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Date: 23rd May 2024

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Dear

Freedom of Information Act Request

I am writing in response to your e-mail of the 15th April 2024. Your request has been processed using the Trust's procedures for the disclosure of information under the Freedom of Information Act (2000).

Requested information:

Please provide:

- 1) Gender reassignment and/or transgender guidance and policies relating to staff.
- 2) Gender reassignment and/or transgender guidance and policies relating to patients including policies on mixed sex /same sex accommodation.
- 3) Related Equality Impact Assessments if separate

Please find Appendix 1 attached.

If you are dissatisfied with the handling of your request, you have the right to ask for an internal review of the management of your request. Internal review requests should be submitted within two months of the date of receipt of the response to your original letter and should be addressed to: Dr Buki Adeyemo, Chief Executive, North Staffordshire Combined Healthcare Trust, Trust Headquarters, Lawton House, Bellringer Road, Trentham, ST4 8HH. If you are not content with the outcome of the internal review, you have the right to apply directly to the Information Commissioner for a decision. The Information Commissioner can be contacted at: Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF.

Yours sincerely



Nicola Griffiths
Deputy Director of Governance

Trans Inclusion Policy

(supporting service users and colleagues)

Lead executive	Chief People Officer
Authors details	Staff Side Chair Diversity & Inclusion Lead

Type of document	Policy
Target audience	All Trust staff as anyone may be involved in supporting trans service users and/or working with and supporting trans colleagues
Document purpose	This policy sets out the standards for the development, consultation, approval, review and control / archive of all Trust approved policy and guidance documents.

Approving meeting	PCD Committee Trust Board	Meeting date	26 th February 2024
Ratification date	26 th February 2024	Review date	28 th February 2027

Trust documents to be read in conjunction with:

Document code	Document name
1.15	Trust Dress Code Uniform Policy
3.12	Inclusion at Work Policy
4.32	Privacy and Dignity Policy

Document change history		Version	Date
What is different?	- Contents table updated.	V2.2	05.24
	- Policy reviewed and minor additions and changes made to update language in a constantly changing field and also to be more 'Outstanding' in terms of the experience expected to be offered to Trust service users and colleagues who are trans and non-binary.	V2.1	02.24
What is the impact of change?	- Terminology list added to and updated in s3 and glossary removed from appendix		
	- Restructuring of sections 1-3 to improve flow		
Appendices / electronic forms	- Guidance documents updated and new links provided (s9).		
	- Local and national support organisations added (s9)		
	- Inclusion of several more explicit statements of expectation of positive explicit inclusion in addition to avoidance of discrimination		
	- n/a		
	- Language and content more current		
	- More 'Outstanding'		
	- Improved experience and greater inclusion for people who are trans and non-binary		

Trans Inclusion Policy (supporting service users and colleagues)

	– Better support and compliance in relation to the NHS Rainbow Badge standards and LGBTQ Leadership Framework		
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Training requirements	There are no specific training requirements for this document.
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Document consultation	
Directorates	Document Quality Group
Corporate services	Document Quality Group and Trust Executives
External agencies	Trust LGBT+ Staff Network. Local and national trans support groups

Financial resource implications	No
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External references
1. Additional guidance and information in final section – updated and checked

Monitoring compliance with the processes outlined within this document	Monitoring of the policy is generally undertaken by exception reports (eg concerns / complaints raised through surveys and other feedback routes such as Dear Buki, Staff Survey, discharge survey, FFT)
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Equality Impact Assessment (EIA) - Initial assessment	Yes/No	Less favourable / More favourable / Mixed impact
Does this policy / document, or the implementation or outcomes of the policy / document, affect one or more group(s) less or more favourably than another (see list)?		
– Age (e.g. consider impact on younger people/ older people)	Minor impact	There are increasing numbers of trans and non-binary individuals in the younger community (largely due to societal / cultural changes towards greater acceptance and inclusion). This policy therefore has a minor positive impact for young people overall. There is some evidence suggesting that there is a correlation between neurodiversity and trans identity, but not sufficient to be a material favourable impact for differently abled trans people.
– Disability (remember to consider physical, mental and sensory impairments)	No	
– Sex/Gender (any particular M/F gender impact; also consider impact on those responsible for childcare)	Yes	Positive impact in relation to seeking to reducing gender norms eg around gender neutral loos, removing gender requirements in uniform and dress code etc. No negative impact anticipated with regard to this.
– Gender identity and gender reassignment (i.e. impact on people who identify as trans, non-binary or gender fluid)	Yes – specific positive impact	Specific positive impact intended for people who are gender diverse.
– Race / ethnicity / ethnic communities / cultural groups (include those with foreign language needs, including European countries,	Minor impact	See section on religion and belief below.

Trans Inclusion Policy (supporting service users and colleagues)

<p>Roma/travelling communities)</p> <ul style="list-style-type: none"> – Pregnancy and maternity, including adoption (i.e. impact during pregnancy and the 12 months after; including for both heterosexual and same sex couples) – Sexual Orientation (impact on people who identify as lesbian, gay or bi – whether stated as ‘out’ or not) – Marriage and/or Civil Partnership (including heterosexual and same sex marriage) – Religion and/or Belief (includes those with religion and /or belief and those with none) – Other equality groups? (may include groups like those living in poverty, sex workers, asylum seekers, people with substance misuse issues, prison and (ex) offending population, Roma/travelling communities, looked after children, local authority care leavers, and any other groups who may be disadvantaged in some way, who may or may not be part of the groups above equality groups) 	<p>Minor positive impact</p> <p>Minor positive impact</p> <p>No</p> <p>Yes – minor potential negative impact</p> <p>Minor positive impact</p>	<p>Equitable access to parental leave/ adoption leave already in place for gender diverse individuals, regardless of this policy. Similarly re service user access to parent and expectant parent specific services.</p> <p>Indirect positive impact in relation to inferring the need for greater inclusion in relation to the wider LGBTQ+ community</p> <p>There is potentially a conflict and minor negative impact in relation to the (cultural and/or religious) belief of some that does not accept trans identity. Such views must not prevent Trust workers from being respectful and inclusive of trans individuals in the course of their roles. This factor should clearly be considered but is not the view of the policy authors that this amounts to a material negative impact.</p> <p>There is evidence to suggest that gender diverse individuals are more likely to be subject to drug and alcohol misuse and to have suicidal intentions or actions, largely as a result of the impact of societal exclusion towards gender diverse individuals. This policy therefore supports a minor positive impact in that it seeks to ensure more positive experiences for Trust service users and workers who are gender diverse.</p>
<p>If you answered yes to any of the above, please provide details below, including evidence supporting differential experience or impact.</p>		
<p>This policy specifically focusses on provision of more equitable experience for people who are gender diverse. It is well-documented that trans individuals experience significant disadvantage in the workplace, in accessing healthcare and in wider society. This policy sets out steps to minimise these disadvantages and to seek to ensure more equitable experiences, opportunity and outcomes.</p> <p>The only negative impact identified is in relation to individuals who state a cultural or religious reason for refusing to accept trans identities. Whilst this is a complex legal issue, the Trust’s policy is that no individual is excused from showing dignity and respect and equitable treatment towards a gender diverse individual on these grounds. This is inherent within our Trust Values.</p>		
<p>If you have identified potential negative impact:</p>		

Trans Inclusion Policy (supporting service users and colleagues)

<ul style="list-style-type: none"> Can this impact be avoided? no What alternatives are there to achieving the document without the impact? n/a 	
Can the impact be reduced by taking different action?	
Not applicable	
Do any differences identified above amount to discrimination and the potential for adverse impact in this policy?	No
If YES could it still be justifiable e.g. on grounds of promoting equality of opportunity for one group or any other reason? On balance, is it considered that a Full Equality Impact Assessment is required?	N/A No
Not applicable – full EIA not required	
Where an adverse, negative or potentially discriminatory impact on one or more equality groups has been identified above, a full EIA should be undertaken. Please refer this to the Diversity and Inclusion Lead, together with any suggestions as to the action required to avoid or reduce this impact. For advice in relation to any aspect of completing the EIA assessment, please contact the Diversity and Inclusion Lead at Diversity@combined.nhs.uk	
Was a full impact assessment required?	No
What is the level of impact?	Low

Contents

Page

<u>1.</u>	POLICY STATEMENT AND SCOPE	6
<u>2.</u>	INTRODUCTION	6
<u>3.</u>	TERMINOLOGY	7
<u>4.</u>	GENDERING AND PRONOUN USE	8
<u>5.</u>	ROLES AND RESPONSIBILITIES	9
	5.1 Role of Managers	9
	5.2. Role of the Trust's Diversity and Inclusion Lead and Inclusion Council	9
	<u>5.3</u> Role of Individual Staff	10
<u>6.</u>	SUPPORTING TRANS PATIENTS AND SERVICE USERS	10
<u>7.</u>	SUPPORTING TRANS COLLEAGUES IN THE WORKPLACE	11
<u>8.</u>	POLICY IMPLEMENTATION, REVIEW AND EDUCATION	15
<u>9.</u>	USEFUL FURTHER READING AND SUPPORT	15
	APPENDIX 1	17
	APPENDIX 2	18

1. POLICY STATEMENT AND SCOPE

- 1.1 This policy applies to all staff and others working on behalf of the Trust (in a paid or voluntary/unpaid capacity), as well as to patients, service users and carers, and members of the public when attending the Trust buildings or services.
- 1.2 The Trust expects that trans people will be treated at all times in a respectful, dignified and non-discriminatory way.
- 1.3 This policy provides guidance for Trust workers on the expectations and other considerations that may be appropriate to support trans patients and service users to receive person-centred care. It also sets out expectations for dignity, respect and inclusion to be shown towards Trust workers who are gender diverse, from both colleagues and from patients, service users and carers.
- 1.4 This policy supports the Trust in its delivery of Outstanding Inclusion in employment and healthcare service provision and ensures compliance with the Equality Act 2010 in relation to gender diverse individuals.

2. INTRODUCTION

- 2.1 North Staffordshire Combined Healthcare NHS Trust is committed to promoting an inclusive, diverse workforce promoting equality, diversity and inclusion and supporting human rights in terms of the provision of health services for the community it serves and in its practice as a leading employer. Working effectively with the trans community is key to being an inclusive organisation, both as a provider of services, as a major local employer, and as a pillar institution and role model for other organisations.
- 2.2 Trans (or transgender) is an umbrella term used to cover numerous types of different gender identities. In the main this refers to people who do not identify with the sex they were assigned at birth, and includes other identities such as those who do not feel they fit in with tradition binary gender identities (ie male and female) who may use the term non-binary. It is noted that terminology is constantly evolving and terms commonly used may vary over time.
- 2.3 Many trans people will take steps to live in the gender with which they identify, which is referred to as transitioning. Each person's transition will be individual. For some this involves medical intervention, such as hormone therapy and surgeries, but transition is not dependent on medical assistance. Transitioning will often also involve things such as telling friends and family, presenting/dressing differently and changing official documents. For non-binary or gender-fluid people, transitioning may not involve a change in outwards appearance or name change, so transition for them can be more of a declaration of their identity. Transitioning is likely to involve asking others to use different names or pronouns for the person. These decisions are entirely personal and unique to each individual.
- 2.4 When a person transitions at any stage in life, the years of suppression of the person's gender identity can be a factor contributing to a deteriorating mental state. The changes they may need to make, such as medical interventions or telling others are therefore life enhancing and even lifesaving and is not taken lightly; it is not a lifestyle choice. Access to treatment could be a prolonged process over a number of years. **It is important to note that being transgender itself is not seen as a mental health condition.**

Trans Inclusion Policy (supporting service users and colleagues)

- 2.5 None of the above has anything to do with sexual orientation or sexuality. Gender identity is who you are; sexual orientation relates to the gender who you are attracted to. Sexuality is someone's ability to experience or show sexual feelings.
- 2.6 This policy sets out the Trust's responsibilities as a service provider and an employer of trans and gender diverse people. As gender reassignment is a protected characteristic under the Equality Act 2010 the Trust must ensure that people are not discriminated against or disadvantaged by service delivery, employment policy or procedure or by prejudice of Trust employees, other patients or the public. At Combined Healthcare we are proud that our policy goes beyond this statutory requirement to cover gender identity and gender expression, which is broader than the more narrow definition of gender reassignment.

3. TERMINOLOGY

It is noted that terminology in relation to gender identity has changed significantly over recent years and continues to evolve. There are some terms worth becoming familiar with at the outset. For this reason, a terminology list is provided below.

<i>Trans</i>	Trans is short for transgender, but trans is generally considered to be the preferred term. This 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. The term trans may be used to cover numerous gender identity labels and is generally the preferred term for trans people.
<i>Non Binary</i>	An umbrella term for people whose gender identity doesn't sit comfortably with 'man' or 'woman'. Non-binary identities are varied such as gender fluid people and those who identify with some aspects of binary identities, while others reject them entirely.
<i>Intersex</i>	A person born with sex characteristics that do not fit typical binary notions of male or female. This can be a range of conditions, which can include chromosomal, hormonal or anatomical variations.
<i>Transsexual</i>	This is an old term which is not commonly used anymore, and it is not recommended that it is used unless an individual specifically expresses that they self-identify in this manner. It tended to refer to trans people who had undertaken gender reassignment surgery. This term has generally fallen out of use and been replaced by the term trans or transgender.
<i>Cis / cisgender</i>	This refers to someone whose gender identity is the same as the sex they were assigned at birth.
<i>Gender Identity</i>	A person's innate sense of their own gender (for example non-binary, female), which may or may not correspond to the sex assigned at birth.
<i>Gender expression</i>	How people may choose to express their gender identity, for example, through the clothes they wear, length of their hair or the way they act or speak, or the name or pronouns they wish others to use for them. This term applies equally to trans and cis individuals.
<i>Gender non-conforming</i>	A person whose behaviour or appearance does not conform to prevailing cultural and social norms and expectations about what is considered typical of their gender.

Trans Inclusion Policy (supporting service users and colleagues)

<i>Gender reassignment</i>	A legal term denoting the process of transitioning from one gender to another which can, but does not have to, include surgery or hormone treatment. Gender reassignment is now often substituted for the more inclusive term “transitioning”.
<i>Assigned sex</i>	The sex we are given (assigned) at birth.
<i>Affirmed gender</i>	A term for gender identity after transition.
<i>Gender Recognition Certificate (GRC)</i>	A legal process set out in the Gender Recognition Act (2004) enabling those who were born in the UK to have a new birth certificate and to receive a Gender Recognition Certificate (GRC). This supports trans people to be legally recognised in affirmed gender and to be issued with a new birth certificate. Not all trans people will apply for a GRC, however, and individuals currently have to be over 18 to apply. Individuals do not need a GRC to change their gender markers at work or to ‘legally’ change their gender on other documents such as their passport. This is a purely personal matter and nobody should be asked to, whether or not they have obtained a GRC and should not be required to produce a Gender Recognition Certificate.
<i>Misgendering</i>	Use of the incorrect pronouns for the trans individual. It is important to ensure that the privacy of a trans person is protected and details of someone’s previous name and/or gender must not be disclosed without their permission.
<i>Queer</i>	An umbrella term that some people use who aren’t part of the heterosexual / cis gender majority. A person who identifies as queer is not being specific as to whether this term refers to their sexual orientation, their gender identity or both. It is generally a term of self-identification , and not a term that we would use to refer to somebody else. The history of this term is that it was used as a term of abuse but has now been reclaimed by many in the LGBT+ community.
<i>Deadnaming</i>	This occurs when a trans person’s previous name prior to transition is used inappropriately. It is important to ensure that the privacy of a trans person is protected and details of someone’s previous name and/or gender must not be disclosed without their permission.

4. GENDERING AND PRONOUN USE

- 4.1 Pronouns are gendered language that we use when we refer to individuals – these are typically *he* or *she*, or *they* which many non-binary people use. The pronouns given by any individual as to how they wish to be referred to at all times should be respected.
- 4.2 Correct gendering and pronoun use is essential, whether communicating with and referring to trans individuals. Treating trans individuals with this respect can be incredibly positive for the individual, particularly when transitioning or at times when the individual may not be receiving this positive affirmation in other aspects of their life.
- 4.3 If accidental / inadvertent misgendering occurs, it is important that this is not ignored and it should be acknowledged, an apology made and every effort made to avoid repeating this mistake.
- 4.4 Deliberate misgendering of a trans individual will be seen as a breach of this policy and could be treated as a disciplinary matter. Inadvertent misgendering should be pointed out and the individual should apologise when this occurs. We should **always** strive to use the correct gender and pronouns even if the person is not there.

Trans Inclusion Policy (supporting service users and colleagues)

- 4.5 The Trust encourages and supports **all staff** to normalise pronoun use by identifying their pronouns, such as in their email signatures, name badges and personal introductions.

5. ROLES AND RESPONSIBILITIES

5.1 Role of Managers

Every manager employed by the Trust is responsible for promoting diversity, creating a culture of inclusion and belonging, and avoiding and preventing discrimination at all times.

Service/ Line managers are responsible for:

- i. Seeking to ensuring that a trans person is at all times addressed, treated and referred to as the gender they identify with regardless of their documented legal name and assigned sex
- ii. Ensuring that their service is fully inclusive of trans individuals
- iii. Appropriately supporting a staff member who is proposing to transition to ensure that they are supported throughout the process (see s7 on Transitioning in the Workplace)
- iv. Challenging staff who discriminate and ensuring that the relevant procedures are followed i.e. Dignity at Work, Disciplinary Policy, etc
- v. Supporting their staff member or service user to challenge anti-trans language and discrimination from other staff, patients or the public
- vi. Where desired / with permission or consent, actively seeking out any support available within the Trust, including signposting to the Trust LGBT+ Staff Network
- vii. Support all staff members to obtain a work name badge that clearly identifies their preferred pronouns where this is desired
- viii. Managers should be aware that there is legal protection for trans and non-binary individuals under the Equality Act 2010, which protects both service users and employees/applicants from unfair or unequal treatment

5.2. Role of the Trust's Diversity and Inclusion Lead and Inclusion Council

The Trust's Diversity and Inclusion Lead is responsible for:

- i. The development and monitoring of this Trans Inclusion Policy
- ii. Consulting with members of the trans community where appropriate
- iii. Supporting the Board over any matters relating to trans awareness and inclusion

The Trust's Inclusion Council is responsible for:

- i. Being the key strategic forum responsible for developing (and monitoring development of) a culture of diversity, inclusion and belonging across the Trust, including with regard to policy and practice relating to trans equity and inclusion
- ii. Providing suitably robust review and constructive challenge on Diversity and Inclusion plans and progress, including in relation to policy and practice on trans equity and inclusion

Trans Inclusion Policy (supporting service users and colleagues)

- iii. The Trust's People, Culture and Development Committee (PCDC) is the Trust formal committee responsible for decision making on behalf of Trust Board in relation to inclusion-related matters, including trans inclusion

5.3 Role of Individual Staff

All employees have a personal responsibility to support the equal and fair treatment of colleagues and to ensure patients are treated consistently in a person-centred manner which is compassionate, respectful and non-discriminatory. All staff members are responsible for complying with this Trans Inclusion Policy, specifically:

- i. Treating gender diverse staff and service users with dignity and respect in line with our Trust values and policies. It is unacceptable for members of staff to treat gender diverse staff and service users less favourably due to personal or religious attitudes toward trans people. Respecting staff and service users means using their preferred name and pronouns without exception. This includes when addressing the person or discussing their care with others
- ii. Challenging and reporting discriminatory practice or language, whether from staff, patients or the public
- iii. Ensuring that they do not discuss or disclose a trans person's trans identity inappropriately or without their permission, and that the individual's privacy and dignity is respected at all times. This includes not misgendering or using somebody's previous name either in or outside of the workplace (eg on social media)
- iv. To actively support the positive and equitable experience of trans service users and colleagues and are encouraged to be an ally to trans people

6 SUPPORTING TRANS PATIENTS AND SERVICE USERS

Admission to services

- 6.1. Non-binary and transgender people have equal rights to access single sex wards as any person. It is good practice to involve the service user, as much as is possible, in the admission process. This can help reassure the service user and help staff understand what they can do to support them. When a patient has disclosed that they identify with a gender that is different to the one assigned at birth or their gender is unclear, the individual should be sensitively asked how they wish to be addressed and the correct pronouns should then be used at all times, e.g. she/he/they. One way this can be done is to introduce yourself and offer your own preferred pronouns and ask the individual what their preferred pronouns are. Preferred pronouns should be noted in the patient's EPR **with their permission**.

Single Sex Clinical Environments

- 6.2. Where single-sex environments are in place, the patient should be in the environment of their identified gender. However, in some circumstances, individuals may prefer not to be placed on a ward of their identified gender, so a discussion should take place in this situation. Where a patient identifies as non-binary, a discussion should take place about the environment where they would feel most comfortable.

Addressing and referring to Trans Patients and Service Users

- 6.3. Patients/service users should **always** be addressed, treated and referred to as the gender with which they identify and using their preferred pronouns. It is important to discuss with the individual any special requirements they may have.

Personal Care

- 6.4. Sensitivity may be required in relation to supporting trans patients' personal care, for example allowing time for somebody to be able to present as they feel comfortable, or providing appropriate toiletries such as a razor since e.g. a trans woman may need to shave facial hair, a trans man may need sanitary products.

Trans Inclusion Policy (supporting service users and colleagues)

- 6.5 The patient may be extremely anxious and sensitive when receiving personal care or examination. Additionally, the patient may be anxious about how they will be treated while in hospital due to poor previous experiences of healthcare.

Privacy, Dignity and Freedom from Discrimination

- 6.6 All Trust patients and service users should expect to be treated as individuals with dignity and respect. Discrimination from staff, other patients or public will not be tolerated. In the case of staff being discriminatory, the relevant policies/procedures should be applied e.g. the Trust's Privacy and Dignity Policy (service users). If other patients or the public are behaving discriminately, they should be reminded that this behaviour will not be tolerated by the Trust and may in some circumstances be referred to the Police.
- 6.7 Should a service user wish to receive care or treatment from a member of staff of a specific gender, particularly where intimate discussions or examinations are required, they should wherever possible be given a choice of care staff and, where feasible, accompanied by staff of gender deemed most appropriate by the individual.

Supporting Change of NHS Details in the EPR

- 6.8 When a person is transitioning (or has transitioned) and they wish to change their personal details in the NHS system, they should be advised to ask their GP to create a new NHS record reflecting their new identity. When this is done, the person will automatically have a new record created in the Trust electronic patient record (EPR) also reflecting their new identity. Any relevant health related information from previous records should be transferred to the new record ONLY with the person's understanding and agreement. It is a decision for the individual as to whether or not they share all or part of their past medical history.
- 6.9 It is noted that our EPR does not currently allow for recording of non-binary identities. It is therefore necessary to record this information as a note in the individual's record, again only with the individual's express permission. [This matter is under review nationally and we anticipate that this will be available within the next review period for this Policy.]

Changes in Gender Presentation

- 6.10 Staff should be mindful that some trans service users' presentation may change due to circumstances and how someone identifies themselves. For example, an individual may identify as a trans man, but in times of crisis derive comfort from wearing female clothing. There may be times when staff will need to determine if their presentation is due to the current mental health needs, or otherwise. Each case will need to be determined on its merits. Some people prefer to occasionally wear clothing not usually worn by their assigned gender for reasons of comfort. This should be respected.

Particular considerations for children and young people

- 6.11 Trans and gender non-conforming children and young people should be treated with the same respect for their self-defined gender as are trans adults.
- 6.12 In some instances, parents or those with parental responsibility may have a view that is not consistent with the child's view. The child's preference will prevail in all circumstances where they are deemed competent under 'Gillick' principles or Frazer guidelines. Even if the child is not deemed competent under these principles and guidelines, the child's preference will usually prevail where those with parental responsibility do not support the preference of the child. In this situation, these principles would need to be carefully and sensitively discussed with the parent / those with parental responsibility.

7 SUPPORTING TRANS COLLEAGUES IN THE WORKPLACE

Transitioning at Work

- 7.1 Transitioning at work can be an incredibly difficult and stressful experience. It is important that any individual expressing the intention to transition is given the full support of the Trust.

Trans Inclusion Policy (supporting service users and colleagues)

- 7.2 Trans people who are transitioning or intend to transition may make this known to the Trust either during the recruitment process or by making their intentions known during their employment. This would usually be to the line manager in the first instance, but if the individual prefers this could be to the manager's manager, or to a manager in the People Operations Team (formerly Human Resources). As noted above, there is legal protection for trans and non-binary individuals in employment before, during and after transition under the Equality Act 2010.
- 7.3 In order to support an individual's transition from one gender to another it is essential that line managers are supportive, sensitive and able to discuss with the person concerned how they want the process in relation to their continued employment to be handled. Managers must ensure appropriate confidentiality and sensitivity are maintained. Any documented discussions should be recorded in staff personal files and not disclosed to any third party, unless the individual has given specific written permission to do so.
- 7.4 Managers should sensitively support employees by meeting regularly with the individual and agreeing a clear plan in relation to the following issues:

Signposting to support and assistance

- i. Identify whether further support, advice or assistance is required or might be helpful. The manager should not discuss the matter with colleagues, such as People Team (formerly HR) or occupational health, without the permission of the employee.

Planning and commencing transition at work

- ii. Agree the effective date of transition at work, led by the individual. Agree with the individual when will be the first day at work they will present in their affirmed gender and what action may be needed to make this date run smoothly and supportively.
- iii. Agree what changes to staff systems/records will be needed, e.g. change of name and gender for the Electronic Staff Record, payroll, identity badges, telephone lists etc and agree a plan for when and how these changes will be made.

Informing colleagues about a transition or gender identity

- iv. Determining when, if and how colleagues will be told about a transition or gender identity should be done in close discussion with the individual and, in some but not all cases, the individual may prefer for the manager to do this for them. Recognise that transitioning and being trans can be taxing on mental health and wellbeing and managers should help to identify what support is available for the individual e.g. access to staff counselling, peer support, Trust LGBT+ Network, where this is desired.

Confirming whether the individual will remain in their current work role / workplace

- v. If the individual feels that they would wish to transfer to an alternative workplace or work role (whether on a permanent or temporary basis), this should be discussed, considered and supported if at all possible.

Trans Awareness Education for colleagues

- vi. Considering, if appropriate, whether access to Trans Awareness education would be useful for the team.

Toilets and Facilities

- vii. Trans individuals will generally use the toilet, changing and/or shower facilities that match their affirmed gender identity or that they feel is most appropriate. The organisation additionally has a mix of gender-neutral facilities in addition to single gender facilities and is seeking to increase this provision. In no way does this detract from the right of trans individuals to use the toilet designated for people of their affirmed gender.

Staff Dress and Appearance at Work

Trans Inclusion Policy (supporting service users and colleagues)

- viii. The Trust supports staff in choosing the uniform or work attire which they feel best matches their gender identity and expression in line with the Trust Dress Code Uniform Policy. The Dress Code recognises that individuals transitioning at work (including to non-binary identity) may require a review of their issued uniform to accommodate for the transition to their identified gender and encourages flexibility in ensuring that this is appropriately supported. The Dress Code also recognises that trans and non-binary individuals may feel the need to wear more make-up at work. In these situations, this should be supported as part of assisting their confidence at work.

Time off for Medical Procedures

- ix. If applicable, agreeing the expected timescale of absence for any medical/surgical procedures and treatment they may choose to undergo. Individuals will be given appropriate time off for any gender-affirming procedures and these will not be considered as optional cosmetic procedures. Rather they will be treated as elective surgery requiring planned sickness absence. It is noted that the individual may require such procedures at any point following transition, and this could be a number of years following transition. Appointments at gender identity clinics will be treated as for any other hospital appointment in line with the Trust's Supporting Attendance at Work Policy.

Recruitment and Ongoing Employment

- 7.5 Trans people in employment may choose voluntarily to disclose personal information, for example when answering an equal opportunities questionnaire, or survey. Strict confidentiality should always be observed.
- 7.6 Where documents have been seen and held on the individual's employment record, for example at the point of starting employment (such as a birth certificate), every effort should be made to replace those with equivalent documents in the name and gender as affirmed by the individual. It may be necessary to retain some records, for example for pension or insurance purposes. If a person has acquired a Gender Recognition Certificate (GRC) however, these **must be replaced** with the new birth certificate details. Once a person has obtained a GRC there must be no disclosure of this information without the express written permission of the individual, as previously stated this constitutes a criminal act, subject to a substantial fine.
- 7.7 It should be noted that there is **no requirement** to obtain a GRC and many trans individuals do not obtain one. It should be noted that birth certificates may not match the gender identity and expression of the individual if a GRC has not been obtained.
- 7.8 In relation to Disclosure and Barring Service (DBS) checks, where this applies, the DBS Bureau has implemented a separate application procedure which allows trans applicants to exclude previous names from the Disclosure Application form. Applicants however will still be required to send details on their previous identity in a separate letter. The DBS will then check the data sources held against both current and previous names. It should be noted that where a conviction or (in Enhanced Disclosure cases) other relevant information has been recorded in a previous name, this will be revealed on the Disclosure and as such, details of any previous identity may be revealed. In this instance, the manager must ensure that any information thus obtained is kept strictly confidential. Where there are no convictions recorded, the details of any previous names that have been provided directly to the DBS will not be revealed on the Disclosure.
- 7.9 Staff should be given appropriate time off for any appointments relating to gender affirming treatment, as outlined in the section above.
- 7.10 It is important to ensure that both the manager and individual know how to report any discrimination towards trans and non-binary individuals based on gender expression or gender identity, and how such matters should be handled.
- 7.11 Discrimination from staff, other patients or the public **will not be tolerated**. In the case of any staff member being discriminatory, the manager should use the relevant policies/procedures to deal with the situation, e.g. Bullying and Harassment Policy and Disciplinary Policy and Procedure. If patients

Trans Inclusion Policy (supporting service users and colleagues)

or the public are discriminatory, they should be reminded that this behaviour will not be tolerated by the Trust.

8 POLICY IMPLEMENTATION, REVIEW AND EDUCATION

Policy Review

- 8.1 The Trust Diversity and Inclusion Lead is responsible for the implementation and review of this policy.
- 8.2 People Business Partners (formally Human Resources Business Partners) should ensure that managers in their area of responsibility are aware of this Policy and associated responsibilities. The Policy will also be communicated through the usual Trust communications channels.

Trans Inclusion Awareness Education

- 8.3 Trans awareness training is strongly recommended and may be accessed via the Trust's Diversity and Inclusion Lead or nominated lead for Trans Inclusion Awareness education. Bespoke sessions may also be requested for teams/services.
- 8.4 General diversity and inclusion education should also include reference to trans inclusion and trans identities.

8.5 Monitoring and Review Arrangements

This policy will be fully reviewed every 3 years or earlier if indicated from the result of monitoring and review, legislative changes, a national policy instruction or guidance (i.e. NHS England or Department of Health), or local Trust decision.

9. USEFUL FURTHER READING AND SUPPORT

General Trans Awareness and Inclusion

- The Truth About Trans, Stonewall (no date), <https://www.stonewall.org.uk/> / <https://www.stonewall.org.uk/truth-about-trans>
- Gender Reassignment discrimination, Equality and Human Rights Commission (2021, updated 2023). <https://www.equalityhumanrights.com/equality/equality-act-2010/your-rights-under-equality-act-2010/gender-reassignment-discrimination>

Supporting Trans People in the Workplace

- Transgender and non-binary inclusion at work, Chartered Institute of Personnel and Development (2023). <https://www.cipd.org/globalassets/media/knowledge/knowledge-hub/guides/2023-pdfs/2023-transgender-non-binary-edi-workplace-8363.pdf>
- ACAS (2017) – Supporting Trans Employees in the Workplace <https://www.acas.org.uk/supporting-trans-employees-in-the-workplace/html>

Support for Transitioning Employees

- Transitioning in the Workplace: A Guide for Trans Employees, Human Rights Campaign (online, no date). [Transitioning in the Workplace: A Guide for Trans Employees - Human Rights Campaign \(hrc.org\)](https://www.hrc.org/resources/trans-in-the-workplace)

Supporting Trans People in Healthcare

- Gender identity and why it is important to ask about it, NHS Digital (online, no date). <https://digital.nhs.uk/data-and-information/data-collections-and-data-sets/data-sets/mental-health-services-data-set/submit-data/data-quality-of-protected-characteristics-and-other-vulnerable-groups/gender-identity>

Trans Inclusion Policy (supporting service users and colleagues)

- Advice for doctors treating trans patients, GMC (no date). <https://www.gmc-uk.org/ethical-guidance/ethical-hub/trans-healthcare>
- Fair Care for Trans and Non-Binary People, RCN (2020). (Under review at time of writing) <https://www.rcn.org.uk/-/media/royal-college-of-nursing/documents/publications/2020/november/009-430.pdf?la=en>

Support for Trans Service Users

- Gender Marker GP record change, NHS Gender Identity Clinic (online, no date). [Gender Marker GP record change - Gender Identity Clinic – GIC](#)
- How to change your gender marker with your GP, GenderBP (2021). <https://www.gendergp.com/how-to-change-your-gender-marker-with-your-gp/>

Local and National Trans and LGBT+ Support Organisations

- SAGE: Sexuality And Gender Empowerment <https://sage.lgbt/>
- Trans Staffordshire [Trans-Staffordshire – Trans Support & Social](#)
- North Midlands Older People's LGBT+ Group [Home - North Midlands LGBT Older Peoples Group \(olgbtstoke.org.uk\)](#)
- Stonewall www.stonewall.org.uk
- Gendered Intelligence [Home | Gendered Intelligence](#)
- TransActual [TransActual](#)
- Mermaids (for trans young people and their families) [Homepage - Mermaids \(mermaidsuk.org.uk\)](#)

APPENDIX 1:

Step by step guide to supporting a service user to update their personal details in the Electronic Patient Record (EPR)

1. If a person identifies as trans or non-binary, discuss with them whether their details are current in the EPR.
2. It is permissible to record a flag marker (*) in the EPR (**with the individual's consent**) to say 'Prefers to go by the pronouns they and theirs' (or other pronouns as requested)
3. A preferred name can immediately be recorded in the EPR and should then always be used when referring to the individual where recorded.
4. To change their **first name, gender and title** in the EPR, our system is driven by the GP system, so to change their details in our system, a trans person needs to change their name and gender marker in their GP records. This can be done simply by asking. Having a deed poll can make this easier for the practice and free templates can be found on websites such as www.freedeedpoll.org. [NB There is no such thing as an 'official' deed poll and a Gender Recognition Certificate is not required to change a person's name and/or gender marker.]
5. When a trans person requests to update their details as above, this generates a new health record being created with a new patient number.
6. The old record and the new record **should not be merged or linked in any way**, unless the individual expressly gives their permission for this.
7. Trans peoples' right to change their name and gender marker at the GP is protected by the Gender Recognition Act 2004 and the Data Protection Act 1998.
8. In the absence of the individual contacting their GP as above, it is possible to record the patient's 'preferred name' in Lorenzo. It is also permissible to put a flag (*) on the system **with the individual's agreement** to state the individual's preferred pronouns 'Prefers to be referred to by the pronouns she and her / he and his / they and their'. This should help to avoid misgendering and misnaming the individual, which is frequently extremely distressing to trans individuals.
9. The most important thing is to be supportive, understanding and respectful of the individual and their need to have their name and personal details appropriately reflect their gender identity.

APPENDIX 2:

Step by Step Guide to Supporting Staff to Update their Employee file / Electronic Staff Record (ESR)

1. If a member of staff presents to their manager as trans or non-binary, the manager should discuss with them whether their personal details are current in the ESR, or whether they would like to update their details.
2. A preferred name can immediately be recorded in the ESR and should then always be used when referring to the individual where recorded.
3. To change their **first name, gender (to be confirmed**)** and **title** in the ESR, this can be done by the individual putting their wishes in writing to their manager. Having a deed poll can make this easier for the practice and free templates can be found on websites such as www.freedeedpoll.org. However, neither a deed poll nor a Gender Recognition Certificate are not required to change a person's name and/or gender marker in the employee record/ESR.
4. In addition to Mr, Mrs, Miss and Ms, Mx is available as a non-binary title option.
5. Trans peoples' right to change their name and gender marker is protected by the Gender Recognition Act 2004 and the Data Protection Act 1998.
6. The most important thing is to be supportive, understanding and respectful of the individual and their need to have their name, pronouns and personal details appropriately reflect their affirmed gender identity.