

**SOCIAL PARTNERSHIP FORUM WIDER GROUP  
TERMS OF REFERENCE 2016**

<b>WORKING ARRANGEMENTS</b>	<p>The Wider Group meets three times a year and is chaired by a Health Minister.</p> <p>The Wider Group is the senior SPF meeting under the auspices of which the SPF Strategic Group meets. The SPF subgroups report into the Strategic Group. The Wider Group can allocate policy issues to the Strategic Group for more detailed discussion. The Strategic Group can commission existing or new subgroups to take forward agreed priority work programmes or projects.</p> <p>Under the joint agenda setting arrangements, items for discussion may be placed on the Wider Group agenda by any of the five partners on condition that the final agenda is agreed by all partners via the SPF Secretariat. Additionally, all partners are encouraged to use the forum to showcase effective partnership working in line with the aims of the forum.</p> <p>Partners' shared values and principles for effective joint working are set out in the Partnership Agreement based on the mutual commitment and shared endeavour to meet the workforce challenges facing the NHS.</p> <p>The SPF co-chairs are responsible for ensuring that individual members uphold the forum's spirit of co-production and its partnership principles.</p>
<b>MEMBERSHIP</b>	<p><b>CHAIRS/LEAD PARTNERS</b></p> <p>Ben Gummer MP – Parliamentary under Secretary for Care Quality (Chair)          Danny Mortimer, NHS Employers (Co-chair)          Christina McAnea, NHS Staff Side (Co-chair)          Charlie Massey, DH (Co-chair)          Stephen Moir, NHS England          Ian Cumming, Health Education England          Full membership details – see Annex A.</p>
<b>DATES</b>	2016 dates : 8 March, 12 July and 18 October
<b>AIMS</b>	<ul style="list-style-type: none"> <li>• To contribute to improved patient outcomes through partnership working and staff engagement on the workforce implications of policy.</li> <li>• To bring partners together to discuss, debate and engage in the early stages of the development and implementation of policy and strategy in the NHS, where there are workforce implications.</li> <li>• To support and promote good employment practices and the benefits of good people management/workforce engagement.</li> <li>• To promote the value of partnership working within their own organisations and actively seek opportunities to promote its ethos more widely.</li> <li>• To enable all partners to consider, co-ordinate and provide timely responses to issues on which their views are sought/on which they are</li> </ul>

**SOCIAL PARTNERSHIP FORUM WIDER GROUP  
TERMS OF REFERENCE 2016**

	<p>consulted.</p> <ul style="list-style-type: none"> <li>• To embed the ethos of the Partnership Agreement, sharing best practice, ensuring structures, representation and engagement remains relevant to the health and care landscape on key workforce issues.</li> <li>• To receive update reports from Strategic Group and SPF subgroups on their work and to provide further direction as required.</li> </ul>
<b>OBJECTIVES</b>	<ul style="list-style-type: none"> <li>• To operate within the principles outlined in the SPF Partnership Agreement – mutual respect, co-operation, and “no surprises” culture.</li> <li>• To consider the development and impact of NHS policies and strategic delivery on the NHS workforce and NHS employers and other providers of NHS-funded services and their staff, where appropriate.</li> <li>• To engage the workforce effectively in tackling future challenges.</li> </ul>
<b>DELIVERABLES</b>	<ul style="list-style-type: none"> <li>• Focus all work on improving outcomes for patients and staff.</li> <li>• Embed NHS change through partnership working.</li> <li>• Support development and delivery of national health priorities, policy and strategy by contributing key workforce perspectives.</li> <li>• Signpost SPF Strategic Group to focus of particular emergent policy priorities and support the Strategic Group to commission work from existing SPF subgroups or establish new issue-specific working groups if necessary.</li> <li>• Develop best practice on key policy areas which can be showcased and then shared more widely as exemplars of partnership working.</li> <li>• Provide a vehicle for regional SPFs to showcase local best practice.</li> </ul>
<b>BUSINESS BENEFITS</b>	<ul style="list-style-type: none"> <li>• Deliver high quality services to patients/users.</li> <li>• Improve mutual understanding and respect.</li> <li>• Provide an opportunity for partners to contribute their experience and ideas to the development and implementation of the workforce implications of healthcare policy.</li> <li>• Enable partners to hear, first-hand, ministerial priorities and contribute to discussions on how best to support, develop and implement them.</li> <li>• More effective policy-making.</li> <li>• Contribute to improved staff experience, high standards in employment practice, and higher levels of staff engagement.</li> <li>• Support strong and effective leadership at local level.</li> <li>• There is a significant body of academic evidence, which shows that the quality of NHS staff engagement is the most compelling predictor of overall organisational performance and productivity in the NHS as well as patient experience and outcomes.</li> <li>• An independent SPF stocktake report undertaken in 2015 states that SPF “remains one of the most advanced forms of industrial partnership in the British public sector”.</li> <li>• Improved connectivity with Regional SPFs who attend and share good practice.</li> </ul>

**SOCIAL PARTNERSHIP FORUM WIDER GROUP  
TERMS OF REFERENCE 2016**

<b>POTENTIAL RISKS</b>	<ul style="list-style-type: none"> <li>• The remit of the group might not adequately take account of the role of NHS system architecture, with other ALBs whose input will be crucial not being included as full partners.</li> <li>• Individuals who are assigned actions may not take these forward due to other pressures/priorities leading to stagnation of the forum and its work.</li> <li>• A lack of forward momentum at these meetings could result in key representatives withdrawing, or a retrenching of their individual positions to the detriment of the Wider Group.</li> <li>• Focus on key priorities will lead to a lack of focus on other areas of interest that may previously have been covered.</li> <li>• Failure by any of the partners to develop effective social partnership working in relation to key priorities and policies may make the implementation of changes in the NHS ineffective.</li> <li>• Various pressures on industrial relations could undermine partnership working in the NHS.</li> </ul>
<b>COMMUNICATION</b>	<ul style="list-style-type: none"> <li>• Joint key communication from the Wider Group meetings are agreed by all partners and published in the SPF Bulletin and on the SPF website.</li> <li>• Attendees to communicate back to their networks in an appropriate and timely manner.</li> <li>• Supporting papers are, wherever possible, provided in advance of meetings to aid discussions, including an update from the SPF subgroups.</li> <li>• Minutes, whilst concise, will provide an accurate reflection of discussion in the meeting and agreed actions and will not be tailored to any particular partner's perspective.</li> <li>• Feedback from the Strategic Group as well as updates from the Workforce Advisory Board and the Strategic Workforce Forum will be regular features of meetings to keep members abreast of latest developments.</li> </ul>
<b>TIMING and LOGISTICS</b>	<ul style="list-style-type: none"> <li>• Meeting to be held 3 times a year, chaired routinely by a Health Minister</li> <li>• Agendas and supporting papers will be agreed with partners prior to the meeting and forwarded to all attendees approximately a week beforehand, as well as those members of the Wider Group who will not be in attendance.</li> <li>• Terms of Reference will be reviewed periodically.</li> </ul>

**SOCIAL PARTNERSHIP FORUM WIDER GROUP  
TERMS OF REFERENCE 2016**

ANNEX A

Ben Gummer MP	Chair
---------------	-------

**Trade Unions:**

Christina McAnea	UNISON (Staff Side Co-Chair)
June Chandler	UNISON (Staff Side Secretariat)
Colenzo Jarrett-Thorpe	Unite the Union
Rehana Azam	GMB (General Municipal & Boilermakers)
Hilary Lloyd	BMA (British Medical Association)
Josie Irwin	RCN (Royal College of Nursing)
Jon Skewes	RCM (Royal College of Midwives)
Jon Restell	MIP (Managers in Partnership)
Claire Sullivan	CSP (Chartered Society of Physiotherapy)
Andrew Taylor	Federation of Clinical Scientists
Annette Mansell-Green	British Dietetic Association (BDA)
Brian Harris	Society of Chiropractors and Podiatrists
Lesley-Anne Baxter	British Orthoptic Society
Eddie Saville	Hospital Consultants & Specialists Assoc (HCSA)
Richard Pembridge	Society of Radiographers (SOR)
Sara Gorton	British Association of Occupational Therapists
Matt Dykes	TUC – as observers

**DH, NHS England and Health Education England (HEE):**

Charlie Massey	DH, Strategy & External Relations Directorate
Barry Mussenden	DH, Deputy Director, Strategy and External Relations
Andrew Morris	DH, Head of SPF
Giles Denham	Director of Workforce
Lee Whitehead	HEE
Ian Cumming	HEE
Stephen Moir	NHS England
Michael Macdonnell	NHS England
Jo Lenaghan	Strategic Office of the 5-Year Forward View Board

**NHS Employers:**

Danny Mortimer	Co-chair on behalf of NHS Employers
Rebecca Smith	Assistant Director: National Engagement Service
Plus 4 nominated representatives	TBC
Paul Bowen	NHS CCG representative
Johnny Marshall	NHS Confederation

**Plus others including the Devolved Administration:**

Paula McGeown	Northern Ireland Assembly
John Nicholls	Scottish Devolved Administration
Christina Pond	Skills for Health
Donna Hill	Welsh Assembly
Michael Rose	Business Services Association (BSA)
Position currently vacant	Independent sector healthcare provider
Anne Sharp / Nick Dover	ACAS