

This policy is the current live version, but will be reviewed once Equality & Human Rights Commission guidance is published following the Supreme Court ruling on 16th April 2025.

Transgender and Non-Binary Service User Policy

This policy details the position the Trust takes in relation to transgender and non-binary service users and the responsibilities under the Gender Recognition Act (GRA) 2004, Sex Discrimination Act (SDA) 1975 and the Equality Act 2010, and details what staff can do in relation to supporting Transgender and non-binary patients and service users.

Key words: Trans, Transgender, Nonbinary, Ally, Gender Dysphoria, Gender Incongruence, Cis, Cisgender

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Policy On A Page

SUMMARY & AIM

What is this policy for?

This policy provides guidance on the expectations and other considerations that may be necessary to improve the experiences of trans patients using our services.

TARGET AUDIENCE:

Who is involved with this policy?

This policy is relevant for all staff who have contact with patients, whether this contact is face to face, via telephone, or via letter.

TRAINING

What training is there for this policy?

The trust has mandatory eLearning on Equality, Diversity and Inclusion. LGBTQIA+ Learning Sets are bookable via ULearn as an optional training module delivered via Teams, and this covers transgender topics in more detail, including considerations for trans patients accessing healthcare. The Trust also provides ad hoc training via Teams and/or face-to-face that staff are encouraged to attend.

KEY REQUIREMENTS

What do I need to follow?

This policy provides guidance on the expectations and other considerations that may be necessary to improve the experiences of trans and non-binary patients and service users as they access care at our trust.

The policy sets out expectations around patients being placed on single sex bays/wards, and using single sex facilities. It also provides some signposting for further support if required by trans patients.

All LPT staff should, where possible and safe to do so, challenge staff and patients who discriminate. Staff must treat all patients with dignity and respect. All staff must be aware that any inappropriate release of confidential information relating to a trans patient's identity and/or gender recognition certificate could be regarded as gross misconduct. All staff should help to ensure all forms and surveys are inclusive of trans people, including non-binary people for both staff and patients.

The Trust recognises that staff will have different beliefs about gender, identity, and transitioning. Such philosophical beliefs are protected under the Equality Act 2010. The criteria for determining what is a "philosophical belief" are defined by the legislation: "that it must be genuinely held; be a belief and not an opinion or viewpoint based on the present state of information available; be a belief as to a weighty and substantial aspect of human

life and behaviour; attain a certain level of cogency, seriousness, cohesion and importance; and be worthy of respect in a democratic society, compatible with human dignity and not conflict with the fundamental rights of others." (Equality Act 2010, Explanatory Notes). Therefore, LPT supports the rights of all staff to expressing their beliefs within these parameters. The intention of this policy is to ensure all patients, service users, families, and visitors are able to access LPT services without fear of discrimination, bullying, or harassment. Where any staff member's behaviour or actions are deemed to potentially amount to discrimination, bullying, or harassment, this will be dealt with under Disciplinary policy and any other relevant policies and professional codes of practice.

This policy focuses on patients and service users. Our Transgender Employee Policy sets out expectations for staff around the experience of trans colleagues in the workplace.

1.0 Quick look summary

Please note that this is designed to act as a quick reference guide only and is not intended to replace the need to read the full policy.

1.1 Version control and summary of changes

Version number	Date	Comments (description change and amendments)
1	September 2022	New policy
2	May 2025	<ol style="list-style-type: none"> 1. Policy on a page summary added 2. Several updates to the definitions 3. Section added about individual viewpoints being allowed in law, but not discrimination/harassment 4. Clearer link to the associated SOP, other policies, and who should read this 5. 5.7.2 updated to reflect changes to primary care processes when a patient wishes to change their gender marker on their record. 6. Various word changes throughout to reflect current accepted practice 7. Updates to the EQIA

For Further Information Contact:

Head of Equality, Diversity and Inclusion – LPT.EDI@nhs.net

1.2 Key individuals involved in developing and consulting on the document

Name	Designation
Accountable Director	James Mullins, Interim Executive Director of Nursing, Allied Health Professionals, and Quality
Author(s)	Roisin Ryan, EDI Specialist
Wider consultation	Directorate Leads
	Trust Policy experts
	All LPT Staff Bands 7 and above (v1)

	LPT's LGBTQ+ Staff Network Spectrum
	Lived Experience Partner
	Northamptonshire Healthcare NHS Foundation Trust (v1)
	Leicester LGBT Centre (v1)
	Youth Advisory Board
	People's Council
	University Hospitals of Leicester NHS Trust EDI team (v1)

1.3 Governance

Level 2 or 3 approving delivery group	Level 1 Committee to ratify policy
Patient & Carer Experience Group	Quality and Safety Committee

1.4 Equality Statement

Leicestershire Partnership NHS Trust (LPT) aims to design and implement policy documents that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others. It takes into account the provisions of the Equality Act 2010 and promotes equal opportunities for all. This document has been assessed to ensure that no one receives less favourable treatment on the protected characteristics of their age, disability, sex, gender reassignment, sexual orientation, marriage and civil partnership, race, religion or belief, pregnancy and maternity.

If you would like a copy of this document in any other format, please contact lpt.corporateaffairs@nhs.net

1.5 Due Regard

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

- Strategies, policies and procedures and services are free from discrimination.
- LPT complies with current equality legislation.
- Due regard is given to equality in decision making and subsequent processes.
- Opportunities for promoting equality are identified.

Having due regard for advancing equality involves:

- Removing or minimising disadvantages suffered by people due to their protected characteristics.
- Taking steps to meet the needs of people from protected groups where these are different from the needs of other people. Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low.

Please refer to due regard assessment (Appendix 4) of this policy.

1.6 Definitions that apply to this policy

Term used	Definition
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Service User/Patient	“Service user” is used interchangeably with “patient” to encompass all patients and other people who access our services including inpatient, outpatient, and community services.
Gender	The characteristics of women, men, girls and boys that are socially constructed. This includes norms, behaviours and roles associated with being a woman, man, girl or boy, as well as relationships with each other. As a social construct, gender varies from society to society and can change over time (World Health Organisation definition)
Sex	Usually designated as male or female on the basis of the genitalia (sex organs), reproductive function, chromosomes, or hormone expression. Some people are born with mixed sex characteristics and are known as Intersex. Sex recorded at birth refers to the sex determined based on genital appearance at birth.
Transgender/trans	Refers to a broad range of people who experience and/or express their gender differently from what other people expect – either in terms of expressing a gender that does not match the sex listed on their original birth certificate (i.e. recorded sex at birth). Not all people who consider themselves (or who may be considered by others as) transgender will undergo a physical/hormonal process of gender reassignment.
Cisgender	Someone whose gender identity is the same as the sex recorded at birth.
Non-binary	Those who identify outside of the gender binary of male or female and may include, but is not limited to, genderqueer, bi-gender, pangender, genderless, agender, neutrois, third gender and gender fluid people. In this policy, the term non-binary is used to refer to all such identities.
Gender Incongruence	A marked and persistent incongruence between an individual’s experienced gender and their registered sex.
Gender Dysphoria	A person with gender incongruence can experience anxiety, uncertainty, or uncomfortable feelings about the sex they were born with. They may feel that they have a gender identity that is different from their recorded sex at birth.
Gender expression	Refers to all external characteristics and behaviours that are socially defined as either masculine or feminine, such as dress, mannerisms, and voice and communication.
Gender identity	This is an individual's internal self-perception of their own gender. A person may identify as female, male, or as having a non-binary gender.
Gender fluid	Someone who is gender fluid will not identify themselves as having a fixed gender. Their gender identity may change over time, or from day to day.
Gender reassignment	A process, or part of a process, undertaken for the purposes of reassigning the person's sex by changing physiological or other attributes of sex. For some trans people, this may involve surgery and/or hormone treatment. For others, gender reassignment may involve no medical intervention.
Transitioning	The transition process involves a trans person undergoing changes to enable them to more fully express their gender. The term may be used by trans people to describe the process of travelling from one gender to another. This may include social, psychological, emotional and/or physical changes.
Transphobia	Characterised by showing prejudice, discrimination, or antagonism against a person or people on the basis of them being trans.
Pronouns	People may wish to be referred to by she/her or he/him pronouns, or

	by they/them pronouns if they do not solely identify as male or female (for example, if they are non-binary). There are also other pronouns such as xe/xem/xyr (neopronouns) which may be used by people who don't identify with the pronouns most commonly used.
Gender Recognition Certificate	A gender recognition certificate is a legal document issued under the Gender Recognition Act 2004 by a specially convened 'Gender Recognition Panel' comprising doctors and lawyers. Trans people are under no requirement to apply for a gender recognition certificate, but will need to do so if they wish to marry in their preferred gender. IT IS A CRIMINAL OFFENCE TO DISCLOSE THAT A PERSON HAS APPLIED FOR A GENDER RECOGNITION CERTIFICATE. IF A PATIENT TELLS YOU THAT THEY HAVE A GENDER RECOGNITION CERTIFICATE, UNDER NO CIRCUMSTANCES SHOULD YOU DOCUMENT IT ANYWHERE ON THEIR MEDICAL RECORDS UNLESS THEY SPECIFICALLY ASK YOU TO RECORD IT. THAT CONSENT ALSO NEEDS TO BE RECORDED IN WRITING.
Misgender	The action of using the wrong pronouns for someone, or referring to them as the wrong gender. This may be intentional or not.
Dead name or deadnaming	A "deadname" is the name of a trans person prior to their transition. Deadnaming is the action of calling a trans person by their former name instead of their new name, whether intentional or not.

2.0 Purpose and Introduction/Why we need this policy

This policy provides guidance on the expectations and other considerations that may be necessary to improve the experiences of trans and non-binary patients and service users as they access care at our trust. trans and non-binary people are protected by legislative acts and where possible the Trust is committed to go above and beyond to protect patients and service users.

Breaches of this policy will be dealt with under one of the following policies as appropriate:

- Dispute Resolution in the Workplace
- Disciplinary
- Freedom to Speak Up: Raising Concerns (Whistleblowing)
- Concerns and Complaints

The Trust celebrates and values the diversity of the population we serve. We aim to create an environment in which all patients and service users receive the highest standards of care, and in which transphobic behaviour is not tolerated. The Trust recognises that there can be differences between a person's sex and their gender identity/expression. The Trust will not discriminate against people on the grounds of their transgender or non-binary identity.

A trans person will live all or part of their time as a gender different to that which they were recorded at birth. This does not always involve medical intervention. A person's trans status is separate aspect of their identity to their sexual orientation.

3.0 Duties within the Organisation

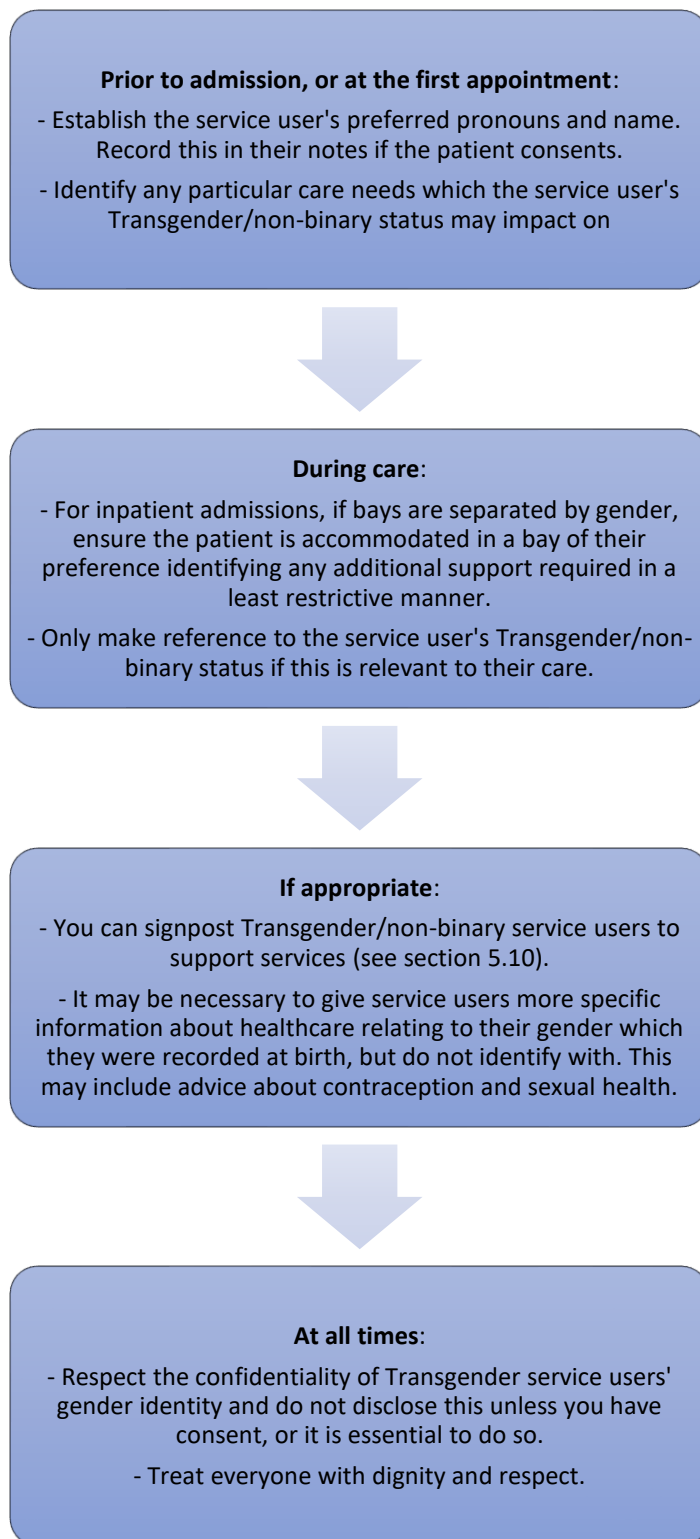
- 3.1 The Trust Board has a legal responsibility for Trust policies and for ensuring that they are carried out effectively.
- 3.2 The Trust Policy Committee is mandated on behalf of the Trust Board to adopt policies.
- 3.3 The Patient & Carer Experience Group (PCEG) has the responsibility for this policy.
- 3.4 The Trust Board has a legal responsibility for Trust policies and for ensuring that they are carried out effectively. The Trust Board has a responsibility to ensure that the Trust is compliant with Equality and Human Rights legislation and as such promote a culture of valuing diversity in its fullest sense.
- 3.5 Trust Board Sub-committees have the responsibility for ratifying policies and protocols.
- 3.6 Divisional Directors and Heads of Service are responsible for:
 - Promoting a culture of valuing diversity
 - Ensuring that line managers adhere to this policy and procedure
 - Ensuring that all line managers and colleagues attend any training as required
 - Ensuring that they and others implement this policy in line with the Trust's Leadership Behaviours Framework.
 - Ensuring that any concerns are treated seriously and addressed swiftly, sensitively and appropriately.
- 3.7 Managers and Team leaders are responsible for:
 - Addressing concerns efficiently, thoroughly, and confidentially
 - Ensuring all clinical staff are aware of this policy
 - Challenging staff who discriminate and ensuring that the relevant procedures are followed
 - Supporting their staff to challenge discrimination from service users or the public.
 - Creating a culture in which offending behaviour is not tolerated and where everyone is treated with dignity and respect.
- 3.8 Responsibility of Staff
 - Treating all service users with dignity and respect.
 - Maintaining the confidentiality of transgender service users' gender identities.
 - Treating patients with dignity and respect and with fairness and equity
 - Being accountable for their own behaviour and actions, and understanding the way in which their behaviour may affect others.
 - Employees must assume that a trans person who has changed their name by statutory declaration or Deed Poll is a member of their new/true gender for all purposes unless they are told otherwise.
 - Once the patient's public transition to their true gender has taken place, the Trust expects all its staff to use forms of address which refer to that gender and to use the acquired name and appropriate pronouns. Deliberate misgendering which causes indignity or distress will be dealt with under the Disciplinary Policy.

- Consent
 - Clinical staff must ensure that consent has been sought and obtained before any care, intervention or treatment described in this policy is delivered. Consent can be given orally and/ or in writing. Someone could also give non-verbal consent as long as they understand the treatment or care about to take place. Consent must be voluntary and informed and the person consenting must have the capacity to make the decision.
 - In the event that the patient's capacity to consent is in doubt, clinical staff must ensure that a mental capacity assessment is completed and recorded.

4.0 Introduction

This policy provides guidance for staff interacting with and providing care to transgender and non-binary service users. It has been developed to ensure that, individually and as a Trust, we are treating all service users with dignity and respect.

5.0 Flow chart



5.1 Transitioning

- 5.1.1 The transition process is specific to each individual and may not always involve obtaining a Gender Recognition Certificate or having physical interventions such as surgery, hormone therapy, or hair removal treatment. It may involve dressing

differently, telling friends and family, changing official documents, and a preference to be known by a different name and pronouns. It should be noted that there are limits to the physical and hormonal interventions children can receive.

- 5.1.2 Regardless of how a person transitions or is intending to transition, anyone who is transgender is protected from discrimination or less favourable treatment under legislation.

5.2 Equality Legislation

- 5.2.1 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 recorded at birth to the gender they identify as.
- 5.2.2 People discriminated against because they are wrongly perceived to be trans, or who are discriminated against because of their association with trans people or issues are also protected.
- 5.2.3 The UK Gender Recognition Act (GRA) enables people aged over eighteen to gain full legal recognition for the gender which they live as. 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 associated with that gender. Not all trans people will obtain or seek to obtain a GRC.
- 5.2.4 The Gender Recognition Act gives anyone applying for or holding a Gender Recognition Certificate particular privacy rights. It is a criminal offence to pass on information acquired in the course of official duties about someone's gender recognition, without the consent of the individual affected. 'Official duties' include employment, trade union representation, or supply of business or professional services.
- 5.2.5 Article 8 of the European Convention on Human Rights provides a "right to respect for one's "private and family life, his home and his correspondence", subject to certain restrictions that are "in accordance with law" and "necessary in a democratic society".

5.3 General Principles of Caring for transgender and Non-binary Patients and Service Users

- 5.3.1 The following approach will be taken by any patient-facing staff who may have contact with, or be caring for, transgender and non-binary service users:

- Treat trans and non-binary service users with the same respect you would give anyone else. It is unacceptable for members of staff to treat gender diverse patients less favourably due to personal, cultural or religious attitudes toward trans people.
- Identify a private area, if possible, for the trans/non-binary person to register their details, rather than in front of other patients or staff, only if they choose to do so.
- Only ask the service user for details about their gender identity if this is relevant to the care you are providing for them.
- Recognise that trans/non-binary people, particularly if they experience gender incongruence, may be at different points of their journey and may not be ready to openly discuss their gender identity with you. If you do need to broach this subject, do so with sensitivity in a way which maintains the service user's dignity.
- Use the service user's preferred pronouns and name when talking to them or about them, including children and young people. This includes their clinical notes. If the person has not legally changed their name or is initially referred to the service with a different name, the notes should clearly explain the change for clarity.
- If you are unsure of a service user's pronouns or preferred name, you can introduce yourself, give them your own name and pronouns, and politely ask them for the name and pronouns they would like you to use when addressing them. You may also use neutral pronouns (they/them/theirs) until preferred pronouns are known.
- Recognise that gender identity may be fluid for some people, and they may self-identify differently from one day to another. This does not mean the person is confused. If a trans or non-binary person is accessing mental health services, it would not be appropriate to make the assumption that any mental health difficulties they are facing are solely related to their gender identity.
- If appropriate, a service user may find it helpful to be signposted to tailored sources of support. A list can be found in Section 5.10, although this is not exhaustive.
- Some trans/non-binary people may not have informed family members, people they live with, carers, or other professionals involved in their care of their gender identity. Staff should ask service users how they would like to be referred to during any conversations with their family. It may be helpful to refer to the service user as 'they/them' or by their preferred name when speaking with the family.
- Maintaining dignity and privacy is always important. For example, extra care should be taken if a trans person is required to remove their clothing or wear an open gown for a procedure as they may feel particularly vulnerable. If a trans person is wearing a wig, a chest binder or any other item that aids in their gender presentation please be careful not to remove them unless absolutely necessary.
- If a trans inpatient has any planned appointments relating to their trans journey, e.g. gender affirming care, consideration should be made as to how these may be accommodated, by the clinician in charge of their LPT care.

5.4 Accommodation

- 5.4.1 Transgender and non-binary service users who are being cared for in an inpatient setting should be placed in a female or male bay depending on their preference. Please refer to the Privacy and Dignity Policy, section 5.5. Where appropriate and available, private rooms or gender-neutral spaces should be offered as options as well.

- 5.4.2 If an individual does not have capacity to communicate their preference upon admission, the principles of the Mental Capacity Act should apply regarding their best interests in where they are placed. Staff should seek advice from Clinical Leads as appropriate.
- 5.4.3 The same will hold true for children who are transgender or non-binary.
- 5.4.4 If a breach occurs and a transgender/non-binary patient or service user cannot be accommodated in the bay of their choice, please follow the process for management of same sex breaches found in sections 5.1 and Appendix 1 of the Delivering Single Sex Accommodation Policy.
- 5.4.5 Trans and non-binary people must not be excluded from services, including single-sex wards or bays, on the grounds of their protected characteristic of gender reassignment. There may be an exception to this if it can be objectively justified as a means of achieving a legitimate aim (under schedule 3 of the Equality Act 2010). This is, however, very unlikely to be justified or applicable in most cases. If you believe such exceptions may apply, please seek advice from the Equality, Diversity & Inclusion team in advance (LPT.EDI@nhs.net). The decision to exclude a trans or non-binary person from a single-sex ward or service should follow the process outlined in the Delivering Single Sex Accommodation Policy, with advice sought from the EDI team as soon as possible. In accordance with this process, the Matron and Lead Nurse/Head of Service must review the circumstances of the breach and determine if it is an acceptable justification or not. In such cases, the reasons for the decision should be documented to show that consideration has been given to:
- The reasons for the decision, including an explanation of the evidence used to make the decision
 - Your consideration of the impact on all service users, including trans people
 - What alternative options you have considered for inclusion, and (if relevant) why these have not been applied.
 - Where necessary, record any incidents on the Electronic Incident Record Form (EIRF).
- 5.4.6 Trans and non-binary people have equal rights to access single sex toilets or showers and should use the facilities which are consistent with their gender identity, or gender-neutral facilities where these are available. Trans patients must never be asked to use a disabled/accessible toilet (which may be unisex) solely due to their trans status. Consideration and sensitivity should be given to situations such as trans men and boys experiencing menstruation, and it should be ensured that they have access to appropriate facilities in these circumstances.

5.5 Concerns Raised by Others

- 5.5.1 Where concerns are raised by other service users or staff members, for example they are uncomfortable interacting with a transgender or non-binary person, or uncomfortable using the same toilets or changing facilities as them, these should be dealt with sensitively, respecting the feelings of all those involved. However, the discomfort of others does not warrant treating trans and non-binary people unfairly,

or anything other than a person of the gender they identify as, any more than a discomfort in interacting with someone of a different race or religion would. Therefore, staff may need to have sensitive conversation with those involved, without actually disclosing any confidential information, such as the patient's trans or non-binary status.

- 5.5.2 Trans and non-binary people may be at risk of overt harassment or discrimination from others. Staff will need to be aware of this and risk assess accordingly. Staff may need to help raise awareness and understanding to reduce stigma, discrimination and harassment, and where necessary record any incidents on the Electronic Incident Record Form (EIRF) via Ulysses. Should staff require support to address harassment or discrimination, issues should be raised with the person in charge, or another appropriate manager.
- 5.5.3 In some circumstances, it may be appropriate to take additional precautions to manage risks, including enhanced observation or moving a service user, potentially to a private room. If a patient has genuine concerns for their safety, these should be discussed and measures put in place to help everyone feel safe. However, a patient should not be moved to an inappropriate setting or moved solely because they are trans or non-binary.

5.6 Confidentiality

- 5.6.1 You should gain consent, wherever possible, before disclosing someone's trans or non-binary status. Where this is not possible, such as circumstances where it is pertinent to emergency care of a patient who is unconscious, their trans or non-binary status should only be shared with staff who need to know this information for the purposes of delivering appropriate care.
- 5.6.2 This is in line with our existing procedures regarding sensitive personal information and requirements of the Data Protection Act 2018 and General Data Protection Regulation (GDPR) 2016. If you do tell people outside these circumstances, you will be in breach of the Data Protection law and GDPR legislation and may be criminally liable under the Gender Recognition Act 2004.

5.7 Records

- 5.7.1 The NHSX Records Management Code of Practice 2021 states:

“Any patient or service user can request that their gender be changed in a record by a statutory declaration, but the Gender Recognition Act 2004 provides additional rights for those with a GRC. The formal legal process (as defined in the Gender Recognition Act 2004) is that a Gender Reassignment Panel issues a Gender Reassignment Certificate. At this time a new NHS number can be issued, and a new record can be created, if it is the wish of the patient or service user. It is

important to discuss with the patient or service user what records are moved into the new record and to discuss how to link any records held in any other health or care settings with the new record.”

- 5.7.2 When a patient’s record needs to be updated to reflect their true gender, this process should be managed by primary care, however further information is available on the PCSE website if required: [Gender reassignment | PCSE](#). Please note, as of June 2025 this process is not available for patients under 18, and for patients over 18 the process is under review by NHS England.
- 5.7.3 It should be noted that the new record may or may not make reference to the patient’s trans status: this is the patient’s decision. Where it is clinically relevant for a clinician to know if a patient is transgender or not, this information should be sought through sensitive discussion with the patient if it is not stated in the patient records or in the patient registration information which includes protected characteristics.
- 5.7.4 Careful consideration should be given to appropriate wording of patient letters, care plans and correspondence. Where administrative colleagues typing letters do not have access to the patient notes, processes should be put in place to ensure correct pronouns and names are used regardless. Such processes may differ depending on department protocols and the patient’s preferences. Correspondence should use the patient’s preferred pronouns and name unless there is a specific reason why this is not appropriate: for instance, if a patient requests their preferred pronouns are not used to prevent people they live with finding out about their gender identity. The clinician and patient should discuss such situations on a case by case basis.
- 5.7.5 Further information on updating the electronic patient record (EPR) can be found in the [Transgender and Non-Binary Service User SystmOne Standard Operating Procedure here](#), and this SOP should be read by any staff with responsibility for using SystmOne: this SOP applies to anyone entering the service users preferred pronouns and name into the EPR. Relevant services need to ensure that they are referring to the latest pronoun or name entered onto the EPR.

5.8 Health promotion for trans service users

- 5.8.1 Where it is relevant to the care you are providing, it may be appropriate to inform a trans service user of their choice to access certain services aimed at their birth gender, rather than their true gender identity. For instance, cervical screening is recommended for anyone with a cervix, and prostate health checks for anyone with a prostate. Whether or not the service user chooses to attend such appointments, or whether they feel the distress such procedures may cause will outweigh the risks of such conditions, is for them to personally consider.

5.9 Complaints

- 5.9.1 Service users may choose to make a complaint through the Patient Complaints channels if they feel they have been treated less favourably due to their gender identity or transgender status (0116 295 0830 Monday to Friday 9.00am – 4:30pm, lpt.pals@nhs.net, or by post to Freepost LPT Patient Experience).
- 5.9.2 If this policy is breached, this should be addressed by the line manager of the staff member in question. It may be appropriate to deal with policy breaches:
- Informally, if there was no intent to cause distress to the service user and the staff member has reflected appropriately.
 - Under the Disciplinary Policy, if there is evidence of deliberate breach of the principles of this policy, for example purposefully misgendering a patient in a way which causes indignity or distress, or going against their wishes when placing them on a single-sex bay when there is no justifiable reason to do so. If allegations of discrimination are proven, this may be considered as gross misconduct and may lead to summary dismissal.
- 5.9.3 In the event that a trans or non-binary person is subject to discrimination or harassment, staff should provide them with information and support about how to report this to the police, if they choose to do so. Such incidents may be considered a hate crime. Hate crimes can be reported in the following ways:
- Contacting the police on 101 (or 999 if it is an emergency)
 - Via the Stamp it Out website: <http://www.stamp-it-out.co.uk/how-to-report/>
 - Via the Leicester City Council website: <https://www.leicester.gov.uk/your-community/emergencies-safety-and-crime/hate-crime/>
 - Via the Leicestershire County Council website: <https://www.leicestershire.gov.uk/leisure-and-community/community-safety/hate-incidents>
 - Victim First: call 0800 953 9595

5.10 Support

- 5.10.1 [Transgender and Non Binary System One Standard Operating Procedure](#)
- 5.10.2 External sources of support are available for transgender and non-binary people (these are independent of LPT, not specifically endorsed by the Trust):

The LGBT Foundation: www.lgbt.foundation

Gendered Intelligence (for people under age 21): www.genderedintelligence.co.uk

The Gender Identity Research and Education Society (GIRES) (here you can find a directory of local and national support groups): www.gires.org.uk

The Gender Trust: www.gendertrust.org.uk

DEPEND (support for families and friends of trans people): www.depend.org.uk

TranzWiki (search for local LGBTQIA+ groups): www.tranzwiki.net

Leicester LGBT+ Centre: <https://leicesterlgbtcentre.org/>

Derbyshire LGBT+ (previously Derbyshire Friend): www.derbyshirelgbt.org.uk
Notts LGBT+ Network: <http://www.nottslgbtplus.co.uk/>
Notts Trans Hub: www.nottstranshub.wordpress.com
Press for Change: www.pfc.org.uk
The World Professional Association for Transgender Health: www.wpath.org

The NHS also has information here: <https://www.nhs.uk/conditions/gender-dysphoria/treatment/>

6.0 Dissemination and Implementation

- 6.1 This policy will be communicated through the Patient & Carer Experience Group (PCEG) and the Spectrum Staff Support Network.
- 6.2 The policy will also be available on the Trust website and communicated through the staff newsletter.
- 6.3 Implementation of the policy will be carried out through appropriate training and communication.

7.0 Training needs

- 7.1 There is a need for training identified within this policy, particularly for patient-facing staff. Equality, Diversity and Inclusion training is mandatory for all staff and is provided by elearning for healthcare. More specific training relating to trans topics and trans healthcare considerations is provided through our LGBTQIA+ Learning Sets, some Spectrum staff network events, and other ad hoc learning sessions. These are not mandatory but staff will be encouraged to attend.
- 7.2 Further training can be requested from the Equality, Diversity and Inclusion team as required for particular groups of staff.

8.0 Monitoring Compliance and Effectiveness

Minimum Requirements Evidence for Self-assessment	Process for Monitoring Responsible Individual / Group
Responding to any concerns raised from Patient Complaints and Feedback	Response to, resolution of, and learning from any issues or concerns raised and reported through PCEG monthly

9.0 Standards/Performance Indicators

TARGET/STANDARDS	KEY PERFORMANCE INDICATOR
CQC Regulation 9: Person-centred care	Patient feedback is positive in the domain of person-centred care. Patients feel listened to and involved in their own care and decision-making.
CQC Regulation 10: Dignity & Respect	Patient feedback is positive in the domain of dignity and respect. Patients feel all staff have treated them with kindness and compassion, and that any concerns have been listened to and acted upon. Patients feel safe and protected from any harassment, abuse, or discrimination while in our care.

10.0 References and Bibliography

The policy was drafted with reference to the following:

Fair care for trans and non-binary people, Royal College of Nursing (2020)

<https://www.rcn.org.uk/professional-development/publications/rcn-fair-care-Trans-non-binary-uk-pub-009430>

NHSX Records Management Code of Practice (2021) [https://www.nhs.uk/information-](https://www.nhs.uk/information-governance/guidance/records-management-code/records-management-code-of-practice-2021/)

[governance/guidance/records-management-code/records-management-code-of-practice-2021/](https://www.nhs.uk/information-governance/guidance/records-management-code/records-management-code-of-practice-2021/)

Managing Records for Transgender patients, Arden & Greater East Midlands CSU (2015)

Gender Identity Resource Information, The Tavistock and Portman NHS Foundation Trust (2018)

Trans Patients Policy, Nottinghamshire Healthcare NHS Foundation Trust (2018)

Transgender Policy, Cygnet Health Care (2019)

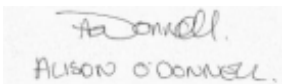
Guidance on supporting adult transgender service users, South London and Maudsley NHS Foundation Trust (2015)

Procedural Guidance for the care and management of Transgender patients (adults and children) in specialist services, Essex Partnership NHS Foundation Trust (2020)

Gender reassignment provisions in the Equality Act, Equality and Human Rights Commission (2022)

<https://www.equalityhumanrights.com/en/advice-and-guidance/gender-reassignment-provisions-equality-act>

Appendix 1 Training Needs Analysis

Training topic/title:	LGBT+ Equality Learning Set		
Type of training: (see Mandatory and Role Essential Training policy for descriptions)	<input type="checkbox"/> Not required <input type="checkbox"/> Mandatory (must be on mandatory training register) <input type="checkbox"/> Role Essential (must be on the role essential training register) <input checked="" type="checkbox"/> Desirable or Developmental		
Directorate to which the training is applicable:	<input checked="" type="checkbox"/> Directorate of Mental Health <input checked="" type="checkbox"/> Community Health Services <input checked="" type="checkbox"/> Enabling Services <input checked="" type="checkbox"/> Estates and Facilities <input checked="" type="checkbox"/> Families, Young People, Children, Learning Disability and Autism <input checked="" type="checkbox"/> Hosted Services		
Staff groups who require the training: (consider bank /agency/volunteers/medical)	All staff can access		
Governance group who has approved this training:	EDI Group	Date approved:	
Named lead or team who is responsible for this training:	EDI team		
Delivery mode of training: eLearning/virtual/classroom/informal/adhoc	Virtual		
Has a training plan been agreed?	Yes		
Where will completion of this training be recorded?	<input checked="" type="checkbox"/> uLearn <input type="checkbox"/> Other (please specify)		
How is this training going to be quality assured and completions monitored?	<input checked="" type="checkbox"/> Manager ULearn report <input type="checkbox"/> Local manager personal records <input type="checkbox"/> StatMand (Flash) topic compliance report <input type="checkbox"/> Other please specify		
Signed by Learning and Development Approval name and date			Date: 3.7.25


Appendix 2 The NHS Constitution

- The NHS will provide a universal service for all based on clinical need, not ability to pay.
- The NHS will provide a comprehensive range of services.

Shape its services around the needs and preferences of individual patients, their families and their carers	Yes
Respond to different needs of different sectors of the population	Yes
Work continuously to improve quality services and to minimise errors	Yes
Support and value its staff	
Work together with others to ensure a seamless service for patients	Yes
Help keep people healthy and work to reduce health inequalities	Yes
Respect the confidentiality of individual patients and provide open access to information about services, treatment and performance	Yes

Appendix 3 Due Regard Screening Template

Section 1			
Name of activity/proposal		Transgender Service User Policy	
Date Screening commenced		14.02.2025	
Directorate / Service carrying out the assessment		Enabling Services	
Name and role of person undertaking this Due Regard (Equality Analysis)		Roisin Ryan Equality, Diversity and Inclusion Specialist	
Give an overview of the aims, objectives and purpose of the proposal:			
AIMS: To ensure Trans patients are treated with the same compassion, dignity and respect as other patients.			
OBJECTIVES: Provide guidance for staff on how to approach issues of gender identity with Trans patients. Ensure staff are aware of their obligations, and in some cases the legal implications, of not following this guidance.			
Section 2			
Protected Characteristic	If the proposal/s have a positive or negative impact please give brief details		
Disability	There is a risk that some patients may object to being placed on the same ward or bay as a trans person, for a variety of reasons including perceived danger and/or PTSD from a previous traumatic event, e.g. a woman may be uncomfortable being on the same bay as a trans woman if the woman perceives the trans woman to be male. This policy mitigates this risk by providing a process for moving patients if necessary as a reasonable means of achieving a legitimate aim, and stating that this should only be done in consultation with the EDI team and senior managers. Such situations will need to be dealt with sensitively, on a case by case basis. This is considered under the heading of "disability" because PTSD or anxiety may qualify as a disability under the legal definition.		
Gender reassignment	It is anticipated that the guidance will have a positive impact on trans service users by supporting staff to provide compassionate, person-centred care and treat people with dignity and respect. There is a risk that, if schedule 3 of the Equality Act 2010 is applied and a trans/non-binary patient is excluded from a service or refused a bay of their choice due to their gender reassignment protected characteristic, that legal action may be taken. Section 5.4.5 attempts to mitigate this risk by cautioning against this course of action, impressing upon staff about the need to only do this if there is an objectively justifiable reason for doing it and it is a proportionate means of achieving a legitimate aim, and requiring staff to seek advice from the EDI team before doing so. The ultimate decision will rest with the Matron/Service Lead for the area in line with the Delivering Single Sex Accommodation Policy.		
Pregnancy & Maternity	This policy recognises that some trans/non-binary people may become pregnant/give birth, and so it is expected there is a positive impact on these people by having a policy which acknowledges the need for health inclusion.		
Religion and Belief	A person can hold a belief, whether this is in support of trans identities or not, but cannot treat someone detrimentally because of it. Thus this policy has a positive impact by protecting people from discrimination while also protecting freedom of belief.		
Sex	Signposting to sex-based healthcare (e.g. cervical smear tests) is supported by this policy where appropriate, so there is a positive benefit here based on sex.		
Section 3			
Does this activity propose major changes in terms of scale or significance for the trust? For example, is there a clear indication that, although the proposal is minor it is likely to have a major affect for people from an equality group/s? Please tick appropriate box below.			
Yes		No	
High risk: Complete a full EIA starting click here to proceed to Part B		Low risk: Go to Section 4.	X
Section 4			
If this proposal is low risk please give evidence or justification for how you reached this decision:			
The aim of this policy is to enhance patient care and experience, prioritising dignity and safety. It is felt to be low risk because we will be acting on EHRC guidance (pending) and, in the meantime, the principles of the Equality Act and any legal advice we receive. Inpatient facilities (toilets, showers) are self-contained and therefore can be considered gender neutral. Similarly, many outpatient toilet facilities are self-contained. In terms of bays/wards, alternatives are available for scenarios where patients are unhappy to be together, e.g. utilising side rooms if appropriate. Any issues arising will be addressed on a case by case basis, with input from the EDI team, clinical teams, and legal advice as required.			
Signed by reviewer/assessor	Roisin Ryan	Date	14 th February 2025
Sign off that this proposal is low risk and does not require a full Equality Analysis			

Head of Service Signed		Date	6 th June 2025
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Appendix 4 Data Privacy Impact Assessment Screening

Data Privacy impact assessment (DPIAs) are a tool which can help organisations identify the most effective way to comply with their data protection obligations and meet Individual's expectations of privacy. The following screening questions will help the Trust determine if there are any privacy issues associated with the implementation of the Policy. Answering 'yes' to any of these questions is an indication that a DPIA may be a useful exercise. An explanation for the answers will assist with the determination as to whether a full DPIA is required which will require senior management support, at this stage the Head of Data Privacy must be involved.

Name of Document:	Transgender and Non-Binary Service User Policy		
Completed by:	Roisin Ryan		
Job title	EDI Specialist	Date	24/2/25
Screening Questions	Yes / No	Explanatory Note	
1. Will the process described in the document involve the collection of new information about individuals? This is information in excess of what is required to carry out the process described within the document.	No	Patient record changes in gender will be managed by primary care. Any other additional information patients choose to share will be documented in the patient notes as is currently the case. This policy does not alter the way in which patient information is collected or handled.	
2. Will the process described in the document compel individuals to provide information about them? This is information in excess of what is required to carry out the process described within the document.	No		
3. Will information about individuals be disclosed to organisations or people who have not previously had routine access to the information as part of the process described in this document?	No		
4. Are you using information about individuals for a purpose it is not currently used for, or in a way it is not currently used?	No		
5. Does the process outlined in this document involve the use of new technology which might be perceived as being privacy intrusive? For example, the use of biometrics.	No		
6. Will the process outlined in this document result in decisions being made or action taken against individuals in ways which can have a significant impact on them?	No		
7. As part of the process outlined in this document, is the information about individuals of a kind particularly likely to raise privacy concerns or expectations? For examples, health records, criminal records or other information that people would consider to be particularly private.	No		
8. Will the process require you to contact individuals in ways which they may find intrusive?	No		

If the answer to any of these questions is 'Yes' please contact the Data Privacy Team via Lpt-dataprivacy@leicspart.secure.nhs.uk In this case, ratification of a procedural document will not take place until review by the Head of Data Privacy.

Data Privacy approval name:	Hannah Plowright
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Date of approval	05/06/2025
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