

**Social Partnership Forum - Workforce Issues Group
Terms of Reference September 2016**

1. PROJECT TITLE	Workforce Issues Group (WIG)
2. PROJECT LEAD	Victoria Small, SPF Project Manager
3. PROJECT TEAM	<p>JOINT CHAIRS Simon Arden-Davis, DH Jon Restell, MiP</p> <p>CORE GROUP – all meetings</p> <p>DH Tim Sands Imogen Briers</p> <p>NHS England Helen Bullers</p> <p>NHS Employers Bernadette El-Hadidy Paul Taylor James Shepherd</p> <p>NHS Improvement Lara Sonola Maria Robson</p> <p>Health Education England Gary Theobald</p> <p>Independent Sector employers Pete Winchester, Alliance Medical Limited</p> <p>Commissioning Support Unit Gail Tarburn, South London CSU</p> <p>Clinical Commissioning Group Hein Scheffer, NHS Clinical Commissioners</p> <p>Sustainability and Transformation Plan footprint Kate Pavlidou, South East London STP</p> <p>TUs Sara Gorton, UNISON Helga Pile, UNISON Elaine Sparkes, CSP Robert Kidney, BMA Gerry O’Dwyer, RCN Colenzo Jarrett-Thorpe, 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: June Chandler, UNISON Amanda Cass, Unite Denise Vanstone, DH Andrew Morris, DH Angie Walsh, DH Robert Pickard, DH Julie Murphy, NHS BSA Matt Dykes, TUC Cornelius Hargrave, LGA Sophie Newman, HMT Sarah McKenzie, DH Kay Ward, DH Dianne Kennard, DH Rebecca Smith, NHS Employers</p>
<p>4. DATE</p>	<p>September 2016</p>
<p>5. AIMS</p>	<p>The purpose of the group is to support the SPF’s commitment to promote positive staff experience in the NHS, which has been shown to have a beneficial impact on patient outcomes. Its aims are to:</p> <ul style="list-style-type: none"> • bring strategic partners together to action and bring alive points for implementation related to culture and system reform in the NHS where there are workforce implications • advise system leaders and policy leads on how to maximise potential benefits for the workforce of culture and system change and how to mitigate detriment • clarify and communicate arrangements to support staff, trade unions, commissioners and employers in undertaking change in the NHS funded health care system • to promote effective partnership working - nationally, regionally and locally - on the workforce implications of policy.
<p>6. OBJECTIVES</p>	<ul style="list-style-type: none"> • To influence and provide a partnership input to the workforce implications of policy, where these relate to culture or system transformation. • Provide evidence and insight that will maximise the benefits for the workforce of system change and minimise potential detriment. • To clarify and communicate principles for engagement with staff throughout cultural or organisational change or transfer. • To produce practical and effective joint products, where possible and appropriate for employers and staff, about workforce implications and staff engagement. • Consider initiatives that reduce bullying and harassment in the NHS (Health and Wellbeing). • To ensure the SPF Staff Transfer Guide standards continue to be relevant and accurate.

	<ul style="list-style-type: none"> • To ensure that the standards agreed in the SPF Staff Transfer Guide and the NHS Constitution staff pledges are embedded in NHS policies and make detailed recommendations on behalf of SPF. • To successfully undertake projects on behalf of the SPF Wider Group or SPF Strategic Group.
7. DELIVERABLES	<p>NB. This is not an exhaustive list of deliverables; the WIG workplan will be kept updated to reflect current work streams 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. • Oversee the implementation of the recommendations identified in the Partnership review of widening access to the NHS Pension Scheme. • Partnership initiative to tackle bullying and harassment in the NHS. • Input into policy including: <ul style="list-style-type: none"> ○ New Care Models & Sustainability and Transformation Plans (Five Year Forward View Board and New Care Models Team) ○ NHS National Tariff (NHS Improvement) ○ NHS Standard Contract (NHS England) ○ Better Care Fund and integrated care (DH) • On-going review of the content of the SPF Staff Transfer Guide 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.
8. BUSINESS BENEFITS	<ul style="list-style-type: none"> • Improved policy making and outcomes – leading to improved patient care. • Clarity of staff rights when they transfer to other NHS organisations or out of the NHS. • Consistency of approach to HR practice. • Reassurance for staff. • Better industrial relations and better partnership working. • Workforce flexibility. • Seamless and effective embedding of culture and system change. • Better integration between National SPF and Regional SPFs.
9. LINKS AND DEPENDENCIES	<p>The group reports to the SPF Wider Group and the SPF Strategic Group and links to following groups/work streams:</p> <ul style="list-style-type: none"> • Embedding Partnership Working Group

	<ul style="list-style-type: none"> • Health Safety and Wellbeing Partnership Group of the NHS Staff Council (HSWPG) • Equality and Diversity Council • Regional SPFs • Policy leads across DH • Her Majesty's Treasury • NHS Business Services Authority • NHS England which is responsible for policy areas such as the NHS Standard Contract • NHS Improvement which is responsible for policy areas such as pricing development, workforce efficiency, workplace culture and leadership development. • Care Quality Commission
<p>10. 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 union reaction if staff issues 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 – DH, HEE, NHS England and NHS Improvement. • 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>11. 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 work stream. • ToR will be reviewed periodically: next review March 2017.