West London Mental Health NHS Trust

Other specialist services

Quality Report

179-183 Fulham Palace Road
Hammersmith
W6 8QZ
c/o Trust Headquarters
1 Armstrong Way
Southall
UB2 4SD
Tel: **020 8354 8354**
Website: www.wlmht.nhs.uk

Date of inspection visit: 19 and 20 January 2016
Date of publication: 09/05/2016

Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/ unit/team)	Postcode of service (ward/ unit/ team)
RKLX1	Trust Headquarters	Gender Identity Clinic	W6 8QZ

This report describes our judgement of the quality of care provided within this core service by West London Mental Health NHS trust. Where relevant we provide detail of each location or area of service visited.

Our judgement is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from people who use services, the public and other organisations.

Where applicable, we have reported on each core service provided by West London Mental Health NHS trust and these are brought together to inform our overall judgement of West London Mental Health NHS trust.

Mental Health Act responsibilities and Mental Capacity Act / Deprivation of Liberty Safeguards

We include our assessment of the provider's compliance with the Mental Health Act and Mental Capacity Act in our overall inspection of the core service.

We do not give a rating for Mental Health Act or Mental Capacity Act; however we do use our findings to determine the overall rating for the service.

Further information about findings in relation to the Mental Health Act and Mental Capacity Act can be found later in this report.

Summary of findings

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Summary of findings

Overall summary

We have not rated this service because this was a focussed inspection.

We found that the service needs to improve as follows:

- Administrative systems were causing problems for people who used the service. There were delays in letters being sent to people who used the service and to other professionals. Appointments were being cancelled, sometimes at the last minute when people were already travelling to the clinic. People using the service were not always told why appointments were cancelled and would sometimes have to wait long periods of time for appointments to be re-arranged. There was sometimes a lack of responsiveness to telephone calls. This was reflected in feedback from people who used the service as well as complaints which had been made to the service.
- There were long delays between people being referred to the service and having an assessment and treatment. The target timescale was 18 weeks but people were waiting 10-14 months. Action plans had been developed with commissioners but these were still being implemented.
- While some people were well-engaged with the service on an individual basis and the service carried out feedback surveys, there was no formal engagement strategy with people who used the service.
- Some people using the service were not sure how to complain or were worried that if they complained this would have a negative impact on their care.
- There was a disconnect between the trust and the team working in the service. Staff told us that they felt well-supported locally but felt detached from the trust. Staff within the clinic told us that they felt detached from the trust and did not feel that the work and care being provided by the service was sufficiently recognised by the trust. This had an impact on staff morale.
- Clinical governance meetings had been recently established after a year long gap. However, there was no evidence of learning from complaints and incidents documented through minutes and formal governance processes.

However, we also found the following areas of good practice:

- The clinic delivered care and treatment provided by experienced, knowledgeable clinicians. Most of the feedback we received from people who used the service was positive about the quality of care and treatment which was delivered. The staff team were enthusiastic and strongly committed to provide an excellent standard of care for people who used the service. We heard examples of how staff were willing to go the extra mile to meet the needs of people using the service.
- The trust senior management were aware of the challenges around governance and were open about sharing this information with the inspection team. They had been taking active steps with the local management to address the identified issues and some improvements had been made.

Summary of findings

The five questions we ask about the service and what we found

Are services caring?

- Most feedback we received from people who used the service was positive, particularly feedback about the clinicians and administrative staff where people who used the service praised the care from individual members of staff. This was reflected in the feedback the service had received directly which was very positive.
- The service provided information packs and ran workshops for people who were referred to the service to ensure that people had necessary information before the first assessment. People were complimentary about these workshops.
- However, some people told us that they were not aware of their care options and the pathways and had not been involved in the planning of their care. There were no formal networks established for people who used the service to engage with the clinic to improve and develop the service.

Are services responsive to people's needs?

- There were long delays for people to access the service after their initial referral. The service was aware of this and had plans in place to work with commissioners to reduce this to the national 18 week limit between referral and assessment.
- There were significant delays in letters being sent which had an impact on the progress of care and treatment. This was identified as a concern by people who used the service and staff within the clinic. The provider's IT system was not adapted to the specific requirements of the service and this led to additional delays in the administrative process.
- When appointments had to be cancelled by the service, people's treatment could be delayed for several months as they had to wait for a new appointment to become available. Some people told us that they had not been informed about cancelled appointments until after they had started their journeys to the clinic.
- There were complaints processes in place. While most people who used the service were aware of how to access this process, some feedback from people who used the service indicated that some people did not know how to complain or did not feel confident to make a complaint. It was not clear that the service learnt from complaints from people who use the service as there were no consistent meetings across the service where learning from complaints was addressed.
- However, the service worked flexibly to meet the individual needs of people who used the service to help and support access to the service and supported people in meeting their spiritual needs through linking with religious communities where appropriate.

Are services well-led?

- The trust management were aware of the challenges regarding governance and the relationship between the service and the trust. They were open and transparent in sharing this information with the inspection team. The senior management team and the local management within the service had begun to take actions to address some of the areas that needed improvement.

Summary of findings

- Staff told us that they felt well-supported on a local level and that the current service manager had instigated positive changes within the service. However, feedback from some members of staff working within the service reflected that they did not feel sufficiently recognised and supported by the trust. This was having an impact on the staff morale.
- The team undertook local audits and were engaged with national and international conferences related to gender identity services. However, there was little scope for the service to promote and actively engage in developing a best practice as they were so busy meeting the daily operational demands of the service.
- NHS England, as the lead commissioners for the service, were working with providers to ensure that issues around the lengthy waiting lists were addressed.
- The service had developed a number of action plans, from both internal and external reviews in order to drive improvement. There was a keen desire among staff to work towards excellence. It was recognised that further work was needed across all the gender identity services, both nationally and internationally to develop further guidance on best practice and agree outcome measures so that services can have a better understanding of how they need to develop going forward.

Summary of findings

Information about the service

The Gender Identity Clinic is a service which treats people who have or experience gender dysphoria and other issues related to gender. The service operates from a base in Hammersmith, however, it accepts referrals from across the United Kingdom. The multidisciplinary team has input from psychiatry, endocrinology, psychology and speech and language therapy.

The provider of the service is West London Mental Health trust. This service has not been inspected before.

Our inspection team

Our inspection team consisted of three CQC inspection managers, one CQC inspector, one CQC policy officer and one expert by experience who had personal experience of using a gender dysphoria service.

Why we carried out this inspection

This inspection was a focussed inspection which was carried out in response to feedback from people who used the service and specifically looked at the caring, responsive and well-led domains.

This means that the safe and effective domains were not inspected.

How we carried out this inspection

Before the inspection visit, we spoke with user-led groups and support groups who had an interest in transgender health and care. We also sent letters out to people who use the service through the trust and to service user groups through media channels to indicate that the inspection was taking place and to request feedback. We left a comments box and poster in the reception area of the clinic to obtain feedback on the service. We received feedback from stakeholders including the commissioners of the service.

During the inspection visit, the inspection team:

- Looked at the premises and the site where the care is delivered
- Spoke with 15 members of staff including the responsible associate director, service manager, lead clinician, doctors, psychologists and other therapists, administrators and receptionists
- Spoke with 12 people who used the service and received one completed comment card
- We also spoke with or received feedback through email with another 70 people who used the service either before or immediately after the inspection
- Looked at a range of policies, procedures and other documents relating to the running of the service
- Were provided with requested information before and after the inspection

Summary of findings

What people who use the provider's services say

We spoke and received feedback from 80 people who used the service and two family members of people who used the service. This was through meetings, emails and telephone calls. We also received feedback from some service-user led and peer support groups as well as one Healthwatch organisation.

The feedback was mixed with most of the positive feedback relating to attitude of staff, both clinical and administrative and the care and consideration that people were treated with. Most of the negative feedback related to poor administration and delays in answering phones, sending out letters and short notice cancellations by staff at the clinic as well as the delays in accessing the service and the waiting lists to receive treatment.

Good practice

- The clinic delivered care and treatment provided by experienced, knowledgeable clinicians. Most of the feedback we received from people who used the service was positive about the quality of care and treatment which was delivered. The staff team were enthusiastic and strongly committed to provide an excellent standard of care for people who used the service. We heard examples of how staff were willing to go the extra mile to meet the needs of people using the service.
- One of the clinicians in the team had been recognised by a national newspaper for the work they had done with the transgender community.

Areas for improvement

Action the provider MUST take to improve

- The trust must ensure that the service operates effectively to meet the needs of the patients. This includes keeping cancelled appointments to a minimum, ensuring people who use the service and other healthcare professionals receive letters in a timely manner and ensuring telephone calls are handled efficiently.
- The trust must ensure they follow through the action plan agreed with commissioners so that patients are assessed within 18 weeks of being referred to the service. This includes the recruitment of staff.
- The trust must develop a user engagement strategy to ensure people using the service are able to contribute to decisions about the operation and development of the service.
- The trust must ensure that there are clinical governance systems in place to ensure that learning from incidents and complaints is embedded in the culture of the clinic.
- The trust must ensure that staff engagement is working effectively and that staff working in the clinic feel recognised and supported by the trust.

Action the provider SHOULD take to improve

- The trust should ensure that people are given information about their care pathway and treatment options and are involved in the planning of their care.
- The trust should ensure people who use the service know how to complain and are assured that this will not impact on the service they receive.
- The trust should continue to promote stable management within the service and opportunities for leadership development across the staff team.
- The trust should ensure staff working in the service have capacity to contribute to future work developing guidance on best practice for gender identity services.

West London Mental Health NHS Trust

Other specialist services

Detailed findings

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Gender Identity Clinic	Trust Headquarters

Are services caring?

By caring, we mean that staff involve and treat people with compassion, kindness, dignity and respect.

Our findings

Kindness, dignity, respect and support

- Throughout this inspection, we met, spoke with or received feedback from 80 people who were currently using the service or had attended the service in the year prior to the inspection. Thirty-eight people specifically told us that they had been treated with dignity, respect and kindness by staff at the clinic, referring either to clinical or administrative staff. Some examples of the positive feedback included staff being helpful and courteous and treating people with sensitivity.
- During our inspection, we observed interactions between staff and people using the service in the waiting area. We saw that people were given relevant information and treated with kindness and care.
- Staff we spoke with had a good understanding of the individual needs of people who used the service and we saw that the staff group, both clinical and non-clinical, were committed to promoting the best care for people who they worked with.
- However, four people raised concerns with us about how the clinic failed to meet their individual needs by not making adjustments in response to their disabilities or sensory impairments. Another four people raised with us that they did not feel that they had been involved in the care planning process so they did not have a clear understanding of the whole treatment pathway and options available to them.
- The service carried out a feedback survey and the results were collated annually. This information was collected by feedback forms being given to people who used the service after each appointment. There was a comments box for these forms in the reception area which was both visible and signposted. This was an opportunity for people who used the service to feedback anonymously.
- For the year between 1 October 2014 and 1 October 2015, half the people who attended appontments had provided feedback. Of these 94% of respondents had stated that they either agreed or strongly agreed with the statement that 'administrative staff were pleasant and cheerful' and 99% had agreed or strongly agreed with the statement that 'clinicians were pleasant and respectful'.As well as specific questions being asked, people who used the service were given the opportunity to write free text comments and feedback. This information was collated by the clinical lead to determine ways in which the service could improve. For example, between October 2014 – October 2015, out of 1214 positive free text comments, 770 referred to positive feedback about the clinicians in general and 171 indicated positive feedback about particular named clinicians.
- When people were asked about suggested improvements in the year ending October 2015, 1558 free text comments were received; 710 of which suggested no improvements were necessary but 160 commented on long waiting times for treatment and 312 mentioned delays in administration and communication.
- Twenty-one people told us directly that appointments which had been arranged had been cancelled by the trust due to the lack of availability of a clinician, either because of sickness, leave or following the resignation of a member of staff. Two people told us that they had experienced at least two cancellations. This uncertainty and the wait for appointments to be rearranged when they were cancelled by the clinic had an impact on people's care and treatment as there was a significant wait between appointments. Some people told us that they had travelled long distances and had not been given enough notice to change travel arrangements at the point the appointment was cancelled.

The involvement of people in the care they receive

- Five people within the community and wider engagement network of people who use the services but who were not current service users shared information with us. This described the outreach work that some of the clinical staff took to engage and share information with the broader transgender community outside work time. This showed their enthusiasm and commitment to the service.
- People we spoke with during the inspection told us that they were not always involved in the development of the service. While there were opportunities to give feedback about individual care, the service did not have a user reference group. There had been a Gender Identity Clinic user reference group in the past but this had been

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dissolved and no such group existed which formally fed into clinical governance and decisions made about the service. The manager of the service told us that sometimes service users were involved in recruitment of staff within the service but there was no systematic way to decide who would take these roles as it was based on asking individuals rather than having a reference group to consult with.

- Two people we spoke with told us that they would have found a peer support group or being signposted to a user group, useful during their treatment.
- There was a noticeboard in the service and we saw that this had details of some local and national groups and information about events which may have been of interest to people who used the service, for example an arts event.
- The service had offered through 2014 and 2015, with a scope to continue in 2016, introductory days where basic information about the service was shared with those who had been referred. This gave people information about what to expect and also allowed people the opportunity to network with each other. This was only open to those who had been referred to the service. We received very positive feedback about these introductory days.
- The service published an information pack which was sent to new people who were referred to the service and this was also available on the clinic's website. This meant that people had basic information about their treatment pathway. This includes frequently asked questions and mythbusters to ensure that people were clear about the service.
- However, during the inspection visit, ten people told us that they did not feel they had information about their care and treatment provided to them at appointments. The feedback given also highlighted that people were not given information on available treatment options. Four people told us that they were not involved in care planning. This meant that people were not actively involved in choices about treatment and care, and were not actively involved in the care planning process.

Are services responsive to people's needs?

By responsive, we mean that services are organised so that they meet people's needs.

Our findings

Access and forward planning

- NHS England are the main commissioners for this service and the determined waiting time target from referral to assessment has been set as 18 weeks. However, this is a timescale that has not been achieved within adult gender identity services to date. In December 2015, the average wait from referral to initial first assessment by a clinician was 10 months with a 14 month wait to see a consultant.Commissioners were working with the service to ensure that the 18 week target could be met and there was a plan which had been developed to achieve this. Thirty-seven people we spoke with specifically raised concerns with us about the wait between referral and assessment.
- The service had recognised that there were concerns regarding risk management between referral and assessment. While local services, including the GP who referred people to the service remained the sole provider of care while people were waiting for treatment the service had developed a number of mechanisms to ensure that people had relevant information while waiting for their first assessment such as workshops.
- In 2014/5 the service developed and had run workshops for people who are referred to the service. These workshops, which were only open to those who had been referred, were run by clinicians within the service to share information and support for people who use the service. For example, an explanation of what might be expected at an appointment and preventative health measures which can improve access to the care pathway and treatment such as stopping smoking.
- The service was also developing a triage pathway which will ensure that information is shared between the service and those who refer people to the service as well as those accessing the service. People were contacted before their first appointment with the service.
- In November 2015, there was a seven month wait for follow up appointments.
- Forty-eight people who used the service raised concerns with us about the delay in letters arriving to and from the clinic and the difficulties of contacting the clinic by telephone. This was the highest level of negative feedback we received about any aspect of care at the clinic and this was also reflected by feedback which was shared with clinicians, administrative staff and management within the service.
- The trust informed us that there was, at the time of the inspection, administrative delays of up to nine weeks in processing clinic reports and letters. There were high levels of locum staff in the service and 81% of the staff working in the admistration team were locum staff. However there were plans to appoint more permanent administrative staff.
- Staff working in the team and from other parts of the trust highighted further challenges to achieving effective systems which enabled good communication with service users. This included the use of a mental health based electronic database system which had not been adapted to meet the needs of the user group who accessed the gender identity clinic. For example, the clinic used a patient record system linked to the main NHS IT network which associated people with their birth name. As people using the service often changed their names during treatment this led to further administrative delays and potential errors. We were told by the management team that there were plans in place to improve the current IT system. The administrative delays relating to ensuring letters were accurate and sent to people using their preferred name could contribute to the delay in receiving care and treatment.
- Staff told us that they had developed a separate database system using office software such as spreadsheets so ensure information could be managed. However, three members of staff told us that this created difficulties as they had lost information in this way when these databases had 'crashed' due to the amount of information inputted into them. This meant that there was an increased risk that information with patient details may be mislaid and the IT processes were not meeting the requirements for recording and storing service user information.
- Another concern that people who used the service raised with us related to appointments which were cancelled by the service. This happened when clinicians had either left the service, taken annual leave or sick leave. Between April 2015 and November 2015, the average number of appointments which were cancelled by the trust was 22 percent. The range of appointments

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cancelled in this period varied from month to month. In June 2015 29% of appointments were cancelled and 8% of appointmetns were cancelled in August.Between April 2015 and November 2015, 85 first assessment appointments had been cancelled by the trust and 268 second or third assessment appointments had been cancelled. In the same time period, 417 follow up appointments had been cancelled. Twenty-one people who used the service told us that they had had at least one appointment cancelled by the trust and two people told us that they had had two appointments cancelled by the trust. In December 2015, 228 people were waiting for new appointments to be scheduled following cancellations. Two people told us that they had not received notification that their appointments had been cancelled until they had begun travelling to the clinic.As the waits for appointments was significant, this meant that these cancellations significantly impacted on the timescales within the pathway for people who used the service and the care and treatment of people using the service was delayed considerably. When there were unavoidable cancellations, people were not given sufficient information about the reasons.

The facilities promote recovery, comfort, dignity and confidentiality

- The service was delivered in an office building which was shared with the trust psychology service. The waiting room was welcoming with water available and with a comments box clearly displayed. Assessments and treatment was delivered in rooms which were soundproofed to ensure the confidentiality of people who used the service. Some staff working in the service told us that there was not enough space in the office area which had been allocated to the team due to the growing referral rate and plans to employ more staff in the service.
- The waiting room area had information about local events which may have been of interest to people using the service. Information was also available about complaints and how they could be made.

Meeting the needs of all people who use the service

- The clinic was located on the first floor and had lift access for people who had mobility problems. There were appropriate toilet facilities including disabled toilet access.
- One clinician told us that they had in their own time, visited someone who used the service in a care home outside London so that person could access the service. The person using the service was not able to travel to London.
- Three people raised concerns with us regarding how the clinic manages and treats people who identify as gender fluid or non-binary regarding their gender. We spoke with staff about this, who explained that the service increasingly worked within this area and was seeing more people who identified as non-binary. Staff were able to explain to us how the service met the needs of this user group.
- The lead clinician in the service explained to us that the service had made links with a number of religious communities and working with these communities they had helped people who had used the service to link with supportive religious leaders. Examples of work which had been done with people who identified as Christian, Muslim and Jewish were given and the service was making links with these religious groups
- The service had access to interpreters including community languages and British sign language. Staff knew how to access interpreter services and ensured that family members were not used to interpret. This meant that people's right to privacy was respected.
- While the staff were not able to do outreach work in prisons due to the time constraints within the service, they had spoken with prison governers to share information about their service.
- The lead clinician for the service had an interest and understanding in working with people with learning disabilities and had spoken at a conference for health and social care staff working with people with learning disabilities.

Listening to and learning from concerns and complaints

- Between June 2015 and November 2015 thirty-four formal complaints were raised in the service. Staff in the service told us that informal complaints were addressed by the service manager. Staff in the service were aware of the complaints procedure.
- Thirty-four complaints were made between May to November 2015. Fifteen related to the cancellation or

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delay of appointments and nine related to concerns around communication. Fifteen complaints had been either upheld or partially upheld and eight were not upheld. For the remaining eleven complaints, the investigations had not been finished so there was no available outcome.

- Staff were aware of the themes of the complaints and acknowledged concerns around both communication by letter and phone and the cancellation of appointments.
- We checked the minutes from the business meeting which included both managers, administrative and clinical staff. We saw that complaints were discussed during one meeting but this was not consistent through the meetings which took place over the previous year, so it was not possible to see evidence that the service considered and learnt from complaints consistently.
- We were told during the inspection that the clinic had recently changed to a new phone system, partly in response to feedback about poor telephone responses. Administrative staff told us that this had improved the response times for telephone calls and this showed some evidence of learning from complaints.
- We looked at a sample of complaints which were logged formally between June 2015 and November 2015 for evidence of learning from complaints. We saw that one complaint which was raised in June 2015 regarding someone who had had an appointment cancelled without information regarding why, was followed with an assurance that the clinic practice was to ensure that people were informed about the reasons for cancellations. Another complaint, from a different person, was made in November 2015 and this person had not received a reason for the cancellation of their appointment. Therefore, we did not see evidence that the complaint in June had resulted in any change to practice in the service to inprove this area of care.We spoke with eight people who used the service who told us that they had not been aware of how to complain or were anxious about making a complaint as they felt it would impact negatively on their care.
- We checked the minutes of the meetings of administrative staff in 2015. We saw that meetings took place most months and there was an agenda item to discuss complaints and compliments to ensure learning was focused. However, we did not see that the specific complaints we had tracked from June 2015 and November 2015 relating to people not being informed about cancellations of appointments had been discussed in these meetings. While we saw agendas from meetings in November and December, the minutes from the administrative team were not available. This meant that a record of learning from complaints by the administrative team was not clear.
- One person we spoke with during the inspection told us that they were satisfied with the way a complaint had been managed by the service.
- The service manager had a weekly call with the complaints team within the trust and fedback that most complaints were managed informally.

Are services well-led?

By well-led, we mean that the leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

Our findings

Strategy and service development

- The service provided by the clinic has a number of commissioners across the United Kingdom. NHS England was the main commissioning organisation. However some other organisations were also involved including commissioners in Wales, Scotland, the Channel Islands, Northern Ireland and the Republic of Ireland.
- NHS England had been working on changes to the established protocols regarding gender identity services. The service currently worked from the interim gender identity protocols and service guidelines. These updated protocols were due to be published this year.
- One of the key targets related to how the service will meet the 18 week target from referral to assessment and how this would be managed, with higher referral rates.
- We saw that the service had a strategy and plan in place going forward and had considered the current commissioning landscape in making forward plans.

Good governance

- Senior management within the trust were aware of gaps in governance systems at the service and the concerns about the relationship between the trust and the service. Both the trust management and the service were open about sharing this information with the inspection team thereby displaying a transparent approach. We saw that the trust and the service were taking active steps to address the challenges which they had identified. While some initial work had been undertaken, for example, the telephone system had been upgraded in response to concerns identified, there was more that needed to be done in this area.
- Staff received regular supervision, this included administrative as well as clinical staff. All staff had received annual appraisals.
- The service produced a monthly performance report which was distributed to the assistant director, service manager, business and performance manager who was based in the service and the lead clinician. This information included significant data relating to the performance of the service such as numbers of referrals, complaints, incidents and discharges as well as key performance indicators such as staff training. However some of this information did not reflect what staff told us. For example, staff told us that they had accessed mandatory training but the figures in the report we saw did not reflect this.
- In November 2015, 64% of staff were recorded as having completed safeguarding adults training and 9% percent of staff were recorded as having completed information governance training.
- The service had developed, with the trust, an action plan which was put in place to address a number of issues which had been identified internally. Some had followed from an internal review and others related to a business case to the lead commissioners to look at the future plans for gender identity clinics. This planning work looked at how the 18 week target waiting time from referral to assessment could be achieved. This action plan included work to recruit additional staff to the team.
- Staff at the clinic did not feel the trust recruitment processes were as responsive as they needed. They felt that the time it took to advertise and recruit to clinical and administrative positions caused a delay in an improvement in outcomes for people using the service.
- Staff told us that they had regular meetings. We saw that there were business meetings which happened monthly and the administrative team met monthly. There were also meetings specifically for the referrals team. The clinical team met regularly for multidisciplinary meetings where specific issues were discussed relating to people who used the services to ensure that there was a multi-disciplinary input. However, there had not been clinical governance meetings which were minuted and which included administrative, management and clinical staff during 2015. There had been one meeting in 2016.
- Staff were aware of how to report concerns through the incident reporting system. We saw that incidents were reported. However, we did not see that there was a clear governance process which ensured that incidents led to learning. Some administrative staff told us that they were not aware of recent incidents and complaints and

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there was a risk that by them not being involved in meetings where complaints, incidents and compliments were discussed, key members of the team may miss the learning from them.

- The service had a risk register which was updated by the service manager. The risk register reflected some of the main concerns identified by the service and the trust in advance of the inspection, such as the increase in referrals without an increase in the staffing numbers. However the risk register was not up to date with current information. For example, the risk register did not include accurate numbers of cancelled appointments.
- Management within the service and the trust had a good understanding of the main concerns and key risks within the service.

Leadership, morale, public, staff and user engagement

- We had a mixed response from staff regarding morale within the service. Staff spoke to us about feeling that the morale had improved with the appointment of the interim manager who they felt had made a positive impact on the service and particularly the direction of the service.
- Staff within the clinic told us that they felt detached from the trust and did not feel that the work and care being provided by the service was sufficiently recognised by the trust. They gave us examples of the trust not sufficiently recognising the 50th anniversary of the service or the work of one clinician whose work had been nationally acclaimed.
- Staff engagement with the trust was low. While the staff team was cohesive, they did not identify strongly with the trust as a whole.
- The staff were aware of the senior trust management and had received a visit from trust's chairman.
- The administrative and clinical staff we spoke with told us that they felt very supported by the local leadership within the clinic. However, two members of staff raised concerns about the way they had been spoken to by other trust employees, either within the clinic or from other departments.
- The service had a user led reference group but this had been disbanded a couple of years prior to the inspection. There was no formal reference group attached to the service and apart from requests to individuals, there was no way that people who used the service were able to link in with the clinic to provide feedback about service development. NHS England were involved in looking at work across the gender identity services and provisions nationally. This included service user groups where people could provide feedback about general service development but this did not happen at a local level at gender identity clinic.
- We saw that some clinicians carried out outreach work to engage with communities who identified as transgender but this took place in their own time and was not supported actively by the trust. Staff told us that this was due to the pressure of work and the focus on clinical work.
- Leadership development was not being prioritised in the service.There was a clinical lead within the service but there was no system of deputising and so leadership was not shared amongst the team. This meant opportunities for leadership development for other members of the team were not happening.
- There was an interim service manager at the time of the inspection. The trust told us that there were plans to appoint a substantive manager. There had been two other interim managers within the previous year and this had been unsettling for the team. Staff within the service told us that they felt supported by the current interim manager.

Commitment to quality improvement and innovation

- Clinical staff undertook local audits to ensure that they had a good understanding of the care which was provided. For example, they had undertaken an audit in December 2014 to review the management of discharge from the clinic for people who used the service for over a three year period.This audit, along with others were part of evaluating and developing the service, as well as looking at where improvements could be made. A clinician told us that they were carrying out a piece of audit work relating to the prevalence of asperger's

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By well-led, we mean that the leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

syndrome and autism among the service user group. However, the service did not link with the trust audit programme and much of the auditing work took place in isolation where clinicians initiated this work.

- Clinicians within the service were involved in national and international programmes and conferences focussed specifically on gender identity services and clinicians. For example, the lead clinician for the service was the chairman of the British Association of Gender Identity Specialists (BAGIS), founded in 2013 to promote research and good practice between services in the UK. Staff within the service also attended the annual WPATH (world professional association for transgender health) where research papers were presented. This meant that clinicians ensured they had up to date information about best practice.
- The clinicians within the service told us that they did not have time to develop and conduct research within the area. This was due to clinical commitments and high numbers of referrals for assessment.
- While some of the gender identity clinics throughout England were making increasing connections due to networks established through NHS England, there was not a systematic way that information was shared between the clinics to identify and share best practice and to learn from each other.
- One of the clinicians within the team had been recognised by a national newspaper for the work they had done with the transgender community.

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 were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance The trust did not have systems and processes which were operated effectively to ensure compliance and address areas where improvements needed to take place to mitigate risks to the health, safety and welfare of service users. This was because further work was needed by the trust to ensure cancelled appointments were kept to a minimum, service users received letters in a timely manner and telephone calls were handled effectively. The trust needed to ensure the action plan was implemented so that service users could be assessed within 18 weeks of being referred to the service. Clinical governance systems needed to be operating effectively to ensure learning from incidents and complaints within the service and across the trust. The trust did not have effective systems in place to seek and act on feedback from relevant persons and other persons on the services provided in the carrying on of a regulated activity, for the purposes of continually evaluating and improving services. The trust needed to ensure there was a user engagement strategy in place so that people using the service could contribute to decisions about the operation and development of the service. The trust needed to ensure staff engagement was working well in the service so that staff feel recognised, supported and able to contribute to decisions about the service. This is a breach of regulation 17(1)(2)