

Policy for Supporting Transgender Patients and Service Users (N-060)

Version Number:	3.1
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Name of approving body:	EMT
Date full policy approved:	25 March 2024
Date Ratified at Trust Board:	29 May 2024
Next Full Review date:	March 2025 (Yearly Review)

<i>Minor amendments made prior to full review date above (see appended document control sheet for details)</i>	
<i>Date approved by Lead Director:</i>	<i>Dr Kwame Fofie – 4 July 2024</i>
<i>Date EMT as approving body notified for information:</i>	<i>July 2024</i>

Policies should be accessed via the Trust intranet to ensure the current version is used



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1. INTRODUCTION

Humber Teaching NHS Foundation Trust is committed to promoting equality, diversity and good relations in everything it does – as a community leader, as a provider and commissioner of services, and as an employer.

For trans, non-binary and/or gender non-conforming people, there are particular concerns around historical discrimination, structural inequalities, health inequalities, data protection and interpersonal communication that need to be thoughtfully and respectfully considered. The purpose of this policy is to support the Trust to ensure that any person who identifies as transgender, non-binary or gender diverse is treated wherever possible in accordance with the gender they identify as. All assessments will be undertaken according to their individual needs.

This policy supports the Trust in its delivery of inclusive services and ensures it does not breach the Equality Act 2010. Under this legislation it states that a transgender person no longer has to be under medical supervision or have a gender reassignment certificate to prove that they are transgender. They must be treated as the gender that they identify as.

Trans is an umbrella term to describe people whose gender is not the same as, or does not sit comfortably with, the sex they were assigned at birth.

Trans people may describe themselves using one or more of a wide variety of terms, including (but not limited to) transgender, non-binary, gender-queer, agender.

It is important to remember, trans identities are diverse. Trans and Non-Binary people may identify in lots of different ways including a way that is fluid.

Not everyone identifies as 'male' or 'female'. Sometimes, people assume that being trans is about feeling you are the 'opposite' gender. This is true for some trans people, but not for others. This assumption makes things difficult for those who identify outside of the 'male' or 'female' binary, for example non-binary people. A non-binary person may need some different things to feel comfortable to, for example, a trans person who identifies as 'male'.

Not every trans person will want to or be able to transition but may still like, or benefit from, ongoing support of some kind.

Language is important. Clinical staff sometimes worry about using the correct language when talking about gender identity and are often concerned about 'getting it wrong'.

2. SCOPE

This policy applies to all staff working in the Trust, in any capacity. It should be noted that discrimination against trans people and discriminatory behaviour, such as repeatedly using the wrong gender pronoun, is tantamount to abuse and such incidents may be reported and investigated through safeguarding and through trust internal investigation and complaints processes.

'Trans' or 'transgender' describes people whose gender identity differs from their sex (gender) assigned at birth. They are umbrella terms covering people who:

- identify as having a gender different from that which they were assigned at birth and are planning or have had medical interventions such as hormones or surgery;
- identify as having a gender different from that which they were assigned at birth, but who are not planning any medical intervention; and/or,
- are intending to transition, are currently transitioning, or have transitioned at any stage;
- are non-binary – that is, they are not solely (identify as) male or female. They may define themselves as both, neither or something entirely different. They may or not have medical

interventions to align their body with their non-binary gender identity.

- are intersex- a general term used for a variety of conditions in which a person is born with a reproductive or sexual anatomy that doesn't seem to fit the typical definitions of female or male. For example, a person might be born appearing to be female on the outside but having mostly male-typical anatomy on the inside. It's worth noting, however, that not all intersex people identify as trans and often view that their needs are unique and different to transgender needs.

These are not mutually exclusive alternatives.

Each person's transition will involve different things. For some this involves medical intervention, such as hormone therapy and surgeries, but not all trans people want or are able to have this. Transitioning also might involve things such as telling friends and family, dressing differently and changing official documents.

Humber Teaching NHS Foundation Trust acknowledges that transitioning is an individual process and is committed to supporting each person in their decisions.

3. DEFINITIONS

Below is a glossary of the common terminology and definitions which can be used to build staff confidence around trans terminology. A person may change the term they use to describe their identity, or use a new term which is unfamiliar to staff. It is important to make sure that the words a person uses to describe their identity are respected by others.

Stonewall, leading campaigners for the equality of lesbian, gay, bi, trans and queer people across Britain, provide a comprehensive glossary of LGBTQ+ terminology, which can be found at <https://www.stonewall.org.uk/list-lgbtq-terms>.

Trans

An umbrella term to describe people whose gender is not the same as, or does not sit comfortably with, the sex they were assigned at birth.

Trans people may describe themselves using one or more of a wide variety of terms, including (but not limited to) transgender, transsexual, gender-queer (GQ), gender-fluid, non-binary, gender-variant, genderless, agender, nongender, third gender, bi-gender, trans man, trans woman, trans masculine, trans feminine and neutrois.

Non-binary

An umbrella term for people whose gender identity doesn't sit comfortably with 'man' or 'woman'. Non-binary identities are varied and can include people who identify with some aspects of binary identities, while others are completely neither.

Gender Diverse

Gender diversity is an umbrella term that is used to describe gender identities that demonstrate a diversity of expression beyond the binary framework.

Gender Dysphoria

Used to describe when a person experiences psychological distress because there is an incongruence between their sex assigned at birth and their gender identity. This is also the clinical diagnosis for someone who experiences clinically significant distress or impairment due to the incongruence between the sex they were assigned at birth and their gender identity. Gender dysphoria can be rooted in the individual's feelings about their own body, and/or be triggered by social interactions.

Gender Expression

How a person chooses to outwardly express their gender, within the context of societal expectations of gender. A person who does not conform to societal expectations of gender may not, however, identify as trans.

Gender Fluid

A person is gender-fluid when they don't identify solely as male or female, and their gender identity changes over time.

Gender Identity

A person's innate sense of their own gender, whether male, female or something else (see non-binary below), which may or may not correspond to the sex assigned at birth.

Transgender Man

A term used to describe someone who was assigned female at birth but identifies and lives as a man. This may be shortened to trans man, or FTM (considered a slightly outdated term), an abbreviation for female-to-male.

Transgender Woman

A term used to describe someone who was assigned male at birth but identifies and lives as a woman. This may be shortened to trans woman, or MTF (considered a slightly outdated term), an abbreviation for male-to-female.

Transitioning

The steps a trans person may take to live in the gender with which they identify. Each person's transition will involve different things. For some this involves medical intervention, such as hormone therapy and surgeries, but not all trans people want or are able to have this.

Transitioning also might involve things such as telling friends and family, dressing differently and changing official documents.

Transphobia

The fear or dislike of someone based on the fact they are trans, including denying their gender identity or refusing to accept it. Transphobia may be targeted at people who are, or who are perceived to be, trans.

Transsexual

This was used in the past as a more medical term (similarly to homosexual) to refer to someone whose gender is not the same as, or does not sit comfortably with, the sex they were assigned at birth. This term is still used by some although many people prefer the term trans or transgender.

4. DUTIES AND RESPONSIBILITIES

Chief Executive and Trust Board

The Trust Board and the Trust Management Team have a responsibility to develop a culture and climate which is free from any form of discrimination. Also to ensure that this policy is acted upon through delegation to appropriate divisions and committees.

Chief Operating Officer

To oversee the introduction, operation and monitoring of the policy.

Executive Medical Director

The Executive Medical Director is responsible for the strategic implementation and monitoring of this policy.

Divisional General Managers and Clinical Leads

Divisional general managers and clinical leads are responsible for the operational implementation of this policy across the divisions. They will identify any additional training and support needs

required to enable their teams to provide person-centred, compassionate, safe and effective care to transgender people. The implementation of this policy will be supported by specific trans-awareness focused training and e-learning for all staff.

The Role of Individual Staff

Every employee has a personal responsibility for their own behaviour and must treat colleagues, patients and visitors with respect and fairness regardless of their gender, gender identity, gender expression, sex, race, nationality, age, disability, religion or beliefs. Personal beliefs which do not align with the principles of this policy will not be shared with colleagues or people who use our services and decisions taken in a professional role will be aligned entirely with the Trust policy.

Patients, Carers and the Public

The principle of Section 242 of the NHS Act is that, by law, NHS Trusts must ensure that patients and/or the public are involved in certain decisions that affect the planning and delivery of NHS services. To this end, this policy and procedure has been through a consultation process that has involved Trust staff, patients and the trans community.

5. PROCEDURES RELATING TO THE POLICY

Humber Teaching NHS Foundation Trust will ensure that transgender, non-binary or gender diverse persons are supported at all times in the gender that they identify as. The person does not have to be under medical supervision or hold a gender recognition certificate.

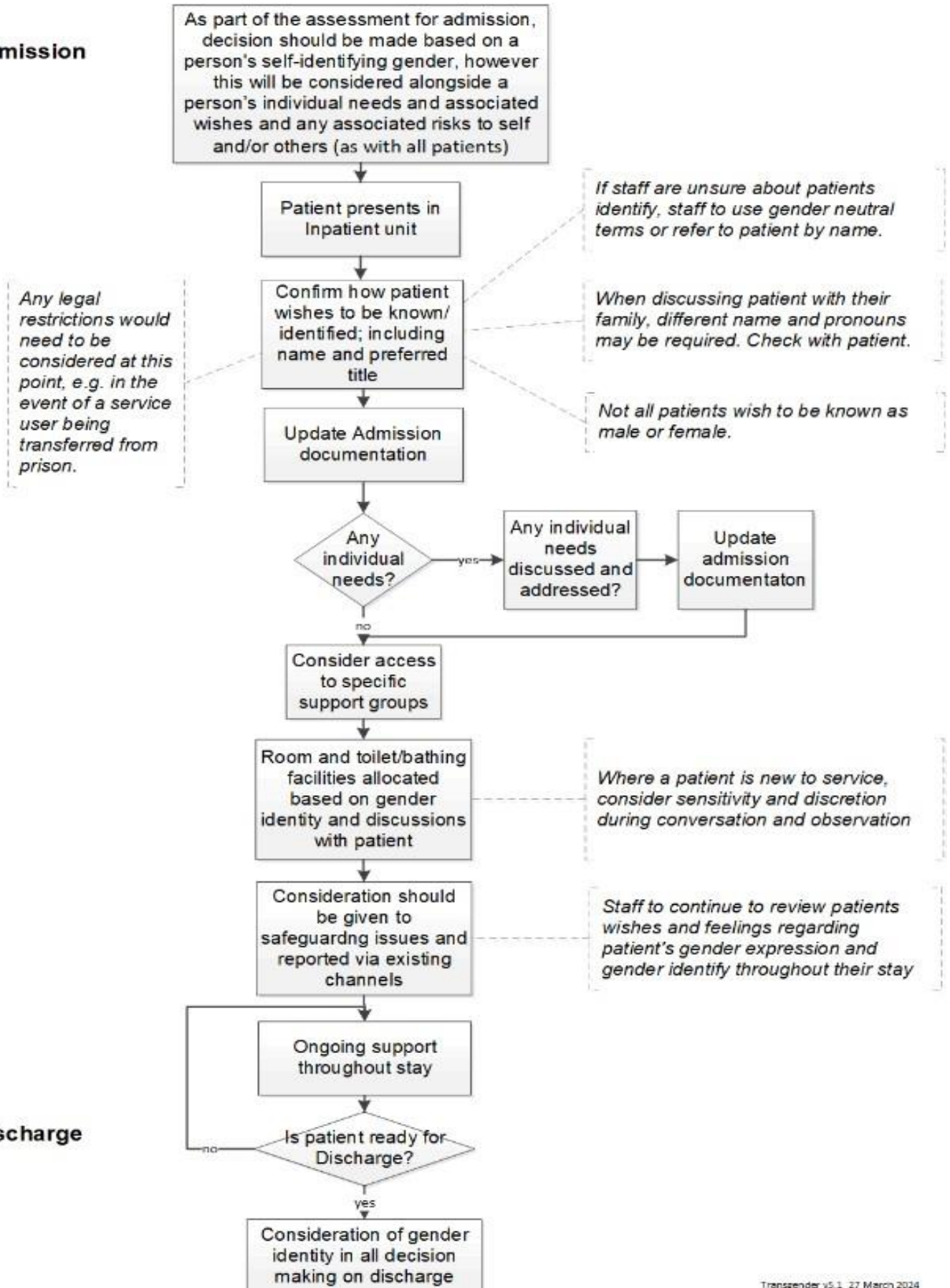
In instances where a transgender, non-binary or gender diverse person is admitted to inpatient services, protecting their dignity, safety and privacy must be paramount. In such circumstances decisions such as ward/room allocation, should be made in conjunction with the patient themselves and in accordance with their gender identity, for example a patient who identifies as a woman must be treated as a woman. As part of the assessment for admission, decision should be made based on a person's self-identifying gender, however this will be considered alongside a person's individual needs and wishes and (as with all patients) any associated risks to self and/or others. It will be important to ensure that decision making is multi-disciplinary dependent upon the decision making processes that are in place within the division.

Transgender, non-binary or gender diverse persons (that is individuals who wish to start treatment or have commenced or completed reassignment of gender) have legal protections against discrimination. In addition good practice requires that clinical responses be patient centred, respectful and flexible towards all individuals, regardless of whether their gender expression is always in accordance with their gender identity.

5.1. Pathway

Supporting Transgender Patients and Service Users Admission and Discharge Pathway

Admission



5.2. Provision of Inpatient Accommodation

Under the Equality Act 2010, individuals who have proposed, begun, or completed reassignment of gender enjoy legal protection against discrimination. A transgender person does not need to have had, or be planning, any medical gender reassignment treatment to be protected under the Equality Act: it is enough if they are undergoing a personal process of changing gender. In addition, good practice requires that clinical responses be patient-centred, respectful and flexible towards all transgender people whether they live continuously or temporarily in a gender role that does not conform to their natal sex.

The Trust will act in accordance of the principles in Annex E (Delivering Same Sex Accommodation for Trans People and Gender Variant Children) of the Department of Health “Eliminating Mixed Sex Accommodation” May 2009 document.

A transgender, non-binary or gender diverse person has equal rights to access gendered accommodation as any other person and therefore should be admitted in accordance with their gender identity. It is good practice to involve the patient, as much as possible, in the admission process. This can help reassure the patient and help staff understand what they can do to best support them.

Transgender, non-binary or gender diverse patients should be accommodated according to their gender identity. This may or may not be related to their current gender expression, i.e. clothing or name and it is important to discuss and clarify with the person when it is appropriate to do so. It does not depend on their having a gender recognition certificate (GRC) or legal name change. This applies to toilet and bathing facilities.

Sensitivity and discretion should be considered regarding the individual’s gender expression and identity whilst using single gendered facilities, e.g. checking which facility the trans person would actually be most comfortable using.

The Trust has a legal duty to ensure that everyone is protected from discrimination or harassment. This includes not tolerating negative views, comments or opinions of other patients, friends, family, or members of staff.

Confidentiality is essential. Discussions related to accommodating a person sensitively and meeting their needs should be undertaken only with relevant persons and with their consent.

If staff are unsure about a person’s gender, they should use gender neutral terms or the person’s name to refer to them until it is appropriate or possible to ask how they wish to be known.

Display information about transgender, non-binary or gender diverse support groups – this gives a clear visual statement of support, inclusivity and practical information.

5.3. Concerns for Gender Variant Children and Young People

Children and young people should be accorded the same respect for the gender they identify as.

Where there is no segregation, as is often the case with children, there may be no requirement to treat a young gender variant person any differently from other children and young people. Where segregation is deemed necessary, then it should be in accordance with the preferred name and/or stated gender identity of the child or young person. Decision should be made alongside a person’s self-identifying gender, however this will be considered alongside a person’s individual needs and wishes and any associated risks to self and/or others.

It is not uncommon for parents or those with parental responsibility to have differing view or be at a different stage of adjustment in relation to their child/young person’s gender identity/transition. Every effort should be made to respect and validate the preference of the child/young person in relation to their gender identity and expression even if the child is not Gillick competent. Gillick competence is a term used in medical law to decide whether a child (16 years or younger) is able

to consent to their own medical treatment, without the need for parental permission or knowledge. Mental Health Capacity Act 2005 is to be used after the age of 16.

To optimise positive therapeutic outcomes for the child/young person, it is good practice to facilitate open dialogue with them and those caring for them about their gender identity and how they wish to be addressed/referred to in correspondence. Such dialogue can facilitate explicit and transparent agreement that guides all interactions during their period of care and therefore reduces the likelihood of undue distress/miscommunication for all involved in this period of care. This must be done with explicit consent from young people deemed to be Gillick competent or have capacity for those aged over 16 and ultimately their preferences will prevail if agreement cannot be reached.

More in-depth and greater sensitivity may need to be extended to adolescents whose secondary sex characteristics have developed and whose view of their gender identity may have consolidated in contradiction to their sex appearance. It should be borne in mind that they are extremely likely to continue to experience gender identity that is inconsistent with their natal sex appearance, so their current gender identity should be fully supported in terms of their accommodation and use of toilet and bathing facilities.

Advice and support can be accessed from the Humber Safeguarding team where there are concerns that a caregiver's perspective on a young person's gender identity or transition is felt to be causing distress to the young person.

Refer to the Humber Teaching NHS Foundation Trust Safeguarding Children Policy (section 5).

5.4. Suffixes/Prefixes

Always use the name, title (e.g. Mr, Mrs, Miss Ms, Mx (does not indicate gender) or no title at all and pronouns that the individual deems correct. Make sure that all records including the Electronic Patient Record are clearly marked with this information and that the individual is always verbally referred to in this manner.

5.5. Risk Assessment

As with all admissions, staff may be concerned about possible risks and vulnerabilities. Potential risks should be assessed and managed objectively. Decisions should be made on an individual basis with a clear rationale documented as per the Defensible Documentation policy.

After consideration it may be appropriate to take additional action to manage risks such as enhanced observation or even moving the person contributing to the risk or the patient. But a transgender, non-binary or gender diverse patient should not be moved to an inappropriate setting and the decision should not solely be made on the basis of their gender identity.

5.6. Changes in Gender Expression

Staff should be mindful that a patient's outward presentation may change due to circumstances and how someone identifies themselves. For example, an individual may identify as a transgender man, but in times of crisis may derive comfort from aspects of gender expression that are societally deemed to be more feminine, such as clothing or makeup. There may be times when staff will need to determine if their gender expression is due to current mental health needs, or otherwise; clinical judgement should be used and all decisions made on a case-by-case basis with consideration of all pertinent factors'. Some people prefer to occasionally wear clothing not usually worn by their assigned gender for reasons of comfort. This should be respected so long as (with other patients) it is not overly revealing or sexualised. Some people may choose to change their gender expression in direct response to family dynamics or family anxieties about their gender presentation.

5.7. Physical Healthcare

All patients are offered a full physical health assessment on admission to mental health services. For transgender, non-binary or gender diverse persons there are some additional physical health

considerations for the health care team, such as any pre or post-operative care or follow up that may be required, hair treatment including transplantation or removal and speech and language therapy. Wherever possible, appointments for specialist care and treatment should be enabled according to individual need, this should include access to screening programmes relative to their birth gender, i.e. trans male who still has a cervix and therefore should be entitled to cervical screening.

5.8. Safeguarding

Consideration should always be given to any safeguarding issues and these be reported through the normal channels. Advice can be sought from the Humber Safeguarding Team. The Safeguarding Team will always support the patient in these circumstances, as well as the staff with any complex issues to ensure the patients' rights are upheld and that there is a safe environment. This may involve reporting unacceptable behaviours as a hate crime to the Police or Local Authority safeguarding teams.

5.9. Breaches of Policy

It is unlawful to discriminate against or harass such people in employment or vocational training or in the provision of goods, facilities and services. A criminal offence can be committed by staff who illegally disclose the gender history of a legally recognised transgender person without explicit consent or Gender Recognition Certificate (GRC) without consent.

Staff who become aware of a breach of this policy are asked to raise the issue with their line manager in the first instance and complete a datix.

Line managers should seek to resolve the issue informally before escalating to the Workforce and Organisational Development team for further support if required.

If the breach in policy could affect the reputation of the Trust, then the Communications Team must be informed.

5.10. Legal Protection for Trans People

5.10.1. Gender Recognition Act 2004

The UK Gender Recognition Act 2004 (GRA) enables people aged over eighteen to gain full legal recognition for the gender in which they live. Applications are considered by the Gender Recognition Panel. Once a person receives a GRC, they are legally of that gender for every purpose and have all the rights and responsibilities associated with that gender.

Patients' rights do not depend on whether a person has a GRC. Staff should not ask for a person's GRC and it should never be a pre-condition for transitioning whilst in the care of the Trust. To make an application for a GRC, a person needs to show they have been living in that gender for at least two years.

The GRA 2004 gives anyone applying for or holding a GRC particular privacy rights. It is a criminal offence to pass on information acquired 'in the course of official duties' about someone's gender recognition, without the consent of the individual affected.

It should be noted that the majority of documents can be changed without a GRC (for example bank accounts, driving licence and passport – although many forms of ID still do not accommodate non binary gender identities) and that not all trans people are able to apply for a GRC (for example non-binary people and trans people without the necessary documentation).

5.10.2. Equality Act 2010

The Equality Act 2010 (England, Scotland and Wales) protects against discrimination because of gender reassignment in employment and service delivery. It bans direct and indirect discrimination and victimisation.

The Act makes clear that it is not necessary for people to have any medical diagnosis or treatment to gain this protection; it is a personal process of moving away from the gender assigned at birth to their identified gender.

People discriminated against because they are wrongly perceived to be a trans person, or who are discriminated against because of their association with trans people or issues, are also protected.

5.10.3. Public Sector Equality Duty

The Public Sector Equality Duty (the Equality Duty) was created by the Equality Act 2010 in order to harmonise the previous race, disability and gender equality duties and to extend protection to the new protected characteristics listed in the Act. The Equality Duty replaced these duties and it came into force on 5 April 2011.

The duty covers age, disability, sex, gender reassignment, pregnancy and maternity, race, religion or belief and sexual orientation. It applies in England, Scotland and in Wales. The general equality duty is set out in section 149 of the Equality Act 2010.

In summary, those subject to the general equality duty must have due regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.

These are sometimes referred to as the three aims of the general equality duty. The Act helpfully explains that having due regard for advancing equality involves:

- Removing or minimising disadvantages suffered by people due to their protected characteristics.
- Taking steps to meet the needs of people from protected groups where these are different from the needs of other people.
- Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low.

The Act states that meeting different needs involves taking steps to take account of disabled people's disabilities. It describes fostering good relations as tackling prejudice and promoting understanding between people from different groups. It states that compliance with the equality duty may involve treating some people more favourably than others.

6. CONSULTATION

The development of this policy was consulted through specialist LGBT forums including the Hull LGBT Forum, the Leeds Gender Identity Clinic Service, MESMAC and Stonewall and the Hull County Council Equalities team and Community Groups.

The current iteration of this policy (2023) was consulted through the Trust's Trans Alliance Subgroup of the Rainbow Alliance Network, Rainbow Alliance Staff Network, Head of Legal Services and Information Governance/Data Protection Officer, Safeguarding Team, the Hull and East Riding LGBT Forum, Clinical Leads across the Trust's four divisions and the Leeds Gender Identity Clinic.

7. IMPLEMENTATION

Implementation of this policy will be delivered through the Quality and Patient Safety Group and the Equality, Diversity and Inclusion Operational Group.

Appendix 1: Document Control Sheet

This document control sheet, when presented to an approving committee must be completed in full to provide assurance to the approving committee.

Document Type	Policy – Supporting Transgender Patients and Service Users		
Document Purpose	The purpose of this policy is to support the Trust to ensure that any person who identifies as transgender, non-binary or gender diverse is treated at all times in accordance with the gender they identify as.		
Consultation/ Peer Review:	Date:	Group / Individual	
<i>List in right hand columns consultation groups and dates</i>	12 April 2023	Rainbow Alliance Group	
	11 July 2023	Lisa Davies (Head of Legal Services and Information Governance/Data Protection Officer)	
	Aug-23 / Sept-23	Hull and East Riding LGBT+ Forum	
	1.12.23	Discussion with QPAS members	
	27.12.23 to 12.1.24	Clinical leads and Matrons across all divisions	
	15.1.24 to 30.1.24	Rainbow Alliance members	
	22.2.24	Approved at QPAS	
	25.3.24 to 8.4.24	Leeds Gender Identity Clinic	
Approving Committee:	EMT	Date of Approval:	25.3.24
Ratified at:	Trust Board	Date of Ratification:	29.5.24
Training Needs Analysis: <i>(please indicate training required and the timescale for providing assurance to the approving committee that this has been delivered)</i>	There are no training requirements for this document	Financial Resource Impact	There are no financial resource impacts
Equality Impact Assessment undertaken?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/> Rationale:
Publication and Dissemination	Intranet <input checked="" type="checkbox"/>	Internet <input checked="" type="checkbox"/>	Staff Email <input checked="" type="checkbox"/>
Master version held by:	Author <input type="checkbox"/>	HealthAssure <input checked="" type="checkbox"/>	
Implementation:	<i>Describe implementation plans below - to be delivered by the Author:</i>		
	Implementation will consist of: <ul style="list-style-type: none"> • Ratified policy to be shared with all staff via comms and intranet and internet for staff and public 		
Monitoring and Compliance:	Monitoring and compliance of the policy will be evidenced through the process of consultation, approval and ratification of policies.		

Document Change History:			
Version Number / Name of procedural document this supersedes	Type of Change i.e. Review / Legislation	Date	Details of Change and approving group or Executive Lead (if done outside of the formal revision process)
1.0	New Policy	1 Nov 17	New Policy LGBT Consultation: Amendments to introduction (pg 3) added young transgender attempted Stonewall statistics LGBT Consultation: Amendments to item 5.2 (pg 6) added gender neutral terms. LGBT Consultation: Amendments to item 5.5 (pg 7) added gender presentation changes LGBT Consultation: Added appendix 3: groups and information sources
1.1	Review	8 Nov 17	LGBT Consultation: Amendment to introduction LGBT Consultation: Amendments to items 5.1, 5.2, 5.3, 5.6 and item 7 Appendix 1: THE GENDER RECOGNITION ACT 2004 (Currently under review)
1.2	Review	24 Nov	Staff Consultation: Additional information to item 4 (the

		17	role of individual staff) Staff Consultation: Insertion of additional bullet in item 5.2
1.3	Review	14 Dec 17	QPAS Meeting: Amendments to items 6 and 9 Policy approved for Quality Committee with minor amendments
2.0	Review With Major amendments	Oct 20	Consultation with: HTNHSFT Matrons Hull LGBT+ Forum Hull City Council Equalities Team Leeds Gender Identity Service Stonewall MESMAC Approved at Quality Committee 9-Dec-2020 and ratified at Trust Board January 2021
3.0	Review	May 2024	Reviewed – Moderate content changes to wording, either for clarity or to modernise outdated terminology. Further definitions added. Consultation with: Head of Legal Services and Information Governance / Data Protection Officer, Safeguarding Team, Hull and East Riding LGBT+ Forum, Clinical Leads and Matrons across all divisions, Rainbow Alliance Staff Network Group. Also reviewed with Leeds Gender Identity Clinic. Approved at QPaS (22 February 2024), EMT (25 March 2024) and ratified at Board (29 May 2024).
3.1	Minor amendments	July 2024	Minor amendment to wording: <ul style="list-style-type: none"> (pg 3) Introduction, para 2; amended “at all times” to “wherever possible” – there could be legal/policy/practical issues that prevent a person who identifies as transgender, non-binary or gender diverse being treated at all times in accordance with the gender they identify as. (pg 3) Scope, para 2; removed paragraph “Staff cannot express personal opinions in a professional context that infringe on the Equality Act and any discussion in a therapeutic context should be led by the person’s wish for this to be a feature of therapy rather than a professional’s curiosity unless clinically necessary.” Legal Team recommended the line is removed. If staff do make inappropriate comments the Trust can deal with those comments through the Behavioural Framework and do not need an explicit line within this policy. Approved by director sign-off (Dr Kwame Fofie – 4 July 2024)

Appendix 2: Equality Impact Assessment (EIA)

Screening pro forma for strategies, policies, procedures, processes, tenders, and services

1. Document or Process or Service Name: **Policy for Supporting Transgender Patients and Service Users**
2. EIA Reviewer (name, job title): **Mandy Dawley (Assistant Director of Patient & Carer Experience & Co-production) and John Duncan (Workforce Equality, Diversity and Inclusion Partner)**
3. Is it a Policy, Strategy, Procedure, Process, Tender, Service or Other? **Policy**

Main Aims of the Document, Process or Service

This main aims of this policy are to support the Trust to ensure that transgender people are accepted and treated at all times as the gender in which they currently present and to ensure that transgender people feel supported throughout their patient journey.

Please indicate in the table that follows whether the document or process has the potential to impact adversely, intentionally or unwittingly on the equality target groups contained in the pro forma


<p>Equality Target Group</p> <ol style="list-style-type: none"> 1. Age 2. Disability 3. Sex 4. Marriage/Civil Partnership 5. Pregnancy/Maternity 6. Race 7. Religion/Belief 8. Sexual Orientation 9. Gender re-assignment 	<p>Is the document or process likely to have a potential or actual differential impact with regards to the equality target groups listed?</p> <p>Equality Impact Score Low = Little or No evidence or concern (Green) Medium = some evidence or concern (Amber) High = significant evidence or concern (Red)</p>	<p>How have you arrived at the equality impact score?</p> <ol style="list-style-type: none"> a) who have you consulted with b) what have they said c) what information or data have you used d) where are the gaps in your analysis e) how will your document/process or service promote equality and diversity good practice
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Equality Target Group	Definitions	Equality Impact Score	Evidence to support Equality Impact Score
Age	Older people Young people Children Early years	Low	<p>To further enhance staff awareness and to identify and deliver specialist training around gender issues to all Divisions.</p> <p>Trans people have historically suffered discrimination in society and in healthcare, and this policy provides clarity and sets out fair practices and procedures to ensure a welcoming experience for gender-nonconforming, questioning, non-binary, and transgender patients. As such, there is no evidence that this community will be negatively affected by the policy.</p>
Disability	Sensory Physical Learning Mental Health	Low	<p>To further enhance staff awareness and to identify and deliver specialist training around gender issues to all Divisions.</p> <p>Trans people have historically suffered discrimination in society and in healthcare, and this policy provides clarity and sets out fair practices and procedures to ensure a welcoming experience for gender-nonconforming, questioning, non-binary, and transgender patients. As such, there is no evidence that this community will be negatively affected by the policy.</p>
Sex	Men Women	Low	<p>To further enhance staff awareness and to identify and deliver specialist training around gender issues to all Divisions.</p> <p>Trans people have historically suffered discrimination in society and in</p>

			healthcare, and this policy provides clarity and sets out fair practices and procedures to ensure a welcoming experience for gender-nonconforming, questioning, non-binary, and transgender patients. As such, there is no evidence that this community will be negatively affected by the policy.
Race	Colour, Nationality, Ethnic/national origins	Low	To further enhance staff awareness and to identify and deliver specialist training around gender issues to all Divisions. Trans people have historically suffered discrimination in society and in healthcare, and this policy provides clarity and sets out fair practices and procedures to ensure a welcoming experience for gender-nonconforming, questioning, non-binary, and transgender patients. As such, there is no evidence that this community will be negatively affected by the policy.
Religion or Belief	All Religions Including lack of religion or belief and where belief includes any religious or philosophical belief	Low	To further enhance staff awareness and to identify and deliver specialist training around gender issues to all Divisions. Trans people have historically suffered discrimination in society and in healthcare, and this policy provides clarity and sets out fair practices and procedures to ensure a welcoming experience for gender-nonconforming, questioning, non-binary, and transgender patients. As such, there is no evidence that this community will be negatively affected by the policy.
Sexual Orientation	Lesbian, gay, heterosexual, straight, asexual, bisexual, queer, polysexual, and pansexual (also called multisexual and omnisexual) including other forms of gender expression or identity	Low	To further enhance staff awareness and to identify and deliver specialist training around gender issues to all Divisions. Trans people have historically suffered discrimination in society and in healthcare, and this policy provides clarity and sets out fair practices and procedures to ensure a welcoming experience for gender-nonconforming, questioning, non-binary, and transgender patients. As such, there is no evidence that this community will be negatively affected by the policy.
Gender Re-assignment	Where people are proposing to undergo, or have undergone a process (or part of a process) for the purpose of reassigning the person's sex by changing physiological or other attribute of sex	Low	To further enhance staff awareness and to identify and deliver specialist training around gender issues to all Divisions. Research provides evidence that the trans community have historically suffered discrimination in society and in healthcare. However, this policy provides clarity and sets out fair practices and procedures to ensure a welcoming experience for gender-nonconforming, questioning, non-binary, and transgender patients. It

			attempts to mitigate risks of discrimination, and subsequently through this policy and its wider consultation, the welfare and wellbeing of trans patients has specifically been addressed to be a priority in line with the Equality Act 2010.
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Summary

Please describe the main points/actions arising from your assessment that supports your decision above	
<i>Trans people have historically suffered discrimination in society and in healthcare, and this policy provides clarity and sets out fair practices and procedures to ensure a welcoming experience for gender-nonconforming, questioning, non-binary, and transgender patients. As such, there is no evidence that this community will be negatively affected by the policy. The consultation process has evidenced the need for further specialist training in this area.</i>	
EIA Reviewer: Mandy Dawley – Assistant Director of Patient and Carer Experience and Co- production/John Duncan - Workforce Equality, Diversity and Inclusion Partner	
Date completed: 3.7.24	Signature: 

Appendix 3: Promotion of Trans Equality

As well as ensuring that trans patients members are fully supported, the Trust will demonstrate our commitment to trans equality in the following ways:

- Ensuring that all training courses that are delivered are fully inclusive of trans people – this includes both face-to-face training and e-learning
- Marking important dates for the trans community, such as Trans Day of Visibility (31st March) and Transgender Day of Remembrance (20th November)
- Including trans people in publicity and marketing materials
- Ensuring that all forms and surveys are inclusive of trans people, including non-binary people for both staff, patients and service users
- Including trans equality as a core part of the organisation's equality agenda and objectives
- Investigating fully all complaints of harassment, victimisation or discrimination on the grounds of gender identity, gender history, trans status or gender expression
- Monitoring the implementation of this policy on an annual basis through the Equality, Diversity and Inclusion Operational Group.