

ASSOCIATION OF COMMUNITY HEALTH  
COUNCILS FOR ENGLAND AND WALES



## NHS Trusts Meeting in Public

August 1998

## **Summary**

In July 1997, the new Health Secretary Frank Dobson announced that Trust Boards should start holding their meetings in public, in line with a long-standing demand from Community Health Councils.

In September 1997, ACHCEW circulated to CHCs a list of steps that Trusts can take to ensure that their meetings are open, which is reproduced here. In January, CHCs were asked to submit to ACHCEW any feedback on their experiences to date. The responses are summarised, with selected responses reproduced in Appendix I.

In February 1998, NHS Trusts were put under a legal obligation to hold their meetings in public and the Department of Health has prepared guidance on how best to implement this requirement.

ACHCEW welcomes the Government's steps while recognising that CHCs will need to keep a close eye on Trusts to ensure that the openness of Board meetings does not become, in Frank Dobson's words, a "cosmetic exercise". Appendix II consists of a checklist, drawn up by Shropshire CHC, which could help CHCs in this task.

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## 1. Introduction

In July 1997, Frank Dobson, the Secretary of State for Health, announced his intention to require NHS Trusts to hold their Board meetings in public. This was already a requirement for health authorities and was part of the wider move to make NHS Boards more representative of the communities they serve and to allow the public to become more involved in the work of the Boards. In a letter to the Chairs of Trust Boards dated 30 July, Mr Dobson wrote: "I believe that only in this way will we widen public participation in the running of the NHS. The public will gain a wider understanding of the constraints and opportunities we face. They will themselves become more involved in their local health service and have a greater voice in how their taxes are spent on their health care".

In September 1997, ACHCEW wrote to CHCs in the Association to flag up a number of issues which could be considered as Trusts acted on the Health Secretary's letter. The next section reproduces ACHCEW's suggestions.

## **2. Steps Trusts can take to ensure their meetings are open**

### **CHCs**

Trusts should allow a representative of the CHC to have speaking rights at meetings. Although not a statutory requirement a number of Trusts already allow this. Trusts should allow CHCs to place items on the agendas for meetings.

### **Advertising**

Trusts should take steps to inform people about the meetings, giving them details about the purpose of the meetings and their significance in relation to local health services. In the initial stages they may need to set up stands at, for example, libraries and supermarkets. Prominent articles in local papers could also be used to get the message across.

### **Advance notice of meetings**

Trusts will need to give advance notice of the meetings together with the venues. Agendas for meetings should also be available in advance of the meetings.

### **Access**

The *Code of Practice on Openness in the NHS* states that "public meetings must be held in easily accessible venues, and at times when the public are able to attend". Trusts may need to canvas opinion to find out at which times members of the public would be most likely to attend a meeting. They may also need to experiment with the timing of their meetings to see which times attract more members of the public.

Trusts will need to ensure that the venues chosen have full disability access. They will also need to ensure that the venues are easily accessible in terms of public transport and that there is sufficient parking available for people using cars.

It would be good policy, particularly if the Trusts have a large catchment area, to rotate the venues for the meetings to encourage different people and communities to attend.

A Department of Health publication, *Encouraging User Involvement in Commissioning - A Resource for Commissioners* (1996), lists a number of things that a group of older people felt would make a meeting work well for everyone. Many of these points would be relevant to Trust board meetings. The points are listed:

- information about where the meeting is, access and assistance details
- someone to contact before the meeting about any queries
- someone being at the door of the venue to direct/help people
- welcoming people to the meeting and making sure everyone knows who other participants are
- information about issues to be discussed available in advance
- materials printed in large print
- print information put into Braille
- information available in advance on tape
- reading out any information presented at meeting (eg on overheads)
- care being taken with lighting
- loop system
- lip speaker/sign language interpreter/touch signer
- language interpreters
- good acoustics in meeting room
- no jargon
- only one person speaking at a time
- breaks for rest
- refreshments (culturally appropriate)
- seating at different heights
- room being laid out so that participants can be clearly seen and heard
- non-slip floors
- wheelchair access
- good circulation space in meeting room for wheelchair users
- tables to rest papers/refreshments on
- accessible toilets
- parking
- assistance with transport costs, childcare costs, personal assistance costs
- personal assistance available

### **Limit the use of closed sessions**

Trusts must be fully committed to holding their meetings in public and must not discuss items in the closed sessions of the meetings unless it is absolutely necessary and in accordance with existing guidelines. Neither should they discuss items or make decisions at 'secret' meetings when the appropriate forum would be the board meeting.

In order to maintain a degree of openness Trusts should invite representatives from CHCs to attend closed meetings.

### **Questions**

Frank Dobson's reference to "public participation" suggests that Trusts should make provision for members of the public to put questions and comments to the board.

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### **Use of language**

Trusts should, wherever possible, avoid the use of jargon and technical language.

### **Feedback**

Trusts should give feedback about actions taken etc as a result of discussion and decisions made at previous meetings.

### **3. CHCs' experience of Trust Board openness in early 1998**

In January 1998, ACHCEW wrote around to member CHCs to ask about their experience of Trust Board openness. Eight questions were raised, drawing on the guidance circulated by ACHCEW the previous September:

1. Do Trusts allow CHC representatives to have speaking rights?
2. Are the Board meetings adequately advertised?
3. Is there sufficient advance notice with agendas available?
4. Are the meetings held in line with good practice on accessibility?
5. Do you suspect that in practice important decisions or discussions are taking place in closed sessions, informal "briefings" etc?
6. Are members of the public invited to ask questions at meetings?
7. Do Trust Board members avoid jargon and technical language?
8. Do Trusts give feedback about actions taken following discussion and decisions at previous meetings?

CHCs were also invited to make any comments on related matters.

The response rate was not as high as would be the case for a more structured ACHCEW survey of CHCs and the responding CHCs may not have been typical. Also, many Trusts may have improved their practice since the CHCs replied to ACHCEW's letter. Nevertheless, there are lessons to be learned from the respondents' comments and experiences. Selected responses from CHCs are set out in the Appendix. In summary, the responding CHCs commented along the following lines:

#### **Do Trusts allow CHC representatives to have speaking rights?**

Many CHCs reported that they did not have speaking rights at Trusts. Some said the CHC observers were allowed to speak along with individual members of the public in a slot set aside for the purpose. In some cases, the Trust Board Chair exercised discretion about allowing CHC members to speak. However, most respondents said that Trusts did allow CHC representatives to have speaking rights.

ACHCEW's view is that CHCs should be given the automatic right to send observers to Trust Board meetings, who are able to participate fully in discussions. In response to North East Warwickshire CHC in November 1997, the Health Minister Baroness Jay wrote: "I note your comments about CHCs having observer status at trust board meetings. However, I don't see the need for this so long as trusts are following the legal requirements on open meetings".

#### **Are the Board meetings adequately advertised?**

The respondents were evenly split on this question. Several CHCs reported that Trusts advertised Board meetings in the local press. However, many CHC respondents felt that the arrangements for advertising meetings could be improved to ensure widespread awareness that the public are entitled to attend.



### **Is there sufficient advance notice with agendas available?**

Agendas and papers were generally available to the CHC before the meetings in question. The vast majority of respondents appeared satisfied on this count. It appeared common for papers to be distributed around a week beforehand but shorter periods are also experienced.

Subject to other time commitments, existing practice will often allow CHC observers to read, or at least skim, the papers before the meetings. Intensive discussions with CHC colleagues prior to the Board meetings must be less easy to fit in.

### **Are the meetings held in line with good practice on accessibility?**

Generally CHCs appeared reasonably content with the accessibility of Trust Board meetings. As well as referring to accessibility for wheelchair users, CHCs gave examples of Trusts which rotated meetings around different venues to bring at least some meetings within a reasonable distance from many residents' homes. Other issues raised included the most appropriate time of day for meetings and how the locations tied in with public transport routes.

### **Do you suspect that in practice important decisions or discussions are taking place in closed sessions, informal "briefings" etc?**

Most respondents stated that they do suspect that important business was being conducted behind closed doors. Other respondents stated that there was no evidence that this is the case – perhaps reflecting a range in the attitudes of the respondents as much as in the behaviour of the Trust Boards.

Ministers have taken a strong line on this issue. In his letter to the Chairs of Trust Boards, Frank Dobson stated: "I do not intend this to be a cosmetic exercise. The public should be able to observe the trust's decision making process so that they can understand the internal arguments, tensions and restrictions which lead to a decision. It follows that the public board meeting should not be an orchestrated event with decisions taken behind the scenes in closed session". In her letter to North East Warwickshire CHC, Baroness Jay states: "the only circumstances we envisage where trust board meetings should be held in private session will be where patient confidentiality or staff disciplinary action is involved, or on issues such as pay negotiations".

### **Are members of the public invited to ask questions at meetings?**

There was a mixed response to this question. Several Trust Boards did allow questions in a slot at the end of the public meeting – presumably it would not hurt other Boards to allow participation in the same way.

### **Do Trust Board members avoid jargon and technical language?**

Many respondents reported that Trust Board members did try to avoid terminology which members of the public could find difficult to understand, if only because non-executive members were often not acquainted with the finer points of "NHS speak". However, it is possible that some respondents were answering this question assuming their own familiarity with health care terms and structures. Individual members of the public would not always have had as much previous contact with NHS terminology.

### **Do Trusts give feedback about actions taken following discussion and decisions at previous meetings?**

Most respondents reported proper feedback, through the 'Matters Arising' item on the Agenda or otherwise. Others were concerned about the extent of the information made available on the actions taken after decisions at previous meetings.

### **CHC comments on related matters**

Respondents to ACHCEW's letter made a range of other comments. Clearly the relationship between NHS Trusts and local CHCs varies enormously. Respondents referred to the importance of the personalities involved and the "culture" that has built up within the Trust Board.

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In July 1998, Shropshire CHC released the results of its investigation entitled *How Open, Accessible and User Friendly are NHS Public Trust Board Meetings in Shropshire?* The CHC's checklist for their project is reproduced as Appendix II of this Health News Briefing.

## 4. Conclusion

The Public Bodies (Admission to Meetings) (NHS Trusts) Order 1997 (Statutory Instrument 1997 No. 2763) was laid before Parliament in November 1997 and finally came into force in February 1998. As a result, NHS Trusts have been added to the list of bodies covered by the Public Bodies (Admission to Meetings) Act 1960. The provisions of the Act state that:

- Meetings should be open to the public
- Three days' notice of time and place should be given
- Agendas and papers should be provided
- Newspapers are entitled to report on the proceedings
- Committee proceedings are treated as proceedings of the full body and public access given.

Representatives of the Department of Health and ACHCEW met in April 1998 to discuss the appropriate terms for guidance to Trusts on the implementation of the new requirements. In July 1998 the Department allowed ACHCEW an opportunity to comment on the draft text, which generally represents a serious attempt to grapple with the main issues.

The Labour Government should be congratulated for its determination to open up Trust Board meetings, satisfying a long-standing demand from Community Health Councils. However, it is likely that members of Trust Boards will from time to time feel under pressure to "pull together" for the perceived good of the Trust and to avoid expressing in public possible doubts or concerns about the management or the quality standards being achieved in their organisation. For all the Government's commitment, CHCs will need to keep a close eye on Trusts to ensure that the openness of Board meetings does not become, in the Health Secretary's words, a "cosmetic exercise".

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August 1998

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## **Appendix I – Selected Responses from CHCs**

The statements quoted are from CHCs' responses to ACHCEW's letter except where a response was obtained from the Trust itself.

Eight questions were asked, in addition to inviting CHCs to make any further comments:

1. Do Trusts allow CHC representatives to have speaking rights?
2. Are the Board meetings adequately advertised?
3. Is there sufficient advance notice with agendas available?
4. Are the meetings held in line with good practice on accessibility?
5. Do you suspect that in practice important decisions or discussions are taking place in closed sessions, informal "briefings" etc?
6. Are members of the public invited to ask questions at meetings?
7. Do Trust Board members avoid jargon and technical language?
8. Do Trusts give feedback about actions taken following discussion and decisions at previous meetings?
9. CHC comments on related matters.

## **1. Do Trusts allow CHC representatives to have speaking rights?**

CHC representatives have speaking rights for approximately 15 mins at the end of the meeting

Yes - and we may submit items for the agenda with an assurance that the relevant officers will be there to present information and engage in discussion. We are present for Part II of the Community Trust meetings but not for the Acute Trust

This CHC has speaking rights with all the Trust boards in its area, although there have been some procedural problems in establishing the CHC role with the XXX Ambulance Trust Board

Trust: "Only members of the Board have speaking rights at the meeting. However, Board members are available after the meeting to discuss any points or questions with anyone" (By July 1998, Trust had opened their Board meetings to the CHC.)

We have a member who attends Board meetings of XXX Hospitals Trust and he is allowed to speak. The Chairman specifically asks his opinion on occasions

The Community Trust do not give the CHC speaking rights but ask for questions at the end of the meeting

Only as members of the public who identify themselves as CHC representatives

...the NHS Trusts do allow CHC Observers to have speaking rights. Our observers are sometimes asked for their comments on particular issues, and are able to raise issues on their own initiative

Trust: "The Trust will allow CHC representatives and others to speak at its meetings only by specific invitation or, in exceptional circumstances, at the Chairman's discretion. The Trust is happy that the Community Health Council can raise issues of importance with the Trust in other ways"

Only as a member of the public at XXX NHS Trust and YYY Ambulance Trust. This CHC have much better dealings with ZZZ Community Trust

Trust: "CHC representatives have observer status and the ability to ask questions is at the discretion of the Chair. At two meetings since the inception of the system of meeting in public, questions have been permitted and I expect that we will continue to have this discretionary arrangement"

We have always been allowed to speak, but I am not sure this constitutes a RIGHT!

We have repeatedly requested that our representatives be allowed to ask questions or comment on agenda items. What all the three Trusts that we work

with have decided to do is to have a slot at the end of the meeting, allowing "questions from the public". The Trusts we work with are XXX Hospital, who will only allow CHC representatives to ask questions at the end of the meeting, along with the public. The YYY Hospital operates the same system. ZZZ Healthcare Trust have decided to make it even more difficult for the CHC, by insisting that any questions that we wish to ask be put into writing 5 working days before the Board meeting

CHC representative attends and can speak but feels presence is under sufferance

We have had discussions with both Trusts re speaking rights and while staff and Chief Executives seem to be in favour, non-executives are not

...everyone has observer status. There are no speaking rights for the CHC. They are listening to our request for our representative to sit at the table however, and are also considering our suggestions that an invitation to comment should be made at the end of the meeting.

No speaking rights at any of the Trust Board meetings, comments are sometimes invited by some Trusts

The CHC representative has speaking rights at both Trust Board meetings. As yet, we have not specifically asked for an agenda item to be inserted, however, many items on the Trust Board agenda 'criss-cross' with items under discussion at the full CHC meeting

All five now hold open Board meetings at which the CHC has observer status. One has invited the CHC to the table with speaking rights

The first open Trust Board Meeting followed the Trust's AGM...There was no question that we were doing anything other than sitting in on somebody else's meeting with no background explanations, no opportunity for anyone to speak and much use of jargon!

The CHC...are able to speak at meetings [at one Trust]. The same routine is now in operation with [three other Trusts]; however with regard to XXX Community, who are the main providers of community services in the area,...the CHC is given a seat in the public area and no-one is allowed to speak at the meeting other than Board members...With regard to YYY Hospitals, we...are allowed to ask questions of the Members after the meeting has closed and before they go off for lunch

Able to speak at end of meeting

## **2. Are the Board meetings adequately advertised?**

Advertisements are placed in local newspapers

Yes - extensively so - via the media, trust newsletters, etc. Both Trusts have a programme of clinical presentations at Board meetings (so public attendance can be high for the juicier bits!). The Acute Trust also advertise via their Hospital Users Group

All meetings are advertised in the local papers

Trust: "Dates of future meetings are indicated on papers circulated"

This depends on what "adequately" means. Advertisements are placed in libraries, local press etc but we wonder if meetings should be advertised to a wider audience eg local radio, who are very quick to approach the CHC for opinions on NHS matters

The Board meetings are advertised in the local press (the Messenger group) and posters are distributed in all Trust premises (hospitals and clinics)

No, we usually see a small notice about the XXX Healthcare NHS Trust Board Meetings but we have never seen a notice about the XXX Board Meetings. Therefore, neither are adequate

Trust: "The Board has agreed to ensure that the dates and venues of its meetings for the year ahead are enclosed with the extensive mailing that takes place in preparation for the AGM. Posters with this information will be sent to local libraries with the AGM mailing and the yearly schedule of meetings will be submitted to the South London Press for publication...we are currently considering other ways to reach more members of the public."

No. The Trusts state that it is too expensive to advertise meetings in the local press and rely on the media reporters to carry a newsworthy item to advertise the meetings

Trust: "...the Board meets in public every two months and the meetings are advertised in advance and details are circulated to relevant organisations"

None of the local Trusts formally advertise their monthly meetings (which incidentally are held bi-monthly) but do advertise, quite extensively, their annual meeting. The community Trust issues press releases outlining a date, time and venue although as with all press releases this remains at the discretion of the media whether they wish to 'run' the information provided

With regard to the advertising of Trust Board meetings, both Trusts take out a single block 4" x 4" advertisement in the local evening paper and 'freesheet', posters are displayed in local hospitals, but that would seem to be the full extent

of advertising. Libraries may be used, no evidence of any supermarket or Doctors' surgeries being targeted

Of the three current trusts we've not seen any notices in press or key points in the community

All three advertise their board meetings in local papers even if the advert is not very big

Most advertise their meetings in the local press and give three-five working days notice

We are not aware that the dates have been advertised...

Meetings advertised in Hospitals, but not more widely (we've raised this)

The CHC...assists the Trust in advertising its meetings

...currently reviewing how it advertises Board meetings. One step it is considering is whether to advertise the meetings in GP surgeries

The meetings appear to be advertised by means of a mailing list, ie not in a local newspaper

There seems to be sufficient - as with CHC monthly meetings one wonders how effective this is. XXX previously had a 'Healthcare Forum' - reps from voluntary organisations, CHC and any public who wished to come, and they are still invited to gather



### **3. Is there sufficient advance notice with agendas available?**

Reasonable advance notice but Agendas only available at the meeting or sent to the CHC SHORTLY beforehand

Generally yes - especially since a public outcry at a meeting of the Acute Trust

Our member usually receives his papers on a Thursday prior to the meeting on the Monday. He informs us that it is not the agenda content which takes the most understanding but the corporate report which is always a daunting document to read and understand

Receiving agendas far enough in advance of meetings is sometimes a problem - on occasions, they have arrived on the day of the meeting

...the agendas are sent out extremely late. The papers for the meetings are sent out less than a week before the meeting...

The papers are sent out less than a week before the meeting, not giving people the opportunity to read the papers thoroughly

We usually get agendas 2 days before, trusts will sent them to members' home addresses if asked

...Usually, we know when to expect the Board Meetings to take place, they are planned in advance. We then receive the Agenda and papers. (Sometimes a paper is missed out, depending on sensitivity of the topic. This may also be because the Chief Executive intends to report back himself at the Board meeting). In general, we receive the papers in time for the representative to look through them briefly, but never with adequate time for our relevant working group to debate.

So far we have found that observers tend to receive their agendas approximately one week in advance of the meeting, which is quite reasonable for them. However, we have found that in the office, the agenda and full papers are not received until two or three days before the meeting itself...

Trust: "The Trust has established a requirement that all papers for its meetings should be dispatched by the Friday before the meeting in question. (The Board customarily meets on a Thursday afternoon.) Late circulation of individual papers will be acceptable only in exceptional circumstances and tabling of papers for the Board's consideration is no longer accepted. Full sets of agenda papers are sent to the CHCs and local MPs. The agenda and minutes of the previous meeting are sent to the South London Press with whom the Trust's Public Relations staff are happy to liaise"

Notice of meetings and availability of agendas are often left until a few days before the meeting but meetings are monthly

Was poor but is now improving

Trust: "Agendas and papers are sent out in advance of the meeting to a range of organisations at least three working days before the meeting in accordance with requirements"

There is usually about a week's notice, with agendas available on request or at the meeting. We receive the agenda well in advance and our observers are sent their copies to their homes

Advance notice could be better, papers received only two days before the meeting

Notice is adequate and agendas are available at the meeting

Agendas are routinely sent to the Health Council in all cases in approximately seven days in advance of the meeting. This is considered by this Health Council to be acceptable and to the staff member who attends each meeting (in addition to a Council member) and produces a report for benefit of the Council

The meetings are held monthly...and three sets of papers delivered to the CHC

In our short experience as official observers, the Acute Trust has literally delivered the agenda and supporting papers, by hand, to the observer's home on the evening prior to the meeting taking place. The Community Trust has normally sent agendas and papers approximately five days before the meeting takes place. The CHC is given advance notice of the years intended meeting dates, however I am sure no other organisation or members of the public receive such information

Acute Trust - agenda and papers (but only in past two months) arrive Friday for the Trust Board meeting on Monday

One does not issue agenda support papers to the public or CHC

The first open Trust Board Meeting followed the Trust's AGM...On this occasion we had been sent an agenda but not the accompanying papers...The second Board meeting lasted about 55 minutes...We had received a copy of the agenda marked confidential but no accompanying papers. No spares were available...The third meeting sounds no different and was almost entirely devoted to financial matters. No agenda was supplied in advance and no papers were available at the meeting

The CHC...receive agendas and covering papers [from one Trust] well in advance...The same routine is now in operation with [three other Trusts]; however with regard to XXX Community...the agenda is received 2/3 days before the meeting...However board papers are available for the public and if the CHC did not attend the meeting we would not obtain copies of these papers. With regard to YYY Hospitals, we do receive an agenda and covering papers

We get agendas in advance and so (after a bit of to-ing and fro-ing) do the press

Often Board papers arrive a couple of days before the meetings

Agendas are sometimes only received 3 days before the meeting, but the CHC believes that this is solely as a result of pressure of work and is a rare occurrence. Dates of meetings are always advertised well in advance

Dates done for the year. Detail on venue in advance is sparse! Agendas approximately 1 week. Have now arranged that XXX will send full papers. YYY send papers to OFFICE - Chairman then has to get them - leads to delays. We are expecting our visit reports at YYY to be on the agendas as and when these arise

#### **4. Are the meetings held in line with good practice on accessibility?**

Generally good - but induction loops, signers, interpreters, etc are deficient at both Trust meetings (and something that the CHC, too, needs to take action on)

Issues about access have been raised once or twice, the Trusts have responded positively

All meetings are held on Trust premises and are now being rotated around the District; in the past, meetings have sometimes been held in inaccessible venues (eg upstairs with no lift) but we have spoken to the new Chairperson about this and she has given a commitment to ensure that this does not happen in the future

The Trust Board meetings are held at 2.00 pm...in terms of good practice on accountability, there is virtually nothing that the Trust Board take into account when they arrange their Trust Board meetings

These meetings are conducted at 6.30 pm (but it is interesting to note that they do not get any members of the public attending their meetings). The Trust has tried to rectify this by holding the meetings within various satellites around the Borough (including the CHC office)...they do not adequately advertise their meetings in respect of the good practice on accessibility. (The fact that they want to hold one of their meetings in the CHC premises will mean that it will not be accessible to those with disabilities.)...

Trust: "The Board meetings are held alternately in XXX and YYY Hospitals and accessibility in terms of public transport, car parking, disabled access etc is, therefore, in line with that for our patients and visitors"

No. CHC members (who know the layout of the premises) even have problems accessing some of the venues. The last meeting was not accessible to the physically disabled

Generally yes but could be better. Meetings are held in the Trust Headquarters which do have limited disabled access but the meeting room is very small

Generally yes. Meetings are rotated around the county and the Trust tend to use LA premises which do have disabled access

Trust: "Meetings take place in the Board Room which has full wheelchair access and start at 4.00 pm which appears to be a compromise between avoiding holding meetings during the normal working day and yet not holding them too late in the evenings for attendees"

All meetings are held in line with good practice on accessibility. The community Trust chooses venues across the county in an attempt to ensure that the general public, at some point or another, have the opportunity of attending

The Community Trust would be hard put to accommodate a wheelchair user in the space available even though access is okay via a lift

The Community Trust holds meetings in a Boardroom which is situated in the grounds of a Psychiatric Hospital. The venue is not easily accessible by public transport or on foot, and the location can only be described as "out of the way". Access for people with a disability to the meeting room is also inadequate, and room itself is small and narrow. The Acute Trust Board meets in two locations, one is on a main bus route, the Board Room of which is a light and airy room on the first floor, there is disabled access to the ground floor but then two flights of stairs have to be negotiated, so users of wheelchairs are effectively barred. The second venue is accessible by public transport and is fairly well situated near the Centre of Town. The access for disabled persons, is via a side entrance, however, once inside there are ramps to the meeting room. NB This venue is owned by the Community Trust!! One Trust holds four meetings per year commencing at 2 pm with another two meetings commencing at 6.30 pm. The Community Trust holds eleven meetings all at the same venue, commencing at 4.30 pm

...the Board meetings are not particularly accessible, being held deep within the hospital

Attempts are made, eg moving board meetings away from 8 am to 5 pm by XXX Community NHS Trust

Meetings are accessible and we have pressed for loop systems to be made available when the meeting room does not have this facility

The Board meetings are held at the Trust Headquarters. Meetings do not rotate throughout the county...Meetings are held in buildings which are inappropriate because they do not encourage public access, particularly disabled access

Satisfactory at both Trusts

**5. Do you suspect that in practice important decisions or discussions are taking place in closed sessions, informal "briefings" etc?**

There are known pre-meetings and workshops but most of the core issues appear to be on the main agenda

Trust: "I do not believe that important decisions are taking place in closed sessions"

Our member feels that all briefings come before the Board but he is not aware of what goes on at the non-Executive Directors' meeting which is held between the Board meetings

Again, in the past, closed sessions certainly occurred and the financial reports that were considered in public were brief in the extreme. It is really too early to tell whether this will be the case with the new Trust Board; the new Chairperson, who incidentally was previously the Chair of the CHC, seems much more committed to open meetings

The meetings themselves do not relate to any decision making or action that needs to be taken. There are papers submitted by the Chief Executive and the Financial Director, but these are just reporting to the Board rather than taking any action or making any decisions. No decision making is made at these meetings, therefore only leading us to suspect that important decisions and discussions are taking place in closed sessions or at other meetings

...There does seem to be more scope at XXX Healthcare for the Trust to make decisions in public, but again, we are aware that most business is conducted in private.

The Trust do seem to be more open than their Acute Trust counterparts, but we are still of the impression that more business gets done in the informal closed meetings, than in the Trust board meetings.

We are aware that the Trusts have three sessions to each meeting. These consist of an open session for the public, confidential session at which the CHC observer is present, and a further "very confidential" session at which our observers are asked to leave. At this stage we feel that some decisions are perhaps being made in those "very confidential" sessions, but we intend to monitor this to check out that this general feeling does reflect what is actually happening

Trust: "The Trust does not wish habitually to have a closed session as part of its meetings. Since starting to hold its meetings in public last October, the only items to be discussed in closed session have been those with a degree of commercial sensitivity. These relate to land and property transfers between the Trust and UMDS, details of the Trust's contract arrangements with the British Forces Germany and contract ratification documents containing financial information from companies invited to tender to supply services to the Trust. On

the other hand, the open sessions of the Board have covered discussion of: the Trust's Full Business Case; its financial performance (including the management letter from its external auditors); non-sensitive asset transfer issues; service reconfiguration plans; reports from the Board's sub-committees (thus ensuring further openness about the work of the Board); disposal of the Trust's assets ie the former XXX Hospital site nurses' home; and proposals for management re-organisation within the Trust. The Board currently also meets informally once or twice a year to consider purely strategic issues. No formal business is or would be transacted at such meetings."

We have no reason to suspect that in practice important decisions or discussions are taking place in closed sessions, informal "briefings" etc. Only those not in the public interest or confidential items are discussed in private

Trust: "The Board considers and makes decisions at the meetings only, seminars are held separately which are to explore complicated matters and to ensure that the full Board is entirely content with the background to questions on which decisions will require to be made"

We do not believe that decisions are made in closed sessions, but there are probably private meetings for discussions. Observer Members are often invited to informal briefings and usually stay for part 2 unless there is a special request for them to leave which would be when there is a particularly sensitive matter regarding personnel

Generally speaking the meetings have not changed much since they became open to the public, for our member has been able to attend prior to them becoming public. There are closed sessions but these tend to be on sensitive issues and our member has been able to attend

Without exception, all Trust Board meetings have become, to a certain degree, a 'staged' event with the important decisions being taken at bi-monthly 'Policy and Planning Meetings'

Certain amount of decisions taking place in closed sessions. Some Trust Boards have informal Trust Board meetings every other month

Now that the CHC has observer status and as far as the Community Trust is concerned, we also remain for the 'in camera' session with speaking rights and supporting papers provided. However, "pre-meetings" and "in between meetings" take place to which we are not invited, so clearly mechanisms are being used, I would suspect, to still have issues discussed outwith our hearing. The Trust Board does not have an 'in camera' session but again, evidence is that a "pre-meeting discussion" definitely takes place and anecdotally I am informed by "sources close to the Board" that Non-Executive Directors are encouraged not to be too 'investigative' during the public meeting.

There is no evidence to suspect that in practice important decisions or discussions are taking place in closed sessions, informal briefings etc

In some cases we believe decisions are made before the public meeting and on occasions the public meeting stage-managed

The CHC has no reason to believe that any issues other than personnel or where an individual could be identified are discussed in private

The CHC strongly suspects that many important decisions are still taking place in private. Indeed, the Chief Executive of the Trust informed me and the CHC Chair that he did not agree with public meetings and expected the private decision making process to continue



## **6. Are members of the public invited to ask questions at meetings?**

Reluctantly, yes - but they're allowed to speak at both meetings if they force the point! Many do.

...There is an opportunity for members of the public to ask questions at the end of the meeting. However, the Chair of the CHC has stated that he feels that members of the public feel inhibited about asking questions within such a formal structure.

Usually, the public is ourselves and the reporter from ZZZ Evening Telegraph. The Acute Trust Board information is usually geared to this. Twice over the years our regular representative has observed: 2 members of the public several years ago who came to listen to an HIV/AIDS debate at the XXX Trust; more recently 1 woman arrived who said she was a member of the public - at the XXX Trust. We have never seen any member of the public at the Community Trust Board Meeting - other than ourselves and the reporter. None of the 3 people referred to above were asked to comment. We have only once known the reported to be asked to comment - she chose not to do so, however

The Chairman has categorically stated that the public and the CHC is not allowed to comment/question during Trust Board meetings

CHC representatives are encouraged to contribute to discussion. General public may also contribute

XXX is rather further forward than the others in this and usually have an open forum at the end of the meeting for the public to raise issues. The others have always done so at AGMs and public meetings

Neither Trust allows the public to speak during meetings, but both advertise that Board members are available either before or after meetings for informal discussion with individual members of the public

Members of the public are not normally invited to ask questions at Board meetings unless there is a specific issue of public concern on the agenda

Board members go out of their way to ensure that members of the public are involved in the meeting, using inclusive language and taking questions with each agenda item

## **7. Do Trust Board members avoid jargon and technical language?**

Trust Board members do try to avoid jargon and technical language, but do tend to use abbreviations/initials

Getting better but a long way to go. However, as more of the public attend they are getting braver at challenging the jargon. Written reports are increasingly written in plain English

Trust: "Trust Board members do not use technical language or jargon"

Jargon and technical language is usually avoided as non-Executive Directors are not always au fait with this. The financial statement exploration is probably the most involved part to follow. This is given by the Director of Finance who understands accounts

There is still a tendency for Trust Board members to slip into jargon and technical language on occasion

Non execs quite good, finance and contracting directors usually fairly incomprehensible

No, it is always NHS speak at both Board Meetings

Trust: "The question of avoiding jargon and technical language is an important one and the Chairman and Directors have undertaken to bear it very much in mind in conducting the Board's business. A member of the Public Relations staff always attends board meetings now and is, therefore, on hand to offer clarification or explanation to members of the public present."

To a large degree Trust members do avoid jargon and technical language - if they do not the CHC is there to seek clarification

I have noticed this go on. However, the public do say they want to know what something means. It does help if papers are available for them at the meeting. I find that Board members do not speak up enough. Public have difficulty hearing them.

I do not think there is any particular attempt to avoid jargon or technical language. Having said this there are hardly ever members of the public present

Jargon is still used but the Chairmen do seem to be at pains to try to simplify and explain things in detail

In fairness, I would have to say that usually prompted by the CHC observer they do attempt to avoid jargon. This, however, is a mighty task and we ALL have a corporate responsibility for this I would suggest. Jargon is forever a growth industry and we must be on our guard...

The Non-Executives haven't learned all of the jargon and technical language yet!

Non-executives have criticised the use of the jargon in Board papers

Depends - recently chairs and Executive Officers have taken trouble to explain to new non-executives

Trust Board Members try to avoid jargon and technical language - where such language is used it is elaborated upon/explained in simpler terms

Yes, for the most part - the presence of non executives helps in this respect

Jargon is not so much of a problem as it used to be, mainly because of the non executive members

Board members [use] inclusive language

...a fair amount of the paperwork and discussion does use technical language

Much of the discussion takes place in language that excludes lay people. There is little attempt to explain it

Not too bad - once one has got the hang of it!...I feel that any Health Service meeting does have to have a certain amount of jargon - it is up to officers to explain this in words of one syllable as required

**8. Do Trusts give feedback about actions taken following discussion and decisions at previous meetings?**

The feedback varies but again appears to be improving

Only if the question is put as a "Matter arising", although the Chairman often asks for an item to be put on a following month's agenda for feedback. The Chairman also asks for items to be reported on at, say, quarterly intervals

The amount of feedback given on previous discussion and decisions taken varies; it is not always as good as it might be

Not unless the Members ask for a specific update under matters arising

The minutes of the public meetings of both Trusts are widely circulated to health professionals, and organisations, and copies of these minutes are available for those who attend the meetings. This would appear to be the only way members of the public would be able to get any feedback on the processing of issues

Not in any meaningful way - there is very little detail

Feedback about actions taken following discussion and decisions made at previous meetings is given under 'Matters Arising' if requested

Less clear that there is always feedback on decisions - we sometimes have to push a bit

Trusts do give feedback via Matters Arising and if the CHC asks a direct question, as yet they do not provide a Briefing, with the exception of the Hospital Trust - both myself, Chairman and Committee Chairman meet with them on the Tuesday following the meeting on a Friday

## 9. CHC comments on related matters

I think overall we felt that there was a genuine attempt locally to improve public access to meetings, and to enable those meetings to be more participative and informative

Although ACHCEW may feel that observer status is essential, it is also vital for CHCs and ACHCEW to understand that anyone having observer status needs a basic understanding of Trust finances

I understand that the Trust is currently producing a leaflet for the public explaining how the Trust Board operates and who its members are.

Board Rooms create an extremely formal atmosphere and any members of the public are requested to sit at the sides along the wall (in XXX) and at the back of the room at YYY. There is no introduction of those around the table...

This is the only Trust that does have refreshments for those attending the meeting. The Trust do seem to be more open than their Acute Trust counterparts...

General ambience of meetings: XXX Trust - this meeting can be daunting. We can get a very defensive response to any observation we make or if we ask a question. In the past we have had an aggressive response. Our representative says - she just deals with it. YYY Healthcare Trust - this meeting is the more user friendly meeting. If there is a problem with understanding someone will explain and all will have a very reasonable attitude

CHC has a good relationship with the Health Authority and all the Trusts in our area...A high degree of trust has been built up between the CHC and the Trusts...Whilst supporting the needs of the public in gaining access to information this must be balanced against the needs of non-executive Directors and staff availability. There already appears to be a reluctance amongst properly qualified people to put themselves forward. Board meetings are meetings in public not public meetings - the list of points are far more suitable for a public meeting than for a regular board meeting. Perhaps there should be more public meetings where the public can actually participate

In response to point 8 [the need for feedback], I would like to respectfully suggest that you ensure CHCs are complying with this criterion before taking it up with the Trust Boards, it is my firm belief that CHCs should lead by example

...the Trust Chairman clearly resents having to hold meetings in public and conducts them in a way which does not make it easy for the CHC representative to participate as appropriate. He does not invite the CHC representative to comment and tends to skip over items where a CHC contribution could be useful. He seems annoyed if the CHC representative, nevertheless, insists on making a point. Board members seemed to be cowed by him and say very little unless personally invited to speak

Since we managed to obtain CHC representation on the Trust board, which is now about three years ago, we have been provided with a briefing paper both from the Executive meetings and the Trust board. These are circulated to CHC members and the Trust has no objection to this. The briefings do not, of course, include confidential items

Interestingly the Acute Trust now invite me to represent the CHC at their bi-monthly Chairman's Briefing where I have full speaking rights. Members see this as a positive move where I can feed in items for their meeting agenda if necessary

I'm quite sure that our experience of Board meetings is typical - they can be quite boring, especially for members of the public who rarely take an interest in health matters unless they or their relatives are in need. The RIGHT to attend is of course important, even more so for CHCs.

The Trust and the CHC have the same view on openness and accountability and this contributes to an excellent working relationship at all levels, including Trust Board level

There have recently been some non-executive appointments to the Trust Board, and the CHC believes that these members will wish to challenge the present closed, defensive culture of the Trust. It also believes that progress will be slow because of the entrenched nature of the Trust's current practices

## **Appendix II – Checklist prepared by Shropshire CHC**

Name of Trust \_\_\_\_\_

Date of meeting \_\_\_\_\_

Venue \_\_\_\_\_

CHC Member attending \_\_\_\_\_

1. Is the venue easy to get to by public transport?
2. Is there sufficient parking close by?
3. Is car parking free?
4. Are there clear directions to help people find the meeting room from the entrance to the building?
5. Did members of the public find the meeting room easy to find? (ask!)
6. Is the route to the meeting room fully accessible to wheelchair users?
7. Is there someone from the Trust available to welcome people on arrival at the meeting room and provide any information needed?
8. Is the room laid out so that Board Members can be clearly:  
    (a) seen?  
    (b) heard?
9. Is there good circulation space in the meeting room for wheelchairs?
10. Is an audio loop system available for people with a hearing difficulty? If so, how is the availability of this facility indicated?
11. Is there any indication about what someone should do if they need an interpreter (sign language/language other than English)?
12. Was a lipspeaker / sign language interpreter / language interpreter  
    (a) present?  
    (b) used?
13. Is it clear who the Board Members are?
14. Is it clear what the role of each Board Member is?

15. Does only one Board member speak at a time?
16. Is information (ie papers, overheads etc) presented in a way that is easy for the lay person to understand?
17. Is jargon used?
18. Are refreshments available to the public?
19. Are public toilets
  - (a) clearly signed from the meeting room?
  - (b) close to the meeting room?
  - (c) wheelchair accessible?
20. Is there any opportunity for the public to ask questions or comment?
21. Is there any opportunity for members of the public to meet with and talk to Board Members informally
  - (a) before the meeting?
  - (b) after the meeting?
22. Was there any feedback about discussions made at previous meetings?
23. How "user friendly" did you find the meeting?
24. How long did it last?
25. How many genuine members of the public there approximately? (do not include people working in the NHS)
26. Please add any comments you wish about the meeting:
  - (a) good points:
  - (b) weaknesses:
  - (c) format:
27. How open do you feel the meeting was?



Published by:

**ASSOCIATION OF  
COMMUNITY HEALTH COUNCILS  
FOR ENGLAND & WALES  
30 DRAYTON PARK LONDON N5 1PB**

TEL: 0171 609 8405 FAX: 0171 700 1152

**Price: £9.00 (inc. p&p)**

