




The Walton Centre
NHS Foundation Trust

Excellence in Neuroscience 

Transgender, Non-binary, Gender Fluid Patient Policy

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Responsible Director:	Chief Nurse	
Approved by and date:	Quality & Patient Safety Group	13 A
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Target Audience:	All trust employees, patients, families, and carers	
Document Approval, History/Changes	For further information contact the Governance Department on Tel: [REDACTED]	

Think of the environment...Do you have to print this out this document? You can always view the most up to date version electronically on the Trust intranet.



Executive Summary

The Walton Centre (TWC) is committed to promoting equality, diversity, inclusion for all as an NHS provider, leader, and employer.

This policy has been written with support from Genderspace UK who provide awareness raising with regards to this subject at the Trust.

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1. Introduction

The Walton Centre (TWC) NHS Foundation Trust is fully committed to promoting equality, diversity, inclusion, and good relationships in everything it does, as an NHS Trust providing care and treatment to patients and as an employer.

For Transgender (trans), non-binary and/or gender non-conforming/questioning people, there are concerns around historical discrimination, structural inequalities, health inequalities, data protection and interpersonal communication that need to be thoughtfully and respectfully considered. Trans is an umbrella term to describe people whose gender is not the same as, or does not sit comfortably with, the sex they were assigned at birth. The term Trans will be used throughout this policy.

The purpose of this policy is to support the Trust to ensure that any person receiving care or treatment are always treated equitably in their affirmed gender.

This policy supports the Trust in its delivery of inclusive services and ensures it does not breach the Equality Act 2010. Under this legislation, it states that a Trans person does not need to be under medical supervision, or hold a Gender Recognition Certificate (GRC), to live and be protected in their affirmed gender.

The aim of this policy is to provide staff with the support they require and ensure all patients are treated equitably.

2. Scope

This policy applies to any person directly or indirectly involved in providing care or treatment to patients referred to or being treated by TWC. A failure to follow the requirements of the policy may result in investigation and action being taken if considered appropriate. If issues are reported as a hate crime this matter could be investigated as a criminal/incident offence as personal patients should be treated in a dignified, non-discriminatory way.

3. Definitions

See Appendix 1 for Glossary of Terms.

4. Duties

4.1. Trust Board

Will ensure that all managers are accountable for the implementation and promotion of this policy and to develop a culture and climate which is free from any form of discrimination. To ensure that this policy is acted upon through delegation to appropriate groups and committees.

4.2. Chief People Officer

Is responsible for monitoring the effectiveness of this policy and decide on appropriate actions in response to any needs. This policy will be subject to monitoring, evaluation, and review.

4.3. Human Resources (HR)

The HR Department has a specific responsibility to ensure the promotion of equality, diversity and inclusiveness through its employment practices, policies and procedures, and in supporting the application of this policy.

4.4. Equality, Diversity and Inclusion Lead (ED&I Lead)

Is responsible to develop and promote a Trust-wide culture and climate which is free from any form of discrimination. They are responsible for promotion of Trans equality and will ensure that this policy is acted upon through delegation to appropriate care groups and committees.

4.5. Role of the Equality, Diversity, and Inclusion Group

The ED&I Group's role is to provide support, assurance, and governance for the Trust Board via the Quality Committee on all equality, diversity and inclusion matters and as an aid to the delivery of effective healthcare and employee experience.

4.6. Heads of Departments/ Managers

Are responsible for ensuring that practical application of this policy and that care and treatment should be delivered in line with the Equality Act 2010 and Gender Recognition Act 2014.

4.7. Patient & Family Experience Team

Will support all patients, families and carers and raise concerns on their behalf including those relating to any of the 9 protected characteristics. The team promote high equality standards and report any enquiries/concerns relating to the same via the Patient Experience Group which reports into Quality Committee.

4.8. Staff

All individuals working and volunteering at The Walton Centre have a personal responsibility for the application of this policy and should positively promote high equality standards and always refrain from direct or indirect acts of discrimination.

5. Procedure

Where a Trans person attends TWC as an inpatient or outpatient, protecting their dignity, safety and privacy must be paramount. In such circumstances decisions such as ward/room allocation, should be made in conjunction with the individual themselves, and in accordance with their chosen desired/lived gender identity. For example, if the patient wishes to be known as a female/woman, they must be regarded as such. All people have a legal protection against discrimination.

Good practice requires that clinical input should always be patient centred, respectful, and flexible towards all individuals who live continuously or temporarily in their gender role.

6.0 The Legal Context

6.1.2 Gender Recognition Act 2004

The UK Gender Recognition Act 2004 (GRA) enables people over the age of eighteen to gain full legal recognition for the gender in which they live.

Applications are considered by the Gender Recognition Panel. Once a person receives a Gender Recognition Certificate (GRC), they are legally of that gender for every purpose and have all the rights and responsibilities associated with that gender. A patient's rights do not depend on whether a person has a GRC. Staff should not ask for a person's GRC, and it should never be a pre-condition for recognising a patient's Trans status/gender identity whilst in the care of the Trust.

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

Section 22 of the GRA makes it an offence for any individual who has obtained information about a person's gender identity in an official capacity to divulge that a person has or has applied for a gender recognition certificate or do anything that would make such a disclosure. The Gender Recognition (Disclosure of information) (England, Wales and Northern Ireland) Order 2005 (2) and the Gender Recognition (Disclosure of Information) (Scotland) Order 2005 creates an exception in cases where a patient gives consent or does not have the capacity to consent to Section 22 for health professionals where:

- The disclosure is made to a health professional
- The disclosure is made for medical purposes (to include the purpose of preventative medicine, medical diagnosis and the provision of care and treatment) and
- The person making the disclosure reasonably believes that the subject has given consent for the disclosure or cannot give such consent

6.1.3 Equality Act 2010

The Equality Act 2010 (England, Scotland, and Wales) protects against discrimination because of gender reassignment in employment and service delivery. It bans direct and indirect discrimination and victimisation. The Act makes clear that it is not necessary for people to have any medical diagnosis or treatment to gain this protection; it is a personal process of moving away from the gender assigned at birth to their identified gender. People discriminated against because they are wrongly perceived to be a Trans person, or who are discriminated against because of their association with Trans people or issues, are also protected

When communicating with other health care professionals, gender history does not need to be disclosed unless it is directly relevant to the condition, or its likely treatment and consent is gained from the patient as outlined in section 6.1.2.

7.0 Provision of Inpatient and Outpatient Care

A Trans person has equal rights to access their preferred gendered accommodation, as any other person and therefore should be admitted and accommodated in accordance with their presenting gender identity, if they are comfortable with this. Staff should involve patients in the admission procedure, preferably during the pre-admission phase.

Staff should be aware that this does not depend on their having a gender recognition certificate (GRC) or legal name which should be done in consultation with the patient. This applies to ward, toilet, and bathing facilities.

Sensitivity and discretion should always be considered regarding the individual presentation whilst using gendered facilities. Staff should also be mindful that views of family members may not accord with the individuals wishes and should this be the case the Trans person's view takes priority.

Language and approach are most important. Staff may be concerned about using the correct language when talking about gender identity and are often concerned about 'getting it wrong'. A discussion with the patient at the earliest opportunity to understand how they prefer to be addressed can help with this.

Staff should always use the name title (e.g., Mr, Mrs, Miss, Ms, Mx (does not indicate gender), or none of these) and pronouns that the Trans person deems correct and make sure that any records are clearly marked with this name and preferred title. The Trust has a legal duty to ensure that the person is protected from discrimination or harassment. This includes not tolerating negative views, comments or opinions of other patients or members of staff and these should be addressed appropriately.

Staff should always address the patient in line with their affirmed gender, with their preferred name and pronouns, even if there has been no legal name change. It should be noted that a patient's health records may not match their current lived gender/name/pronouns and staff should be mindful to always use the patients presenting gender and name. Staff should also discuss with the patient what is reflected in their health records and if they wish for this to be changed in line with their presenting gender. If this is the case, staff should make these arrangements in a timely manner.

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

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

If staff are unsure about a person's gender, they should use gender neutral terms and language until it is appropriate to ask how they wish to be known.

If on admission the person is unconscious or incapacitated then, in the first instance, inferences should be drawn from presentation and mode of dress could be an indication of how a person wishes to identity until they are able to confirm this.

7.1 Concerns for Children and Young People

Although TWC mainly treats adults, occasionally young people are transferred or admitted for care. Young people should be accorded the same respect for the gender they present as.

In some instances, parents or those with parental responsibility may have a view that is not consistent with the young person's view. If possible, the young person's preference should prevail even if they are not Gillick competent. Gillick competence is a term used in medical law to decide whether a child (16 years or younger) can consent to their own medical treatment, without the need for parental permission or knowledge.

Mental Capacity Act 2005 to be used after the age of 16 +. More in-depth and greater sensitivity may need to be extended to adolescents whose secondary sex characteristics have developed and whose view of their gender identity may have consolidated in contradiction to their sex appearance. It should be borne in mind that they are extremely likely to continue to experience gender identity that is inconsistent with their natal sex appearance, so their current gender identity should be fully supported in terms of their accommodation and use of toilet and bathing facilities.

7.2 Risk Assessment

Staff may be concerned about possible risks and vulnerabilities that could arise because of a Trans person being admitted to a ward/unit in accordance with their affirmed gender. These should be assessed objectively considering the cause of that concern.

After consideration it may be appropriate to take additional action to manage risks such as enhanced observation or even moving the service user. But a Trans person should not be moved to an inappropriate setting and the decision should not solely be made on the basis their Trans identity.

7.3 Changes in Gender Presentation

Staff should always be mindful that a patient's presentation may change due to circumstances and how someone identifies themselves. For example, an individual may identify as a Trans man, but in times of crisis or fear, revert to wearing clothing considered to be female.

There may be times when staff will need to determine if their presentation is due to current mental health needs, or otherwise. Each case will need to be determined on an individual basis. Some people prefer to occasionally wear clothing not usually worn by their assigned gender for many reasons, including fear or anxiety. This should be respected so long as (with other people) it is not overly revealing or sexualised. Some people may choose to change their gender presentation in direct response to family dynamics or family anxieties about their gender presentation.

7.4 Safeguarding

Patients may have difficulties accepting the service users gender identity. This may put the service users at risk, so enhanced observation may be necessary, until the risk is no longer present. Consideration should always be given to any safeguarding issues, and these be reported through the normal channels. Advice can be sought from the Safeguarding Team. The safeguarding team will always support the patient in these circumstances as well as the staff with any complex issues to ensure the patients' rights are upheld and that there is a safe environment. This may involve reporting unacceptable behaviours as a hate crime to the Police on Local Authority safeguarding teams

8.0 Pronouns

A pronoun is a word that is used instead of a noun or noun phrase. They are short words that describe an individual or group or people instead of using their name. These types of words include, *she, he, him, her, you, we, us, their, they* and *them*. This validates and acknowledges the identity of a person and how they want to be addressed.

It is good practice for staff to use personal pronouns on email signatures, meeting profiles and badges.

Staff should be aware of the impact that mistaken pronouns have on individuals. If staff are unsure about a person's gender, they should always use gender neutral terms, until it is appropriate to ask how they wish to be known. They should explain the rationale for asking and ask people, how they would like to be addressed and what pronouns do they like. By offering your own preferred pronouns in an introduction gives the other person the cue that they can inform you how they wish to be addressed.

9.0 Promotion of Trans Equality

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

- Ensuring that future training courses that are delivered are fully inclusive of Trans people and this should include both face-to-face training and e-learning.
- Marking important dates to celebrate the Trans community, such as Trans Day of Visibility and Transgender Day of Remembrance and including Trans people in publicity and marketing materials.
- Ensuring that all forms and surveys are inclusive.
- Including Trans equality as a core part of the organisation's equality agenda and objectives.
- Investigating fully all complaints of harassment, victimisation, or discrimination on the grounds of gender identity, gender history, Trans status or gender expression in line with NHS complaints procedure and Trust policy
- Trans awareness sessions to be made available to staff and Trust Board.

10. Breach of Policy

It is unlawful to discriminate against or harass Trans people. A criminal offence can be committed by staff who disclose the gender history of a Trans person who holds a GRC, without explicit consent. Staff who become aware of a breach of this policy are asked to raise the issue with their manager and ED&I Lead in the first instance. Managers should seek to resolve with the support of the ED&I Lead. If the breach in policy could affect the reputation of the Trust, then the Divisional Director of Operations and/or Clinical Lead must be notified along with the Head of Communications in case of press enquiries.

11. Monitoring

Area for Monitoring	How	By Whom	Frequency
Compliance by all Staff and volunteers	Review of concerns or complaints raised in line with Trust's	Head of ED&I, Head of Patient Experience	Quarterly

	complaints procedure		
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12. References

- Equality Act 2010 (and Subsequent Amendments)
- Gender Recognition Act 2004
- Data Protection Act (1998) and Human Rights Act (1998)
- Department of Health (DH) Trans guidance for the NHS (2008)
- GMC Guidance – Trans healthcare
www.gmc-uk.org/ethical-guidance/ethical-hub/trans-healthcare

Appendix 1 - Glossary of Terms

Ally: A term used to describe someone who supports and advocates for the equal rights of the LGBTQ+ community. It encompasses straight and cisgender allies, as well as those within the LGBTQ+ community who support each other e.g., a bisexual, cisgender man, advocating for the rights of a heterosexual, transgender woman.

Asexual: A person who does not feel sexual attraction or desire for other people.

Aromantic: A person who does not feel a romantic connection for other people.

Biphobia: The fear, hatred, or discomfort of those who are sexually or romantically attracted to more than one gender. Can often be displayed through words, actions, or behaviours such as negative stereotypes about bisexuality, denial that bisexuality is a genuine orientation, and/or bisexual erasure.

Biromantic: A person who feels a romantic connection to two or more genders.

Bisexual: A person who feels sexual attraction to two or more genders. Bisexual can mean attracted to men and women in the binary view of gender. Bisexual can also mean being attracted to your own and other genders.

Cisgender: A person whose gender identity aligns with the sex they were assigned at birth.

Coming out: A phrase used to describe the act of sharing one's sexual orientation and/or gender identity with others. For the LGBTQ+ community, this does not just happen once. This is a continual process that occurs throughout all areas of a person's life, both personally and professionally.

Gay: A person who is sexually attracted to another person of the same gender.

Heterosexual: A person who is sexually attracted to another person of the opposite gender.

Heteroromantic: A person who feels a romantic connection to the opposite gender.

Homophobia: The fear, hatred, or discomfort of those who are sexually or romantically attracted to the same gender. Can often be displayed through negative words, actions, or

behaviours such as prejudice, stereotypes, insults, discrimination, and violence. All of the LGBTQ+ community can experience this in some way, no matter orientation or gender identity.

Homoromantic: A person who feels a romantic connection to only the same gender.

Intersex: Intersex is an umbrella term for differences in sex traits or reproductive anatomy. Intersex people are born with these differences or develop them in childhood. There are many possible differences in genitalia, hormones, internal anatomy, or chromosomes, compared to the usual two ways that human bodies develop. Some intersex traits are noticed at birth. Others don't show up until puberty or later in life. Intersex people often face shame—or are forced or coerced into changing their bodies, usually at a very young age. Most surgeries to change intersex traits happen in infancy. The intersex community is slowly becoming more visible but is still an overlooked part of the LGBTQ+ community.

Gender binary: The classification of gender and gender expression being two distinct and strict categories of male/female and masculine/feminine. In most Western cultures, gender is seen as being an either/or choice. In this way of seeing gender, you can either be man or woman, boy or girl, nothing else. A big part of LGBTQ+ activism focuses on challenging this limiting view and being more inclusive of the full gender spectrum.

Gender expression: How an individual chooses to express their gender identity through their appearance, behaviour, demeanour, or characteristics.

Gender fluid: A person who does not identify with a single fixed gender or has a fluid or unfixed gender identity.

Gender identity: A person's innate sense of their own gender which may or may not correspond to the sex they were assigned at birth. Note: a person's gender identity is independent of their sexual/romantic orientation.

Genderqueer: A person whose gender identity does not fit the constraints of the gender binary, but instead views gender as something which is fluid and identifies with neither, both, or a combination of male and female genders.

Lesbian: A woman who is emotionally, romantically and/or sexually attracted to other women. Women and those who identify as non-binary may use this term to describe themselves.

Non-binary: A person whose gender identity does not fit the constraints of the gender binary, but instead views gender as a spectrum and may identify as being both a man and a woman, somewhere in between, or as falling completely outside of these categories.

Outing: Exposing a person's sexual orientation or gender identity to others, without their permission. This could potentially lead to a harassment claim under the Equality Act 2010.

Queer: An umbrella term used by the LGBTQ+ community who may not identify or associate with the labels used to describe orientation or gender identity. It is often used as an all-encompassing term for identities within the community, also taking into account culture, politics and worldview. Once a derogatory term, this has recently been reclaimed by the community – however some may still find it an offensive word.

Questioning: A person who may be unsure of or exploring their orientation or gender identity.

Pansexual: A person who feels sexual attraction to any gender. Attraction is not necessarily simultaneous, equal, in the same way or to the same degree. Some pansexual people may describe themselves as being attracted to people based on personality, not gender.

Panromantic: A person who feels a romantic connection to any gender.

Pronouns: Used when referring to another person, linked to a person's gender identity. These include but are not limited to: male (he/him), female (she/her), non-binary/gender neutral (they/them) or (ze/zir). A person may use a mix of pronouns depending on their gender identity.

Romantic Orientation: Who we are romantically/emotionally attracted to based on the gender identity of ourselves and others. Note: a person's romantic orientation is independent of their sexual orientation and gender identity.

Sexual Orientation: Who we are sexually attracted to. Note: a person's sexual orientation is independent of their romantic orientation and gender identity.

Transgender / Trans: An umbrella term for people whose innate gender identity and/or expression differs from the sex they were assigned at birth.

A trans person is someone whose gender differs from the one they were assigned at birth. At birth we are assigned a gender (boy or girl). For cisgender people this gender feels right. The gender assigned to trans people at birth (boy or girl) is not right for them. Transgender people may identify as male or female, a trans man or trans woman, or they may use a different term such as agender, non-binary, or a term specific to their language, generation or culture.

Transphobia: The fear, hatred, or discomfort towards those whose gender identity or expression does not conform to the gender binary view. Can often be displayed through words, actions, or behaviours such as negative stereotypes, outing, and the deliberate misuse of pronouns.

Transitioning: The journey and process of changing an aspect of a person's identity or presentation to ensure the individual can live more fully as the innate gender in which they identify as opposed to the gender they have been assigned at birth. This may include, but is not limited to: medical transition, such as hormone therapy or gender affirming surgeries; legal transition, which may include changing legal name and sex on government identity documents; social transition, such as changing appearance, expression, name, and pronouns. This is a very person and individual journey, as a Transgender person may choose to undergo some, all, or none of these processes.

Appendix 2 Equality Impact Assessment (EIA) Form

This section must be completed at the development stage i.e. before ratification or approval. For further support please refer to the EIA Guidance on the Equality and Diversity section of the Intranet.

Part 1	
1. Person(s) Responsible for Assessment: [REDACTED]	2. Contact Number: [REDACTED]
3. Department(s): Clinical Governance	4. Date of Assessment: 30 November 2022
5. Name of the policy/procedure being assessed: Transgender Patient Policy	
6. Is the policy new or existing? New	
7. Who will be affected by the policy (<i>please tick all that apply</i>)? Staff <input checked="" type="checkbox"/> Patients <input checked="" type="checkbox"/> Visitors <input checked="" type="checkbox"/> Public <input checked="" type="checkbox"/>	
8. How will these groups/key stakeholders be consulted with? Consultation with ED&I lead, ED&I Group, Senior Nursing Team and Genderspace UK to provide comment.	
9. What is the main purpose of the policy? Guidance for staff who provide care and treatment to Trans patient.	
10. What are the benefits of the policy and how will these be measured? Clear guidance and consistency in management of trans patients. Any concerns will be escalated to E,D&I Lead and reported and monitored to the ED&I group	
11. Is the policy associated with any other policies, procedures, guidelines, projects or services? <i>If yes, please give brief details</i>	
12. What is the potential for discrimination or disproportionate treatment of any of the protected characteristics? This policy will provide guidance to ensure that all trans patients are treated equitably and with dignity and respect at all times without discrimination. Any concerns or complaints raised will be reported on a quarterly basis to Quality Committee as part of the quarterly Patient Experience report.	

Protected Characteristic	Positive Impact (benefit)	Negative (disadvantage or potential disadvantage)	No Impact	Reasons to support your decision and evidence sought	Mitigation/adjustments already put in place
Age			X	Monitored via contacts or concerns raised.	There is a paragraph asking to make contact if a complainant or patient they feel they have been subject to discrimination during the complaints process is in all acknowledgment letters/emails with details of who to contact.
Sex			X	As above	As above
Race			X	As above	As above
Religion or Belief			X	As above	As above
Disability			X	As above	As above
Sexual Orientation			X	As above	As above
Pregnancy/maternity			X	As above	As above
Gender Reassignment			X	As above	As above
Marriage & Civil Partnership			X	As above	As above
Other				As above	As above
If you have identified no negative impact for all please explain how you reached that decision and provide reference to any evidence (e.g. reviews undertaken, surveys, feedback, patient data etc.)					
13. Does the policy raise any issues in relation to Human Rights as set out in the Human Rights Act 1998? No					

If you have identified negative impact for any of the above characteristics, and have not been able to identify any mitigation, you MUST complete Part 2, please see the full EIA document on the Equality and Diversity section of the Intranet and speak to EDI Lead for further support.

Action	Lead	Timescales	Review Date
<p>Declaration I am satisfied this document/activity has been satisfactorily equality impact assessed and the outcome is:</p> <p>No major change needed – EIA has not identified any potential for discrimination/adverse impact, or where it has this can be mitigated & all opportunities to promote equality have been taken</p>			



Adjust the policy – EIA has identified a need amend the policy in order to remove barriers or to better promote equality
You must ensure the policy has been amended before it can be ratified.



Adverse impact but continue with policy – EIA has identified an adverse impact but it is felt the policy cannot be amended.
You must complete Part 2 of the EIA before this policy can be ratified.



Stop and remove the policy – EIA has shown actual or potential unlawful discrimination and the policy has been removed



Name: [REDACTED] Date: 30 November 2022

Signed: or/Sent from work email account

Appendix 3 - Policy approval checklist

The **Transgender Patient Policy** is presented to the **Equality Diversity & Inclusion Group** for Approval. In order for this policy to be approved, the reviewing group must confirm in table 1 below that the following criteria is included within the policy. Any policy which does not meet these criteria should not be submitted to an approving group/committee, the policy author must be asked to make the necessary changes prior to resubmission.

Policy review stage

Table 1

The reviewing group should ensure the following has been undertaken:	Approved?
The author has consulted relevant people as necessary including relevant service users and stakeholders.	Y
The objectives and reasons for developing the documents are clearly stated in the minutes and have been considered by the reviewing group.	Y
Duties and responsibilities are clearly defined and can be fulfilled within the relevant divisions and teams.	Y
The policy fits within the wider organisational context and does not duplicate other documents.	Y
An Equality Impact Assessment has been completed and approved by the HR Team.	Y
A Training Needs Analysis has been undertaken (as applicable) and T&D have been consulted and support the implementation	Y
The document clearly details how compliance will be monitored, by who and how often.	Y
The timescale for reviewing the policy has been set and are realistic.	Y
The reviewing group has signed off that the policy has met the requirements above.	Y

Reviewing group chairs name:	Date:
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Policy approval stage

<input checked="" type="checkbox"/> The approving committee/group approves this policy. <input type="checkbox"/> The approving committee/group does not approve the policy.	
Actions to be taken by the policy author:	
Approving committee/group chairs name:	Date:

Appendix 4 - Version Control

Version	Section/Para/ Appendix	Version/description of amendments	Date	Author/ Amended by

Translation Service

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[REDACTED]