

## 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:

- Act as the voice of NHS occupational health providers in informing and influencing national and international policy on occupational health matters
- Build a robust evidence base and promote best clinical and business practice in the innovative delivery of health and work services to NHS staff
- Exchange information, expertise and best practice across the network for the purpose of developing the capacity and capability of individual network members and securing & retaining accreditation
- Identify and pursue cross network opportunities and co-ordinate service delivery to meet customer need

#### 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 FOM 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 an annual business plan developed 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.



## NHS Health at Work Network Board

### Constitution

#### 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 an annual 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, ANHONS and NHS Employers.

#### 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, ie. 10 or more Associate members.

The number and constituency of members will be reviewed at least bi-annually 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 [eg. ANHOPs, ANHONs, 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.

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

## 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 at the start of the second year of the incumbent Chairperson. 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.

The Chairperson may be removed from office upon a majority vote by Board Members.

## 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 at the start of the second 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.

The Deputy Chairperson may be removed from office upon a majority vote by Board Members.

## 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 quarterly in accordance with an annual schedule.

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

Support to the Network Board will be provided by Syngentis in 2015-17.

## 2.11 Sub Committees

The Board may appoint Sub Committees to undertake specific delegated functions, [eg. Clinical Governance, Conference Management, NHS Workplace Health trading group, etc.]

## 2.12 Annual Report

The Network Board will present an annual report to members at its annual conference.

Amended August 2015



## NHS HEALTH AT WORK NETWORK

### 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:

- A face to face interview with the complainant
- A face to face 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.

August 2015