Royal Devon University Healthcare NHS Foundation Trust

Transgender Admittance & Policies

Reference Number: RDF2059-23
Date of Response: 01/12/23

Further to your Freedom of Information Act request, please find the Trust's response(s) below:

Please be aware that the Royal Devon University Healthcare NHS Foundation Trust (Royal Devon) has existed since 1st April 2022 following the integration of the Northern Devon Healthcare NHS Trust (known as Northern Services) and the Royal Devon and Exeter NHS Foundation Trust (known as Eastern Services).

Dear Royal Devon University Healthcare NHS Foundation Trust,

I am after some information under The Freedom of Information Act 2000 (FOI). Please can you send me following;

1. *How many patients admitted over the last 5 years identifying as transgender? (provide the 5-year record in either breakdown or limited to 1,2 or 3 years. I only need the numbers for first attendance, however if removing repeat attendances will requiring additional work then please just acknowledge this in your response)*

    a. *Including a breakdown of the ages - 18-30, 30-60, 60-70, 70+*
    Answer: Please see table below. Count of first hospital admissions of a patient recorded as transgender at the time of their spell, from 13/04/22 to 15/11/23.

*Year	Age 18-30	Age 31-60	Age 61-70	Age 71+	Dementia	Cognitive Decline	Delirium
2023	28	6	≤5	Nil	Nil	Nil	Nil
*2022	8	≤5	Nil	Nil	Nil	Nil	Nil

*Prior to 13/04/2022, the Trust cannot reliably identify patients recorded as transgender **at the time of their hospital spell** due to limitations in how the data is recorded within our system. Earlier data only reflects admissions of patients who are **currently** recorded as transgender, but may not have been on the date of admission.

In accordance with Section 40 (2) of the Freedom of Information Act 2000, we are unable to provide figures where the number of patients is less than or equal to five and could risk the identification of those patients and breach Caldicott principles. In these cases ≤5 is used to indicate that a figure between 1 and 5 is being suppressed.

This follows NHS Digital (formerly HSCIC) analysis guidance (2014) which states that small numbers within local authorities, wards,

postcode districts, CCG's providers and Trusts may allow identification of patients and should not be published.

2. *How many patients' have a diagnosis of dementia, cognitive decline or delirium who identify as transgender?*
   Answer: Please see table above.

3. *Do you include the needs of transgender patients in any policies including – but not limited too - managing same sex accommodation, enhance care/close observation, supporting carers.*
   Answer: Please find attached the Trust's guideline: RDUH-Trans-and-Non-Binary-Patient-Care-Guidelines.

NHS
Royal Devon
University Healthcare
NHS Foundation Trust

Trans, Non-binary and Intersex Gender Recognition Patient Support Guidelines

Post holder responsible for Procedural Document	[redacted] Deputy Director of Nursing (Patient Experience)
Authors of Guideline	[redacted] LGBTQ+ Staff Network Chair [redacted] Patient Facing Equality Lead
Division/ Department responsible for Procedural Document	Patient Experience
Contact details	[redacted]
Date of original guideline	02/02/23
Impact Assessment performed	Yes
Approving body and date approved	Patient Experience Group 02/02/23 Clinical Effectiveness Committee 22/5/23
Review date (and frequency of further reviews)	22/05/25 (unless revised NHS guidelines are produced before), review every two years.
Expiry date	22/05/26
Date document becomes live	15/11/2023

Please *specify* standard/criterion numbers and tick ✓ other boxes as appropriate

Monitoring Information		**Strategic Directions – Key Milestones**	
Patient Experience	x	Maintain Operational Service Delivery	
Assurance Framework		Integrated Community Pathways	
Monitor/Finance/Performance		Develop Acute Services	
CQC Fundamental Standards Regulations No:		Delivery of Care Closer to Home	
		Infection Control	
Other *(please specify)*:	EDS2		
Note: This document has been assessed for any equality, diversity or human rights implications			

Controlled document
This document has been created following the Royal Devon and Exeter NHS Foundation Trust Development, Ratification & Management of Procedural Documents Policy. It should not be altered in any way without the express permission of the author or their representative.

Full History		**Status: Draft** or **Final**	
Version	Date	Author (Title not name)	Reason
1.0	09/03/23	LGBTQ+ Staff Network Chair	No similar guidance in place

Associated Trust Policies/ Procedural documents:	*Inclusion Policy*
Key Words:	LGBTQ+; LGBT; trans; transgender; transexual; MTF; FTM; male to female; female to male; non-binary; nonbinary; non binary; gender; admission; admitting; name change; record change; gender non-conforming; gender diverse; diversity; inclusion; intersex
In consultation with and date: [redacted] LGBTQ+ Staff Network Member 02/21 [redacted] LGBTQ+ Staff Network Member 02/21 [redacted] LGBTQ+ Staff Network Member 02/21 [redacted] LGBTQ+ Staff Network Member 02/21 [redacted] Unique TG Network/TransForum Manchester 02/21 Inclusion Steering Group, RDUH, 31/01/23 [redacted] Inclusion Lead, 01/23 Patient Experience Operational Group, 02/02/23 [redacted] and [redacted] Patient Flow, 02/23 [redacted] Lead Cancer Nurse and End of Life Lead, 02/23	
Contact for Review:	[redacted] Deputy Director of Nursing (Patient Experience)

CONTENTS

KEY POINTS OF THIS GUIDANCE (SUMMARY) 4
1. INTRODUCTION 5
2. PURPOSE 5
3. DEFINITIONS 5
4. DUTIES AND RESPONSIBILITIES OF STAFF 7
5. GENDER IDENTITY GUIDELINES FOR SERVICE PROVISION TO TRANS, NON-BINARY, AND INTERSEX PATIENTS 8
5.1 Overarching Principles for Providing Care in Inpatient and Outpatient settings 8
5.2 Providing Care in an Inpatient Setting 9
5.3 Providing Care in an Outpatient Setting 10
5.4 Changing Patient Records 10
5.5 Providing Care for Trans or Gender Questioning Children and Young People . 11
5.6 Providing Care for Trans, Non-Binary, and Intersex Older People 12
5.7 Ordering and Reviewing Blood Tests, Imaging, etc. 12
5.8 Communication 12
6. ARCHIVING ARRANGEMENTS 12
7. PROCESS FOR MONITORING COMPLIANCE WITH AND EFFECTIVENESS OF THE STANDARD OPERATING PROCEDURE/ GUIDELINE 12
8. REFERENCES 13
APPENDIX A: Glossary of further terms 14
APPENDIX B: COMMUNICATION PLAN 16
APPENDIX C: EQUALITY IMPACT ASSESSMENT TOOL 17

KEY POINTS OF THIS GUIDANCE (SUMMARY):

- Language – see section 3 for a comprehensive list of definitions and correct terms to use in speech and written notes.
- Trans people are people who live all or part of the time in a gender different to that traditionally associated with the sex they were assigned at birth. Trans people self-identify in many ways. A person's gender identity is self-defining, does not always involve a medical process or legal recognition and is a separate to their sexual orientation (sexuality).
- Non-binary people have a gender identity which does not sit comfortably with either 'man' or 'woman'.
- Intersex people are individuals whose anatomy or physiology differ from contemporary cultural stereotypes of what constitute a typical male or female. Intersex people may have mixed sex characteristics such as ambiguous genitalia, and/or atypical gonads, chromosomes or sex hormone levels.
- All patients should be treated with dignity and respect at all times.
- "Assumption is the mother of all mistakes" – do not assume. If you are unsure of a patient's gender, preferred name, or pronouns (see definitions, 3.9), ask them in a sensitive manner and in a suitable confidential setting.
- A person does **not** need a Gender Recognition Certificate (GRC) or legal name change for them to express their preferred gender, use a preferred name, or change their name on their records, and access services as their preferred gender. Asking to see a GRC can be a criminal offence.
- Where possible, provide a private area to register details if the patient would prefer, rather than using a public reception area.
- See section 5.4 for guidance on updating records.
- For many investigations or procedures, gender and sex are irrelevant. Consider whether you need to know this information for the care you are providing. If not, do not ask.
- Where care requires admission to a single-sex ward, trans patients should be accommodated on a ward according to their gender identity. If staff members are unsure of a patient's gender, they should, where possible, ask discreetly and sensitively where the patient would be most comfortably accommodated.
- If a person is incapacitated on admission, inferences should be drawn from their mode of dress and outward gender presentation (and preferred name and pronouns if known), and consent obtained at the earliest possible opportunity. The genitals and/or breast area should not be inspected unless this forms part of the medical care required, and appearance of these areas must not dictate where the patient is accommodated.
- Be aware that many trans, non-binary, or intersex people are sensitive about their genital appearance and may prefer to use toileting facilities that match their gender identity. Toilet and washing facilities in line with the patient's gender identity should be used.
- Consider using initial and surname on ward whiteboards to identify patients who have not changed their name on their medical records.
- Try to allocate a specific nurse to post-operative care to maintain privacy.
- Always check details with the patient if in doubt, using a suitably confidential setting.
- **The Trust has a zero-tolerance approach to transphobia, interphobia, or any other discriminatory behaviour.**

1. INTRODUCTION

1.1 Transgender (trans) people are people who live all or part of the time in a gender different to that traditionally associated with the sex they were assigned at birth. Trans people self-identify in many ways, and trans is an umbrella term for people whose gender identity and / or gender expression differs from their assigned birth sex. A person's gender identity is self-defining, does not always involve a medical process or legal recognition and is a separate to their sexual orientation (sexuality).

1.2 There are many ways that some people self-define, including 'non-binary', and a longer glossary of language associated with gender and sexual orientation issues is found in Section 3 and Appendix A of this document.

1.3 Since December 2007, all public authorities are under a duty to have due regard to the need to eliminate unlawful discrimination and harassment on grounds of gender re-assignment in the provision of goods, facilities and services.

1.4 Sex and Gender Reassignment are protected characteristics under the Equality Act 2010, and further legal protection is provided under the UK Sex Discrimination Act 1975 (1998 Gender Reassignment Regulations) and Gender Recognition Act 2004. This means that the Royal Devon University Healthcare Foundation Trust (hereafter referred to as "the Trust") and each member of staff has a legal duty to treat all service users equally and without discrimination, regardless of sex, gender, or gender reassignment.

1.5 It is the aim of the Trust to ensure that service users who are trans, non-binary, intersex, or are undergoing any stage of the gender reassignment process are respected, valued and worked with in a collaborative way that is sensitive to individual needs, is prejudice free and challenges any discrimination individuals may experience. This guidance aims to provide staff with information and good practice to support this aim for trans, non-binary, and intersex service users.

2. PURPOSE

2.1 NHS England has not, as yet, provided consistent national guidance on this issue relating to first point of contact, patient records, same sex ward accommodation or clinical care. The purpose of this document is therefore to offer interim guidance to best care from first point of contact, through admission and during inpatient or outpatient care, including guidance on patient records.

2.2 This guidance relates to patients. Separate guidance will be published regarding supporting trans and non-binary colleagues.

2.3 This guidance relates to general hospital care that is provided to all patients, rather than specific trans or intersex healthcare needs such as hormonal intervention, surgical intervention, or gender identity services.

3. DEFINITIONS

3.1 **Gender** – roles, behaviours, activities, attributes and opportunities that a society typically attributes to people of a particular sex. Often expressed in terms of masculinity and femininity, gender is largely culturally determined and, in British culture, is assumed from the sex assigned at birth. **Gender expression** refers to how someone outwardly expresses or presents their gender through clothing, voice, hair style, mannerisms etc.

3.2 **Sex** – biological sex usually designated as male or female on the basis of the genitalia (sex organs) and reproductive function. Some people are born with mixed sex characteristics, and are known as **Intersex**. **Sex assigned at birth** refers to the sex determined based on genital appearance at birth.

3.3 **Intersex** – Intersex people are individuals whose anatomy or physiology differ from contemporary cultural stereotypes of what constitute a typical male or female. Intersex people may have mixed sex characteristics such as ambiguous genitalia, and/or atypical gonads, chromosomes or sex hormone levels.

3.4 **Sexual orientation** – A person's sexual attraction to people of a particular gender, or lack thereof. A further list of sexual orientations is found in Appendix A but is not referenced in the main body of this guidance, as this guidance focuses on gender identity, not sexual orientation. Sexual orientation is a separate issue from gender identity, and sexual orientation cannot be assumed from gender expression or vice versa.

3.5 **Trans/Transgender –** 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. **Trans** is the preferred term by many. **Transsexual** is a more old-fashioned, medical term. Some people still use transsexual to describe themselves but unless the person has stated this is their preferred term it would be wise not to use it, as some trans people find it offensive.

3.6 **Transition** – The steps a trans person may take to live in the gender with which they identify. The most important thing to know is that transition is different for everyone. Some people may not change anything at all, or only make changes to the way they dress for example, but others may seek hormonal therapy or surgical intervention. Some people will seek to change their name and official documentation, others may not. Sometimes the terms **Gender Affirmation** (preferred term) or **Gender Reassignment** are used to describe any such steps. Gender reassignment is protected by law (Equality Act 2010; Gender Recognition Act 2004; UK Sex Discrimination Act 1975 (1998 Gender Reassignment Regulations)). A **Gender Recognition Certificate (GRC)** is a legal document that some trans people may apply for to legally change their gender. **A GRC is not required for people to change their gender on medical records, or to be treated as their preferred gender in day to day life. It is illegal to ask to see a GRC in almost all circumstances** (Gender Recognition Act 2004, Section 22).

3.7 **Trans woman** – a person who was assigned male at birth and now identifies and lives as a woman. Sometimes the term MTF or male-to-female is used.

3.8 **Trans man** – a person who was assigned female at birth and now identifies and lives as a man. Sometimes the term FTM or female-to-male is used.

3.9 **Non-binary** – An umbrella term for people whose gender identity does not sit comfortably with 'man' or 'woman'. Non-binary identities are varied and can include people who identify with some aspects of binary identities, while others reject them entirely. Some non-binary people may choose to present as outwardly male or outwardly female (either in line with or opposite to their sex assigned at birth) some or all of the time. A further list of non-binary identities is found in Appendix A.

3.10 **Cisgender** – often shortened to **cis**, this term describes people who conform to the gender expectations associated with their sex assigned at birth.

3.11 **Pronouns** – these are words that substitute for a person's name in written or spoken language. Everyone has pronouns. Typically, we use he/him/his for males and she/her/hers for females. Some trans, non-binary, or intersex people are more comfortable with a gender-neutral pronoun and will ask to be referred to with they/them/theirs. This is grammatically correct (e.g. "someone left their coat on the bus"), but we are often not used to thinking about language in this way, so if you slip up, simply apologise and correct yourself. Some people prefer so-called "neopronouns" such as xe/xim/xers (or others). Language evolves all the time to encompass new ideas and technology. Please respect these pronouns.

3.12 **Androgyny** – a term which describes the outward presence of both masculine and feminine traits, often to the extent that it is difficult to tell what gender a person is. People who present androgynously may identify as cisgender, trans, or non-binary.

3.13 **Transphobia** – the mistreatment, exclusion, or abuse of trans or non-binary people on the basis of their gender identity. This includes denying or refusing to accept their gender identity; for example, using pronouns (he/she/they etc.) suitable for a patient's sex assigned at birth rather than their preferred pronouns.

3.14 **Deadnaming** – A "deadname" is the name of a trans person prior to their transition. So, deadnaming is the action of calling a trans person by their former name instead of their new name, whether intentional or not, and, if intentional, is a form of transphobia.

3.15 **Acquired gender –** The law uses the phrase 'acquired gender' to refer to the gender in which a trans person lives and presents to the world. This is not the gender that they were assigned at birth, but it is the gender in which they should be treated and referred to as.

3.16 **Gillick competence –** Children under the age of 16 can consent to their own treatment if they're believed to have enough intelligence, competence and understanding to fully appreciate what's involved in their treatment. This is known as being Gillick competent. (NHS 2019)

3.17 **Trans status –** being transgender or non-binary of any description, i.e. not cisgender.

4. DUTIES AND RESPONSIBILITIES OF STAFF

4.1 All managers are responsible for making this document accessible to their staff and for directing them to it and helping them to follow the guidance contained within. Managers are also responsible for dealing with breaches of these guidelines and remedying the situation as quickly as possible. Managers are responsible for escalating issues to the Inclusion lead where a satisfactory solution to problem or breach of guideline cannot not found.

4.2 All members of staff are responsible for providing fair, dignified, respectful and inclusive treatment for all patients, and for following these guidelines when providing care to trans and non-binary patients.

4.3 The Inclusion Lead and Deputy Director of Nursing (Patient Experience) are responsible for keeping this document up to date and presenting it to the patient experience operational group for ratification. They are also responsible for supporting managers as outlined in 4.1.

5. GENDER IDENTITY GUIDELINES FOR SERVICE PROVISION TO TRANS, NON-BINARY, AND INTERSEX PATIENTS

5.1 Overarching Principles for Providing Care in Inpatient and Outpatient settings

5.1.1 All patients should be treated with dignity and respect at all times. There is no universal experience of being trans – every trans person's experience is different. You can show respect by being relaxed, non-judgemental and courteous, avoiding negative facial reactions, and by speaking to trans, non-binary and intersex people as you would any other patient or service user.

5.1.2 For many investigations or procedures, gender and sex are irrelevant. Consider whether you need to know this information for the care you are providing. If not, do not ask.

5.1.3 "Assumption is the mother of all mistakes" – do not assume. If you are unsure of a patient's gender, preferred name, or pronouns (see definitions, 3.9), ask them in a sensitive manner and in a suitable confidential setting.

5.1.4 Mistreatment of any minority groups, including trans and non-binary patients and staff, goes against Trust values. Instances of inappropriate or transphobic language or behaviour will trigger a misconduct investigation, and may constitute a criminal offence and/or hate crime under legislation outlined in 3.6. **The Trust has a zero-tolerance approach to transphobia or any other discriminatory behaviour.** Some examples of discrimination on the grounds of gender re-assignment may include:

- Refusing to associate with or ignoring someone because they are trans
- Refusing to address the person according to their gender identity by refusing to use their new name ('dead naming', see 3.14) or appropriate pronouns (see 3.11)
- Probing into the person's private life and relationships when not relevant to the care being provided
- Spreading malicious gossip about that person
- Failing to keep confidential information about that person's transgender status and gender history
- Refusal to allow use of sanitary facilities appropriate to their gender identity

5.1.5 Trans and non-binary people are proportionally more likely to be the victim of hate crime and assaults, including sexual assaults, than cisgender people. Service providers have a legal duty to ensure that people under their care are protected from discrimination or harassment. This includes not tolerating negative views, comments or opinions of other patients, members of the public, contractors, or members of staff.

5.1.6 It is inappropriate to ask about or inspect a person's genitals, breasts, or their sex assigned at birth unless it is essential to their care.

5.1.7 Never disclose a person's trans status or gender identity history to anyone who does not explicitly need the information for care. Depending on the context, it may be 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 General Data Protection Regulation (GDPR). Disclosure of trans status without consent where someone holds a GRC is a criminal offence and you may face prosecution. If disclosure is relevant to care, consent must be obtained wherever reasonably possible.

5.1.8 A person does **not** need a Gender Recognition Certificate (GRC) or legal name change for them to express their preferred gender or use a preferred name and to access services as their preferred gender, or to change their records to their lived name, gender and sex marker.

5.1.9 Depression, self-harm and suicidal ideation are more common in trans, non-binary, and intersex people and staff should be aware of this with a view to instigating safeguarding referrals (with appropriate consent) where appropriate.

5.1.10 The Trust seeks to ensure that no trans person will be treated less favourably on the grounds that they intend to undergo gender reassignment, are in the process of undergoing gender reassignment, or have at some time in the past undergone gender reassignment. The Trust respects an individual's rights to self-identify their gender and commits to recognising all patients and colleagues in our Trust as the gender in which they choose to present.

5.2 Providing Care in an Inpatient Setting

5.2.1 Where care requires admission to a single-sex ward, trans patients should be accommodated on a ward according to their gender identity; different facial, bodily or genital appearance should not be a bar to this. All discussions related to accommodating a person sensitively and meeting their needs should be undertaken only with relevant persons and with the consent of the patient, in a suitably private location. A single side room could be considered as per 5.2.6 below.

5.2.2 If staff members are unsure of a patient's gender, they should, where possible, ask discreetly and sensitively where the patient would be most comfortably accommodated.

5.2.3 If a person is incapacitated on admission, inferences should be drawn from their mode of dress and outward gender presentation (and preferred name and pronouns if known), and consent obtained at the earliest possible opportunity. The genitals and/or breast area should not be inspected unless this forms part of the medical care required, and appearance of these areas should not dictate where the patient is accommodated.

5.2.4 Note that family members may not always be supportive of a trans, non-binary, or intersex person's gender identity, and their views and wishes may be at odds with the patient's. In such cases the patient's wishes take precedent.

5.2.5 All decisions should be proportionate to enable a safe environment for the individual whilst respecting their wishes.

5.2.6 As with all patients, drawing of curtains should provide sufficient privacy and confidentiality for most tasks. In some circumstances, as with all patients, sufficient confidentiality may only be provided in a side room, and one should be offered where available.

5.2.7 Be aware that many trans, non-binary, or intersex people are sensitive about their genital appearance and may prefer to use toileting facilities that match their gender identity; for example a trans woman who has a penis may not want to use a bottle for urination, or someone who is intersex may identify and/or present as female but find it easier to urinate with a bottle. Ask the patient discreetly and confidentially if unsure. Make sure to cover the receptacle when in transit if it is at odds with the patients lived gender.

5.2.8 Toilet and washing facilities in line with the patient's gender identity should be used.

5.2.9 In certain specific circumstances, for example a trans man undergoing hysterectomy, or a trans woman undergoing castration, accommodation in a single-sex ward specific to the treatment may be necessary. Where this does not align with the patient's gender identity and expression, this should be sensitively explained to them, and the option of a side room offered if available. A joint decision on how to proceed with pre-, peri- and post-operative care should be established with the patient.

5.2.10 Try to allocate a specific nurse to post-operative care to maintain privacy.

5.2.11 A discussion regarding post-operative care should take place prior to the theatre case where-ever possible to ensure the patient is appropriately accommodated and that appropriate nursing provision (such as using the correct name, toileting aids etc.) is in place from the earliest possible point in recovery.

5.3 Providing Care in an Outpatient Setting

5.3.1 Where possible, provide a private area to register details if the patient would prefer, rather than using a public reception area.

5.3.2 Remember that gender and sex are irrelevant to many problems, so enquiries about a patient's gender should only take place where necessary and relevant to the provision of care. If required, this should be done in a sensitive and confidential manner.

5.3.3 Always use the patient's preferred name and pronouns, taking particular care when calling the patient in from the waiting area. Knowingly using a patient's old name or pronouns is inappropriate, and could be seen as harassment (deadnaming). If you make a mistake, simply apologise and make a concerted effort to use the correct name and pronouns going forward. Staff members who intentionally persist in using the patient's previous details will be subject to disciplinary processes.

5.3.4 Departmental leaders should consider providing gender-neutral toilet facilities where possible. Where this is not possible, trans and non-binary people should be allowed to use the facilities they feel most comfortable using.

5.3.5 Where care is being provided for a sex-specific health problem in a sex-specific department (e.g. a trans man requiring a mammogram or a trans woman requiring a prostate examination), appropriate privacy must be provided for the patient. This includes a private area to wait, or at the least a discrete place in the waiting area with the aim of avoiding any embarrassment when they are called in for examination. Wherever possible the patient should be made aware of the sex-specific setting prior to their appointment so they know what to expect. A joint decision should be sought regarding the provision of care with the patient. It may be appropriate to offer them the first or last appointment slot, for example, to minimise how busy the waiting room is.

5.4 Changing Patient Records

5.4.1 Name change can be achieved in the UK at any time without any legal process, as long as there is no intention to defraud or deceive anyone. However, if evidence of a change of name is required this should be comparable to the requirements for any

other person changing their name for a variety of reasons. Under no circumstances should hospital staff ever request to see a GRC (this could be seen as harassment and is unlawful); confirmation of identity can be taken from passports, bills, driving license, etc.

5.4.2 There is a nationally agreed process to deal with medical records for Trans patients, which results in a new NHS number being issued, and a local update of the patient's record and case notes which is done through the patient's GP. If the patient does not wish to pursue this, or whilst this is being done, local records can be updated as per 5.4.3

5.4.3 Inputting or editing patient sex, gender or sexual orientation on EPIC should only be done by a clinician. The Sexual Orientation and Gender Identity (SOGI) documentation can be accessed by clicking on the patient's sex marker in the sidebar of their patient record. The patient must be properly counselled as to the risks and benefits of disclosure, and should be made aware that:

- All information can be viewed by any member of staff involved in their care, but should only be accessed when relevant to their care.
- The risk of non-disclosure of trans or intersex status is that clinicians may think about diagnoses that they may not otherwise consider if they are aware of their gender identity/trans status/intersex status. For example, prostate problems may not be considered in trans women unless the clinician is aware they are trans. Similarly, uterine problems may not be considered as a source of symptoms of abdominal pain in a trans man unless the clinician is aware of trans status.
- Patients should be made aware that many health problems from all specialities, not just the clinician's speciality, are more likely in people of a particular sex, and may be missed if clinicians are not aware of trans status. Patients should be counselled that many health problems are sex-linked, not just the obvious examples given above. Osteoporosis may be a common example of a condition which is sex-related (and may be affected by hormone therapy), but may not be immediately apparent to patients as sex-related.
- A further benefit of disclosure of trans status is that nursing needs (for example bed-bound toileting etc.) will be more apparent to those involved in their care, limiting the need for repeated disclosure to multiple members of staff whilst being cared for.

5.4.4 Patient's wishes should be respected and gender, sex, and sexual orientation information should only be recorded on the SOGI document with their consent. As with any treatment or management plan, your professional opinion as a clinician should be offered, but there should be no coercion or persuasion for the patient to disclose such information.

5.4.5 The SOGI document should be filled in exactly as the patient wishes it to be filled in, with the patient being offered all the choices available on each section of the form before deciding how to record their data.

5.5 Providing Care for Trans or Gender Questioning Children and Young People

5.5.1 The same principles as above should also apply to children with the addition of the following considerations.

5.5.2 Be aware that the views of parents/carers may not be in accord with the 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 (with appropriate consent) and that the Child or Young person's view is strongly taken into account with Gillick competence being considered.

5.5.3 Children and young people realising at a young age that they are 'different' from those around them can be isolating, frightening and difficult. Depression, eating disorders, self-harm and suicidal ideation are issues that we should also be bearing in mind with regard to safeguarding trans, non-binary and intersex children and young people.

5.6 Providing Care for Trans, Non-Binary, and Intersex Older People

5.6.1 Dignity, compassion and respect are more important than ever for older people, particularly as their care needs increase or with the onset of dementia. Health staff should make every effort to assist older trans people to continue living as they wish, whether this is at home, in Hospital or in a residential care setting.

5.6.2 Trans, non-binary and intersex people should be encouraged to write instructions about how they wish to be treated in the case where they are unable to communicate their wishes. These instructions should prevail even where blood relatives take a different view. Family of choice members (chosen family rather than blood relatives) are particularly important to trans, non-binary and intersex people, who may have been ostracised from their blood family. These people should be given the same respect blood relatives would be given.

5.7 Ordering and Reviewing Blood Tests, Imaging, etc.

5.7.1 Some tests performed may be gender specific and as such staff may encounter difficulty ordering tests electronically. Please contact the laboratory / radiography / relevant department for advice.

5.7.2 Normal ranges of some results may vary according to sex. Only include gender reassignment status in clinical ordering detail when it is clinically appropriate to do so. Remember that some trans people do not undergo medical or surgical transition, and those who do undergo hormonal transition may not have sex-specific test results in the normal range expected for their gender identity. In such cases it is important to know whether the patient is trans and to liaise with their GP and/or specialists regarding test results. The same applies to intersex people.

5.8 Communication

5.8.1 A patient's gender identity/trans status/intersex status should be communicated to relevant members of staff at handover/theatre time-out etc. **only** if it is relevant to the care being given.

6. ARCHIVING ARRANGEMENTS

The original of this guideline, will remain with the author. An electronic copy will be maintained on the Trust intranet. Archived electronic copies will be stored on the Trust's "archived policies" shared drive, and will be held indefinitely. A paper copy (where one exists) will be retained for 10 years*, unless the document itself specifically-concerns children, in which case a paper copy will be retained for* 25 *years.*

7. PROCESS FOR MONITORING COMPLIANCE WITH AND EFFECTIVENESS OF THE STANDARD OPERATING PROCEDURE/ GUIDELINE

7.1 To evidence compliance with this policy, the following elements will be monitored:

What areas need to be monitored?	How will this be evidenced?	Where will this be reported and by whom?
Failures to follow guideline	Complaints and datix reports	To follow departmental procedures for complaints and datix reporting

8. REFERENCES

Stonewall (2017) *Glossary of Terms* (online) available at: https://www.stonewall.org.uk/help-advice/faqs-and-glossary/glossary-terms [accessed 10/8/20]

Stonewall (2015) *Unhealthy attitudes* (online) available at: https://www.stonewall.org.uk/system/files/unhealthy_attitudes.pdf [accessed 10/3/21]

Gendered Intelligence (2020) various resources all available at: http://genderedintelligence.co.uk/ [accessed 10/8/20]

NHS Wales (2015) *It's just good care* (online), available at: http://www.equalityhumanrights.wales.nhs.uk/sitesplus/documents/1120/GiresGuide_English_ebook3.pdf [accessed 10/3/21]

NHS (2019) *Children and Young People: Consent to Treatment* (online), available at: https://www.nhs.uk/conditions/consent-to-treatment/children/ [accessed 07/07/21]

Royal College of Nursing (2016) *Fair Care for Trans Patients* (online) available at: https://www.rcn.org.uk/-/media/royal-college-of-nursing/documents/publications/2016/june/005575.pdf?la=en [accessed 10/3/21]

The Trevor Project (2020) The Trevor Project National Survey Results https://www.thetrevorproject.org/wp-content/uploads/2020/07/The-Trevor-Project-National-Survey-Results-2020.pdf [accessed 01/02/21]

Wylie et al. (2016), "Serving transgender people: clinical care considerations and service delivery models in transgender health", *Lancet* 388:pp401-411

Winter et al. (2016), "Transgender people: health at the margins of society", *Lancet* 388:pp390-400

WHO (2020), Gender and health, https://www.who.int/health-topics/gender [accessed 20/7/2020]

Other relevant resources are listed on the LGBTQ+ Staff Network Resources page on HUB.

APPENDIX A: Glossary of further terms

A1: sexual orientation (sexuality) terms

Homosexual: a person who finds people of the same gender sexually and/or romantically attractive.

Bisexual: a person who finds people of at least 2 different genders sexually and/or romantically attractive.

Pansexual: a person who can find anyone sexually and/or romantically attractive, regardless of their sex or gender identity.

Heterosexual: a person who finds people of the opposite gender sexually and/or romantically attractive.

Gay: a man who finds other men sexually and/or romantically attractive. Increasingly used as an umbrella term for all homosexuals.

Lesbian: a woman who finds other women sexually and/or romantically attractive. Some homosexual women prefer the term gay.

Asexual: someone who does not experience sexual attraction (but may experience romantic attraction).

Aromantic: someone who does not experience romantic attraction (but may experience sexual attraction)

Demisexual: someone who only feels sexual attraction to people with whom they have a close emotional connection.

A2: non-binary gender terms

Non-binary: An umbrella term for people whose gender identity does not sit comfortably with either 'man' or 'woman'.

Genderqueer or Gender-non-conforming (GNC): Broad terms referring to people who do not behave or present in a way that conforms to traditional gender expectations. They may or may not identify as the gender usually associated with their sex assigned at birth.

Genderfluid: someone whose gender identity fluctuates. They may identify as bigender (usually someone who prefers to present as distinctly female or distinctly male depending on their gender identity at the time), or polygender/pangender (someone who identifies as many different genders either simultaneously or varying at different times).

Demi-girl (or demi-woman etc.): someone who identifies partially but not wholly with a female gender identity. This could be someone assigned male at birth who identifies more (but not completely) with a feminine gender identity, or someone assigned female at birth who feels little connection with a female gender identity, but not to the extent where they feel male.

Demi-boy (or demi-guy etc.): someone who identifies partially but not wholly with a male gender identity. This could be someone assigned female at birth who identifies more (but not completely) with a masculine gender identity, or someone assigned male at birth who feels little connection with a male gender identity, but not to the extent where they feel female.

Agender: someone who does not feel aligned to any gender. They may feel neutrally gendered (sometimes called neutrois), identify as having no gender, or have no desire to label their gender.

Third gender: some people prefer to identify as a third gender. Various cultures around the world have specific third genders, such as Hijra in various South Asian cultures, Two-Spirit in Native North American cultures, Māhū native Hawaiians, fa'afafine in Samoa etc.

APPENDIX B: COMMUNICATION PLAN

Royal Devon and Exeter NHS
NHS Foundation Trust

The following action plan will be enacted once the document has gone live.

Staff groups that need to have knowledge of the guideline/SOP	All staff need to be aware of this policy.
The key changes if a revised document	N/A - first edition
The key objectives	Dignified, respectful, and appropriate treatment of trans, non-binary, and intersex patients.
How new staff will be made aware of the procedure/guideline and manager action	Initial: Cascade by email from managers. Managers to consider raising policy at team meetings, comms cells, newsletters etc. Ongoing: Awareness via induction process.
Specific Issues to be raised with staff	See section 5.1
Training available to staff	Advice can be sought via the Patient Facing Equality Lead and/or EDI Lead, who are supported with input from the LGBTQ+ staff network
Any other requirements	
Issues following Equality Impact Assessment (if any)	
Location of hard / electronic copy of the document etc.	

APPENDIX C: EQUALITY IMPACT ASSESSMENT TOOL

Name of document	*Trans, Non-binary and Intersex Gender Recognition Patient Support Guidelines*
Division/Directorate and service area	All
Name, job title and contact details of person completing the assessment	[redacted] Inclusion Lead
Date completed:	02/02/23

The purpose of this tool is to:

- **identify** the equality issues related to a policy, procedure or strategy
- **summarise the work done** during the development of the document to reduce negative impacts or to maximise benefit
- **highlight unresolved issues** with the policy/procedure/strategy which cannot be removed but which will be monitored, and set out how this will be done.

1. **What is the main purpose of this document?**
   Provide guidance for staff interacting with trans and non-binary patients

2. **Who does it mainly affect?** *(Please insert an "x" as appropriate:)*

   Carers ☒ Staff ☒ Patients ☒ Other (please specify)

3. **Who might the policy have a 'differential' effect on, considering the "protected characteristics" below?** (By *differential* we mean, for example that a policy may have a noticeably more positive or negative impact on a particular group e.g. it may be more beneficial for women than for men)
   ***Please insert an "x" in the appropriate box** (x)*

Protected characteristic	Relevant	Not relevant
Age	☐	☒
Disability	☐	☒
Sex - *including: Transgender, and Pregnancy / Maternity*	☒	☐
Race	☐	☒
Religion / belief	☐	☒
Sexual orientation – *including: Marriage / Civil Partnership*	☐	☒

4. **Apart from those with protected characteristics, which other groups in society might this document be particularly relevant to…** (e.g. those affected by homelessness, bariatric patients, end of life patients, those with carers etc.)?

Relevant to all groups as they will interact with the patient groups discussed in this document.

5. **Do you think the document meets our human rights obligations?** ☒

Feel free to expand on any human rights considerations in question 6 below.

A quick guide to human rights:
• ***Fairness*** *– how have you made sure it treats everyone justly?* • ***Respect*** *– how have you made sure it respects everyone as a person?* • ***Equality*** *– how does it give everyone an equal chance to get whatever it is offering?* • ***Dignity*** *– have you made sure it treats everyone with dignity?* • ***Autonomy*** *– Does it enable people to make decisions for themselves?*

6. **Looking back at questions 3, 4 and 5, can you summarise what has been done during the production of this document and your consultation process to support our equality / human rights / inclusion commitments?**

The document and consultation directly aim to prevent discrimination of protected characteristics under the Equality Act 2010, namely sex and gender reassignment. The document has been written in consultation with the LGBTQ+ staff network who have a variety of gender identities and sexual orientations. They are a mix of clinical and non-clinical staff and bring lived experience to this evidence based document.

7. **If you have noted any 'missed opportunities', or perhaps noted that there remains some concern about a potentially negative impact** please note this below and how this will be monitored/addressed.

"Protected characteristic":	Gender reassignment, sex
Issue:	Poor patient experience in past documented via complaints
How is this going to be monitored/ addressed in the future:	Complaints raised via PALS/LGBTQ+ Staff Network. Patient feedback sessions.
Group that will be responsible for ensuring this carried out:	Inclusion team