Becoming a Public Governor of the NHS Trust

Information for prospective Public Governors
Information for Potential Public Governors

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1. Introduction to this Guide
This information pack is intended to help you if you are considering becoming one of the first Public Governors with Derbyshire Community Health Services NHS Trust (DCHS). For convenience we have used “DCHS” or “the Trust” in this document when referring to the organisation.
A list of useful resources is provided at the back of this document. All these additional resources are available on our website http://www.dchs.nhs.uk/dchs_about_us/members or by contacting the DCHS Foundation Trust Membership Office on members@dchs.nhs.uk or 01773 599482.

2. What is the role of a Governor?
Governors represent the views of and provide a link to our public, staff and partner organisations. Our governors are the guardians of our mission and values. They will help DCHS achieve its objectives. By creating a Council of Governors we have a real opportunity to engage with the communities we serve, and for these communities to help bring about real change.

DCHS is committed to equality and diversity and wants to ensure that our membership profile and make up of our Council of Governors reflects our local community.

Governors will hold us to account for delivering the strategy and objectives we develop with them and our commissioners and stakeholders.

Governors are a vital part of the NHS Foundation Trust mechanism for local accountability. As a Council, Governors have key responsibilities such as the appointment of the Chairman and Non-Executive Directors on the Board of Directors, the selection of the external auditor and development of an active membership.

They are not responsible for the day-to-day running of the organisation, which rests with the Board of Directors. However, Governors have an important advisory role to the Board of Directors. For example, the Board must consult the Governors on the development of the Trust’s Annual Plan, which sets out its commitments and priorities for the coming year.

There is an important role in acting as the eyes and ears of the membership as regards the quality of the service that we provide. There are opportunities to work on specific projects and to represent the Foundation Trust locally and nationally.

In summary, successful Governorship is essential to a successful NHS Foundation Trust.
3. What are NHS Foundation Trusts?

NHS Foundation Trusts (FTs) are not-for-profit, public benefit corporations. They are part of the NHS and provide over half of all NHS hospital and mental health services. NHS FTs were created to devolve decision making from central government to local organisations and communities. They provide and develop healthcare according to core NHS principles; free care, based on need and not ability to pay.

They are free-standing businesses within the NHS and, as such, each has a Board of Directors that is responsible for the delivery of high quality NHS care, financial efficiency, forward planning and innovation.

In return for these new freedoms, NHS FTs have important new accountabilities:

- Residents of Derbyshire, City of Derby and Rest of England can become public members of the Trust. Public Members with a strong interest in the running of the Trust can stand for election as Public Governors, giving them a voice on local healthcare on behalf of their communities
- Staff Governors elected by the people we employ
- Partner Governors nominated by the organisations that we work with
- The Public Governors, Staff Governors and Partner Governors come together as the Council of Governors. This important body has significant powers, which are described later in this pack. The Council of Governors is chaired by the Chairman of the Trust
- We are accountable through Monitor, the independent regulator of NHS Foundation Trusts, to Parliament.

Through this we remain fully accountable as part of the National Health Service both to the local communities that we serve, our staff who provide the services and to the tax paying public across the UK.

4. Am I Eligible to Apply to be a Public Governor?

DCHS welcomes applications from our public members and will support any public member to fulfil their role as a Governor.
5. The structure of our Council of Governors

Earlier this year we completed a public consultation on our application to become an NHS Foundation Trust. As part of this consultation we sought views on the make-up of our Council of Governors.

As a result of the feedback we received, our constitution allows for 30 Governors. These Governors will represent the people we serve, the staff who provide our services and the partners we work with in the local community.

| Public Elect | 17 | Amber Valley, Erewash & South Derbys | 6 |
| Staff Elect  | 10 | Nursing                                | 3 |
| Partners Elect | 3 | NHS Commissioners                      | 1 |
|               |    | Bolsover, Chesterfield & NE Derbys     | 5 |
|               |    | Medical & Dental                       | 1 |
|               |    | Derbyshire Dales & High Peak           | 4 |
|               |    | Other Registered Professionals         | 2 |
|               |    | Healthcare Support Staff               | 2 |
|               |    | Facilities & Estates                  | 1 |
|               |    | Local Improvement Network              | 1 |
|               |    | City of Derby                          | 1 |
|               |    | Rest of England                        | 1 |

Total 30 Governors

Public Governors

Every NHS Foundation Trust is required to have a majority of Public Governors on the Council of Governors. Our Council will include 17 Public Governors, elected from five separate constituencies across Derbyshire, Derby City and the Rest of England.

Staff Governors

Our Council will include 10 Staff Governors, elected from six separate constituencies amongst our staff. Staff Governors will not deal with any individual or personal issues that may involve staff, such as disciplinary procedures or changes to staff contracts. The Staff Governor’s role is very different from trade unions, professional bodies and staff-side organisations.

Partner Governors

Every NHS Foundation Trust is required to have Partner Governors from NHS Commissioners and Local Authorities. Our Council will include 3 Partner Governors, nominated by their organisation.
6. Practical examples of what Governors can do

Patient experience
Governors can take part in focused work on aspects of patient experience, for example in regular audits of hospital cleaning and involvement in a working group to review signage in the Trust.

Quality
Governors may assist the Trust in the development and implementation of the Trust’s quality programme. Governors monitor the quality of the services delivered by the hospital to identify priorities for improvement and provides input into the annual Quality Account which the Trust is statutorily required to publish. Governors play a lead role in seeking ways to make the document more accessible and readable.

Governors can join in the monthly half-day Senior Nurse Clinical rounds in specified areas to check on practice compared to the Essential Standards laid down by the Care Quality Commission (CQC).

Governors could establish a Quality Awards scheme for individual members of staff or teams who have made an outstanding contribution to quality for patients in terms of safety, patient experience and clinical effectiveness.

Engagement with Foundation Trust members and the general public
Governors are concerned with the development and implementation of the Trust’s membership strategy, including recruitment, retention and engagement. Governors support this in a number of ways including:

- Proofreading and suggesting amendments to hospital publications to make sure they can be easily understood by the general reader
- Hosting regular ‘Meet a Governor’ sessions
- Attending events with the Membership Team to recruit new members
- Participating in the Annual Members’ Meeting to highlight and explain the role of the Governors and give a brief account of the previous 12 months
7. What is the Commitment for Governors?
To be effective, the Council of Governors must meet a sufficient amount of times to carry out its work yet not too often that meetings become of little value. Every year there will be a minimum of four Council meetings including the Annual General Meeting. These meetings are the core commitment.

It would be wrong to assume it all ends there, however, because there will be Governor working groups, meetings with Members, joint workshops with Directors, visits and some reading that are all important to effective Governorship.

Governors do not have to take part in working groups. However, Governors from established NHS FTs say that it is here that they get most satisfaction from their work.

This means that you might typically expect to commit up to two days per month to your role as a Governor, which could include Council meetings, working groups, reading, meetings with members and visits.

When you are first appointed there will also be an induction and training programme to help you understand more about the role of being a Governor.

8. How long would I be a Governor?
For our first election, we will be electing Governors to hold office for either two or three years following election, to ensure that they do not all come up for re-election at the same time. All Governors may apply for re-election as long as they continue to be a public member of DCHS.

If a Governor should resign, or if they cease to be eligible for any other reason, then their position as a governor comes up for re-election.

9. How do I Apply?
All members will receive a nomination form through the post to their home address. However, before completing this we would encourage you to attend one of our introductory sessions (see page 8). Don’t worry if you are not able to attend one of these sessions as information and advice is also available from the Membership Office.
In order to apply, you will need to complete the nomination form by providing:

- Your full name and title, and your name as you wish it to appear on the ballot paper (if different)
- Your address for correspondence, contact telephone number (if available), contact email (if available) and date of birth – this information is for use by the Trust and by Electoral Reform Services who will run the election for us. It will not be printed in the ballot paper
- The constituency in which you are standing for election
- An election statement of no more than 150 words. Please read the guidance on election statements before completing this section, and read through your statement carefully before returning your nomination form. Statements will be cut off after 150 words so please make sure that you do not exceed the word limit
- Your declaration of interests (including whether you are a member of a political party, and have any financial or other interests in the Trust – for instance, you are related to an employee of the Trust)
- A declaration that you are eligible to be a Public Governor of the Trust.

10. Introductory Sessions for Potential Public Governors

If you are interested in becoming a Public Governor, please come along to one of our introductory sessions where you can find out more.

There is no commitment involved; these sessions are simply intended to provide you with more information and offer an opportunity for you to ask questions about the role. If you do decide that you would like to stand for election, then we can also provide support with nomination forms and other aspects of the election process.

Please find a list of the dates and venues on the following page.
Don’t worry if you are not able to attend one of these sessions as we are also happy to provide information and advice by telephone, email or post:

**Post:** Membership Office, Communications Team, Babington Hospital, Derby Road, Belper, DE56 1WH

**Telephone:** 01773 599482

**Email:** members@dchs.nhs.uk

### 11. Guidance on Election Statements

Full guidance on election statements will be provided with your nomination form, but in brief:

- You may wish to consider the following themes when preparing your statement: your reason for standing as a Public Governor, the skills you could bring to this role and your relationship/contact with the Trust
- Your election statement will be reproduced and circulated to voters with the ballot paper. Please note that in the interest of fairness, we will ensure candidates’ election statements are reproduced exactly as they have been
submitted. Therefore, please check your election statement carefully for any grammatical or spelling errors before submitting it

- We reserve the right to edit or refuse to publish your election statement if it is factually inaccurate or contains libellous material
- Please state the total number of words used at the end of your election statement in the space provided. If your election statement exceeds the word limit, it will be cut at the word limit and followed by the words ‘statement cut at word limit’
- You are encouraged to submit a photo to support your election statement
- Failure to provide an election statement by close of nominations will not invalidate your application; instead, the words ‘statement not received’ will be published in the space where your statement would have appeared
- The following information will accompany your election statement: your name as you wish it to appear; the constituency in which you are standing; your declaration of Interests.

12. **Election Timetable**

We are currently finalising arrangements for our elections, but expect these to take place in June/July 2012. All members will be sent ballot forms, inviting them to vote in the election. This form will include brief information about every candidate, including their election statement.

Prospective Governors are not expected to undertake significant electioneering. Our election rules stipulate that that you cannot spend more than £100 on activities related to the election (e.g. leaflets, websites, and other publications).

13. **How will the Council of Governors operate?**

As we have not yet been established as an NHS Foundation Trust, our first Governors will have an important role in helping us to shape the role of Governors and how the Council of Governors will operate in the future. As such we cannot provide you with precise details on how the Council of Governors will be run at this stage – but we can promise you the opportunity to influence our development.
As mentioned in Section 6, we expect there to be four meetings of the Council every year including the Annual General Meeting. Meetings will be chaired by the Chairman of the Trust. They will be held in public, and the meetings will be rotated between afternoon and evening meetings to allow maximum attendance.

The main function of the Council of Governors is to satisfy itself that the Board of Directors acts in a way which is consistent with DCHS’ objectives. They do this as guardians of the NHS Foundation Trust and in an advisory capacity by providing the stakeholder, public or staff representation to the strategic direction of the NHS Foundation Trust. This includes supporting the Trust to develop and grow our membership, and improve the ways we engage with them. The business of Council meetings will focus on these issues and the specific statutory responsibilities of the Council of Governors of the NHS Foundation Trust, which include:

- Appointing the Chairman and Non-Executive Directors of the NHS Foundation Trust
- Approving the appointment of the Chief Executive
- Appointing and removing the NHS Foundation Trust’s external auditor
- At the Annual General Meeting, considering the NHS Foundation Trust’s annual accounts, auditor’s report and annual report
- Setting the remuneration of the Chairman and Non-Executive Directors
- Undertaking consultation with the Board of Directors on the development of forward plans for the NHS Foundation Trust and any significant changes to the health care provided by DCHS.

We can also provide you with sample agendas and minutes from meetings from other Council of Governors in another NHS Foundation Trusts to give you an indication of how these Councils operate.

14. Day-to-day management
The day-to-day operational management of the Trust rests with the Board of Directors, as does the legal responsibility for the organisation. Governors are not involved in the day-to-day running of the Trust, but will have an important role to influence the Trust’s priorities through the Council of Governors and through working groups.
Recruitment of Governors to serve on working groups will take into account the individual’s availability and interests and any necessary training will be provided.

15. Support for Governors

Induction and Training
A tailored induction programme will be developed for new Governors. This comprehensive programme will be designed to provide all Governors with the opportunity to learn more about their role as a Governor, the information necessary to support them in the discharge of their duties and further an introduction to the ways in which Governors can (and should) contribute to and influence developments at the Foundation Trust.

The Formal Induction Session – within three months of appointment, will cover the following areas:

- Governor Resource Pack – an information guide to support the induction programme
- Background and introduction to DCHS and to the NHS including the regulatory regime and HNS finances
- Concept and principles of NHS Foundation Trusts
- Role of Governors, the Chairman and the Board of Directors
- DCHS Service provision and where our patients come from
- Understanding ‘patient choice’
- Understanding ‘standards’ and ‘quality’ in the NHS
- DCHS Corporate Strategy
- Aspects of being a Governor such as the workings of the sub committee
- Structures of the Board of Directors and the Council of Governors and procedures for meetings, contributing to agendas and claiming expenses
- Meetings with Directors and senior staff.

The Chairman will hold an informal introductory session for newly elected Governors prior to attending their first Council of Governors meeting. The Council of Governors as individuals or as a collective group may seek additional training or skills in specific areas. This will be agreed with the Chairman.
The Trust will plan to develop Governors further through:

- Meetings with the Board of Directors – a joint workshop with the Board of Directors will take place at least twice a year, when both groups come together in a private meeting
- Introduction to Confidentiality - all Governors are expected to adhere to the NHS Foundation Trust policies and procedures and will be bound by the NHS Foundation Trust code of conduct. Advice will be available if Governors are unsure of the confidentiality boundaries within a particular situation or issue raised
- Support - DCHS encourages potential Governors from all sections of society and will provide support to those with special needs to carry out their role
- Information about Reimbursement - Governors do not receive remuneration but DCHS pays travelling and other expenses incurred by Governors (including caring costs). Staff and stakeholder Governors will adhere to the same expense policy
- Corporate Documents – Governors will be provided with a copy of the Annual Report and other corporate documents about the Trust
- In addition, the Foundation Trust network has also developed a programme which will be open to all Foundation Trust Governors from member organisations.

16. Governors’ Communication with Members
Communication between members and Governors will be supported through the Membership Office. This includes supporting you to engage and communicate with the public that have elected you. Secretarial support and other information can also be provided and we will also arrange regular sessions where members can meet with Governors.

Council meetings will be publicised via press releases and on our website.

17. Eligibility to be a Governor
Our Constitution sets out several requirements for eligibility to be a Governor. These are based on the model constitution provided by Monitor, which is offered as guidance to all NHS Foundation Trusts.

These requirements are summarised on the next page, but please refer to the latest version of our Constitution which should be considered as the definitive document.
18. Detailed information about eligibility to be a Governor
A person may not become a Governor of the NHS Foundation Trust, and if already holding such office will immediately cease to do so if:

- They are a Director of the NHS Foundation Trust, or a Governor or Director of another NHS Foundation Trust (unless that Trust is appointing them under our constitution, for example, they are a nominated Partner Governor)
- They are a person who is the spouse, parent or child of a member of the Council of Governors Board of Directors of the NHS Foundation Trust
- They are under 16 years of age at the time of nomination for election or appointment
- They are a member of the local Authority’s Health and Scrutiny Committee covering health matters
- As a member, they fail to sign a declaration of eligibility
- As a member, they fail to make any declaration as required by the Constitution
- They fail to agree to comply with the Trust’s Code of Conduct for Governors
- They are the subject of a Sex Offenders Order and/or his name is included in the Sex Offenders Register
- They are not considerable suitable on the basis of disclosures obtained through an application to the Criminal Records Bureau
- They have within the preceding two years been dismissed, otherwise than by reason of redundancy or ill health, from any paid employment with a health service body
- They are incapable for any reason of administering or managing their own property or affairs
- They are a person whose tenure of office as the Chairman or as a member or Director of a health service body has been terminated on the grounds that their appointment is not in the interests of the health service, for non-attendance at meetings, or for non-disclosure of a pecuniary interest
- They have previously been removed from the office of Governor of the Trust in accordance with Trust policy.

19. Termination of Office and Removal of Governors
There are several ways in which a Governor can leave office, or be removed from office. These include:
• Resigning in writing to the Trust Secretary
• If the Trust becomes aware that they are ineligible to be a Governor in accordance with the Constitution
• They fail to attend two meetings in any financial year, unless the other Governors are satisfied that: the absences were due to reasonable causes; and they will start attending meetings of the NHS Foundation Trust again within such a period as they consider reasonable.
• In the case of an elected Governor, they cease to be a member of the Trust or a member of the constituency they represent
• In the case of an appointed Governor the appointing organisation terminates their appointment
• Without good reason they have failed to undertake any training which the Council of Governors requires all Governors to undertake
• They have failed to sign and deliver to the Trust Secretary a statement in the form required by the Council of Governors confirming acceptance of the Governors’ Code of Conduct
• They refuse to sign a declaration in the form specified by the Council of Governors that they are a member of one of the constituencies and are not prevented from being a member of the Council of Governors
• They are removed from the Council of Governors by a resolution approved by a majority of the remaining Governors on the grounds that:
  o They have committed a serious breach of the Code of Conduct, or
  o They have failed to declare a material interest, or
  o They have acted in a manner detrimental to the interests of the NHS Foundation Trust, or
  o The Council of Governors consider that it is not in the best interests of the NHS Foundation Trust for them to continue as a Governor.
20. More about the Trust
For your convenience you may find some useful information about DCHS below:

About DCHS
DCHS is one of the largest providers of specialist community healthcare in the country employing approximately 4,700 staff with an annual income of approximately £184 million.

On 1 April 2011 DCHS become a stand-alone legal entity as an NHS provider organisation, separating from Derbyshire County Primary Care Trust and all associated commissioning functions. This change was in line with the coalition government’s proposals to reform the NHS in England.

Our Vision, Ambitions, Principles and Values
Over several years we have developed and refined our vision, ambitions, principles and values as an organisation; these have been developed in partnership with all Public and key stakeholders:
On an average day:

- 1,960 people are supported by our district nurses
- 1,050 families are supported by our Health Visiting Service
- 150 patients are seen in the diagnostic and treatment centres
- 500 patients are seen by our Community Podiatry Service
- 400 patients are seen within the Therapy Service
- 293 patients are cared for as inpatients in our community hospitals.

DCHS Way

In order to take the organisation forward and to underpin our brand, vision and strategy we have developed the DCHS Way to remind service users, staff and partners of our key principles and priorities. The DCHS Way underpins all of DCHS systems and processes to ensure a consistent drive in taking the organisation forward both as a foundation trust but also as a high quality sustainable provider of health care. The DCHS Way is structured around our organisational objectives and is built around the concept of Quality Service, Quality People and Quality Business.

![DCHS Way Diagram](image)

In essence, DCHS aims to provide personalised and safe care, promote the health and well-being of all, enhance the life chances of many and promote independence and opportunity wherever possible. We are the only organisation locally with the aspiration and specialist expertise to provide the sorts of care which people need, every day, if they are to be looked after in or as near to their home as possible.
Facts and Figures

Our Services

Our services are organised into four divisions, these are shown below. These divisions reflect our aim to promote the health and wellbeing of all, to enhance the life opportunities of many and to promote independence and opportunity wherever possible.

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<tr>
<th>Integrated Community Based Services (North &amp; South Derbyshire)</th>
<th>Health Wellbeing &amp; Inclusion</th>
<th>Outpatient &amp; Day Case Services</th>
<th>Health Promoting Environments &amp; Services</th>
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<td>Urgent Care</td>
<td>Children’s Services</td>
<td>Consultant Outpatients</td>
<td>Estates and Building Management</td>
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<td>Rehabilitation</td>
<td>Speech &amp; Language Therapy</td>
<td>Physiotherapy</td>
<td>Portering Service</td>
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<td>End of Life Care</td>
<td>Contraception &amp; Sexual Health</td>
<td>Occupational Therapy</td>
<td>Cleaning Service</td>
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<td>Community Therapy</td>
<td>Health Promotion Service</td>
<td>Podiatry and Podiatric Surgery (Feet)</td>
<td>Catering Service</td>
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<td>Brain Injury</td>
<td>Dental Service</td>
<td>Specialist Wheelchair Service</td>
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<td>Older People’s Mental Health</td>
<td>Prison Healthcare</td>
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<td>Learning Disability</td>
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<td>Community Nursing</td>
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We have ambitious plans for the future - to deliver high quality and sustainable services that echo the values and aspirations of the communities that we serve.

Our patients tell us that they value our services, but we know that there is more we can do to improve not only the services we provide, but how the wider health and social care economy can provide a package of care to local people.

The Integrated Business Plan (IBP) describes our proposals for clinical services that will improve patients’ outcomes and experiences; maintain the required quality of service; and deliver the required efficiencies and other requirements of our commissioners.

**In summary, we aim to:**
- Provide services which are well coordinated between all organisations involved
- Design outpatient and other services as a ‘one stop shop’ to avoid people having to make multiple visits
- Provide these services less in hospitals and more in, or as near to, people’s homes as possible, using community teams such as district nurses, backed up by specialist support and greater use of technology, including telehealth
- Change our current day services as part of this coordinated care so that they link in better with our other services, are more easily accessed and provide even better rehabilitation
- Have services which recognise that older people have both physical and mental health needs, and using our expertise in both areas to tailor services accordingly
- Support people with learning disabilities in the community where possible, rather than in inpatient settings and using our specialist expertise to improve the skills and confidence of mainstream NHS staff to look after people with learning disabilities
- Work more closely with the local council to join together our services for children and families to ensure they receive easily accessible and well coordinated support
- Use our health promotion expertise to improve the health and wellbeing of our patients when they access any of our services
- Integrate our contraception and sexual health services and stop smoking services across Derby and Derbyshire
- Continuing to develop the services we provide in Leicestershire County and Rutland
• Providing podiatric surgery and other outpatient services in areas beyond Derbyshire where we can support our aim to provide personal and good quality community care
• Providing services in clean, modern, flexible premises, with free parking, where people are met by friendly staff. We will review our current hospitals and clinics to ensure we have the right facilities in the right places to meet our patients’ needs and support our service development plans.

Our Estate
We deliver our services from 133 sites in Derbyshire comprised of owned, leased and Local Improvement Finance Trust (LIFT) buildings. In addition, we deliver a range of services in other areas/counties:
• Derby City
• Leicestershire County & Rutland
• North Staffordshire
• South Staffordshire
• Nottingham City
• Nottinghamshire.

NHS Foundation Trust Management Structure
When we become an NHS Foundation Trust, the Board of Directors of the Trust will comprise of:
• Chairman (Andrew Fry) and five Non-Executive Directors
• Chief Executive (Tracy Allen) and six Executive Directors: Finance Director, Director of Strategy, Director of Service Delivery, Director of Quality/Chief Nurse, Medical Director and Director of Human Resources and Organisational Development.

21. Useful Resources
The following resources are available from our website – just visit our website at www.dchs.nhs.uk
  o DCHS Foundation Trust constitution, including:
    • Annex 1 – The Public Constituency
    • Annex 2 – The Staff Constituency
    • Annex 3 – Composition of Council of Governors
    • Annex 4 – The Model Rules for Elections
• Annex 5 – Additional Provisions – Council of Governors
• Annex 6 – Standing Orders for the Practice and Procedure of the Council of Governors
• Annex 7 – Standing Orders for the Practice and Procedure of the Board of Directors
• Annex 8 – Further Provisions

- Membership Strategy
- Report and Public Summary on Public Consultation on our plans to become an NHS Foundation Trust
- Annual Report 2010/11
- DCHS Integrated Business Plan
- Quality Account 2010/11
- DCHS Corporate Brochure
- 24-hours in the life of DCHS booklet
- Agendas and Minutes from meetings of the Trust Board
- Examples of Agendas and Minutes from the Council of Governors from other NHS Foundation Trusts.

These are also available on request from the Membership Office.
Are we accessible to you? This publication is available on request in other formats (for example, large print, easy read, Braille or audio version) and languages. For free translation and/or other format please call 01773 525099 extension 5587, or email us at: communications@dchs.nhs.uk