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Health Board

PARTNERSHIP AGREEMENT

Policy and Operational Arrangements

This policy has been screened for relevance to equality. A potential negative impact has not been identified, thus a full impact assessment is not required

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Amendments made - November 2013

Part two: Operational arrangements

A change to the structure of the meetings as described in section 6.2 and 6.3 whereby two local partnership forums dealing with operational matters on a geographical basis are replaced by one Operational Partnership forum with the resulting change to membership requirements.

Amendments made – November 2020

Change of logo reference to Swansea Bay UHB throughout.

Part two: Operational arrangements

Reference to Delivery units replaced by Service Groups.

Section 6 to include reference to expectation of partnership working, at all levels.

Section 6.2.1 inclusion of aims of the Health Board Partnership Forum.

Section 12 describes two categories of union activity setting out time allowed.

Section 13 covers induction training for newly appointed representatives.

Section 14 covers branch /national activities.

Section 18 provides a process to deal with disputes over time off and facilities.

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PARTNERSHIP AGREEMENT

PART ONE - POLICY, RESPONSIBILITIES AND COMMITMENT

1. POLICY STATEMENT

This document is based on the Welsh Assembly Government Local Partnership Forum Advisory Group, Terms of Reference and Operating Arrangements, April 2010.

The Swansea Bay Local Health Board Partnership Forum (HBPF) is the formal mechanism where the Health Board and Staff Representatives¹ work together to improve health services for the community it serves. It is the forum where key stakeholders engage with each other to inform, debate and seek to agree local priorities on workforce and health services issues. The broad term used to describe this is “Partnership”. All members of the Health Board Partnership Forum are full and equal members of the forum and collectively share responsibility for the decisions made.

The Health Board aims to involve Staff Representatives in policy formulation, implementation and evaluation at a strategic level and in service decisions, problem solving, service planning, local management meetings and communications. At the earliest opportunity, the Health Board will engage with Staff Representatives in the key discussions at the LHB Board, HBPF and at Service Group level.

The HBPF will provide the formal mechanism for consultation, negotiation and communication between the staff representatives and management. The Agenda for Change, Principles of Best Practice of Partnership Working, outlined in Section 3 and those principles outlined in Appendix A, will underpin this agreement. Appendix B details the Staff Organisations that are recognised by the Health Board for the purposes of these Operating Arrangements.

2. MEANING OF PARTNERSHIP

Effective partnership is based on early engagement and developing high quality relationships between staff representatives and the health board. This high quality relationship must have commitment from both parties and be founded on mutual trust and respect. Partnership working is important because it allows those staff with knowledge of patient needs and expectations to contribute fully to the decision-making process and thereby improve services and efficiency.

¹ Where reference to Staff Representative is made, this is taken to mean a local or funded representative of a recognised Trade Union, Staff Organisation or Professional body who is an employee of the Health Board.

3. PRINCIPLES AND BEST PRACTICE OF PARTNERSHIP WORKING

The Health Board and staff representatives will aim to maximise partnership working by adhering to the Agenda for Change, Principles of Best Practice of Partnership Working set out below, and

- the TUC Six Principles of Partnership Working,
- the general principles outlined in Welsh Assembly Government Local Partnership Forum Advisory Group Terms of Reference and Operating Arrangements (both at Appendix A):

To deliver partnership working successfully it is important to develop good, formal and informal working relations that build trust and share responsibility, whilst respecting difference. To facilitate this, all parties commit to adopt the following principles in their dealings with each other:

- building trust and a mutual respect for each other’s roles and responsibilities;
- openness, honesty and transparency in communications;
- top level commitment;
- a positive and constructive approach;
- commitment to work with and learn from each other;
- early discussion of emerging issues and maintaining dialogue on policy and priorities;
- commitment to ensuring high quality outcomes;
- where appropriate, confidentiality and agreed external positions;
- making the best use of resources;
- ensuring a “no surprise” culture.

4. DEFINITIONS OF NEGOTIATION, CONSULTATION AND INFORMATION

Information	Ensuring that everyone is fully and promptly informed on all relevant matters.
Consultation	A process of dialogue that leads to a decision. This will ensure the early involvement of Unions on key issues affecting the Health Board with a meaningful opportunity to influence decisions.
Negotiation	Is a process between two or more parties seeking to agree a common ground and reach an agreement to settle a matter of mutual concern or resolve a conflict? If agreement cannot be reached after a reasonable period of time, either party may make a decision to move things forward.
Mediation	Based on the principle of collaborative problem solving, with a focus on the future and rebuilding relationships, rather than apportioning blame. This process is voluntary and any agreements come from those in dispute, not from the mediator. (ACAS)
Arbitration	Involves an impartial outsider being asked to make a decision on a dispute. This process is also voluntary and both parties agree in

advance that they will abide by the arbitrator's decision. (ACAS)

5. RESPONSIBILITIES & COMMITMENT

The following outlines the agreed responsibilities and commitment of the Health Board, staff representatives and managers in ensuring effective partnership.

5.1 The Health Board will be responsible for:

- Developing and implementing an effective two-way communication process across the Health Board on matters relating to workforce and health service issues. Communication should be open and transparent, sharing information widely with openness and honesty.
- Developing a culture where managers involve staff at all times, and as early as possible, in decision making and where staff feel able to contribute and be confident that their contribution is valued.
- Ensuring that managers are aware of and implement this agreement.
- Developing and implementing a structure that provides for staff representatives and managers to input into formulation of Health Board service plans and decisions.
- Appraise and discuss in partnership with staff representatives the financial performance of the Health Board on a regular basis.
- Work in partnership to manage change effectively and achieve long term goals.
- Ensuring it is committed to the success of the organisation with a positive and constructive approach.
- Consider national developments in NHS Wales Workforce and Organisational Strategy and the implications for the Health Board, including matters of service re-profiling.
- Ensure staff representatives are afforded reasonable paid time off to undertake their duties and activities.
- Ensure that all members of the HBPF are afforded the ability to engage with and contribute fully and in a manner that upholds the standards of good governance set for the NHS in Wales.
- Ensure adherence to the Welsh Government Local Partnership Forum Advisory Group Code of Conduct, (Appendix C).

- To develop in partnership appropriate facilities arrangements using A4C Facilities Agreement as a minimum standard
- Ensure staff are not discriminated against, or suffer any detriment, during the course of their employment for any staff representative role or activities as part of the involvement process, or for membership of a staff organisation.

5.2 Staff Representatives will be responsible for:

- Ensuring they adopt an open and participative working style.
- Using the time and resources provided appropriately and cost effectively.
- Ensuring that decisions reached in partnership are supported through implementation.
- Demonstrating joint commitment to the success of the organisation with a positive and constructive approach.
- Ensuring their representatives are elected and accredited in accordance with Trade Union constitutions.
- Ensuring reasonable notice is given of time required to support staff.
- Provision of appropriate training for representatives and members, either separately or jointly, on partnership working.
- Ensuring they are familiar with and adhere to the WG Local Partnership Forum Advisory Group Code of Conduct (Appendix C) and the following operational arrangements.
- Engaging with and contributing fully and in a manner that upholds the standards of good governance set for the NHS in Wales.

5.3 Managers will be responsible for:

- Ensuring all levels of management are familiar with agreements and arrangements relating to partnership working and staff involvement including the following operational arrangements.
- Encouraging and supporting staff to challenge and question systems of work.
- Supporting staff involvement throughout the organisation, irrespective of boundaries of profession, service and functional structure.

- The systems and process for staff involvement at both corporate and functional levels to be supportive of and supplementary to the consultation procedures in place.
- Ensuring staff have the opportunity to express their opinions and be actively involved in issues affecting them.
- Ensuring staff representatives have access to all relevant information, other than confidential information about patients or staff, to support involvement in decisions that affect working lives and the delivery of healthcare and ensuring they are involved as early as possible.
- Recognising that staff and staff representatives must have protected time away from their place of work to enable them to attend and contribute to the staff involvement process. To achieve this, managers will ensure staff are treated fairly for their Trade Union involvement and their careers are not prejudiced.
- Ensuring that at all times they adhere to the principles encompassed in the WG Local Partnership Forum Advisory Group Code of Conduct (copy attached in Appendix C).

5.4 Joint responsibilities

- Management and staff representatives, will formally and jointly review the Partnership Agreement, and the implementation of partnership working, on a three yearly basis, or more frequently if required. The revised agreement will be submitted to the full HBPF for approval.

PART TWO - OPERATIONAL ARRANGEMENTS

6. MEETING ARRANGEMENTS FOR PARTNERSHIP WORKING

The Health Board's Executive Team and the staff representatives expect to see evidence of partnership working, staff involvement, and clinical engagement at service group, ward, and department level. Examples of such evidence include attendance by accredited staff representatives at appropriate management meetings, staff representative involvement in decision-making, joint management/staff representative team briefings and joint communications.

In order to facilitate partnership working within the Health Board, the following formal meeting arrangements will be established.

6.1 HEALTH BOARD

The membership of the Health Board will include an Independent Member representing staff organisations. The Health Board has also established the Health Board Partnership Forum as an Advisory Group to the Board. The Terms of Reference and membership of the Forum are appended to the Standing Orders.

6.2 HEALTH BOARD PARTNERSHIP FORUM (HBPF)

The Health Board Partnership Forum will meet bi monthly and deal with-

- Strategic Issues
- Employment Framework (policies, and terms and conditions, excluding those which relate specifically to Medical & Dental staff)
- Modernisation and service delivery
- Issues referred from the Group Partnership Forums.
- Organisational Change
- Any employment/staff issues which have Health Board wide and /or policy implications

6.2.1 Aims of the Health Board Partnership Forum.

The Health Board Partnership Forum will:

- Establish a regular dialogue between the Health Board's managers and recognised staff organisations on matters relating to workforce issues.
- Enable managers and staff organisations to raise issues affecting the workforce
- Provide an opportunity for staff organisations and managers to contribute to service development plans at an early stage
- Consider the implications on staff of service reviews and identify and seek to agree new ways of working
- Be the appropriate Committee for the adoption of all Wales Workforce policies on behalf of the Health Board.
- Be the appropriate Committee for the approval of Swansea Bay Health Board Workforce policies.

6.2.2 Membership

Membership of the Health Board Partnership Forum will be as follows: -

- Chief Executive
- Chief Operating Officer
- Director of Finance
- Director of Nursing and Patient Experience
- Director of Workforce and OD
- Director of Strategy

- Director of Public Health
- Medical Director
- 1 x Assistant Director of Workforce
- Staff Representatives – each organisation detailed in Appendix B with up to 350 members will be allocated one seat, 1 further seat will be allocated for every additional 500 members who are employees of the Health Board, up to a maximum of 7 seats. The election process will be consistent with the arrangements set out by the Welsh Partnership Forum.
- One member of the LNC
- Staff Representative Independent Member in ex officio capacity

In attendance:

- Others from within or outside the organisation may attend by invitation as required.

Chairing of the Health Board Partnership Forum shall alternate between Management and Staff Side Chair.

6.2.3 Quorum

There must be 5 members of management and 5 staff representatives to form a quorum at the Health Board Partnership Forum. Deputies may attend where necessary to ensure that the meeting is quorate. The Chair has discretion to rule whether it is quorate and will judge whether those present are unrepresentative or if essential members are absent. If the meeting is not quorate, no decisions can be made but information may be exchanged. Where joint chairs agree, extraordinary meetings may be scheduled within 7 calendar days' notice.

6.2.4 Operating arrangements

Any staff representatives participating in the Health Board Partnership Forum must be employed by the Health Board and accredited as determined by the appropriate recognised Staff Organisations. The Staff Chair, Vice Chair and Secretary for the Health Board Partnership Forum will be elected from and by the staff representatives on the Health Board Partnership Forum on a three yearly basis unless an earlier election is required because of the retirement/resignation of an officer. Best practice requires that these three officers come from different Staff Organisations.

Any issues which have Health Board wide and/or policy implications will be referred to the Health Board Partnership Forum and to the Joint Local Negotiating Committee where Medical & Dental Staff are affected.

When it is considered appropriate, the Health Board Partnership Forum can decide to appoint a subcommittee, to hold detailed discussion on a particular issue(s).

Nominated representatives to sub committees will communicate and report regularly to the HBPF.

Each side of the Health Board Partnership Forum should appoint/elect its own Joint Secretary. The Management Side secretary will be responsible for the preparation of the agendas and minutes of the meetings held, and for obtaining the agreement of the Staff Side Chair. Staff items for the agenda must be submitted via the staff side chair. The action log shall normally be distributed 14 days after the meeting and the full minutes no later than 7 days prior to the next meeting. Items for the agenda and supporting papers should be notified to the Management Secretary as early as possible, and in the event at least 2 weeks in advance of the next meeting.

The Health Board's Executive Team and the staff representatives expect to see evidence of partnership working, staff involvement, and clinical engagement at Service Group, ward, and department level. Examples of such evidence include attendance by accredited staff representatives at appropriate management meetings, Staff representative involvement in decision making, joint management/staff representative team briefings and joint communications.

6.3 SERVICE GROUP PARTNERSHIP FORUM

There will be a Partnership Forum for each Service Group. Each of these will address any operational / service delivery matters affecting the particular Service Group.

The Service Group Partnership Forum will take place bi monthly ideally in the month preceding the Health Board Partnership Forum meeting. The agenda will be focussed on partnership working through:

- Relevant Service Group operational management issues
- Group service delivery and service modernisation and change
- Performance issues
- Service Group specific issues that have not been resolved at operational management level.

6.3.1 Aims of the Service Group Partnership forums.

The Service Group Partnership Forum will:

- Establish a regular dialogue between the Service Group managers and staff organisations on operational matters relating to the workforce that have not been resolved by discussion at local management level.
- Enable managers and staff organisations to raise operational issues affecting the workforce
- Provide an opportunity for exchange of information and views in relation to service delivery and local service modernisation and change.

6.3.2 Membership will be:

- Service Director
- Group Nurse Director
- Group Medical Director
- Group Finance Manager
- Senior Workforce Business Partner
- Other management side representatives as determined by the Service Director.
- Staff Representatives– as agreed locally but not to exceed the following formula: Each organisation detailed in Appendix B with up to 350 members within the Service Group will be allocated one seat, 1 further seat will be allocated for every additional 500 members who are employed within the Service Group up to a maximum of 7 seats. The election process will be consistent with the arrangements set out by the Welsh Partnership Forum.

Quorum: The quorum will be as agreed locally

Deputies may attend as required provided such deputies are eligible for membership of the forum.

6.3.4 Operating arrangements

Operating arrangements will mirror those of the Health Board Partnership Forum as set out in section 6.2.4 above.

Staff/employment issues relating to specific Service Groups will be addressed in the Group Partnership Forum initially but can be escalated to the Health Board Partnership Forum if not resolved.

6.4 MEDICAL AND DENTAL STAFF

The Health Board recognises that there is a requirement to meet specifically with medical and dental staff and their representatives to discuss issues which are relevant to that staff group. These discussions will be conducted through the Local Negotiating Committee (LNC). There are however, other issues which are not peculiar to medical and dental staff and which are appropriately discussed at the Health Board Partnership Forum where other staff groups are represented. To avoid the need for parallel discussions we hope that the BMA will feel able to take up their seat on the Health Board Partnership Forum.

6.5 Workforce Policy Development Group

The terms of reference for this group have been agreed and are attached at **Appendix D**

6.6 Sub group of Partnership Forum

The terms of reference for this group have been agreed and are attached at **Appendix F**

6.7 Health and Safety arrangements

Arrangements to consult with staff and safety representatives on matters of health and safety will be made in accordance with the Health Board's Health and Safety Policy.

7. RECOGNITION OF STAFF REPRESENTATIVES

The Health Board recognises, for the purpose of this guidance, that accredited representatives of all recognised organisations will be allowed reasonable time to undertake duties in relation to or in connection with staff representation.

Such duties will attract different levels of support as set out in section 12 below.

8. FACILITIES FOR STAFF REPRESENTATIVES

The Health Board will make available to staff representatives, facilities that are appropriate for them to function effectively. These should include the following: -

- Notice board facilities.
- Accommodation for meetings with individuals and meetings in either large or small groups (following appropriate notice)
- Access to a telephone and laptop/desktop PC with facilities for remote access and the internal mail system.
- Use of e-mail and internet/intranet access, following discussion and agreement with their manager and IM & T Department. Such access shall be granted in accordance with the Health Board IT Security Policies.
- Office accommodation for use by staff representatives.
- Storage and filing facilities.
- Office consumables.
- Access to photocopying and printing equipment.
- Deduction of Trade Union subscriptions through payroll.

9. ACCREDITATION OF STAFF REPRESENTATIVES

The formal accreditation of a new staff representative will be affected by: -

- An authorised full time official of the Staff Organisation concerned sending written notification to the Director of Workforce and OD, of the staff representative's name, constituency and address for correspondence on employment relations matters and contact details within the Health Board.

- The Director of Workforce and OD will acknowledge in writing to the official concerned, the Health Board recognition of the appointed staff representative.
- The Director of Workforce and OD will additionally confirm to the staff representative that notification of formal accreditation has been received and that their name has been added to a central list of all staff representatives.

The Director of Workforce and OD and the secretary of staff side will maintain a complete list of all staff representatives. Only those on the register will be recognised as properly accredited staff representatives, or who are undertaking formal training to become an accredited staff representative, will be eligible for time off facilities.

10. FUNDED STAFF REPRESENTATIVES

The Health Board will consider reasonable requests for funded arrangements provided the Staff Organisation can clearly demonstrate the organisational need, the benefits, and the anticipated costs. The relevant Staff Organisation will write to the Director of Workforce and OD to make a formal request for funded hours. Recognising that agreements will vary from case to case, the following must be included within the request: -

- The number of members in a Union.
- The number of recognised staff representatives.
- Level of funded hours and the associated costs.
- Day to day reporting arrangements.
- Duration of appointment/secondment.
- The rationale to support the level of hours requested in relation to the nature of the duties to be undertaken.
- Role specification and arrangements for termination of the agreement.
- For the duration of the secondment, the secondee's substantive post will be protected and the substantive Service Group will be reimbursed the agreed hours. The secondee will be paid at the rate of their substantive post, i.e., payment will equate to the contractual earnings the employee would otherwise have received had they been working in their substantive post.

Agreement for the secondment and any extensions, will be sought from the substantive Service Director, prior to the secondment commencing/being extended.

The funded hours will vary according to the nature of the agreement, and will specifically be set aside for representative duties.

The individual(s) will be managed, whilst in the funded staff representative role, on a day to day basis by the relevant Assistant Director of Workforce for the purposes of absence reporting, time off requests and facility time recording. A retrospective written record of facility time actually undertaken will be completed by the funded

staff representatives and given to the appropriate managers and Director Workforce and OD on a monthly basis.

An informal PADR process will be adopted whereby the Assistant Director of WF will meet with the funded representatives and will include discussion of development opportunities, support required and any general concerns. Funded representatives will be required to remain compliant with mandatory and statutory training requirements.

Performance management and objective setting will be undertaken by the Union branch.

11. LOCAL STAFF REPRESENTATIVES

Reasonable paid time will be granted to enable local staff representatives to carry out their duties concerning any appropriate matter(s) that arise(s) between employees and management. Local staff representatives are defined as staff representatives who are not in funded staff representative roles but are accredited within the Health Board.

Reasonableness can only be defined in relation to the individual circumstances and managers will need to refer to the purpose and circumstances in which paid time off is sought, together with the needs of the service in which the local staff representative is employed and the requirements of their job as an employee of the Health Board

It must also take into account other local and funded staff representatives within the same department and recognises that in larger departments this may result in the request to release a number of staff representatives at one time.

12. TIME FOR LOCAL STAFF REPRESENTATIVES UNION ACTIVITY

12. 1 Category 1 activities.

Time required for activities included within category 1 would normally be a minimum of 10% of the staff representative's normal working time to be assessed over a period not less than one month.

Where there is an ongoing consultation or any other issue, which requires increased commitment from the local staff representatives to support staff in their department, the manager will have discretion to allow more than 10% for category 1 activities until the consultation or issue is complete/resolved.

Reasonable travelling time will be allowed for staff side representatives to travel to appointments and events covered below and this will NOT count towards the 10% time allowed.

These are activities or duties directly associated with the representation of staff, individually or collectively, as follows:

- Questions and concerns associated with terms and conditions of employment, or the physical conditions in which employees are required to work.
- Engagement, non-engagement, termination, or suspension of employment or the duties of employment of one or more employee.
- Duties associated with the application of any employment policy (e.g. Managing Attendance, Disciplinary, Grievance etc.)
- Allocation of work or the duties of employment between employees or groups of employees.
- Recruitment of Trade Union members.
- Time during working hours to undergo training relevant to the carrying out of their staff representation duties. (see section 13 regarding newly appointed representatives)

12.2 Category 2 activities.

This category includes duties associated with wider Health Board business with implications for staff/employment. Reasonable agreed paid time will be allowed for such duties as set out below **in addition** to the normal 10% allowance above.

- Machinery for negotiation or consultation and other procedures. Where an unfunded representative is required to attend meetings associated with all Wales or Health Board wide strategic issues.
- Appearing as a witness, before agreed outside appeal bodies or Employment Tribunals.
- Attendance at annual conferences or regional union meetings. This will be as agreed in advance and will depend on the particular circumstances of each case.
- Attendance at Job Matching and Consistency Panels
- Attendance at Service Group or Health Board Partnership Forum.
- Attendance at the request of management to attend any other health board wide forum or working group where it is not possible or appropriate for these to be covered by representatives with paid hours available to them.

12.3 Requesting Time.

Paid time for duties in categories 1 and 2 above will normally be granted, subject to:

- The provision of reasonable notice by the local staff representative of the request for time off. This is to allow sufficient time to make alternative arrangements for their work (usually by re-direction of the work or provision of cover).
- The provision by the local staff representative of sufficient information to enable the manager to make a decision. This information should include the nature of the business, intended location and expected period away from duty together with any foreseeable implications on the provision of services resulting from their departure from duties.
- The overriding operational requirements of the Health Board to meet its obligations to patients and the public.

Both the manager and local staff representative should keep a record of requested and actual time taken.

The relevant Staff Organisation should reimburse the individual for travel in relation to duties within category 1 and for initial training and attendance at Union conferences.

The Health Board should reimburse the individual for duties within category 2 through SEL expenses.

If a local staff representative undertakes union duties when they are not required to be at work, time so spent will not attract payment. Exceptions will be made in the case of duties related to meetings requested and arranged by managers, where a deputy is not available, and where the manager's agreement is given in advance to time off in lieu in respect of those duties.

The local staff representative must give adequate notice in order for the manager to plan cover. A local staff representative should not leave the job without permission. Such permission will not be unreasonably withheld by the manager, who additionally, should not use the requirements of the service merely as a device for restricting representatives in performing their recognised duties and activities. However, the manager must also take into consideration other requests for time by other staff representatives, local or funded, within the same department/area.

The primary function of the Health Board is to provide and maintain healthcare services. This obligation must not be hindered or adversely affected by the granting of time off. Local staff representatives employed part time or on shift work, face particular problems of effective representation and communication, and in such cases may request to adjust or rearrange their work commitments accordingly. Such variations are expected to be infrequent and shall be at the discretion of the manager and always subject to the exigencies of the service.

Meetings between local staff representatives and their members may be held on the Health Board premises outside working hours (defined as outside normal office

hours) and there shall be no restriction on the frequency or duration of such meetings. Local staff representative meetings may be held on Health Board premises within working hours provided that prior consent for such meetings shall be obtained from the appropriate line manager and will not be unreasonably withheld. Where there is any disagreement in relation to the granting of consent to hold such a meeting, this should be escalated as set out in section 18 below.

13. INDUCTION TRAINING FOR NEWLY APPOINTED REPRESENTATIVES

Initial induction training for newly appointed staff reps will be in line with the requirements of the specific staff organisation. It will be in addition to time allowed for attendance duties within categories 1 and 2 above.

14. BRANCH /NATIONAL ACTIVITIES

Paid time will not be granted for duties associated with the internal running or organisation of the Union, although unpaid time will not be unreasonably refused.

Regional or national appointments to Union positions, not directly associated with the staff employed within Swansea Bay UHB, must be discussed and agreed with the line manager before being accepted.

Such duties will not automatically attract paid time. However, the health board recognises the value these opportunities can bring to partnership working in the round so will be open to discussing supporting such roles in part or in total. When contemplating undertaking such roles, in the first instance staff should discuss this with their line manager and together they should consider the time required and the likely impact this will have on their work attendance and the needs of the service. Where agreement has been reached, this should be recorded formally by the full partnership forum and a formal record of the agreement minuted.

15. HEALTH AND SAFETY REPRESENTATIVES

The appointment of safety representatives will be encouraged to represent employee interests on health and safety matters, in accordance with the Safety Representative's and Safety Committee's Regulations 1977, and the Health and Safety Consultation with Employee's Regulations 1996. Time off with pay is granted in line with section 6.8 of the Health and Safety Policy.

16. LEARNING REPRESENTATIVES

In accordance with the intentions of the Employment Bill 2002, the Health Board will also recognise the right to time off for Trade Union Learning Representatives, and will encourage the development of these roles. Such time must be agreed with the relevant manager in advance.

17. ARRANGEMENTS FOR PROFESSIONAL/REGIONAL OFFICERS OF RECOGNISED STAFF ORGANISATIONS

Paid officers of recognised Staff Organisations visiting Health Board premises shall be granted reasonable access to the workplace for the purpose of exercising their functions.

The Health Board recognises the right of staff representatives listed in **Appendix B** to represent the interests of all of any of its members and to call in Staff Organisation officials who are not employees of the Health Board wherever this is considered appropriate. Staff Organisation officials will be allowed to attend the Health Board Partnership Forum with prior agreement and reasonable notice.

18. DISPUTES OVER TIME OFF AND FACILITIES

Any conflict or disagreement over any matter relating to the application or interpretation of this policy shall be dealt with in the first instance by discussion with the appropriate representative of the staff side organisation affected with the Assistant Director Workforce (Policy and Systems), or one of the other ADs within workforce in their absence.

Where no agreement can be reached, then the matter would be escalated to the Director of Workforce and OD.

Where it is still not able to be resolved, it will then be dealt with through the Grievance Procedure.

19. GOVERNANCE

It is expected that accredited staff representatives, both funded and unfunded, in carrying out their functions, will do so responsibly and with due regard to their obligations as employees of the Health Board.

The Health Board reserves the right to withdraw the recognition of a person as an accredited staff Representative. This will only be done after the full time officer has had input and appropriate warnings have been issued to the effect that the Staff Representative has placed their recognition at risk by their actions.

No disciplinary action shall be taken against an accredited staff representative until a full time officer of the Staff Organisation concerned has been informed of the circumstances of the case. In the event of any disciplinary action being taken, Staff Representatives are entitled to be represented by their full time officer.

No staff representative shall be dismissed or subjected to any disciplinary action for carrying out their duties in accordance with this agreement, or for any omission in the performance of their normal job whilst absent from work with permission from management.

APPENDIX A

TUC Six Principles of Partnership Working

- A shared commitment to the success of the Health Board.
- A focus on the quality of working life.
- Recognition of the legitimate roles of the Health Board and Staff Representatives.
- A commitment by the Health Board to employment security.
- Openness on both sides and willingness by the Health Board to share information and discuss the future plans for the Health Board.
- Adding value – a shared understanding that the partnership is delivering measurable improvements for the Health Board, Staff Representatives and employees.

WG Local Partnership Forum Advisory Group – General Principles

The principles of true partnership working between staff organisations and Management are as follows:

- Staff organisations and management show joint commitment to the success of the organisation with a positive and constructive approach
- They recognise the legitimacy of other partners and their interests and treat all parties with trust and mutual respect
- They demonstrate commitment to employment security for workers and flexible ways of working
- They share success – rewards must be felt to be fair

- They practice open and transparent communication – sharing information widely with openness, honesty and transparency
- They must bring effective representation of the views and interests of the workforce
- They must demonstrate a commitment to work with and learn from each other

APPENDIX B

STAFF ORGANISATIONS RECOGNISED BY SWANSEA BAY UNIVERSITY LOCAL HEALTH BOARD FOR THE PURPOSES OF COLLECTIVE BARGAINING

British Association of Occupational Therapists (BAOT)

British Dental Association (BDA)

British Dietetic Association

British Medical Association (BMA)

British Orthoptic Society

Chartered Society of Physiotherapists (CSP)

Federation of Clinical Scientists

General Municipal, Boilermakers and Allied Trade Union

Royal College of Midwives (RCM)

Royal College of Nursing (RCN)

Society of Radiographers

UNISON

UNITE

Society of Chiropodists and Podiatrists

NOTE: Representatives of other Staff Organisations not listed above can be Co-opted dependant upon the agenda.

APPENDIX C

WG Local Partnership Forum Advisory Group Code of Conduct

A code of conduct for meetings sets ground rules for all participants:

- Respect the meeting start time and arrive punctually
- Attend the meeting well-prepared, willing to contribute and with a positive attitude
- Listen actively. Allow others to explain or clarify when necessary
- Observe the requirement that only one person speaks at a time
- Avoid 'put downs' of views or points made by colleagues
- Respect a colleague's point of view
- Avoid using negative behaviours e.g. sarcasm, point-scoring, personalisation
- Try not to react negatively to criticism or take as a personal slight
- Put forward criticism in a positive way
- Be mindful that decisions have to be made and it is not possible to accommodate all individual views

- No 'side-meetings' to take place
- Respect the Chair
- Failure to adhere to the Code of Conduct may result in the suspension or removal of the member.

APPENDIX D

SWANSEA BAY UNIVERSITY HEALTH BOARD

WORKFORCE POLICY DEVELOPMENT GROUP TERMS OF REFERENCE

Aims of the Group: -

- To ensure all Health Board Policies are developed to meet the strategic intent of the Health Board and in line with the Board's Policy on Policies.
- To ensure that Workforce staff, operational managers and staff representatives have an opportunity to contribute to the development of policies.
- To ensure that there is consistent implementation of All Wales policies across the Health Board.

Tasks: -

- To develop policies which comply with legislation and best practice, are operationally viable and support managers in the provision of good people management practices.
- To involve service managers in the development of policies to ensure consistency and operational viability across the Health Board.
- To ensure full consultation is undertaken on each policy as it is developed with Staff Representatives including a representative of the LNC.

- To ensure a satisfactory Equality Impact Assessment is undertaken on each policy as it is developed/reviewed.
- To submit new/reviewed Health Board Workforce policies to the Partnership Forum for approval.
- To submit new /reviewed Health Board Workforce policies to the Changing for the Better Delivery Board for endorsement prior to implementation.

Scope of Responsibility: -

- To work in partnership with managers and staff representatives to develop all Workforce Policies.
- To engage in discussion and debate on other policies that are brought to the group, where these have an impact on an individual's Employment/Terms & Conditions of Service.
- To develop implementation advice on All Wales policies where necessary
- To comment on all Wales Policies as appropriate

Membership: -

- Assistant Workforce Manager– Chair
- 2 Senior workforce managers or (deputies)
- Representatives from service management (including acute services, mental health, learning disabilities, estates, facilities)
- Equality Manager
- 8 Staff representatives (as agreed by Partnership Forum) *
- BMA staff representative.

In addition, the following may attend as required and agreed by the chair.

- Author/proposer of policy
- Other manager or staff representative for specific items

Quorum: -

8 members including 2 members of the Partnership Forum

Servicing Officer: -

Workforce Manager (Policy Development and Compliance)

Meetings: -

6 weekly unless an urgent matter arises for which an emergency meeting will be convened

*Where reference to staff representatives is made, this is taken to mean a local representative of a recognised Trade Union, Staff Organisation or Professional body who is an employee of the Health Board not acting in a legal capacity.

Appendix E

**SWANSEA BAY UNIVERSITY HEALTH BOARD
TIME OFF FOR STAFF REPRESENTATIVE DUTIES AND ACTIVITIES**

NAME

DEPARTMENT

STAFF ORGANISATION

DATE ACCREDITED BY THE HEALTH BOARD

Date (request made)	Date (of activity/duty)	Number of Days Requested	Nature of Business	Authorised (please note reasons for non-authorisation)

TO BE RETURNED TO HEAD OF DEPARTMENT FOR EACH APPLICATION

APPENDIX F

**SWANSEA BAY UNIVERSITY HEALTH BOARD
SUBGROUP OF HEALTH BOARD PARTNERSHIP FORUM**

TERMS OF REFERENCE

Context

The Government’s Strategy “Together for Health” sets out a compelling vision for the future of Health & Social Care provision in Wales. The vision challenges fundamentally the way we provide services and how we organise resources to deliver the high standard of care our patients deserve.

The state of the economy and of public finances means that we need to achieve unprecedented levels of efficiency savings. We also have to meet the growing demands of an ageing population.

This service and financial challenge requires us to develop integrated workforce plans and effective employment practices to ensure that appropriately qualified and experienced staff are available at the right time and in the right place to provide the highest standards of care to our patients, reflecting the values of the health board: working together, caring for each other and always improving.

Aims of Group

Set against the overall objective to deliver the highest standards of care for our patients, the group will at all times ensure that the contribution of all staff is valued and that they are treated fairly and in line with our values and will prioritise the aim of protecting the employment of our substantive staff wherever possible. The group will work together on workforce issues, which may affect staff as a result of the financial and change agendas.

The group aims to provide a swift and effective conduit for informal and formal communication, in order to enable engagement and consultation with Staff Side representatives at the earliest possible point to support a speedy resolution of workforce issues across a broad range of subject areas.

The group will consider and discuss key issues relating to workforce to allow the Health Board to meet its challenges as they apply to:

- Welsh Government and Local policy development and implementation
- Service changes - specifically consultation processes, both corporate and service led on changes that affect staff
- Financial matters.
- Protocols, schemes and staff/management guidance.
- Terms and conditions of service / local working practices.
- The development and implementation of the integrated service/workforce /financial plan.
- Health Board or all Wales strategic issues.

Scope of Responsibility

- To represent the Partnership Forum as the consultation body for protocols, procedures and guidelines, and to advise on the appropriate consultation mechanism to allow for matters to be addressed quickly and effectively.
- To report to the Partnership Forum on issues where agreement has been reached by the Subgroup.
- To refer to the full Partnership Forum issues as considered appropriate
- To act on behalf of the Partnership forum to adopt All Wales Workforce Policies and approve Swansea Bay UHB Workforce Policies, as necessary to avoid unnecessary delays in implementation.

Membership

- Assistant Director of Workforce and OD x 3
- Service Managers and other professional Heads of Service as required dependent on the agenda
- Funded Staff representatives of RCN, UNITE and UNISON
- BMA representative (should they wish to attend)

Nominated representatives may deputise as required.

Quorum

One staff side representative from each of the three main unions (i.e. RCN, UNITE, UNISON), and two workforce representatives.

Servicing Officer

HR Manager (Policy Development and Compliance)

Meetings

Weekly or as required

From: SBU Inquiries

Sent: 20 November 2020 08:56

To: Adel Davies (Swansea Bay UHB - Trauma, Orthopaedics and Spinal) <Adel.Davies@wales.nhs.uk>; Alison Clarke (Swansea Bay UHB - Therapies And Health Sciences) <Alison.Clarke@wales.nhs.uk>; Amanda Smith (Swansea Bay UHB - Postgraduate Centre) <Amanda.Smith5@wales.nhs.uk>; Bellina Jenkins (Swansea Bay UHB - Children's Services) <Bellina.Jenkins@wales.nhs.uk>; Brian Owens (Swansea Bay UHB - Primary, Community Services & Therapies) <Brian.Owens@wales.nhs.uk>; Cathy Dowling (Swansea Bay UHB - Corporate Nursing) <Cathy.Dowling2@wales.nhs.uk>; Ceri Matthews (Swansea Bay UHB - Clinical support services) <Ceri.Matthews@wales.nhs.uk>; Chris White (Swansea Bay UHB - Execs) <Chris.White2@wales.nhs.uk>; Christine Morrell (Swansea Bay UHB - Therapies And Health Sciences) <Christine.Morrell@wales.nhs.uk>; Christine Williams (Swansea Bay UHB - Nursing Divison) <christine.williams20@wales.nhs.uk>; Craige Wilson (Swansea Bay UHB - Corporate) <Craige.Wilson@wales.nhs.uk>; Darren Griffiths (Swansea Bay UHB - Corporate) <Darren.Griffiths@wales.nhs.uk>; David Murphy (CTM UHB - Deputy Head of Health and Safety) <David.Murphy3@wales.nhs.uk>; David Roberts (Swansea Bay UHB - Mental Health & Learning Disabilities) <David.Roberts2@wales.nhs.uk>; Deb Lewis (Swansea Bay UHB - Morriston Hospital) <Deb.Lewis@wales.nhs.uk>; Debbie Bennion (CTM UHB - Deputy Executive Nurse Director) <Debbie.Bennion@wales.nhs.uk>; Des Keighan (Swansea Bay UHB - Estates) <Des.Keighan@wales.nhs.uk>; Dougie Russell (Swansea Bay UHB - Musculo Skeletal) <Dougie.Russell@wales.nhs.uk>; Elizabeth Stauber (Swansea Bay UHB - Corporate Services) <Elizabeth.Stauber@wales.nhs.uk>; Eve Jeffery (Swansea Bay UHB - Medicine & Unscheduled Care) <Eve.Jeffery@wales.nhs.uk>; Gemma Otter (Swansea Bay UHB - Anaesthetic) <Gemma.Otter@wales.nhs.uk>; Helenna Jarvis-Jones (Swansea Bay UHB - Medicine Directorate, Morriston Hospital) <Helenna.Jarvis-Jones@wales.nhs.uk>; Hilary Dover (Swansea Bay UHB - Primary and Community Services) <Hilary.Dover@wales.nhs.uk>; Jan Worthing (Swansea Bay UHB - Singleton Hospital) <Jan.Worthing@wales.nhs.uk>; Janet Williams (Swansea Bay UHB - Mental Health & Learning Disabilities) <Janet.Williams4@wales.nhs.uk>; Joanne Jones (Swansea Bay UHB - Management) <Joanne.Jones12@wales.nhs.uk>; Kathryn Jones (Swansea Bay UHB - Workforce and OD) <Kathryn.Jones25@wales.nhs.uk>; Keith Reid (Swansea Bay UHB - Deputy Executive Director PHW) <Keith.Reid@wales.nhs.uk>; Kim Clee (Swansea Bay UHB - Workforce) <Kim.Clee@wales.nhs.uk>; Lesley Jenkins (Swansea Bay UHB - Nursing) <Lesley.Jenkins@wales.nhs.uk>; Linda Bevan (Swansea Bay UHB - Morriston Managed Unit) <Linda.Bevan@wales.nhs.uk>; Malcolm Thomas (ABM ULHB - Women and Child Health) <Malcolm.M.Thomas@wales.nhs.uk>; Martin Bevan (Swansea Bay UHB - Neath Port Talbot Locality) <Martin.Bevan@wales.nhs.uk>; Matt John (Swansea Bay UHB - Digital) <Matt.DMJ.John@wales.nhs.uk>; Neil Miles (Swansea Bay UHB - Specilaist Surgical Services) <Neil.Miles@wales.nhs.uk>; Pamela Wenger (Swansea Bay UHB - Corporate Governance) <Pamela.Wenger@wales.nhs.uk>; Rhian Thomas (Swansea Bay UHB - Estates) <rhian.thomas1@wales.nhs.uk>; Richard Evans (Swansea Bay UHB - Medicine) <Richard.Evans9@wales.nhs.uk>; Sian Harrop-Griffiths (Swansea Bay UHB - Strategy) <Sian.Harrop-Griffiths@wales.nhs.uk>;

Silvana Gad (Swansea Bay UHB - Primary & community Services Delivery Un) <Silvana.Gad@wales.nhs.uk>; Simon Davies (Swansea Bay UHB - Capital Planning) <Simon.Davies4@wales.nhs.uk>; Susan Bailey (Swansea Bay UHB - Communications) <Susan.Bailey@wales.nhs.uk>; Suzanne Holloway (Swansea Bay UHB - Morriston Unit) <Suzanne.Holloway@wales.nhs.uk>; Tracy Myhill (Swansea Bay UHB - Corporate) <Tracy.Myhill@wales.nhs.uk>; Victoria Gibbs (Swansea Bay UHB - Surgical Service Group) <Victoria.Gibbs@wales.nhs.uk>
Cc: Catrin Evans (Swansea Bay UHB - Strategy) <Catrin.A.Evans@wales.nhs.uk>; Clare Dauncey (Swansea Bay UHB - Human Resources) <Clare.Dauncey@wales.nhs.uk>; Ebony Smith (Swansea Bay UHB - Corporate Services) <Ebony.Smith@wales.nhs.uk>; Francesca Proietti (Swansea Bay UHB - Informatics Directorate) <Francesca.Proietti@wales.nhs.uk>; Jillian Rix (Swansea Bay UHB - Chair Chief Execs Office) <Jillian.Rix@wales.nhs.uk>; Kirsty Joseph (Swansea Bay UHB - Corporate Services) <Kirsty.Joseph@wales.nhs.uk>; Linda Smith (Swansea Bay UHB - Nursing Divison) <Linda.Smith@wales.nhs.uk>; Paula Picton (Swansea Bay UHB - Strategy) <Paula.Picton@wales.nhs.uk>; Sally Anne Jones (Swansea Bay UHB - Executive Medical Directors Dept) <Sallyanne.Jones@wales.nhs.uk>; Sonja Anderson (Swansea Bay UHB - Finance) <Sonja.Anderson@wales.nhs.uk>
Subject: Policies

I write to advise that the following policies have been updated and added to the Corporate Policies database:

- Safer Medical Sharps Policy
- Partnership Working Agreement

The policies are available to view via the [corporate policy database](#)

Gwasanaethau Corfforaethol / Corporate Services
Bwrdd Iechyd Prifysgol Bae Abertawe/ Swansea Bay University Health Board
Pencadlys / Headquarters
Un Porthfa Talbot/ One Talbot Gateway, Baglan, Port Talbot, SA12 7BR

Bwrdd Iechyd Prifysgol Bae Abertawe yw enw gweithredu Bwrdd Iechyd Lleol Prifysgol Bae Abertawe

Swansea Bay University Health Board is the operational name of Swansea Bay University Local Health Board