

Social Partnership Forum - Workforce Issues Group

Terms of Reference – June 2025

1. PROJECT TITLE	Workforce Issues Group (WIG)
2. PROJECT LEAD & SECRETARIAT	SPF Programme Manager & SPF Communications and Administrative Support Officer
3. MEMBERSHIP (See Annex – for the names of members)	<p>Joint chairs - senior DHSC and trade union lead</p> <p>DHSC - three representatives</p> <p>NHS Employers - four representatives</p> <p>NHS employer - three representatives</p> <p>NHS England (NHSE) - one representative</p> <p>Commissioning Support Unit - one representative</p> <p>Integrated Care System (ICS) representative - three representatives</p> <p>Health, Safety and Wellbeing Group (HSWG) – trade union and management chairs</p> <p>Trade unions – representatives from MiP, UNISON, BMA, RCM, RCN, Unite, CSP, HCSA and BDA.</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. When they are unavailable, members of the group will identify deputies to join the meeting on their behalf to represent their organisation.</p>
4. AIM	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.
5. OBJECTIVES	<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.

	<ul style="list-style-type: none"> • 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 the national SPF priorities. • 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. • On-going review of the content of the SPF Staff Transfer Guides to maintain accuracy. • Trade union and NHS Employers representatives to identify and raise workforce issues of importance to their members, which they feel need to be addressed through the group. The SPF co-chairs will then agree whether these should go on the WIG agenda. • 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.

	<ul style="list-style-type: none"> • 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"> • Violence Reduction Subgroup of the WIG. • Workforce Training and Education Directorate, NHSE • HSWG • NHS Race and Health Observatory • Regional SPFs • Policy leads across DHSC and the arm's length bodies • NHS Business Services Authority • NHS Supply Chain • National Guardians Office.
9. POTENTIAL RISKS	<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, NHSE. • 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.
10. TIMING	<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 at least three working days before the meeting date where possible.

	<ul style="list-style-type: none">• 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 July 2025.
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Annex

Workforce Issues Group membership – June 2025

Joint chairs

Louisa Elias-Evans, DHSC

Jon Restell, MiP

DHSC

Andrew Morris

Katie Kennington

Liv Graves

NHS Employers

Rebecca Smith

Gayna Deakin

Jen Gardner

Larissa Brock

NHS employer

Amy Dewey, Sussex Community NHS Foundation Trust

Cheryl Samuels, Guy's and St Thomas' NHS Foundation Trust

Lesley Hodge, Tees, Esk and Wear Valleys NHS Foundation Trust

NHS England (NHSE)

Alex Van Rees

Commissioning Support Unit

Claire Lake, North of England Commissioning Support Unit

Integrated Care System (ICS) representative

Julie Stevens, Lincolnshire ICB

Bina Kotecha, Leicester, Leicestershire and Rutland ICB

Jane Seddon, NHS Greater Manchester Integrated Care

Health, Safety and Wellbeing Group (HSWG)

Kim Sunley, RCN (joint trade union chair of HSWG)

Leona Cameron, RCN (joint trade union chair of HSWG)

Jenny Michael, Portsmouth Hospitals University NHS Trust (management chair of HSWG)

TUs

Alan Lofthouse, UNISON

Dan Button, BMA

Sean O'Sullivan, RCM

Rachael McIlroy, RCN

Richard Munn, Unite

Adam Morgan, CSP

Alex Wilson, HCSA

Annette Mansell Green, BDA

Project lead & secretariat

James Shepherd, SPF Programme Manager

Nicola Syslo, SPF Administrative and Communications Support Officer

Copy group – copied into papers and invited to meetings where

appropriate: Denise Vanstone, Nyla Cooper, Jonathan Firth, DHSC; Ruairi O'Connor, Ronke Akerele, NHSE; Sophie-Odile Sauerteig, BMA.