

# Tavistock and Portman NHS Foundation Trust

## Inspection report

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Date of inspection visit: 13 August 18 September  
Date of publication: 16/11/2018

We plan our next inspections based on everything we know about services, including whether they appear to be getting better or worse. Each report explains the reason for the inspection.

This report describes our judgement of the quality of care provided by this trust. We based it on a combination of what we found when we inspected and other information available to us. It included information given to us from people who use the service, the public and other organisations.

This report is a summary of our inspection findings. You can find more detailed information about the service and what we found during our inspection in the related Evidence appendix.

## Ratings

### Overall rating for this trust

Good 

Are services safe?

Good 

Are services effective?

Outstanding 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

We rated well-led (leadership) from our inspection of trust management, taking into account what we found about leadership in individual services. We rated other key questions by combining the service ratings and using our professional judgement.

# Summary of findings

## Background to the trust

The Tavistock and Portman NHS Foundation Trust achieved authorisation as an NHS Foundation Trust in 2006. Prior to this, it was the Tavistock and Portman NHS Trust, established in 1994, bringing together the Tavistock Clinic, founded in 1920, and the Portman Clinic, founded in 1933.

The Tavistock and Portman NHS Foundation Trust provides specialist mental health services for adults and children across several London boroughs, most are based in Camden. In total, the trust has more than 25 services including outpatient and community services. The gender identity development service for children and young people under the age of 18 is a national service. In April 2017, the trust took over the Charing Cross gender identity clinic as an interim provider until March 2019. This is the largest national service with a patient group of nearly 6,000 patients.

The trust has an international reputation in respect of the provision of specialist psychological therapies and in delivering training and education at post-graduate level in psychotherapy, family therapy and child and educational psychology.

The trust has an annual income of £53 million and achieved a financial surplus of £2.8m in 2017/8. The trust employs 712 staff. Staff provided mental health care and treatment for 11,985 adults and children in 2017/8. The trust provides educational services, specialist drug and alcohol services, and services delivered in partnership with other agencies, such as the family drug and alcohol court and the provision of clinical expertise to a pain clinic at a local acute hospital.

The trust has one main site, the Tavistock Centre. In addition, the trust provides services from 22 other community sites including a gender identity development service in Leeds. The services provided by the trust are organised into two directorates. Each has a directorate lead who is also a trust board member.

The trust provides the following core service:

- Specialist community mental health services for children and young people

It also provides the following specialist services:

- Specialist psychological therapy services
- Other specialist services (gender identity services for adults)
- Other specialist services (gender identity services for children and young people)

The trust had three locations registered with the CQC (on 2 July 2018).

The trust has been inspected five times since registration in 2010. We conducted a comprehensive inspection of the trust in January 2016. At that inspection, we rated the trust as good overall across all five key questions (safe, effective, caring, responsive and well-led). We rated all three services we inspected as good across all five key questions except the specialist psychological therapy services which we rated requires improvement for the safe key question. We re-inspected the trust's specialist psychological therapy services in November 2017 and found the trust had addressed the issues and changed the rating of safe to good.

We previously inspected the gender identity service for adults in January 2016, when West London Mental Health NHS Trust provided the service. In our previous inspection, we rated the service good across four of the key questions (safe, effective, caring and responsive) and requires improvement for well-led. We found the service was in breach of regulation 17 (good governance). There were several reasons for this. Administrative systems caused problems for

# Summary of findings

people who used the service. There were long delays between people being referred to the service and having an assessment and treatment. There was no formal engagement strategy with people who used the service. Some people who used the service did not know how to complain. There was a disconnect between the (previous) trust and team working in the service. There was no evidence of learning from complaints and incidents.

## Overall summary

**Our rating of this trust stayed the same since our last inspection. We rated it as Good** ●

# Summary of findings

## What this trust does

Tavistock and Portman NHS Foundation Trust provides mental health services from three registered locations (two in London and one in Leeds) and several community services across London, mostly in the borough of Camden. This includes a range of local and national community mental health services for adults and children and young people including specialist psychological therapy services and gender identity services.

## Key questions and ratings

We inspect and regulate healthcare service providers in England.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led?

Where we have a legal duty to do so, we rate the quality of services against each key question as outstanding, good, requires improvement or inadequate.

Where necessary, we take action against service providers that break the regulations and help them to improve the quality of their services.

## What we inspected and why

We plan our inspections based on everything we know about services, including whether they appear to be getting better or worse.

We inspected two core services as part of our ongoing checks on the safety and quality of healthcare services:

- Specialist community mental health services for children and young people
- Other specialist services (gender identity services for adults)

We did not re-inspect specialist psychological therapy services, which we last inspected in November 2016. We previously re-rated the safe key question from requires improvement to good, which meant this core service was rated good across all five key questions and did not have any breaches of regulation. For that reason, we decided not to include specialist psychological therapy services in the inspections carried out in August 2018.

We also did not reinspect the other specialist services (gender identity development services for children and young people), which we rated as good for all key questions when we last inspected it.

Our comprehensive inspections of NHS trusts have shown a strong link between the quality of overall management of a trust and the quality of its services. For that reason, all trust inspections now include inspection of the well-led key question at the trust level. Our findings are in the section headed 'Is this organisation well-led'.

## What we found

### Overall trust

Our rating of the trust stayed the same. We rated it as good because:

- At this inspection we rated the two services we inspected as good. When these ratings were combined with the other existing ratings from previous inspections, all four of the trust's services were rated good.
- We rated well-led for the trust overall as good.

# Summary of findings

- The trust had strong values and an ethos of going the extra mile to deliver high quality services to people accessing the treatment provided by the trust. This was based on strong clinical traditions whilst also making these relevant for the current day.
- The trust had a high calibre board, with a wide range of appropriate skills and experience, who were open and determined to make the necessary changes to provide high quality care to their patients who come from local communities or were accessing national services.
- The trust had a clear strategy that was well understood. This identified the strategic objectives for the trust and the milestones. The trust also had a linked clinical quality strategy.
- The trust's strong academic and research links meant that many patients had access to innovative treatment. Staff undertook research and developed new clinical models to improve the experience of care and outcomes for people using its services. Clinical innovation carried out by the trust had influenced the evidence-base and clinical practice around mental health and wellbeing. Staff in the trust's specialist community mental health services for children and young people (CAMHS) had worked with other providers to develop the THRIVE model, which aimed to deliver person-centred and integrated care based around the needs and preferences of young people and their families by promoting linked working between services.
- The trust had a skilled and committed workforce who were engaged in the work of the trust. The trust had developed this through improvements in communication, appraisals and access to leadership development opportunities. The trust prioritised staff well-being. Staff could access additional support from an internal advice and consultation service.
- Staff involved patients and those close to them in decisions about their care and treatment. Staff in the trust's gender identity clinic for adults (GIC) worked with people using its service to develop personalised approaches based around the specific needs and preferences of each person, for example for people who identified as non-binary. Staff in CAMHS demonstrated an in-depth knowledge of the individual needs and circumstances of the young people they supported. They worked with young people and families to offer services and support based around their needs.
- The trust sought patient feed-back through an experience of service questionnaire and this showed that patients were mostly very satisfied with the care and treatment they received.
- The trust had faced significant increases in demand and had doubled the number of patients they supported over the previous four years. They were the largest provider of gender identity services and were working to improve access to these services, although there was more to do.
- The trust had many excellent examples of working with people who use services. A patient and public involvement (PPI) strategy was supported by PPI co-ordinators who facilitated a range of activities within the trust and in collaboration with community colleagues and other stakeholders.
- The trust was outward looking and were active participants in the North Central London sustainability and transformation partnership, with executive members of the leadership team taking leadership roles. Staff worked closely with other organisations supporting people, so they received co-ordinated care. Staff actively participated in research projects with external organisations.

However:

- The monitoring of the quality and performance of the service lines was not sufficiently robust. At the time of the inspection, this took place through line management and an annual service line presentation to the board. Other governance systems looked across the service lines which could potentially lead to issues being missed or not given the focused attention they required.

# Summary of findings

- The trust was working to implement a range of measures to improve career progression and address discrimination for black and minority ethnic (BME) staff. Some BME staff felt that these measures had not yet positively affected their experience of working for the trust. The trust leadership team recognised that this will take more time to fully embed.
- The trust had experienced significant delays over the previous six months in responding to complaints relating to the gender identity clinic and had mostly missed the target for sending a response. Plans were in place to address this back-log. However, the complaint responses were of a high quality and showed empathy and a willingness to apologise where needed.
- The trust was working to improve health and safety, including fire safety, across the trust, but this work needed to be completed and ongoing safety closely monitored to provide assurance.
- People in GIC had long waits to access the service. They experienced a 13-month wait time for appointments and the service sometimes had to cancel and reschedule people's appointment. The trust had tried to work with commissioners to increase funding but people still experienced long waits.

## Are services safe?

Our rating of safe stayed the same. We rated it as good because:

- At this inspection we rated safe as good in both the services we inspected. When these ratings were combined with the other existing ratings from previous inspections, all four of the trust services that we have inspected were rated good.
- Staff assessed the risks to people using the trust's services. They made plans with people and worked with other services to make sure the people using its services were safe. In the specialist community mental health services for children and young people (CAMHS), staff worked with the young people, families, schools and the local authority to develop plans to support young people. In the gender identity clinic for adults (GIC), staff shared information with people's local services when appropriate to ensure they got the support they needed.
- The trust delivered its services in premises that were mostly safe and clean. The trust maintained its premises and staff completed risk assessments of the environment. However, some actions were needed to ensure fire safety systems were fully embedded. A fire evacuation drill had never been completed at one of the CAMHS locations, and staff in the GIC had not completed a planned fire evacuation drill since January 2017.
- Staff understood how to recognise and report safeguarding concerns to ensure people using the service were protected from harassment and discrimination and received the support they needed. Staff put protection plans in place to keep patients safe.
- The trust had enough staff to keep people safe from avoidable harm and abuse and to provide the right care and treatment. It had low vacancy and sickness rates. Staff in the CAMHS had manageable caseloads and responded to young people's needs promptly. In the GIC there were enough staff to provide safe care and treatment for existing patients but the service was not commissioned to ensure it had sufficient staff to manage the high levels of referrals.
- Most staff knew how to report incidents and teams discussed the learning from incidents to make the necessary improvements. However, staff in the GIC did not always report incidents when patients contacted the service in distress or when there was a risk of the person self-harming, and some staff in CAMHS did not know which incidents to report.

However:

- Although most staff completed most mandatory training, not enough staff had completed safeguarding adults and clinical risk assessment training. Plans were in place to ensure this training was completed and recorded accurately so that progress could be monitored.

# Summary of findings

- The current procedure for ensuring staff safety when seeing patients alone for therapy on site in CAMHS was not robust. Staff met patients in therapy rooms without access to an alarm or personal alarm. Staff relied on shouting for help in the event of an emergency.

## Are services effective?

Our rating of effective improved. We rated it as outstanding because:

- At this inspection we rated effective as outstanding in both services we inspected. When these ratings were combined with the other existing ratings from previous inspections, two of the trust's services were rated outstanding and two of the trust services were rated good.
- Staff provided care and treatment based on national guidance and reviewed its effectiveness. They undertook research and developed new clinical models to improve the experience of care and outcomes for people using its services. Clinical innovation carried out by the trust had influenced the evidence-base and clinical practice around mental health and wellbeing. The trust has an international reputation for its psychotherapy-based approaches.
- Staff developed specialist community mental health services for children and young people (CAMHS) based around the needs of young people. The service had worked with other providers to develop the THRIVE model for delivering CAMHS. This model aimed to deliver person-centred and integrated care based around the needs and preferences of young people and their families by promoting linked working between services. Staff in the teams worked closely with external agencies, such as primary care, social services, education, paediatrics and other community teams, including adult services and the voluntary sector.
- Staff completed a range of audits and used the information to improve the service. For example, they had shown that since the Camden adolescent intensive support service was set up, young people in Camden had spent 48% less time in inpatient units.
- Staff in the gender identity clinic for adults (GIC) contributed to developing guidance on best practice in gender identity services. They were experienced in supporting people to meet their specific needs and supported them to access the speech and language therapy, counselling and psychological therapies they needed. Staff undertook research and participated in international conferences and used findings to improve practice. They provided training and guidance to external health professionals including delivering workshops for GPs.
- The trust had improved how it supported patients with their physical health needs. Since our last inspection, it had appointed a physical health lead and staff now included physical health needs in their assessments.
- Staff from across the trust had access to excellent specialist training opportunities and managers ensured that staff received the necessary specialist training for their roles. Outside of its clinical work, the trust provided a wide range of specialist education. Staff told us they found these links useful.
- Staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment. All staff had access to an electronic records system that they could all update. The GIC was in the process of developing an online portal so people could access and update their personal records.
- The trust made sure staff were competent for their roles. Managers appraised how staff performed and held supervision meetings with clinical staff to provide support and monitor the effectiveness of the service. Teams held regular business meeting and reflective practice sessions. The trust supported staff with career development and progression.

However:

- Administration staff did not have access to one-to-one supervision, which meant they did not have protected regular time to meet with their manager to discuss well-being or career development.

# Summary of findings

- Staff's knowledge of the Mental Capacity Act, as it relates to young people over the age of 16, varied between teams. Some staff were unfamiliar with how they would apply the legislation in practice.

## Are services caring?

Our rating of caring stayed the same. We rated it as good because:

- At this inspection we rated caring as good in both the services we inspected. When these ratings were combined with the other existing ratings from previous inspections, four of the trust services were rated good.
- Staff cared for patients with compassion. Feedback from people we spoke with and on comment cards confirmed that people felt that staff treated them well and with kindness. Staff in gender identity clinic for adults (GIC) provided emotional support to people to minimise their distress during their transition journey, for example people with atypical presentations or with complex medical or psychosocial needs.
- Staff involved patients and those close to them in decisions about their care and treatment. Staff in the GIC worked with people using its service to develop personalised approaches based around the specific needs and preferences of each person, for example for people who identified as non-binary. Staff in specialist community mental health services for children and young people (CAMHS) demonstrated an in-depth knowledge of the individual needs and circumstances of the young people they supported. They worked with young people and families to offer services and support based around their needs.
- Staff encouraged patients to give feedback about the service to identify areas for improvement. Staff in CAMHS enabled parents and young people to give feedback on the service they received, via questionnaires and acted on feedback.
- Staff informed and involved families and carers appropriately. The CAMHS held a six-week psychoeducation group for carers to help them better understand the difficulties young people may face.

However:

- The GIC had not updated their service user engagement strategy since the change in provider and had not organised any service user groups as identified in our last inspection.

## Are services responsive?

Our rating of responsive stayed the same. We rated it as good because:

- At this inspection we rated responsive as good in one service and requires improvement in the other service we inspected. When these ratings were combined with the other existing ratings from previous inspections, three of the trust's services was rated good and one of the trust services was rated requires improvement.
- The trust's specialist community mental health services for children and young people (CAMHS) teams were very responsive and saw young people and their families in a timely manner. Service managers screened referrals to ensure urgent referrals were seen quickly. All new referrals were discussed at a weekly meeting, following an initial screening by a clinician. Waiting lists for therapy was low. The average waiting time between referral to assessment and assessment to treatment was low at three weeks.
- Staff in the gender identity clinic (GIC) worked closely with the trust's adolescent gender identity development service to ensure a smooth transfer for young people to the adult service.

# Summary of findings

- The trust took account of patients' individual needs, and it worked to try and develop its services to be more inclusive. The refugee team had developed the 'recipe of life' project bringing together patients to share experiences of culture. Staff in the CAMHS were working with a charity called 'Small Green Shoots' to co-design and facilitate a programme delivered to schools, youth hostels and community centres to share information about the trust's services.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff. The complaints responses we reviewed were of a high quality.

However:

- People in the GIC had long waits to access the service. They experienced a 13-month waiting time for appointments and the service sometimes had to cancel and reschedule people's appointment. The trust had tried to work with commissioners to increase funding but people still experienced long waits.
- Staff in the GIC did not communicate with people and other providers promptly. The service took eight weeks after appointments to send letters to people and health professionals. The trust had made some improvements since we identified in our last inspection, but it still needed to make further improvements.
- Although the trust had undertaken work to ensure the information it provided was in a range of formats and in line with the accessible information standards, it did not always provide information in the necessary range of formats. The GIC did not provide information in an accessible format for people with learning disabilities. The CAMHS teams did not provide information in accessible formats for younger children.
- The trust did not respond to all complaints promptly. The trust had experienced significant delays over the previous six months in responding to complaints relating to the gender identity service and had mostly missed the target for sending a response. At the time of our inspection, it had plans in place to address this back-log.

## Are services well-led?

Our rating of well-led stayed the same. We rated it as **good** because:

- The trust had strong values and an ethos of going the extra mile to deliver high quality services to people accessing the treatment provided by the trust. This was based on strong clinical traditions whilst also making these relevant for the current day.
- The trust had a high calibre board, with a wide range of appropriate skills and experience, who were open and determined to make the necessary changes to provide high quality care to their patients who come from local communities or were accessing national services.
- The trust had a clear strategy that was well understood. This identified the strategic objectives for the trust and the milestones. These addressed four key areas: people, estates, growth and development, and finance and governance. The trust also had a clinical quality strategy developed in consultation with service users, staff, commissioners, third sector providers, NHS providers, local and national bodies. This promoted the further development and embedding of quality improvement (QI) within the trust.
- The trust's strong academic and research links meant that many patients had access to innovative treatment. The research and clinical innovation carried out by the trust had influenced the evidence-base and clinical practice around mental health and wellbeing. In some cases, this influence had been international, including: attachment theory; systemic family therapy; child, adult and forensic psychotherapy; infant observation; organisational and group dynamics; and the developmental origins of mental health difficulties.

# Summary of findings

- The trust had a skilled and committed workforce who were engaged in the work of the trust, as demonstrated in the staff survey results. This had been promoted through improvements in communication across the trust, appraisals and access to leadership development opportunities. The trust prioritised staff well-being and additional support was available through an internal advice and consultation service where staff could access advice, counselling or psychotherapy when needed.
- The trust sought patient feed-back through an experience of service questionnaire and this showed that patients were mostly very satisfied with the care and treatment they received. The trust had faced significant increases in demand and had doubled the number of patients they supported over the previous four years. They had reviewed the model of care used in specialist community mental health services for children and young people service (CAMHS) to accommodate these changes. They were also the largest provider of gender identity services and were working to improve access to these services, although there was more to do.
- The trust had many excellent examples of working with people who use services. A patient and public involvement (PPI) strategy was supported by PPI co-ordinators who facilitated a range of activities within the trust and in collaboration with community colleagues and other stakeholders. For example, the refugee team had developed the 'recipe of life' project bringing together patients to share experiences of culture.
- The trust was outward looking and were active participants in the North Central London sustainability and transformation partnership, with executive members of the leadership team taking leadership roles. The trust was working closely with specialist commissioning, especially in relation to the gender identity service. The trust was actively involved in Camden local authority, especially in relation to safeguarding and the children's services. NHS England reported that the trust was an active participant in Healthy London Partnership reviewing crisis services for young people in Camden.

However:

- The monitoring of the quality and performance of the service lines was not sufficiently robust. At the time of the inspection, this took place through line management and an annual service line presentation to the board. Other governance systems looked across the service lines which could potentially lead to issues being missed or not given the focused attention they required.
- The accountability framework did not use standard agendas, which meant that there were variations between directorates in the areas covered in the governance meetings. Information was not always shared consistently at team meetings, which meant there were teams who might not have access to adequate learning from incidents, complaints or other methods of assurance such as clinical audits.
- Whilst the use of data was improving across the trust, team leaders did not yet have access to a dashboard of information in an accessible format to support them to undertake their management roles.
- The trust was working to implement a range of measures to improve career progression and address discrimination for BME staff. Some BME staff felt that these measures had not yet positively affected their experience of working for the trust. The trust leadership team recognised that this will take more time to fully embed.
- The trust had experienced significant delays over the previous six months in responding to complaints relating to the gender identity service and had mostly missed the target for sending a response. Plans were in place to address this back-log. However, the complaint responses were of a high quality and showed empathy and a willingness to apologise where needed.
- The trust was working to improve health and safety, including fire safety, across the trust, but this work needed to be completed and ongoing safety closely monitored to provide assurance.

# Summary of findings

## Ratings tables

The ratings tables show the ratings overall and for each key question, for each service and for the whole trust. They also show the current ratings for services or parts of them not inspected this time. We took all ratings into account in deciding overall ratings. Our decisions on overall ratings also took into account factors including the relative size of services and we used our professional judgement to reach fair and balanced ratings.

## Outstanding practice

We found examples of outstanding practices in the two services we inspected:

- Specialist community mental health services for children and young people
- Other specialist services (gender identity services)

For more information, see the outstanding practice section of this report.

## Areas for improvement

We found areas for improvement including breaches of three regulations of the Health and Social Regulation 9, Person-centred care, Regulation 12, Safe care and treatment, Care Act 2008 (Regulated Activities) Regulations 2014 that the trust must put right: and Regulation 16, Receiving and acting on complaints.

We found 24 things that the trust should improve to comply with a minor breach that did not justify regulatory action, to prevent breaching a legal requirement, or to improve service quality.

For more information see the areas for improvement section of this report.

## Action we have taken

We issued requirement notices in respect of three regulations that had been breached. Our action related to breaches in the legal requirements in the gender identity services for adults.

For more information on action we have taken, see the sections on Areas for improvement and Regulatory action.

## What happens next

We will check that the trust takes the necessary action to improve its services. We will continue to monitor the safety and quality of services through our continuing relationship with the trust and our regular inspections.

## Outstanding practice

### Other specialist services (Gender identity services for adults)

- Staff were highly skilled in this specialist field. Several staff had published books and articles related to their work. Staff shared their expertise and attended and presented at national and international conferences.
- Staff regularly delivered information workshops to hundreds of people such as patients who were new referrals, speech and language therapy workshops for people on the waiting list and workshops for GPs across the country.
- The service used technology to improve people's experience including regularly updating their website, developing an online patient portal and piloting technology to facilitate virtual online sessions.

### Specialist community mental health services for children and young people

# Summary of findings

- The average waiting time between referral to assessment and assessment to treatment was low at three weeks.
- The trust had set up a Camden adolescent intensive support service (CAISS) to work with 11 to 18 year olds and their families who experienced a significant deterioration in their mental health to prevent tier 4 admission. Managers analysed performance data that demonstrated young people of Camden were spending 48% less time in tier 4 psychiatric hospitals since the CAISS was set up.
- The teams used the THRIVE model, which was developed in collaboration with staff at the trust and staff at the Anna Freud National Centre for Children and Families. The THRIVE framework was a way of conceptualising need among a community of children, young people and their families. It was measured under five categories: thriving, getting advice, getting help, getting more help and getting risk support.

## Areas for improvement

Action the trust **MUST** take is necessary to comply with its legal obligations. Action a trust **SHOULD** take is to comply with a minor breach that did not justify regulatory action, to prevent it failing to comply with legal requirements in future, or to improve services.

### **Action the trust MUST take to improve**

We told the trust that it must take action to bring services into line with three legal requirements in one service.

#### **Other specialist services (Gender identity services for adults)**

The trust must ensure people and other healthcare professionals receive letters following appointments in a timely manner. Regulation 12(2)(1)

The trust must ensure people who use the service know how to make a complaint and that all complaints are responded to within the agreed timescale. Regulation 16(2)

The trust must ensure they continue to work with commissioners to reduce patient appointment waiting times. Regulation 9(1)(a)

We told the trust that it should take action to comply with a minor breach that did not justify regulatory action, to prevent breaching a legal requirement in future or to improve service quality. These 24 actions related to the whole trust and two services inspected. (There were an additional six actions outstanding from inspections in 2017 and 2016 related to two services that we did not inspect in 2018.)

### **Trust-wide**

- The trust should review how they hold service lines to account to ensure this happens in a consistent and robust manner.
- The trust should review its accountability framework, considering the use of standard agendas for governance and team meetings to ensure information was presented, reviewed and discussed in a consistent manner.
- The trust should continue its work to ensure team leaders have access to a dashboard of information to support their management roles.
- The trust should continue its plan to ensure complaints across the trust are addressed in a timely manner.
- The trust should continue its work to address discrimination and lack of career progression for BME staff.
- The trust should complete its work to ensure health and safety issues including fire safety are addressed across the trust sites.

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- The trust should ensure administration staff have access to regular formal supervision.
- The trust should ensure staff complete safeguarding adults and clinical risk assessment training.
- The trust should ensure staff complete and record safeguarding supervision sessions.

## **Other specialist services (Gender identity services for adults)**

- The trust should ensure they complete planned annual fire evacuation drills.
- The trust should ensure staff record and report calls taken on the on-call rota for people who called in distress in line with the trust's procedures.
- The trust should ensure that administration staff have regular structured supervision.
- The trust should ensure they continue to develop their service user engagement strategy.
- The trust should ensure they share patient feedback with people who use the service.
- The trust should ensure they continue to explore options to find a suitable building to accommodate the growing numbers of staff required to deliver the service.
- The trust should continue to implement the work needed to comply with the accessible information standard.

## **Specialist community mental health services for children and young people**

- The trust should ensure fire safety of the environment and quality assurance processes such as fire drills are completed as per trust policy.
- The trust should ensure there are robust systems in place to ensure a timely and effective response from staff should there be an incident whilst staff are seeing patients for therapy on site.
- The trust should ensure toys used by children are cleaned after use and staff keep records of this to maintain infection control. This includes toys in the communal areas and toys kept by individual clinicians.
- The trust should continue to ensure that staff complete and record risk assessments for all young people, review these regularly, and share information on risk with other health professionals involved in young people's care and treatment. The trust should ensure that all staff are up to date with the clinical risk training.
- The trust should ensure that staff know which incidents to formally report. This ensures managers have oversight of incidents and teams can learn from when things go wrong.
- The trust should ensure that there is a formal system in place to provide staff with feedback on lessons learned from incidents, complaints and audits within the team and other CAMHS teams. Teams should also have access to the risk register so they can escalate risks and see what action is being taken.
- The trust should ensure there is appropriate training for all staff to ensure have a good understanding of the need for consent, and act in accordance with the Mental Capacity Act.
- The trust should ensure information is provided in accessible formats for younger children, and continue to implement the work needed to comply with the accessible information standard.

## **Other specialist services (Gender identity services for children and young people) (from inspection in May 2016)**

- The trust should ensure that a proactive approach is taken to complaints and sharing information with young people and parents about what will happen to complaints when they are made.
- The trust should make sure that staff continue to involve and share information with all young people and parents or carers so that they are aware of the pathways and options for treatment throughout the period of care.

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## Specialist psychological therapy services (from inspection in February 2017)

- The trust should ensure that all patients who meet the trust definition of needing a crisis plan have one in place.
- The trust should ensure staff undertake and record risk assessments for every patient.
- The trust should ensure staff at the Portman Clinic record their signature on written records of sessions.
- The trust should ensure there is a clear policy about information sharing with external agencies and that staff are aware of this policy.

## Is this organisation well-led?

Our comprehensive inspections of NHS trusts have shown a strong link between the quality of overall management of a trust and the quality of its services. For that reason, we look at the quality of leadership at every level. We also look at how well a trust manages the governance of its services – in other words, how well leaders continually improve the quality of services and safeguard high standards of care by creating an environment for excellence in clinical care to flourish.

Our rating of well-led stayed the same. We rated it as **good** because:

- The trust had strong values and an ethos of going the extra mile to deliver high quality services to people accessing the treatment provided by the trust. This was based on strong clinical traditions whilst also making these relevant for the current day.
- The trust had a high calibre board, with a wide range of appropriate skills and experience, who were open and determined to make the necessary changes to provide high quality care to their patients who come from local communities or were accessing national services.
- The trust had a clear strategy that was well understood. This identified the strategic objectives for the trust and the milestones. These addressed four key areas: people, estates, growth and development, and finance and governance. The trust also had a clinical quality strategy developed in consultation with service users, staff, commissioners, third sector providers, NHS providers, local and national bodies. This promoted the further development and embedding of quality improvement (QI) within the trust.
- The trust's strong academic and research links meant that many patients had access to innovative treatment. The research and clinical innovation carried out by the trust had influenced the evidence-base and clinical practice around mental health and wellbeing. In some cases, this influence had been international, including: attachment theory; systemic family therapy; child, adult and forensic psychotherapy; infant observation; organisational and group dynamics; and the developmental origins of mental health difficulties.
- The trust had a skilled and committed workforce who were engaged in the work of the trust, as demonstrated in the staff survey results. This had been promoted through improvements in communication across the trust, appraisals and access to leadership development opportunities. The trust prioritised staff well-being and additional support was available through an internal advice and consultation service where staff could access advice, counselling or psychotherapy when needed.
- The trust sought patient feed-back through an experience of service questionnaire and this showed that patients were mostly very satisfied with the care and treatment they received. The trust had faced significant increases in demand and had doubled the number of patients they supported over the previous four years. They had reviewed the model of care used in CAMHS service to accommodate these changes. They were also the largest provider of gender identity services and were working to improve access to these services, although there was more to do.

# Summary of findings

- The trust had many excellent examples of working with people who use services. A patient and public involvement (PPI) strategy was supported by PPI co-ordinators who facilitated a range of activities within the trust and in collaboration with community colleagues and other stakeholders. For example, the refugee team had developed the 'recipe of life' project bringing together patients to share experiences of culture.
- The trust was outward looking and were active participants in the North Central London sustainability and transformation partnership, with executive members of the leadership team taking leadership roles. The trust was working closely with specialist commissioning, especially in relation to the gender identity service. The trust was actively involved in Camden local authority, especially in relation to safeguarding and the children's services. NHS England reported that the trust was an active participant in Healthy London Partnership reviewing crisis services for young people in Camden.

However:

- The monitoring of the quality and performance of the service lines was not sufficiently robust. At the time of the inspection, this took place through line management and an annual service line presentation to the board. Other governance systems looked across the service lines which could potentially lead to issues being missed or not given the focused attention they required.
- The accountability framework did not use standard agendas, which meant that there were variations between directorates in the areas covered in the governance meetings. Information was not always shared consistently at team meetings, which meant there were teams who might not have access to adequate learning from incidents, complaints or other methods of assurance such as clinical audits.
- Whilst the use of data was improving across the trust, team leaders did not yet have access to a dashboard of information in an accessible format to support them to undertake their management roles.
- The trust was working to implement a range of measures to improve career progression and address discrimination for BME staff. Some BME staff felt that these measures had not yet positively affected their experience of working for the trust. The trust leadership team recognised that this will take more time to fully embed.
- The trust had experienced significant delays over the previous six months in responding to complaints relating to the gender identity service and had mostly missed the target for sending a response. Plans were in place to address this back-log. However, the complaint responses were of a high quality and showed empathy and a willingness to apologise where needed.
- The trust was working to improve health and safety, including fire safety, across the trust, but this work needed to be completed and ongoing safety closely monitored to provide assurance.

## Use of resources

We do not yet review the use of resources in our inspections of NHS mental health providers.

## Ratings tables

Key to tables					
Ratings	Not rated	Inadequate	Requires improvement	Good	Outstanding
Rating change since last inspection	Same	Up one rating	Up two ratings	Down one rating	Down two ratings
Symbol *	↔	↑	↑↑	↓	↓↓
Month Year = Date last rating published					

\* Where there is no symbol showing how a rating has changed, it means either that:

- we have not inspected this aspect of the service before or
- we have not inspected it this time or
- changes to how we inspect make comparisons with a previous inspection unreliable.

### Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Good ↔ Oct 2018	Outstanding ↑ Oct 2018	Good ↔ Oct 2018	Good ↔ Oct 2018	Good ↔ Oct 2018	Good ↔ Oct 2018

The rating for well-led is based on our inspection at trust level, taking into account what we found in individual services. Ratings for other key questions are from combining ratings for services and using our professional judgement.

### Ratings for mental health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Specialist community mental health services for children and young people	Good ↔ Oct 2018	Outstanding ↑ Oct 2018	Good ↔ Oct 2018	Good ↔ Oct 2018	Good ↔ Oct 2018	Good ↔ Oct 2018
Other specialist services - Gender identity services (adult)	Good Oct 2018	Outstanding Oct 2018	Good Oct 2018	Requires improvement Oct 2018	Good Oct 2018	Good Oct 2018
Other specialist services - Gender identity services (children and young people)	Good May 2016	Good May 2016	Good May 2016	Good May 2016	Good May 2016	Good May 2016
Specialist psychological therapy services	Good Jan 2017	Good May 2016	Good May 2016	Good May 2016	Good May 2016	Good May 2016

Overall ratings for mental health services are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

# Specialist community mental health services for children and young people

Good   

## Key facts and figures

The services we visited provide outpatient support to young people struggling with psychological or emotional difficulties. Young people are offered a range of treatments from a team of professionals including psychotherapists, psychologists, family therapists, doctors, nurses and social workers.

The Camden child and adolescent mental health services (CAMHS) north and south are two community teams based at two different sites. They offer support to young people from the London Borough of Camden in schools, GP practices and health centres.

The Camden adolescent intensive support service (CAISS) was set up in April 2016 with the remit to work with 11-18-year olds (with a registered Camden GP) and their families who were experiencing a significant deterioration in their mental health, that if unmanaged, could lead to an admission to an inpatient ward. They also did joint assessments in emergency departments at the local Camden general hospital.

The whole family team has clinicians co-located with the local authority service. They work with other agencies to manage risks of complex families.

CQC previously inspected this core service in January 2016, and it received an overall rating of good.

This inspection was announced (staff knew we were coming) the week before the inspection to ensure that everyone we needed to talk to was available as part of a wider trust inspection.

The team that inspected the services comprised one CQC inspection manager, one CQC inspector, a CQC assistant inspector, a nurse and a psychotherapist.

During the inspection visit, the inspection team:

- visited four community and out-patient services and looked at the quality of the environment
- spoke with five young people and parents who were using the service
- spoke with four team managers
- spoke with the associate clinical director and clinical director of children, young adults and families' directorate
- spoke with 31 other qualified and trainee staff members including administrative staff, psychotherapists, psychiatrists, nurses, psychologists and social workers.
- attended and observed one team meeting
- looked at 23 treatment records
- looked at a range of policies, procedures and other documents relating to the running of the service.

## Summary of this service

Our rating of this service stayed the same. We rated it as good because:

- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment. Staff had manageable caseloads and responded to young people's needs. Staff turnover and sickness for the team was low.

# Specialist community mental health services for children and young people

- Staff had developed services based around the needs of young people. The service had worked with other providers to develop the THRIVE model for delivering CAMHS. This model aimed to deliver person-centred and integrated care based around the needs and preferences of young people and their families by promoting linked working between services.
- Teams worked well with other services both within the trust and externally to provide a consistent and seamless service to children, young people and their families. For example, CAISS staff worked closely with emergency department staff to support young people presenting at the local general hospital with mental health deterioration, and CAMHS practitioners provided sessions to young people in schools. Staff were flexible and offered appointments outside of traditional office hours if required and in a range of venues.
- Young people and families said that the services had been helpful to them and this was reflected in feedback surveys that services collected each month. Staff involved families and carers, for example the service conducted a six-week psychoeducation group for them to help them better understand the difficulties young people may face.
- Teams were very responsive and saw young people and their families in a timely manner. The average waiting time between referral to assessment and assessment to treatment was low at three weeks. Service managers screened referrals to ensure urgent referrals were seen quickly. The waiting rooms at Camden CAMHS south and north were bright, colourful and spacious.
- Staff were very positive about their teams, said that they felt supported by colleagues and managers and that everyone was dedicated to supporting young people who accessed their services. Leadership development opportunities were available for managers and staff below team manager level. The trust was committed to improving services by promoting training, research and innovation.
- The trust had set up the Camden adolescent intensive support service to work with 11-18 year olds and their families who experienced a significant deterioration in their mental health to prevent tier 4 admission. Managers analysed performance data that demonstrated young people of Camden were spending 48% less time in tier 4 psychiatric hospitals since CAISS was set up.
- Since the last inspection in January 2016, the trust had successfully addressed most of the areas needed for improvement. This included ensuring staff shared crisis plans with young people, providing information leaflets on how to complain, ensuring staff recorded information about young people on the electronic patient record systems, and ensuring all young people had a clear plan of care and treatment in care records.

However:

- Since the last inspection in January 2016, the trust had not successfully addressed three areas needed for improvement. This included failing to demonstrate regular cleaning of toys used by children, staff not ensuring that all young people having risk assessments in place, and teams not providing information in accessible formats for younger children.
- The service did not have a system in place to ensure front-line staff had opportunities to learn from incidents, audits and complaints. They did not have access at a team level to the risk register to directly report risks or see what action was being taken.
- The staff needed to improve the safety of the environment. The current procedure for ensuring staff safety when seeing patients alone for therapy on site in the event of an emergency was not robust. Fire safety systems at both sites were not robust.
- Not all staff were clear about which incidents needed to be formally reported.
- Administration staff did not have access to one-to-one supervision, which meant they did not have protected regular time to meet with their manager to discuss well-being or career development.

# Specialist community mental health services for children and young people

- Staff's knowledge of the Mental Capacity Act varied between teams. Some staff were unfamiliar with how they would apply the legislation in practice.
- IT systems could not always be accessed by clinicians when they were offsite. This meant staff had to travel back to the team office to update patient records, which was a time-consuming task.

## Is the service safe?

Good   

Our rating of safe stayed the same. We rated it as good because:

- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment.
- Staff had manageable caseloads and responded to young people's needs. Team managers reviewed clinicians' caseloads regularly through supervisions and business meetings.
- Staff managed patients' risks well and were discussed regularly at staff team meetings. Staff demonstrated good understanding of each individual patient and their family, and were responsive to changes in risk presentation. However, in a few cases there was still some room for improvement to ensure each young person had an up to date recorded risk assessment. Some staff also needed to complete the mandatory training on clinical risk management.
- Staff were trained in safeguarding, and knew how to make a safeguarding alert and did that when it was appropriate. Staff put protection plans in place to keep patients safe.
- Staff turnover and sickness for the team was low. In the CAISS team, there were excellent cover arrangements for staff sickness, as each young person was allocated two clinicians, which ensured patient safety and continuity of care when one of the clinicians was on leave.

However:

- The current procedure for ensuring staff safety when seeing patients alone for therapy on site was not robust. Staff were not always meeting patients in therapy rooms where they had access to an alarm or where they were using a personal alarm. Staff relied on shouting for help in the event of an emergency. There had been two recent incidents of patient violence towards staff, which highlighted the need for safety systems.
- At the last inspection in January 2016, staff did not regularly clean toys used by young people, which posed an infection control risk. At this inspection, there had been little progress made. However, once highlighted to managers, they put a toy cleaning schedule in place during our inspection and presented the records to us.
- Fire safety systems at both sites were not robust. At Camden CAMHS south, a fire drill evacuation had never been completed, and at Camden CAMHS north, the required annual fire drill had not been completed. We could not be assured that staff knew how to respond quickly and safely in the event of a fire.
- Not all staff were clear about what incidents needed to be formally reported. This meant that some managers may have lacked oversight of some incidents.
- There was no formal system in place to provide front line staff with feedback from lessons learned from incidents within the CAMHS teams and the wider trust.

# Specialist community mental health services for children and young people

## Is the service effective?

**Outstanding** ☆ ↑

Our rating of effective improved. We rated it as outstanding because:

- Staff had developed services based around the needs of young people. The service had worked with other providers to develop the THRIVE model for delivering CAMHS. This model aimed to deliver person-centred and integrated care based around the needs and preferences of young people and their families by promoting linked working between services.
- Staff worked closely with external agencies, such as primary care, social services, education, paediatrics and other community teams, including adult services and the voluntary sector. CAISS staff described good working relationships with local acute hospitals, when working together to support a young person presenting at A&E.
- Staff engaged in activities and initiatives to improve joint-working and liaison. For example, Camden CAMHS north and south staff provided regular weekly sessions in all local schools, which made treatment more accessible. The CAISS psychiatrist attended monthly tier 4 meetings with representative from local authority, NHS commissioners, education and third sector organisations, to work together and optimise young peoples' psychiatric inpatient admissions.
- Staff had access to excellent specialist training opportunities and managers ensured that staff received the necessary specialist training for their roles. Staff were also proactive in sharing knowledge, skills and experience to their team. For example, on the Mental Health Act, and LGBTQ+ (lesbian, gay, bisexual, trans, Queer+).
- Managers analysed team performance data to monitor the efficacy of their services. For example, the CAISS manager's analysis found that that young people of Camden were spending 48% less time in tier 4 psychiatric hospitals since CAISS was set up.
- Staff had effective working relationships with internal teams. For example, the CAISS team worked jointly with the Camden CAMHS north and south teams to support young people if they experienced a significant deterioration in their mental health to prevent tier 4 admission.

However:

- Administration staff did not have access to one-to-one supervision, which meant they did not have protected regular time to meet with their manager to discuss well-being or career development.
- Staff's knowledge of the Mental Capacity Act, as it relates to young people over the age of 16, varied between teams. Some staff were unfamiliar with how they would apply the legislation in practice.

## Is the service caring?

**Good** ● → ←

Our rating of caring stayed the same. We rated it as good because:

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- Staff involved patients and those close to them in decisions about their care and treatment.

# Specialist community mental health services for children and young people

- Staff provided emotional support to patients to minimise their distress.
- Staff demonstrated an in-depth knowledge of the individual needs and circumstances of the young people they supported.
- Staff enabled parents and young people to give feedback on the service they received, via questionnaires and acted on feedback.
- Staff informed and involved families and carers appropriately. The service conducted a six-week psychoeducation group for carers to help them better understand the difficulties young people may face.

## Is the service responsive?

Good  → ←

Our rating of responsive stayed the same. We rated it as good because:

- Service managers screened referrals to ensure urgent referrals were seen quickly. All new referrals were discussed at a weekly meeting, following an initial screening by a clinician.
- Teams were very responsive and saw young people and their families in a timely manner. Waiting lists for therapy was low. The average waiting time between referral to assessment and assessment to treatment was low at 3 weeks. This was a substantial improvement from the last inspection in January 2016 where the average waiting time was 11 weeks.
- Staff knew the steps outlined in the trust's 'did not attend' policy. When a young person did not attend an appointment, staff told us how they actively contacted the person and contacted other services if they were unable to get hold of them.
- The waiting rooms at Camden CAMHS south and north were bright, colourful and spacious.
- Staff met the needs of different groups people. For example, staff supported families from a refugee background and ensured they accessed the appropriate care and treatment.

However:

- At the last inspection in January 2016, the teams did not provide information in accessible formats for younger children. At this inspection, we found there had been no progress in this area. Staff said that this was a work in progress, and that the communications department had been completing some work on this.

## Is the service well-led?

Good  → ←

Our rating of well-led stayed the same. We rated it as good because:

- Managers carried out their roles confidently and understood how their services operated.
- Managers across the teams promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Staff described high morale and said they felt respected, supported and valued as team members.

# Specialist community mental health services for children and young people

- Staff felt confident about being able to speak up and raise issues of concern with their line manager or through other means such as the Freedom to Speak up Guardian if needed.
- The trust engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.
- Managers had access to accurate data to help them manage their services.
- The trust was committed to improving services by promoting training, research and innovation. The CAISS team was conducting a quality improvement project involving feedback from young people to improve crisis plans.
- Leadership development opportunities were available for managers and staff below team manager level.

However:

- The service did not have a system in place to ensure front-line staff had opportunities to learn from incidents, audits and complaints. They did not have access at a team level to the risk register to directly report risks or see what action was being taken.
- IT systems could not always be accessed by clinicians when they were offsite. This meant staff had to travel back to the team office to update patient records, which was a time-consuming task.
- The service had not made improvements in three areas that the CQC suggested should be improved at our previous inspection. For example, we recommended that staff cleaned toys used by children and kept a record of this, and that the trust should provide information in an accessible format for younger children.

## Outstanding practice

We found areas of outstanding practice in this service. See Outstanding practice section above.

## Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section above.

# Gender identity services

Good 

## Key facts and figures

The Gender Identity Clinic in Hammersmith is the largest and oldest gender clinic in the United Kingdom, dating back to 1966. The clinic treats people who have or experience gender dysphoria and other issues related to gender. The service is a national service and accepts referrals from across the United Kingdom. The multidisciplinary team has input from psychiatry, endocrinology, psychology and speech and language therapy. The clinic has 3,000 active people who use the service and a further 3,000 on the waiting list.

CQC previously inspected this service in January 2016 when West London Mental Health NHS Trust provided the service. The Tavistock and Portman NHS Foundation trust took over provision of the service in April 2017 and have the contract until March 2019. In our previous inspection, we found the service was in breach of regulation 17 (good governance). Administrative systems caused problems for people who used the service. There were long delays between people being referred to the service and having an assessment and treatment. There was no formal engagement strategy with people who used the service. Some people who used the service did not know how to complain. There was a disconnect between the (previous) trust and team working in the service. There was no evidence of learning from complaints and incidents.

This inspection was announced (staff knew we were coming) to ensure everyone we needed to talk to was available as part of a wider trust inspection.

The team that inspected the services comprised three CQC inspection managers, three CQC inspectors, a nurse and an expert by experience.

Before the inspection visit, we held a focus group with staff at the service. We also spoke with support groups who had an interest in transgender health and care. We left a comments box and poster in the reception area of the clinic to obtain feedback on the service and received 49 comment cards. Sixteen people who used the service also contacted us on the CQC website. We also received feedback from stakeholders including the commissioners of the service in England and Wales.

During the inspection visit, the inspection team:

- looked at the premises and site where care was delivered
- spoke with 18 people who were using the service and carers
- spoke with the director of the service, services manager, operations manager, clinical lead and 29 staff including administration, consultant psychiatrists, counselling psychologists, endocrinologist, managers, nurse, receptionists, speech and language therapists, and the telephonist
- attended and observed a multidisciplinary meeting, administration meeting, administration managers meeting and speech and language therapy session
- reviewed 14 patient electronic care records
- looked at a range of policies, procedures and other documents relating to the running of the service.

# Gender identity services

## Summary of this service

This was the first comprehensive inspection of this service. We rated it as good because:

- The trust had improved the service since becoming the provider. At the last inspection in January 2016, governance processes at the service needed to improve. During this inspection, we found the trust had improved the governance and administrative processes.
- Motivated and skilled staff with the right qualifications, skills, training and experience provided care and treatment based on national and international best practice and benchmarked against other similar services. People using the service could access specialist speech and language therapy, counselling and psychological therapies.
- Staff cared for people who used the service with compassion. Feedback from people we spoke with and on comment cards confirmed that people felt staff treated them well and with kindness. Staff planned care together with people on an individual basis to ensure they accessed the treatments and support they needed.
- The service worked with people's GPs, and with endocrinology and surgery services, to support people to access the support they needed. The service worked closely with the trust's adolescent gender identity development service to ensure young people transferred smoothly to the adult service.
- The service made sure staff were competent for their roles. Staff completed mandatory training, and managers supervised and supported staff. The service had regular team meetings, a monthly multidisciplinary meeting and annual away days. The service supported staff with career development and progression.
- Staff said the morale and culture of the service had greatly improved since the change in provider. Managers promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. The service had a low staff sickness and vacancy rate.
- Staff kept appropriate records of people's care and treatment. Records were clear, up-to-date and available to all staff providing care. Staff understood how to protect people from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- Staff completed a range of audits and used the information to improve the service, for example the information included in first assessment reports and non-binary voice and communication.

However:

- People waited a long time to access the service. At the time of the inspection, people waited 13 months from referral to initial assessment. The service had experienced a large increase in the number of referrals in the previous years, and the trust worked with commissioners to try and increase the funding for the service. However, the current funding combined with restricted working environment made it hard for the service to meet demand. The service still cancelled some appointments, but it had put in place a new system to rearrange cancelled appointments quickly.
- The service did not ensure that important information was shared promptly following appointments. At the time of the inspection, the service took eight weeks to send letters to people using the service and health professional following appointments. We identified this at our previous inspection. The trust had shortened the time it took to send these letters, but it still needed to reduce the time further.
- The service did not investigate and respond to people's complaints within the 40-day extended timescale. Twenty-eight out of 53 complaints in the last six months did not meet the target. The trust informed people when their complaint response would be delayed.

# Gender identity services

- The service did not have robust systems in place to ensure fire safety. It had not completed a planned fire evacuation drill since January 2017.
- Five people we spoke with said they would like better communication before their appointments and a reminder about their appointments. Eight comment cards also included feedback about the service improving communication regarding their appointments.
- The service did not provide information in an accessible format for all people who may use the service.
- The service had not updated their service user engagement strategy since the change in provider and had not organised any service user groups as identified in our last inspection.

## Is the service safe?

**Good** ●

This was the first time we rated this service. We rated it as good because:

- Staff assessed the risks to people using the service. The service had staff available to speak to people who called up in a state of distress. They liaised appropriately with other care professionals, such as the patient's GP, if they were concerned about risks associated with their physical or psychological health.
- Staff understood how to recognise and report safeguarding concerns to ensure people using the service were protected from harassment and discrimination and received the support they needed.
- The service had appropriate staff in place who understood the service they were delivering. They provided the right care and treatment for gender dysphoria and other gender related issues. The team had low levels of sickness and vacancies were filled when needed. However, there were not enough staff in the team which contributed to the waiting lists and the trust were working closely with commissioners to address this.
- The clinic was housed in premises which were safe and clean. Staff had access to alarms to call for assistance if needed.
- Staff knew how to report incidents. They discussed the learning from incidents to make the necessary improvements. However, they did not always report incidents when patients contacted the service in distress or when there was a risk of the person self-harming.

However:

- The service had not completed a planned fire evacuation drill since January 2017.
- The building was not large enough to accommodate the growing numbers of staff and people who used the service.
- Staff needed to complete the mandatory clinical risk and safeguarding training, although they demonstrated a good knowledge of this.

## Is the service effective?

**Outstanding** ☆ ↑

This was the first time we rated this service. We rated it as outstanding because:

# Gender identity services

- The service worked to benchmark care and treatment against other similar services nationally and internationally including speech and language therapy, counselling and psychological therapies. Staff were experienced in supporting people to meet their specific needs, for example people who identified as non-binary.
- Staff contributed to developing guidance on best practice for gender identity services.
- Staff undertook research and participated in international conferences and used findings to improve practice.
- The service made sure staff were competent for their roles. Managers appraised how staff performed and held supervision meetings with clinical staff to provide support and monitor the effectiveness of the service. The service supported staff with career development and progression.
- Staff from different professional backgrounds worked together as a team to benefit patients. The service had regular team meetings, a monthly multidisciplinary meeting and annual away days.
- Staff provided training and guidance to external health professionals including delivering workshops for GPs.
- Staff always had access to up-to-date, accurate and comprehensive information on people's care and treatment. All staff had access to an electronic records system that they could all update. The service was in the process of developing an online portal so people could access and update their personal records.
- Staff completed a range of audits and used the information to improve the service.

However:

- Administrative staff did not receive regular formal supervision.

## Is the service caring?

**Good** ●

This was the first time we rated this service. We rated it as good because:

- Staff cared for patients with compassion. Feedback from people we spoke with and on comment cards confirmed that staff treated them well and with kindness.
- Staff involved people and those close to them in decisions about their individual care and treatment, for example people who identified as non-binary.
- Staff provided emotional support to people to minimise their distress during their transition journey, for example people with atypical presentations or with complex medical or psychosocial needs.

However:

- The service had not updated their service user engagement strategy since the change in provider and had not organised any service user groups as identified in our last inspection

## Is the service responsive?

**Good** ●

This was the first time we rated this service. We rated it as requires improvement because:

# Gender identity services

- People had long waits to access the service. They experienced a 13-month wait time for appointments and the service sometimes had to cancel and reschedule people's appointment. The trust had tried to work with commissioners to increase funding but people still experienced long waits.
- The trust did not communicate with people and other providers promptly. The service took eight weeks to send letters to people and health professionals. The trust had made some improvements since we identified in our last inspection, but it still needed to make further improvements.
- The service was in the process of starting to send appointment reminders to people using the service. Some people we spoke with said they would like better communication before their appointments and a reminder about their appointments.
- The service did not provide information in an accessible form, in line with the accessible information standards, for example for people with learning disabilities.
- The trust did not respond to complaints promptly. There were delays in investigating and responding to people's complaints. Twenty-eight out of 53 complaints in the last six months did not meet the target. The trust informed people when their complaint response would be delayed.

However:

- The service worked closely with the trust's adolescent gender identity development service to ensure smooth transfer for young people to the adult service.

## Is the service well-led?

**Good** 

This was the first time we rated this service. We rated it as good because:

- The trust had made significant changes and improvements to the governance and administration procedure since our last inspection. Staff said the morale and culture of the service had greatly improved since the change in provider.
- The service had experienced managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care.
- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The trust had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- The trust collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- The trust engaged well with people who used the service, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively. The trust supported staff to attend national and international gender identity conferences and initiatives.
- The trust was committed to improving services by learning from when things go well and when they go wrong, promoting training, research and innovation. For example, they had developed various workshops including introduction to the service, speech and language therapy and information for GPs to share their knowledge with people who used the service and stakeholders.

# Gender identity services

However:

- The trust had implemented improvements to previous recommendations we made from the last inspection. For example, reducing waiting times, reducing delays in sending letters, reducing delays in responding to complaints and embedding service user involvement.

## Outstanding practice

We found areas of outstanding practice in this service. See Outstanding practice section above.

## Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section above.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

For more information on things the provider must improve, see the Areas for improvement section above.

**Please note:** Regulatory action relating to primary medical services and adult social care services we inspected appears in the separate reports on individual services (available on our website [www.cqc.org.uk](http://www.cqc.org.uk))

**This guidance** (see [goo.gl/Y1dLhz](http://goo.gl/Y1dLhz)) describes how providers and managers can meet the regulations. These include the fundamental standards – the standards below which care must never fall.

#### Regulated activity

Treatment of disease, disorder or injury

#### Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

#### Regulated activity

Treatment of disease, disorder or injury

#### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

#### Regulated activity

Treatment of disease, disorder or injury

#### Regulation

Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints

This section is primarily information for the provider

## Enforcement actions

We took enforcement action because the quality of healthcare required significant improvement.

# Our inspection team

Jane Ray, Head of Hospitals Inspections (Mental Health), led this inspection. An executive reviewer, Jess Lievesley, Executive Director of Service Delivery and Customer Experience at Hertfordshire Partnership University NHS Foundation Trust, supported our inspection of well-led for the trust overall.

The team included two inspection managers, five inspectors, one assistant inspector, five specialist advisors and one expert by experience.

Executive reviewers are senior healthcare managers who support our inspections of the leadership of trusts. Specialist advisers are experts in their field who we do not directly employ. Experts by experience are people who have personal experience of using or caring for people who use health and social care services.