Social Partnership Forum - Workforce Issues Group (WIG)

Terms of Reference – June 2026

1. PROJECT TITLE	Workforce Issues Group (WIG)
2. PROJECT LEAD & SECRETARIAT	SPF Programme Manager & Programme Officer
3. MEMBERSHIP (See Annex – for the names of members)	**Joint chairs** - senior DHSC and trade union lead **DHSC** - four representatives **NHS Employers** - four representatives **NHS employer** - three representatives **NHS England (NHSE)** - two representatives **Commissioning Support Unit** - one representative **Integrated Care System (ICS) representative** – three representatives **NHS Staff Council's Health, Safety and Wellbeing Group (HSWG)** – trade union and management chairs **NHS Staff Council's Equality, Diversity and Inclusion Group (EDIG)** – trade union chair **Trade unions** – representatives from MiP, UNISON, BMA, RCM, RCN, Unite, CSP. 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.
4. AIM	WIG makes a positive contribution to policies/programmes of work that affect the workforce, supporting improved staff experience and better patient outcomes.
5. OBJECTIVES	To influence and provide partnership input into policy/work programmes 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 and their trade union representatives throughout cultural or organisational/system change or transfer. To act as an early warning system, highlighting workforce-related issues arising in the NHS and sense-checking workforce-related policy/programmes at an early stage of development.

	To use NHS Staff Survey results and other relevant workforce data, including People Pulse survey results, to refine and focus the Group's work programme and to help 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 influence policy/programme leads with the aim to ensure that the NHS Constitution staff pledges and NHS Staff Standards are embedded in NHS policies/work programmes. 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	NB. This is not an exhaustive list: • Consider the workforce implications of the 10 Year Workforce Plan. • Contribute to the production and embedding of the NHS Staff Standards. • Lead the SPF involvement Transforming People Services work programme. • Support NHS England's programme of work on improving management and leadership in the NHS. • Involvement in NHS England's work on statutory and mandatory training in the NHS. • Oversee the SPF's work on violence prevention and reduction. • Contribute to the work being led by NHS England on improving sexual safety in the NHS. • Review of the content of the SPF Staff Transfer Guides on an ongoing basis to maintain accuracy.
7. BUSINESS BENEFITS	Improved policy/programme development 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	The Group reports to the SPF Wider Group and the SPF Strategic Group and links to following groups/workstreams: • SPF Violence Reduction Oversight Group • Health Safety Wellbeing Group (HSWG) of the NHS Staff Council • Equality Diversity and Inclusion Group (EDIG) of the NHS Staff Council • Regional SPFs • Policy/programme leads in DHSC and NHS England • NHS Business Service Authority.
9. POTENTIAL RISKS	Complexity of issues – need clear co-ordination and agreed expectation from all partners. Links to and impact on wider issues outside the NHS workforce agenda. Adverse staff or trade union reaction if staff issues are not satisfactorily addressed. Time and commitment from all partner organisations needed to deliver a broad and challenging agenda. Difficulties in engaging effectively with policy/programme leads. The organisational changes at the centre mean established expectations and relationships may be disrupted. Developments in policy/work programmes, coupled with tight timescales, can make meaningful engagement difficult. Where papers are circulated late, the Group may need to defer discussion to the next meeting or provide comments off-line. Time constraints may also mean that effective communication with wider stakeholder groups can be hard to achieve and maintain. The Group is the focal point for policy/programme leads, so there is a risk it loses focus on its agenda and policy/programmes come

	late for discussion when other partnership/consultative groups may have been better suited to deal with the issue. 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	Frequency of meetings – monthly via Teams (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. The desired outcomes of agenda items should be stated on the agenda. Specific deliverables dependent on policy/work programme timescales and resources. Processes and timescales to be agreed by partners on each workstream. These Terms of Reference will be reviewed periodically.

Annex Workforce Issues Group membership – August 2026

Joint chairs
Louisa Elias-Evans, DHSC
Jon Restell, MiP

DHSC
Rabia Nasimi
Katie Kennington
Nyla Cooper
Liv Graves

NHS Employers
Rebecca Smith
Gayna Deakin
Jen Gardner
Mel Schneider

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
Ronke Akerele

Commissioning Support Unit
Claire Lake, North of England Commissiong 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

NHS Staff Council's Health, Safety and Wellbeing Group (HSWG)
Kim Sunley, RCN (joint trade union chair of HSWG)
Louise Church, RCN (joint trade union chair of HSWG)
Jenny Michael, Portsmouth Hospitals University NHS Trust (joint management chair of HSWG)
Matt Hall, Imperial College Healthcare NHS Trust (joint management chair of HSWG)

NHS Staff Council's Equality, Diversity and Inclusion Group (EDIG)
Barry Hutchinson, RCN (trade union chair of EDIG)

Trade Unions
Alan Lofthouse, UNISON
Daniel Button, BMA
TBC, RCM

Rachael McIlroy, RCN
Richard Munn, Unite
Adam Morgan, CSP

Project lead & secretariat
James Shepherd, SPF Programme Manager
Nicola Syslo, Programme Officer

Copy group – copied into papers and invited to meetings where appropriate: Denise Vanstone, Jonathan Firth, DHSC.