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23rd April 2021

Draft Social Partnership and Public Procurement (Wales) Bill

Introduction

BMA Cymru Wales is pleased to provide a response to the consultation by the Welsh Government on the draft Social Partnership and Public Procurement (Wales) Bill.

The BMA is a professional association and trade union representing and negotiating on behalf of all doctors and medical students in the UK. It is a leading voice advocating for outstanding health care and a healthy population. It is an association providing members with excellent individual services and support throughout their lives.

Response

BMA Cymru Wales previously submitted a response to the Social partnership paper in January 2020 ([attached as Annex A](#)). The observations made in this submission should be taken in that context.

In the Association's dual roles as a trade union and professional body, most of our work with stakeholders such as the Welsh Government and NHS Wales is already conducted according to the ethos of social partnership within formalised arrangements. In late 2019, BMA Cymru Wales re-entered the NHS Wales Partnership Forum with the establishment of the Medical and Dental Business Group. In primary care, the Welsh General Practitioners Committee (GPC Wales) meets Welsh Government officials and Health Board primary care leads on a regular basis as part of GP Forum, and since 2017 the annual GMS contract negotiations have formally taken place on a tripartite basis.

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Registered office: BMA House, Tavistock Square, London, WC1H 9JP.
Listed as a Trade Union under the Trade Union and Labour Relations Act 1974.



Why the Bill is Required

Q1: Do you agree with the reasons set out regarding the need for the Bill? Do you have any comments concerning the case for change?

The case for change section describes the Welsh Government's aspiration to have a strong, resilient and diverse economy and society in Wales, noting that while there is world-class expertise across many sectors in Wales, there are serious socio-economic challenges which have persisted for some time and been exacerbated by the COVID-19 pandemic. This includes the wide-ranging impacts of deindustrialisation, job insecurity, in-work poverty, accelerated technological change and an ageing population. Already socially disadvantaged areas have been disproportionately impacted by Covid-19: for instance Rhondda Cynon Taf is the upper tier local authority with the highest death rate in the UKⁱ, and also one of only two areas of Wales with more than thirty people unemployed and claiming benefits per vacant job available after the pandemic had hit.

We would agree that working in partnership with trade unions, in the current difficult and uncertain circumstances and beyond, is the best way to tackle these issues for the benefit of members and the wider population of Wales.

As an association BMA Cymru Wales has long-standing social partnership arrangements in place with Welsh Government and NHS organisations in Wales, with the terms of reference and method of engagement varying depending on local circumstance and the issues of concern. As of 2019 we have re-entered the NHS Wales partnership forum; at a local level our local negotiating committees (LNCs) have long standing arrangements in place with their respective health board. We also engage with Welsh Government primary care officials and health board leads regularly as part of GP Forum, and have a system of regular engagements with Healthcare Education and Improvement Wales (HEIW) and Wales' medical schools to discuss medical education and training.

The case for change sets out a position that not having a unified model of social partnership in Wales and "*a lack of uniformity in approach*" is a situation that needs addressing through legislation. We are not wholly convinced that this is required, at least within the NHS. As noted, we have several different models and routes of partnership working across the NHS and with government which have operated successfully for a number of years, although this is perhaps enabled by the representative and democratic structures of the Association. We therefore do not object to greater consistency across all sectors in applying the social partnership principles as contained within the bill, but would not wish to see existing functioning structures constrained by any provisions.

We agree with the principles of fair work as outlined in the Fair Work Frameworkⁱⁱ, namely "*effective voice, opportunity, security, fulfilment and respect*". These values reflect the core ethos of the BMA as a professional body and trade union, as attested to by our long-standing advocacy and support for medical engagementⁱⁱⁱ. Aside from the wider socio-economic benefits of having an engaged, secure workforce, there is also clear evidence of the direct relationship between engagement and clinical

performance^{iv} within the NHS. As we begin to enter the next phase of the COVID-19 pandemic, with tentative plans for recovery, proper engagement with the workforce is more important now than ever given the immense collective effort of the past year. In relation to employment law, there are limits within what can be achieved within the current devolution settlement, but we commend the Welsh Government for exploring measures to embed this commitment in legislation.

The BMA has long advocated for socially responsible procurement^v in the health sector, and we agree with the need to take forward this agenda in the Welsh context.

Social partnership

Q2: What is your view on the social partnership duty set out in the draft Bill?

The duty of social partnership as expressed within the draft bill – namely that bodies must engage with recognised trade unions early in any decision-making process and to seek compromise and consensus - is in our opinion appropriate. However, this desire to achieve goals through mutual co-operation cannot in any way constrain the rights and responsibilities of independent trade unions (under the Trade Union and Labour Relations (Consolidation) Act 1992) should it not be possible to achieve consensus and compromise in relation to an issue.

The proposal to require an annual social partnership report from each body subject to the duty is in theory a reasonable requirement. However, the consultation document suggests that the public body would agree this report with the ‘recognised trade union(s)’ prior to submission. This could prove extremely complex in terms of the NHS at a regional level and nationally, due to the numbers of trade unions involved each with their own individual interactions with the ‘public body’, and indeed their own interpretations as to whether actions were conducted in social partnership. This could be channelled through the NHS Partnership Forum and local equivalents, but nevertheless remains potentially complex.

Q3: What is your view on the social partnership principles listed and defined in the table in this section?

The social partnership principles as defined within the consultation document are *co-operation; respect; trust; voice and participation; and mutual gains*. We consider that these foundational principles are appropriate, and our existing social partnership work across the NHS is conducted according to this spirit.

Q4: What is your view on the list of bodies that are subject to the social partnership duty in the draft Bill? Should the list of bodies be wider than those subject to the well-being duty in the Well-being of Future Generations (Wales) Act 2015?

We understand that the bodies subject to the duty are those described in section 6 of the Wellbeing of Future Generations Act 2015. We consider that this scope needs widening to accommodate relevant health & care bodies that were not in existence at

the time of the Act's passing, for example, Healthcare Education and Improvement Wales (HEIW); but also those bodies that were excluded from the Act such as the Welsh Ambulance Services NHS Trust.

Fair Work

Q5: What is your view on the proposed duties on Welsh Ministers concerning fair work objectives?

BMA Cymru Wales supports the principle of 'fair work' and broadly welcomes efforts to strengthen this concept through legislation. In working in social partnership with organisations and furthering the principle of 'fair work', we have:

- Ensured the adoption by Health Boards of the Fatigue and Facilities Charter which will enhance the working conditions of trainee doctors studying and working in Wales
- Provided security to Welsh GPs by making the successful case for state-backed clinical indemnity from April 2019, achieving equity with colleagues in secondary care
- Agreed the SAS Charter to support and develop this highly valued and vital part of the NHS workforce
- Negotiated an uplift for non-medically trained GP practice staff which mirrored the DDRB recommended pay uplift

With this in mind, the proposed duties on Welsh Ministers concerning fair work objectives seem appropriate. In setting the fair work goal, we welcome the Welsh Government's consideration of the definition set out in [Fair Work Wales^{vi}](#) and endorse the report's recommendation that objectives to attain this goal must be developed through engagement with social partners and wider stakeholders to identify what is appropriate and achievable in different contexts. This must therefore include engagement with relevant health unions, including BMA Cymru Wales, regardless of membership of the Social Partnership Council.

Q6: What is your view on key challenges and priority areas for pursuing and promoting fair work?

Ensuring that public sector bodies responsible for delivering on the fair work principle are appropriately resourced to do so is likely to be a significant challenge. This will particularly be the case in sectors, such as social care, where there are existing challenges with low pay which require significant government investment to remedy.

Similarly, the impact of COVID 19 is likely to offer a further challenge for pursuing and promoting fair work. In looking to recover from the effects of the pandemic, there are increasing pressures on the health workforce to make up for delays to treatment and resume as much pre-pandemic activity as possible. Yet at the same time, the pandemic

has led to high numbers of doctors reporting increased feelings of depression, anxiety, stress, burnout, emotional distress or other mental health conditions relating to their work or study. These conflicting pressures, set out in the BMA's *Rest, recover, restore: Getting UK health services back on track* report^{vii}, are unsustainable and present a key challenge to achieving fair work without further intervention. Welsh Government, Local Health Boards and other public bodies must work with doctors and trade unions like BMA Cymru Wales to ensure a sustainable COVID 19 recovery delivers on the fair work principle.

There are instances, however, where the pandemic has led to better, more efficient working practices, with clinicians given more freedom to work in new ways. This has led to temporary contractual agreements being put in place, for example, in general practice, which brought forward a light touch, high trust ethos. These offer the opportunity to reflect on the need for overly bureaucratic or onerous requirements in future and represent, in our view, possible priority areas for pursuing opportunities to promote fair work practices moving forward.

Q7: Do you have a view on how to frame a legal definition of fair work which meets the limits of our legislative competence and progresses our ambitions for a 'Fair Work Wales'?

From a health service perspective, the Welsh Government is able to define and implement fair work practices that are within its competence given its responsibility for the provision of health services in Wales.

We note the intention to develop a consistent definition of fair work across all sectors and agree that in realising the intentions of this legislation, this approach will be helpful. As a result of this, no clear definition of fair work has been given, further than that offered in the Fair Work Wales report. It would therefore be helpful to have future opportunities to comment on the definition of fair work once agreed, to fully understand its wider implications.

Q8: In addition to what is set out in the draft Bill, what other levers could be used by Welsh Ministers to promote and achieve fair work?

One of the key characteristics of fair work, as described in the Fair Work Wales report, is 'employee voice'. More specifically, the report suggests a fair work employer would ensure:

Arrangements are in place for employees to be involved in how their work is carried out and have the opportunity to express their views and be heard on matters directly affecting them

Yet, engagement with medical, clinical and wider staff within the NHS is generally poor. In 2016 the NHS in Wales undertook a Medical Engagement Scale survey to gain an understanding of the situation and to develop a baseline of data for future work. The survey found wide variation of engagement across organisations and branches of practice, but overall poor levels of engagement within the NHS in Wales.^{viii}

It is essential that engagement within the NHS is improved if it is to successfully address the challenges it currently faces from changing and increasing demand. Good engagement not only improves organisational performance and reduces risks for patients, it has a direct and positive effect on the workforce as well. It improves job satisfaction and reduces the risk of burnout.^{ix}

As such, to achieve fair work within the Welsh NHS, it is important that staff feel heard and valued. The BMA has developed ten principlesⁱⁱⁱ which form the foundation of what good medical engagement should look like. We would like to see these embedded and acted upon, alongside regular monitoring, to ensure that employee voice is at the heart of the service.

Socially responsible public procurement

Q9: What are your overall views concerning the provisions and thresholds set out regarding the socially responsible procurement duties, including the categories listed within the social public works clauses?

The BMA has long campaigned for fair medical trade and ethical procurement across the healthcare industry. The provision of healthcare goods and services is big business. The NHS spends in excess of £40 billion across the UK on the procurement of goods and services every year.

Ethical and socially responsible procurement is important for the NHS for many reasons, including:

- **Stakeholder expectations:** There is a risk to the reputation of the NHS if these labour standards abuses are exposed. Maintaining the trust and confidence of members of the community served by a health and social care organisation is of paramount importance. While many factors contribute to patient and public perceptions, it is important that health and social care organisations strive to maintain standards in line with the expectations and values of their communities.
- **Security of supply:** Ethical procurement helps to maintain a robust supply chain, reducing disruption in supply and inefficiency in the procurement process. Risks of unethical procurement include having to identify alternative suppliers at short notice and contract severance and retendering.
- **Quality:** There is, commonly, a link between poor labour standards and poor quality of goods and services, for example, because of the relationship between poor conditions of employment and the ability or motivation of an employee to maintain required quality standards.

BMA Cymru Wales therefore broadly welcomes the provisions which intend to improve standards and practices throughout the supply chain, whilst contributing to the wider societal good in Wales.

The categories listed within the social public works clauses strengthen rights to trade union representation, as well as seek to provide employment and training opportunities to those often excluded from the workforce and are therefore to be supported.

The thresholds set out to focus appropriately on larger procurement activity, which is important. These thresholds should be under regular review to ensure that as much procurement activity as possible is done in a socially responsible way, without having a disproportionately negative impact on smaller contracting authorities or projects.

Q10: What is your view on other potential measures outside of those outlined that could be taken in pursuit of ensuring socially responsible public procurement?

Alongside the guidance and duties set out by the Bill to encourage socially responsible procurement, the BMA has produced the [Ethical Procurement for Health Workbook^v](#), which offers practical guidance for organisations in the health and social care sector to embed labour standards considerations into procurement and supplier management activities.

We encourage contracting authorities in the health sector to use this workbook as a resource to support their procurement arrangements and to ensure that their activity is considering fair work and standards as part of their activity.

BMA Cymru Wales supports the development and publication of more specific guidance for the Welsh health sector alongside the implementation of this proposed legislation, helping contracting authorities to fulfil their duties and improve their procurement practices.

Q11: What is your view on the table of contracting authorities above concerning the socially responsible procurement and social public workforce (Two-tier Code) duties?

We support the intention behind the socially responsible procurement duties, and the expectation that contracting authorities should seek to improve the social, economic, environmental, and cultural well-being of their areas by carrying out public procurement in a socially responsible way. Where the draft Bill seeks to impose additional duties on the NHS and other public bodies to set and publish objectives designed to achieve the socially responsible procurement goals, and report on progress, it's important that this is proportionate and supported by additional funding as needed.

We welcome the intention to streamline the reporting on these duties with those required under the Well-being of Future Generations Act, however fulfilling these duties will inevitably require additional resource and it's important that these aren't diverted from the provision of front-line services.

Health Boards and Trusts in Wales, by direction, are already under an obligation to have regard to the social public workforce duty and placing this on a statutory basis for other contracting authorities is reasonable.

Q12: Should the current list of contracting authorities included within the Two-tier Workforce Code be retained or should this be brought in line with the rest of the procurement duties? Should any additional changes be made to the way in which the Code operates?

It may be preferable to ensure that there is consistency, where possible, across the proposals contained in the Bill and existing duties such as those set out in the Two-tier Workforce Code. This will ensure that expectations are clearly understood and implemented as effectively as possible.

Q13: How can greater due diligence be achieved in construction supply chain management whilst keeping costs to a minimum, especially for smaller contractors in supply chains?

We don't take a view on this aspect of the procurement proposals

Q14: What are your views on a potential future expansion of the contract management duty regarding the application, maintenance and monitoring through the supply chain of socially responsible clauses to other sectors beyond construction (for example, social care)?

The expansion of duties beyond the construction industry to improve socially responsible procurement across other sectors is to be broadly welcomed. In practice, this is likely to require examination on a sector by sector basis. For example, social care is referenced in the consultation document as a possible sector to which these duties could be extended, but significant changes in this area may have implications on the cost and availability of quality and sustainable social care. This would need careful examination as well as assurance that changes would be supported through increased funding for local authorities and care providers if required.

Social Partnership Council

Q15: What is your view on the provisions set out in the draft Bill concerning: a) Membership of the Social Partnership Council; b) The proposed nomination process?

Q16: What is your view on the proposals concerning the establishment and operations of the Social Partnership Council and its subgroups?

Q17: What is your view on the outlined social partnership system in Wales, including the system leadership role of the Social Partnership Council and the links between different levels of social partnership?

We are tentatively supportive of proposals to introduce a Social Partnership Council in legislative terms. It is important to note that not all trade unions are members of the TUC, who are referenced as the nominating body for trade union membership. Further clarification on the nomination process, or a clear indication of intent that non-TUC affiliates should also be included in the SPC would be welcome in the face of the bill.

The NHS is the largest employer in Wales, and we welcome the intention referenced in the consultation document that one of the employer representatives will be nominated by NHS Employers. There is also a stated expectation that trade union membership will reflect the sectoral spread of the employers' representation. However, the draft Bill simply states:

33 Employer representatives

The employer representatives are to consist of individuals representing public body employers, private sector employers, voluntary organisation employers, higher education employers and further education employers.

34 Trade union representatives

The trade union representatives are to consist of individuals representing unions recognised by each category of employer referred to in section 33.

We would seek specific reference to both NHS employers and trade unions representing the health workforce in the Bill, given the scale and importance of the health sector in Wales. The Bill, for example, explicitly lists higher education and further education employers.

The operation of the SPC and subgroups as set out is appropriate, including the statutory introduction of a specific procurement group. We would seek further clarification that the SPC exists at a high level and would not serve to undermine existing negotiating forums for specific professions and sectors. For instance, primary care contractors, Welsh Government and NHS Wales regularly meet as part of the GP Forum. These forums involve discussions and agreements on issues such as pay, contractual obligations and other workforce matters. These existing sector arrangements and groups should not automatically become sub-groups of the SPC, as chairs/members of such groups may not necessarily be members of the SPC itself. We also note the anticipation in the consultation document that the SPC will produce 'framework agreements' including strategies, principle and guidance which could be applicable across sectors. Any such 'products' should not be automatically binding on each sector and should be subject to the proper democratic process before adoption.

We would not wish to see the proposed legislation restrict the activity of independent trade unions according to the Trade Union and Labour Relations (Consolidation) Act 1992. The autonomous right of the BMA to bargain freely and collectively on terms and conditions on behalf of its members must not in any way be compromised by the establishment or membership of the proposed Social Partnership Council. As such, we reserve the rights to: provide our members with information; be consulted on proposed changes; be involved with collective bargaining; represent members individually and collectively; ensure facilities and time off work for our representatives on union duties. We represent our members working in all settings across all branches of practice, including those who work in providing medical education. These fundamental areas will not be affected by our participation in, or support of, partnership working.

Existing mechanisms should continue regardless of the proposed structures. This would include our national representation activity through direct regular engagement with Ministers and senior NHS Wales leaders in addition to our local operational work. The principle that each trade union is sovereign for their recognised bargaining rights is crucial and we would urge that this be reflected in subsequent guidance and within the remit of the SPC.

The SPC should, insofar as possible, be an additional forum for engagement between Welsh Ministers and trade unions and not replace or limit existing partnership practices which have proven successful in establishing Wales as a leader in social partnership.

Supporting improvement and ensuring compliance

Q18: Concerning the social partnership duty, should an improvement and compliance mechanism be developed to ensure that all bodies meet their duties and make a collective contribution to the delivery of the proposed outcomes? If yes, do you have any suggestions as to how this might work in practice?

Q19: Should there be an adjudication mechanism at national Social Partnership Council level for the escalation of any failure to agree at sector level? If yes, do you have any suggestions as to how this might work in practice?

Q20: What are your views on the enforcement and compliance measures proposed in the draft Bill concerning socially responsible procurement and contract management? What other measures could be applied? Do you have any suggestions as to how any additional enforcement and compliance measures might work in practice?

We broadly support the compliance measures set out in the draft Bill, recognising that enforcement penalties on public bodies could have unintended consequences on the provision of essential public services. We welcome that enquiries to the proposed procurement review service from trade unions will be accepted.

Yet, it is nevertheless the case that without robust enforcement, even in instances of established non-compliance, the intended impact of the proposals can be severely lessened.

With the focus on delivering improved public services in social partnership, it's important that there are demonstrable benefits and incentives to adherence and compliance rather than an overly punitive approach.

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- ⁱ JRF (2020) *Poverty in Wales* www.jrf.org.uk/report/poverty-wales-2020#:~:text=Even%20before%20coronavirus%2C%20almost%20a,10%20children%20living%20in%20poverty.&text=Two%20in%20five%20local%20authorities,for%20those%20working%20atypical%20hours.
- ⁱⁱ Fair Work Convention (2016) *Fair Work Framework* www.fairworkconvention.scot/wp-content/uploads/2018/12/Fair-Work-Convention-Framework-PDF-Full-Version.pdf
- ⁱⁱⁱ BMA (2017) *Medical Engagement: Doctors Contributions to Change* <https://www.bma.org.uk/advice-and-support/nhs-delivery-and-workforce/integration/medical-engagement-doctors-contributions-to-change>
- ^{iv} Clark J and Nath V (2014) *Medical Engagement, a journey not an event*. King's Fund
- ^v BMA (2017) *Ethical Procurement for Health: Workbook* https://www.bma.org.uk/media/2409/ethical_procurement_for_health_workbook_20_final_web.pdf
- ^{vi} Fair Work Commission, Fair Work Wales: Report of the Fair Work Commission (Welsh Government, 2019) <https://gov.wales/sites/default/files/publications/2019-05/fair-work-wales.pdf>
- ^{vii} BMA (2021) *Rest, recover, restore: Getting UK health services back on track* <https://www.bma.org.uk/media/3910/nhs-staff-recover-report-final.pdf>
- ^{viii} 10 Engage to Perform Ltd (2016) *Medical Engagement Scale, Patterns of Medical Engagement in the Welsh Health Boards* <https://www.nhsconfed.org/-/media/Confederation/Files/Publications/Documents/Medical-Engagement-Scale.pdf?dl=1>
- ^{ix} Wathes R and Spurgeon P (2016) *Junior doctor engagement Investing in the future*, Faculty of medical leadership and management <https://www.fmlm.ac.uk/resources/junior-doctor-engagement-%E2%80%93-investing-in-the-future>

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ANNEX A

Social Partnership and Fair Work Directorate
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06 January 2020

Social partnership white paper

BMA Cymru Wales Consultation Response

INTRODUCTION

BMA Cymru Wales is pleased to provide a response to the consultation by the Welsh Government on proposals for a Social Partnership Bill in an aim to strengthen social partnership arrangements in Wales and provide a framework to drive greater social equality for Welsh workers.

The BMA is a professional association and trade union representing and negotiating on behalf of all doctors and medical students in the UK. It is a leading voice advocating for outstanding health care and a healthy population. It is an association providing members with excellent individual services and support throughout their lives.

RESPONSE

BMA Cymru Wales generally supports the aims of the White Paper and the fundamental aim of enhancing social equality in Wales. In our dual roles as a trade union and professional body, much of our work with stakeholders such as the Welsh Government and NHS Wales is already conducted according to the ethos of social partnership.

For example, in working in social partnership with organisations and furthering the principle of 'fair work', we have:

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- Ensured the adoption by Health Boards of the Fatigue and Facilities Charter which will enhance the working conditions of trainee doctors studying and working in Wales
- Provided security to Welsh GPs by making the successful case for state-backed clinical indemnity from April 2019
- Agreed the SAS Charter to support and develop this highly valued and vital part of the NHS workforce
- Collectively represented GPs in agreeing changes to the Welsh GP contract as part of a tripartite process with NHS Wales and Welsh Government

Social Partnership Council

We would be supportive of proposals to introduce a Social Partnership Council in legislative terms. We note the intention to amalgamate the work of the Council for Economic Development and the Workforce Partnership Council into the single body. This new body will have a wider remit than existing arrangements and will therefore be well placed to consider well-being, fair work and prosperity holistically. As an existing member of the Workforce Partnership Council, we would anticipate being a member of the new body. It is important to note that not all trade unions are members of the TUC, who are referenced in the White Paper.

We would envision that this body exists at a high level and would not serve to undermine existing negotiating forums for specific professions and sectors. For instance, the BMA has recently re-entered the NHS Wales Partnership Forum, with the first meeting of the Medical and Dental Business Group set to meet in January 2020. Likewise, primary care contractors, Welsh Government and NHS Wales regularly meet as part of the GP Forum. These forums involve discussions and agreements on issues such as pay, contractual obligations and other workforce matters. These mechanisms should continue regardless of the proposed structures.

Duty on Public Bodies to work in Social Partnership and the development of Social Partnership Principles

We would support the introduction of a duty on public bodies to work in social partnership, and to make decisions driven by 'fair work' principles. It would be important to reach common definition and understanding of social partnership principles, and we would be keen to be involved in their development.

Regarding the question of enforcement should a public body not adhere to social partnership working, we would like to see further detail on what this would mean in practice. We would also be concerned if the aspiration to introduce enforcement measures which could be applied to any participant in social partnership, as this could include trade unions. We are also pleased to see recognition that enforcement penalties on public bodies could have unintended consequences on the provision of essential public services.

Role of trade unions

We are pleased that Welsh Government recognise the vital role of trade unions within this White Paper, and their prominent historic and current role in Wales as compared to the rest of the UK. Previous legislation, in particular the as the Trade Union (Wales) Act 2017, has safeguarded the vital role of the union amongst the Welsh workforce. The Act repealed elements of the UK Government's restrictive Trade Union Act 2016, safeguarding the rights of unions around balloting thresholds for industrial action, facility time for trade union representatives and protecting funding mechanisms for certain unions. BMA Cymru Wales was extremely supportive of the bill's progress, which we commended for "protecting workers' rights to representation and industrial action (as a last resort)".

As such, we would not wish to see forthcoming legislation restrict the activity of independent trade unions according to the Trade Union and Labour Relations (Consolidation) Act 1992. As such, we reserve the rights to: provide our members with information; be consulted on proposed changes; be involved with collective bargaining; represent members individually and collectively; ensure facilities and time off work for our representatives on union duties. We represent our members working in all settings across all branches of practice, including those who work in providing medical education. These fundamental areas will not be affected by our participation in, or support of, partnership working.

We look forward to the opportunity to comment on the forthcoming bill when it is introduced to the Assembly.