sun comes up.

Denise – Our next presentation is at 3:15. Anything we want to discuss or take a break until 3:15? I’ll take silence as break until then.

**Veteran Facility Transformation and Healthcare Enhancement, VHA**

* Alfred Montoya, Acting Assistant Under Secretary for Health Support

Alfred - Thanks for support for workstreams. We have a nice workstream starting, need assistance and representation.

We have been on this journey for quite some time, focusing on infrastructure, how do we do it, and how are we inclusive. We need to modernize to meet everyone’s needs. The IPTs are the conduit for the coordination of many of these efforts. I have seen questions from other workstreams that did not realize what others are doing. Collaboration between these workstreams is critical. Some are starting to wrap up.

I recognize we had a hiccup with some calendar invites that were not sent, but that was corrected.

Facility Standardization workgroup that will be last slide, I am excited about that.

Implementation Planning-Page 3 slide-doing a pilot in San Marcos, that is still going on, what services should we put into CBOCs, looking at gaps, coordination with VISNs, etc. We then develop functional programs to develop how these clinics will functions. Maybe we need to look at some services, etc. Need to look at budget and what we need. ID a clinic, then implementation planning is next steps.

Strategic Partnership-near and dear to my heart. Many sections of PACT Act give us authority to partner with groups to better serve Veterans. Section 704 academic affiliates. As we start to think about those new partnerships, we can create a playbook, checklist to give to our filed leaders as they can follow when they start to build these partnerships. OGC has been involved to make sure we are doing it right the first time. Some things this group has developed is slide decks to be used to go to affiliated to talk about 704 (Academic Affiliates) and 706, etc. and explain to the academic affiliates… Playbook is in final minutes of being finalized, Vet Experience office will be releasing a link to provide it. It presents scenarios that will be helpful. This is almost complete. In next presentation in next quarter, I will walk you through all these scenarios.

Strategic Prioritization-Number of different things identified, prioritized approach, engagement strategies on how to we open new facilities, how does process work, engagement strategies, how do we talk to employees about these (page 5)

VA Facility Investment Campaign Plan-how do we explain to our employees what a multi CBOC, etc., is. This group was developing these resources to facilitate some of the communications practices about these initiatives. We want to appropriately communicate Facility Openings Communications toolkit, pilot toolkit with PAO volunteers. Outreach to recently opened or modernized facilities.

Showing slide of new Phoenix CBOC. VISN 22, shows inside and planning stages of the facility. Imagine this in a broader scale so employees can see what is coming into a facility closer to them.

Facility Standardization workgroup-need your representation, how do we open clinics faster if they are standardized? Move them forward quickly, reduce the time opening the facility. We are driving the standardization process looks like. End result of this workgroup will be the standardization. Want to include new digital technologies, working with something called a digital twin, virtual reality headset, load the clinic into that environment and show how it would look. More to come on that. In a face-to-face meeting, we could get a demo of this. This group will have regular meetings, will make sure Charter looks good, will visit new facilities to see what can be added to standardization.

Questions?

Next steps about market assessments, that contract ends in March, we are going out to re-compete. That does not change the approach.

MJ- What have you been up to? Visits facilities, meets with Canteen service employees. Challenges of employees in Orlando, etc. taking the opportunity to meet with the employees, front line.

Plans on, how do we modernize? Canteen service, hearing that how do we modernize, get employees engaged. Always takes selfie with employees, asks for that to be sent out, give the cell phone.

MJ - Assistant Sec for Operations, how is that different from what Rima A. Nelson does? Al continues to closely collaborate with Rima’s team.

Common understanding that we support the front line. Jim and Al work well together. There is an issue with a pipe bursting in St. Louis.

Mark - Adm is not getting funding for Engineering, what does that look to Veterans that think some of these building are not modern, are antiquated….

Al - Average age of facilities is roughly 60 years old. What I showed helps modernizing, the strategic modernization list has the priority of facilities that need to be opened. Where do we need to build these clinics? We need to decide and then go out and do it quicker. Many of these workstreams were developed for these purposes.

Mark - Is anyone looking at using the land the VA owns and then build these new facilities on that property.

Al - We look into it and keep that in mind. If property is in right place, lets move forward. Point well taken.

**Timekeeping System Upgrade from WebTA to GovTA - Demo**

* Brian Huff, Director, Financial Payroll Service
* Carlos Sims, Training Coordinator

Brian Huff starts presentation- In May of last year we provided an update on the system, we are moving into an updated version of the system, going from WebTA to GovTA. We are not moving to a new timekeeping system, GovTa roles and processes are unchanged, same functionality, etc. it is simply just an update of what we are currently using. Why are we updating, because service provider will not be able to update our version of WebTa. We need to be able to do that. Moving to a new platform lets us do updates, higher level of 508 compliance, etc.

We have been testing, to ensure products have same output. We are seven months from installing upgrades, have started communication strategies by providing demos, job aids, videos, training courses to assist employees with the transition. There will be numerous public announcements.

Question-will upgrade happen all at once, VA-Wide? Answer yes.

Demo-Tasked to train 400,000 in 6 months. Showing training site, generic names, nothing is real in terms of data. The system looks different but has the same functionalities.

**January 26, 2023**

Meeting began at 10:30am

**NPC Subcommittee Forum Survey Briefing, NPC**

* Ryan Fulcher, LMR
* Irma Westmoreland, NNOC/NNU

Ryan - Members of the sub-Committee identified. Overview, what the sub-committee has been doing and where we are now. Reminder on what the Goal of the sub-committee is. It is Goal 3. Identifying the tasks for the subcommittee. Have to develop survey to see where we are on forums, implement the survey, assess survey results, contact those who are struggling, and…

Started meeting in September 2022. Used the old survey as a guide. We did add some questions, eliminated some and restructured some of the questions. Added training questions completed a draft of survey in January 2023.

Survey goals-This version is designed to gather basic kind of data first.

Survey introductory Statement. You do not have to have a charter to necessarily have an active forum. It should only take 10 minutes; we do not want it too labor intensive.

Jeff asking who is this going to go to. Ryan yes, to all Directors and Union Presidents. Will go to VISN Directors and Program Offices.

Jeff-Many of the NFFE folks do not have charters, if you do not have charters, we will not have a good forum. We should not be encouraging no Charters. Charters say no face to face, one hour meetings, etc. It is not really where we had it before the Trump era. A lot of the new people do not understand how it should operate. If you are meeting for one hour, do not bother coming. There is nothing that will be achieved. VISN level-used to meet for a day or two. VISN Directors do not want to come They are assigning other people. VISN Directors have to come to these meetings. Jeff, sees it as a total screw up.

Ryan agrees with having a Charter. But we did not want to exclude those who may be meeting with no Charter.

Jeff-VISN Directors are playing VISN Monopoly, they do not want local people at the VISN meetings. Folks are dancing around this.

Denise-Agree with Jeff that there are issues, but I think the assessment will identify these issues and then we can target those issues with the training and other possible tools we develop.

Presenting the questions.

Jeff-idea of what is happening in the VA world. We get a survey every week, hundreds of surveys. How are we defining/identifying this survey to make it more important than the other surveys.

Discussing how and what we will do to market it the right way. Maybe leadership can send a letter, a joint NPC memo encouraging participation, etc.

Ryan discussing the questions, specifically if the meetings are too long, too short, etc. This is for those with active forums.

Questions about tone of the forum, respectful, adversarial, etc. Want to capture some PDI specific questions. Don will discuss PDI when he shows slides.

We have specific questions about the Charter, do you have it, if not why and reasons.

Jeff, is there a box below where you can add comments?

Metrics, are metrics being captured?

Are forums beneficial?

Questions about how many grievances and effective bargaining.

Denise-maybe too general and we may need to add more details to tie to forums. Ryan agrees but we cannot add too many questions and make it to complicated. Maybe when we get the data we use to follow up and see if there is a correlations.

Terri-we should look at AES data to maybe have more information on what is happening in the facility.

Slide about training.

Next Steps. Do we have a list of all the local Presidents? The Unions are working on getting that and giving it to NCOD. Is there an issue with the e-mail addresses potentially not being VA? Ryan does not think there is.

MJ-I Care Values. Respect, do the parties have a respectful situation, are union reps jumping on desks, if there is a grievance, there is an issue, do you think there was an after action plan to not let it happen again…

Ryan, do you want to add a question or two?

MJ-maybe.

Mark- Concern simply looking forward to where we go next. Years out we may have a new President and no partnership again. Want this to be addressed quickly. Do they feel a relationship by objective focus would be helpful…(training). They are not having conversations. VISN Directors are not allowing discussions about certain agenda items. Recommending the survey gets to the meat of what the issues are. Some questions may point this group to responding to things as quickly as possible. Who is going to contact these organizations? What is going to be the assistance. Mark-fear is that year after year the AES does not have any results. Year after year, same results and nothing is addressed. Do not want this to happen with this. Forums need to be more effective.

Don suggested changes, is it collaborative, adversarial

Claudia-VISN 4 Director only wants to meet with the National reps.

Where would that question go?

Denise and Ryan-we already have a question that asks this.

Gia-Maybe we can have leadership send a letter in advance to give folks a heads up the survey is coming.

Look for letter sent in the past.

MJ-Maybe add a question-open ended question on how to make it more collaborative.

**NPC Subcommittee PDI Briefing, NPC**

* Don Stephen, Labor Management Relations

Don – We kind of revised the tone and made it less of a directive type of approach and make it more positive and less autocratic. We want to focus on the intent of PDI and that the union be involved at the earliest time possible. We define what it is with a specific definition. We emphasize that PDI takes place before decisions are made and before contractual obligations kick in.

Denise – On slide 5, shouldn’t that just be best practice?

Don – Yes. We keep emphasizing elements of the same thing.

Denise – Should we make it a little less repetitive?

Don – I’m all for a slower build and making it less repetitive and am open to any suggestions with the group that we get. In slide 7 we break down the process that takes place.

Denise – This is a very simple way of saying what PDI should look like. Trying to make it simple so that people understand. I think Ron Coles said PDI is basically a manager woke up with an idea and reached out to the union, that’s what it is.

Kevin – I’ve heard Don use this term before, it’s called cuss and discuss. You can hash out those things that become major barriers when you get into bargaining. It’s a huge time saver. Not everybody gets everything that they want, but it becomes much more collaborative when you have the meeting of the minds.

Don – I think this slide is a good leading slide for whoever is delivering the training. It would give me a jumping off point for questions or if folks didn’t understand what we’re talking about. Slide 6 shows a succinct statement of the benefits of PDI. So we’re restating things from a labor point of view regarding the benefits. Slide 9 discusses some of the barriers to PDI. Slide 10 we need to take another hard look at or reword. The title doesn’t make a lot of sense for what is captured below. Slide 11 might make more sense when we have the Forum training because it kind of marries together with that. Most of the time that I’m contacted by the union or management or both, they’re calling in relation to the dysfunction their experiencing in their forum. It’s often independent from the NPC, but I notice it’s usually associated with the forums. This is useful but is more helpful when used with the forum. On Slide 12 I’m going to change where it says ‘ground rules’ because I don’t want that to scare people off from engaging in it.

Denise – Maybe it needs to say something about the forum charter.

Don – Yes I agree, it’s highlighted but not changed. It’s going to be changed to something like collaboration.

Denise – Maybe we need to have a slide that shows PDI can be part of the forum process. I don’t want people to be afraid, but here we’re making it sounds formal and complicated again. If it’s part of the forum, then it makes sense to have more

Don – Maybe it can be tied to a forum charter. The cornerstone of the forum is utilizing PDI. I can delete anything too tied to the forum process or do a slide that articulates the separation.

Denise – I’m thinking it needs to be tied to the forum or it will scare people off. Maybe we can add a charter template or sample.

Don – Yes I think so. For slide 13 I’m going to mark this slide to maybe be used for another deck or say it in another way. Maybe we can articulate why we want to bring this issue to PDI. We have program offices who want to solicit input pre-decisionally.

Denise - You have proposals, but that sounds formal and makes it sound like bargaining, but really it’s more suggestions that mgmt. may make changes based on that.

Jim from chat - I wouldn't normally encourage proposals during PDI, "input" certainly

Don – On Slide 15 we have metrics which are always important to capture.

Denise – Do you have any examples? I think it would be good to show some examples.

Jeff – I think we should put something in there about short-term goals first that are achievable, maybe in 3 months. Some low hanging fruit that the parties know they can work through. Maybe an MOU of how employees get those spots. Then look for a midterm goal and a stretch goal. So the stretch goal is addressed in the monthly meeting.

Don – I’ll put something in there about metrics and some examples, something that is probably facility or VISN driven.

Chris – First we had the objective of what the metric was, put in on a spreadsheet for everyone to see, the category the metric falls under, and then the targets and the outcomes to it. We do that at every meeting so we’re tracking how we did it and how it came out, everything like that. I agree with Jeff that sometimes there are things that are a little bigger, but we have in NCA works and shows that the forum is necessity.

Terri – Chris is right, and we actually do a newsletter after that everyone can see.

Denise – that would be great. We need to show people what works and how to do it right as an example.

**NPC Workers’ Compensation Subcommittee Briefing, NPC**

* Ryan Fulcher, LMR
* MJ Burke, AFGE

Members AFGE: MJ Burke NAGE: Kathy Fiery SEIU: Anthony Scaramuzzino NNU: Dean Picklesimer; NFFE: Robyn Bolgla Ryan Fulcher (LMR); OSH: Heather Nichol/Yvette Talley VHA: Craig DeMello VBA: Kristin Coyle

**Goal 2 of Strategic Plan:**

Provide advice and recommendations on policies, programs, and initiatives which affect bargaining unit employees and customer services.

* To improve the Veterans and employee experience by providing input into policies, programs, and initiatives affecting employees and Veterans.
* For unions to have a continuing ability provide feedback and oversight of policies, programs and initiatives presented to the NPC.
* Establish one or more subcommittees to operate between NPC meetings to provide oversight and recommendations concerning the employee experience in the following: Workers’ Compensation

WC Activity

Forward progress on NPC Recommendations signed on July 27, 2022

1. **OWCP should make available consolidated resources for employee electronically on individual websites.**

* Stations are responsible for their own website content and webpage structure
* Uniformity across VA difficult
* Available resources can vary from one Administration to another, which are tailored for their workforce
* Employee lack of awareness of Workers’ Compensation program is understood and appreciated by all committee members
* Committee is exploring ways to bring greater awareness of workers’ compensation to employees
* Utilize and promote existing training resources such as DOL’s ECOMP video tutorials
* Bringing more attention to Workers’ Compensation through labor management forums
* Bring ECOMP icon back onto all employees' desktop
* WC Subcommittee recommendation for NPC’s consideration: **“Workers Compensation should be a dedicated segment of each New Employee Orientation.”**

1. **Quarterly on-site or virtual training should be made available to employees on OWCP processes and general information.**

* Committee in early stages of structuring a supervisor Teams training call that would be offered quarterly.
* Training will be standardized but could also draw attention to pressing issues supervisors should be aware of
* Training calls will be recorded and posted online to be accessed anytime
* Exploring options to set up public SharePoint site to make training calls and other relevant information available for employees

1. **There should be mandatory TMS Workers’ Compensation training for supervisors.**

* VHA provides annual workers’ compensation supervisory training
* Committee currently reviewing VHA’s training to make generic and applicable across the Department
* Initial stages to make it available online and placed in TMS
* Checking to see how it can be made mandatory

Committee is utilizing pre-decisional involvement and is an open line of communication

Other issues committee is discussing:

* + FECA Bulletin 23-02
  + Employee Occupational Health services
  + Collateral Duty Safety Officer Training
  + Timely COP
  + Monitoring customer service experience of employees

MJ being listened to when discussing these issues is very important.

Timely COP-people are not getting their time back in a timely manner. Understanding the mechanics of this process, needs to be a bit more illustrative, the employees is working about not being paid…Having conversation to try to understand the policy.

**NPC Discussion, NPC**

Denise – Maybe we can start with the next meeting. We had already agreed to dates, April 18 – 20th which is a Tuesday to Thursday. We didn’t decide whether to do it face-to-face or hybrid or Teams. What do you want to do for the next meeting?

John – We’re doing a lot of travel around that period so we’re fine with face-to-face.

Denise – Based off the chat, it looks like Hybrid in DC. I always ask for agenda items; we have a subcommittee. I get issues with getting people to respond to my emails for agenda items. I have some ideas: Mark asked add safety and security to the agenda because of the recent incidents of veteran suicide. Maybe Troy Brown or someone from Mental Health. Mark is that what you want?

Mark – I would recommend Mr. Brown as well. I would like for folks to consider having some time set aside as a bank of hours for subject matters that come up and need to be discussed. My issue came up after the agenda had already been done for this meeting. Employees have these concerns and not always does the Department address issues outside of where they occurred. I don’t know how the individual got a weapon on VA property. I don’t know if the garage was owned by VA or if the contractual agreement with an outside firm has security. Or Mr. Fred Jackson or someone else from VA Police to represent them.

Denise – Yes and we don’t normally go until 5 but this agenda was jampacked but for this agenda I just didn’t have space.

Kevin – Disruptive Behavior and ETA please.

Denise – I also have Molly Berger for the next agenda and the policies. David said about providing an overview of the LES schedule. Any other items you can think of now? I see we have a problem with the AFGE Safety Conference that Nick brought up. We probably have to find other days. Should AFGE just send reps since not everyone goes to the Safety Conference?

MJ – Yep.

Denise – Anyone from leadership that you want to hear from that we haven’t had? If you think of anyone let me know.

MJ – I added something to the chat. It’s getting more and more difficult to decipher policies in VHA. There’s also O&E and interpreting 0999.

Denise – I’ll find out if there is someone general from policy.

MJ – The Office of Mental Health, but issues related to Provider anxieties and how they’re handled. The rules on established patients. They divided their group up into specialties.

Denise – I’ll find someone from Mental health as well.

Denise – Let’s talk about the subcommittees. We have a subcommittee looking at recommendations and the workers comp subcommittee is looking at our recommendations. These are the subcommittees that have not met: HR, OIT, Employee Benefits, Time and Leave. So these are the ones that need guidance and help.

**HR members subcommittee:**

What should they be looking into?

Mark – I would like them to look into the classification of positions. I’ll use police as an example. Police came out with a GS-7 upgrade and when that committee broke up I had the idea that police officers would be upgraded from the 6 to the 7, but when it rolled out, I’m being told from union leaders that VISN leaders are saying they can’t raise every police officer from the 6 to 7, even though there are only 4 things different in the PDs. I want to have that discussion because I don’t want to have to file grievances if the employees are performing these duties. Who do we get to report to the NPC?

Denise – Is this for the committee to look into or do you want someone to come talk to NPC?

Mark – I want the committee to look into and then come talk to us.

MJ – You’ve heard a lot of complaints about centralization. How is WMC measuring the employee experience with this? FMLA seems to be a problem and it’s administration. Generally labor relations, the interface of virtual is not the same as person to person explaining your issues. The swirling of LR everywhere, everyone has a different person. So from customer service. From an HR standpoint, org charts and determining what a valid operational need is, people within their own organization cannot access it.

Gia – Maybe we can discuss, better manage and discuss the postings of announcements. Also on the hiring of internal candidates and identify the reasons people are seeing hiring delays.

MJ – We talk about a perpetual agenda item, in regard to locality pay surveys. Can we ever get to an agreement when it comes to what areas you want labor involved in with 5007? The law, not the CFR, but under the Caregivers Act talks about locality pay surveys upon an employee request. That never made it into VA’s regulations. Maybe that’s its own subcommittee, but it’s just a thought in my mind.

Denise – Okay but I don’t see how that is related.

MJ – Well it’s all third-party data, other than this little provision…

Denise – But how does the locality pay survey impact hiring?

MJ – Well who is getting what money and why.

Denise – Maybe that’s good as an agenda topic and then we’ll see if it’s appropriate for the subcommittee.

MJ – Yes that’s a good starting point.

Mark – I want to thank Gia, because there’s concerns that Panels aren’t taking place. There’s also concern that Veterans or people with disabilities and Schedule A and Schedule B. It’s letting the unions know when management is posting positions and how they’re going to fill them. The union is not being sent vacancies; we don’t know if they’re recruiting locally. We have processes and nobody is giving us the justification of why they’re not posting at the facility but going to VA-wide. Also, we get national consultation rights when VA decides they want to consolidate. But the VISNs aren’t notifying the unions when they decide to consolidate things. And taking employees out of the BU and there’s an option to contact the FLRA and talk what’s what. Then we bargain, gets agreements, then the Department contacts the FLRA and it’s causing discomfort between the unions and management. But let’s be above board about it and not let the VISNs do what they need to do to contact and bargain the impact of the changes. Have the HR committee to look at consolidations and approach for everyone, so the unions understand what happens when the Dept makes that decision.

Jeff – I think what we’re talking about would be pre-decisional. Wouldn’t it be a good pre-decisional thing, about how that station was going to run a survey or run that stuff. If anything that’s pre-decisional. Vacancies and announcements, where the union is limited, so this would be a good pre-decisional factors where if they have 300 vacancies, bring the unions in and that should be pre-decisional. Pay and vacancies we’re facing the two biggest issues now. The VISNs are ghosts. They work in the dark. And then you have the VISNs where there’s no certs on them. Let’s get Don in here, get PDI on surveys, vacancies and new Certs.

**Time and Leave Committee:**

Jeff – Some locals have LEAF and you have to put your profile in how you’re going to clinically manage your patients.

Denise – How will a subcommittee look at this?

Jeff – The staffing is always short. So nurses are always begging for leave. And mgmt. does answer them timely. So Denise puts in leave and under our contract you have to answer in 24 hours, but mgmt. sits on it. So there’s a problem for mgmt. and the union understand they have to consider coverage. Then you have the magical 45 days. The 10N memo says you have to put in leave for 45 days and that’s two Pinocchio’s. We got a lot of problems in leave.

MJ from chat - I think this has to do with the scattered use of LEAF and FMLA in the sky. The 45-day cancellation from physician is what Jeff is talking about in regard to finding your own surrogate--- it is ridiculous.

George – I think this typically falls under time and leave in VA policy, but I know at the end of December, the Department updated the handbook on telework policy. Although we are tiny, for those folks that can telework and where telework, if you’re only reporting 1 day a pay period, for those employees who choose to move another 30 miles from their VA office and there’s an operational issue where they have to come in frequently, employees may say now you have to pay my travel. What are the requirements for the Department there? Even if it’s a one pager clarifying that.

Jeff – We may have something in the FAQs. There was a lot of questions on that.

Denise – I’ve heard of this and let me check if there is somebody that can answer this.

Mark – This is also a problem where employees become remote, lose their old station pay, and then can’t come back into the station, when they realize they don’t want to lose that money.

Denise – We’re being asked if she can change the dates for April 25-27. I’ll send something out on that. MJ sent something on one of the breaks about OAWP training, whether the law or training requires it to be face to face and she found it, but it says to the extent practicable. She also took the training recently and it wasn’t clear about how and where you can go to be a whistleblower and it seems to imply you have to go to congress.

Gia – Where was it that you found that?

MJ – It was like a power point with a man in a wheelchair.

Gia – Do you know the date from that? I ask because whistleblowers used to have to go….

MJ – Let me see if I can put it in the chat. Maybe you can put it on the agenda and see what is going on with this, like what is this?

**Meeting Wrap up:**

Denise – I’m waiting for the document on ARPA and I think tomorrow is the last day people can use it. I haven’t seen that it’s been issued yet. Anything else that we can quickly talk about? We probably need more time for our discussions. Be on the lookout for additional emails on everything.

Meeting ended at 4:06pm