

Social Partnership Forum - Workforce Issues Group

Terms of Reference – September 2021

1. PROJECT TITLE	Workforce Issues Group (WIG)
2. PROJECT LEAD & SECRETARIAT	James Shepherd, SPF Programme Manager Peter Watson, SPF Communications and Administrative Support Officer
3. MEMBERSHIP	<p>JOINT CHAIRS Mike Haslam, DHSC Jon Restell, MiP</p> <p>DHSC Andrew Morris Jennifer Richardson</p> <p>NHS Employers Gayna Deakin Jen Gardner Lucy Judge</p> <p>NHS employer Caroline Haynes, Sussex Community NHS Foundation Trust</p> <p>NHS England & NHS Improvement (NHSEI) Victoria Small Adam Turner Anthony Jackson Kirsty Hood Angie Walsh</p> <p>Health Education England (HEE) Kirstie Baxter</p> <p>Independent Sector employer Shelley Thomas, Spire Healthcare</p> <p>Commissioning Support Unit Janine Lutz, North of England Commissioning Support Unit Michelle McGuigan, North of England Commissioning Support Unit</p> <p>Clinical Commissioning Group Stephanie Cartwright, Dudley CCG Rebecca Matthews, North West Surrey CCG</p> <p>Integrated Care System (ICS) representative Paula Roles, Lancashire & South Cumbria ICS</p> <p>Health, Safety and Wellbeing Partnership Group (HSWPG) trade union representative Kim Sunley, UNISON</p> <p>TUs Alan Lofthouse, UNISON Helga Pile, UNISON</p>

	<p>Jim Fahie, CSP Rob Kidney, BMA Rachel McIlroy, RCN Jacalyn Williams, UNITE</p> <p>NB. It is recognised that membership may need to be flexible to ensure that the right people attend at the right time to enable work to progress.</p> <p>COPY GROUP – copied into papers and invited to meetings where appropriate: Amanda Cass, Unite; Denise Vanstone, Jonathan Firth, Lynn Slater & Robert Pickard, DHSC; Liz Gambrell, NHS Employers; Matt Dykes, TUC; Cornelius Hargrave, LGA; Caroline Beardall, Chris Warren & Ruairi O’Connor, NHSE/I; Sophie-Odile Sauerteig BMA; Sophie Sirrell, Dudley CCG</p>
<p>4. AIM</p>	<p>WIG has a positive contribution to policies that impact on the workforce, resulting in an improved working experience for NHS staff and better patient outcomes.</p>
<p>5. OBJECTIVES</p>	<ul style="list-style-type: none"> • To influence and provide partnership input into the workforce implications of policy related to staff health and wellbeing, workplace culture and staff experience, service delivery and system transformation. • To clarify and communicate principles for engagement with staff throughout cultural or organisational change or transfer. • Act as an ‘early warning system’ to highlight to policy leads workforce related issues arising in the NHS and ‘sense check’ workforce related policy when it is in the early stage of development. • Use the NHS Staff Survey results and other relevant workforce data, such as from the People Pulse survey results, to refine and focus the group’s work programme and as a mechanism to measure the impact of WIG activity. • To produce practical and effective partnership products for NHS employers and staff. • To contribute to activity that improves NHS workplace cultures and reduces inappropriate behaviour or conduct in the workplace against staff. • To maintain the SPF Staff Transfer Guides so they continue to be relevant and accurate. • To influence policy leads with the aim to ensure that the standards agreed in the SPF Staff Transfer Guides, the NHS Constitution staff pledges and NHS People Promise are embedded in NHS policies. • To successfully undertake projects on behalf of the SPF Wider Group or SPF Strategic Group or at the request of the SPF co-chairs.

6. DELIVERABLES	<p>NB. This is not an exhaustive list of deliverables; the WIG workplan will be kept updated to reflect current workstreams and deliverables.</p> <ul style="list-style-type: none"> • To support the SPF Wider Group and Strategic Group to deliver on their commitments under the categories of service transformation, service delivery and NHS culture and staff experience by acting as a primary working group for projects or programmes of work. • Support the successful delivery of initiatives aimed at supporting the health and wellbeing of NHS staff. • Partnership initiative to create cultures of civility, compassion, and respect in the NHS where inappropriate behaviour, poor conduct and violence against staff is tackled effectively. • Input into service transformation policy, where there are workforce implications such as the development of ICSs and staff movement between organisations. • On-going review of the content of the SPF Staff Transfer Guides to maintain accuracy. • Delivery of advice (and joint guidance where possible) outlining staff engagement and social partnership principles relating to instances of significant system reform.
7. BUSINESS BENEFITS	<ul style="list-style-type: none"> • Improved policy making and outcomes – supporting a positive staff experience, leading to improved patient care. • NHS staff have a positive experience at work and better health and wellbeing resulting in improved patient care and staff recruitment and retention. • Clarity of staff rights when they transfer to other NHS organisations or out of the NHS. • Consistency of approach to HR practice and better line management. • Reassurance for staff. • Better industrial relations and social partnership working. • Workforce flexibility. • Seamless and effective embedding of culture and system change. • Better integration between the national SPF and regional SPFs.
8. LINKS AND DEPENDENCIES	<p>The group reports to the SPF Wider Group and the SPF Strategic Group and links to following groups/workstreams:</p> <ul style="list-style-type: none"> • COVID-19 SPF Engagement Group • Violence Reduction Subgroup of the WIG. • People Directorate, NHSEI • HSWPG • NHS Race and Health Observatory • Joint Directors of Equality and Inclusion, NHSEI • Equality and Diversity Council • Regional SPFs • National/Regional Group

	<ul style="list-style-type: none"> • Policy leads across DHSC and the arm’s length bodies • Care Quality Commission • National Guardian’s Office.
<p>9. POTENTIAL RISKS</p>	<ul style="list-style-type: none"> • Complexity of issues – needs clear co-ordination and agreed expectation from all partners. • Links to and impact on wider issues outside the NHS workforce agenda. • Nature of plurality means providers of NHS-funded services have different perspectives and needs. • Adverse staff or trade union reaction if staff issues are not satisfactorily addressed. • Time and commitment from all partner organisations, needed to deliver broad and challenging agenda. • Difficulties in engaging effectively with policy leads from multiple organisations – DHSC, HEE, NHSEI. • Developments on policy issues coupled with tight timescales are a challenge for meaningful engagement where papers are circulated late, it is recognised that the Group may need to defer discussion to the next meeting or provide comments off-line. • Lack of impact, difficulty measuring/monitoring the impact of what the Group does. • Difficulty in delivering products within a timeframe likely to optimise impact.
<p>10. TIMING</p>	<ul style="list-style-type: none"> • Frequency of meetings – monthly (more if required dependent on agendas) supported by detailed work off-line as required. • Agenda and supporting papers to be circulated one week before the meeting date where possible. • The desired outcomes of agenda items should be stated on the agenda. • Specific deliverables dependent on policy timescales and resources. Processes and timescales to be agreed by partners on each workstream. • ToR will be reviewed periodically. The next review will be January 2022.