

# Leeds Teaching Hospitals NHS Trust

# Leeds General Infirmary

## Inspection report

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## Ratings

### Overall rating for this service

Inspected but not rated ●

Are services effective?

Inspected but not rated ●

# Our findings

## Overall summary of services at Leeds General Infirmary

**Inspected but not rated**



The Gender Identity Development Service (GIDS) clinic at Leeds General Infirmary provides specialised support for children and young people who are experiencing gender dysphoria and have difficulties in the development of their gender identity. The team specialise in endocrinology and where appropriate provide treatments such as hormone blockers and cross-sex hormone medication.

Referrals are made from the Tavistock and Portman NHS Foundation Trust Gender Identity Development Service. A second endocrinology team at University College London Hospitals NHS Foundation Trust also receive referrals from the Tavistock and Portman NHS Foundation Trust and provide the same specialist endocrinology treatments.

# Services for children and young people

Inspected but not rated



This was a responsive inspection focused on consent processes. We spoke with the GIDS team prior to going on site to gain an understanding of how the service ran. The inspection was a case note review of 20 patient records.

Our inspection was announced (staff knew we were coming) to ensure that patient records were accessible for the team to review and that everyone we needed to talk to was available.

In total we reviewed 21 electronic records. We reviewed supporting policies and guidance and reviewed minutes from multidisciplinary meetings. Whilst on site we also spoke with the trust safeguarding team.

We did not rate this service, the previous rating for the Leeds General Infirmary site therefore remains unchanged.

We found:

- Staff assessed and recorded consent clearly and where appropriate there was evidence of discussions for patients who might have impaired mental capacity or competence.
- Staff supported patients to make decisions on their care for themselves proportionate to their competence. They understood how the Mental Capacity Act 2005 applied to young people aged 16 and 17 and the principles of Gillick competence as they applied to people under 16.
- From records we found the service had effective working relationships with other relevant teams within the organisation and with relevant services outside the organisation, for example fertility services.

Separate from our inspection the High Court made a ruling on the 1 December 2020 around capacity and consent of children receiving hormone intervention for gender dysphoria. This ruling has not impacted on our findings, our findings and judgements are based on the legal position at the time of our inspection.

## Is the service effective?

Inspected but not rated



This inspection was focused on consent within the effective domain. We did not rate effective.

**Records showed that children, young people and their families were supported to make informed decisions about their care and treatment. There was evidence of support for children, young people and their families who lacked capacity to make their own decisions or were experiencing mental ill health.**

We were provided with access to the trust's electronic record system and were shown how the system worked and where information was stored. We were provided with a list of individual records to review from the provider. Prior to the inspection we explained we would need to review 20 records. We requested a range in terms of age, length of time with the service and gender at birth. We also requested additional records whilst on site so we could view records of a young person who had completed their treatment.

# Services for children and young people

We were provided with a copy of the standard operating procedure for GIDS consent, capacity and competency recording. This was a very comprehensive document which included information on the legal frameworks, best practice and professional standards.

Within the document there was also a GIDS consent, capacity and competency recording flowchart. This detailed the different referral stages and when consent is taken. It also referenced ongoing checks regarding consent decisions, capacity and competency.

The referral to endocrinology for consideration of hormone blockers was a checklist completed and signed by two GIDS clinicians at the Tavistock and Portman NHS Foundation Trust. The checklist evidenced a discussion having taken place around the understanding of and the wish of the young person to suspend puberty and the possible effects of this. It also evidenced Gillick competence and checks that decisions were not being influenced by family members. Gillick competence is a term used to decide whether a young person is able to consent to their own medical treatment, without the need for parental permission or knowledge.

From the records we reviewed where hormone treatment had been commenced, we found the checklist was only present in 11 of the 18 records. The GIDS consent, capacity and competency recording flowchart stated the checklist should be shared with the endocrine clinic in Leeds and saved into the individual electronic record.

Once a patient was referred to the service, the authorisation, prescribing and provision of medical treatment and formal consent was undertaken at the endocrine clinic prior to any treatment starting.

There were a number of standardised consent forms which were used across the GIDS services.

The consent forms for hormone blocker and cross sex hormone treatments were very detailed containing 10 individual statements related to various aspects of the treatment. This included; an understanding of the treatment; the impact the treatment could have on any future choices; potential side effects; written information had been provided and making the individual aware that they can opt out at any time.

The paper consent forms were completed prior to commencing treatment and scanned in to the electronic record. In the 21 records we reviewed, two young people had not yet commenced any treatment, so consent had not been taken. We reviewed one record where the consent form could not be located. There was reference to consent being taken and the form signed by the young person and their mother in a clinic appointment.

In the remaining 18 records the consent forms were completed in line with trust policies and procedures and best practice and professional standards. The exception to this was one was poorly scanned, so it was not possible to see the form clearly.

We noted from the consent forms and from the individual patient records; that whilst parental responsibility information could be found in the notes, it was only by reviewing a number of documents within the record. The information was not readily available from the records.

We found from reviewing records that opportunities were taken to re-visit consent and check understanding from young people accessing the service.

Information leaflets were provided to users of the service and education days were attended by each young person referred in to the service.

# Services for children and young people

We were provided with the education day information pack given to young people accessing the service. This included information on a wide range of areas. For example, fertility, changing details on medical records and sexual health advice.

The Mental Capacity Act (MCA) is designed to protect and empower individuals who may lack the mental capacity to make their own decisions about their care and treatment. It is a law that applies to individuals aged 16 and over. Following a capacity assessment, where someone is judged not to have the capacity to make a specific decision, that decision can be taken for them, but it must be in their best interests.

We found evidence of assessments and discussions regarding whether a child or young person had the capacity to make decisions about their care. From documentation we were provided with there were clear and comprehensive guidelines for staff in the GIDS service to follow regarding capacity and competence.

Capacity was discussed in detail as part of the referral to endocrinology and documented on the hormone blockers checklist completed at the Tavistock and Portman NHS Foundation Trust. It was not explicitly clear from reviewing records how the conversations and information documented in this checklist were considered when clinicians at the Leeds service were taking further consent for medical treatment. We asked staff in the GIDS service about this and were told there were separate consent forms for different things which were undertaken by different consultants.

From reviewing records, we were not able to see any associated safeguarding alerts. Although information about safeguarding was available from referral documents from the Tavistock and Portman NHS Foundation Trust, staff had to request safeguarding alerts to be added to the electronic record system for individuals, and we did not see this was routinely done.

## Areas for improvement

The provider should explore ways in which making parental responsibility information is easily accessible within the electronic patient record (Regulation 13).

The provider should continue to work with the trusts safeguarding and information technology teams to ensure that safeguarding alerts are visible within the electronic patient record system (Regulation 13).

The provider should ensure that referral checklists are included in all patient notes (Regulation 17).

The provider should ensure that consent forms are included in all patient notes (Regulation 17).

# Our inspection team

Sarah Dronsfield, CQC Head of Hospital Inspections led this inspection.

The team included two inspectors, one assistant inspector and one specialist adviser.

Specialist advisers are experts in their field who we do not directly employ.

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

This section is primarily information for the provider

# Enforcement actions

## 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