



Reference: AHC106525  
Date: 03/05/2007

**Your details**

Trust self-declaration:

Organisation name:	Gloucestershire Partnership NHS Trust
Organisation code:	RTQ

**General statement of compliance**

Please enter your general statement of compliance in the text box provided.

General statement of compliance	<p>From the summary of evidence there is good substantiation of compliance with most of the core standards. However, the Trust gives non compliant returns on standards:</p> <p>-C4(b) Medical devices. The internal review of the standard as part of the Standards for Better Health assessment found that the processes in place to guard against the risks associated with medical devices were weak. Updated policies, procedures and controls have now been put in place.</p> <p>-C10(a) Employment checks. The Healthcare Commission's spot check on this standard carried out in June 2006 found that the status of some policies was unclear and that there was insufficient assurance to confirm a full declaration for 2005/06. An internal audit of this area of work in March gave the Trust a substantial assurance whilst noting some further improvements to police checks process could be made. Action has been taken to address the recommendation.</p> <p>-C11(b) and (c) relating to training. The infrastructure to enable the Trust to record training received by staff and follow-up none attendance at training has only been in place since January 2007. The CNST (Clinical Negligence Scheme for Trusts) assessment during March gave the Trust a substantial assurance as to effectiveness of the current system for mandatory training. A new training strategy has been introduced.</p> <p>The Gloucestershire Partnership NHS Trust Board believes it is now compliant for all standards.</p>
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**Statement on measures to meet the Hygiene Code**

Please enter this statement in the box provided.

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Statement on measures to meet the Hygiene Code	Gloucestershire Partnership NHS Trust has arrangements in place to ensure it meets the provisions of the Code of Practice. We contract with the County-wide Infection Control Service for the purposes of audit, training, advice, and microbiological services. We have a Director of Infection Protection and control in place and an Infection Control Committee that reports to a subcommittee of the Board. The Infection Control Committee has audited the Trust against the requirements of the standard and has an Action Plan.
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### Safety domain - core standards

Please declare your trust's compliance with each of the following standards:

C1a	Healthcare organisations protect patients through systems that identify and learn from all patient safety incidents and other reportable incidents, and make improvements in practice based on local and national experience and information derived from the analysis of incidents.	Compliant
C1b	Healthcare organisations protect patients through systems that ensure that patient safety notices, alerts and other communications concerning patient safety which require action are acted upon within required timescales.	Compliant
C2	Healthcare organisations protect children by following national child protection guidelines within their own activities and in their dealings with other organisations.	Compliant
C3	Healthcare organisations protect patients by following National Institute for Clinical Excellence (NICE) interventional procedures guidance.	Not applicable (ambulance / mental health / learning disabilities services should declare 'not applicable')
C4a	Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that the risk of healthcare acquired infection to patients is reduced, with particular emphasis on high standards of hygiene and cleanliness, achieving year on year reductions in Methicillin-Resistant Staphylococcus Aureus (MRSA).	Compliant
C4b	Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that all risks associated with the acquisition and use of medical devices are minimised.	Not met
C4c	Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that all reusable medical devices are properly decontaminated	Compliant

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	prior to use and that the risks associated with decontamination facilities and processes are well managed.	
C4d	Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that medicines are handled safely and securely.	Compliant
C4e	Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that the prevention, segregation, handling, transport and disposal of waste is properly managed so as to minimise the risks to the health and safety of staff, patients, the public and the safety of the environment.	Compliant

### Safety domain - non-compliance/insufficient assurance

Please complete the details below for standard C4b, which you have declared as not met or insufficient assurance:

Start date of non-compliance or insufficient assurance	01/04/2006
End date of non-compliance or insufficient assurance (planned or actual)	24/01/2007
Description of the issue (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)	The internal review identified: a) problems in relation to the adequacy of the policies and procedures for medical device safety. b) a lack of evidence that staff moving between sites had had sufficient local training in the safe use of medical devices.
Actions planned or taken (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)	Policies and training have been reviewed and are now satisfactory

### Clinical and cost-effectiveness domain - core standards

Please declare your trust's compliance with each of the following standards:

C5a	Healthcare organisations ensure that	Compliant
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	they conform to National Institute for Clinical Excellence (NICE) technology appraisals and, where it is available, take into account nationally agreed guidance when planning and delivering treatment and care.	
C5b	Healthcare organisations ensure that clinical care and treatment are carried out under supervision and leadership.	Compliant
C5c	Healthcare organisations ensure that clinicians continuously update skills and techniques relevant to their clinical work.	Compliant
C5d	Healthcare organisations ensure that clinicians participate in regular clinical audit and reviews of clinical services.	Compliant
C6	Healthcare organisations cooperate with each other and social care organisations to ensure that patients' individual needs are properly managed and met.	Compliant

### Clinical and cost effectiveness domain - developmental standards

Please supply the following information:

Your level of progress in relation to developmental standard D2a	Fair
Your comments on your performance in relation to the comparative information contained in your information toolkits(s)	The Trust was unable to meet the standard in relation to NICE guideline implementation.
Your highest local priorities for improvement relating to developmental standard D2a	Ensuring that the Trust has for all relevant NICE guidelines either: a) sound evidence of implementation or b) an action plan for implementation

### Governance domain - core standards

Please declare your trust's compliance with each of the following standards:

C7a and C7c	Healthcare organisations apply the principles of sound clinical and corporate governance and Healthcare organisations undertake systematic risk assessment and risk management.	Compliant
C7b	Healthcare organisations actively support all employees to promote openness, honesty, probity, accountability, and the economic, efficient and effective use of resources.	Compliant

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C7e	Healthcare organisations challenge discrimination, promote equality and respect human rights.	Compliant
C8a	Healthcare organisations support their staff through having access to processes which permit them to raise, in confidence and without prejudicing their position, concerns over any aspect of service delivery, treatment or management that they consider to have a detrimental effect on patient care or on the delivery of services.	Compliant
C8b	Healthcare organisations support their staff through organisational and personal development programmes which recognise the contribution and value of staff, and address, where appropriate, under-representation of minority groups.	Compliant
C9	Healthcare organisations have a systematic and planned approach to the management of records to ensure that, from the moment a record is created until its ultimate disposal, the organisation maintains information so that it serves the purpose it was collected for and disposes of the information appropriately when no longer required.	Compliant
C10a	Healthcare organisations undertake all appropriate employment checks and ensure that all employed or contracted professionally qualified staff are registered with the appropriate bodies.	Not met
C10b	Healthcare organisations require that all employed professionals abide by relevant published codes of professional practice.	Compliant
C11a	Healthcare organisations ensure that staff concerned with all aspects of the provision of healthcare are appropriately recruited, trained and qualified for the work they undertake.	Compliant
C11b	Healthcare organisations ensure that staff concerned with all aspects of the provision of healthcare participate in mandatory training programmes.	Not met
C11c	Healthcare organisations ensure that staff concerned with all aspects of the provision of healthcare participate in further professional and occupational development commensurate with their work throughout their working lives.	Not met
C12	Healthcare organisations which either lead or participate in research have	Compliant

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	systems in place to ensure that the principles and requirements of the research governance framework are consistently applied.	
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### Governance domain - non-compliance/insufficient assurance

Please complete the details below for standard C10a, which you have declared as not met or insufficient assurance:

Start date of non-compliance or insufficient assurance	01/04/2006
End date of non-compliance or insufficient assurance (planned or actual)	21/03/2007
Description of the issue (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)	The Healthcare Commission spot check audit in July 2006 found that the Trust had insufficient evidence to declare itself compliant in relation to standard 10(a)
Actions planned or taken (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)	Policies and procedures have been reviewed and an audit completed. Actions were taken as a result of the audit. The Trust now considers itself to be compliant.

Please complete the details below for standard C11b, which you have declared as not met or insufficient assurance:

Start date of non-compliance or insufficient assurance	01/04/2006
End date of non-compliance or insufficient assurance (planned or actual)	16/03/2007
Description of the issue (maximum of 1500 characters)	The Trust's information systems could not track mandatory training compliance.

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including spaces - this is approximately 200 - 250 words)	
Actions planned or taken (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)	A new information system was introduced in January 2007 that enables the Trust to identify the mandatory training needs for all staff, monitor completion of training and follow up any non attendances. The system's compliance with CNST requirements was audited in March. The Trust is now compliant with the standard.

Please complete the details below for standard C11c, which you have declared as not met or insufficient assurance:

Start date of non-compliance or insufficient assurance	01/04/2006
End date of non-compliance or insufficient assurance (planned or actual)	16/03/2007
Description of the issue (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)	The Trust was unable to demonstrate that staff had access sufficient to education and training
Actions planned or taken (maximum of 1500 characters including spaces - this is approximately 200 - 250 words)	A review of training has been carried out and a revised training strategy implemented

### Patient focus domain - core standards

Please declare your trust's compliance with each of the following standards:

C13a	Healthcare organisations have systems in place to ensure that staff treat patients, their relatives and carers with dignity and respect.	Compliant
C13b	Healthcare organisations have systems in place to ensure that appropriate consent is obtained when required, for	Compliant

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	all contacts with patients and for the use of any confidential patient information.	
C13c	Healthcare organisations have systems in place to ensure that staff treat patient information confidentially, except where authorised by legislation to the contrary.	Compliant
C14a	Healthcare organisations have systems in place to ensure that patients, their relatives and carers have suitable and accessible information about, and clear access to, procedures to register formal complaints and feedback on the quality of services.	Compliant
C14b	Healthcare organisations have systems in place to ensure that patients, their relatives and carers are not discriminated against when complaints are made.	Compliant
C14c	Healthcare organisations have systems in place to ensure that patients, their relatives and carers are assured that organisations act appropriately on any concerns and, where appropriate, make changes to ensure improvements in service delivery.	Compliant
C15a	Where food is provided, healthcare organisations have systems in place to ensure that patients are provided with a choice and that it is prepared safely and provides a balanced diet.	Compliant
C15b	Where food is provided, healthcare organisations have systems in place to ensure that patients' individual nutritional, personal and clinical dietary requirements are met, including any necessary help with feeding and access to food 24 hours a day.	Compliant
C16	Healthcare organisations make information available to patients and the public on their services, provide patients with suitable and accessible information on the care and treatment they receive and, where appropriate, inform patients on what to expect during treatment, care and after care.	Compliant

### Accessible and responsive care domain - core standards

Please declare your trust's compliance with each of the following standards:

C17	The views of patients, their carers and others are sought and taken into account in designing, planning, delivering and improving healthcare	Compliant
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	services.	
C18	Healthcare organisations enable all members of the population to access services equally and offer choice in access to services and treatment equitably.	Compliant

### Care environment and amenities domain - core standards

Please declare your trust's compliance with each of the following standards:

C20a	Healthcare services are provided in environments which promote effective care and optimise health outcomes by being a safe and secure environment which protects patients, staff, visitors and their property, and the physical assets of the organisation	Compliant
C20b	Healthcare services are provided in environments which promote effective care and optimise health outcomes by being supportive of patient privacy and confidentiality.	Compliant
C21	Healthcare services are provided in environments which promote effective care and optimise health outcomes by being well designed and well maintained with cleanliness levels in clinical and non-clinical areas that meet the national specification for clean NHS premises.	Compliant

### Public health domain - core standards

Please declare your trust's compliance with each of the following standards:

C22a and C22c	Healthcare organisations promote, protect and demonstrably improve the health of the community served, and narrow health inequalities by cooperating with each other and with local authorities and other organisations and	Compliant
	Healthcare organisations promote, protect and demonstrably improve the health of the community served, and narrow health inequalities by making an appropriate and effective contribution to local partnership arrangements including local strategic partnerships and crime and disorder reduction partnerships.	
C22b	Healthcare organisations promote, protect and demonstrably improve the health of the community served, and	Compliant

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	narrow health inequalities by ensuring that the local Director of Public Health's annual report informs their policies and practices.	
C23	Healthcare organisations have systematic and managed disease prevention and health promotion programmes which meet the requirements of the national service frameworks (NSFs) and national plans with particular regard to reducing obesity through action on nutrition and exercise, smoking, substance misuse and sexually transmitted infections.	Compliant
C24	Healthcare organisations protect the public by having a planned, prepared and, where possible, practised response to incidents and emergency situations, which could affect the provision of normal services.	Compliant

### Electronic sign off - details of individual(s)

Electronic sign off - details of individual(s)

	Title	Full name	Job title
1.	Mr	David McGrath	Trust Secretary

### Comments from specified third parties

Please enter the comments from the specified third parties below. If you are copying text from another document, it is advisable to copy the text and paste it into a new document as unformatted text before pasting this into your form.

Strategic health authority comments	<p>On the basis of the evidence available to the new Strategic Health Authority, there is no reason to disagree with the assessment made by the organisation in its declaration.</p> <p>We are confident that appropriate action is being taken wherever lapses have occurred.</p>
Patient and public involvement forum comments	<p>Gloucestershire Partnership Patient &amp; Public Involvement in Health Forum Comments on Core Standards 2006/2007</p> <p>During the last year the relationship with Gloucestershire Partnership NHS Trust has been very positive and has enabled the forum to carry out its role as an independent monitor of their services. Forum members have worked closely with staff on a number of issues and always found them to be helpful and willing to work with the Forum. The following comments have been made by the Gloucestershire Partnership PPI Forum through evidence they have obtained as a Forum member.</p> <p>Domain 1 - Safety</p>

C1b Systems for protection of patients to ensuring that patient safety notices are acted upon within required timescales

The Forum had protracted negotiations with the Trust concerning the signage on fire doors at one hospital. From the Forum's perspective, what appeared to be a straightforward issue, took several months to satisfactorily resolve.

C4a Systems to ensure safety of staff and visitors and to ensure that the risk of healthcare acquired infection (HAI) to patients is reduced

The Forum found there to be a high standard of cleanliness and hygiene following their involvement in recent PEAT inspections. There appears to be some delay in responses from Gloucestershire Hospitals NHS Foundation Trust Estates Department who have a contract for some aspects of maintenance.

C4e Prevention, segregation, handling, transport and disposal of waste is properly managed

The Forum, through their involvement in PEAT inspections, is aware that this standard is fully complied with.

Domain 3 - Governance  
C8b

Healthcare organisations support their staff through organisational and personal development programmes

During the past year, while the Trust has been going through major changes due to financial constraints, they have only been able to offer mandatory training to staff. We are also aware that there is a backlog for annual appraisals. We will be paying particular attention to the plans for training and education of all staff for 2007/08.

C11b Healthcare organisations ensure that staff concerned with all aspects of the provision of healthcare participate in mandatory training programmes

See C8b.

Domain 4 - Patient Focus  
C13a

Systems in place to ensure that staff treat patients, their relatives and carers with dignity and respect

Patients who were contacted by Forum members as part of the Care Watch initiative were very positive that they had been treated with dignity and respect while they were in hospital. The one person who was not so happy was affected by particular complex

	<p>issues.</p> <p>C13b Systems in place to ensure that appropriate consent is obtained when required, for all contacts with patients and for the use of any confidential patient information</p> <p>One Forum member in his capacity as a Mental Health Act Manager has evidence that this standard is complied with. The Trust has adopted a new code of practice on confidentiality which has included input and support from the Forum.</p> <p>C13c Staff, treat patient information confidentially, except where authorised by legislation to the contrary</p> <p>We understand this standard is complied with.</p> <p>C14a Systems in place to ensure that patients, their relatives and carers have suitable and accessible information and procedures to register formal complaints</p> <p>We are aware from our visits to hospitals/units that information is available. The Trust employs a user participation worker who ascertains the views of service users and questions and comments are recorded in a newsletter in order that there is wider communication. The Forum has found that, on the whole, issues that they have raised have been responded and rectified promptly. Individual complaints that have been made to us have been referred to the PAL service which reports directly to the Trust Board. Our work on the Care Watch survey indicated that patients and carers whom we spoke to felt that they would be confident if a complaint was necessary to raise it. They seem less sure of the formal complaints procedures.</p> <p>C14c Systems in place to ensure that patients, their relatives and carers are assured that the organisation acts appropriately on any concerns and, where appropriate, make changes to ensure improvements in service delivery</p> <p>See 14a.</p> <p>We were told that changes to working practices at an outlying clinic meant that people with afternoon appointments had to wait outside until they were collected by a member of staff and taken to their appointment. A Trust representative who was present at our meeting was very concerned about this and the next day changes were made so that the waiting room was available via a side door. Other issues which were raised at that meeting would be addressed at a meeting organised by the Trust of users and carers of their services. This meeting was arranged very promptly.</p> <p>C15a Systems in place to ensure that patients are provided with a choice and that it is prepared safely and provides a balanced diet</p> <p>Through our involvement in a PEAT inspection we are confident that patients have a choice and a balanced diet. Learning Disability service</p>
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has developed through its Health Action Group involving users and carers a full pictorial menu.

C15b Where food is provided healthcare organisations have systems in place to ensure that patients' individual nutritional, personal and clinical dietary requirements are met.

We have been very impressed with the time, attention and care that is given in the units providing care to the older patient at mealtimes. This standard is conformed to in all units visited.

Domain 5 - Accessible and Responsible Care  
C17

The views of patients, their carers and others are sought and taken into account in designing, planning, delivering and improving healthcare services

The Trust try very hard to conform to this standard and patient's carers and the public are involved at many levels. There have been particular problems in 2006/07 because of the massive re-organisation that has had to be carried out due of the financial constraints. This still remains a contentious area, as there are probably as many for as against the proposals and the decision relating to Older Peoples Services has still to be decided after referral to the Secretary of State. Sometimes we have had the impression that the Trust listens but appears not to hear; we acknowledge that they are in a difficult position having to respond to national financial imperatives and satisfy local demands. We do feel that the Trust is trying their best in difficult circumstances.

C18 Healthcare organisation enable all members of the population to access services equally and offer choice in access to services and treatment equitably

One of the aims of the current re-organisation is to provide a more equitable service across the county.

Domain 6 - Care, Environment and Amenities  
C20a

Environments which promote effective care and optimise health outcomes by being safe and secure

See C1b. We are aware that there was a Health & Safety Executive inspection of one of the hospitals during 2006/07 which was entirely satisfactory.

C20b

Services are provided in environments which promote effective care and optimise health outcomes by being supportive of patient privacy and confidentiality

Patients who were spoken to as part of the Care Watch initiative, which looked particularly at care and dignity, were satisfied about issues regarding privacy and confidentiality on the wards. PEAT inspections

	<p>confirmed that there were private rooms available for patients and visitors when they were needed.</p> <p>C21 Services are provided in environments which promote effective care and optimise health outcomes</p> <p>Most of The Trust's buildings are less than 20 years old. The Trust is aware that some of them do not conform to up to date standards that would be expected of new build now, however one of the impacts of the re-organisation will be the opportunity to provide services in buildings which conform to modern standards. In the context of the buildings that are in use now, they are well maintained and cleanliness levels are very satisfactory.</p> <p>Domain 7 - Public Health C22a and c Healthcare organisations promote, protect and demonstrably improve the health of the community served, and narrow health inequalities by:</p> <p>a) co-operating with each other and with local authorities and other organisations</p> <p>The PPI Forum has a good relationship with the Trust with emails and requests for information returned promptly in most instances. We have found staff open and inclusive towards us.</p> <p style="text-align: right;">Date 12th</p> <p>April 2007 Chair</p>
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**Overview and scrutiny committee comments**

Overview and scrutiny committee 1

<p>Comments</p>	<p>Gloucestershire Health Overview and Scrutiny Committee (HOSC) comments on Gloucestershire Partnership NHS Trust</p> <p>Standard C11, Part C - Health care organisations ensure that staff concerned with all aspects of the provision of healthcare participate in further professional and occupational development commensurate with their work throughout their working lives.</p> <p>At the HOSC meeting on 14th June 2006 the Trust informed the committee that it had frozen all training for members of staff as part of its effort to address the deficit that it was facing. The committee does not know if this freeze has been lifted.</p> <p>Standard C17 - The views of patients, their carers and others are sought</p>
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and taken into account in designing, planning, delivering and improving health care services.

During the year the Trust has undertaken a major consultation on service changes, which was prompted by its financial deficit. In its response to the consultation the committee was critical of the consultation process. The following is an extract from the committee's response to the consultation:

" The consultation process got off to a difficult start. The committee agreed to the Trust's proposals for a 5-week consultation period, but it soon became clear that 5 weeks would not be adequate, particularly as the Trust was asking people to put forward alternative suggestions, which simply could not be developed in such a short period of time. The Trust also acknowledged an administrative error that had resulted in the failure to send copies of the consultation document to the local Parish Councils. These factors resulted in the committee's request that the consultation be extended to 12-weeks, which the Trust Board subsequently agreed to do. Although the approach was not ideal it does highlight the need for all parties to fully understand the issues contained within the proposals before decisions are made."

The committee does acknowledge that the proposals were brought forward in difficult circumstances where the Trust had to find significant financial savings in a short period of time, but it is hard to avoid the conclusion that the process on this occasion was not up to the highest standard. It should however be noted that the committee did not refer any element of these proposals to the Secretary of State on the grounds of inadequate consultation (although the Older People's Mental Health proposals were referred on the grounds that they would have a detrimental impact).

Feedback from members of the public suggested that they found the fact that the Trust was only putting forward one option for consultation, and that they were asking members of the public to put forward alternative solutions if they did not like that option, particularly difficult. Members of the public did not feel that they had the time, expertise, knowledge, or information to allow them to put forward realistic alternatives during the consultation.

With the Older People's Mental Health proposals the Trust's consultation outcome report shows that 704 consultation responses opposed the proposal and only 5 supported it. The Trust chose to go ahead with the proposal without any modification (at least until after the referral was made), which was disappointing.

Standard C18 - Health care organisations enable all members of the population to access services equally and offer choice in access to services and treatment equitably.

The Trust's proposal to centralise Older People's Mental Health Inpatient services means that locally based inpatient services will be lost in the Gloucester, Stroud and Forest of Dean localities. The committee is concerned that this will have a detrimental impact in terms of access, particularly in the Stroud and Forest of Dean localities. The committee's concerns about this proposal were sufficient for it to conclude that this proposal should be referred to the Secretary of State.

Standard C22, Part A - Health care organisations promote, protect, and

demonstrably improve the health of the community served, and narrow health inequalities by co-operating with each other and with local authorities and other organisations.

The HOSC did not feel that it had the Trust's full cooperation during the consultation and that it did not always provide the detailed information that the committee requested, particularly on access issues. The committee also believes that the Trust needed to work far more closely with Gloucestershire County Council's Integrated Transport Unit during the consultation. The following is an extract from the committee's referral to the Secretary of State:

"During the consultation process the Trust stated that it was committed to working with other parties through the County Council's Integrated Transport Unit to explore how to strengthen voluntary sector and statutory sector transport connections with the proposed single site solution. The Trust also agreed that it would reserve £25,000 to create a pump priming fund to stimulate increased capacity or new responses to the transport needs of visitors to Charlton Lane. The HOSC hoped that these commitments would lead to positive actions to address some of the committee's concerns regarding access. However, by the meeting on 10th October when the HOSC was due to consider the option of referring the issue to the Secretary of State there was no obvious indication that any action had been taken to address the access problem.

The committee delayed making a decision on referral at its meeting on 10th October to give the Trust an opportunity to provide further information about what work was being done with the Integrated Transport Unit, and details of how the pump-priming fund would be used, in the hope that this would address its concerns. When the Trust's additional report was provided on 30th October it simply stated: "The Trust has offered to divert savings of £25,000 to create a pump priming fund to strengthen capacity in the voluntary sector transport and to engage with planners and providers of public transport to seek opportunities to improve transport route access to Charlton Lane Centre. The Trust has written to the head of the County Council's Integrated Transport Unit to initiate discussions on taking forward the pump priming proposal. "

Despite being fully aware about the concerns regarding access the Trust failed to take any firm action to address the issue despite making the commitment to do so. When the Trust was given a last opportunity to demonstrate some positive action and convince the committee that it was taking the access issue seriously, it failed to provide any new information or concrete action. This has led the HOSC to the conclusion that the Trust is not committed to trying to find a solution to the very real problems that their proposal will cause in terms of access to services. "

Transport was raised as a major concern throughout the consultation but the HOSC has now learnt that discussions did not begin between the Trust and the Integrated Transport Unit until October 2006, after the committee had indicated that it was strongly considering a referral to the Secretary of State. An acceptable solution might have been found if there had been greater cooperation from the start.