



NHS BME NETWORK

NATIONAL CONSTITUTION

HOPE, CHANGE AND BOTTOM UP

NATIONAL CONSTITUTION



CONTENTS

SUBJECT	PAGE
1. NAME AND CONSTITUTION	4
2. AIMS	4
3. OBJECTIVES	4
4. GOVERNANCE	6
4.1 Membership	6
4.2 Meetings and voting	6
4.3 Accountability	7
4.4 Election of Executive Committee	7
4.5 Officers and roles	8
4.6 Finance and accounts	9
4.7 Appointment of staff	9
4.8 Termination of membership	9
5. CODE OF CONDUCT	10
6. AMENDMENTS TO CONSTITUTION	11
7. DISSOLUTION OF NHS BME NETWORK	11

1. NAME AND CONSTITUTION

The name of the group is “NATIONAL HEALTH SERVICE BLACK AND MINORITY ETHNIC NETWORK”. This will be shortened to “NHS BME Network” in this Constitution. Black and Minority Ethnic (BME) is taken here to mean: any person whose ancestral origins are African, Asian, Caribbean, Chinese, Irish, Japanese, Middle Eastern, North African, Romany, the indigenous peoples of the South Pacific Islands, the American continent, Australia and New Zealand. Staff from mainland Europe and any European island etc. Also any persons visiting from overseas. All racial groups as defined in the Race Relations Act (1976) are included.

This Constitution is based on the work carried out to date by the network, consultations across the existing health service regions with network members and three national membership conferences in 2009, 2010 and 2011.

This Constitution will come into effect in April 2012 when the present National Transitional Committee is replaced by a National Executive Committee.

2. AIMS OF THE NHS BME NETWORK

The aim of the NHS BME network is to be an independent and effective voice for BME staff, BME patients, BME service users, carers and members of BME communities, to ensure that the NHS fulfils its statutory duties regarding race equality. While recognising all the protected categories set out in the Equality Act 2010, race equality is the overarching organising principle of the NHS BME Network.

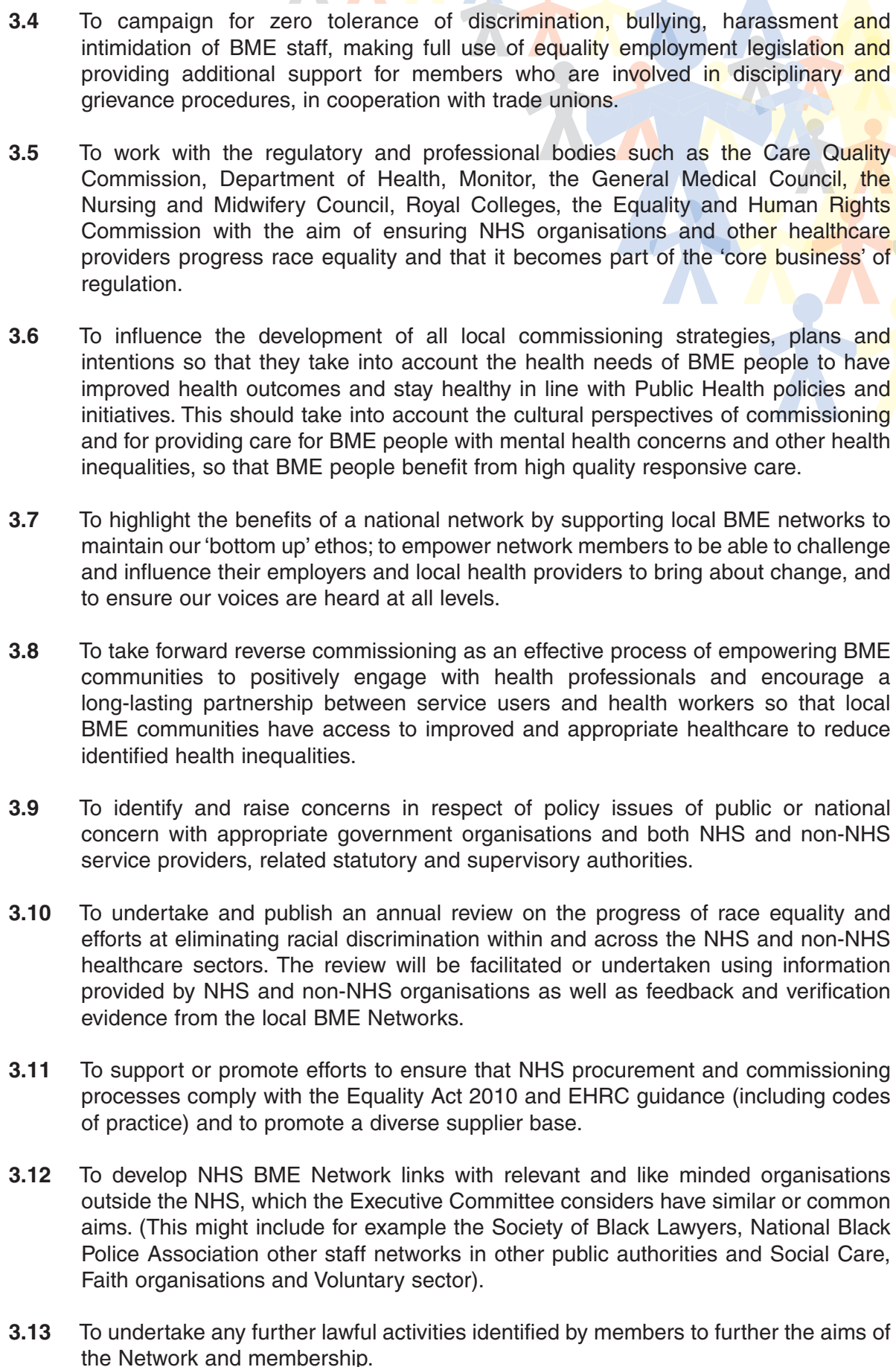
3. OBJECTIVES

The broad objective of the NHS BME Network is to **champion and to challenge**. To champion race equality across the NHS, to give leadership and put forward innovative initiatives and solutions; and to challenge and be a critical friend to all NHS organisations. The goal is to ensure the needs of BME staff, patients, carers, service users and BME communities are taken fully into account in the new local commissioning arrangements and in all NHS organisations; non-NHS organisations providing healthcare and regulators. Our local BME networks are at the heart of the national network which acts as an umbrella organisation to forward their interests.

3.1 To promote race equality and compliance with equality legislation in all component parts of the NHS. This should include the introduction of enforceable minimum performance standards across the NHS to ensure robust ethnic monitoring data is collected, analysed and used to improve the outcomes for staff, patients and service users.

3.2 To promote race equality and compliance with equality legislation in all non-NHS organisations responsible for delivering healthcare. This should include the introduction of enforceable minimum performance standards across these organisations to ensure robust ethnic monitoring data is collected, analysed and used to improve the outcomes for staff, patients and service users.

3.3 To influence the NHS in ensuring that senior NHS leaders have the pre-requisite skills and competencies to lead their organisations to implement race equality initiatives as part of their core business.

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- 3.4** To campaign for zero tolerance of discrimination, bullying, harassment and intimidation of BME staff, making full use of equality employment legislation and providing additional support for members who are involved in disciplinary and grievance procedures, in cooperation with trade unions.
 - 3.5** To work with the regulatory and professional bodies such as the Care Quality Commission, Department of Health, Monitor, the General Medical Council, the Nursing and Midwifery Council, Royal Colleges, the Equality and Human Rights Commission with the aim of ensuring NHS organisations and other healthcare providers progress race equality and that it becomes part of the 'core business' of regulation.
 - 3.6** To influence the development of all local commissioning strategies, plans and intentions so that they take into account the health needs of BME people to have improved health outcomes and stay healthy in line with Public Health policies and initiatives. This should take into account the cultural perspectives of commissioning and for providing care for BME people with mental health concerns and other health inequalities, so that BME people benefit from high quality responsive care.
 - 3.7** To highlight the benefits of a national network by supporting local BME networks to maintain our 'bottom up' ethos; to empower network members to be able to challenge and influence their employers and local health providers to bring about change, and to ensure our voices are heard at all levels.
 - 3.8** To take forward reverse commissioning as an effective process of empowering BME communities to positively engage with health professionals and encourage a long-lasting partnership between service users and health workers so that local BME communities have access to improved and appropriate healthcare to reduce identified health inequalities.
 - 3.9** To identify and raise concerns in respect of policy issues of public or national concern with appropriate government organisations and both NHS and non-NHS service providers, related statutory and supervisory authorities.
 - 3.10** To undertake and publish an annual review on the progress of race equality and efforts at eliminating racial discrimination within and across the NHS and non-NHS healthcare sectors. The review will be facilitated or undertaken using information provided by NHS and non-NHS organisations as well as feedback and verification evidence from the local BME Networks.
 - 3.11** To support or promote efforts to ensure that NHS procurement and commissioning processes comply with the Equality Act 2010 and EHRC guidance (including codes of practice) and to promote a diverse supplier base.
 - 3.12** To develop NHS BME Network links with relevant and like minded organisations outside the NHS, which the Executive Committee considers have similar or common aims. (This might include for example the Society of Black Lawyers, National Black Police Association other staff networks in other public authorities and Social Care, Faith organisations and Voluntary sector).
 - 3.13** To undertake any further lawful activities identified by members to further the aims of the Network and membership.

4. GOVERNANCE

4.1 Membership

The membership of the Network will comprise of any member of staff employed by the NHS or the non-NHS healthcare sector, patients, carers, service users and local community members who are black or from a minority ethnic background.

Each member will be entitled to one vote in any ballot conducted by NHS BME Network. Members elect the Executive Committee by a secret postal ballot.

Membership is free of charge. All members will receive regular update bulletins and are entitled to a discount for attendance at conferences organised by the Network.

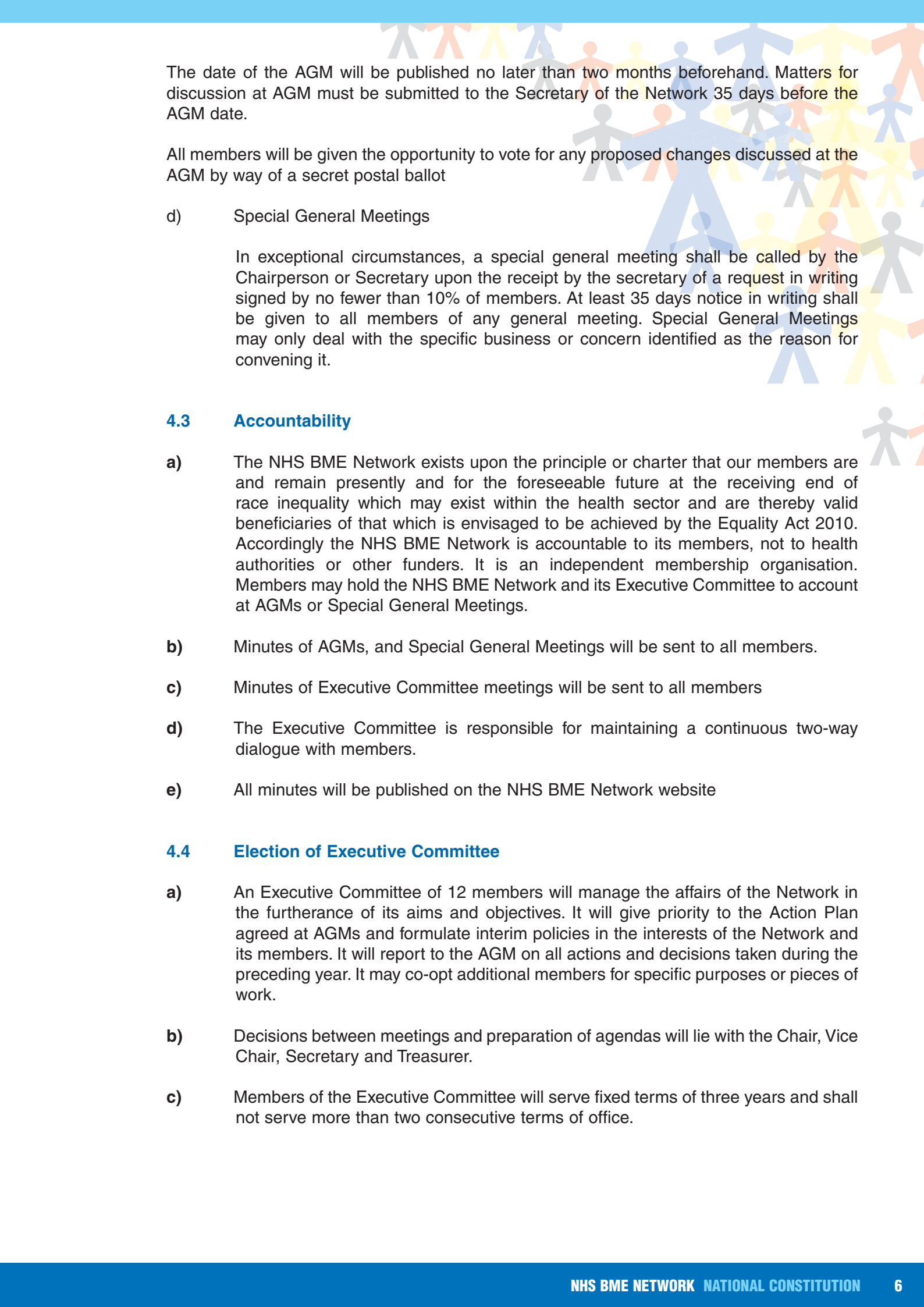
All members of Local BME networks become members of the national network unless they choose to opt out. Individuals not part of a local network may also join. Decisions are taken by individuals.

Affiliate membership: Any supporters from similar organisations, or organisations in their own right, who support and / or are committed to the aims of the NHS BME Network are eligible to be accepted as Affiliate members, subject to approval by the NHS BME Network Executive Committee. Affiliate members do not have voting rights and cannot hold office in the NHS BME Network. They receive the monthly updates and are entitled to a discount for attendance at conferences organised by the Network.

Observer status: NHS organisations and regulators with which the NHS BME Network has an agreement are entitled to Observer status at the AGM and can attend Executive Committee meetings by invitation from the Committee. They do not have voting rights.

4.2 Meetings and voting

- a) One NHS BME Network AGM will be held each year. It will be supported by three general meetings a year. In addition the Executive Committee will meet six times a year. Minutes will be taken at all meetings and circulated to members.
- b) All members of the NHS BME Network may attend the AGM and General Meetings and are entitled to a discount for attendance at conferences organised by the Network.
- c) Role of AGM
 - To approve the minutes of the previous AGM and any Special General Meetings (see below)
 - To receive reports from the office holders and Executive Committee
 - To receive a statement of financial accounts
 - To question the Executive Committee on matters relating to Network business
 - To review progress on the last year's Action Plan and to agree the Action Plan for the coming year
 - To review and propose amendments as needed to this Constitution for consideration by the whole membership
 - To discuss any policy and practice issues which affect the interests of members and service users for consideration by the whole membership



The date of the AGM will be published no later than two months beforehand. Matters for discussion at AGM must be submitted to the Secretary of the Network 35 days before the AGM date.

All members will be given the opportunity to vote for any proposed changes discussed at the AGM by way of a secret postal ballot

d) Special General Meetings

In exceptional circumstances, a special general meeting shall be called by the Chairperson or Secretary upon the receipt by the secretary of a request in writing signed by no fewer than 10% of members. At least 35 days notice in writing shall be given to all members of any general meeting. Special General Meetings may only deal with the specific business or concern identified as the reason for convening it.

4.3 Accountability

a) The NHS BME Network exists upon the principle or charter that our members are and remain presently and for the foreseeable future at the receiving end of race inequality which may exist within the health sector and are thereby valid beneficiaries of that which is envisaged to be achieved by the Equality Act 2010. Accordingly the NHS BME Network is accountable to its members, not to health authorities or other funders. It is an independent membership organisation. Members may hold the NHS BME Network and its Executive Committee to account at AGMs or Special General Meetings.

b) Minutes of AGMs, and Special General Meetings will be sent to all members.

c) Minutes of Executive Committee meetings will be sent to all members

d) The Executive Committee is responsible for maintaining a continuous two-way dialogue with members.

e) All minutes will be published on the NHS BME Network website

4.4 Election of Executive Committee

a) An Executive Committee of 12 members will manage the affairs of the Network in the furtherance of its aims and objectives. It will give priority to the Action Plan agreed at AGMs and formulate interim policies in the interests of the Network and its members. It will report to the AGM on all actions and decisions taken during the preceding year. It may co-opt additional members for specific purposes or pieces of work.

b) Decisions between meetings and preparation of agendas will lie with the Chair, Vice Chair, Secretary and Treasurer.

c) Members of the Executive Committee will serve fixed terms of three years and shall not serve more than two consecutive terms of office.

- d) Nominations for elected positions¹ will indicate the nominee in the post for which he or she is nominated. The nominee can only be nominated for one post in any one election process. The nominee should be proposed (First Proposer) and seconded (Second Proposer) by two members of the Network and contain a signed acceptance by the nominee of office elected. In addition the nominee should provide an additional signed statement consisting of a brief biography (250 words maximum), evidence of work undertaken to progress the race equality agenda (300 words maximum), evidence of suitability for the post for which he or she is nominated (300 words maximum) and a declaration statement that he or she does not and will not hold membership with any other BME Network within the health and/or social care sector, whilst serving as an Executive Committee member for the NHS BME Network. If the nominee has self nominated then they must also be shown as the First Proposer and seconded by another member of the BME Network.

All nominations shall be sent to the secretary of the Network. A list of the candidates' names with proposer's and seconder's names showing the office for which they are proposed shall be sent to each member of the Network.

All individual members of the network are entitled to vote on a national basis for the 12 members of the Executive Committee.²

- e) Executive Committee members will be elected by a secret postal ballot of all members managed by the Executive Committee.

4.5 Officers and roles

- a) Elected positions will include the following and may be staff, patient, service user, carer, or a member of the BME community:

- Chair
- Vice Chair
- Treasurer
- Secretary
- Assistant Secretary
- BME Patient/Service User Liaison Officers x2
- Public Relations/Communication Officer
- Local BME Network Facilitators x 2
- BME Medical Representative
- BME Mental Health Liaison Officer

- b) Role descriptions for each position will be reviewed at the first meeting of the Executive Committee after each election. It is expected that members of the Executive Committee will take responsibility for particular aspects of work.

- c) The Executive Committee has the authority to establish ad hoc sub-committees as needed to work on particular projects or issues which may arise. Sub-committees may co-opt specialist members with approval of the Executive Committee.

- d) Executive Committee members must not hold membership with any other BME Network within the health and/or social care sector to avoid any conflict of interest.

¹ The first elections in April 2012 will be open to all. Thereafter this process will apply.

² The first elections in April 2012 will be managed by the Electoral Reform Society.

4.6 Finance and accounts

- a) ³Responsibility for managing the Network's finances will lie with the elected Chair and Treasurer, who will make arrangements for independent financial management within a NHS organisation.
- b) The NHS BME Network through its Executive Committee is empowered to seek funding or sponsorship to employ staff for particular programmes of work or innovative projects.
- c) Local BME staff networks should seek local sponsorship from their appropriate organisations for local projects.
- d) The Treasurer will maintain accounts of monies received and services in kind provided by NHS and other organisations and report to each AGM.

4.7 Appointment of staff

- a) The NHS BME Network Executive Committee will appoint staff as appropriate, subject to available funding. The appointed staff will be accountable to the Chair of the NHS BME Network
- b) Job descriptions will be produced for any staff post and recruitment, selection and progression will comply with the Employment Duty in the Equality Act 2010.
- c) Any staff who are appointed will be required to demonstrate commitment to the aims of the NHS BME Network.
- d) Appointed staff will report to the AGM through the Chair.

4.8 Termination of membership

- a) Individual members: the Executive Committee will have the power to terminate membership for any member who does not comply with the Code of Conduct below, who does not support the aims of the Network or who brings the network into disrepute. The member concerned will have the right to represent their case at an Executive Committee meeting before termination of membership. A majority vote of the Executive Committee is required to terminate membership. Members may appeal to the AGM. In the event of disagreement the Chair will have the casting vote.
- b) Local BME networks: the Executive Committee will have the power to terminate membership for any local BME Network who does not comply with the Code of Conduct below, who does not support the aims of the Network or who brings the network into disrepute. The local network has the right to represent their case at an Executive Committee meeting before termination of membership. A majority vote of the Executive Committee is required to terminate membership. The local network may appeal to the AGM. In the event of disagreement the Chair will have the casting vote.
- c) Executive Committee Member: the Executive Committee may terminate the membership of an Executive Committee member who does not comply with the Code of Conduct below, who does not support the aims of the Network or who brings the network into disrepute. The Executive Committee member has the right to represent his/her case at an Executive Committee meeting before termination of membership. A majority vote of the Executive Committee is required to terminate membership. Members may appeal to the AGM. In the event of disagreement the Chair will have the casting vote.

³At present under the National Transitional Committee finances are managed by Brighton and Sussex University Hospitals NHS Trust on behalf of the Network.

- d) Affiliate membership: the Executive Committee has the right to terminate membership of any affiliate member who does not comply with the Code of Conduct below, who does not support the aims of the Network or who brings the network into disrepute. The member concerned will have the right to represent their case at an Executive Committee meeting before termination of membership. A majority vote of the Executive Committee is required to terminate membership. Members may appeal to the AGM. In the event of disagreement the Chair will have the casting vote.

5. CODE OF CONDUCT

- a) All members and local BME networks must uphold and demonstrate commitment to the aims, objectives and policies of the NHS BME Network.
- b) Members are required to conduct themselves with high standards of professional integrity and conduct which will not have a detrimental impact on the Network or its members.
- c) Discrimination and harassment on any grounds will not be tolerated. Members must give and are entitled to receive dignity and respect from colleagues and in dealings with health authorities.
- d) Members holding elected office must be committed to giving the time and attention required to fulfil their expected roles. They must show evidence of active participation. They will be expected to attend Executive Committee meetings unless there are good reasons for their absence which are explained to the Committee. The Executive Committee may decide to terminate membership if more than two meetings are missed per year unless evidence of exceptional circumstances is provided or no evidence of active participation is shown.
- e) Any member of the NHS BME Network who serves on the Executive Committee cannot bid for paid work concerning the Network as this would be a clear conflict of interest. A conflict of interest will also arise if any family member of an Executive Committee member bids for any paid work concerning the Network.
- f) Members are expected to abide by the Nolan Principles of standards for public life: these are:
- **Selflessness** Holders of public office 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** Holders of public office 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, holders of public office should make choices on merit.
 - **Accountability** Holders of public office are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office.
 - **Openness** Holders of public office 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 clearly demands it.
 - **Honesty** Holders of public office 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** Holders of public office should promote and support these principles by leadership and example.



6. AMENDMENTS TO CONSTITUTION

Any amendment to this Constitution can only be made by a secret postal ballot of all members. Amendments must be supported by 51% of members.

7. DISSOLUTION OF NETWORK

The NHS BME Network can be dissolved only by

- a) Discussion at an AGM and majority agreement to put dissolution to a postal vote.
- b) A postal vote of all members. A two-thirds majority of all members is required for dissolution to come into effect.
- c) A period of six months will be allowed to enable the Executive Committee to finalise outstanding business and complete financial accounts.

Date

Signed by

Approved by members

Constitution to be reviewed at each annual AGM and any proposed changes to be considered by the whole membership by a secret postal ballot.



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www.nhsbmenetwork.org.uk