

## FOI\_1694\_2024-25 – FOI Request concerning Gender Reassignment and Transgender Guidance and Policies

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**1. Gender reassignment and/or transgender guidance and policies relating to staff**

Please see below the policy:



HIW\_WF\_006\_Trans  
gender\_and\_Non\_Bi

**2. Gender reassignment and/or transgender guidance and policies relating to patients including policies on mixed sex /same sex accommodation.**

Please see below the policy:



HIW\_C\_025\_Privacy\_  
Dignity\_and\_Respec

**3. Related Equality Impact Assessments if separate  
This is included in below policy (Appendix C):**



HIW\_C\_025\_Privacy\_  
Dignity\_and\_Respec

# Privacy, Dignity and Respect Policy

## Version 1

<b>Summary</b>	The aim of this policy is to provide staff with guidance on the promotion of standards of care which afford the utmost privacy, dignity and respect to people who use our services and their carers including issues around trans service users and delivering same sex accommodation.	
<b>Keywords</b>	Privacy, Dignity, Respect, Personal world, Personal identity, Personal Boundaries, Personal Space, Space, Attitudes, Behaviour, Communication, Communicating, Confidentiality, Modesty, Same Sex Accommodation, SSA, Information, Provision of Information, Signage	
<b>Target audience</b>	All staff within the Trust including agency/locum/bank/students on placement and volunteers	
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<b>Approved &amp; Ratified by</b>	Clinical Steering Group (Virtual)	<b>Date of meeting/approval:</b> 23.02.24
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***Policies can only be considered to be valid and up-to-date if viewed on the respective organisations' intranet. Please visit the intranet for the latest version.***

### Equality Impact Assessment

The Equality Impact Assessment has been completed and is attached as an appendix to this document.

## Version Control

### Change Record

Date	Author	Version	Page	Reason for Change
29.12.23	Anastasia Lungu-Mulenga	1	21	Amalgamation of policy for HIOW Healthcare NHS Trust. SHFT/IOW had similar dignity and respect policies in place. This was used as a basis in the development of this policy. Solent had a stand-alone same sex accommodation policy which has now been amalgamated into this policy so that we now have one policy covering dignity, respect and same sex policy.

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# Privacy Dignity and Respect Policy Summary

The Trust recognises the fundamental importance of maintaining the dignity and privacy of all our patients and clients wherever care is provided for them. This Policy sets out the expectations of the Trust in maintaining dignity and privacy, and provides a framework on which patients, staff and the public can determine our performance. This policy also outlines the Trusts commitment to eliminating mixed sex accommodation as set out by the Department of Health Operating Framework 2010-11 and the updated Same Sex Accommodation Guidance (NHSE England 2019).

The Trust is committed to the principles in the Department of Health (2010) ten Dignity Challenges:

1. Have a zero tolerance of all forms of abuse.
2. Support people with the same respect you want for yourself or a member of your family.
3. Treat each person as an individual by offering a personalised service.
4. Enable people to maintain the maximum possible level of independence, choice and control.
5. Listen and support people to express their needs and wants.
6. Respect people's right to privacy.
7. Ensure people feel able to complain without fear of retribution.
8. Engage with family members and carers as care partners.
9. Assist people to maintain confidence and a positive self-esteem.
10. Act to alleviate people's loneliness and isolation.

## Delivering Same Sex Accommodation (DSSA)

Delivering same sex accommodation means ensuring that sleeping accommodation and the use of bathroom and toilet facilities are not shared by patients of the opposite sex. This applies to patients of all ages who are admitted to any of our hospital wards.

All mixed sex breaches must be reported using the Trust's incident reporting system, Ulysses Safeguard. The Trust will report nationally via the Unify 2 system once the breach has been confirmed by a Senior Clinician and the Safeguarding Team. These breaches will be discussed with the Service Commissioners via the monthly Clinical Quality Review Meetings (CQRM).

A mixed-sex occurrence is defined as: The placement of a service user/patient within a clinical setting following admission, where one or more of the following criteria applies:

- **Sleeping Breach:** The service user / patient occupies a bed space that is either next to or directly opposite a member of the opposite gender.
- **Bathroom Breach:** The service user / patient occupies a bed space that does not have access to single-sex washing and toileting facilities and is required to use shared sex bathroom and toilet facilities.
- **Walk through breach:** The patient must pass through an area designated for occupation by members of the opposite sex to gain access to washing and toileting facilities.
- **Dayroom Breach:** Male patients accessing women only dayrooms in mental health settings.

## Clinical Justification

There are times when the need to urgently admit and treat a patient can override the need for complete segregation of sexes. In these cases, a full risk assessment must be carried out and safety, privacy and dignity maintained for all patients affected. Each case must also be discussed on a one to one basis with Chief Nurse Officer.

**Further information** - Due consideration should be given as to whether there may be a Safeguarding concern, if a service user / patient has failed to be treated with dignity and respect. In this circumstance advice should be sought from the Safeguarding Clinical Support Team and the Chief Nurse Officer.

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# Privacy, Dignity and Respect Policy

## 1. Introduction

- 1.1 The Trust is committed to providing high quality and safe care to people who use our services at all times. The promotion of privacy, dignity and respect for each individual is integral to all transactions both in the provision of service user / patient care within the Trust and dealing with the public, staff, and stakeholders. Responsibility for protecting and promoting privacy, dignity and respect does not lie with one individual or group but with all staff to embed a culture where everyone matters.
- 1.2 However, in all areas of this policy, clinical risk should be considered in relation to privacy. The aim of this policy is to provide staff with guidance on the promotion of standards of care which afford the utmost privacy, dignity and respect to people who use our services and their carers including issues around transgender and eliminating same sex accommodation. In care situations dignity may be promoted or diminished by the physical environment, organisational culture, by the attitudes and behaviour of staff and by the way in which care activities are carried out.
- 1.3 The seven privacy and dignity benchmarks address this definition as follows:
- Attitudes and behaviours
  - Personal world and personal identity
  - Personal boundaries and space
  - Communicating with staff and people who use our services.
  - Privacy of service user confidentiality and information
  - Service user modesty
  - Availability of an area for complete privacy
- 1.4 The seven privacy and dignity benchmarks should be considered by staff whenever designing new facilities, planning changes to services or other circumstances which may impact upon these requirements. The seven privacy and dignity benchmarks are applicable to all service users. However, the Trust recognises that some service users, such as older people with dementia, young people, people with learning disabilities and mothers and babies may have specific needs. These should be considered locally and detailed in service user's care or support plans.
- 1.5 Being with other patients of the same gender is an important component of privacy and dignity. Privacy, dignity and respect must be built not only into the care delivered but the environment in which it is delivered.
- 1.6 The NHS Constitution states that service user experience is the most important measure of success. Positive service user / patient experience is important to the Trust with patients reporting feeling that their right to privacy, dignity and respect is upheld and actively promoted by staff and that they feel they matter at all times.
- 1.7 Developing a culture to deliver care that fulfils all statutory, organisational and best practice requirements, the Trust is committed to the principles in the 10 Dignity Challenges (DH 2006).

### **Ten Dignity Challenges:**

1. Have a zero tolerance of all forms of abuse.
2. Support people with the same respect you want for yourself or a member of your family.
3. Treat each person as an individual by offering a personalised service.
4. Enable people to maintain the maximum possible level of independence, choice and control.
5. Listen and support people to express their needs and wants.
6. Respect people's right to privacy.

7. Ensure people feel able to complain without fear of retribution.
8. Engage with family members and carers as care partners.
9. Assist people to maintain confidence and a positive self-esteem.
10. Act to alleviate people's loneliness and isolation.

## **2. Scope**

- 2.1 The policy applies to all patients who will be treated in a fair and equitable manner recognising any special needs of individuals where adjustments need to be made for example respecting peoples religious and cultural beliefs.
- 2.2 The policy relates to the ways in which healthcare users and their carers' are to be treated while being cared for by the Trust and the values and behaviours displayed which will promote privacy, dignity and respect to each other, and throughout the organisation.
- 2.3 This policy will outline expected standards of practice and covers all clinical settings where any form of care is carried out.
- 2.4 This policy is specifically aimed at Trust staff but also applies to bank, locum, permanent and fixed term contract employees (including apprentices) who hold a contract of employment or engagement with the Trust, and secondees (including students), volunteers (including Associate Hospital Managers and Patient Safety Partners), Non-Executive Directors and those undertaking research working within the Trust. It also applies to external contractors, Agency workers and other workers.
- 2.5 This policy is underpinned by the Professional Codes of Conduct, the Human Rights Act 1998, the Freedom of Information Act and the Data Protection Act 1998. No member of staff will suffer any form of discrimination, inequality, victimisation, harassment or bullying as a result of implementing this policy.

## **3. Duties and responsibilities**

- 3.1 The Chief Executive Officer and the Trust Board have responsibility for ensuring the privacy and dignity of patients, including the provision of same sex accommodation, and this function is delegated to the Directors and Senior Managers of the Trust.
- 3.2 **Divisional Directors**
  - Ensure effective dissemination and implementation of this policy in their areas of responsibility.
  - Ensure that reviews of the delivery of Privacy and Dignity take place.
  - Ensure there is a system in place to report breaches of the same sex accommodation criteria via the Unify 2 system.
  - Ensure the configuration of the Trust wards inpatient wards/day care areas is kept under review to meet DSSA requirements.
- 3.3 **Area Managers / Locality Managers / Lead Nurses / Modern Matrons**
  - Take a lead on implementing the policy.
  - Identifying training needs of staff.
  - To monitor that DSSA is consistently provided across all inpatient/day/outpatient services.
  - Ensure Privacy & Dignity Audits are conducted annually.
  - The implementation of any action plans arising from audits of the policy and service user feedback

### 3.4 **Ward Managers / Team Leaders**

- Advising and instructing staff on the policy requirements via local induction arrangements and ongoing communication mechanisms, such as staff meetings, supervision, appraisals.
- Make necessary arrangements to enable staff to attend any training in respect of this policy.
- Provide exception reports of any breaches in compliance with DSSA criteria.
- Staff with training remits have a responsibility to ensure privacy and dignity is highlighted appropriately and threaded through all care delivery.

### 3.5 **All Staff**

- Be accountable for their behaviours and have an individual responsibility for the implementation as part of their normal duties and responsibilities of this policy and embedded within their working environment.
- Identify own training needs in respect of policies and procedures and bringing them to the attention of their line manager.
- Attend training/awareness sessions when provided.
- Modify practice and learn from service user / patient experience feedback.
- Adhere to the national principles and criteria of DSSA.
- Report breaches of DSSA standards.

## 4. **Main content**

### 4.1 **Attitudes and behaviours**

- Staff should introduce themselves on initial contact with a service user, stating their name and role, and the purpose of their contact.
- Staff should ensure that patients feel that they matter and do not experience negative or offensive attitudes or behaviour.
- Staff ensure good attitudes and behaviour are promoted including consideration of non-verbal behaviour and body language and the needs of minority groups.
- Service users and patients experience care in an environment that actively encompasses respect for individual values, beliefs and personal relationships.
- Wherever possible service users will have a care coordinator, named nurse, keyworker, or support worker who is of the same gender.
- Treat all patients equitably and in a manner which values and respects and where possible meets their religious beliefs, culture, emotional needs, gender, sexual orientation or ability.

### 4.2 **Personal world and personal identity**

- Staff should involve service users in all discussions concerning them through the individual care planning processes e.g. Care Programme Approach (CPA), Wellness Recovery Action Plans (WRAP).
- Staff should ensure that service users' nutritional needs and special dietary requirements are met.
- Service users and patients should receive any assistance required for eating, drinking or personal care with overt respect for personal dignity.
- In inpatient services all service users should have 24-hour access to beverage and snack facilities.
- All service users should have access to a telephone to be able to receive and make private telephone calls, including patients detained under the Mental Health Act (Code of Practice 2015) in order to protect their right to privacy, dignity, and respect for family life (Article 5, HRA 1998).
- Staff should assist service users in accessing opportunities to meet their spiritual and religious needs and follow their usual faith practices.



- Staff should ensure that dignity and respect is maintained for service users, carers and relatives in relation to end of life care and death, with individual wishes being appropriately considered in care planning.
- Staff should ensure that service users physical health needs are assessed and referred for treatment where requested or necessary.
- Service users / patients should be offered a chaperone during examinations and physical investigations/treatments.
- Staff should ensure that dignity and respect is maintained for service users, carers and relatives in relation to end of life care and death, with individual wishes being appropriately considered in care planning.

#### **4.3 Personal boundaries and space**

- Staff are responsible for ensuring that care environments used by service users is safe and adheres to the Trust standards regarding safety, cleanliness, infection control and other local policies.
- Clinical risk is managed with consideration of privacy, dignity and modesty.
- The acceptability of personal contact (touch) and personal boundaries are identified with the patient and recorded.
- Staff should obtain permission before any examinations or treatments are carried out and ensure privacy is maintained e.g. for undressing/dressing.
- Staff should ensure privacy and dignity is respected and permission sought when entering single rooms, individual patient ward areas with closed curtains, toilets or bathroom.
- Staff must ensure that a patient who is facing or experiencing a potentially sensitive condition is given special consideration regarding privacy but with due regard to the requirements for safe medical care. This can be defined by the patient but will include intimate examinations.
- When a patient is approaching death, and in the period following death, staff must provide the patient, their relatives and carers with respect.
- Ensure that the views and feelings of other patients are taken into consideration with regard to the above sensitive conditions.
- Ensure that when a patient needs to be transferred this is carried out at an appropriate time and with the full knowledge of the patient and their relatives except in an emergency.
- Ensure that, within the ward environment, privacy and dignity are respected and maintained during visiting times and that both patients and their carers are receptive to the needs of other patients and carers.

#### **4.4 Communicating with staff and people who use our services**

- All staff should be easily identified by use of name badges and uniform and should introduce themselves by name.
- Patients or service users should be listened to and their views, preferences and needs recorded and taken into account, giving them written and verbal information, giving explanations and choices.
- Staff should always be ready to alter speed, check and repeat or explain information in a different way to ensure understanding.
- All communications between staff and service users / patients and between colleagues should be conducted respectfully and professionally.
- Staff will ensure that they include the patient in all conversations held in front of them especially during personal care and intimate procedures.
- People and carers are enabled to communicate effectively; by the use of communication aids, or by the use of a competent translation and interpretation service which is available and accessible when required.

- An information leaflet, service user guide or pack outlining details of the service should be made available to service user as soon as possible.
- Staff should ensure that service users and carers have access to information relating to the Trust's PALS department, in order to raise concerns, make complaints or report compliments relating to privacy and dignity or any other issues.

#### **4.5 Confidentiality:**

- Patient/service user permission to share information should be sought including whether or not their next of kin is to be given information regarding their care and treatment. This should be recorded in the patient record.
- Provide, and be seen to provide, a confidential service to all patients.
- Obligated to keep patients personal identifiable information safe and strictly confidential
- Follow the Trust's Data Protection & Confidentiality Policy national legislation (General Data Protection Regulations May 2018, Data Protection Act 2018); and professional Codes of Conduct guidance when considering sharing patients' information.
- Refer to the Trust Chaperone Policy for further details.
- Patient information is shared to enable care, with their consent.

#### **4.6 Privacy, dignity and modesty;**

- Ensure service user/patient are treated with dignity at all times.
- Ensure service user/patient modesty is protected at all times and particularly where their modesty may be compromised e.g.: when wearing a hospital gown, moving between wards or ward areas, where the body other than the extremities is exposed, where patients are unable to preserve their own modesty, e.g. semi-conscious, sedated, and recovering from general anaesthetic or have cognitive impairment.
- To remain autonomous and independent wherever possible.
- To be cared for in an environment with high standards of cleanliness.

#### **4.7 Availability of an area for complete privacy**

- Make all patients and their relatives/carers aware of how to access a safe quiet private space on hospital premises.
- When this is an area with shared use ensure clear signs indicate when it is in use by a patient or relative
- Service users should have access to single sex quiet rooms.
- An area should be made available for service users for the purpose of meeting religious needs and following faith practices.

#### **4.8 Delivering Same Sex Accommodation (DSSA)**

4.8.1 Patients have a right to be cared for in a same sex environment and as such the Trust adheres to national policy to deliver this requirement. This is an important requirement and reference should be made to the application in the design of new facilities by all estates departments.

4.8.2 All mixed sex breaches must be reported using the Trust's incident reporting system Ulysses. National reporting via the Unify 2 system will take place once the breach has been confirmed. These breaches will be discussed with the service commissioners via the monthly meetings. A mixed-sex occurrence is defined as: *The placement of a patient within a clinical setting following admission, where one or more of the following criteria applies:*

- **Sleeping breach** -The patient occupies a bed space that is either next to or directly opposite a member of the opposite gender.
- **Bathroom breach** - The patient occupies a bed space that does not have access to single-sex washing and toileting facilities.
- **Walk through breach** - The patient must pass through an area designated for occupation by members of the opposite sex to gain access to washing and toileting facilities.

4.8.3 Where no clinical justification exists or where a clinical applied to mix sexes is no longer justified. All justifications must be supported by a risk assessment, an incident report and permission for a breach request from the Chief Nurse officer. Ulysses Safeguard reporting will entail selecting incident type “admission, discharge, transfer or referral issue” with a subcategory of “mixed sex accommodation breach.

4.8.4 Owing to the design of some the Trust properties there is a requirement for ward areas to accommodate both male and female patients / service users. Different sexes must be accommodated at separate ends of the ward with designated bathroom and hygiene facilities. Rooms located in the middle of these wards could be defined as ‘swing beds’ to accommodate either male or female patients’ dependent on the operational needs of the facility. These wards must have;

- A local standard operating procedure (SOP) which includes a plan of the layout of the ward area, the designated ‘swing beds’ and the methodology / decision making process of how these beds are managed.
- The decision to ‘swing’ these beds from one gender to another must be taken by the ward manager in consultation with the most senior person on site.
- These rooms must have specifically defined single sex bathroom facilities. Rooms which do not have associated single sex separate bathroom facilities cannot be used as ‘swing beds’.

4.8.5 Any breach of the DSSA requirements occurring as a result of this decision making must be reported on the Ulysses Safeguard incident report system which will be reported to the Safeguarding team and reported as a breach via the Unify 2 system and the Chief Nurse Officer.

4.8.6 Any breach must be recorded in the service user / patient clinical documentation and explained to the service user / patient under duty of candour guidance.

4.8.7 Some WCs and bathrooms contain specialist facilities (e.g. hoists) to make them accessible for disabled users. Such facilities may be used by both sexes as long as they are for use by one person at a time, are lockable from the inside (with external override), a risk assessment has been conducted and, where necessary, the service user is escorted by a member of staff. The ideal remains to have segregated accessible facilities where this is possible.

#### 4.9 Acceptable justification – i.e. NOT a breach

- In the event of a life-threatening emergency, either on admission or due to a sudden deterioration in a patient’s condition.
- Where a critically ill service user / patient requires constant one-to-one nursing care, e.g. in ICU
- Where a nurse must be physically present in the room/bay at all times (the nurse may have responsibility for more than one patient, e.g. level 2 care). This would be unacceptable if staff shortages or skill mix were the rationale.
- Where a short period of close service user / patient observation is needed e.g. immediate post-anaesthetic recovery, or where there is a high risk of adverse drug reactions.
- On the joint admission of couples or family groups.

#### **4.10 Unacceptable justification – i.e. a breach**

- Placing a service user / patient in mixed-sex accommodation for the convenience of medical, nursing or other staff, or from a desire to group patients within a clinical specialty.
- Placing a service user / patient in mixed-sex accommodation because of a shortage of staff or poor skill mix.
- Placing a service user / patient in mixed-sex accommodation because of restrictions imposed by old or difficult estate.
- Placing a service user / patient in mixed-sex accommodation because of a shortage of beds
- Placing a service user / patient in mixed-sex accommodation because of predictable fluctuations in activity or seasonal pressures.
- Placing a service user / patient in mixed-sex accommodation because of a predictable non-clinical incident e.g. ward closure.
- Placing or leaving a service user / patient in mixed-sex accommodation whilst waiting for assessment, treatment or a clinical decision
- Placing a service user / patient in mixed-sex accommodation for regular but not constant observation

4.10.1 The above are examples, and do not represent exhaustive lists. Each case should be considered on its own merits and members of staff should contact the Safeguarding Team if they are unsure if a breach has occurred or for advice. The Chief Nurse Officer must also be informed.

#### **4.11 Transgender and Non-Binary Service Users**

4.11.1 Transgender, or trans, is a broad, inclusive term referring to anyone whose personal experience of gender extends beyond the typical experiences of their assigned sex at birth. It may encompass one or more of a wide variety of terms, including (but not limited to) transgender, non-binary, gender queer. (Stonewall). In this document we will refer to trans and non-binary people, in practice recognising and acknowledging the gender expression of each individual patient.

4.11.2 Under the Equality Act 2010, individuals who have proposed, begun or completed reassignment of gender enjoy legal protection against discrimination. A trans 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.

4.11.3 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.

#### **4.12 General key points are that:**

- Trans people should be accommodated according to their presentation: the way they dress, and the name and pronouns they currently use.
- This may not always accord with the physical sex appearance of the chest or genitalia.
- It does not depend on their having a gender recognition certificate (GRC) or legal name change.
- It applies to toilet and bathing facilities (except, for instance, that pre-operative trans people should not share open shower facilities)
- Views of family members may not accord with the trans person's wishes, in which case, the trans person's view takes priority. However, this will have to be considered on a case by case basis taking account of areas where there may be individuals who may have been traumatised and may feel at risk whose rights will also have to be taken account of.

- No non-essential disclosure of the service user's transgender status or history, as these are subject to the same duty of confidentiality as any other patient information.

4.12.1 Patients who are detained in psychiatric hospitals, including secure facilities, may present with particular difficulties. A detained patient may have difficulty making a social gender role change and it is unlikely that such a patient would be able to judge from hospital as to whether it is possible for them to live in another gender in the community. However, there may be some patients for whom living in the community may never be feasible or not for some years and therefore appropriate accommodation needs to be made.

4.12.2 Non-binary individuals, who do not identify as being male or female, should also be asked discreetly about their preferences, and allocated to the male or female ward according to their choice.

#### **4.13 Maintaining same sex accommodation in the event of a major incident**

4.13.1 The Trust's Major Incident Plan sets out a framework for organisational response to any kind of major incident affecting service users and/or staff. This alongside the Business Continuity Plans for the Trust's individual services/departments will support the on-going provision of same sex accommodation during any such outbreak.

#### **4.14 DSSA and Day Surgeries**

4.14.1 Patients who require a general anaesthetic for treatment and are admitted to one of the hospital sites across Hampshire as day patients must have a proportionate level of consideration to ensure DSSA compliance is afforded to all patients. (Department of Health, Delivering Same Sex Accommodation in Day Surgery, Dec 2009).

4.14.2 Patients treated at all hospital sites will remain in their own clothing throughout their stay. Privacy screens should be used to ensure the patient's dignity is considered a priority at all stages during the procedure.

4.14.3 Any breaches to DSSA during day surgery will be reported through the DSSA incident reporting process.

4.14.4 Patients admitted to Trust sites for exercise and rehabilitation should be provided with treatment and care in a private and dignified environment.

#### **4.15 Facility Malfunction**

4.15.1 In the event of a facility malfunction discussion must take place with the service users to inform them of the issue and consideration should be taken regarding their wishes. All instances need to be reported as an incident.

### **5. Training requirements**

5.1 This Privacy and Dignity Policy does not have a specific mandatory training requirement, but the following training include privacy and dignity dependent on area of work:

- Safeguarding Adults and Children
- Dignity at Work
- Conflict Resolution Training
- Physical Intervention Training
- Equality and Diversity training
- Mental Capacity Act and Deprivation of Liberty

- Dementia Care
- Moving and Handling (People Handling)
- All Diploma programmes for Health and Health & Social Care (Previously NVQ's)

## 6. Monitoring Compliance

6.1 Success will be determined by the monitoring of Adverse Incident Reports related to breaches in same sex accommodation standards, and the completion of action plans implemented to meet the shortfalls that caused the breach. In the event of a sleep breach, a Nationally Specified Event, a thorough root cause analysis and remedial action plan (DH 2010 - NHS Standard Contract Schedule 3 parts 4a & 4b) will be completed under the direction of the Chief Nursing Officer

Element to be monitored	Lead	Tool	Frequency	Reporting arrangements
Patient Experience and Feedback	Patient Experience Leads	Report	Quarterly	Governance Structures TBC
Patient Led Assessment of the Environment (PLACE)	Patient Experience Leads	PLACE Assessment	Annually	Governance Structures TBC
Number of DSSA linked Complaints received	Complaints and PALS Manager	Report	Quarterly	Governance Structures TBC
Delivering Same Sex Accommodation self-declaration	Patient Experience Leads	Self-declaration Statement	Annually	Published on Trust Website
Monthly monitoring from inpatient and day surgery facilities	Quality and Performance	Monitoring form at Appendix B	Monthly	TBC

## 7 Document review

7.1 The document will be reviewed every 3 years, or sooner if changes in legislation occur or new best practice evidence becomes available.

## 8 Associated trust documents

### 8.1 Trust Policies

- Trust Safeguarding Policy
- Consent for Examination or Treatment Policy
- Mental Health Act Policy
- Chaperone Policy
- Professional and Personal Boundaries Policy
- Information Governance Policy
- Restrictive Practice Policy
- Data Protection & Confidentiality Policy
- Information Sharing Policy

## 9. Supporting references / information

- [SCiE \(2006\) Dignity in Care guide](#)
- [NHS Review \(2008\) Lord Darzi Report: High Quality Care for All](#)
- [DoH \(2010\) Essence of Care](#)

- [DoH \(2010\) Essence of Care - Respect and Dignity](#)
- [NEW-Delivering same sex accommodation sep2019.pdf \(england.nhs.uk\)](#)
- [Care Standards Act \(2000\)](#)
- [Mental Health Act \(1983\) - Code of Practice \(revised\)](#)
- [Human Rights Act \(1998\)](#)
- [The Sex Discrimination \(Amendment of Legislation\) Regulations \(2008\)](#)
- [Equality Act \(2010\)](#)
- [Public sector equality duty - GOV.UK \(www.gov.uk\)](#)
- [Protection from Harassment Act \(1997\)](#)
- [Gender Recognition Act \(2004\)](#)
- [Data Protection Act 2018](#)

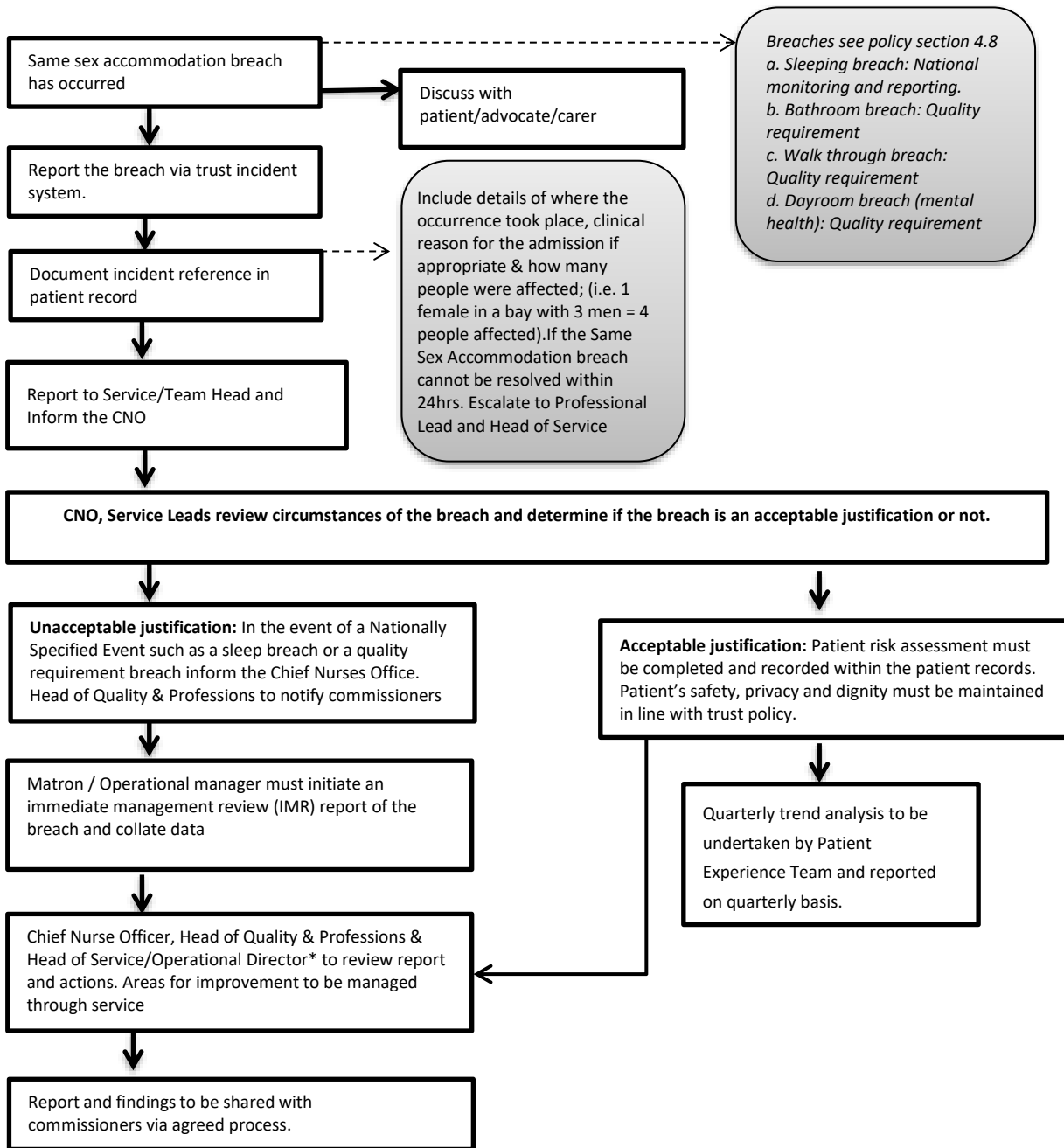
## 10. Equality Impact Assessment

The Equality Impact Assessment has been completed. Refer to Appendix C

## 11. Definitions and Glossary

Term	Definition
<b>Privacy</b>	Freedom from intrusion and embarrassment and relates to all information and practice that is personal or sensitive in nature to an individual. Privacy is a key principle, which underpins human dignity, and remains a basic human right and the reasonable expectation of every person.” Human Rights Act, 1998
<b>Dignity</b>	To treat someone with dignity is to treat them as being of worth, in a way that is respectful of them as valued individuals, being of equal value and worth irrespective of differences such as age, race, culture, gender, sexual orientation, social background, health or marital status, disability, religion or political conviction
<b>Respect</b>	Positive regard shown to a person as a human being; as an individual, by others, and demonstrated as courtesy, good communication, taking time and equal access
<b>Modesty</b>	Treatment being given in a manner which avoids unnecessary exposure and minimises anxiety and distress
<b>Delivering Same Sex Accommodation (DSSA)</b>	The Trust is required and committed to delivering same sex accommodation to enhance the privacy and dignity of services users. The Trust believes that every service user has the right to receive high quality care that is safe, effective and respects their dignity and this is one of the guiding principles of the NHS Constitution. There are no exceptions to delivering high standards of privacy and dignity and staff should always take the utmost care to respect this.

## Appendix A: Same Sex Accommodation Breach Notification Process





**Appendix B: Same Sex Accommodation Monthly report**

<b>Maintaining Same Sex Accommodation (MSSA) monthly report</b>	
Month	
Provider Organisation- specify ward	
Total number of mixed sex Occurrences: i. Sleeping breach ii. Bathroom breach iii. Walk through breach iv. Dayroom breach	
Total number of clinical justified mixed sex occurrences	
Total number of non-clinically justified occurrences	
Total number of incidents reported related to patient dignity	
Total number of patients who wear nightwear in communal areas/ during the daytime	
Total number of incidents related to faults with screens/ curtains/ failed locking systems/ swipe cards/ environment issues	
Total number of days where there has been a toilet / bathroom or shower room out of action for any period of time	
Total number of shifts where staff shortage /other issue has resulted in rushed or absence of personalised care	
Any minority group specific privacy Needs that have been identified/ require further improvement. ( Patients with learning disabilities, dementia, religious/ faith groups)	

**Please send form to: [TBC](#)**

## Appendix C: Equality Impact Assessment/ Analysis (EIA)

Step 1: Scoping and Identifying the Aims	
Service Line / Department	Community Engagement and Experience
Title of Change:	Privacy Dignity and Respect Policy
What are you completing this EIA for? (Please select):	Policy
Is this a new or existing activity or change?	New integrated policy document
What are the main aims / objectives of the changes?	This policy sets out our integrated policy bringing together SHFT, Solent and IOW policies and covers the privacy dignity and respect for the way that we work with all our service users.
What is the context for this EA? e.g., policy, practice, service proposal or project?	The policy additionally sets out guidance around maintaining same sex accommodation with instructions on monitoring and reporting any breaches. Reporting breaches is a national requirement.
Why is the activity/change needed? E.g., The policy or practice affect different “protected groups” differently?, enhancing of services	This policy is needed to ensure that all our service users regardless of whether they are a protected group or not that they are all treated with respect and dignity.
Name/s of people and Date undertaking analysis:	<ol style="list-style-type: none"> <li>1. Core of policy based on SHFT policy recently reviewed in 2023 and underwent full review</li> <li>2. Review of agreement of recommendations and policy – Director CEET Solent, Dep Director Experience and Engagement Southern and shared with Experience Leads IOW</li> <li>3. Writing and consultation of policy – Head of Community Engagement and Experience Solent NHS Trust</li> </ol>
Who will be affected by this activity/change? eg patients, service users, employees, wider community	<ol style="list-style-type: none"> <li>1. People who use services and their families and carers.</li> <li>2. People who provide services including managers and executives.</li> </ol>
Does it relate to an area with known inequalities?  E.g., access to service for disabled people, patients, service users with mental health conditions, racist bullying etc.	This policy applies to all our service users equally. It is important that all people are treated with dignity and respect when they access our services. We are aware that people most affected by health inequalities are less likely to raise a concern about their care and are potentially the ones likely to be impacted the most for example based on religious and cultural beliefs or gender.

	<p>In maintaining same sex accommodation elements of the policy it is recognised that staff will need to be more aware and sensitive regarding how they work with service users who may be of a different gender from that which they were assigned at birth.</p> <p>This policy supports our ambition to ensure that they are all protected and that every person has a good experience when they use our service. Analysis of patient feedback data will identify any areas of concern.</p>
EIA Schedule When will the EIA be reviewed?	Annually in line with the Trust Self declaration that will also be published annually

**Step 2: Assessing the Impact**

Detail any positive or negative impacts of this document /policy on patients and staff in the box below. If there is no impact, please select “not applicable”

Protected Characteristic	Positive Impact(s)	Negative Impact(s)	NA	Action to address negative impact: (e.g. adjustment to the policy)
<b>Sex</b> consider issues for: men and women, non-binary.	X			
<b>Gender reassignment</b> e.g. privacy of data and harassment	X			
<b>Disability</b> e.g., attitudes, physical, social barriers, visible and non-immediately visible disabilities, neurodivergence, learning disability	X			
<b>Age</b> e.g., consider all ages but there may be some issues that relate for example to older people/younger people	X			
<b>Sexual Orientation</b> consider heterosexual as well as lesbian, gay and bisexual (and other sexual orientations)	X			
<b>Pregnancy and maternity</b> e.g., childcare, working arrangements, part time working	X			
<b>Marriage and civil partnership</b>	X			
<b>Religion or belief</b> consider religions, beliefs, or no belief	X			
<b>Ethnicity / Race</b> e.g., language barriers, different ethnic groups/nationalities	X			
<b>Socio-economic factors</b>  e.g., resident status – socio economic/low-income groups, migrants, carers, impacts on children and families (please state)	X			

<b>Mental health</b> e.g. short term, long term, acute, fluctuating mental health conditions, impacts	X			
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**If you answer yes to any of the following, you MUST complete the evidence column explaining what information you have considered which has led you to reach this decision.**

Assessment Questions	Yes / No	Please document evidence / any mitigations
In consideration of your document development, did you consult with others, for example, external organisations, service users, carers or other voluntary sector groups?)	Yes	<p>This policy is an amalgamation of policies from the three Trusts that have recently had extensive consultation with different groups including both staff service users and carers community.</p> <p>The report has been shared with community partners and patient safety partners.</p>
Have you taken into consideration any regulations, professional standards?	Yes	<ul style="list-style-type: none"> <li>• <a href="#">SCiE (2006) Dignity in Care guide</a></li> <li>• <a href="#">NHS Review (2008) Lord Darzi Report: High Quality Care for All</a></li> <li>• <a href="#">DoH (2010) Essence of Care</a></li> <li>• <a href="#">DoH (2010) Essence of Care - Respect and Dignity</a></li> <li>• <a href="#">NEW- Delivering same sex accommodation sep2019.pdf (england.nhs.uk)</a></li> <li>• <a href="#">Care Standards Act (2000)</a></li> <li>• <a href="#">Mental Health Act (1983) - Code of Practice (revised)</a></li> <li>• <a href="#">Human Rights Act (1998)</a></li> <li>• <a href="#">The Sex Discrimination (Amendment of Legislation) Regulations (2008)</a></li> <li>• <a href="#">Equality Act (2010)</a></li> <li>• <a href="#">Public sector equality duty - GOV.UK (www.gov.uk)</a></li> <li>• <a href="#">Protection from Harassment Act (1997)</a></li> <li>• <a href="#">Gender Recognition Act (2004)</a></li> <li>• <a href="#">Data Protection Act 2018</a></li> </ul>

### Step 3: Review, Risk and Action Plans

Low – No major change	Medium - Adjust the policy	High – Stop and remove
The activity is robust and there is no potential for discrimination, and you have taken all appropriate opportunities to advance and foster relations between groups.	This involves taking steps to remove barriers or to better advance equality. It can mean introducing measures to mitigate the potential effect.	If there are adverse effects that are not justified and cannot be mitigated, you will want to consider stopping the policy/project altogether. If the activity shows unlawful discrimination, it must be removed or changed.

<b>How would you rate the overall level of impact / risk to the organisation if no action taken?</b>	Low	Medium	High
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>What action needs to be taken to reduce or eliminate the negative impact?</b>	If the above points are fully addressed and answered this will ensure that workstreams are inclusive by design.
<b>Who will be responsible for monitoring and regular review of the document / policy?</b>	The OD workstream Each workstream will be accountable for their own EIA – support will be available from EDI teams across all 4 Trusts to ensure they are robust.

**Step 4: Authorisation and sign off**

*I am satisfied that all available evidence has been accurately assessed for any potential impact on patients and groups with protected characteristics in the scope of this project / change / policy / procedure / practice / activity. Mitigation, where appropriate has been identified and dealt with accordingly.*

<b>Equality Assessor:</b>	<b>Anastasia Lungu-Mulenga Head of Community Engagement and Experience, Solent NHS Trust</b>	<b>Date:</b>	<b>29 December 2023</b>
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**Additional guidance**

Protected characteristic		Who to Consider	Example issues to consider	Further guidance
1.	<b>Disability</b>	A person has a disability if they have a physical or mental impairment which has a substantial and long term effect on that person’s ability to carry out normal day today activities. Includes mobility, sight, speech and language, mental health, HIV, multiple sclerosis, cancer	<ul style="list-style-type: none"> <li>• Accessibility</li> <li>• Communication formats (visual &amp; auditory)</li> <li>• Reasonable adjustments.</li> <li>• Vulnerable to harassment and hate crime.</li> </ul>	Further guidance can be sought from: Disability Network and EDI teams
2.	<b>Sex</b>	A man or woman	<ul style="list-style-type: none"> <li>• Caring responsibilities</li> <li>• Domestic Violence</li> <li>• Equal pay</li> <li>• Under (over) representation</li> </ul>	Further guidance can be sought from: HR and EDI Teams
3	<b>Race</b>	Refers to an individual or group of people defined by their race, colour, and nationality (including citizenship) ethnic or national origins.	<ul style="list-style-type: none"> <li>• Communication</li> <li>• Language</li> <li>• Cultural traditions</li> <li>• Customs</li> <li>• Harassment and hate crime</li> <li>• “Romany Gypsies and Irish Travellers”, are protected from discrimination under the ‘Race’ protected characteristic</li> </ul>	Further guidance can be sought from: BAME Networks and EDI Teams

4	<b>Age</b>	Refers to a person belonging to a particular age range of ages (eg, 18-30 year olds) Equality Act legislation defines age as 18 years and above	<ul style="list-style-type: none"> <li>• Assumptions based on the age range</li> <li>• Capabilities &amp; experience</li> <li>• Access to services technology skills/knowledge</li> </ul>	Further guidance can be sought from: HR and EDI Team
5	<b>Gender Reassignment</b>	“ The expression of gender characteristics that are not stereotypically associated with ones sex at birth” World Professional Association Transgender Health 2011	<ul style="list-style-type: none"> <li>• Tran’s people should be accommodated according to their presentation, the way they dress, the name or pronouns that they currently use.</li> </ul>	Further guidance can be sought from: LGBT+ Network Group and EDI Teams
6	<b>Sexual Orientation</b>	Whether a person’s attraction is towards their own sex, the opposite sex or both sexes.	<ul style="list-style-type: none"> <li>• Lifestyle</li> <li>• Family</li> <li>• Partners</li> <li>• Vulnerable to harassment and hate crime</li> </ul>	Further guidance can be sought from: LGBT+ Network and EDI Teams
7	<b>Religion and/or belief</b>	Religion has the meaning usually given to it but belief includes religious and philosophical beliefs, including lack of belief (e.g Atheism). Generally, a belief should affect your life choices or the way you live for it to be included in the definition. (Excludes political beliefs)	<ul style="list-style-type: none"> <li>• Disrespect and lack of awareness</li> <li>• Religious significance dates/events</li> <li>• Space for worship or reflection</li> </ul>	Further guidance can be sought from: Multi-Faith Network, Chaplain
8	<b>Marriage</b>	Marriage has the same effect in relation to same sex couples as it has in relation to opposite sex couples under English law.	<ul style="list-style-type: none"> <li>• Pensions</li> <li>• Childcare</li> <li>• Flexible working</li> <li>• Adoption leave</li> </ul>	Further guidance can be sought from: HR and EDI Teams
9	<b>Pregnancy and Maternity</b>	Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth and is linked to maternity leave in the employment context. In non-work context, protection against maternity discrimination is for 26 weeks after giving birth.	<ul style="list-style-type: none"> <li>• Employment rights during pregnancy and post pregnancy</li> <li>• Treating a woman unfavourably because she is breastfeeding</li> <li>• Childcare responsibilities</li> <li>• Flexibility</li> </ul>	Further guidance can be sought from: HR and EDI team

# Transgender and Non-Binary Inclusion Policy

## Version 1

<b>Summary</b>	<p>Policy details the support and guidance for Managers and our workforce to support Transgender and non-binary people and the responsibilities under the Equality Act (2010), Gender Recognition Act 2004, Human Rights act 1998.</p> <p>In addition, it provides guidance on expectations of patients, carers and visitors within the Trust and what staff can do in relation to managing this.</p>	
<b>Keywords</b>	Transgender, Non-Binary, Trans, gender identity, gender expression, Ally, Gender Dysphoria, Cis or Cisgender, Bi-gendered, Inclusion, Policy	
<b>Target audience</b>	All staff	
<b>Date issued</b>	May 2024	
<b>Approved &amp; Ratified by</b>	Workforce Steering Group	<b>Date of meeting:</b> February 2024
<b>Next review date</b>	June 2025 (as recommended in best practice guidance: Leading for All)	
<b>Author</b>	Debbie Robinson, Equality, Diversity, Inclusion and Belonging Strategic and Operational Partner	
<b>Executive Director</b>	Chief People Officer	

***Policies can only be considered to be valid and up-to-date if viewed on the respective organisations' intranet. Please visit the intranet for the latest version.***

***This policy applies to Solent NHS Trust and Southern Health NHS Foundation Trust – readers should interpret any organisational names to apply equally to both organisations. Any points of clarification required in terms of interpretation should be directed to the Lead Executive Director***

The **Equality Impact Assessment** has been completed and is attached as an appendix to this document.

## Version Control

### Change Record

Date	Author	Version	Page	Reason for Change
10.05.2024		1		Added Solent logo and additional text to front cover

### Reviewers/contributors

Name	Position	Version Reviewed & Date
People Forum		V1
LGBTQ+ Staff Network		V1
Staff Side representatives		V1
Policy Steering Group		V1



# Transgender and Non-Binary Inclusion Policy

## Information on a page

This page summarises the key information or key steps in a process to follow. This does not negate the need to be aware of and to follow the further detail provided in the document.

This policy outlines how we will support our Trans and non-binary colleagues, either those who have transitioned socially and/or medically before joining the organisation, and those who are transitioning whilst employed by the Trust.

Specifically, the policy aims to:

- Ensure all staff who are in the process of transitioning socially and/or medically are supported without judgement, fairly and with dignity and respect at all stages in their employee life cycle within the Trust.
- Make all Managers aware of their duty under the Equality Act (2010) to eliminate discrimination, harassment and victimisation and role model inclusive and compassionate leadership in line with our values
- advise where to go and what will happen if someone experiences or witnesses Transphobic discrimination.
- advise on support for an employee transitioning
- provide information/inform how Trans and non-binary equality will be promoted and monitored in the organisation.
- support for those with a family member who is transitioning

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# Transgender and Non-Binary Inclusion Policy

## 1 Introduction

- 1.1 Our vision and strategy set out our values, set out ambition, the way we deliver that ambition and how we work together (culture).
- 1.2 Hampshire and Isle of Wight NHS Foundation Trust (the Trust) is committed to being an inclusive employer and ensuring every one of our people can be themselves in the workplace and fulfil their potential without fear of discrimination. This includes colleagues whose gender identity doesn't match the gender they were assigned at birth and who may identify themselves as Transgender, Trans and Non-Binary and those whose gender identity cannot be defined within the margins of the gender binary: man or woman.

All employees are expected to align with our values and role model inclusive and compassionate leadership at every level, in line with our corporate objectives, vision and mission to provide excellent patient care, continually improve and create a great place to work.

This policy will also be drawn to the attention of students on clinical placement, work experience, contractors, agency, and other visiting workers (whether NHS or non-NHS employees). The Trust expects these groups to conform to the spirit and intention of the policy.

The Equality Act 2010 (the Act) includes gender reassignment as an explicit protected characteristic, alongside, age, disability, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation. The Act requires public bodies take due regard of the need to eliminate discrimination, harassment and victimisation, the need to promote equality and inclusion in everything we do.

**It is recommended this policy is reviewed every 2 years, or sooner if required, to consider the rapidly changing social landscape and the updating and flexibility of terms and definitions. (Reference: Leading for all: supporting trans and non-binary healthcare staff report June 2023).**

This document has been developed to be read using accessibility tools. The bullet point numbers have been reduced, asterisk and other symbols removed to improve readability with specialist software and the background colour changed to improve contrast.

## 2 Scope

This policy applies to locum, permanent, and fixed term contract employees (including apprentices) who hold a contract of employment or engagement with the Trust, and secondees (including students), volunteers (including Associate Hospital Managers and Patient Safety Partners), bank staff, Non-Executive Directors and those undertaking research working within the respective organisations in line with the respective Equality, Diversity and Human Rights Policy. It also applies to external contractors, agency workers, and other workers who are assigned to the respective organisations.

## 3 Duties and responsibilities

The corporate responsibility for this policy lies with the Board and Executive Management Team, including monitoring and implementation.

Responsibility is delegated from the Board to The Chief People Officer (CPO) as the Senior Responsible Officer (SRO) for equality, diversity, inclusion and belonging. Their role is to oversee

that this policy is implemented and monitored to ensure that the Trust takes effective action to tackle unlawful discrimination.

The Associate Director of Equality Diversity, Inclusion and Belonging leads on the equality, diversity, inclusion and belonging workstream and monitors progress for the Trust. To ensure that it provides equality with regards to access, experience, and outcomes.

Operational Directors, Associate Directors and Heads of Service are responsible for ensuring Line Managers are aware of their responsibilities to adhere to this policy and procedures. Managers are role models for the behaviours required and must therefore behave according to the standards of fairness and equal treatment in the way that they recruit, communicate, manage performance, promote and maintain discipline.

They must identify problems and take action where they perceive it to be appropriate, maintaining good communication, listening carefully and investigating objectively. The Trust is responsible for ensuring that managers and employees receive appropriate training and guidance in respect of gender equality and in particular the application in Recruitment and Selection.

Equality and diversity are included in the induction training for all new staff. Training on recruitment and selection is available to all managers. The Recruitment and Resourcing team are responsible for processing the records of existing and new employees and job applicants and taking follow-up action, based on this information, as required.

Every employee has a personal responsibility for their own behaviour and must treat their colleagues with respect and fairness.

Staff should act at all times in accordance with their own professional Code of Conduct, the Equality, Diversity, Inclusion and Belonging Policy and the Bullying & Harassment policies and guidelines.

## **4 Policy Definition**

Transgender is an umbrella term covering a range of identities that transgress socially defined gender norms. Trans with an asterisk is often used in written forms (not spoken) to indicate that you are referring to the larger group nature of the term, and specifically including non-binary identities, as well as Trans gender men (Trans men) and Trans gender women (Trans women)

For the purposes of this document, we will use the term Trans and Non-binary as overarching references to all gender identities and expressions. (The asterisk will not be used, as this may conflict with accessibility tools).

Where it refers to 'gender identity', it covers both the fixed identity of people living in the gender of their birth and the more fluid identities of many Trans and Non-Binary people

The term "Lived Gender" has been used in this document in place of the Equality Act (2010) term of "Acquired Gender". We believe this term is more inclusive and representative of today's experience of Transgender and Non-Binary people

### **4.1 Purpose**

The Purpose of this policy is to assist managers and employees with practical information on workplace support and guidance and ensure that the provision for Trans and Non-Binary employees is responsive to individual need, is prejudice free, and challenges any discrimination individuals may experience.

The Trust is committed to go beyond its legal duties to provide protection on the grounds of gender identity and gender expression. Trans and Non-Binary people should be protected from discrimination and harassment at all times, not solely when they are transitioning.

The definition of 'gender reassignment' is used in the Equality Act 2010, this does not accurately reflect the process of transitioning. Both the Equality Act 2010 and the Gender Recognition Act 2004 are clear that gender reassignment need not involve any medical intervention.

The Trust is committed to ensuring Trans and Non-Binary employees are treated with dignity and respect and are supported to perform their roles free from harassment, unfair discrimination, and unnecessary barriers.

All staff should act in accordance with the Trust's values. A fundamental characteristic to the values is our ability to both give and receive feedback in a positive and insightful way.

The Respectful Resolution guides and resources will be available to all staff in summer 2023, providing support mechanisms and guidance on how we can be kind with each other, to foster good relations and mutual understanding.

## 5 Legislative Framework

### 5.1 Equality statement

This policy outlines the Trust's position in relation to Equality, Diversity, Inclusion and Human Rights and the protected characteristic of gender reassignment. Everyone has the right to be treated with dignity and respect, and the Trust is committed to creating a culture in which equality, diversity, inclusion, human rights and belonging are promoted actively and whereby unlawful discrimination is not tolerated.

The legislation surrounding this is explained in the Trust's **Equality, Diversity, Inclusion, Belonging and Human Rights Policy**, including a list of the **9 protected characteristics**. (These are listed in the introduction section of this policy)

The Trust is subject to the **Public Sector Equality Duty (PSED)** and the details of this are in **Equality, Diversity, Inclusion, Belonging and Human Rights Policy**.

The Trust has a statutory responsibility to have due regard to the **Equality Act 2010** and the **Human Rights Act 1998**. It is therefore essential that a culture is created where unlawful discrimination is unacceptable and will not be tolerated. The **roles and responsibilities** of all employees and volunteers in relation to equality, diversity, inclusion and human rights are outlined in the **Equality, Diversity, Inclusion, Belonging and Human Rights Policy**.

It is imperative that there is a commitment from all our people to embed equality, diversity, inclusion, belonging and Human Rights in all that we do.

### 5.2 Due Regard

The Trust will ensure that Due Regard for equality is taken and as such will undertake an analysis of equality (assessment of impact) on existing and new policies in line with the Equality Act 2010. This process will help to ensure that:

- Strategies, policies and procedures and services are free from discrimination.
- Hampshire and Isle of Wight Healthcare Foundation NHS Trust complies with current equality legislation.
- Due regard is given to equality in decision making and subsequent processes.

- Opportunities for promoting equality are identified.

Please refer to the equality impact assessment in **Appendix B** of this policy.

### **5.3 Gender Recognition Act 2004**

In the Equality Act 2010 (the Act) 'gender reassignment' is named as an explicit protected characteristic, alongside, age, disability, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation. The Act requires public bodies take due regard of: the need to eliminate discrimination, harassment and victimisation; the need to promote equality and the need to promote good relations.

In the past, a person's legal gender was defined by their birth certificate and could not be changed. The Gender Recognition Act 2004 means that people can now apply to gain recognition of their preferred gender identity for legal purposes. A person whose birth was registered in the UK is entitled to a new birth certificate reflecting their lived gender.

The Gender Recognition Act 2004 provides a mechanism to allow transgender people to apply for legal recognition to their preferred gender. There are four elements that require compliance to make an application:

Been living fully in their preferred gender for at least 2 years and

- Have been under medical supervision and assessed as having gender dysphoria now or in the past and
- Are either unmarried, or in a protected marriage where both parties consent to continuing the marriage after the issuing of a full Gender Recognition Certificate (GRC). If in a civil partnership, this must be converted to a marriage before being able to receive a full GRC.
- Are able to declare that they intend to live permanently in their new gender for the remainder of their life.

The requirement for medical supervision to take place as part of a process of transitioning has been removed so someone who simply changes the gender in which they live without ever going to see a doctor is protected.

Not all transgender and non-binary people will change their legal gender, due to personal choice and/or it being an invasive, lengthy process. It should also be noted that under current UK law, a person is unable to change their legal gender to an option other than 'Man' or 'Woman'.

### **5.4 Human Rights Act (1998)**

In addition to the above core legislation transgender equality is also contained within the Human Rights Act 1998. This Act incorporated the European Convention of Human Rights into UK law. It also gave all public authorities a General Duty to ensure that everybody should be treated equally and with dignity, no matter what their circumstances.

## **6 Support process**

Whoever a member of staff approaches must assure the individual that the Trust will be as supportive as possible. They can provide peer and moral support for the staff member if they wish to arrange a meeting with their Line Manager to discuss transitioning or their gender expression, or signpost to other people who can provide practical help and support. This could be a member of staff in the Trust, LGBTQ+ staff network, a People Partner, member of the Chaplaincy team, Trade Union Representative or Freedom to Speak Up Guardian.

The Occupational Health and Wellbeing Practitioners are available to provide confidential support to all employees. Contact details for the wellbeing support are on the staff portal or intranet.

### **Support for those with a family member or close friend who is transitioning**

Supporting a family member or close friend who is transitioning or exploring their gender identity can bring up a lot of feelings, especially if it's a close relationship such as a parent, child or partner.

Finding the right support and safe space to express these feelings is important, as they may not be able to discuss these with their relative or friend and be struggling to come to terms with what is happening.

There are a number of external organisations, in addition to the in-house services listed above, who can provide support:

- Mermaids is a charitable organisation that helps gender diverse children, young people and their families. [Homepage - Mermaids \(mermaidsuk.org.uk\)](https://mermaidsuk.org.uk)
- Beyond Reflections. A charity supporting transgender, non-binary and questioning people, their families and close friends in England & Wales. [Beyond Reflections \(beyond-reflections.org.uk\)](https://beyond-reflections.org.uk)

## **6.1 The first meeting**

- Sensitively seek to listen and understand the process the individual is going through, with a compassionate and supportive approach.
- Understand where they are in their transition journey and be led by their needs as a priority.
- Provide the space and time for them to explore their gender expression in the workplace at a pace and scale of their choosing.
- Work together on the support and consideration they will need from the rest of the team or within the organisation. Consider using the template communications that are available on the Staff Portal under Equality, Diversity, Inclusion and Belonging, LGBTQ+ staff network.
- Unless the employee specifically asks for a change in role or work area this should not be discussed. Every possible effort must be made to ensure that the individual can continue in their role. This means making specific adjustments so that they can work in an environment that is inclusive and promotes mutual respect.
- Keep the focus on what support the individual needs and wishes to share with you, not the needs of the organisation or its processes. Asking inappropriate questions about a person's gender assignment at birth is invasive and potentially very hurtful. You do not need to know what a person's primary or secondary characteristics are or reasons for transitioning or gender expression unless they wish to share with you.
- Never disclose a person's trans status or gender identity history to anyone without the express permission of the individual. This is protected within the Equality Act 2010 and there is a legal consequence of disclosure without consent.
- As with all personal conversations between Managers (or colleagues) and staff, Trans and non-binary people have the right and expectation of maintaining control over who their gender preference is shared with.
- Confidentiality, privacy and dignity rules apply to every member of staff, without exception.
- Be honest about what you don't know or understand.
- Commit to developing your own knowledge and understanding as an ally.
- Agree a way forward together on communication, meetings and progressing agreed actions.
- Seek advice from your People Partner on the processes to change name or gender identity in personnel records if this is requested, **never disclosing personal information of the individual without their express written consent.**

- Discuss the use of facilities and support the individual to access the most appropriate ones for them. Advice on gender neutral facilities and their location is available through the Estates team.

## **6.2 Organisational processes**

The trust will not inform colleagues, clients or the public that an employee is transitioning without the employee's explicit agreement as it is a criminal offence to disclose this status of an employee without their consent.

If appropriate, the line manager will seek advice from the Communications team on dealing with any interest from the media.

### **Change in Social Gender**

If the member of staff lives full-time in their affirmed gender, this may lead to name and other records requiring to be changed formally. As part of this process the member of staff will decide the appropriate point when a form of dress and the use of single sex facilities will be adopted in accord with their new/affirmed gender. These issues must be discussed fully with the member of staff.

To transition socially, or 'come out', the employee is not required to have transitioned medically prior to this, nor expected to do so in the future.

### **Personal staff record**

The individual staff member will be encouraged to manage the process of changing their personal records themselves. Support will be available from the People Partners and Pensions Officer to guide them through the process. There are no costs applicable to changes of name or gender within any staff records.

The employee and their manager may find it useful to consider a checklist to clarify the actions that will be taken over the course of the employee's transition, dates by which these will be done, and the person who will take responsibility.

A template is available on the staff portal or intranet with a list of suggested records and systems to consider (under equality, diversity, inclusion and belonging).

### **Facilities**

The individual should be fully supported in using all facilities appropriate to their lived gender. Managers need to have explored all reasonable means to support the individual staff member accessing the facilities they have expressed as the most appropriate for them.

Offering accessible or disabled facilities is not an acceptable long-term solution, attributing Trans or non-binary status to a disability is inappropriate. Where facilities such as showers and toilets are not gender neutral, Line Managers should liaise with Estates and Facilities and discuss how existing provision can be adapted to make them gender neutral. The Estates and Facilities team are committed to ensuring all future facilities will be refurbished with gender neutral signage and facilities. Some limitations may apply where our building stock is leased, managed by an external agent or the age and design of the building is very restrictive. Line Managers can request support from the Estates team to review and advise on the availability of gender neutral facilities within or close to their work area.

### **Uniform**

In line with our Uniform and Dress Code policy, individuals will be supported to wear the clothing they feel best represents their gender identity.



Staff can request a new name badge to be ordered through their Line Manager.

### **Managing leave**

If the staff member is undergoing medical and surgical procedures related to their transition they may require time off from work. The organisation's policy for managing sickness absence, special leave and annual leave should be referred to for guidance.

### **Reasonable adjustments**

Managers should try to be as flexible as possible to meet requests for reasonable adjustments, within the needs of the service. Guidance can be found in the flexible working guidelines and reasonable adjustments guidance on the staff portal or intranet.

### **Recruitment and Selection**

It should not be expected that applicants and interviewees for employment would necessarily wish to disclose if they are transgender and/or non-binary. Many have experienced prejudice and harassment as a result of this disclosure.

It is not a question that should be asked at interview, as it is not a relevant criterion in selection.

There is no obligation for a transgender and/or non-binary person to disclose their status as a condition of employment.

If they choose to disclose, this is not in itself a reason for not offering employment and non-disclosure, or subsequent disclosure, are not grounds for dismissal.

Individuals involved in the recruitment and selection process that become aware of an applicant's transition must maintain full confidentiality in relation to this issue as indicated in the legislation.

### **Genuine Occupational Requirement**

Within the Equality Act (2010) there is a provision for lawful discrimination in exceptional and very limited circumstances.

An employer may discriminate lawfully where, having regard to the nature or context of the work, being of a particular sex, race, disability, religion or belief, sexual orientation or age, or not being a transgender person, married or a civil partner, is an occupational requirement.

In the case of Transgender applicants, the employer must show that there is a genuine occupational requirement that the job must be done by someone of a particular sex and that it is reasonable to prevent the transgender person from doing the job as a result.

By clearly stating in the advert for a role the limited circumstances in which the employer has determined they would not be able to employ a Transgender individual, this offers the opportunity for such people to qualify themselves out.

### **References**

If giving a reference for someone moving to a new job, a reference should be in the name which will be used in the new job and not disclose a former name. It may sometimes be necessary for a transgender or non-binary person to disclose a previous identity for references from past employers to be obtained. In these cases, strict confidentiality and respect for dignity should be applied and information kept secure.

If a person has obtained a Gender Recognition Certificate there must be no disclosure of previous gender information without the express written permission of the individual, this constitutes a criminal act, subject to a maximum £5,000 fine.

### **Birth Certificates**

A provision within the Gender Recognition Act 2004 enables a person to obtain a new birth certificate which will not disclose the fact that they changed gender. This only applies to those who have a UK registered birth certificate.

A birth certificate can only be changed to 'Male' or 'Female', meaning non-binary people are unable to change their birth certificate to reflect their lived gender.

An employee's birth certificate is not 'proof' of their gender, and the individual's lived gender should be respected regardless of their birth certificate.

### **Work Permits**

Staff who are working in this organisation on a work permit or student visa are asked to comply with any work permit/visa regulations which may relate specifically to name change or transition in order that the work permit/visa continues to be valid.

### **Professional Registration**

Those staff who are professionally registered are advised to contact their professional bodies to find out whether there are any specific requirements in terms of name changes etc. If the employer has to keep evidence of professional status or qualifications, they should discuss with the member of staff how to retain such evidence on file so as not to compromise or breach disclosure of protected information.

### **Pensions**

A transgender or non-binary person who receives a full gender recognition certificate will be treated according to their lived gender for state pension purposes. Those who do not obtain a gender recognition certificate retain their state pension rights in accordance with the sex that is recorded on their birth certificate. For further information about their state pension the employee should contact the Department of Work and Pensions.

If the employee is a member of the NHS Pension scheme, they should consider discussing their transition with the local pension's officer. If they are unable to do this, they can consider asking the person who has been their main point of contact to disclose the information on their behalf. However written consent should be obtained before the main point of contact engages in any communication with the pension's officer.

### **Disclosure and Barring Service (DBS Checks)**

All NHS staff who have contact with patients are required to apply for a Disclosure Barring Service check. Part of this process involves a strict requirement for applicants to state all previous names and aliases. The last page of the form then has to be completed by the Registered Person who verifies the content and evidence supplied. This can create anxiety about the implications of this for transgender and non-binary applicants and existing staff.

The Disclosure and Barring Service provide guidance and information regarding the sensitive applications route for transgender applicants, if they do not wish to disclose their previous identity to the person who asked them to complete the form. For further information please contact the DBS:

email: [sensitive@dbs.gsi.gov.uk](mailto:sensitive@dbs.gsi.gov.uk)

telephone: 0151 676 1452

Further information is available on their website: [Transgender applications - GOV.UK \(www.gov.uk\)](https://www.gov.uk/transgender-applications)

Any queries from applicants regarding DBS checks should be signposted to the recruitment support teams so they can ensure the most appropriate service is accessed, confidentially.

### **6.3 Raising Concerns**

The Trust is committed to ensuring anyone who raises a concern or complaint is treated fairly, with dignity and respect and without fear of discrimination.

We recognise the majority of people don't come to work to cause harm and therefore an early response to situations is encouraged to stop unwanted behaviours and to resolve issues quickly. Hampshire and Isle of Wight Healthcare Foundation NHS Trust has a no tolerance approach to intentional bullying or unacceptable behaviours, and these will be investigated, and appropriate actions taken.

Employees are encouraged to raise their concerns directly with their line manager. Where this is not possible or appropriate, they can approach People Partners. Freedom to Speak Up Guardian, Quality and safety team, Chaplaincy team, Staff side representatives or the staff inclusion networks for trusted peer to peer support in their safe space meetings.

The Respectful Resolution guide suite have been developed to provide information, guidance and support pathways to resolving conflict and addressing inappropriate behaviours. These guides will be available on the staff portal for staff and managers.

Allegations, concerns or incidents are investigated under the investigation policies and processes. Matters of misconduct are managed using the managing conduct policy and processes.

The Freedom to speak Up policy gives our people the freedom to speak up and to raise concerns provides advice and guidance to access this support service. Full details of the policy and contact details for the Freedom to Speak Up Team are available on the staff portal or intranet.

#### **Additional guidance and policies:**

The local Fraud, Bribery and Corruption policy provides guidance on how to raise a concern and links to the Trust's local Counter Fraud Specialist. This guidance is available on the staff portal or intranet.

#### **Incident reporting systems**

All Trust staff are encouraged to report incidents, near misses, excellent reports, complaints, compliments and risks through the incident reporting system. This can be anonymous.

#### **Hate Crime and Hate Incidents**

A hate crime or hate incident is when someone is hostile to another person because of their disability, nationality, race, religion, sexual orientation, or Transgender identity.

There is a robust reporting process for these incidents in the incident management systems.

## 7 Training requirements

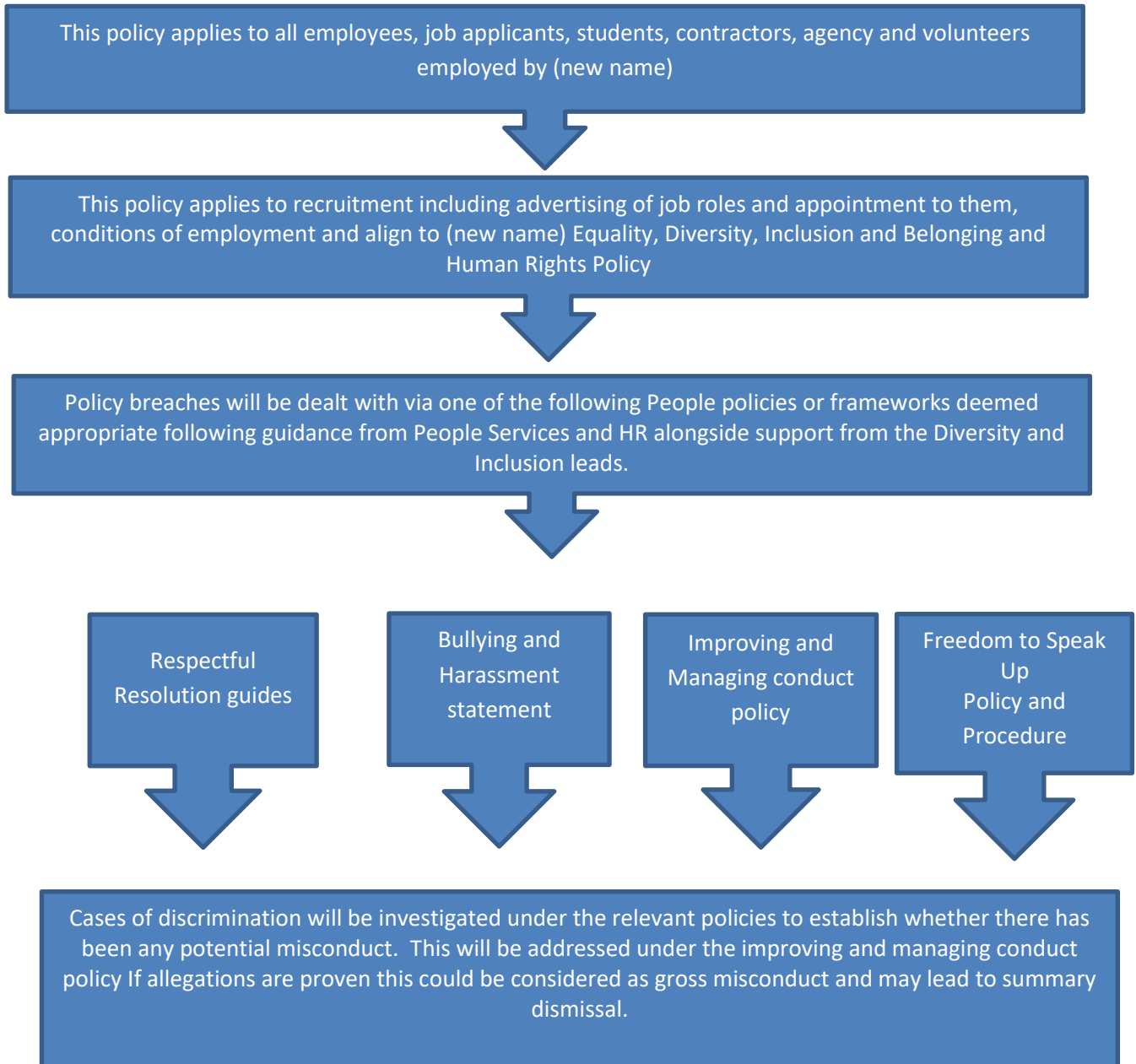
All employees of Hampshire and Isle of Wight Healthcare Foundation NHS Trust must undertake training in equality, diversity inclusion and belonging on induction and at core mandatory training updates.

Additional resources are available on the Equality, Diversity, Inclusion and Belonging Staff Portal page and the staff network pages.

Training topic:	Transgender and Non-Binary gender learning and development
<b>Type of training</b>	<input type="checkbox"/> Mandatory <input type="checkbox"/> Role specific <input checked="" type="checkbox"/> Personal development
<b>Directorate(s) to which training is applicable</b>	All Clinical service lines and Corporate teams
<b>Staff groups requiring training</b>	All staff
<b>Update Requirements</b>	There is no specific mandatory training module. All staff undertake mandatory training modules which includes equality, diversity, inclusion and belonging when starting at the trust and at required updates. Additional online resources can be accessed by teams or individuals and additional information and guidance is available through the EDIB team and the staff LGBTQ+ network.
<b>Who is responsible for delivery of training</b>	Equality, Diversity, Inclusion and Belonging team. Resources are accessible through equality, diversity and inclusion Learning and Development portal.
<b>Have resources been identified?</b>	Yes. Resources are available on the staff portal and intranet.
<b>Learning and Development plan agreed?</b>	No

## 8 Monitoring Compliance

This policy will be monitored and reported through the annual Equality, Diversity Inclusion and Belonging report, based on performance against equality objectives and actions outlined in the work plan and related Equality Delivery System (EDS) objectives.



## 9 Dissemination and Implementation

This policy will be communicated through the Trust Policy Group, equality, diversity, inclusion and belonging team and the staff networks.

The policy will also be available on the Trust website and intranet site and communicated through the Trust Communications.

Implementation of the policy will be carried out through appropriate training and communication.

## 10 Document review

The document will be reviewed every 3 years, or sooner if changes in legislation occur or new best practice evidence becomes available.

## 11 Associated trust documents and supporting references

### 11.1 Standards and performance indicators

- Staff Survey Results
- Complaints
- Equality, Diversity, Inclusion and Belonging annual report
- Staff retention and turnover reports
- Hate crime incident reporting.
- Freedom to Speak Up annual report.
- Sexual Orientation Monitoring Standard
- Workforce Race Equality Standard
- Workforce Disability Equality Standard

### 11.2 References

The policy was drafted with reference to a broad range of resources, best practice and practical guidance from multiple organisations. The references listed below may change their information and advice and should not be accessed as single points of expertise.

- [Equality Act 2010](#)
- [Gender Recognition Act 2004](#)
- [Human Rights Act 1998](#)
- [Unison Trans equality model policy](#)
- [Co-Operative Society Trans and non-binary inclusion statement](#)
- [Trade Union Congress – resources on workplace LGBTQ+ discrimination](#)
- [Trans, A practical guide for the NHS - recommended reading for more detailed information and guidance – focus on Chapter 6: Employing and Retaining Trans People.](#)
- Press for Change – Leading experts in Trans law. (the website for this organisation does not have a current security certificate. This should be considered when accessing)
- [Gender Trust – Transgender Laws, Gender Recognition Act](#)
- [Beyond Reflections](#) – Specialist local charity supporting transgender and questioning people, families, and close friends.
- [Stonewall](#)
- [Leading for all: supporting trans and non-binary healthcare staff | NHS Confederation](#) The full report, published in June 2023, is available on this link and is also available on Staff Portal, on the LGBTQ+ staff network page.

**This policy is underpinned by the following:  
(Policy titles will be confirmed for the new organisation through Fusion steering groups)**

- Equality, Diversity, Inclusion, Belonging and Human Rights Policy
- Organisational Change and Consultation Policy
- Recruitment and Selection Policy
- Performance management Policy
- Improving and managing conduct Policy
- Resolution Standard Operating Procedure
- Flexible Working SOP
- Guidelines for Reasonable Adjustments
- Volunteers Policy
- Special Leave Policy
- Apprentice Policy
- Secondment Policy
- Relationships at work policy
- Staff Recognition Policy
- Suspension, exclusion or transfer policy
- Managing Absence and Wellbeing policy
- Bullying and Harassment statement
- Freedom to Speak Up
- Health and Safety Policy
- Management of Violence and Aggression Policy
- Induction and Essential Training Policy
- Learning and Development Policy
- Local Fraud, Bribery and Corruption Policy

**It should be read in conjunction with:**

- [Equality Act 2010](#)
- [Maintaining High Professional Standards in the Modern NHS](#)
- [Agenda for Change Terms and Conditions Handbook](#)
- [Equality and Human Rights Commission Codes of Practice](#)
- [European Convention on Human Rights](#)
- [Human Rights Act 1998](#)
- [NHS Constitution](#)

## **12. Definitions and Terminology**

There is a broad range of terminology when it comes to describing Trans and non-binary 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.

Staff should be re-assured that if they accidentally use an incorrect pronoun; they should apologise in a sincere way and carry on. Repeated and purposefully using an incorrect pronoun, however, constitutes bullying and harassment.

The following terms describe the different terminology in use and staff are encouraged to have a conversation with colleagues and patients as to how they wish to be addressed and which name they prefer to use and use the gender appropriate pronoun the person uses.

This list is not exhaustive.

**Sex (SAAB – Sex assigned at birth)**

Sex refers to the male/female/intersex biological development. In an infant, the sex is judged entirely to a person on the basis of primary sex characteristics (genitalia) and reproductive functions at birth.

**Intersex**

Intersex- a term for a combination of chromosomes, gonads, hormones, internal sex organs, and genitals that differs from the two expected patterns of male or female.

**Sexual Orientation**

This is a person's emotional, romantic and/or sexual attraction to another person.

**Gender Questioning**

An individual who, or time when someone, is unsure about or exploring their own sexual orientation or gender identity.

**Cisgender**

A gender description for when someone's sex assigned at birth and gender identity align with one another. The word cisgender can also be shortened to "cis".

Non-Trans is also used by some people.

**Gender Identity**

The internal perception of one's gender, and how they label themselves, based on how much they align or don't align with what they understand their options for gender to be.

**Non-Binary**

Some people may experience a gender identity which is both masculine and feminine, different mixtures of both at different times, and neither. Often gender is seen as a binary, (meaning two poles, man and woman) but there are some individuals who don't self-define as either of these, as such they may not use pronouns like 'he' 'she' but rather gender neutral pronouns like 'they', 'ze' or other identifiers.

Pronouns non-binary people may use are they/them/their. People will be familiar using these words to refer to groups, but they can be used to refer to a singular person instead of he/him/his and she/her/ hers

**Gender non-conforming**

A gender descriptor that indicates a non-traditional gender expression or identity.

A gender identity label that indicates a person who identifies outside of the gender binary. Often abbreviated as "GNC"

**Gender Expression**

The external display of one's gender, through a combination of clothing, grooming, demeanour, social behaviour, and other factors. Also referred to as "gender presentation"

**Gender Queer**

A person who does not subscribe to conventional gender distinctions but identifies with neither, both, or a combination of male and female genders.

**Gender Variant**

Someone who either by nature or by choice does not confirm to gender-based expectations of society.



### **Gender dysphoria**

This is used to describe when a person experiences discomfort or distress because there is a mismatch between their sex assigned at birth and their gender identity. This is also the clinical diagnosis for someone who doesn't feel comfortable with the gender they were assigned at birth. Many Trans people reject the idea that gender dysphoria is a pre-requisite for being Trans.

### **Transgender and Trans people**

These terms are generally accepted by the Transgender community.

Transgender is an umbrella term covering a range of identities that transgress socially defined gender norms. Trans with an asterisk is often used in written forms (not spoken) to indicate that you are referring to the larger group nature of the term, and specifically including non-binary identities, as well as transgender men (trans men) and transgender women (trans women)

It describes 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 and gender queer.

It is better however to avoid using the term 'a Trans' as a noun: a person is not 'a Trans'; use a Trans person.

### **Trans man Trans woman**

Trans man; trans woman: a man/woman who was not assigned that gender via sex at birth, and transitioned (socially, medically, and/or legally) from that assignment to their gender identity, signified by the second part of the term (i.e, man, woman). Also referred to as men and women (though some/many trans people prefer to keep the prefix "trans" in their identity label)

### **Transsexual**

A person who identifies psychologically as a gender/sex other than the one to which they were assigned at birth. This term is still used by some although many people prefer the term Trans or transgender.

### **Transition/Transitioning**

Transition/transitioning- referring to the process of a transgender person changing aspects of themselves (e.g., appearance, name, pronouns, or making physical changes to their body) to be more congruent with the gender they know themselves to be (as opposed to the gender they lived as pre-transitioning)

### **Transphobia**

The fear of discrimination against or hatred of Trans people, the Trans community, or gender ambiguity

### **Gender Reassignment**

This is another way of describing a person's transition. For some individuals, undergoing gender reassignment involves medical intervention, but this is not required for a person to identify as Trans. It can also mean changing names, pronouns, dressing differently and living in your self-identified gender. Gender reassignment is a characteristic that is protected in the Equality Act 2011.

### **Gender Confirmation Surgery**

Gender confirmation surgery (sex reassignment surgery – used by some medical professionals) refers to a group of surgical options that alter a person's biological sex.

### A Gender Recognition Certificate

This enables Trans people to be legally recognised in their self-identified gender and to be issued with a new birth certificate. Not all Trans people will or want to apply for a GRC and you have to be over 18. An employer or service provider does not need to see a GRC in order to recognise an employee's or person's gender. It is not currently possible for non-binary people to have their legal gender changed to anything other than man/woman.

Sex reassignment therapy can consist of hormone replacement therapy (HRT) to modify secondary sex characters, sex reassignment surgery to alter primary sex characteristics, and permanent hair removal for Trans women.

## 12.2 Pronouns

Pronouns are words we use in everyday language to refer to ourselves or others.

Below is a table showing examples of gender pronouns (he/him, she/her) and gender neutral pronouns (they/them/theirs/ze/ey).

Use of pronouns is a personal decision and it may be a combination. In the table below pronunciations have been added in brackets.

<b>She</b>	Her	Hers	Herself
<b>He</b>	Him	His	Himself
<b>They</b>	Them	Their/s	Themselves
<b>Ze (zee)</b>	Hir (here)	Hir	Hirself
<b>Ey (ay)</b>	Em (em)	Eir (ere)	Eirself

Further information on the use of pronouns and why they matter is available in this Stonewall document on the LM system: [A beginner's guide to pronouns and using pronouns in the workplace | Stonewall](#)

## 12.3 Outdated and offensive Transgender related terms

Please note that some of the words listed below are potentially distressing to members of the LGBTQ+ community, especially transgender and non-binary people, and are even considered as slurs. They should not be used in a professional setting.

These words have been historically used to erase and alienate members of the transgender community in the past and are still being used against people to this day. It is considered as an act of microaggression to use these terms to refer to a transgender or non-binary person.

Consider why these words are being said and how it will affect those around you. Could what you are about to say be considered offensive or upset someone listening in? Be aware that anyone who

can hear you may be LGBTQ+ themselves and the use of these words may make them feel less safe when accessing our services.

Whilst the entirety of the LGBTQ+ community are negatively affected by these terms; they are specifically targeted as transgender and non-binary people.

Any of these terms can be used as self-identifying terminology and are considered acceptable by some members of the community. To maintain professionalism and sensitivity towards transgender, non-binary, and other LGBTQ+ people, avoid these terms.

This list was made by a singular member of the transgender and non-binary community and does not represent the community's opinions as a whole. This list is not all-inclusive, and people may disagree with the opinions given here. As this is a guide to creating a comfortable and inclusive workspace for all, if someone tells you something you said was not acceptable, listen to them and take on-board what they have said. Just because it isn't here, doesn't mean it won't distress or offend someone.

<b>The Term:</b>	<b>Why it is Outdated/Offensive:</b>	<b>What to Say Instead:</b>
Cross-Dresser (This is a means of gender expression rather than gender identity or sexuality. Women wearing trousers to Drag personas could be classified under this term)	This is an old term used to insult typically heterosexual and cisgender men who wear women's clothing. Transgender people are not cross-dressers unless they specifically identify as one. It is not okay to imply a transgender person is a cross-dresser for being themselves as this is disrespectful to their gender identity and can cause offense.	"Their gender/fashion presentation changes from day to day" "They like wearing clothes from both sides of the feminine-masculine fashion spectrum". "Wearing a dress doesn't make him less of a man"
Faggot	This has been a long-term insult for people in the LGBTQ+ community, to demean them.	See [Consideration] below.
He-She / She-Male	These are used to erase transgender people's identities (specifically transgender women). These terms undermine the person's identity and shows a lack of respect for them as a person.	See [Consideration] below.
Queer (insult)	This term, whilst reclaimed now, can still be used as an insult towards LGBTQ+ people. Whilst LGBTQ+ people may choose themselves this word, it still holds negative connotations that have profound and painful historical meaning.	See [Consideration] below.
Tranny	This is possibly the most common slur for transgender and non-binary people. It is considered offensive by almost all the community and shouldn't be used to refer to someone by.	See [Consideration] below.

Transsexual	<p>This term originated within the medical community to 'diagnose' people who identified as transgender with an illness. This has led to conversion therapy and medical gatekeeping which has left lasting scars on the transgender community. As being transgender or non-binary is no longer considered an illness, the word has become outdated and uncomfortable for some in the community. However, this is still used by some transgender people to describe themselves, but you shouldn't assume everyone does.</p>	<p>'Transgender' is the now used term to refer to transitioning and non-binary people. If someone identifies as a 'transsexual' you should respect this decision but remember it is different for every person.</p>
Transvestite	<p>This is a derogatory way of calling someone a cross-dresser. It implies that transgender people only dress how they do, or identify how they do, for sexual pleasure, which is demeaning and untrue.</p>	<p>See [Consideration] above.</p>

## Appendix 1 - Equality Impact Assessment/ Analysis (EIA)

### Step 1: Scoping and Identifying the Aims

Service Line / Department	People Partners/Corporate	
Title of Change:	New Transgender and Non-Binary Inclusion Policy	
What are you completing this EIA for? (Please select):	Policy	
Is this a new or existing activity or change?	New policy	
What are the main aims / objectives of the changes?	Provide guidance and information for Managers and staff when a colleague or team member is transitioning and has requested support. Providing a framework to support individuals new to the organisation or existing employees to bring their whole selves to work and be able to express their gender in a safe and supportive environment.	
What is the context for this EA? e.g., policy, practice, service proposal or project?	Policy	
Why is the activity/change needed? E.g., The policy or practice affect different “protected groups” differently? enhancing of services	Our staff survey results show a less positive experience in the workplace for colleagues in minoritised and marginalised groups. Inclusion and belonging are key priorities within our action plans. Workshops on inclusive language and allyship have identified the need for resources and information on terminology, how to support Trans and Non-Binary colleagues and where to signpost to.	
Name/s of people and Date undertaking analysis:	Debbie Robinson 12 May 2023	
Who will be affected by this activity/change? eg. patients, service users, employees, wider community	This policy is focusing on our workforce. The impact of an inclusive and supportive policy for our staff will also have a positive and direct effect on patient care	
Does it relate to an area with known inequalities? E.g., access to service for disabled people, patients, service users with mental health conditions, racist bullying etc.	Yes. Staff survey results show a less positive experience for colleagues from minoritised and marginalised groups, including the LGBTQ+ community. Previous work with Stonewall has identified the need for specific resources and policies to provide guidance and support for Transgender and Non-Binary colleagues. Incidents of mental health and suicide are statistically higher for members of the LGBTQ+ community (source: Stonewall).	
EIA Schedule When will the EIA be reviewed?	2 yearly, or when the policy is updated/amended	

## Step 2: Assessing the Impact

Detail any positive or negative impacts of this document /policy on patients in the box below. If there is no impact, please select “not applicable”

Protected Characteristic	Positive Impact(s)	Negative Impact(s)	NA	Action to address negative impact: (e.g. adjustment to the policy)
<b>Sex</b> consider issues for: men and women, non-binary.	x			Sex assigned at birth (SAAB) is a protected characteristic. This policy provides clarity on definitions and the statutory protection of this PC
<b>Gender reassignment</b> e.g. privacy of data and harassment	x			The policy aim is to ensure the Trust is legally compliant with the current legislation ensuring that Trans and Non-Binary employees are treated with the upmost dignity and respect throughout the transitioning process and beyond.
<b>Disability</b> e.g., attitudes, physical, social barriers, visible and non-immediately visible disabilities, neurodivergence, learning disability	x			This policy acknowledges the intersectionality between protected characteristics and role models inclusive language and approach that can be applied to all characteristics. This policy can be provided in other formats
<b>Age</b> e.g., consider all ages but there may be some issues that relate for example to older people/younger people			x	Age is not mentioned in the policy
<b>Sexual Orientation</b> consider heterosexual as well as lesbian, gay and bisexual (and other sexual orientations)	x			This policy acknowledges the intersectionality between protected characteristics and role models inclusive language and approach that can be applied to all characteristics.
<b>Pregnancy and maternity</b> e.g., childcare, working arrangements, part time working	x			This policy acknowledges the intersectionality between protected characteristics and role models inclusive language and approach that can be applied to all characteristics.
<b>Marriage and civil partnership</b>	x			Recognition of same sex marriage, civil partnerships and gender recognition certificates as legal frameworks within our employee systems and pension provision.
<b>Religion or belief</b> consider religions, beliefs, or no belief	x			This policy acknowledges the intersectionality between protected characteristics and role models inclusive language and approach that can be applied to all characteristics.

<b>Ethnicity / Race</b> e.g., language barriers, different ethnic groups/nationalities	x			This policy acknowledges the intersectionality between protected characteristics and role models inclusive language and approach that can be applied to all characteristics. This policy can be provided in other formats and languages.
<b>Socio-economic factors</b> e.g., resident status – socio economic/low-income groups, migrants, carers, impacts on children and families (please state)	x			This policy acknowledges the intersectionality between protected and non-protected characteristics. Its role models inclusive language and approach that can be applied to all characteristics.  This policy acknowledges the intersectionality between protected characteristics. It role models inclusive language and approach that can be applied to all characteristics
<b>Mental health</b> e.g. short term, long term, acute, fluctuating mental health conditions, impacts	x			

***If you answer yes to any of the following, you MUST complete the evidence column explaining what information you have considered which has led you to reach this decision.***

Assessment Questions	Yes / No	Please document evidence / any mitigations
In consideration of your document development, did you consult with others, for example, external organisations, service users, carers or other voluntary sector groups?)	Please select	This policy is related to Workforce. The staff LGBTQ+ network has been consulted and provided guidance on the development of this document.
Have you taken into consideration any regulations, professional standards?	Please select	NA

### Step 3: Review, Risk and Action Plans

Low – No major change	Medium - Adjust the policy	High – Stop and remove
The activity is robust and there is no potential for discrimination, and you have taken all appropriate opportunities to advance and foster relations between groups.	This involves taking steps to remove barriers or to better advance equality. It can mean introducing measures to mitigate the potential effect.	If there are adverse effects that are not justified and cannot be mitigated, you will want to consider stopping the policy/project altogether. If the activity shows unlawful discrimination, it must be removed or changed.

How would you rate the overall level of impact / risk to the organisation if no action taken?	Low	Medium	High
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
What action needs to be taken to reduce or eliminate the negative impact?	Ensure this policy is cross referenced in all workforce policies. Use inclusive language in all updated and new policies, removing gender specific references where these are not required, promoting this policy and supporting resources to ensure they are accessible for all staff		
Who will be responsible for monitoring and regular review of the document / policy?	Equality, Diversity, Inclusion and Belonging team, People Partners		

### Step 4: Authorisation and sign off

*I am satisfied that all available evidence has been accurately assessed for any potential impact on patients and groups with protected characteristics in the scope of this project / change / policy / procedure / practice / activity. Mitigation, where appropriate has been identified and dealt with accordingly.*

<b>Equality Assessor:</b>	<b>D Robinson</b>	<b>Date:</b>	04/9/23
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