BUSINESS PLAN

2018 - 2021

Purpose

This paper sets out the three-year business plan for the NHS Health at Work Network (the Network) covering the period 2018 to 2021. It builds upon previous Network Business Plans, and sets the priorities in response to the feedback taken from the 2017 Network Member Survey.

Background

The NHS Health at Work Network consists of the NHS occupational health (OH) departments in England. It is an unincorporated association launched in the Spring of 2011, dedicated to improving the health of NHS staff. The majority of NHS OH departments in England sign up as members and pay an annual subscription to join the Network, and in return receive a membership benefits package (Annex A).

The Network is established specifically to represent NHS OH departments/services rather than individual professional groups.

Network Strategic Aims

The Network has set five primary strategic aims for the 2018-2021 period, summarised as follows:

1. Act as the voice of NHS occupational health providers in informing and influencing national policy on occupational health matters
2. Actively support the developing evidence base, whilst promoting best clinical and business practice in the innovative delivery of health and work services to NHS staff
3. Exchange information, expertise and best practice across the Network for the purpose of developing the capability of NHS OH Services, and to help Members in securing and/or retaining SEQOHS accreditation
4. Generate business leads from the Network website for Members interested in pursuing commercial income opportunities
5. Collaborate with the key stakeholders in the recruitment, training and retention of occupational health professionals
Developing the Strategic Aims

The five key priorities for this three-year Plan are:

1. **Promotion and influence on behalf of NHS occupational health services**

   1.1 We believe NHS OH services can make a real difference to patient care through influencing the culture of the NHS and our expertise in understanding the relationship between health and work. We particularly want to ‘mainstream’ NHS occupational health within the fabric of NHS clinical services, and support the NHS Five Year Forward View.

   1.2 We will promote the NHS OH brand and seek to influence Government directly and through active membership of the Council for Work and Health. We will continue to strengthen our close working relationships via formal representation on Boards/Steering Groups, or through more informal working arrangements with a range of key stakeholders including:

   - DH/DWP Joint Work and Health Unit
   - Council for Work and Health (Board representation)
   - Faculty of Occupational Medicine
   - Faculty of Occupational Health Nursing (Board representation)
   - Society of Occupational Medicine
   - Association of NHS Occupational Health Physicians (ANHOPS)
   - National School for Occupational Health
   - NHS Employers (Steering Group Representation)
   - Safe Effective Quality Occupational Health Services (SEQOHS) (Steering Group Representation)
   - Public Health England
   - NHS England
   - NHS Improvement
   - Health Education England
   - UKAP
   - National, regional and local streamlining projects/groups

   1.3 We will respond on behalf of our members to national consultation exercises including, for example, NICE and NHS Employers.

   1.4 We will also engage with local members, directly through a monthly email bulletin, via their Board representatives and through direct contact from the Chair.

2. **Promoting best clinical and business practice**

   2.1 The Network will continue to encourage all members to secure full SEQOHS accreditation and/or re-accreditation over the period of this Plan, continuing the excellent progress made as the NHS continues to lead the way for SEQOHS accreditation across all sectors. In addition, the Network will, as a member of the SEQOHS Steering Group, help to monitor and develop the accreditation system in support of their newly planned work-streams to review aspects of the SEQOHS scheme.

   2.2 We will offer access to the Faculty of Occupational Medicine's MOHAWK clinical benchmarking tool to all members at a significantly discounted rate as part of the overall membership package. The Network will have user representation on the MoHaWK steering group.

3. **Exchange Information, Expertise and Best Practice**

   3.1 We will offer an annual network conference to recognise progress and achievement and share best practice. The theme of the 2017 conference was ‘Sustaining and Transforming
Occupational Health’. The 2018 conference is booked for September and will focus on a theme to be determined by the Board.

3.2 Via the website, monthly e-bulletin and other mechanisms, we will continue to share evidence based guidelines and research, and examples of best practice so that we can strive to continuously improve occupational health practice. Our popular ‘Ask-A-Question’ facility for members will continue to be promoted to facilitate the sharing of information and good practice.

3.3 We will work with the DH/DWP Joint Unit in supporting their implementation of projects arising from the Government’s response to the Green Paper on ‘Work, Health and Disability’. Specifically we will co-ordinate any pilots to test out the ‘mainstreaming’ of NHS OH to NHS patients as part of the care pathway.

4. **Generating commercial business leads**

4.1 We launched a voluntary Network Trading Group in January 2014 for those Network members wishing to participate in large scale regional and national commercial contracts. Across the period of the last Business Plan 38 Members signed up and the opportunity for any SEQOHS accredited member to join this Group will continue to be part of the membership benefits package.

4.2 We will update and enhance the website ‘find a provider’ postcode search map, funded by a grant from our colleagues at Syngentis, the not for profit community interest company. The Network website generates approximately 10,000 unique visits per calendar month, and multiple business enquiries for listed members.

5. **Collaboration with key stakeholders in the recruitment, training and retention of occupational health professionals**

5.1 We will work with, and support, other key stakeholders to lobby and address the sector-wide concern around the demographic challenges of occupational health specialists. In particular our focus will be on the recruitment and retention of NHS occupational health physicians and specialist nurses.

5.2 The critical OH workforce sustainability issues affect all sectors, and not just the NHS. As such, the response requires a co-ordinated effort from all the key players, notably the Council for Work and Health, the FOM, the FOHN, and the National School (HEE). The Network will collaborate with the key stakeholders in the developing strategy and actions, including:

- actively support and contribute to the next stage of the Council for Work & Health’s Workforce Project
- lobby the DWP/DH Joint Unit to undertake a workforce survey so that we can better understand existing skills gaps and future OH workforce projections
- work with the training providers to provide good access to clinical skills training, updates and other CPD events as a developing part of the membership benefits package
- support the National School in their efforts to convince HEE to increase the number of funded OH training places
Governance

The Network is governed by a Chair, a Deputy and a Board of regional representatives, who work under a closely defined constitution (appendix 1). ANHOPS will continue to be offered ex-officio representation to maintain that important link. Other ex-officio representation will be kept under review and will be a matter for Board agreement.

Board members play a vital role in supporting the activities by representing the Network on key groups (appendix 2), and previous Board members or other interested parties may be co-opted to liaise on specific pieces of work, e.g. with UKAP.

The Board will meet every four months, consisting of two face-to-face meetings and one teleconference meeting per annum. After a period of transition during 2018 away from the existing Board meeting schedule, the normal anticipated pattern will become:

- May – teleconference Board meeting
- September – face-to-face Board meeting at the time and venue of the national conference
- January – face-to-face Board meeting at an agreed convenient location

Discussions and actions from each Board meeting are noted in the form of meeting minutes with identified actions. These are distributed post-meeting, and Members receive a summary of the minutes.

The operation of the Network is supported by the following key roles:

Chair: Responsible for leading the Board and setting the Network Business Plan and strategy. The Network Chair leads the Board meetings and has a specific role in key stakeholder links including the DH/DWP Joint Unit, the Council for Work and Health, liaison with NHS Employers and PHE, and Chairing the AGM and conference.

Deputy Chair: Responsible for supporting the Chair in all key activities, and a specific role in monitoring the progress and performance of this Business Plan. Key stakeholder links include the Faculty of Occupational Health Nursing, the FOM NHS Workforce Modelling Group and the Joint Unit, and presenting at the AGM and conference.

Network Board Regional Representative: Responsible for acting as a conduit between the Board and the members in their region, providing two-way feedback and representing members’ views and concerns. Board members play a crucial voluntary role in representing the Network with key stakeholders, e.g. SEQOHS, NHS Employers, etc.

Network Manager: Responsible for the business operation of the Network, including co-ordinating and preparing Board agendas and papers, drafting the Business Plan and playing an active role in monitoring and supporting the implementation of the Plan. Other specific priorities include financial management, Network conference planning, and maintaining and upholding the Networking constitution.

Network Administrator: Responsible for all administrative activities including maintaining and renewing the Network memberships, maintaining the website, preparing the monthly bulletin, conference planning and follow-up evaluation, the Network’s bank account – including income, payments and cashflow statements. Responsible for producing and circulating minutes from all Board meetings.
Membership benefits

There are currently [at 19/02/18], 122 members of the NHS Health at Work Network. For 2018/19 the Board has agreed to set an 'early bird' membership subscription fee of £670 per organisation for the benefits set out at Annex A. The full-rate is £870 for sign-up after 30 April 2018. Membership is based upon a single-flat rate, irrespective of the size of the OH Member Service.

The financial plan is based upon an assumed annual inflationary increase of 2% per annum. For the three years of this plan, the actual inflationary increase will be based on the Office for National Statistics Consumer Prices Index at November of each year.

For the period of this plan we propose to continue to offer the same range of well-received benefits, subject to ongoing feedback and review.

Financial plan

The financial plan to deliver this business plan is set out in table 1 below [the previous year’s forecast outturn is shown for comparison].

Table 1 - 2018-2021 NHS Health at Work Network Financial Plan

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<tbody>
<tr>
<td>Membership</td>
<td>£79,200(^1)</td>
<td>£79,060(^2)</td>
<td>£78,090(^3)</td>
<td>£77,000(^4)</td>
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<td>Conference income (delegates)</td>
<td>£12,065</td>
<td>£12,065(^5)</td>
<td>£12,065(^5)</td>
<td>£12,065(^5)</td>
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<td>Total Income</td>
<td>£98,550</td>
<td>£98,410</td>
<td>£97,440</td>
<td>£96,350</td>
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\(^1\) Based on £650 early bird rate with no bad debt
\(^2\) Assumes 118 members @ £670 per member in 18-19 (3% increase)
\(^3\) Assumes 114 members @ £685 per member in 19-20 (2% increase)
\(^4\) Assumes 110 members @ £700 per member in 20-21 (2% increase)
\(^5\) Assumes all payments at the Early Bird rate with no bad debt.

Next costs include VAT where applicable

Operational Costs

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<tr>
<td>Chair’s sessional contribution + travel</td>
<td>£15,150</td>
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<td>Website hosting &amp; development &amp; email</td>
<td>£1,898</td>
<td>£1,861</td>
<td>£2,068</td>
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<td>Board meeting &amp; travel costs</td>
<td>£1,598</td>
<td>£1,600</td>
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<td>£1,700</td>
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<tr>
<td>Network administration</td>
<td>£8,948</td>
<td>£5,758</td>
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<td>Network management</td>
<td>£16,661</td>
<td>£14,226</td>
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<td>Total Operational Expenditure</td>
<td>£44,255</td>
<td>£38,595</td>
<td>£38,852</td>
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Membership Benefits Package Expenditure

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<tr>
<td>MoHaWK (£125 per member)</td>
<td>£18,300</td>
<td>£17,700</td>
<td>£17,100</td>
<td>£16,500</td>
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<tr>
<td>Network Conference</td>
<td>£38,235</td>
<td>£38,210</td>
<td>£39,000</td>
<td>£39,730</td>
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<tr>
<td>Subscription to Council Work &amp; Health</td>
<td>£500</td>
<td>£500</td>
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<tr>
<td>Contingency</td>
<td>£0</td>
<td>£2,000</td>
<td>£2,000</td>
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<td>Total Benefits expenditure</td>
<td>£57,035</td>
<td>£58,410</td>
<td>£58,600</td>
<td>£58,730</td>
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Overall Total expenditure £101,290 | £97,005 | £97,452 | £97,503

Net surplus/(deficit) (£2,740) | 1,405 (12) | (1,153)

Cash in hand @ 31.03.2018 and subsequent year ends £29,364 | £30,679 | £30,757 | £29,604

All costs include VAT where applicable
**Risk analysis**

The close of 2017/18 should see an anticipated cash balance of an estimated £29.4k as a reserve in the Network bank account, assuming all membership fees are paid. [Note: As at January 2018 a number of subscriptions remain unpaid, predominantly due to slow payment by finance departments]. Working capital across this Plan is in the region of 14 weeks, presenting a sustainable position.

The business model assumes an attrition of 3% of members year-on-year (as per last year) due to non-renewal, mergers/STP activity and possible outsourcing.

A contingency budget of £2k per annum has been established, and after accounting for that a small surplus is predicted across the three years of this plan. The contingency budget could be used to mitigate in the event that membership renewals are below forecast, and when combined with the operating revenue surplus the financial plan could accommodate a membership attrition rate of up to 5% rather than the 3% assumed in the Plan.

Over the last few years the Network has robustly managed its expenditure, and as such there is limited opportunity to further reduce costs other than a radical overhaul of operational staffing costs. This would present a risk to the future operation of the Network. More feasibly, opportunities exist to increase revenue. These include:

- attracting a couple more exhibition stands at the annual conference (worth c. £1.5k)
- extending access and improved marketing of the conference to non-Network members, e.g. other public sector organisations and/or entirely opening up the conference
- increasing the conference day delegate rates for non-members

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Shriti Pattani/David Maslen-Jones
Network Chair/Deputy Chair
March 2018
NHS Health at Work Network - 2018 Membership Benefits

Association and representation

Occupational health in the NHS needs to be recognised and valued. As a community of occupational health providers to the NHS, we have the opportunity to influence national policy and lobby on behalf of the occupational health community in the field of health and work.

Only by demonstrating the benefits that we bring at a national level, and with commissioners of services, are we able to make the case for the policies and investment that are needed. The NHS Health at Work Network provides that voice and influence at a national level. The critical role of occupational health is recognised within the 2014 NHS Five Year Forward View. An exemplar service that is properly funded and respected will bring much needed improvements to NHS staff health and wellbeing and ultimately patient care.

During 2017/18, the Network has worked alongside NHS England, DH, DWP, FOM, SOM, PHE, SEQOHS, The Council for Work and Health, ANHOPS and NHS Employers. The Network will continue to work with these organisations across the period of this Plan.

Sharing information, expertise and best practice

Association also brings benefits in terms of advance knowledge of policy changes and members are briefed on these changes through the monthly e-bulletin and website. The Network Chair briefs members on developments through a personal message each month in the e-bulletin [see below].

Occupational health is changing. There is more focus on the management of long term conditions for people at work, greater links with public health and a move towards employee health and wellbeing programmes. Increasingly we are being asked to develop the services we provide and our ways of working.

The Network will continue to assist members with this evolving agenda by proactively sharing information and best practice.

Visibility to potential customers

The Network website is continually used by commissioners who are seeking occupational health providers. A search mechanism enables commissioners to search Network members, find their local service provider and make contact http://www.nhshealthatwork.co.uk/find-providers.asp

We will update the find a provider search facility to enhance the number of new business leads. Currently the Network website receives about 10,000 unique visitors per month.

Access to the acclaimed Network annual conference

The only national conference run by and focusing on NHS occupational health – the 2018 conference will be held on 12th and 13th September at the Chesford Grange Conference Centre, near Kenilworth. Full and Associate members organisations will be entitled to a free place for a member of their team and can purchase additional delegate places at the conference at the time of their membership renewal.
Membership of the National Occupational Health Clinical benchmarking tool

**MOHAWK**

http://www.mohawk.syngentis.co.uk/

The online clinical benchmarking tool helps raise standards of health services at work and supports clinical audit. The system allows anyone to see how the overall performance of health at work services is improving. It allows individual units to benchmark their own performance with other units and share their work to help each other improve. Occupational health units measure and input data once every six months in December/January and July/August.

The system was founded on a core of evidence-based indicators of clinical performance that are linked to the outcome of care for patients attending occupational health units. These are augmented by other measures that provide a fuller picture of the service provided by occupational health units. The approach is a dynamic system that will change as new requirements emerge and new research enables the development of additional evidence-based performance indicators.

All Network members will have access to MoHawk as part of their Network membership package.

**Monthly briefings on the latest developments within NHS Health & Wellbeing**

In the most recent membership survey, over 95% valued the monthly briefing. The monthly e-bulletin enables members to keep up to date on new developments and opportunities in OH policy. Each issue of the bulletin opens with a message from the Network Chair.

**Access to the members’ resource area of the Network website**

Access to tools and resources to help members do their job more effectively. 95% reported this useful in the member survey.

**Clinical skills updating training**

Regular clinical updates are critical to assure clinical competence and help meet the challenging requirements of SEQOHS and NHSLA. The NHS Health at Work Network has negotiated preferential terms for Network members for the following training.

**Audiometry**

SJK Scientifics offer a package delivered in your training facility, of a tailored one-day audiometry update course at a cost of £1,000 for up to 6 participants, £1,400 for up to 9 delegates and £1,800 for up to 12 delegates. This equates to a saving of at least 30% on the public open course delegate cost.

**Legal skills training**

Legal Experience Training (LET) Ltd offers programmes in Essential Legal Skills Training for OH Professionals and The Advanced Professional Award in Expert Witness Evidence. LET Ltd is offering Network members a discount of 5% on all training programmes. Further details are at http://www.legalexperiencetraining.com/.

**Trading Group Membership**

All SEQOHS accredited full members have the option of joining the NHS Health at Work Network “Workplace Health” trading group. Group members have the opportunity to co-
ordinate and submit bids, delivering substantial national and regional commercial contracts for large corporate organisations and government departments. This service will not tender for sub regional contracts or be a threat to existing Network members.

March 2018
NHS Health at Work Network Constitution

Purpose
The NHS Health at Work Network is dedicated to improving the health of NHS staff.

Aims
The primary aims of the NHS Health at Work Network are to:

1. Act as the voice of NHS occupational health providers in informing and influencing national policy on occupational health matters
2. Actively support the developing evidence base, whilst promoting best clinical and business practice in the innovative delivery of health and work services to NHS staff
3. Exchange information, expertise and best practice across the Network for the purpose of developing the capability of NHS OH Services, and to help Members in securing and/or retaining SEQOHS accreditation
4. Generate business leads from the Network website for Members interested in pursuing commercial income opportunities
5. Collaborate with the key stakeholders in the recruitment, training and retention of occupational health professionals
Membership categories

**Full** - Full membership is available to a provider owned and operated by a statutory NHS organisation in England, which is either fully SEQOHS accredited, or registered and working towards SEQOHS accreditation including the NHS standards.

**Interim** – An NHS owned and operated provider which for valid acceptable organisational reasons is not yet registered with SEQOHS, or is registered but not actively working towards accreditation

**Associate** – Subject to individual approval by the Board, Associate membership is open to:

a] Any social enterprise OH provider with an NHS background, which is fully SEQOHS accredited including the NHS standards and contracted to provide all core OH services to a statutory NHS organisation in England, or….

b] A University owned Occupational Health provider, which is fully SEQOHS accredited including the NHS standards and supports health care students in an NHS setting, or …

c] An NHS owned and operated provider in Scotland, Wales or Northern Ireland, which is either fully SEQOHS accredited, or registered and working towards SEQOHS accreditation including the NHS standards, or…

d] A public sector, national NHS-related organisation (e.g. Public Health England), which is either fully SEQOHS accredited, or registered and working towards SEQOHS accreditation including the NHS standards, at the discretion of the Board.

Membership benefits

The Network Board shall determine the benefits of membership.

Membership fees

The membership fee shall be that figure decided annually by the Network Board.

Legal status

The NHS Health at Work Network will have the legal status of an Unincorporated Association.

Network management

The Network’s aims will be delivered through a business plan developed and approved by a Network Board of elected representative Members. The Constitution for the Network Board is attached at Appendix A.

Code of Business Ethics

All members of the Network will be required as a condition of membership to be bound by the approved Code of Business Ethics attached at Appendix B.
Branding

Full, Interim and Associate members of the NHS Health at Work Network may utilise the Network logo and branding.

Annual General Meeting

To ensure proper accountability, the Network Board will hold a General Meeting at least annually. All Members will be invited to attend the Annual Meeting. The Meeting will present progress in achieving the Aims of the Network and report on the financial position.

Constitutional Changes

Changes to this constitution may be agreed by a majority vote of Board members. The Chairperson will have a casting vote.

Determination

The Network may be dissolved by a resolution and a majority vote by Members. Any remaining assets will be donated to an organisation that shares the broader aims of the Network.
Appendix 1 A – Constitution for Network Board

1. **Role of the NHS Health at Work Network Board**

   The prime role of the Board is to approve and monitor the implementation of a strategic framework for the development of the NHS Health at Work Network. In performing this role the Board will:

   - Set a three year strategic direction for the Network and monitor its progress consistent with the mission and aims
   - Approve and monitor the business plan consistent with the strategic direction
   - Determine, monitor and apply Network membership criteria, standards and rules e.g. code of conduct
   - Review the overall performance of the Network and make appropriate strategic adjustments

   The Network Board will have a key responsibility for developing relationships and building partnerships with a range of organisations and individuals. These will include, but not be limited to; NHS England, the Faculty of Occupational Medicine, the Society of Occupational Medicine, the Department of Health, the Department for Work and Pensions, ANHOPS, Faculty of Occupational Health Nursing, NHS Employers, Public Health England and any other key stakeholders as identified in the current business plan at the time.

2. **Membership of the NHS Health at Work Network Board**

   2.1 **Role of Members**

       Members of the NHS Network Board will be expected to fulfil plural roles. Specifically, they will be asked to:

       - Represent and articulate the needs of Network members within defined geographical areas
       - Contribute specific professional skills and knowledge helpful to the development of the Network
       - Promote the NHS Health at Work Network brand

       Members will not hold personal responsibility for the conduct or performance of the NHS Network. It is however, expected that Members will hold corporate responsibility for the overall performance of the Network.

   2.2 **Size and Composition of the Board**

       The Network Board will comprise of up to 13 members, with 10 members drawn from each NHS region, together with the Chair, the Deputy Chair and 1 from the Associate member group in the event there is sufficient Associate membership, i.e. 10 or more Associate members in total.

       The number and constituency of members will be reviewed periodically and additional appointments made as deemed appropriate.
The membership of the Board will attempt to reflect diversity in terms of geography and professional background, with a balance of Occupational Health Physicians, Business Managers, Occupational Health Nurse Managers and others.

The Board may appoint additional advisers to the Board from appropriate professional backgrounds including academia, research, marketing, financial management, communications, etc.

The Board may also invite ex officio representation from partner organisations as deemed appropriate by the Chair or Deputy, and subject to wider Board approval [e.g. ANHOPs, FOM, the National School of Occupational Health, the Faculty of Occupational Health Nursing, etc]. Such representation will have no voting rights.

2.3 Appointment to the Network Board

All membership representation appointments to the Board will be secured through nomination and election.

Initial appointments to the Board in April 2011 were made on the basis of existing SHA boundary areas. This arrangement will be reviewed in the event of future structural changes.

Notes:

- Only one person can be nominated from any one member organisation
- The proposer and seconder must be from different member organisations in the same [SHA] area
- Nominees will be required to submit a 200 word statement supporting their nomination

Where a nomination in each SHA area is unopposed, then that nominee will be appointed to the Board.

Where multiple nominations are received, there will be an election by secret ballot amongst the members whose geographical headquarters lie within that SHA area, on the basis of one Member one vote.

The recruitment of professional advisers will be through methods appropriate to the skills/knowledge/constitution sought in the member. The Chairperson and a small panel of members will make appointments.

2.4 Tenure of membership

Appointments to the Board will be normally for three years initially, renewable on an annual basis thereafter, for a maximum period of up to six years in total membership. Membership of the Board may be terminated by resolution of the Board.

2.5 Termination of Board membership

Members are expected to attend the majority of Board meetings in any calendar year. Membership will automatically lapse in the event of failure to attend two consecutive meetings, without submitting prior apologies and without arranging a deputy.

In all other circumstances, individual Membership of the Board may be terminated by resolution of the Board.
2.6 Appointment of the Chairperson

The Chairperson will be elected from the Full Members of the Network, through a process of nomination. The process will commence during the final year of the incumbent Chairperson’s tenure. The Chairperson Elect will join the Board to effect a smooth transition.

The tenure of the Chairperson’s appointment will be normally two years. In appropriate circumstances, this tenure may be extended with the majority agreement of the Network Board on a year-by-year basis, subject to a maximum service of four years.

Board Members may remove the Chairperson from office upon a majority vote.

2.7 Appointment of the Deputy Chairperson

The Deputy Chairperson will be elected from the Full, Interim and Associate Members of the Network, through a process of nomination. The process will commence during the final year of the incumbent Deputy Chairperson. The Deputy Chairperson elect will join the Board to effect a smooth transition.

The tenure of the Deputy Chairperson’s appointment will be normally two years. In appropriate circumstances, this tenure may be extended with the majority agreement of the Network Board on a year-by-year basis, subject to a maximum service of four years.

Board Members may remove the Deputy Chairperson from office upon a majority vote.

2.8 Expenses

Meetings of the Network Board will be held by teleconference and face-to-face in a location(s) to be agreed. Board Members will be reimbursed reasonable travel costs in accordance with NHS rates.

2.9 Meetings

The Network Board shall meet every four months in accordance with an annual schedule as detailed within the governance arrangements of the business plan.

A record of attendance and business transacted at the meeting will be minuted and distributed to Network members within two weeks.

2.10 Administrative support

A Network Manager and Network Administrator will provide support to the Network Board, on the basis of one day per week for each role.

2.11 Sub Committees

The Board may appoint Sub Committees to undertake specific delegated functions, [e.g. Clinical Governance, Conference Management, etc.]
2.12 Annual Report

The Network Board will present an annual report to members at its annual conference by way of a verbal presentation.

Amended March 2018
Appendix 1 B - Network Constitution Code of Business Ethics

Background

In March 2010, the then interim NHS Plus Network Board asked that a draft Code of Business Ethics be developed to guide and regulate the behaviour of Members.

The requirement for a Code is driven by the need for a set of standards to define the way in which members of the NHS Plus Network will behave towards each other and in their dealings with customers. Members who are believed to be in breach of these standards will be subject to investigation and depending upon the seriousness of the complaint could have their membership of the Network suspended or withdrawn.

Three principles have driven the development of this code and the procedure; simplicity, fairness and equity.

We have also sought to utilise existing standards of ethical behaviour rather than complicate by developing a unique set for NHS Occupational Health providers. We have drawn upon the Seven Principles of Public Life as developed by the Committee on Standards in Public Life and the COHPA Business Standards.

It should be recognised that the sanctions within the procedure clearly apply to health and wellbeing departments, but the actions, which result in complaints under the code, are those undertaken by individuals. Where an investigation into a complaint results in a finding that the code has been contravened, then, in addition to a sanction against that department, the Network may feel it appropriate to report an individual[s] to their employing organisation or professional body.

The Code will be published on the Network website. Complaints raised under the Code should be addressed to the Network Chairperson in the first instance.

The Code of Business Ethics

Selflessness - Network members should act solely in terms of the public interest. They should not do so in order to gain financial or other benefits for themselves, their family or their friends.

Integrity - Network members should not place themselves under any financial or other obligation to outside individuals or organisations that might seek to influence them in the performance of their official duties.

Objectivity - In carrying out public business, including making public appointments, awarding contracts, or recommending individuals for rewards and benefits, Network members should make choices on merit.

Accountability - Network members are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office.

Openness - Network members should be as open as possible about all the decisions and actions that they take. They should give reasons for their decisions and restrict information only when the wider public interest and justifiable commercial requirements clearly demands.

Honesty - Network members have a duty to declare any private interests relating to their public duties and to take steps to resolve any conflicts arising in a way that protects the public interest.

Leadership - Network members should promote and support these principles by leadership and example.
**Professional and business relationships** - Network members will relate impartially, honestly and ethically in all professional and business relationships with each other

**Competency** - Network members will not perform or accept work they are not competent to undertake

**Procedure for dealing with complaints raised under the Code**

**Stage 1**

Upon receipt of the Complaint, the Network Chairperson will initially send a copy of the complaint to the subject of that complaint with a request for an initial response within two working weeks.

Upon receipt of that initial response, the Chairperson will decide whether the complaint can be resolved immediately or whether there is a requirement for further investigation.

**Stage 2**

In the event that s/he believes a further investigation is required, the Chairperson will commission a member of the Network Board to conduct an investigation.

The investigation will include:
- An interview with the complainant
- An interview with the subject of the complaint
- Such other research as necessary
- The preparation of a formal written report setting out the facts, conclusions and options for action

The Network Board Investigator will send a copy of the report to the complainant and subject of the complaint seeking comments within one week.

**Stage 3**

If the recommended action includes censure, suspension or membership withdrawal, then a formal hearing will be convened chaired by two Members of the Network Board, who have not previously been involved in the case, one of which will be the Deputy Chairperson.

Representations will be heard from the investigating officer, complainant and subject. The panel must reach a unanimous decision.

The decision will be communicated to both parties in writing and reported in private session at the next meeting of the Network Board.

There will be a right of appeal in person to the Chairperson of the Board, together with one other Member.

Suspension or withdrawal of membership may be reviewed after 12 months at the request of the organisation concerned.

March 2018
# Current Board Membership and Roles

<table>
<thead>
<tr>
<th>SHA Geographical Area</th>
<th>Name</th>
<th>Other responsibilities/comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chair</td>
<td>Dr Shriti Pattani</td>
<td>Council for Work and Health</td>
</tr>
<tr>
<td>Deputy Chair</td>
<td>David Maslen-Jones</td>
<td>Faculty of OH Nursing (FOHN) Consulting group; FOM NHS OH Modelling Group</td>
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<tr>
<td>East of England</td>
<td>Sue Hillman</td>
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<tr>
<td>East Midlands</td>
<td>Dr Charles Goss</td>
<td></td>
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<tr>
<td>London</td>
<td>Dr Chamishani Rathmalgoda</td>
<td></td>
</tr>
<tr>
<td>North East</td>
<td>Anna Porter</td>
<td>Occupational Health Streamlining – link to NHS Improvement</td>
</tr>
<tr>
<td>North West</td>
<td>Dr Donald Menzies</td>
<td></td>
</tr>
<tr>
<td>South Central</td>
<td>Fiona Warren</td>
<td>NHS Employers Health Safety and Wellbeing Partnership Group</td>
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<tr>
<td>South East Coast</td>
<td>Emma Palmer</td>
<td>DH/DWP Joint Unit - liaison</td>
</tr>
<tr>
<td>South West</td>
<td>Barry Lane</td>
<td>Advice and support around business and contracting matters</td>
</tr>
<tr>
<td>West Midlands</td>
<td>Dr Tamsin Radford</td>
<td>SEQOHS Steering Group</td>
</tr>
<tr>
<td>Yorkshire &amp; Humber</td>
<td>Tracy Scott</td>
<td>NHS Employers - liaison</td>
</tr>
</tbody>
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