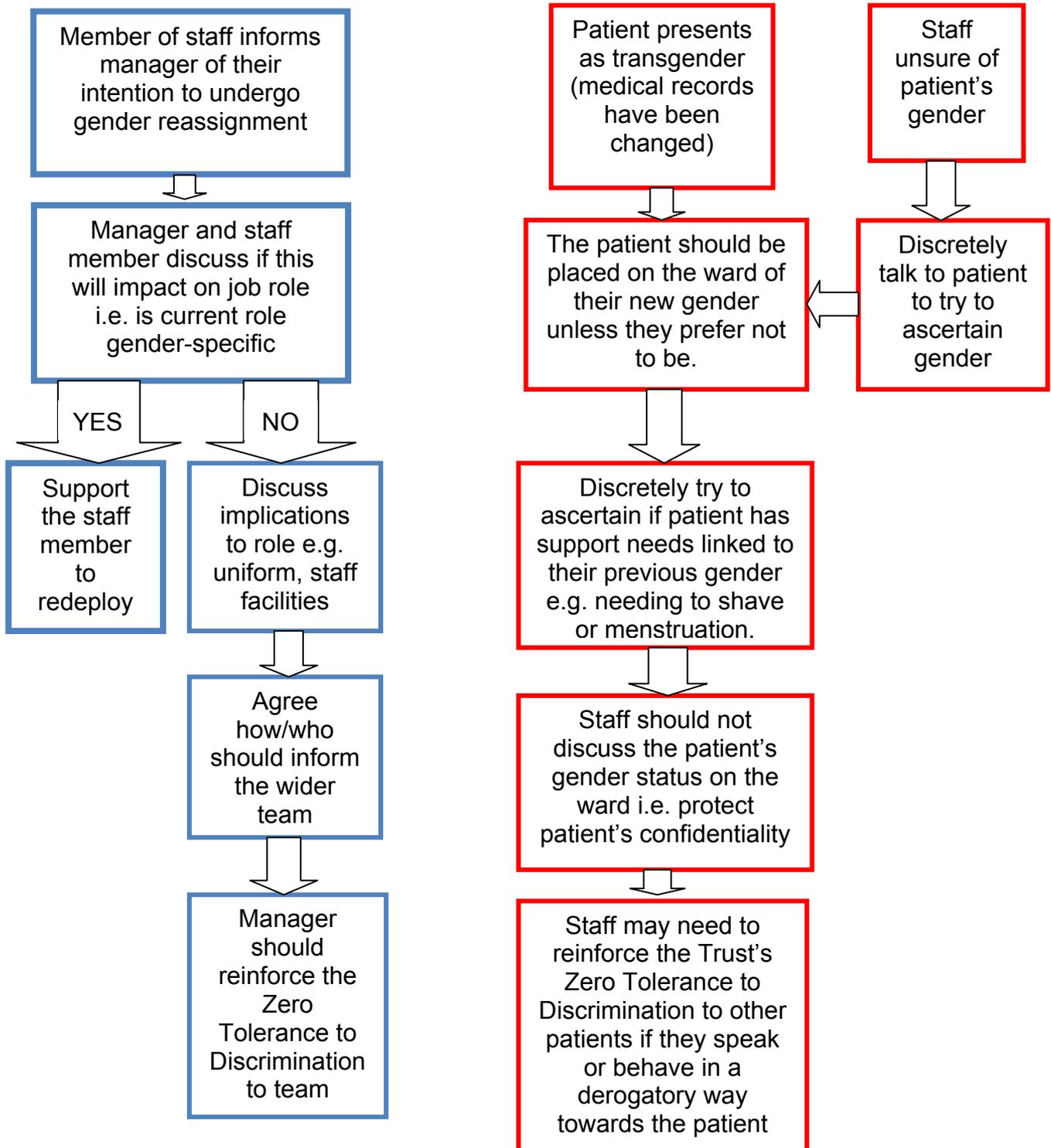


# **Policy for supporting individuals who are transgender**

**V1.1**

**January 2017**

## Summary.



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# 1. Introduction

1.1. The Royal Cornwall Hospitals Trust (“the Trust”) is committed to leading and promoting diversity, equal opportunities and supporting human rights in terms of the provision of health services for the community it serves and in its practice as a leading employer.

1.2. Transgender (the term trans is the preferred term by transgender people) is an umbrella term used to cover numerous types of gender identity labels such as transsexual, transvestite, intersex, bi-gendered or non-gendered (see glossary for explanation). Their gender identity may not fit neatly into society’s idea of gender, for example they may feel they are not totally one gender or the other, they may not identify with the assigned birth gender or they may not identify with any gender at all. Gender is not just the physical body; we all have gender traits or behaviours. A gay man may have feminine features and mannerisms but that does not mean he wishes to become a woman.

1.3. Some trans (transsexual) people who feel that they have been assigned to the wrong gender will choose to have gender reassignment (to change from one gender to the other). Some individuals may want to undergo gender reassignment but are unable to because they cannot have hormone therapy, e.g. if the person had liver or kidney damage or other health issues. Similarly, some individuals may feel they can cope with the physical body parts they have and opt not to have surgery, though this ability to cope may change in the future.

1.4. Transvestites are people who dress as the opposite gender and adopt their behaviours and characteristics for part of their lives; this does not necessarily mean they would wish to have a reassigned gender.

1.5. None of the above has anything to do with sexual orientation, for example, an individual may change from a man to a woman but may also be a lesbian.

1.6. This policy sets out the Trust’s responsibilities as a service provider and an employer of trans people. As gender reassignment is a protected characteristic under the Equality Act 2010 the Trust must ensure that people are not discriminated against or disadvantaged by service delivery or prejudice of Trust employees, other patients or the public.

1.7. It is also important to recognise that being trans is only one aspect of the individual’s identity and therefore it is not a case of “one size fits all”. Each person will have different needs and, as such, a person-centred approach to their care will need to be taken.

1.8. For a member of staff who is trans, any changes to working conditions or access to facilities should have a negotiated approach between the staff member and their manager.

1.9. This policy needs to be considered alongside other Trust policies such as, Dignity at Work, Attendance Management, Special Leave, Uniform Policy, etc.

1.10. This version supersedes any previous versions of this document.

## 2. Purpose of this Policy/Procedure

2.1. This policy provides guidance for the Trust's employees on the expectations and other considerations that may be necessary for transgender patients.

2.2. It also applies to Trust employees who are transgender and states that gender reassignment should be treated with respect and dignity by managers and teams.

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

2.4 When a patient is identified as part of the transgender programme, with their consent, their GP informs Primary Care Support England (the PCSE) who create a new record or identity for the patient on the National Spine (Personal Demographics Service or PDS) along with a new NHS number. If the patient agrees to this information being shared with other relevant health providers, RCHT will then be able to contact the patient with a view to obtaining consent to update their Trust health record with their new name and gender. The Trust's systems update the existing records with the new NHS number and name to match the spine but do not issue a new hospital number. This is because there is existing and previous clinical history attached to the current clinical record which has to be retained and available to clinicians.

## 3. Scope

3.1. This policy applies to all staff, patients and members of the public detailing how a trans person should be treated in a dignified, non-discriminatory way.

3.2. Discrimination against a trans person should be challenged, whether the discrimination stems from staff, patients or the public.

## 4. Definitions / Glossary

<i>Transgender</i>	this is an umbrella term used to cover numerous types of gender identity labels
<i>Transsexual</i>	a person who identifies as a member of the gender opposite to that assigned at birth and a desire to live and be accepted as such. They may or may not have gender reassignment
<i>Transvestite</i>	a person who chooses to dress and behave as the opposite gender for some of their time
<i>Intersex</i>	intersex people are individuals whose anatomy or physiology differs from contemporary cultural stereotypes of what constitute typical male and female

<i>Bi-gendered</i>	a person who considers themselves to be both male and female at different times
<i>Non-gendered</i>	a person who does not identify with any gender
<i>Gender dysphoria</i>	a consistent desire to live in the opposite gender of birth
<i>Gender reassignment</i>	the process of transitioning from one gender to another
<i>Gender recognition certificate</i>	this certificate enables the individual to apply for a birth certificate
<i>Shared business service (SBS)</i>	the provider which manages the national database of health records and issues NHS numbers

## 5. Ownership and Responsibilities

### 5.1. Role of Managers

Every manager employed by the Trust is responsible for promoting equal opportunities in practice and, where applicable, for preventing patient and staff discrimination.

Line managers are responsible for:

- ensuring that all staff are aware of this policy and attend any relevant training
- challenging staff who discriminate and ensuring that the relevant procedures are followed i.e. Dignity at Work, Disciplinary Policy, etc
- supporting their staff to challenge discrimination from patients or the public
- agreeing a plan with a staff member who is proposing to transition to ensure that they are supported throughout the process (see 6.2.1.)
- ensuring that a trans person is addressed and treated as the gender they identify with.

### 5.2. Role of the Equality and Inclusion Steering Group

The Equality and Inclusion Steering Group is responsible for:

- overseeing the development and monitoring of the Transgender Policy
- consulting with members of the transgender community
- reporting to the Board, through the Governance Committee, on any issues of discrimination or non-compliance of the Transgender Guidance.

### 5.3. Role of Individual Staff

All employees have a personal responsibility to support the equal and fair treatment of colleagues and to ensure patients are treated consistently in a non-discriminatory manner and in line with clinical practice.

All staff members are responsible for:

- complying with the Transgender Policy
- challenging/reporting discriminatory practice or language.

## **6. Standards and Practice**

### **6.1. Patients**

6.1.1 Transgender patients should be identified through the booking system and a letter in their health notes, if they have consented to this. This may not be available if the patient is a visitor from out of county. In this case, if there is a doubt, go to 6.1.2.

6.1.2 The individual should be asked how they wish to be addressed and the correct pronouns should be used at all times, e.g. she/he.

6.1.3 The patient may not have the support of their family with regards to changing gender i.e. they may refer to the patient in terms of their previous gender. If this is the case staff should refer to the patient as they have requested in 6.1.2.

6.1.4 The patient should be in a single sexed environment of the gender they have presented as. However, they may prefer not to be placed on a ward of their identified gender so a discussion should take place. The patient may be asked if they prefer the privacy of a side room, if one is available, but this should not be automatic or arranged without their consent.

6.1.5 If the patient is undergoing a medical procedure connected to their previous gender they may need to be placed in the ward of that medical specialism. However, the patient should be fully consulted with regards to accommodation as it may have a severe impact on their mental wellbeing to be on a ward housing only the opposite gender. The patient could be offered a side room for privacy or a bed found on a ward of the correct gender close by.

6.1.6 If the patient is near the beginning of the reassignment process staff need to be aware that they may need sensitive support for some areas of their care, e.g. a female may need to shave facial hair, a male may need feminine hygiene products such as sanitary towels (to ensure that a sanitary towel bin is available, the patient may be advised to use the disabled toilet as this is unisex).

6.1.7 The patient may be anxious and sensitive due to having high hormone levels from taking medication (this may be more notable for men transitioning to women). Additionally, the patient may be anxious about how they will be treated while in hospital due to poor previous experiences of healthcare.

6.1.8 If, in an emergency situation, it is unclear if the patient is transsexual or a transvestite (because they are unconscious) the staff will

need to try and ascertain the person's preferred gender before contacting the family or moving to a ward. For example, the staff could look for forms of identification that the patient has to see if this will indicate their gender.

6.1.9 If the patient is intersex or non-gendered they must be asked how they wish to be addressed i.e. which pronoun to use, he or she; and if an inpatient, which ward they wish to be accommodated on, male or female. A side room may be more appropriate but may not always be available.

6.1.10 Discrimination from staff, other patients or public will not be tolerated. In the case of staff being discriminatory, the manager should use the relevant policies/procedures to deal with the situation e.g. Dignity at Work, Disciplinary Policy and Procedure. If other patients or the public are discriminatory, they should be reminded that this behaviour will not be tolerated by the Trust. The Trust has a Zero Tolerance to Discrimination Protocol which includes managers' guidance and a patient information leaflet informing them that derogatory language or behaviour is unacceptable. This guidance can be found on the *Sister's and Manager's Shelves*.

## **6.2. Staff**

6.2.1 If a member of staff is proposing to go through gender reassignment or to live as the opposite gender, a discussion should take place with their manager to negotiate a plan for how this will be managed. Issues that may need to be considered are:

- who will inform the staff team of the change? The staff member may prefer the manager to do this
- is it necessary to offer the staff member redeployment to another position/department?
- will the change of gender affect the job role i.e. does the role have a "genuine occupational requirement" to be a particular gender?
- what changes to systems/records will be needed, e.g. change of name for payroll?
- does the team require training or information on trans issues to support the member of staff and to ensure no discrimination occurs?

6.2.2 The matter should be dealt with sensitively and the involvement of the wider team should be considered with the staff member's consent and approval.

6.2.3 The staff member should be treated as their preferred gender in the transition period. This will include wearing the appropriate uniform and using the preferred gender's facilities i.e. toilets and changing areas.

6.2.4 Time off for medical appointments is addressed in the Trust's *Attendance Management* and *Special Leave Policy* which states that: "where a staff member has a physical or psychological health condition

*covered by the Equality Act 2010, they will still be asked to book regular appointments outside their normal working hours or at the beginning or the end of the working day. Where this cannot reasonably be achieved, the manager and staff member should explore ways to arrange work patterns around regular appointments. Where suitable working patterns to accommodate regular appointments cannot be achieved, there will not be a requirement to make the hours up and this will constitute a reasonable adjustment. (This may, on occasion, apply to regular clinic appointments where the condition does not fall under the Equality Act 2010). Reasonable adjustments for health conditions that fall under the Equality Act 2010 will be considered on a case by case basis”.*

6.2.5 Discrimination from staff, other patients or the public will not be tolerated. In the case of staff being discriminatory, the manager should use the relevant policies/procedures to deal with the situation, e.g. *Dignity at Work* and *Disciplinary Policy and Procedure*. If the manager is discriminatory towards the staff member, this would be dealt with via the appropriate policy e.g. *Dignity at Work* and *Disciplinary Policy and Procedure*. This applies even if the individual does not hear what is being said about them as this breeds a culture of prejudice and disrespect. If patients or the public are discriminatory, they should be reminded that this behaviour will not be tolerated by the Trust. The Trust has a *Zero Tolerance to Discrimination Protocol* which includes managers’ guidance and a patient information leaflet informing them that derogatory language or behaviour is unacceptable. This guidance can be found on the *Sister’s and Manager’s Shelves*.

## **7. Dissemination and Implementation**

7.1. The Director of Human Resources and Organisational Development and the Human Rights, Equality and Inclusion Lead are responsible for the implementation of this policy.

- To be submitted to the Executive Management Team, Equality & Inclusion Steering Group and the Joint Consultative & Negotiating and Joint Local Negotiating Committee for approval.
- Following approval, the policy document plus Equality Impact Assessment will be added to the Trust’s document library accessible through the Trust Intranet site.

7.2. HR Business Partner teams will brief managers on the guidance.

7.3. Transgender awareness courses are available for staff.

7.4. Equality training for managers will also include the topic of transsexuals.

## **8. Monitoring compliance and effectiveness**

Various individuals and groups have been consulted in the writing of this policy. Kernow Katz (Cornwall trans network), Equality Southwest LGBT network, Qwes T, and numerous members of staff who have made contact expressing an interest/expertise in the subject.

Element to be monitored	The policy will be monitored by consultation with transsexual networks, patient complaints, Datix reports and patient feedback.
Lead	Human Rights, Equality and Inclusion Lead.
Tool	Consultation with local transsexual groups to capture personal experiences, monitoring Datix reports and monitoring complaints.
Frequency	Datix reports, complaints and feedback will be responded to immediately.
Reporting arrangements	Any trends will be reported through the Equality & Inclusion Steering Group.
Acting on recommendations and Lead(s)	Any recommendations will be approved by the Equality & Inclusion Steering Group.
Change in practice and lessons to be shared	The audit outcomes will be fed back to the Governance committee through EISG minutes with areas identified for change in practice and lessons shared. A lead member of the relevant team will be identified to take each change forward where appropriate.  Required changes will be time limited, and will be developed in partnership with staff side.

## 9. Updating and Review

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

## 10. Equality and Diversity

### 10.1 General Statement

This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the ['Equality, Diversity & Human Rights Policy'](#) or the [Equality and Diversity website](#).

### 10.2 Equality Impact Assessment - Outcome

The Equality Impact Assessment Screening form is at Appendix 2.

## Appendix 1. Governance Information

<b>Document Title</b>	Guidance for supporting people who are transgender		
<b>Date Issued/Approved:</b>	January 2014		
<b>Date Valid From:</b>	12 <sup>th</sup> January 2017		
<b>Date Valid To:</b>	12 <sup>th</sup> January 2020		
<b>Directorate / Department responsible (author/owner):</b>	Debby Lewis, Human Rights, Equality & Inclusion Lead		
<b>Contact details:</b>	01872 258128		
<b>Brief summary of contents</b>	This guidance is designed to support effective, non-discriminatory services being delivered to transgender patients and guidance for managers on how to support transgender staff through their transition.		
<b>Suggested Keywords:</b>	Trans, transgender, gender reassignment		
<b>Target Audience</b>	RCHT	CFT	KCCG
	✓		
<b>Executive Director responsible for Policy:</b>	Director of Human Resources and Organisational Development		
<b>Date revised:</b>	December 2016		
<b>This document replaces (exact title of previous version):</b>	Guidance for supporting people who are transgender		
<b>Approval route (names of committees)/consultation:</b>	Equality & Inclusion Steering Group		
<b>Divisional Manager confirming approval processes</b>	Interim Deputy Director of HR and OD		
<b>Signature and name of JCNC Chair or nominated deputy</b>	Original copy signed		
<b>Signature of Executive Director giving approval</b>	Original copy signed		
<b>Publication Location (refer to Policy on Policies – Approvals and Ratification):</b>	Internet & Intranet	✓ Intranet Only	<input type="checkbox"/>
<b>Document Library Folder/Sub Folder</b>	Human Resources		
<b>Links to key external standards</b>	<ul style="list-style-type: none"> <li>• CQC outcome 4</li> <li>• Equality Delivery system outcome 1.1, 1.4, 3.4</li> </ul>		
<b>Related Documents:</b>	<ul style="list-style-type: none"> <li>• RCHT Equality, Inclusion and Rights</li> </ul>		

	Policy <ul style="list-style-type: none"> <li>• RCHT Patient Experience Strategy</li> <li>• Attendance Management Policy</li> <li>• Dignity at Work Policy</li> <li>• Disciplinary Policy and Procedure</li> <li>• Special Leave Policy</li> </ul>
<b>Training Need Identified?</b>	Yes. <ul style="list-style-type: none"> <li>• Information given to new starters within corporate induction.</li> <li>• Transgender awareness sessions offered throughout the year.</li> </ul>

### Version Control Table

<b>Date</b>	<b>Version No</b>	<b>Summary of Changes</b>	<b>Changes Made by (Name and Job Title)</b>
Jan 2014	V1.0	Initial Issue	Debby Lewis, Human Rights, Equality and Inclusion Lead
Jan 2017	V1.1	Reviewed to include Zero Tolerance to Discrimination protocol	Debby Lewis, Human Rights, Equality and Inclusion

**All or part of this document can be released under the Freedom of Information Act 2000**

**This document is to be retained for 10 years from the date of expiry.**

**This document is only valid on the day of printing**

#### **Controlled Document**

This document has been created following the Royal Cornwall Hospitals NHS Trust Policy on Document Production. It should not be altered in any way without the express permission of the author.

## Appendix 2. Initial Equality Impact Assessment Screening Form

Name of service, strategy, policy or project (hereafter referred to as <i>policy</i> ) to be assessed: <b>Guidance for supporting people who are transgender</b>	
Directorate and service area: <b>Human Resources</b>	Is this a new or existing Procedure? <b>Existing</b>
Name of individual completing assessment: <b>Debby Lewis</b>	Telephone: <b>01872 258128</b>
1. Policy Aim*	This policy sets out the Trust's responsibilities as a service provider and an employer for transgender (Trans) people.
2. Policy Objectives*	To give guidance to managers on how to support transgender patients and staff. To give guidance to staff on how to support transgender patients.
3. Policy – intended Outcomes*	The policy will improve the experiences of transgender patients and staff.
4. How will you measure the outcome?	<ul style="list-style-type: none"> <li>• Feedback from patients through complaints.</li> <li>• Consultation with local transsexual network group.</li> <li>• Monitor grievances lodged with HR related to bullying/harassment and transgender.</li> </ul>
5. Who is intended to benefit from the Policy?	Staff, patients and public
6a. Is consultation required with the workforce, equality groups, local interest groups etc. around this policy?	Yes
b. If yes, have these groups been consulted?	Consultation took place in 2013 when the policy was first introduced.
c. Please list any groups who have been consulted about this procedure.	Kernow Katz, Equality Southwest trans network Qwes T (national female to male network) NHS England

<b>7. The Impact</b>			
Please complete the following table.			
Are there concerns that the policy <b>could</b> have differential impact on:			
Equality Strands:	Yes	No	Rationale for Assessment / Existing Evidence
<b>Age</b>		✓	This policy is accessible to people of all ages.

<b>Sex</b> (male, female, trans-gender / gender reassignment)		✓	This policy provides equality to all genders and non-binary individuals.
<b>Race / Ethnic communities /groups</b>		✓	This policy covers individuals from all ethnic backgrounds.
<b>Disability -</b> Learning disability, physical disability, sensory impairment and mental health problems		✓	Individuals with impairments or health conditions will not be negatively affected by this policy.
<b>Religion / other beliefs</b>		✓	This policy is accessible to all religions/beliefs.
<b>Marriage and civil partnership</b>		✓	This policy is accessible to all marital statuses.
<b>Pregnancy and maternity</b>		✓	Although unlikely, it is possible for a transsexual patient to be pregnant. This policy will positively impact.
<b>Sexual Orientation,</b> Bisexual, Gay, heterosexual, Lesbian		✓	Sexual orientation will not be negatively impacted by this policy.
<p>You will need to continue to a full Equality Impact Assessment if the following have been highlighted:</p> <ul style="list-style-type: none"> <li>• You have ticked “Yes” in any column above and</li> <li>• No consultation or evidence of there being consultation- this <u>excludes</u> any <i>policies</i> which have been identified as not requiring consultation. <b>or</b></li> <li>• Major service redesign or development</li> </ul>			
8. Please indicate if a full equality analysis is recommended.		<b>Yes</b>	<b>No</b> ✓
9. If you are not recommending a Full Impact assessment please explain why.			
<b>This policy ensures transsexual individuals will be treated with respect and dignity.</b>			
Signature of policy developer / lead manager / director		Date of completion and submission	
Names and signatures of members carrying out the Screening Assessment	1. Debby Lewis 2.		

**Keep one copy and send a copy to the Human Rights, Equality and Inclusion Lead**  
c/o Royal Cornwall Hospitals NHS Trust, Human Resources Department, Knowledge Spa,  
Truro, Cornwall, TR1 3HD

A summary of the results will be published on the Trust’s web site.

Signed  \_\_\_\_\_

Date \_\_\_\_ January 2017 \_\_\_\_\_