

University Hospitals of Morecambe Bay



NHS Foundation Trust



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BEHAVIOURAL STANDARDS FRAMEWORK

To help create a great place to work and a great place to be cared for, it is essential that our Trust policies, procedures and processes support our values and behaviours. This document, when used effectively, can help promote a workplace culture that values the contribution of everyone, shows support for staff as well as patients, recognises and celebrates the diversity of our staff, shows respect for everyone and ensures all our actions contribute to safe care and a safe working environment - all of which are principles of our Behavioural Standards Framework.

Behavioural Standards Framework – Expectations ‘at a glance’

Introduce yourself with #hello my name is... 	Value the contribution of everyone	Share learning with others
Be friendly and welcoming	Team working across all areas	Recognise diversity and celebrate this
Respect shown to everyone	Seek out and act on feedback	Ensure all our actions contribute to safe care and a safe working environment
Put patients at the centre of all we do	Be open and honest	For those who supervise / manage teams: ensure consistency and fairness in your approach
Show support to both staff and patients	Communicate effectively: listen to others and seek clarity when needed	Be proud of the role you do and how this contributes to patient care

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1. SUMMARY

This document is a guide for University Hospitals of Morecambe Bay NHS FT (UHMB) staff to support trans* people and transgender questioning children and young persons who access clinical services across the bay. It is also designed to support UHMB transgender staff including those including those who are non-binary in the workplace.

Transgender (or trans*) people are people who live all or part of the time in a gender not normally associated with the sex they were assigned. Trans* people self-identify in many ways. A person's gender identity is self-defining, does not always involve a medical process and is a different issue to their sexual orientation.

It is the aim of UHMB to ensure that all service users and staff are respected, valued and worked with in a collaborative way that it is sensitive to the needs of each individual. This policy aims to provide staff and managers with information and good practice required to achieve this aim for trans* service users and staff.

Please refer to appendix A which summarizes the terminology used throughout this document.

Please refer to UHMB guide - How to improve the experience of the transgender community who use our services and to support transgender colleagues at UHMB

Please refer to UHMB guide - How to improve the experience of trans* and gender questioning children and young people at UHMB which give practical tips and ideas for support trans* gender children and young persons.

2. PURPOSE

UHMB aims to be Effortlessly Inclusive by valuing all views on shaping patient and employee experiences so the purpose of this information is to provide a framework for managers and clinical staff to support staff, volunteers, service users and carers who identify with a gender other than that assigned at birth in an inclusive and supportive environment.

3 SCOPE

It applies to all those working in the Trust and those staff who work across the health care economy as part of Better Care Together in whatever capacity and is purposely split into sections to support staff to do this :

- General principles, the law, and information
- Providing care for our transgender patients and service users and their families and carers
- Providing support for trans* and gender questioning children and young persons
- Providing support for transgender staff

This policy should be read in conjunction with UHMB documents :

- UHMB Visions and Values

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- <https://www.uhmb.nhs.uk/about-us/vision-values/>
- UHMB Inclusion and Diversity Strategy 2016 – 2021
<http://uhmb/cs/tpdl/Documents/CORP-STRAT-012.pdf>
- UHMB Behavioural Standards Framework
<http://uhmb/cs/tpdl/Documents/CORP-POL-078.pdf>
- UHMB LGBT Workforce Equality Metrics
https://www.uhmb.nhs.uk/index.php/download_file/view/4233/85/
- Patient and Public Involvement Strategy May 2016 – December 2017
<http://uhmb/cs/tpdl/Documents/CORP-STRAT-009.docx>
- UHMB Attendance Management at Work Policy
<http://uhmb/cs/tpdl/Documents/CORP-POL-010.docx>
- How can I help lesbian, gay, bisexual and transgender (LGB&T) colleagues feel more comfortable and able to be themselves at work? - Managers Guide which give practical tips and ideas for support trans* gender people and staff. (Appendix D)

As a member of Stonewall – Diversity Champions Programme UHMB are working to create fully inclusive environments for LGBT people. This policy should be read in conjunction with their documents :

- [First Steps to Trans* Inclusion guide](#)
- [Communicating Commitment to Trans* Inclusion](#)
- [Engaging All Staff in Trans* Inclusion](#)
- [Creating a Transitioning at Work Policy](#)
- [Trans* Inclusive Policies and Benefits](#)
- [Getting it right with your Trans* Service Users](#)

4. Policy

4.1 General Principles and Information

4.1.1 Legal Framework

A person does not have to hold a Gender Recognition Certificate (GRC), or be at any particular stage of transition in order to be treated with dignity and respect. Many individuals encounter discrimination and transphobia as a direct result of their gender identity and the current legislation and laws in place to protect transgender people are :

With reference to a Child or young person they do not have to be at any particular stage of transition in order to be treated with dignity and respect. Many individuals encounter discrimination and transphobia as a direct result of their gender identity and the current legislation and laws in place to protect trans* and gender questioning children and young people are:

The UN Convention on the Rights of the Child (UNCRC). The UNCRC gives children the rights: to say what they think should happen when adults are making decisions about them and to have their opinions taken into account; to freely express their thoughts and opinions; to privacy and to good quality health care.

The Equality Act 2010¹

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The Equality Act 2010 (The Act)¹ protects people on the basis of gender reassignment from direct and indirect discrimination and harassment. This includes discrimination by *association* and discrimination against people perceived to have the protected characteristic of gender reassignment. The Act also places a proactive duty on public organisations to promote equality of opportunity, foster good relations and eliminate unlawful discrimination between people who have the protected characteristic of gender reassignment and people who do not.

4.1.2 Gender Recognition Act 2004²

The Gender Recognition Act 2004² provides trans* people with the opportunity to obtain legal recognition in their acquired gender by being issued with a Gender Recognition Certificate (GRC). Anyone with a GRC will be legally recognised ‘for all purposes’ as their acquired gender. When someone has a GRC any disclosure without consent of information about that person’s gender history, which has been obtained in an official capacity is an offence.

4.1.3 The Data Protection Act 2018³

This act controls how personal information can be processed and used. Trans history is treated as ‘sensitive information’ under the Data Protection Act.³

Note: regarding Non – Binary Identities and the Law

There is a lack of clarity around non-binary identities within the current legal framework. The descriptive term used within legislation is gender reassignment, but this is a very narrow definition of what it means to be trans*. Best practice is to treat all individuals, including non-binary staff, as you would other people with protected characteristics.

4.2 Providing Care for our Transgender Patients and Service Users and their Families and Carers

Clinical responses at UHMB should be patient centred, respectful and flexible towards all Trans* people regardless of whether they live continuously or temporarily in the gender role one that is opposite to their natal sex, or identify as non-binary.

There may on occasion be situations where staff, care providers and commissioners find that their duty to recognise and respond appropriately and sensitively to an individual’s chosen gender conflicts with other responsibilities so these are the principles staff at UHMB need to consider.

Provision of Inpatient Accommodation Adult

- If staff are unsure of a person’s gender, they should, where possible, ask discreetly where the person would be most comfortably accommodated.
- All decisions should be proportionate to achieving a safe nursing environment for the individual however and confidentially and sensitivity is essential. Discussions related to accommodating a person and meeting their needs should be undertaken only with relevant persons and with the consent of the Trans* person.
- Views of family members may not accord with the Trans* person’s wishes, in which case, the Trans* person’s view should take priority.

If upon admission, it is impossible to ask the view of the person because he or she is unconscious or incapacitated then, in the first instance, inferences should be drawn from

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presentation and mode of dress on a case by case basis, with consent obtained as soon as reasonably possible.

- Trans* people should be accommodated according to their gender identity and presentation (the way they dress, and the name and pronouns that they currently use) and different genital or appearance should not a bar to this.
- As for all patients regardless if Trans* or not sufficient privacy can and would usually be ensured through the use of curtains in the main ward areas or by accommodation in a single side room adjacent to a gender appropriate ward (availability of side rooms will be dependant if the room is needed for isolation purposes).
- This approach may only be varied under special circumstances where, for instance, the treatment is sex-specific and necessitates a trans* person being placed in an otherwise opposite gender ward.
- If staff are concerned about possible risks and vulnerabilities that could arise they should undertake a dynamic risk assessment and this must be recorded on Lorenzo in the ward note.
- This should be assessed objectively in light of the cause of that concern and after consideration it may be appropriate to take additional action to manage risks such as enhanced observation or even moving a trans* service user. This decision should not solely be made on the basis they are trans* person.

Using toilets and showers

- Trans* people have equal rights to access single sex toilets or showers and should use the rest room consistent with their gender identity.

General care principles

- Consider using initials and surname on bed boards rather than first names but always ask the patient what they prefer.
- Try to allocate a specific nurse to post-operative care in order to maintain privacy.
- Extra care may be required to ensure that privacy and dignity as a trans person is appropriately ensured **Post-operatively**, or while unconscious for any reason. For example consider, trans* women who may usually wear a wig, may be 'misgendered' as a result, and trans* men whose facial appearance is clearly male, may still have female genital appearance, so extra care may be needed to ensure their dignity and privacy is protected..

Investigations

- No investigation as to the genital sex of the person should be undertaken unless this is specifically necessary in order to carry out treatment.

Theatre Cases

- With the permission of the patient provide a brief to theatre staff and consider introducing the patient to the nursing and theatre staff.
- Discuss the recovery process options with the patient in terms of ward and level of post-surgery care.

Other Areas / Clinics

Staff need to consider:

- Identify a private area if possible for the patients to register their details if they choose

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to, rather than in the main reception in front of other people.

- Provide people who are transgender with opportunities to discuss any concerns or specific arrangements to meet their needs.

General tips

- Treat trans* individuals with dignity and respect. You can show respect by being relaxed and courteous, avoiding negative facial reactions, and by speaking to trans* people as you would any other patient or service user. Don't make assumptions about people by their appearance.
- The presence of a trans* person in your ward or department is not always a training opportunity for other staff. However, like in other situations where a patient has a rare or unusual finding, asking a patient's permission is a necessary first step before inviting in a colleague or trainee.
- Many trans* patients wish to maintain control over who sees them unclothed. Therefore, when patients are observed without first asking their permission, it can quickly feel like an invasion of privacy and creates a barrier to respectful, competent health care.
- It is inappropriate to ask trans* patients about their genitals if it is unrelated to their care. A person's genital status— whether one has had any lower surgery or not— does not determine that person's gender identity for the purposes of social behaviour, service provision, or legal status. Remember that trans* people might be very sensitive about that area of their body. Trans* women may not want to use a bottle and trans* men might not want to use a slipper pan for example.
- Never disclose a person's trans* status or gender identity history to anyone who does not explicitly need the information for care. It is a criminal offence to disclose someone's trans* history without their consent and breaches of such confidentiality will be taken seriously. Trans status must also be treated as sensitive information under the Data Protection Act³. Just as you would not needlessly disclose a person's HIV status, a person's gender identity is not an item for gossip. If disclosure is relevant to care, consent must be obtained wherever reasonably possible.
- Become knowledgeable about trans* healthcare issues. Get training, stay up to date on trans* issues, and know where to access resources.

4.3 Providing Care for our Trans* and Gender Questioning Children and Young People and their Families and Carers

Clinical responses like the care of adult trans* people at UHMB should be patient centred, respectful and flexible towards all Trans* Children and Young People regardless of whether they live continuously or temporarily in the gender role one that is opposite to their natal sex.

These principles are listed to help you care for children and young persons in an inclusive environment. There may on occasion be situations where staff, care providers and commissioners find that their duty to recognise and respond appropriately and sensitively to an individual's chosen gender conflicts with other responsibilities so these are the principles staff at UHMB need to consider.

Provision of In Patient Accommodation for children and Young Persons

- There are gender specific bays on the children's ward and Trans* Children and Young People should be nursed in their gender preferred bay. All

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decisions should continue to be proportionate to achieving a safe nursing environment for the individual. It is not unusual for the gender specific bays to accommodate males and females but if achieving a safe nursing environment results in accommodating a Trans* Child or Young Person in their natal gender bay, remember that confidentiality and sensitivity is essential.

- Discussions related to accommodating a child and meeting their needs should be undertaken only with relevant persons and with the consent of the child. Be aware that the views of parents/carers may not be in accord with the Trans* Child or Young Person's wishes. In this case it is important that open and sensitive discussions take place with the parents/ carers and other relevant people and that the Trans* Child or Young person's view is strongly taken into account with Fraser competence being considered.
- If upon admission, the patient is unconscious or incapacitated then, in the first instance, inferences should be drawn from presentation and mode of dress with consent obtained as soon as reasonable possible. It does **not** depend upon their having a gender recognition certificate (GRC) or legal name change.
- Try to ensure Trans* Children and Young People are accommodated according to their gender identity and presentation (the way they dress, and the name and pronouns that they currently use) and different genitalia or appearance should not be a bar to this.
- As for all patients regardless if Trans* or not, sufficient privacy can and is usually ensured through the use of curtains in the main ward areas.
- Remember this approach may only be varied under special circumstances where, for instance, the treatment requires close nursing observation and there are no other bed moves available to facilitate nursing in the gender preferred bay.
- If staff are concerned about possible risks and vulnerabilities that may arise from caring for the Trans* Child or Young Person they may undertake a risk assessment and record on Lorenzo in the ward note. This decision should **not** solely be made on the basis they are Trans* Person.

Using Toilets and Showers

- The Children's ward consists of single toilets, showers and bathrooms, all of which have signs which can be converted to male or female. Every Trans* Child or Young Person should have equal rights to access single sex toilets or showers as with any other child or young person. Consequently Trans* Children and Young People should be able to use the facility appropriate to their preferred gender.

General Principles

- Consider using initials and surname on bed boards rather than first names but always ask the patient what they prefer.
- The presence of a Trans* Child or Young Person in your ward or department is not always a training opportunity for other staff. However, like in other situations where a patient has a rare or unusual finding, asking a patient's permission is a necessary first step before inviting in a colleague or trainee.
- Many Trans* Patients wish to maintain control over who sees them unclothed. Therefore, when patients are observed without first asking their permission, it can quickly feel like an invasion of privacy and creates a barrier to respectful,

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competent health care

- If you are unsure of a child or young person's gender, you should, as with any other patient, ask what they prefer to be called. If their name of choice is gender neutral, you could ask discreetly. Their gender should be recorded as their preferred gender on the admission paperwork.
- Safeguarding patients is a priority, trans*phobic abuse from staff or other patients and families must be submitted in a clinical incident, this is a possible hate crime. Staff will be subject to the disciplinary procedure.
- Children and young people realising at a young age that they are 'different' from those around them can be isolating, frightening and difficult. Depression, self-harm and suicidal ideation are issues that we should also be bearing in mind with regard to safeguarding Trans* Children and Young People

Investigations

- No investigation as to the genital sex of the child or young person should be undertaken unless this is specifically necessary in order to carry out treatment

Theatre Cases

- With the permission of the patient, consider providing a brief to theatre staff and introducing the patient to the nursing and theatre staff.
- As with all patients, ensure the Trans* Child or Young Person walks or is trans*ported to theatre in their desired clothes as long as the clothing is appropriate for theatre.

Other Areas / Clinics

- Identifying a private area if possible for the child or young person to register their details, rather than in front of other people.
- Providing children and young people who are Transgender with opportunities to discuss any concerns or specific arrangements to meet their needs.

4.4 Providing Support for Transgender Staff

LGB&T inclusion leads to improved talent attraction and retention, innovation and collaboration. All staff should be involved in trans* inclusion and this sections are the principles for those staff contemplating transition living as a trans* person while working at UHMB.

Notification of Transition

UHMB staff who are contemplating or beginning the transition process are encouraged to contact their Line Manager or Workforce Business Partner to share their intentions, needs and concerns. This is to enable the Trust to provide the necessary support to ensure a well-planned transition process which is respectful to all parties involved or impacted. Support would also be available for colleagues of that individual and this would be agreed by all parties involved. Best practice advises that a Memorandum of Understanding (MOU) is drawn up with the staff member and Line Manager supported by the Workforce Business Partner to ensure the transition process is managed effectively from an employment perspective protecting the individual while meeting the needs of the service.

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Sickness and Absence

It is acknowledged that the transition journey will be lengthy and time off for appointments, treatment and surgery will be required over a prolonged period. The Trusts Attendance Management at Work Policy will support staff and employees to manage absences appropriately and consider reasonable support in line with the Equality Act 2010¹.

Confidentiality

The transgender status of an employee is considered confidential and should only be disclosed on a need-to-know basis, and only with the consent of the employee. However, transitioning employees are encouraged, to the extent that they are comfortable to do so, to participate in the necessary workplace educational campaigns/programs relating to diversity.

Dress Code

Staff at UHMB are permitted to dress consistently with their gender identity or gender expression but all staff are required to comply with UHMB Policy for Dress and Appearance staff are involved in a “direct patient care activity” (DoH 2010) they MUST be “Bare Below the Elbows”⁴.

Toilets

Trans* people / staff have equal rights to access single sex toilets or showers as any other man or woman so are permitted to utilise either the male or female rest room consistent with your gender identity or gender expression.

Pronoun and Name Changes

In everyday written and oral communication, the transgender employee’s new or preferred name and pronoun should be used when the employee has given the Trust the written permission to do so.

- **Legal documents** – Employee records and work-related documents should be retained under your legal name (as reflected on identification documents verified at the start of employment) unless and until you make a legal change.
- **Phone directory and email address** - While transitioning, you can change your name in the phone directory and your email address to reflect your new name.
- **ID Badge** – While transitioning, you should consult the Workforce Team for guidance on changing the name on your ID badge.

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5. ATTACHMENTS	
Number	Title
1	Transgender Terminology
2	Equality & Diversity Impact Assessment Tool

6. OTHER RELEVANT / ASSOCIATED DOCUMENTS	
Unique Identifier	Title and web links from the document library
HR22	Dress and Appearance http://uhmb/cs/tpdl/Documents/HR22.pdf
Corp/Strat/012	UHMB Inclusion and Diversity Strategy 2016 – 2021 http://uhmb/cs/tpdl/Documents/CORP-STRAT-012.pdf
Corp/Strat/009	UHMB Patient and Public Involvement Strategy May 2016 – December 2017 http://uhmb/cs/tpdl/Documents/CORP-STRAT-009.docx
Corp/Pol/010	Attendance Management at Work http://uhmb/cs/tpdl/Documents/CORP-POL-010.docx
Corp/Pol/078	UHMB Behavioural Standards Framework http://uhmb/cs/tpdl/Documents/CORP-POL-078.pdf

7. SUPPORTING REFERENCES / EVIDENCE BASED DOCUMENTS	
References in full	
No	References
1	Great Britain (2010) Equality Act 2010 (accessed 27.1.17)
2	Great Britain (2004) Gender Recognition Act 2004 (accessed 27.1.17)
3	Great Britain (2018) Data Protection Act (2018). Available at: https://www.legislation.gov.uk/ukpga/2018/12/contents (accessed 5.9.18)
4	DoH (2007 updated 2010) Uniforms and workwear: Guidance on uniform and workwear policies for NHS employers. (accessed 27.1.17)
Bibliography	
Royal Free Hampstead NHS Trust. Transgender Guide for NHS Acute Hospital Trusts. Available at: http://s3-eu-west-1.amazonaws.com/files.royalfree.nhs.uk/E_and_D/transgender_booklet_low_res.pdf (accessed 09/11/2018)	
Department of Health (DH) (2008) Trans – A practical guide for NHS (accessed 27.1.16)	
NHS England (2015) Treatment and support of transgender and non-binary people across the health and care sector: Symposium report (accessed 27.1.17)	
Brighton and Sussex University Hospital NHS Trust (BSUH) Anjonyeb, S (2016) Guidelines for supporting trans* staff and patients (accessed 27.1.17)	

8. DEFINITIONS / GLOSSARY OF TERMS	
Abbreviation or Term	Definition
UHMB	University Hospitals of Morecambe Bay
LGB&T	Lesbian, gay bisexual and transgender
Trans*	Transgender

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9. CONSULTATION WITH STAFF AND PATIENTS		
Name	Job Title	Date Consulted
S Young	QA Matron	October 2016
K O'Sullivan	RN CYP RLI	January 2017
UHMB Transgender Care Policy Task and Finish Group Members		October 2016
Horizon Alcohol, Drugs & Sexual Health Support Team	Leah Emmerson Non – Clinical Sexual Health Practitioner ,LGB&T Development Lead, Night Safe Haven Bus co-ordinator Anthony West Non Clinical Sexual Health Practitioner LGB&T Development Lead	November 2016

10. DISTRIBUTION PLAN	
Dissemination lead:	UHMB Quality Assurance Matron
Previous document already being used?	Yes / No (Please delete as appropriate)
If yes, in what format and where?	
Proposed action to retrieve out-of-date copies of the document:	
To be disseminated to:	
Document Library	
Proposed actions to communicate the document contents to staff:	UHMB Weekly News / intranet New document uploaded to UHMB Procedure Document Library Via ENACT and Corporate Matrons Meetings Via Corporate study days Via UHMB LGB&T network and intranet page Via PFD Champion Network and intranet page Via local LGB&T network partners

11. TRAINING		
Action by	Action required	Implementation Date
Deliver in house Trans** awareness sessions to key trainers across UHMB in conjunction with Horizon	Identification of key trainers Development of materials Delivery of sessions in conjunction with www.facebook.com/horizonlgbt	April 2018

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12. AMENDMENT HISTORY				
Version No.	Date of Issue	Page/Selection Changed	Description of Change	Review Date
1.1	26/10/2017	Page 3	BSF page added	01/02/2020
1.2	05/09/2018	Throughout	Updated reference to Data Protection Act	01/02/2020

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Appendix 1 - Trans* Terminology

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

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.

Sex

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

There are a number of intersex conditions (recently renamed Disorders of Sex Development) which may lead the individuals born with them to experience some inconsistency between their gender identity, and the gender role assigned at birth. Inconsistencies in development may be associated with atypical sex, atypical genital appearance at birth. Some intersex people will define themselves as intersex rather than male/female.

Sexual Orientation

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

Gender

The social and cultural identification and perception of masculinity and femininity as opposed to physical/biological sex. Social gender is the gender in which an individual lives their day to day life. This is likely to affect the name they choose to be called and their dress.

Gender Questioning

This refers to children and young person's questioning their sexuality or gender, along with the diverse areas related to it. It is a stage where exploration, learning and experimenting often occurs. While some children and young people have little to no issue in self-identifying, some encounter a great deal of confusion and uncertainty. They may have issues in understanding their sexuality, sexual orientation, gender identity, or whether or not they fit into any preconceived social normative labels.

Cisgender

This refers to a person whose gender identity is the same as the sex they were assigned at birth. Non-trans* is also used by some people.

Gender Identity

Gender Identity describes the psychological identification of oneself as a masculine / feminine/ both/ neither. Gender identity is separate from sexual orientation and for trans* people; their own sense of who they are does not match the sex that society assigns to them when they are born.

Non-Binary Identity

Some people may experience a gender identity which is both masculine and feminine, different mixtures of both at different times, or neither. Often gender is seen as a binary, (meaning two

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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 Expression

This refers to the ways in which people manifest their gender. For example through what they wear, how they speak and how they act.

Gender Variant

This is a term used for someone who does not conform to the gender roles and behaviors assigned to them at birth. This is usually used in relation to children or young people

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*.

Trans* and Trans* people

These terms are generally accepted by the Trans* community. Trans * umbrella term for all people who cross gender boundaries. 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.

Transgender man

This is a term used to describe someone who is assigned female at birth but identifies as a man. This may be shortened to trans* man, or FTM, an abbreviation for female-to-male.

Transgender woman

This is a term used to describe someone who is assigned male at birth but identifies as a woman. This may be shortened to trans* woman, or MTF, an abbreviation for male-to- female.

Transsexual

In the past this was used as a more medical term (similarly to homosexual) to refer to someone who transitioned to live in the 'opposite' gender to the one assigned at birth. This term is still used by some although many people prefer the term trans* or transgender.

Transitioning

This is a term used to describe the steps a trans* person may take to live in the gender they identify as. Each person's transition will involve different things. For some this involves medical

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intervention, such as hormone therapy and surgeries, but not all trans* people want or are able to have this.

A medical intervention is not a pre- requisite or a necessary step for transition. Transitioning also might involve things like telling friends and family, dressing differently and changing documents

Transition

Transition is the term used to describe the point at which a permanent change of gender role is undertaken, in all spheres of life - in the family, at work, in leisure pursuits and in society generally.

Transphobia

A fear and dislike of Transgender people, which can lead to hatred resulting in verbal or physical attacks and abuse.

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 2010¹.

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 persons gender.

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.

In addition to undergoing medical procedures, trans* people who go through sex reassignment therapy usually change their social gender roles, legal names and legal sex designation.

Generally speaking, physicians who perform sex-reassignment surgery require the patient to live as the members of their target gender in all ways possible for at least a year (“cross-live”), prior to the start of surgery, in order to assure that they can psychologically function in that life- role. This period is sometimes called the Real Life Experience; it is part of a number of requirements. Other frequent requirements are regular psychological counselling and letters of recommendation for this surgery.

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Appendix 2: Equality & Diversity Impact Assessment Tool

Equality Impact Assessment Form

Department/Function	Corporate			
Lead Assessor	Sally Young			
What is being assessed?	UHMB Transgender Care Policy			
Date of assessment	January 2017			
What groups have you consulted with? Include details of involvement in the Equality Impact Assessment process.	Equality of Access to Health Group	<input checked="" type="checkbox"/>	Staff Side Colleagues	<input checked="" type="checkbox"/>
	Service Users	<input checked="" type="checkbox"/>	Staff Inclusion Network/s	<input checked="" type="checkbox"/>
	Personal Fair Diverse Champions	<input checked="" type="checkbox"/>	Other (Inc. external orgs)	<input checked="" type="checkbox"/>
	Please give details: Cumbria and Lancashire wide engagement activities with Trans* community Collaborative working with			

1) What is the impact on the following equality groups?

1) What is the impact on the following equality groups?		
Positive:	Negative:	Neutral:
<ul style="list-style-type: none"> ➤ Advance Equality of opportunity ➤ Foster good relations between different groups ➤ Address explicit needs of Equality target groups 	<ul style="list-style-type: none"> ➤ Unlawful discrimination, harassment and victimisation ➤ Failure to address explicit needs of Equality target groups 	<ul style="list-style-type: none"> ➤ It is quite acceptable for the assessment to come out as Neutral Impact. ➤ Be sure you can justify this decision with clear reasons and evidence if you are challenged
Equality Groups	Impact (Positive / Negative / Neutral)	Comments
Race (All ethnic groups)	Neutral	<ul style="list-style-type: none"> ➤ Provide brief description of the positive / negative impact identified benefits to the equality group. ➤ Is any impact identified intended or legal?
Disability (Including physical and mental impairments)	Neutral	
Sex	Positive	Issues to address are contained in narrative
Gender reassignment	Positive	Advice for staff to understand and support
Religion or Belief	Neutral	
Sexual orientation	Positive	Advice for staff to understand and support
Age	Neutral	
Marriage and Civil Partnership	Neutral	
Pregnancy and maternity	Neutral	
Other (e.g. caring, human rights)	Neutral	

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2) In what ways does any impact identified contribute to or hinder promoting equality and diversity across the organisation?	This policy is designed to support both adult services users, children and young persons and staff so does not hinder promoting equality and diversity across the organisation
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<p>3) If your assessment identifies a negative impact on Equality Groups you must develop an action plan to avoid discrimination and ensure opportunities for promoting equality diversity and inclusion are maximised.</p> <ul style="list-style-type: none"> ➤ This should include where it has been identified that further work will be undertaken to further explore the impact on equality groups ➤ This should be reviewed annually.
--

Action Plan Summary		
Action	Lead	Timescale

This form will be automatically submitted for review for Policies and Procedures once approved by Policy Group. For all other assessments, please return an electronic copy to EIA.forms@mbht.nhs.uk once completed.

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