

# **Medical & Dental Joint Local Negotiating Committee Constitution & Term of Reference (MD13)**

If you require a copy of this policy in an alternative format (for example large print, easy read) or would like any assistance in relation to the content of this policy, please contact the Equality and Diversity team on 01803 656680.

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<b>Date of Issue:</b>	April 2017	<b>Next Review Date:</b>	April 2019
<b>Version:</b>	1	<b>Last Review Date:</b>	March 2017
<b>Author:</b>	HR Manager		
<b>Directorate:</b>	Workforce and Organisational Development		
<b>Approval Route</b>			
<b>Approved By:</b>		<b>Date Approved:</b>	
JLNC		March 2017	
<b>Links or overlaps with other policies:</b>			
<i>Need to list all policies that are referred to, or have links to this policy. List them in numeric order.</i>			

### Amendment History

Issue	Status	Date	Reason for Change	Authorised
1		March 2017	New Policy Template. Addition of section 1, 5 7 11 and change of name to JLNC	JLNC

## Rapid Equality Impact Assessment

Policy Title (and number)		<i>JLNC Constitution &amp; Terms of Reference</i>			
Policy Author		HR Directorate			
Version and Date (of EIA)		Version 1 April 2017			
Associated documents (if applicable)					
<b>RELEVANCE: Does the aim/purpose of the policy relate to each of the aims of the Public Sector Equality Duty?</b>					
• Eliminate unlawful discrimination or other conduct prohibited by the Equality Act 2010					Yes
• Advance equality of opportunity between people from different groups					No
• Foster good relations between people from different groups					Yes
<b>SIGNIFICANCE AND IMPACT: Consider the nature and extent of the impact, not the number of people affected.</b>					
Does the policy affect service users, employees or the wider community? (if no, proceed to sign off)					<b>Yes</b>
Does the policy affect service delivery or business processes?					<b>No</b>
Does the policy relate to an area with known inequalities (deprivation/unemployed/homeless)?					<b>No</b>
<b>EQUALITY ANALYSIS: How well do people from protected groups fare in relation to the general population?</b>					
<i>PLEASE NOTE: Any 'Yes' answers may trigger a full EIA and must be referred to the equality leads below</i>					
Is it likely that the policy/procedure could treat people from protected groups less favorably than the general population? (see below)					
Age	Yes <input type="checkbox"/> No <input type="checkbox"/>	Disability	Yes <input type="checkbox"/> No <input type="checkbox"/>	Sexual Orientation	Yes <input type="checkbox"/> No <input type="checkbox"/>
Race	Yes <input type="checkbox"/> No <input type="checkbox"/>	Gender	Yes <input type="checkbox"/> No <input type="checkbox"/>	Religion/Belief (non)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Gender Reassignment	Yes <input type="checkbox"/> No <input type="checkbox"/>	Pregnancy/ Maternity	Yes <input type="checkbox"/> No <input type="checkbox"/>	Marriage/ Civil Partnership	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is it likely that the policy/procedure could affect particular 'Inclusion Health' groups less favorably than the general population? (substance misuse; teenage mums; carers; travellers; homeless; convictions; social isolation; refugees)					Yes <input type="checkbox"/> No <input type="checkbox"/>
Please provide details for each protected group where you have indicated 'Yes'.					
What if any, is the potential for interference with individual human rights? (consider the FREDA principles of Fairness/ Respect/ Equality/ Dignity/ Autonomy)					
N/A					
<b>RESEARCH AND CONSULTATION</b>					
What is the reason for writing this policy? (What evidence/ legislation is there?)					
Details the constitution and terms of reference for the Trust's Medical and Dental staff's Local Negotiating Committee					
Who was consulted when drafting this policy/procedure? What were the recommendations/suggestions?					
Medical & Dental LNC					
<b>ACTION PLAN: Please list all actions identified to address any impacts</b>					
Action	Person responsible			Completion date	

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## **1 Policy Statement**

- 1.1 Torbay and South Devon NHS Foundation Trust (TSDFT) and all Trade Unions and Professional Bodies recognize that it is mutually beneficial to work in partnership to achieve good employee relations. This is fundamental to ensuring an efficient and successful organization able to implement the NHS modernization agenda.
- 1.2 To this end, TSDFT will encourage its staff to join the appropriate Trades Unions and Professional Bodies.

## **2 Purpose**

- 2.1 This policy details the constitution and terms of reference for the Trust's Medical and Dental staff's Local Negotiating Committee constituted in accordance with the Trust's Trade Union Recognition Agreement.

## **3 Scope**

- 3.1 This policy applies to all Medical & Dental staff employed by Torbay & South Devon NHS Foundation Trust, together with those on a joint contract with the organisation and another employer.

## **4 Equality and Diversity Statement**

- 4.1 The Trust is committed to preventing discrimination, valuing diversity and achieving equality of opportunity. No person (staff, patient or public) will receive less favourable treatment on the grounds of the nine protected characteristics (as governed by the Equality Act 2010): sexual orientation; gender; age; gender re-assignment; pregnancy and maternity; disability; religion or belief; race; marriage and civil partnership. In addition to these nine, the Trust will not discriminate on the grounds of domestic circumstances, social-economic status, political affiliation or trade union membership.
- 4.2 The Trust is committed to ensuring all services, policies, projects and strategies undergo equality analysis.

## **5 Roles and Responsibilities**

- 5.1 Trust Management are responsible for ensuring all managers are aware of this policy and comply with its terms. HR Department shall be responsible for coordination of all LNC meetings and the production of all agenda papers and minutes.
- 5.2 Staff representatives shall be responsible for ensuring they are aware of and comply with the terms of this policy.

## **6 Remit**

- 6.1 The remit of the TSDFT LNC is to provide a forum for:

- (i) Negotiation - on terms and conditions of service relating to Medical and Dental staff employed by the Trust. Doctors and Dentists salaries are subject to the recommendations of the Doctors and Dentists Review Body and therefore, will not form any part of these negotiations
  - (ii) Consultation and discussion on issues of relevance and concern to Medical and Dental staff.
  - (iii) The promotion of good employee relations and improvement in the quality of working life for Medical staff.
  - (iv) Information – keeping each side fully informed of all relevant matters.
  - (v) Doctors who work in the community and have no other representation
- 6.2 The Committee shall not deal with individual grievances, disciplinary or other individual matters which shall be subject to the Trust's agreed procedure.
- 6.3 Day to day Departmental/Directorate operational issues will also be outside the scope of the Committee.

## **7 Constitution and General Principles**

- 7.1 TSDFT LNC will be constituted from Management and accredited staff representatives of Torbay and South Devon NHS Foundation Trust (TSDFT).
- 7.2 Staff representatives will be selected from accredited representatives of all recognised Trades Unions & Professional Bodies of TSDFT.

### **Management Side**

A non-Executive Director (Chair)  
Director of Finance  
Medical Director  
Chief Operating Officer  
Director of Workforce & Organisational Development  
Medical Human Resources Manager

### **Medical Staff Side**

4 Consultant members elected through the Medical Staffing Committee (MSC)  
The Senior Place of Work Representative  
3 SAS Doctors (to include at least one from Community Services) elected through their Staff Committee  
2 Doctors in Training representatives (the Doctors in Training BMA Representative and the Mess President)

- 7.3 Nominated deputies should attend meetings when members are not available.

- 7.4 Membership of both sides can, by agreement, be varied particularly in relation to the issues being negotiated or discussed.
- 7.5 Management Side: Exceptionally, deputies who would have delegated authority could be appointed to Management Side members.
- 7.6 Medical Staff Side: Exceptionally deputies who have delegated authority could be appointed by the appropriate staff Committee.
- 7.7 All members of the Committee must be employees of the Trust, or of the local NHS health community.
- 7.8 Others may be co-opted, as and when required, to provide specialist help and advice with the prior agreement of the Chairman. This will include the Chairman of CMSC, the Assistant Director of Workforce and Organisational Development and BMA Industrial Relations Officer for the South West. Such agreement shall not be unreasonably withheld.
- 7.9 The initial tenure for this committee is three years for medical staff side representatives. Re-election of medical staff side committee members will be undertaken by the appropriate Staff Committee, by a ballot process. Representatives will be allowed paid time off to attend meetings.
- 7.10 The management side recognises the need to consult in a meaningful way. It will be the aim of both sides to negotiate agreements, but it is recognised that both sides will also need at times to obtain agreement from, in the Trust case, the Trust Board and in the Medical Staff Sides case, the appropriate professional committee.
- 7.11 The Medical Staff Side will be guided by its core principles as detailed in Appendix 1.
- 7.12 The Medical HR Manager will act as the joint secretary to the group and in this role will be responsible, together with the Secretary for the Medical Staff Side (referred to in the minutes of meetings as the Medical and Dental side Chair), for convening meetings, organising agendas and recording and agreeing minutes.

## **8 Frequency of Meetings**

- 8.1 Meetings of the Local Negotiating Committee will normally be held bi-monthly. Extraordinary meetings can be held at the discretion of the Chairman. Minutes will be taken of each meeting and agreed by the joint Secretaries and Chairman before issue.
- 8.2 Fourteen days' notice (i.e. ten working days) shall be given of any matter intended to be raised at the meeting, to the Secretary of the Committee so that the item can be properly included on the agenda. All documents to be discussed at the meeting should be circulated with the agenda at least a week prior to the meeting.

## **9 Quorum**

- 9.1 For a meeting to be quorate there must be a minimum of five members of the Medical Staff and two Executive Directors (or Deputy). The Chairman must also be present or a designated deputy as agreed by the committee.

## **10 Interpretation, Variation & Termination**

- 10.1 Any disputes concerning the interpretation of the Constitution and Terms of Reference shall be referred to the joint Secretaries in the first instance. In the event of a failure to agree, the matter will be referred to the Trust Board for resolution, and may be referred to ACAS for conciliation.
- 10.2 There shall be no variation to this Constitution and Terms of Reference, except by joint agreement.
- 10.3 The terms in this Constitution and Terms of Reference are not legally binding and can only be terminated by either side giving six months' notice in writing to the Chairman.

## **11 Maintaining Good Employee Relations**

- 11.1 Both sides agree that it is in their mutual interest to observe a sound negotiating agreement by which all issues arising between them can be considered and resolved.

## **12 Awareness**

- 12.1 Advice and support will be provided by the HR team to support staff and managers in adhering to this policy.
- 12.2 The HR team will raise awareness of this policy through the publication of information on ICON and to advise staff of changes to the policy through the staff bulletin and ratification processes.

## **13 Contact Details**

- 13.1 Any queries regarding this policy should be directed to the Medical HR team of the Directorate of Workforce and Organisational Development.

- HR Helpline – 01803 655754 (ext. 55754)
- Medical HR – 01803 654570

## **14 Monitoring, Audit and Review Procedures**

- 14.1 This policy will be monitored and audited on a regular basis. A full review will take place every two years by the Directorate of Workforce and Organisational Development unless legislative changes determine otherwise.

## 15 Appendix 1 – Core Principles for JLNC Staff Side Negotiators

In acting on behalf of the medical staff at Torbay & South Devon NHS Foundation Trust, the LNC Staff side negotiators will ensure the following agreed core principles are followed.

If any local agreement could, in the view of the LNC Staff side representatives, cause a significant breach of one of these principles and further negotiation is not possible, then it will be referred to the Medical Staff Committee for discussion and consultation with the whole medical staff group including SAS and junior doctors as appropriate.

- All agreements must be assessed against their impact on patient care and should aim to improve quality of care – either directly by enabling more effective working practices, or indirectly by improving morale, working conditions and professionalism.
- National terms and conditions should be upheld. Where changes in national terms are agreed, these will consolidate or improve on these provisions at a local level.
- An individual's legal or contractual rights must not be compromised or waived.
- Doctors carry the final clinical responsibility for their patients. As a result of this unique responsibility, the terms and conditions for doctors are different from other staff groups and these differences must be recognised.
- There must be an assessment of the impact of a local agreement on all medical staff groups.
- The training and experience of doctors should be enhanced by local agreements.
- Doctors have a responsibility to the whole population of the area they serve and any agreement needs to assess the impact on the whole health community.
- Agreements should, wherever possible, improve working conditions and enhance the “work – life” balance.
- Irrespective of grade, doctors pursuing the above principles should not be discriminated against or disadvantaged in any way.