

Present: 20 th November			Apologies:
<p>Welsh Government:</p> <p>Amy Andrews Chantelle Jenkins Emma Coles Gillian Knight Helen Arthur Jessica Khoshooee Judith Paget Martin Mansfield Sara Whittam</p>	<p>NHS Wales Employers:</p> <p>Gareth Hardacre Hannah Evans Helen Watkins Huw George Hywel Daniel Neil Lewis Nicola Prygodzicz Nicola Williams Rachel Gidman Ruth Alcolado Sarah Simmonds</p> <p>Sue Green Kirsty White James Bishop</p>	<p>Trade Unions:</p> <p>Adam Morgan – CSP Alice Spilsbury – CSP Alison Pawley – Unite Amanda Milward – RCN Caroline Hurley – SOR Daryl Williams – Unite Dawn Ward – Unison Dianna Scott-Brown – RCP Iona Collins – BMA Jackie Davies – RCN John Gwilliam – GMB Kelly Andrews – RCN Louise Wright – CSP Lucy Merredy – BMA Nadia Probert – Unison Nicky Hughes - RCN (Chair) Pamela Franas – GMB Peter Hewin – BAOT Stephen Austin – BDA Tanya Bull – Unison</p>	<p>Welsh Government</p> <p>NHS Alex Howells Andrea Thomas Andrew Davies Angela Lewis Carole Bell Greg Dix Lisa Gostling Tom Lawson</p> <p>Trade Union Members Densie Hayward – HCSA Gareth Howells – HCSA Geoffrey Armstrong – RCP Harriet Brimmage - RCN Isslia Roberts – HCSA Jonathan Strachan-Taylor – GMB Julie Richards – RCM Pete Lowe – MIP Health Vicky Richards – RCM</p>
			Secretariat
			James Bishop

1.	WPF17/07-1 Welcome and Apologies	Actions
	NH welcomed attendees to the meeting and noted apologies.	
2.	WPF17/07-2 Cabinet Secretary – Priority Setting and Q&A Session	Actions
	<p>Jeremy Miles, the Cabinet Secretary, attended the meeting, and emphasised his commitment to effective partnership working to address NHS Wales priorities. The Cabinet Secretary welcomed the PRB recommendations and emphasised advancing the 2025/26 recommendations promptly to avoid delays previously experienced. The First Minister’s public listening exercise highlighted the NHS as the public’s top priority, with concerns around long waits for routine treatments, accessing care, and planned care delays. Issues such as wait times and discharge times remain critical challenges. The focus was placed on implementing lasting, resilient changes, with advice from experts in Wales and England on innovative solutions and infrastructure support.</p> <p>The Cabinet Secretary acknowledged funding challenges, with Rachel Reeves’ budget increasing capital spending, considered a positive step. The Welsh Government’s budget, expected in December, will prioritise public services and outlined the criticality of HB’s having the flexibility to meet needs of local population and underscoring the need for clear, adaptable All-Wales frameworks to address resource pressures. The Cabinet Secretary further outlined expectations for the NHS Executive’s and its need to provide leadership and support for the system, to remove unexplained variation and support and challenge where needed.</p> <p>The Cabinet Secretary emphasised the importance of clear expectations while maintaining a commitment to local flexibility. There is a need to set and uphold expectations of good practice across the system. A framework of "adapt, adopt, or justify" will be used to ensure best practices are consistently implemented. Clear expectations will be established for the system, with regional working applied where appropriate and interventions made when necessary. Open dialogue, a realistic approach to challenges, and mutual accountability were emphasised as key principles. The critical role of the workforce in developing and implementing good practices and innovation was recognised. Ensuring workforce engagement and satisfaction was highlighted as a priority, along with fostering a healthy and collaborative working environment.</p> <p>PH suggested greater clarity on the NHS Executive's role and suggested increased TU involvement in its implementation along with targeted funding to address recruitment crises. AM raised concerns about accountability within the framework and the impact of short-term funding. The Cabinet Secretary highlighted the importance of engagement and best practices. He clarified that targeted funding aims to increase system activity and reduce pressure, enabling service delivery restructuring. While some funding is short-term or pilot-based, he stated this can be necessary to test and implement new delivery models.</p>	

	<p>DW stressed the need to advance talks early next year, focusing on staff retention through a 36-hour work week and CPD. AP reaffirmed the Welsh Government’s commitment to 2023/24 pay restoration. The Cabinet Secretary recognised the importance of pay restoration and advancing talks early. He noted feasibility work on the 36-hour week and CPD, acknowledging the challenges, and emphasised the value of continued social partnership dialogue. JD raised concerns around NHS digital modernisation. The Cabinet Secretary noted resource pressures, and outlined how digital capacity can be improved through capital investment planning.</p> <p>RG proposed revisiting initiatives like Kickstart to support 16–24-year-olds entering the workforce, noting concerns over low post-sixteen education participation. The Cabinet Secretary was keen to explore the issue further offline.</p> <p>NP emphasised rewarding NHS staff as a priority, despite capacity challenges, and highlighted the continued enthusiasm for improvement.</p>	
3.	WPF17/07-3 Identify any other business to be discussed	Actions
	<p>I. Temporary Injury Allowance in Wales</p>	
4.	WPF17/07-4 Current Position	Actions
	<p>Judith Paget provided an update on the ongoing COVID inquiry, noting that Module 3 is nearing completion. Work is ongoing in the equalities workstreams including WRES, with interest in the progress of the four nations on these matters. The report is still some months away, but progress will be monitored and WPF will continue to be updated. Significant work is underway across the NHS and Welsh Government to learn from earlier modules, including establishing an NHS Executive function to enhance pandemic planning and address other risks, such as national power outages. Changes in approach and lessons learned from previous modules were emphasised.</p> <p>Winter planning and preparedness were highlighted, with lessons from previous years informing strategies to manage staff wellbeing and mitigate pressures at both local and national levels. The challenge of low vaccination uptake was also noted, with a focus on protecting staff.</p> <p>The Cabinet Secretary had reiterated the NHS’s priority status in the First Minister’s listening exercise and highlighted significant investments to address the backlog in waiting times. He had stressed the need for plans to ensure services are fit for purpose. Women’s health was identified as a First Minister priority, with the publication of a Women’s Health Plan expected in December. Budget setting is underway, and while health boards continue to face financial challenges, efforts are being made to address this in collaboration with the Finance Minister.</p>	

	<p>IC raised questions about occupational health coordination and monitoring through the NHS Executive. HA noted progress with health boards to build up services and the importance of monitoring progress. SW noted the ongoing work on minimum standards with employer and Trade Union input, with recommendations and requests to be outlined in the upcoming report to be submitted to JP over the coming months. JP highlighted investments in mental health services, including neurodevelopmental support, as part of ongoing commitments to improve health services.</p>	
5.	WPF17/07-5 6 Goals / Winter resilience arrangements	Actions
	<p>Richard Bowen and Iain Hardcastle delivered a presentation on winter resilience planning, emphasising the ongoing challenges and lessons learned. COVID legacy issues and integration with regional partnership boards were noted, alongside the importance of clear communication and actionable insights from past experiences. Concurrency of risks was highlighted as a significant challenge, managed through the Resistance and Resilience Response Group, which identifies good practices and plans for seasonal risks. Guidance for winter planning was issued in June/July, with a risk tracker monitoring high-impact periods.</p> <p>RB identified respiratory conditions, including strep A, as major challenges this winter. Emphasis was placed on learning from the past 5–10 years and enhancing resilience beyond standard winter planning. Efforts include bolstering community care, expanding district nursing weekend capacity, and supporting palliative care, medicines management, and third-sector partnerships. Staff vaccination rates were flagged as a concern, and RB requested anything that can be done to bolster staff vaccination numbers would be much appreciated.</p> <p>Next steps include system resilience planning, horizon scanning, and continuous review of risks and actions. IC noted that "winter planning" now spans over seven months, suggesting renaming it to reflect year-round preparedness. RB noted the December–January peak but agreed on the need for all-year resilience planning. RA emphasised seasonal peaks, such as respiratory fatalities in January, and stressed the importance of vaccination, respiratory hubs, and seven-day services. HA underscored integrating resilience efforts into IMTPs, utilising the 6 Goals framework, and targeting resources during pressure points, with funding from RIF supporting these initiatives. NH proposed regular updates on resilience planning throughout the year, aligning efforts with ongoing priorities.</p>	
6.	WPF17/07-6 Bank Incentivisation Workshop	Actions
	<p>CH led a workshop on bank incentivisation. CH outlined the progress of the working group, noting the terms of engagement development and scoping of the next steps. WPF members were tasked with identifying potential incentives for bank workers, notes from the workshop will be compiled and fed back to the working group for further development.</p>	

7.	WPF17/07-7 36-hour week/CPD Feasibility Studies Update	Actions
	<p>MM provided an update on the 36-hour week and CPD feasibility studies, noting the ongoing work. The partnership has been exploring the feasibility and affordability of implementing the 36-hour week. If agreed upon in partnership, a timeline will be established. It was noted that formal written responses were received from Employers and TU last week, and the BC T&C meeting next week will be repurposed to discuss the responses in further detail and decide on next steps.</p> <p>TU emphasised that members see this as a priority and would translate to some form of pay restoration. TU requested reassurance that this remains a top priority. AM (RCN) urged WPF members to consider the impacts of nurses opting to go to 36-hour weeks from the reduced 34-hour week, if implemented.</p>	<p>(JB) – Repurpose BC T&C meeting to BC 36 hour/CPD discussion.</p>
8.	WPF17/07-8 National Leadership and Management Framework	Actions
	<p>HW provided an update on the development of a management competence framework for NHS Wales. The framework aims to ensure development opportunities for managers and collaborate with organisations to establish standards. The goal is to standardise training across the four nations. The framework will include three key products: a code of practice, a set of standards and competencies, and a curriculum to underpin the framework.</p> <p>Progress so far includes engagement with credible advisors and the programme manager, along with discussions with executive teams. Next steps include mapping existing programmes within NHS Wales, continuing collaboration with NHS England, and developing a communications and engagement plan. AM raised the importance of TU engagement in Wales and its influence on the UK-wide framework.</p>	
9.	WPF17/07-9 Band 2/3 Update	Actions
	<p>SG led the item, the below the job descriptions for Band 2 and Band 3 healthcare support workers, were brought to WPF for approval.</p> <ol style="list-style-type: none"> I. Maternity Healthcare Support Worker Band 2 II. Maternity Senior Healthcare Support Worker Band 3 III. Neonatal Senior Healthcare Support Worker Band 3 IV. Health Care Support Worker Band 2 V. Nursing Support Worker Band 3 <p>SG provided a summary, with Tanya Bull (TB), regarding the tripartite discussions. The focus has been on resolving issues surrounding Band 2 and 3 healthcare support workers. SG recommended approving the JDs in principle, contingent on</p>	

	<p>agreement of the framework. TB emphasised that TUs are engaged in discussions to develop the framework and are committed to continuing the work in partnership.</p> <p>AM asked if the All Wales JDs would come through WPF for sign-off. SG clarified that if the job evaluation policy is approved later today (see item WPF17/07-13 Job Evaluation Policy), JD's will be presented to WPF or BC for approval, with BC utilised to prevent a backlog.</p> <p>Approval in principle was agreed by WPF members.</p>	
10.	WPF17/07-10 Band 4 Update	Actions
	<p>Carolyn Middleton attended to provide an update on the introduction of the Registered Nursing Associate (RNA) role in NHS Wales. With legislative amendments pending, Phase 2 of the programme is nearing completion, and the final meeting is set for December. The transition from the Assistant Practitioner (AP) role will continue, with pathways being developed and timelines for transition expected soon. CM outlined the development process for the RNA role, the first RNA student cohort is planned for 2025/26, and WPF was asked to consider an appropriate term to give staff the opportunity to phase into the RNA role.</p> <p>AM expressed concerns around the impact of needing a qualification on existing staff, with some concern raised around the lack of roles for redeployment and the co-existence of staff in both roles. CM noted challenges in England where AP and RNA roles did not coexist effectively. GK emphasised the need for clarity on workforce roles during the transition, advocating for a person-centred approach. AM suggested discussing this at BC.</p> <p>AM raised concerns about the impact on minority communities and requested an Equality Impact Assessment (EQIA) to prevent discrimination in role allocation. Unison echoed concerns about a two-tier system, and data monitoring from the NMC register was noted as a priority. SG agreed that seeing the EQIA would be beneficial.</p> <p>NP expressed concerns about the redeployment of long-serving AP staff, with CM noting that 595 individuals would be impacted. CM noted the focus will be on supporting individuals to make informed decisions. JG highlighted the funding for the RNA programme and suggested further discussions at BC.</p>	<p>(JB) – Add the Band 4 / RNA update as an item to BC in 2025.</p>
11.	WPF17/07-11 Band 5/6 Update	Actions

	<p>Nicky Hughes led the discussion on the collective agreement to consider the career development required for the transition from Band 5 to Band 6, focusing initially on nursing before considering other professions. An options paper will be presented to WPF in March, after it has been through the HEIW governance structure.</p> <p>Work to date includes exploring what a transition would look like for newly registered nurses within two years, as well as developing a programme and scope of practice that reflects the midwifery model. The next phase will address how to transition nurses with more than two years of experience to Band 6. Workforce representatives from Health Boards are involved in the working group. Andrea Thomas, Job Evaluation lead for Wales is also involved in the group with a view to ensuring the work aligns with the work being undertaken by UK JEG and does not inadvertently go beyond its remit.</p> <p>SG highlighted the alignment of this work with the UK JEG nursing role profile review and JD developments, noting that proposed profiles were out for consultation. Lessons from the Band 2/3 transition must inform the Band 5/6 recommendations. SA asked whether this approach would set a precedent for other professions, to which it was confirmed that the focus would be on nursing initially, with potential to expand to other professions as outlined in the collective agreement.</p>	
12.	WPF17/07-12 Disciplinary Policy Update	Actions
	<p>Adam Morgan provided an update, noting the progress that has been made since the last WPF meeting. The policy is nearly ready for wider consultation with WPF and other stakeholders, with comments being implemented. A draft will be shared for further feedback in the coming weeks. There is a focus on engaging minoritised communities, including LGBT, disabled, and BME groups. Anyone with relevant networks is encouraged to contact AM or RW to contribute their expertise. The policy will also require a training programme, and attention will be given to how it is implemented moving forward. HA volunteered to assist with the wider consultation process.</p>	(AM) – Share draft Disciplinary Policy with WPF colleagues for comment when available.
13.	WPF17/07-13 Job Evaluation Policy	Actions
	<p>Sue Green provided an update, explaining AT's role of co-chair of the UK Job Evaluation Group. The policy was developed through social partnership as part of the pay agreement and has been brought to WPF for approval.</p> <p>The policy was approved.</p>	(SG / JB) – Issue Job Evaluation Policy to the service and upload onto the Partnership Hub.
14.	WPF17/07-14 NHS Wales JDs for approval	Actions

	<p>The below job descriptions were brought to WPF for approval.</p> <ul style="list-style-type: none"> I. Neonatal Ward Assistant Band 2 II. Maternity Neonatal Assistant Practitioner Nursery Nursing Band 4 <p>While the Band 4 role may be superseded in the future, the current JD is recognised for now. The JD's have been reviewed by the subject matter expert group and appropriately matched.</p> <p>The JDs were approved.</p>	
15.	WPF17/07-15 NHS Staff Council Update	Actions
	No comments – Colleagues content.	
16.	WPF17/07-16 Business Committee Update	Actions
	No comments – Colleagues content.	
17.	WPF17/07-17 Medical & Dental Business Group Update	Actions
	No comments – Colleagues content.	
18.	WPF17/07-18 Previous WPF Notes & Minutes (17/07/2024)	Actions
	No comments – Colleagues content.	
19.	WPF17/07-19 Any Other Business	Actions
	<ul style="list-style-type: none"> I. RG noted the Staff Survey and asked WPF members to encourage staff participation where they can. II. Temporary Injury Allowance: The system for temporary injury allowance needs to be reviewed to ensure consistency. SG emphasised the importance of consistent application of the process. SG will liaise with employers to ensure that terms are applied correctly. 	(SG) - Liaise with employers to ensure that Temporary Injury Allowance terms are applied correctly
20.	WPF17/07-20 Date of Next Meeting	Actions
	<u>Full WPF</u>	

	<ul style="list-style-type: none">- 19th March 2025 (Provisional date)- 16th July 2025 (Provisional date)- 19th November 2025 (Provisional date) <p><u>Full Business Committee</u></p> <ul style="list-style-type: none">- 26th February 2025 (Provisional date)- 25th June 2025 (Provisional date)- 15th October 2025 (Provisional date)	
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Action Log

Action	Responsibility	Status	Due Date
Repurpose BC T&C meeting to BC 36 hour/CPD discussion.	James Bishop	Completed	26/11/2024
Add the Band 4 / RNA update as an item for BC in 2025.	James Bishop	Completed	25/03/2025
Share draft Disciplinary Policy with WPF colleagues for comment when available.	Adam Morgan	Completed and engagement sessions held in January 2025	26/03/2025
Issue Job Evaluation Policy to the service and upload onto the Partnership Hub.	Sue Green James Bishop	Completed	06/12/2024
Liaise with employers to ensure that Temporary Injury Allowance terms are applied correctly.	Sue Green	To be completed	26/03/2025