

Present: 19 November 2025			Apologies:
<p>Welsh Government</p> <p>Amy Andrews Annie Jones Emma Coles Gillian Knight Helen Arthur Martin Mansfield Sara Whittam</p>	<p>NHS Wales</p> <p>Alex Howells Emma Owen Gareth Hardacre Hannah Evans Helen Watkins Hywel Daniel Jenny Winslade Neil Lewis Nicola Prygodzicz Rachel Gidman Rhiannon Windsor Sam Morgan Sarah Simmonds (SSi)</p> <p>Andrea Thomas Andrew Davies Kirsty White Sue Green</p> <p>Guest Speakers Anton Emmaunel Jonathan Webb Gareth Lewis Rachel Evans</p>	<p>Trade Unions</p> <p>Dawn Ward – Unison Helen Williams – RCN Iona Collins – BMA Jackie Davies - RCN Jan Tomlinson – Unison Julia Chandler – BDA Nathan Holman (NHo)– GMB Nicky Hughes (NHu) – RCN Paul Seppman – Unite Peter Hewin – BAOT Samuel Stone – BMA Sharon Davies – RCM Stefan Senese (SSe) – Unison Tanya Bull – Unison</p>	<p>Welsh Government</p> <p>Chantelle Jenkins Jacqueline Totterdell</p> <p>NHS</p> <p>Angela Williams Kay Hannigan Lianne Morse Lisa Gostling Peter Carr Ruth Alcolado Sarah Jenkins Tina Ricketts (TRi)</p> <p>Trade Union Members</p> <p>Amanda Milward – RCN Alison Cleaton – Unite Caroline Hurley – SOR Chris Musgrave – CSP Diana Scott-Brown – RCP Gareth Williams – BMA Janice Burke-Lang John Gwilliam – GMB Jonathan Strachan-Taylor – GMB Louise Wright – CSP Lucy Merredy – BMA Nadia Probert – Unison Rachel Hadland – RCN Stephen Austin – BDA Vicky Richards – RCM</p>
			Secretariat
			Tabitha Rodway (TRo)

1.	WPF19/11-1 Welcome and Apologies	Actions
	<p>Helen Arthur welcomed attendees to the meeting on behalf of Jacqueline Totterdell, who had attended briefly and been introduced to some members, but unfortunately was called away on urgent business and therefore sent apologies for the remainder of the day. HA noted other apologies for absence received by the secretariat.</p>	
2.	WPF19/11-2 Welsh Government Update	Actions
	<p>Jacqueline Totterdell's written update covered the following areas:</p> <ul style="list-style-type: none"> - NHS Performance: <ul style="list-style-type: none"> - Cancer - Urgent and Emergency Care - Emergency Departments - Ministerial Advisory Group - NHS Wales Joint Commissioning Committee - Winter Planning - Six Goals for Urgent and Emergency Care - NHS Finances <p>IC raised a perceived disparity between the improvements in performance shared within the report and the feelings of colleagues who are not necessarily seeing those improvements in reality. HA advised that Welsh Government would welcome specific examples, or for examples to be shared with organisation CEOs, as the aim is always for the data to be fairly and truly representative. IC also raised Datix reporting, and whether this data could be amalgamated across Wales to identify any particular trends of certain situations occurring (such as clinical incidents), and used as a heatmap with data fed in from across organisations. In addition, IC raised waiting lists and looking at another measure of performance in Wales, where the targets are much less ambitious than the definitions and targets used in NHS England. IC suggested that when looking across the UK at how different health services have performed, Wales can appear to be on a par with other nations, but is actually significantly underperforming due to the difference in definitions and targets. IC further noted that the BMA would like to see Wales replicating the definitions and targets used in NHS England so that data comparison is more transparent.</p> <p>HA agreed to take the question of waiting list definitions and targets to JT for consideration. HA advised that a piece of work in the form of the National Quality Outcomes Framework is underway and, whilst not yet ready for publication, will</p>	<p>HA agreed to take the question of waiting list definitions and targets to Jacqueline Totterdell for consideration.</p> <p>TRO to ensure that an update on the Handover 45 work commissioned by the Cabinet Secretary is put forward for consideration for the March WPF agenda.</p>

	<p>assist with the gathering and presentation of data on an All-Wales level. HA added that as part of the 'Handover 45' Ministerial Advisory Group recommendation, commissioned by the Cabinet Secretary, a dashboard is being developed which will look at some additional quality and safety system metrics. NHu suggested that an update on the Handover 45 work might be helpful at the next meeting of the Welsh Partnership Forum; HA reiterated that JT is very aware of the wider system context and issues, and that refocussing these discussions to focus on the wider system issues would be helpful.</p> <p>Welsh Partnership Forum noted the update.</p>	
3.	WPF19/11-3 Identify any other business to be discussed	Actions
	<p>No other business was identified.</p>	
4.	WPF19/11-4 Band 2/3 Draft Collective Agreement	Actions
	<p>NHu requested that the record reflected thanks to SG, EC and Trade Union colleagues for getting the Band 2/3 Draft Collective Agreement to a point where the Framework can be implemented, and conveyed that the hope today is to come to a decision in partnership to accept the Collective Agreement, to agree the course of action moving forward, and to endorse the documentation which has been circulated.</p> <p>SG reflected that all parties – Trade Union partners, Employer partners and Government partners – have continued to recognise the importance of resolving this issue, including the importance of resolving on a Once for Wales basis, and thanked all involved for everything that has been done to be pragmatic, understanding and appreciative of the work that our Band 2 and 3 Healthcare Support Workers carry out.</p> <p>SG advised that the recommendations are for Welsh Partnership Forum members to:</p> <ol style="list-style-type: none"> 1. Agree the Framework for adoption by relevant organisations in NHS Wales through the appropriate organisational governance mechanisms; 2. Agree an appropriate method of communication and confirmation of this Framework as a collective agreement to NHS Wales organisations; and 3. Agree to monitor adoption and implementation of the Framework through the social partnership governance structure. 	

SG clarified that in terms of the recommendation to monitor the adoption of the Framework, there will no doubt be questions arising; the hope will be to use the social partnership structure and proposed Tripartite Oversight Group to resolve any queries and share learning from implementation. SG placed on record thanks to Trade Union colleagues, Employer colleagues and Welsh Government colleagues for the time, energy and resilience they have contributed over the past 12 months.

TB added that from a Trade Union perspective, there has been much hard work in terms of reaching an agreement that has gone through consultation and engagement with members, and confirmed that Trade Unions collectively are satisfied to ratify the agreement today. TB emphasised that adoption of the Framework is a milestone collective agreement which recognises some of the lowest paid, predominantly female workers across the NHS in Wales, ensuring that they are recognised for the work they have been doing, and that going forward they are paid appropriately in accordance with the job evaluation principles and equal pay for work of equal value. TB put on record thanks on behalf of the Trade Unions to SG and EC, and also put on record thanks to the Band 2 Health Care Support Workers who signed grievances, went into negotiations with their employers, and shared information, because it is their action which made reaching this agreement possible.

NHo flagged a potential issue which may arise regarding the possibility of a knock-on effect on pension contributions for individuals moving from the top of Band 2 to the bottom of Band 3. The earnings of these individuals will be topped up to Real Living Wage at the bottom of Band 3 but their pension percentage contributions will increase, so there may be a small minority of individuals who may decide to remain in a Band 2 position so their pension contributions do not lead to a detriment in earnings.

SG advised that the payroll team are aware of this possibility, and explained that when payroll receives information from organisations they apply the terms and conditions and the 'no detriment' rule, which includes reviewing any triggers such as a change in the pension threshold. They are then able to flag to organisations to allow individual hardship conversations to happen where necessary. SG also put on record thanks to GH and the payroll team, who have been pivotal in helping get to this point where payments can be made to colleagues.

All present were content to approve the Band 2/3 Collective Agreement and the recommendations outlined for implementation of the Framework across the relevant NHS organisations.

5.	WPF19/11-5 Workforce Race Equality Standards update	Actions
	<p>HA introduced Anton Emmanuel and shared that she and the team at Welsh Government have been very grateful for his guidance and assistance on the significant amount of work done on Workforce Race Equality Standards. The aim today is to highlight some of the examples where the data and data collection has been used properly to drive the change that we need to see in the system, and to reinforce Welsh Government’s commitment to doing the right thing, learning from our workforce to promote the right experience for them, and the intention to expand into a wider equality standard including a wider range of protected characteristics.</p> <p>AE expanded on HA’s introduction and shared that in an ideal world, there wouldn’t need to be an equality function as a central point, because everyone would own their responsibility. With this not being the case, assurance and accountability is the framework of the Workforce Race Equality Standard, with data intended to be one part of creating the mechanism behind the theory of change.</p> <p>AE touched on the key insights of the 2025 Workforce Race Equality Standards, on driving inclusion and its impact across NHS Wales, and looking ahead and evolving the 2026 Workforce Equality Standard. Positive findings from 2024-25 included an 11% increase in the Black, Asian and ethnic minority population of the NHS in Wales to 10.6%, and a notable improvement with 29.8% of Black, Asian and ethnic minority staff feeling their organisation provides equal career progression opportunities. There is however worsening under-representation of Black, Asian and ethnic minority staff above Band 5, which continues to fall progressively; 51.5% of ethnic minority staff across NHS Wales are Band 5 or lower. There remains wide variation between organisations in NHS Wales in their rates of referral of minoritised staff into formal disciplinary processes, and the insights found that there remains a high level of bullying and harassment, experienced more by men than woman, and especially men from Black, Asian and ethnic minority backgrounds.</p> <p>In terms of leadership, AE shared that Social Care Wales has been an exemplar organisation in re-shaping their Board to include senior figures from an ethnic minority background; this representation matters when roughly 20% of the workforce in social care is also from an ethnic minority background. Social Care Wales worked through suggestions offered by Welsh Government on the idea of using group recruitment and data to inform positive action in a sensible, legal and appropriate way, and giving stretch opportunities to potential senior colleagues; in this way, within two years equity has been gained.</p> <p>AE requested that all encourage their staff to update their personal information on ESR to record not only their own characteristics but also their social mobility and social demographic status, as this data feeds into the WRES and there is currently a much smaller dataset available on social deprivation and intersectionality as would be helpful. There was</p>	

	<p>discussion around group recruitment and taking positive action as mandated by the Equality Act 2010, to ensure positive action to encourage specific groups to apply for roles within a targeted recruitment campaign is carried out in a legally appropriate way. There was also discussion around concern for disciplinaries, where the data shows that Black, Asian and ethnic minority staff are more likely to be referred to their regulatory body. AE advised that reducing the inequality experienced whilst keeping the integrity of the process is essential for patient safety and outcomes, and could be achieved by creating an independent process via a 'blind' gateway group which strips out ethnicity and gender and looks only at the facts of the case, prior to any formal referral being made.</p> <p>All thanked AE for his presentation and Welsh Partnership Forum noted the update.</p>	
6.	WPF19/11-6 Anti-Violence Collaborative update	Actions
	<p>Jonathan Webb and Gareth Lewis from the Welsh Risk Pool attended for this item to give an update on the various projects that the Anti-Violence Collaborative are currently undertaking. JW thanked the Welsh Partnership Forum for guiding the work that has been done thus far, and thanked everybody in health boards, trusts and special health authorities who has been instrumental in coordinating this work.</p> <p>GR presented the key workstreams currently underway, covering new legislation which has been developed to assist colleagues in reducing nuisance and disturbances on NHS premises, and which creates an offence to reflect this. Comprehensive bespoke training is being developed to empower NHS colleagues to act and remove non-patients from the premises.</p> <p>GR updated on the Violence Prevention and Reduction Standards, a first draft of which is being worked through by two health boards in collaboration with the AVC to trial the standards. This work will focus on providing a framework to share best practice and identify priorities for continuous improvement and consistency across Wales. GR also shared work on the Speaking Up Safely Once for Wales platform to facilitate the capture of reports, and the work on Complex Case Management which is being undertaken in collaboration with the Heads of Patient Experience Network (HoPE), with the aim of introducing a framework to tackle complex cases. A dedicated Complex Case website is now live, which includes guidance documents and additional support for tackling difficult cases early on.</p> <p>GR advised that a workshop is planned for early in 2026 to review Sanction and Actions, particularly the clinical implications of measures such as warning letters and yellow and red card systems. Policy input is being sought from local Policing teams and Trade Union partners. In terms of Violence and Aggression Data, the AVC is currently collaborating with Gwent Police to ensure all NHS Violence and Aggression data is included in the detailed report produced for the</p>	

	<p>Joint Emergency Services Group; researchers from Cardiff University contributing to the multi-agency Wales Violence Prevention Unit are supporting with data analysis to ensure accuracy of recording and reporting.</p> <p>JW encouraged all to review the supporting materials available online and share with colleagues to maintain dialogue and momentum.</p> <p>All thanked JW and GR for their presentation and Welsh Partnership Forum noted the update.</p>	
7.	WPF19/11-7 Breastfeeding at Work	Actions
	<p>NHu introduced the item and shared that she recently met with Julie Richards, Director of RCM Cymru to discuss breastfeeding in work, adding that there is a wealth of data from RCM and PHW around what it is like for colleagues to go back into the working environment when they are breastfeeding, and some of the difficulties they may experience. There is legislation in place protecting new and expectant mothers in the workplace which covers those who are breastfeeding; to support the legislation, it is important to ensure that suitable measure are implemented such as having the right conversations at the right time, ensuring there are accessible private spaces and equipment available (i.e. fridges in suitable locations) for safely storing expressed milk. NHu outlined that the aim of today’s session is to achieve agreement that this is a workstream which will be supported by Welsh Partnership Forum, and introduced Rachel Evans, Senior Public Health Midwife/Health Visitor Breastfeeding Lead.</p> <p>RE shared that a study was undertaken in PHW in 2022 in which c.1200 colleagues, mostly doctors, found that most clinicians were not getting any support to continue breastfeeding when they returned to work. The RCM followed up with a survey in 2023 which produced similar findings, indicating that staff were being directed to toilets, that there were no accessible facilities for them, and that there was a general lack of support for breastfeeding in the workplace. PHW therefore undertook to do a survey to see if more could be gleaned about what was happening in Wales; findings included that facilities were often lacking or inaccessible, only 17% discussed breastfeeding with their line manager during their pregnancy, and less than a third on their return to work. The survey also found that some line managers were themselves not supported in terms of training to be able to properly support their employees. In terms of the impact on breastfeeding itself, 60% of the employee respondents reported that trying to breastfeed at work had a negative impact on their breastfeeding journey, including health impacts such as engorgement leading to mastitis and requiring time off work, reduced supply, and embarrassment and distress about milk leaking when opportunities were not provided to safely express at work.</p>	

	<p>RE advised that a Breastfeeding Risk Assessment should be undertaken for all breastfeeding employees, but the 2022 initial research indicated that only 6% of respondents had had that risk assessment. It is important to note that there was some positive feedback from employees about being supported to breastfeed at work, such as the employee who responded to say that the Sister of the ward in which she worked asked the question on her return from maternity leave, gave her the local breastfeeding policy, told her she could have regular breaks and a private space to express; even with resources being tight, the manager facilitated the employee expressing within the limitations of the ward environment. Another employee was permitted to take a longer lunch break in order to go home and feed her baby, rather than expressing in the workplace.</p> <p>RE shared that a Breastfeeding Charter and Passport has been developed by PHW; the Charter for workplaces to demonstrate commitment to their employees and empower them to raise their needs with their line manager, and the Passport to formally record the plan for each employee. The intention is to hold workshops to test the Charter and Passport to see how useful the documents would be, alongside promotion of the breastfeeding policy and training for line managers, as there is clearly a gap in knowledge here.</p> <p>NHu enquired if Welsh Partnership Forum would be supportive of this approach, and if next steps might include RE, AD and Welsh Government looking at how to implement the Charter, Passport and supporting toolkits within organisations. There was discussion around safeguarding the health and well-being of our workforce, and safeguarding their relationships with their children, as well as organisational accountability to implement safe and flexible policies within the workplace.</p> <p>RG shared that RE previously presented to Workforce & OD Directors Peer Group, and would welcome the opportunity to continue to work with PHW on taking this vital work forward.</p> <p>All thanked RE for her presentation and Welsh Partnership Forum noted the update.</p>	
8.	WPF19/11-8 All-Wales Disciplinary Policy	Actions
	<p>RW advised that the refreshed All-Wales Disciplinary Policy is on the agenda today for a decision, following significant engagement work over the last 11 months. The aim of the work has been to seek a balance between employee wellbeing and fairness, whilst recognising accountability and the organisational need for disciplinary processes to be carried out. This substantial engagement has led to safeguards around impartiality and decision-making being built in, including robust Initial Assessments and fact finding, such as the requirement for an additional independent person to be part of the</p>	

	<p>decision-making process to ensure it is fair and appropriate. The section around safeguarding, regulation and DBS checks has also been strengthened, and the fast-track process is now limited to misconduct only.</p> <p>In recognition of the shift of practice, especially roles and responsibilities, a number of implementation workshops will be run early into 2026 to ensure the training is embedded, as implementation is absolutely key for success.</p> <p>TB added that the intention of the policy is to reduce avoidable employee harm, specifically by ensuring that only those cases which require a full investigation advance to that stage, i.e. there are now a number of gateways throughout the process for managers to step back and consider other more appropriate means of resolution.</p> <p>GK queried whether Well-being could be included in the 'How-to' guide, as it features throughout the policy but is not currently within the 'How-to' document. RW confirmed that the wraparound support of this policy includes two guides – one for managers and one for staff – which highlight a number of FAQs including Well-being.</p> <p>SSi thanked TB and RW for their hard work and, in keeping with the review of the Respect and Resolution policy, suggested that the Disciplinary Policy be reviewed in 12 months' time, alongside a commitment that the Healthy Working Relationships group consider how to implement the FAQs.</p> <p>The WPF agreed the revised Disciplinary Policy and agreed that it should be reviewed in 12 months.</p>	
<p>9.</p>	<p>WPF19/11-9 2025/26 All-Wales Improving Performance at Work Policy</p>	<p>Actions</p>
	<p>AD advised that the new All-Wales Improving Performance at Work Policy arose following a review of the Capability Policy; one NHS organisation tested the principles of the revised draft, resulting in positive feedback. AD confirmed that the Trade Unions were very supportive of the newly-titled and reframed policy at Full Business Committee in October 2025; as with the Disciplinary Policy, it will be included for review through the Healthy Working Relationships group in 12 months' time.</p> <p>The WPF agreed the refreshed and retitled All-Wales Improving Performance at Work Policy and agreed that it should be reviewed in 12 months.</p>	

10.	WPF19/11-10 All-Wales Reserve Forces Training and Mobilisation Policy	Actions
	<p>AD advised that he was approached by the South East Wales Armed Forces lead, requesting a small number of minor refinements to the All-Wales Reserve Forces Training and Mobilisation Policy following engagement with the Armed Forces directly, who were content with a refresh and reissue rather than a full-scale review. T&C Business Committee members agreed that the policy could be refreshed and reissued with the minor changes at points 4.1, 4.2 and 7.2 as set out in the accompanying cover report.</p> <p>SSE raised the review date of policies in general, and confusion that can arise regarding which policy is in use. NHO agreed that anomalies have been experienced where elements of a policy which is under review have slipped into a current policy before it has been ratified, and emphasised that a substantive policy must be followed until it is formally replaced. AD advised that organisations currently receive a quarterly schedule but that dates could be made clearer; AD agreed to review the mechanics behind policy review dates.</p> <p>SG agreed with the points raised, and advised that NHSWE have not been notified of any anomalies via the policy dispute referral process, so if colleagues have examples to share then it would be very helpful for those to be raised and discussed.</p> <p>WPF agreed the minor amends made to the All-Wales Reserve Forces Training and Mobilisation Policy.</p>	
11.	WPF19/11-11 Chair's Action between meetings	Actions
	<p>AD presented a short paper outlining the items agreed by Chairs' Action since the last meeting of the Welsh Partnership Forum held on 10 June 2025, as follows:-</p> <ul style="list-style-type: none"> - The Anti-Sexual Harassment Policy and Non-Medical Bank Terms of Engagement have been agreed by the Tripartite Chairs and subsequently issued to the service; - The new process for the agreement of Chair's Action between WPF meetings (supported by today's paper) was agreed; - Amendments to the All-Wales Flexible Working Policy; - Guidance for the Short-Term Protection of Earnings process; and 	

	<p>- a number of All-Wales Job Descriptions.</p> <p>AD confirmed all amendments have been made and documents issued as appropriate; the purpose of today’s update is to confirm the governance arrangements of Chair’s Action taken, for completeness.</p> <p>There were no concerns raised concerning Chair’s Action taken between meetings and Welsh Partnership Forum noted the update.</p>	
12.	WPF19/11-12 NHS Staff Council Update	Actions
	<p>NHu provided a verbal update following the meeting held on 13 November 2025, advising that there was a discussion around NHS England redundancy and partial retirement, on which it will be prudent to keep a watching brief in terms of length of service if people take partial retirement.</p> <p>NHu advised that Staff Council has been tasked with taking forward the NHS Agenda for Change structural reform. NHu outlined that it has been made clear that Wales wanted to be full party to the exploratory talks (and that Northern Ireland are in a similar position), although it has become evident that some elements of the suggested scoping work either don’t apply to Wales, or have already been undertaken by Wales. However, Wales has not been included in the scoping meetings. Further conversations and correspondence will take place at T&C Business Committee, with Staff Council and with the Minister in Westminster to confirm that Wales is ready to receive dates for exploratory talks and in time, negotiations as a devolved nation, to ensure that Wales and Northern Ireland are able to fully contribute and reflect their needs as well as those of England.</p> <p>NHu shared key points such as the work being done on the Job Evaluation scheme in England with the new job profiles, implementation programme and data collection. NHu extended thanks to AT as it is evident that the work is significantly further ahead in Wales. NHu further advised of the NHS Terms & Conditions of Service Handbook review, which is concerned with modernising and removing outdated language rather than making any material changes to Terms & Conditions. In line with the Anti-Violence Collaborative, NHu share that some work is being undertaken by the Health, Safety and Well-being group around how to support colleagues when they have experienced a violent event.</p> <p>SG raised the differential Terms & Conditions for Public Health Resident Doctors and Consultants, and shared that a piece of work had previously been undertaken by NHS Employers in England, in coordination with Unite, which had focused on Agenda for Change Public Health trainees predominantly. At Staff Council it was agreed that there needed to be some further work to incorporate all of the Public Health roles which straddle both Medical and Dental and Agenda for</p>	

	<p>Change Terms & Conditions, and that legal advice was to be sought. SG confirmed that Wales representatives have asked to be party to the drafting of the legal advice due to the slightly different position in Wales whereby Public Health Consultants are largely employed by local government, whereas Resident Doctors will be employed within the NHS in Wales. SG confirmed that she intends to seek legal advice on behalf of Wales, as well as working with NL and colleagues in Public Health Wales who having been linking in with colleagues in England. Both PS and TB requested that they be included in the work on Public Health Consultants and the disparity of contracts, as they both have members who have approached them on the subject.</p> <p>DW requested that it be noted in the minutes that a number of Employer members had departed following the break for lunch and observed that all Trade Union representatives remained present. AD confirmed that Welsh Government colleagues were present, and that quorum requirements were not necessary for the afternoon's business as no decisions were to be taken, but agreed that DW's remarks should be noted. NHu highlighted that 2026 meeting dates are in diaries and hopes that every member makes the whole day a priority to attend and contribute fully.</p> <p>Welsh Partnership Forum noted the update.</p>	
13.	WPF19/11-13 Business Committee Update	Actions
	<p>There were no issues arising from the Business Committee report.</p> <p>DW raised that the deadline for the CPD scoping work and local agreement was particularly tight, and asked if the December deadline had any room for negotiation; SG agreed that the date could be changed to early January.</p> <p>Welsh Partnership Forum noted the update.</p>	
14.	WPF19/11-14 Medical and Dental Business Group	Actions
	<p>KW presented a written update following the MDBG meeting held on 7 October 2025, advising that BMA Cymru have now concluded their roadshows and webinars in advance of the forthcoming Resident Doctor Contract Reform referendum which opens on 24 November 2025, with an outcome expected around 17 December 2025. An Implementation Board is being established, to be led by GH's team at Single Lead Employer.</p> <p>KW further noted that the GP Out of Hours work is progressing on a without prejudice basis to move towards a collective agreement, subject to a mandate from employers.</p>	

	<p>Work is progressing on the Leng Review recommendations, with the initial meeting of the Welsh Advisory Group due to take place on 3 December 2025. An update on progress is expected to be available within the MDBG report at the next meeting of the WPF.</p> <p>Welsh Partnership Forum noted the update.</p>	
15.	WPF19/11-15 Previous WPF minutes and actions	Actions
	<p>The notes of the meeting held on 10 June 2025 were agreed as a correct record. Actions to be brought forward are included in the Action section of this document.</p>	
16.	WPF19/11-16 Any Other Business	Actions
	<p>There was no other business.</p>	
17.	WPF19/11-17 Date of Next Meeting	Actions
	<p>Dates of 2026 meetings</p> <p>Full Business Committee</p> <ul style="list-style-type: none"> - Tuesday 24 February 2026 - Wednesday 3 June 2026 - Tuesday 13 October 2026 <p>Full Welsh Partnership Forum</p> <ul style="list-style-type: none"> - Wednesday 18 March 2026 - Tuesday 7 July 2026 - Wednesday 18 November 2026 	

Action Log

Agenda Item	Action	Responsibility	Status	Due Date
WPF10/06-4 Leadership and Management Framework	HT to share membership of the Design and Delivery Group; all to consider nominations to join. TRo to include as a substantive item on the agenda for the March 2026 WPF.	HT TRo	Update for 18 March 2026: to be covered in agenda item 4. As the Framework has not yet been signed off by NHS England, the Design & Delivery Groups are not yet in a position to be established. It is hoped that work will commence in Q1 2026, at which point the action will become live. Completed	18 March 2026
WPF10/06-7 Value and Sustainability/Agency Update	HA to circulate Value and Sustainability Agency Update slides with revised numbers.	HA	Update 19/11/25 – HA to circulate revised slides.	18 March 2026
WPF19/11-15 NHS Staff Council Update	HA to follow up with NHu on Health & Safety, wellbeing and environmental issues arising from Staff Council meeting. TRo to include as a substantive item on the agenda for the February 2026 Full Business Committee	HA/NHu TRo	Completed Completed	24 February 2026
WPF19/11-2	HA agreed to take the question of waiting list definitions and targets	HA	Completed 9 February 2026 – Iona Collins and Jacqueline	18 March 2026

<p>Welsh Government Update</p>	<p>raised by BMA Cymru to Jacqueline Totterdell for consideration.</p> <p>TRo to ensure that an update on the Handover 45 work commissioned by the Cabinet Secretary is put forward for consideration for the March WPF agenda.</p>	<p>TRo</p>	<p>Totterdell have met and discusseddiscussed.</p> <p>Completed – Jeremy Griffith, Director of Operations, WG, will present to WPG on 18 March 2026.</p>	
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