

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 & 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 [from 1st April 2012, full membership will only be available to SEQOHS registered NHS providers working towards FOM domain A-G accreditation or those already accredited]

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

1] Any Community Interest Company owned OH provider to a Statutory NHS organisation registered with SEQOHS and working towards or accredited FOM Domain A-G

2] any other FOM Domain A-G accredited occupational health service provider contracted to provide all core OH services to a statutory NHS organisation in England

Affiliate – Subject to individual approval by the Board, Affiliate membership is available to;

a] any SEQOHS accredited OH provider or one actively working towards accreditation, owned and operated by a statutory healthcare organisation in Scotland, Wales, Northern Ireland and other Territories

b] any occupational health service operated by a General Practice in England

c] any higher education based occupational health service with links to the NHS

d] any non UK based OH provider to the healthcare industry in their national country

Membership benefits

Full members are entitled to the following benefits:

- Practical support from the NHS Plus team in being ready for FOM accreditation by 31 March 2012
- Monthly briefings on the latest developments within the fast moving world of NHS Health & Wellbeing
- Access to the members resource area of the Network website
- Access to the acclaimed Network annual conference at a discounted rate
- Participation in the NHS Occupational Health Clinical Governance system
- Participation in national clinical audits and network surveys and access to published reports

Associate members will have access to all the benefits listed above except practical support to securing accreditation

Affiliate members will have access to the monthly briefings and members resource area of the Network website

Membership fees

Full and associate members - £nil in 2011/12

Affiliate members – £nil in 2011/12

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 work programme developed by an 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 members of the NHS Health at Work Network may utilise the Network logo and branding

Associate and Affiliate members are not permitted to utilise the Network logo or branding but are permitted to use the text statement; '*[name of organisation] is an associate/affiliate member of the NHS Health at Work Network*'

Amended Sept 2011



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 eg 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; the Health and Wellbeing Health Improvement & Protection Directorate and Workforce Directorate at the Department Health in England, the National Director for Health & Work, the Director of NHS Plus, the Faculty of Occupational Medicine, the Society of Occupational Medicine, the Department for Work and Pensions, the RCP Health & Work Development Unit, 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 11 members, with 10 members, drawn from Full member organisations, together with 1 from the Associate member group.

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 reflect a 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 etc

The Board may also invite ex officio representation from partner organisations [eg ANHOPS, ANHONs]. 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 will be made on the basis of existing SHA boundary areas. This arrangement will be reviewed in the light of future structural changes.

The appointment of members to the Network Board will commence in February 2011 with the issue of nomination forms to all members of the Network at 31/1/11. Nominations will close at midnight on 21/2/11.

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
- Member organisations can only stand, propose or second once
- 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 appointment process will be completed by end March and a preliminary meeting of the Network Board will take place at 17.30 on Wednesday 13th April 2011 at the NHS Health at Work Conference in Warwick. The meeting will last for one hour to agree terms of business and dates for meetings in the remainder of the year.

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 Chairman 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 Appointment of the Chairman

The Chairman will be elected from and by the 10 Full members. The tenure of the Chairman's appointment will be for two years.

2.6 Expenses

Meetings of the Network Board will be held in London. 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 for the time being by the NHS Plus team.

2.11 Sub Committees

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

2.12 Annual Report

The Network Board will publish an annual report to members.

January 2011



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 Chairman 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 & business relationships

Network members will relate impartially, honestly and ethically in all professional & 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 Chairman 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 Chairman 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 Chairman 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

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 Chairman 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.

January 2011