

TRANSGENDER AND NON BINARY PATIENTS – SUPPORTING UHL POLICY

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REVIEW DATES AND DETAILS OF CHANGES MADE DURING THE REVIEW

3 Years from Policy approval date. Acknowledgement that the policy has been taken from Nottingham Healthcare NHS Foundation Trust and Northampton General Hospital NHS Trust. Acknowledgment that Rebecca Shaw a representative of the local Trans community and member of UHL's external panel the Equality Advisory Group (EAG), has input into the Policy.

KEY WORDS

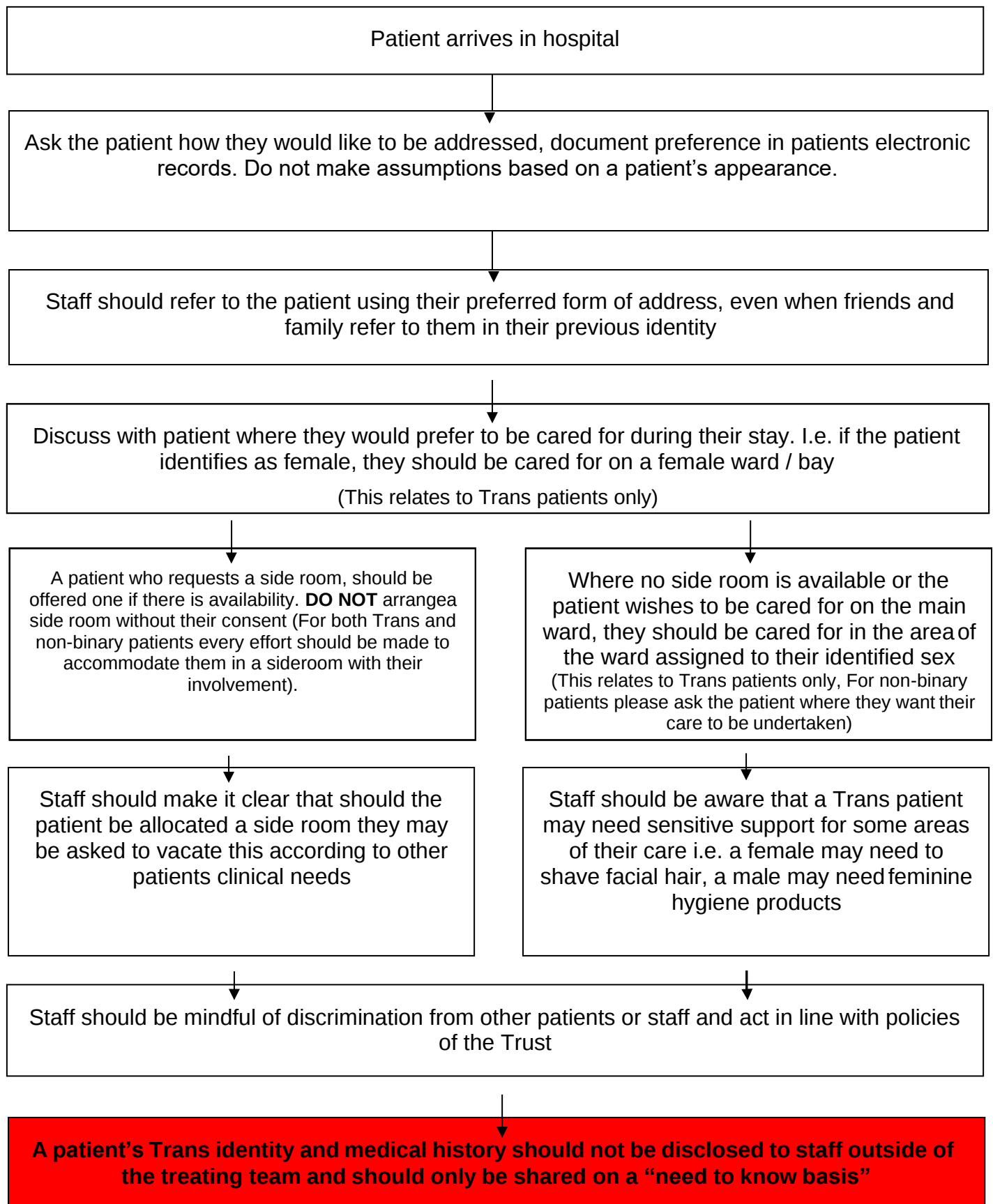
Gender Reassignment Policy
Trans Policy
Trans Patient Policy
Gender Reassignment Policy for Patients
Patient Gender Reassignment Policy
Transgender Policy
Trans Patient Policy
Gender Transition Policy
Non-Binary
Trans
Transgender
Gender reassignment
Gender reassigned patients

SUMMARY

This policy sets out the process to be followed to support an individual who is transgender and is receiving treatment at University Hospitals of Leicester (UHL). To provide guidance and practical advice to enable the Trust and its clinicians to understand the needs of Transgender patients and in doing so supports the Trust as a service provided to deliver fair, equitable and inclusive services.

Guidance for staff can be found in the “Trans and Non-Binary Employees UHL Policy”

Guidance for staff



1 INTRODUCTION AND OVERVIEW

- 1.1 This policy applies to patients.
- 1.2 Transgender (the term trans is the preferred term by many transgender people) is an umbrella term to cover numerous types of gender identity labels such as transsexual, transvestite, intersex, bi-gendered or non-gendered (please refer to the definitions for further explanation). Their gender identity may not fit neatly into society's idea of gender, for example they may feel they are not totally one gender or the other, they may not identify with the assigned birth gender or they may not identify with any gender at all.
- 1.3 For the sake of clarity and simplicity the word '**Trans**' will be used in this document to include all Transgender and non-binary people.
- 1.4 The Trust believes that Trans patients are entitled to be treated with dignity and respect and permitted to access our services free from harassment, unfair discrimination and unnecessary barriers.
- 1.5 Breaches of this policy will be dealt with under one of the following Human Resources (HR) policies whichever is deemed most appropriate following advice from HR:
- Anti-Bullying and Harassment UHL Policy
 - Disciplinary UHL Policy
 - Freedom to Speak Up Raising Concerns (Whistleblowing) UHL Policy
 - Complaints Policy
 - Staff Grievance and Disputes UHL Policy
- 1.6 Cases of discrimination will be taken seriously and may be considered as gross misconduct and therefore the disciplinary Policy would apply.
- 1.7 In line with this UHL is committed to ensuring that it treats its patients fairly and with respect and that it does not discriminate against individuals or groups on the basis of any of the "protected characteristics" outlined in the Equality Act 2010: especially on the grounds of disability or by reason of a person's association with a disabled person, gender, marital status, race, colour, ethnic origin or national origin, nationality, age, sexual orientation, gender re-assignment, religion or any other unjustifiable conditions or requirements.
- 1.8 All staff behaviours must be consistent with UHL's Values:
- We **treat** people how we would like to be treated
 - We **do** what we say we are going to do
 - We **focus** on what matters most
 - We are **one team** and we are best when we work together
 - We are **passionate** and **creative** in our work

2 POLICY SCOPE –WHO THE POLICY APPLIES TO AND ANY SPECIFIC EXCLUSIONS

- 2.1 UHL is committed to equality of opportunity, both in the provision of services and in its role as an employer. It is the organisation's intention that all staff, volunteers, applicants and members of the public have the right to be treated with fairness, dignity, respect and professionalism.

- 2.2 This policy sets out how the Trust will meet its duty and requirements under current and forthcoming legislation and provide inclusive, high quality, patient-centred services to Trans patients
- 2.3 It is important to note, however, that most often a person's gender status is irrelevant. Undue attention should not be paid to a person's gender status, other than the correct use of pronouns and form of address.

3 DEFINITIONS AND ABBREVIATIONS

- 3.1 There is a broad range of terminology when describing Trans individuals. It is important to recognise the fact that language changes and evolves as understanding and perceptions change, and that different Trans communities will adopt different terms and usage.

Transgender	A generic umbrella term generally used by those who identify themselves as Transgender, Trans, gender variant, non-binary and others who have some diversity of gender identity or presentation e.g. people who cross dress
Non-binary gender people'	Those who identify outside of the gender binary of male or female and may include genderqueer, bi-gender, pangender, genderless, agender, neutrois, third gender and gender fluid people. Some non-binary people prefer to use gender-neutral pronouns such as one, ze, sie, hir, co, eyor, more commonly, the singular "they", "their" and "them"; while others prefer the conventional binary pronouns "her" or "him".
Neutrois	Neutrois is understood as a non-binary gender identity. Some neutrois do feel completely genderless – that is, they have no gender, an absence of gender, or are null gendered. Others have an internal gender that is neither male, nor female, just neutral.
Genderqueer	Used by some members of the Trans community as an umbrella term for gender identities other than man and woman. Some genderqueer people prefer to be referred to alternately as he and she (and/or gender neutral pronouns), and some prefer to use only their name and not use pronouns at all.
Bi-gender,	Both man and woman
Pangender	Is a non-binary gender defined as being more than one gender. A pangender person may consider themselves a member of all genders.
Genderless, Agender	Neither man or woman
Gender fluid	Moving between genders
Third gender or other-gendered	This includes those who do not place a name to their gender having an overlap of, or blurred lines between, gender identity and sexual orientation. Some individuals may refer to this as genderqueer
Transsexual' and 'Transvestite'	Medically defined terms which appear in diagnostic guides. However, these terms are often seen as offensive and stigmatising and are generally best avoided
Gender dysphoria / Gender incongruence	A term used both as a diagnosis and as a descriptive term to describe the discomfort or distress an individual may feel due to incongruence between their birth assigned sex and their gender role, expression or identity. This might be accompanied by a desire to have treatment such as cross-sex hormones or surgery

Gender reassignment'	Gender Reassignment' is one of nine protected characteristics set out in the Equality Act 2010. A person has the protected characteristic 'gender reassignment' if they have undergone, are undergoing or intend to undergo a process or part of a process for changing a physiological or other characteristic of sex. Many Trans people change their name and personal details and live in a different gender to the gender assigned at birth. They may or may not seek medical treatment such as cross-sex hormones and surgery and there is no requirement for them to do so.
Transition	This is a name which trans people give to the process of changing from one gender to another. There is no prescribed format for this process so each person's experience of transition is unique to them. Some trans people reject the term because it does not describe their gender journey.
Gender Recognition Certificate'	A gender recognition certificate is a legal document issued under the Gender Recognition Act 2004 by a specially convened 'Gender Recognition Panel' comprising doctors and lawyers. It certifies that a trans person has "changed sex". Trans people are under no requirement to apply for a gender recognition certificate, but will need to do so if they wish to marry in their preferred gender. IT IS A CRIMINAL OFFENCE TO DISCLOSE THAT A PERSON HAS APPLIED FOR A GENDER RECOGNITION CERTIFICATE. IF A PATIENT TELLS YOU THAT THEY HAVE A GENDER RECOGNITION CERTIFICATE, UNDER NO CIRCUMSTANCES SHOULD YOU DOCUMENT IT ANYWHERE ON THEIR MEDICAL RECORDS UNLESS THEY SPECIFICALLY ASK YOU TO RECORD IT. THAT CONSENT ALSO NEEDS TO BE RECORDED IN WRITING.
Gender	It is important to recognise that is not just about the physical body; everyone has gender traits or behaviours. A man may have feminine features and mannerisms but that does not mean he wishes to become a woman.
Gillick Competent	In medical law this is a term used to decide whether a child (a person under the age of 16) is able to consent to their own medical treatment without the requirement for parental permission or their knowledge

- 3.2 Whether or not Trans related issues should exist as a diagnosis in a mental health classification is a contentious subject **as the condition is no longer considered to be a mental illness**. However there **may be accompanying mental distress** due to stigmatisation and discrimination; sometimes referred to as minority, or marginalisation stress.

4 ROLES – WHO DOES WHAT

- 4.1 **Director of People and Organisational Development, Executive Directors, Clinical Directors, General Managers and Heads of Service** all have a responsibility to ensure that the Trust is compliant with Equality and Human Rights legislation and as such promote a culture of valuing diversity in its fullest sense.
- 4.2 **All Managers** have a responsibility to create a culture in which offending behaviour is not tolerated and where everyone is treated with dignity and respect. Managers are responsible for addressing concerns swiftly, thoroughly and confidentially. It will be important to respect the feelings of all those concerned, however concerns alone are insufficient to prevent Trans people from being treated as people of their acquired/affirmed gender role. The Trust will not adapt practice in light of staff Transphobic concerns expressed as discomfort. This will

include such things as use of toilets, changing facilities, and single sex accommodation.

- 4.3 **All employees** have a responsibility to treat patients with dignity and respect and with fairness and equity; be accountable for their own behaviour and actions and must understand the way in which their behaviour may affect others. Employees must assume that a Trans person who has changed their name by statutory declaration or Deed Poll is a member of their new/true gender for all purposes, unless they are told otherwise.
- 4.4 **The Trust** will ensure that all employees are aware of the content of this policy and procedure and ensure that any concerns are treated seriously and addressed swiftly, sensitively and appropriately. Once the patient's public transition to their true gender role has taken place, the Trust expects all its staff to treat the individual in a manner appropriate to that gender and to use forms of address which refer to that gender and to use the acquired name and appropriate pronouns. Failure to do so could lead to disciplinary action under the Trust Disciplinary Policy and/or prosecution in a criminal court.
- 4.5 Knowledge about a **Trans** person's history should be regarded as being on a 'need to know' basis. Even then, if you have obtained the information in your official capacity i.e. in work, please only pass the information on a "need to know" basis and if appropriate by obtaining necessary consent from the individual person. This is in line with our existing procedures regarding sensitive personal information and requirements of the Data Protection Act 2018 and General Data Protection Regulation (GDPR) 2016. If you do tell people out with of these circumstances you will be in breach of the Data Protection law and GDPR legislation and may be criminally liable under the Gender Recognition Act 2004.

5 POLICY IMPLEMENTATION AND ASSOCIATED DOCUMENTS –WHAT TO DO AND HOW TO DO IT

5.1 Implementation

- 5.1.1 Further work is required to implement and embed this policy into practice so as to effect the necessary change in practice, attitudes and behaviour. Following consultation and agreement of the content of the policy, awareness will be raised through INsite communication. The policy will be taken to the Equality and Diversity Board, the Nursing and Midwifery Board (NMB), the Patient Involvement and Patient Experience Assurance Committee (PIPEAC) and to the senior HR Leads to cascade the policy within CMGs and departments.
- 5.1.2 Where staff require additional Trans awareness training this will be supported by the Equality Team and / or through an external training provider.
- 5.1.3 All Equality Impact Assessments will include and consider Trans issues.
- 5.1.4 Service providers need to ensure that all services afford equal and appropriate access to Trans patients. They also need to provide specialist provision for the treatment of issues related to gender identity.

5.2 Implementation into the Clinical Area

- 5.2.1 A significant number of Trans individuals experience difficulties when accessing healthcare (Whittle et al., 2007). This may be due to prejudice and/or lack of knowledge by healthcare staff. Staff training programmes should be accessed to address these issues.
- 5.2.2 Once a Trans person formally changes their name and gender role, all NHS records should be amended to reflect this change. **A Gender Recognition Certificate is not necessary for this to be effected.** The patient's Trans identity should not be disclosed to staff outside of the treating team and should only be shared on a "need to know basis" within teams.
- 5.2.3 Staff should be aware of the possibility of patients having issues relating to their gender. These need to be approached sensitively. Should there be any doubt regarding the patient's gender identity, the patient should be asked how they wish to be addressed. This should be recorded on the electronic patient records and clinical records.
- 5.2.4 If a patient has not yet documented their change of name but wishes to be referred to by a new name and pronouns other than those of their gender assigned at birth, then this should be dealt with respectfully and the patient's wishes adhered to.
- 5.2.5 The patient may not have the support of their family with regards to changing gender. I.e. they may refer to the patient in terms of their previous gender. If this is the case staff should refer to the patient as the patient has requested.
- 5.2.6 A patient may have sensitive support needs for some areas of their care, for example, a female may need to shave facial hair, and a male may need feminine hygiene products.
- 5.2.7 If, in an emergency situation, it is unclear if the patient is Trans (because they are unconscious) the staff will need to try and ascertain the person's preferred gender before contacting the family or moving to a ward. For example, the staff could look for forms of identification the patient has to see if this will indicate their gender. No intimate examination (e.g. of the genitals or breasts) should be undertaken unless this is clinically required.
- 5.2.8 For patients who identify as non-binary or outside of the gender binary of male or female they must be asked how they wish to be addressed i.e.; which pronoun to use, ze, sie, hir, co, ey, etc. and if an inpatient, which ward they wish to be accommodated on, male or female. A side room should be offered if available and if not, a clear explanation should be given to the patient. Patients should also be informed that if allocated a side room they may need to vacate it for clinical reasons.
- 5.2.9 If a patient discloses that they hold a gender recognition certificate or have applied for one, further disclosure of that fact (or any other information relating to their gender history) is prohibited by law and is a criminal offence. Accordingly it must not be documented on the patient's records or shared with anybody else.
- 5.2.10 The Equality Act 2010 extended legal protection for Trans people to include the provision of goods, facilities, services and premises. This means that

Trans individuals should not be treated less favourably than other people when being looked after in hospital.

- 5.2.11 Gender variant **children and young people** should be accorded the same respect for their self-defined gender as are Trans adults, regardless of their sex assigned at birth.
- 5.2.12 In some instances parents or those with parental responsibility, may have a view that is not consistent with the child's view. If possible, the child's preference should prevail even if the child is not **Gillick competent**.
- 5.2.13 It should also be noted that, although rare, children may have conditions where genital appearance is not clearly male or female and therefore personal privacy may be a priority.
- 5.2.14 It should always be recognised that Trans people are not only Trans, but may also be people of various ethnicities, lesbian, heterosexual, gay, or bisexual, of different ability and age, etc., and that they may hold beliefs about religion and the world in the same way as anyone else. They may also face oppression because of any one or more of these factors or the intersections between them.

6 ORGANISATIONS PROVIDING TRAINING AND I.T.

6.1 General:

- Adults Trans Project: www.leicesterlgbtcentre.org/trans-project
- Genderversity Project Genderversity.chair@gmail.com
- Derbyshire LGBT+ (previously Derbyshire Friend): www.derbyshirelgbt.org.uk
- Gender Identity Research and Education Society: www.gires.org.uk
- Gendys Network: www.gender.org.uk/gendys
- Leicester LGBT Centre: www.leicesterlgbtcentre.org
- NHS Choices Trans Health: www.nhs.uk/livewell/transhealth/pages/transhealthhome.aspx
- Nottingham Centre for Gender Dysphoria (Nottinghamshire Healthcare NHS Foundation Trust): www.nottinghamshirehealthcare.nhs.uk/nottingham-centre-for-gender-dysphoria
- Notts LGBT+ Network (previously Nottingham and Nottinghamshire Lesbian and Gay Switchboard): www.nottslgs.org.uk
- Notts Trans Hub: www.nottstranshub.wordpress.com
- Press for Change: www.pfc.org.uk
- The Gender Trust: www.gendertrust.org.uk
- The World Professional Association for Transgender Health: www.wpath.org
- TransBareAll: www.transbareall.co.uk

6.2 Children and Young People:

- Gendered Intelligence: www.genderedintelligence.co.uk
- Mermaids: www.mermaidsuk.org.uk
- School's Out: www.schools-out.org.uk
- Trans Active: <https://www.transactivegendercenter.org>

- Young Transgender Centre of Excellence:
www.leicesterlgbtcentre.org/project/young-transgender-centre-of-excellence/

7 EDUCATION AND TRAINING REQUIREMENTS

- 7.1 Face to face Equality and Diversity training will include Trans issues going forward and the Equality and Diversity e-learning module will be developed to include the same.
- 7.2 Managers should consider specific Trans training for staff in the clinical areas to ensure staff are equipped to give the best and equitable patient centred care to Trans patients.

8 PROCESS FOR MONITORING COMPLIANCE

- 8.1 Responsibility for monitoring will reside with:
- Individual managers
 - The Equality and Diversity Board
- 8.2 Feedback and complaints raised through the Patient Information and Liaison Service (PILS) will be reviewed by the Equality Team
- 8.3 The Equality Advisory Group (EAG) has representation from the Trans community so feedback will also come via this group.

9 EQUALITY IMPACT ASSESSMENT

- 9.1 The Trust recognises the diversity of the local community it serves. Our aim therefore is to provide a safe environment free from discrimination and treat all individuals fairly with dignity and appropriately according to their needs.
- 9.2 The policy aims to provide a framework which ensures that the particular individual needs of Gender Diverse/Trans Patients from all of our diverse communities are both respected and included with the Trust's policies and practices in relation to the delivery of high quality, patient-centred services and that appropriate support and guidance is available to both staff and managers.
- 9.3 As part of its development, this policy and its impact on equality have been reviewed and no detriment was identified.

10 SUPPORTING REFERENCES, EVIDENCE BASE AND RELATED POLICIES

Equality, Diversity and Inclusion Policy (**B61/2011**)
 Anti-Bullying and Harassment Policy & Procedure (**B5/2016**)
 Trans and Non-Binary Employees Policy (**B38/2011**)
 Press For Change
 Gendys Network
 Gender Trust
 TransBareAll
 Christine Burns MBE Plain Sense Ltd

Equality Act 2010 (c.15) [online] London. HMSO. Available from:
<https://www.legislation.gov.uk/ukpga/2010/15/contents>

Gender Recognition Act 2004 (c.7) [online] London. HMSO. Available from: <https://www.legislation.gov.uk/ukpga/2004/7/contents>

Department of Health (2015) *The NHS Constitution for England: the NHS belongs to us all*. [online] London. DH. Available from: <https://www.gov.uk/government/publications/the-nhs-constitution-for-england>

House of Commons Women and Equalities Committee (2016) *Transgender Equality: First report of session 2015-16*. HC390 [online] London. TSO. Available from: <http://www.publications.parliament.uk/pa/cm201516/cmselect/cmwomeq/390/390.pdf>

Government Equalities Office (2016) *Government Response to the Women and Equalities Committee Report on Transgender Equality*. Cm 9301. [online] London. HMSO. Available from: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/535764/Government_Response_to_the_Women_and_Equalities_Committee_Report_on_Transgender_Equality.pdf

11 PROCESS FOR VERSION CONTROL, DOCUMENT ARCHIVING AND REVIEW

- 11.1 This is the first version of the Policy for Supporting individuals Whoare Transgender.
- 11.2 This version was produced by the Equality and Diversity Lead and Patient Experience Lead in June 2019. The next review will be in June 2022.

POLICY MONITORING TABLE

The top row of the table provides information and descriptors and is to be removed in the final version of the document

What key element(s) need(s) monitoring as per local approved policy or guidance?	Who will lead on this aspect of monitoring? Name the lead and what is the role of other professional groups	What tool will be used to monitor/check/observe/asses/inspect Authenticate that everything is working according to this keyelement from the approved policy?	How often is the need to monitor each element? How often is the need complete a report? How often is the need to share the report?	How will each report be interrogated to identify the required actions and how thoroughly should this be documented in e.g. meeting minutes.
Element to be monitored	Lead	Tool	Frequency	Reporting arrangements Who or what committee will the completed report go to.
Level of complaints or feedback themes, issues brought to the Equality Team	Equality Team, Ward manager and Matron for the clinical area	Monitoring of issues raised via PILS, staff, Patients, feedback forms and Datix	Regularly as and when issues are raised	Discussed at Equality Advisory Group Meetings and Equality and Diversity Board