

STANDARD OPERATING PROCEDURE:	GUIDANCE FOR STAFF ON SUPPORTING TRANSGENDER SERVICE USERS
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**AT ALL TIMES, STAFF MUST TREAT EVERY INDIVIDUAL WITH RESPECT
AND UPHOLD THEIR RIGHT TO PRIVACY AND DIGNITY**

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1 INTRODUCTION

- 1.1 Wrightington, Wigan and Leigh Teaching Hospitals NHS Foundation Trust (WWL) is committed to actively recognising and promoting equality and providing services which are accessible, appropriate and recognise the diversity of people, their needs and choices.
- 1.2 This Standard Operating Procedure (SOP) has been developed to support staff on the provision of high quality care for trans people accessing healthcare services. This document summarises the expectations and other considerations that may be necessary for trans patients. It provides the basic information required to understand the needs of trans and gender variant people in a hospital setting. It highlights some of the key issues that Trust Staff should be aware of while providing healthcare and related services. It is designed to help to identify and remove barriers that trans people face when using our services and to increase staff confidence and effectiveness in providing those services.
- 1.3 It is to be noted that this is guidance and is not a rigid document. This guidance can be altered to fit the personal circumstances of the individual.
- 1.4 This SOP supports the Trust in its delivery of inclusive services and ensures that it does not breach the Equality Act 2010. Under this legislation it now states that a trans person no longer has to be under medical supervision or have a gender reassignment certificate to prove that they are transgender. They must be treated as the gender they have chosen to be.
- 1.5 The Trust recognises that trans service users may experience discrimination in the forms of bullying and harassment. WWL is clear that it does not tolerate discrimination directly or indirectly against any person including trans people.

2 BACKGROUND

- 2.1 Though relatively small, the trans population has increased significantly in recent years and continues to rise. Current trends show that the number of people who identify as trans is growing at a rate of 15% per year, which equates to a doubling of the trans population every five years.
- 2.2 Trans people are among the most stigmatized groups in the UK, enduring high levels of violence, discrimination and harassment. The experience of transphobia in line with the discomfort of one gender can have psychological consequences such as poor self-image and low self esteem. Trans people have been found to have a higher risk of depression and suicide. Trans people often feel uncomfortable or are actively made to feel unwelcome, in leisure and sports facilities. These factors in combination with difficulties in accessing appropriate health care and concerns about safety in public have a direct impact on the health and well-being of trans people.
- 2.3 Trans people suffer from the same illnesses and medical conditions as everybody else and in doing so will need the same broad range of hospital facilities. They do not necessarily need hospital facilities any more or any less than other people.
- 2.4 A range of factors however, can impact on the health of a trans person and it is important that health professionals have a general understanding of these in order to provide the best service. For some trans people, isolation due to social rejection means that they may not have a solid support network and this can mean increased vulnerability. Persistent inequality and disadvantage, caused by transphobia and ignorance, have meant that some trans people, especially if they are older, have acquired one or more medical conditions that have been left untreated. There is a higher incidence of disability within the trans community compared to the general population and sometimes for this reason, trans people may present with complex chronic medical histories.

3 LANGUAGE AND TERMINOLOGY

The following terminology outlines some of the main language and references surrounding trans people:-

3.1 Trans

Trans is an abbreviation of both 'transgender' and 'transsexual' and to some extent has replaced 'transgender'. The term 'trans' refers to people who express themselves in a different gender to the gender they were assigned at birth. Trans is an 'umbrella' term – it can include people who have transitioned socially and/or medically from female to male (trans men) or from male to female (trans women) as well as those whose gender identity falls outside of mainstream gender categories (for example, gender-neutral, polygender, androgyne). For the purpose of this document the term 'trans' will be used as it is a more encompassing term and generally accepted by the trans community.

3.2 Transgender (Gender Variant)

Although the term 'trans' has replaced the term 'transgender' in a lot of cases, there are still some people who refer to themselves as transgender and who feel that the term has a particular cultural/political emphasis.

3.3 Transsexual

The term 'transsexual' refers to people who intend to undergo, are undergoing or have undergone gender re-assignment. It is a medical term and has a recognised medical diagnosis and care pathway for treatment.

3.4 Transvestites or cross-dressing people

People who choose not to live permanently in one gender – Whilst some who cross dress or have a transvestite identity choose not to live in one gender, others may go on to live permanently in their expressed gender.

3.5 It is important to note that not all trans people are unhappy with their physical bodies even if they do present themselves in the opposite gender. What is vital in every case is for trans people to be given the freedom and respect to express their gender identity.

3.6 Gender Dysphoria

This is a recognised medical condition. At present, trans people require a diagnosis of gender dysphoria (or Gender Identity Disorder) before they can commence gender re-assignment. The dictionary definition of dysphoria means 'hard to bear' and refers to the deep unhappiness felt by the trans person who cannot function in life as the gender they were assigned at birth.

3.7 Gender Reassignment

People who are proposing to undergo, are undergoing or have undergone a process of re-assigning their sex by changing physiological or other attributes of sex.

3.8 Important Points to note

Trans or transgender is the descriptive term of choice adopted by trans people. Terms such as 'tranny', 'he/she', 'gender bender' and 'it' are offensive and must never be used.

3.9 Trans people should be accommodated according to their presentation: the way they dress, and the name and pronouns that they currently use. What is important is someone's own understanding and labelling of their gender, rather than some else's interpretation of what they assume that gender should be.

3.10 A trans woman or a trans man should be referred to as simply a woman or a man, unless there is a clear reason, agreed by the person concerned, to mention that they are trans.

- 3.11 Being trans is not a sexual orientation – it is someone's gender identity (as a man, woman, neither or both).

4 LEGISLATION

4.1 The Equality Act 2010

The Equality Act provides increased protection for trans people. Under the Equality Act 2010, it is unlawful to discriminate on the grounds of gender reassignment. The Equality Act also requires all NHS Organisations to promote good relations between trans people and other people.

4.2 The Gender Recognition Act 2004

The Gender Recognition Act 2004 provides a formal method for the legal recognition of the acquired gender of a person. To get this legal recognition the trans person must apply to the Gender Recognition Panel for a Gender Recognition Certificate (GRC). If the application is approved, the trans person will receive a GRC and a new birth certificate. At that point they become their confirmed gender to all legal purposes and must be treated as such.

4.3 The Data Protection Act 1998

The Gender Recognition Act works together with the Data Protection Act 1998 (DPA). The DPA requires data controllers, such as the NHS to keep consistent and accurate electronic records about an individual as well as creating the obligation to protect this personal data. It is unlawful to ask a trans person to show you his or her GRC. If verification of identity is required they may show you their birth certificate or other identity documentation such as a passport.

It is unlawful for a person who has acquired protected information in an official capacity to disclose the information to any other person.

4.4 The Human Rights Act 1998

The Human Rights Act 1998 provides protection to trans people, principally under the right to a private life. The courts have interpreted the concept of 'private life' in a very broad way to cover, among other things, a person's right to express a sexual identity, to live a particular lifestyle and to choose the way they look and dress. It also means that personal information (including official records, photographs and letters) should be kept securely and not shared without the permission of the individual concerned. In addition, the right to privacy states that unless a public authority is acting in accordance with the law, there should be no interference by a public authority with a person's exercise of their right to a private life.

5 EXPECTATIONS AND CONSIDERATIONS

When providing acute healthcare to trans patients, all staff should be aware of the following considerations/expectations:

5.1 General Nursing Care

- 5.1.1 Where it is known that a patient is trans, consideration may be needed about how a service can be provided whilst maintaining confidentiality and dignity. This is best done in discussion with the trans person. Try to find a way either directly or indirectly to relate to the trans person so they can feel confident under your care. Separate the treatment and care of gender dysphoria out from the trans patient in front of you - the trans person is there to receive medical treatment/diagnosis and/or care, not psychiatric care or referral to a Gender Identity Clinic.
- 5.1.2 All staff must respect a trans person's gender identity and wishes. The correct name and pronoun must be used, even where it does not necessarily match with the person's body or even their legal status. Trans status must be handled sensitively and confidentially at all times. Patients may have some people in their life who know that they are trans, but others who do not. Trans people are less likely to be in touch with their family of origin, so may have alternative family structures, friends and others.

- 5.1.3 In some circumstances, due to practical difficulties, additional arrangements will have to be made that ensure the trans persons' privacy and dignity remain intact. This may only present a problem when there is a mismatch between genitals and secondary sex characteristics. Hospital policies are already in place, which provide guidance on how to protect and promote the privacy, safety and dignity of all patients. Staff may need training in the certain medical procedures for trans people, for example catheterisation.
- 5.1.4 If a trans person is so unwell that they have difficulty or unable to wash and clean themselves independently, then nursing staff must provide the care. It is unacceptable for any member of staff to refuse to wash a person because they are trans. If a member of staff refuses to wash a trans person, it would be inappropriate for senior nursing staff to insist that the staff member washes the patient. The staff member should be taken aside and appropriate hospital disciplinary procedures initiated. Another member of staff should be asked to wash the patient. If a trans patient refuses assistance from a staff member of the opposite gender, every effort must be made to ensure that intimate procedures, including assistance with personal hygiene are carried out by a member of staff of the same gender as the patient. Every effort should be made to ensure the personal preference of the patient is respected. If this cannot be achieved, a chaperone of the same gender as the patient should be offered.
- 5.1.5 Trans people who have transitioned in middle age or later may need to wear wigs or hair systems which can be taped or glued in position for extended periods. Staff must try to ensure that wherever possible, that these stay in place whilst providing care.

5.2 Health Records Management and Information Sharing

- 5.2.1 Service users have a right to expect the same high standards of confidentiality that apply to their care and treatment, as that of their trans status.
- 5.2.2 Whatever the patient's medical needs, trans people should be addressed according to the gender in which they present, unless they specify otherwise. If staff, are unsure about whether to address a patient as Mr, Miss, Ms or Mrs, then the patient should be asked in a discreet manner. Names and titles can be changed to reflect the patient's current gender status in the 'Also Known As' and Comments Fields on PAS. This is not dependent on the patient having a Gender Recognition Certificate.
- 5.2.3 There will be occasions when staff may either be unsure of the gender status of a patient when using the telephone or inadvertently address the caller in the wrong gender. Although this mis-gendering of a person may arise in any situation and can be upsetting, it is particularly so for trans patients. The impact can cause great embarrassment for both parties. **See Appendix 2 for Guidance for call takers when taking calls from trans patients.**
- 5.2.4 Medical record keeping for trans patients can be a challenge for staff. Trans status forms part of an individual's history, but does not necessarily, and often is not relevant, to why they are accessing services. Once a trans person has changed their name all subsequent records must reflect this. This should always be done as a matter of courtesy and is not dependent on having a Gender Recognition Certificate. A member of staff must not ask to see a copy of the patient's Gender Recognition Certificate. However, most healthcare Trust's prefer to have evidence of the permanency of the name change, by way of Deed Poll or Statutory Declaration before amending records for the first time. Trans service users have a right to change their name and gender on their NHS records and would be able to bring a civil claim against a Trust which refused to grant this request.
- 5.2.5 When a trans patient is given a new NHS Number, to ensure continuity of care and avoidance of clinical risk, all previous medical information relating to the patient should be transferred to a newly created health record. Any information relating the patient's previous gender and name should be removed from the record. Previous name must not be recorded as alias.
- 5.2.6 The existing health record should be withdrawn and held in a secure storage by a nominated officer, who will only access with written consent from the trans patient or clinician providing justification to access the records.

- 5.2.7 Any information from the previous health record should be summarised onto the new record, providing it does not disclose or identify the patient as being trans. For example, all non-gender data:-
- 5.2.7.1 Immunisations.
 - 5.2.7.2 Diagnoses.
 - 5.2.7.3 Allergies.
 - 5.2.7.4 Sensitivities etc.
- 5.2.8 Any information from the previous record that could identify the patient as trans should not be recorded. Such as:-
- 5.2.8.1 Smears.
 - 5.2.8.2 Human Papilloma Virus (HPV) Immunisations.
 - 5.2.8.3 Gender specific diagnoses.
 - 5.2.8.4 Births.
 - 5.2.8.5 Female/Male lifestyle factors etc.
- 5.2.9 However, if the information is seen as medically significant to the patient's future health care, this MUST be discussed with the patient and only entered on the new record with the patient's informed consent. Consent must be recorded.
- 5.2.10 It is a criminal offence to disclose any information that may identify the patient as trans unless an exemption applies. Some of the exemptions are:-
- 5.2.10.1 The person has consented.
 - 5.2.10.2 The person cannot be identified from the information.
 - 5.2.10.3 Information is needed for medical purposes (preventative medicine; medical diagnosis; provision of care and treatment).
 - 5.2.10.4 Information is needed for the prevention and investigation of crime.
 - 5.2.10.5 Information is needed to comply with a court order.
- 5.2.11 Patients who are in the process of transitioning or who choose not to go before the Gender Recognition Panel are entitled to the same special protection against disclosure of their gender history.
- 5.2.12 All correspondence created by staff must make no reference to the previous identity and gender. Any referrals received from GPs or healthcare professionals must be vetted by the Referral Administrator and if reference to the previous identity or gender is not directly relevant to the referral then it should be returned to the source of referral with an explanation that this constitutes a breach. Any breach must be recorded through DATIX.
- 5.2.13 The confidentiality of information on trans patients within their medical records must be particularly carefully guarded and not released without their authorisation and a clear need to know. Nobody is entitled to see or record the details of a Gender Recognition Certificate if you have one. For further information on access to health records refer to the Trust's TW15-002 Access to Health Records Policy.
- 5.2.14 A name change may lead to trans women being offered smear tests and trans men being offered prostate examinations. In neither case, is this appropriate. Services need to devise an appropriate marker to identify appropriate services, without revealing the patients former gender status.

5.3 Clinical Record Keeping

- 5.3.1 Professionals need to adopt a practice of reference to present gender in health record entries. Identity comments should be avoided about trans status unless this is a specific and immediate issue in treatment. For example, "X is a 47 year old trans woman" should be recorded as "X is a 47 year old woman".

- 5.3.2 Recording of trans status must only be made with the specific written consent of the trans patient. This is not likely to be relevant when recording for example, past medical health history; relationship/family issues; specific issues in relation to assessment and treatments for gender re-assignment.
- 5.3.3 In all cases it should be assumed that the trans patient is in receipt of a Gender Recognition Certificate. Trans people may stop the medical process at any time and still choose to remain in their preferred gender. In these circumstances they should be treated as having completed transition. For further information on clinical record keeping refer to Trust's TW10-048 Clinical Record Keeping Policy.

5.4 **Same Sex Accommodation**

- 5.4.1 **See Appendix 2 – Ward / Room Allocation Flow Chart.** Where a trans person is admitted to in-patient services, protecting their dignity, safety and privacy must be paramount. In such circumstances, decisions such as ward / room allocation should be made in conjunction with the service user themselves. The process of assigning a person to a ward must begin from the position of the gender the patient is living within. This may not always accord with the physical sex appearance of the chest or genitalia. Sufficient privacy can be ensured through the use of curtains or by accommodation in a single room adjacent to a gender appropriate ward. The patient does not have to have a Gender Recognition Certificate or a legal name change. Trans peoples' needs should be taken into consideration before they are placed in a bed specific to their trans sex. Any issues relating to dealing with possible discrimination the patient may experience and any possible risk issues must be dealt with from that position. If there are any clinical/risk issues which require a move from this position these must be recorded in detail and recorded as an incident on DATIX.
- 5.4.2 It may be the case due to the nature of the treatment or surgery, availability of beds, genital operative state of the patient, patient history and wishes (including the patients' own anxieties and concerns) that a side room or a single adjacent ward accommodation should be provided.
- 5.4.3 Views of family members may not accord with the trans person's wishes, in which case, the trans person's views take priority.
- 5.4.4 A trans patient may require admission for services which are gender specific, such as gynaecology or prostate surgery. Such admissions should be proportionate to achieving a legitimate aim, for example, a safe nursing environment. For example, when a trans man is having a hysterectomy in a hospital and the only ward available is female gynaecology, and no side room is available within the unit. The situation must be discussed with the individual concerned with agreed arrangements in place prior to admission that respect the patients' wishes, without adding the penalty of additional waiting time compared to other patients needing the same service. All arrangements must ensure the privacy and dignity of the patient rather than being for the convenience of the staff.

5.5 **Emergency Services**

- 5.5.1 On meeting a trans patient for the first time it is likely you will not be aware of their trans status. If a patient is attending for an eye test, for example, or has a broken arm, it is likely you will never know whether or not the person you just met and treated was designated at birth male or female or is a trans person. It should be appreciated that fear of a negative reaction to a person's trans status weighs heavily on the individual, especially when attending hospital. Deciding when and if to disclose before clothes are removed, or afterwards, can make the situation exceptionally difficult for the patient and staff. Undressing in a hospital environment is fraught with fears and anxieties. Pragmatic, sympathetic approach will go a long way in allaying fears of all concerned.
- 5.5.2 Where admission/triage staff are unsure of a person's gender, they should where possible ask discreetly where the person would be most comfortably accommodated. They should then comply with the patient's preference immediately, or as soon as possible. If upon admission, it is not possible to ask the view of the person because he or she is

unconscious or incapacitated then in the first instance, inferences should be drawn from presentation and mode of dress. No investigation as to the genital sex of the person should be undertaken unless this is specifically necessary in order to carry out treatment.

- 5.5.3 Not knowing whether or not a person is trans in A&E may be potentially life threatening in some circumstances. How a person presents themselves is indicative of their gender role and how they should be accommodated, but not what their birth sex was. For this information, you must rely on any friends or relatives that accompany an unconscious or critically ill person or from the patient's case notes if the person was a previous hospital patient. If it is not relevant to the critical incident you are investigating there is no need to determine whether the patient is trans even if you become aware after examination that they may be.

5.6 Maternity Services

- 5.6.1 Trans men, that is those who identify as men but who were registered female at birth, may have had genital surgery, but the majority do not, and their external genital appearance will be female, although they may have some clitoral enlargement due to testosterone administration. They may wear a 'packer' in their underwear to create a male genital profile. Most undergo hysterectomy and oophorectomy, but some retain their reproductive capacity for a few years and may become pregnant and give birth.
- 5.6.2 Trans men who are pregnant may have concerns around how they are perceived by practitioners. It is important that they do not feel alienated from antenatal services for this or other reasons. Trans people should be addressed according to the gender in which they present, unless they specify otherwise. If staff are unsure, then the trans person should be asked which pronouns or words are preferred in a discreet manner.

5.7 Diagnostic Services

- 5.7.1 Diagnostics and blood tests can be a cause for concern if assumptions are made that the blood chemistry profile of a trans man will match that of other men, and that trans women will match the exact profile of other women. It cannot be assumed that if the individual is taking cross gender hormones this will mean that test markers and diagnostic results resemble stereotypical male and female groups.
- 5.7.2 Cross hormone treatment can cause side effects, which may be misdiagnosed if a patient's trans status is ignored. Trans men (especially if smokers or former smokers), are susceptible to polycythaemia (over production of blood red cells). This may have symptoms such as tension headaches, blurred vision, fatigue and joint pain that some clinicians wrongly diagnose as psychosomatic when really, further investigation is required. Best practice means that regular blood monitoring is essential to ensure the trans person's good health.
- 5.7.3 For some diagnostic tests the patient's birth sex may be required. The results of x-rays, MRI's and other imaging devices can surprise technicians and consultants not expecting to see scanned images of for example, a man with a uterus or a woman with a penis. It is sensible to make the operator aware and to discuss this with the trans person. Straight forward limb x-rays should not create an issue although a well-trained technician may be able to discern the skeletal difference between male and female. Ultrasound, MRI and other imaging devices scanning the abdominal cavity may show up physical discrepancies and give potentially misleading results if the clinician is not aware of the person's birth sex. Where this is the case, confidentiality must be maintained. The referring clinician will need to ensure that the practitioner is aware of the patient's birth gender without breaching the patient's confidentiality. Referral arrangements/pre-investigation literature/checklists will need to be reviewed. Standard Guidance on the hazards associated with specific x-rays is sent to patients with their appointment letters.

5.8 Breast Screening

Breast Cancer can occur in both trans women and men. If there is a family history of breast cancer, screening may be undertaken according to Trust procedures.

5.9 Prostate Cancer Screening

Trans women (even those who have had gender confirmation surgery), will still have a prostate gland and as such may require prostate examinations.

5.10 Children and Younger People

5.10.1 Children and young people should be accorded the same respect for their self-defined gender as are trans adults, regardless of their birth gender. Children and younger people may have gender issues and require support, though these may not be immediately obvious. In addition, parents or carers may not be aware of their child's gender variance. Any awareness of their gender variance may be accompanied by feelings of inadequacy and shame, and it is important that younger patients and their families are supported to come to terms with gender variance in an open and trusting environment.

5.10.2 Where there is no segregation on wards, as is often the case with children, there may be no requirement to treat a trans child / young person any differently from other children and young people. Where segregation is deemed necessary, then it should be in accordance with the dress, preferred name and/or stated gender identity of the child or young person.

5.10.3 Although rare, children may have conditions where genital appearance is not clearly male or female and therefore personal privacy must be a priority. For more information on this, view the Department of Health Publications Website: Medical Care for Gender Variant Children and Young People: Answering Families' questions (Department of Health Publication) – dh.gov.uk.

5.11 Older People/End of Life

5.11.1 As the number of trans people in society grows, there will be an increasing cohort of trans people accessing health care services in middle and later life. There should be an awareness of how to respect the trans person's gender identity and wishes by using the correct name and pronoun even where it does not necessarily match with the person's body or even their legal status. Trans status should be handled sensitively and confidentially at all times.

5.11.2 Just as with any other patient, clinicians may be made aware of trans person's intentions as to the steps they wish to be taken by doctors and nurses if they become unconscious, unable to communicate or lose mental capacity. Nobody is entitled to judge a trans person's quality of life. All medical and nursing staff must follow best practice in this area by ensuring the quality of health care given in hospital matches the high standards expected to be given to all other hospital patients.

5.12 Death and Bereavement

5.12.1 Bereavement within the hospital setting can be a very difficult time for patient's next of kin, relatives and clinical staff. A trans patient's bereavement must be treated very sensitively by nursing and mortuary staff. The right to privacy and non disclosure for trans people must be maintained in death. Even if relatives or colleagues feel that the person's trans status is public knowledge, it would not be acceptable to divulge to anyone else the trans person's original birth gender. This however does not apply where this is a medical or legal need to know.

5.12.2 Discretion should be used when deciding how to formally identify the body. Liaising with a partner or next of kin, even the family GP is acceptable to ascertain the correct name and gender in cases where this does not match the birth certificate. If you discover the deceased has been living permanently in their confirmed gender, but without a Gender Recognition Certificate, then it is acceptable to register the death in that gender.

5.12.3 If the trans persons' death is within 24 hours of hospital admission or is sudden or unexpected, then a coroner may carry out a post mortem. Nursing staff will need to ensure that the dignity of the trans person is maintained in death. If you are of the view that the deceased person is a cross dresser or just temporarily in the opposite gender role and the identification documents do not conclusively tell you which gender the person

lived in permanently, it is acceptable to ask to the police to find out by getting in touch with the DVLA or Passports Office.

- 5.12.4 Some trans people may be estranged from their legal relatives or family. Many relatives, including parents, fail to accept the confirmed gender of their relative, son or daughter and refuse even in death to use their chosen name and gender identity, even in cases where the trans person has lived for many years in that gender role. Some relatives or family may never have known the deceased in their preferred gender identity. It could also be the case, if a person who just cross-dresses occasionally and for short periods, dies whilst cross-dressed, that even their direct family members may not have known of their cross-dressing. If they did not know, the knowledge of this could be devastating. In all of these circumstances the issue of their trans status needs to be handled with sensitivity on a personal level and on a legal level, paying attention to the rights of the bereaved and the deceased in terms of their right to privacy.
- 5.12.5 Depending on the stage of the transition of the trans person, some bodies when unclothed may resemble that of a person of their former gender, or may be a mixed gendered body. All of these are matters that have to be considered carefully when determining how to handle the body, and what information is passed on to third parties. The use of appropriately gendered pronouns is comparatively easy in most cases. If a person was dressed in male clothing, has a beard, then even with breasts and a vagina should be referred to as 'he, his, him'. If a person was dressed in female clothing, had small breasts and a penis present, they should be referred to as 'she, her'. The documentation of the deceased is also a good indicator of how they identify.
- 5.12.6 There may be some relatives who insist on using inappropriate gender pronouns, or the former name, but generally they should be over-ruled and the guidance of the primary partner or other close friend should take precedence. The only situation where this might be difficult is in the case of male cross dresser who has died when dressed in a female role. They should be referred to using male pronouns unless the relatives request otherwise.
- 5.12.7 The deceased should be presented respectfully in the appropriate gender and treated with dignity when preparing the deceased patient for any ward viewing prior to removal from the ward to the mortuary. For example, a trans woman should have her wig or hair piece placed properly. A trans man should be suitably covered to hide any body scarring or his operative status. Relatives and/or close friends should be given the opportunity to express any particular needs and preferences about the presentation of their relative (for example, how he or she is covered and dressed) and the timing of viewing.

6 KEY CONSIDERATIONS

- 6.1 Being trans is neither a lifestyle choice nor a mental disorder but a condition widely recognised to be largely inborn and part of a person's biology.
- 6.2 Consider potential issues of confidentiality and dignity in advance.
- 6.3 Trans people should be accommodated according to their presentation: the way they dress, and the name and pronouns they currently use. It does not depend on the trans person having a Gender Recognition Certificate (GRC) or legal name change.
- 6.4 Discuss any necessary practical arrangements with the trans person.
- 6.5 Respect and respond to the wishes of the patient as far as this is practicable.
- 6.6 Consider any potential issues that might arise for other service users and how these may be managed.
- 6.7 Views of family members may not accord with the trans persons' wishes, in which case, the trans persons' views must take priority.

7 DISCRIMINATION

- 7.1 The Trust recognises that trans service users may experience discrimination in the forms of bullying and harassment. WWL is clear that it does not tolerate discrimination directly or indirectly against any person including trans people.
- 7.2 Employers are automatically liable for discrimination actions by anyone acting on their behalf, whether or not it was done with their knowledge, unless the employer can show that they had taken reasonable steps to prevent such actions. Any prejudice or discrimination must therefore be actively dealt with by management and must not be left to the individual to deal with themselves. Discrimination behaviour will be dealt with using Trust policy and procedures. It does include formal action in line with the Trust's TW10-097 Disciplinary Policy.
- 7.3 Discrimination experienced by service users, carers or visitors will be dealt with using the Trust's TW10-028 Violence and Aggression Policy and Procedure.

8 HUMAN RIGHTS ACT

Implications of the Human Rights Act have been taken into account in the formulation of this procedure and they have, where appropriate, been fully reflected in its wording.

9 INCLUSION AND DIVERSITY

The document has been assessed against the Equality Impact Assessment Form from the Trust's Equality Impact Assessment Guidance and as far as the author is aware, there is no impact on any protected characteristic.

10 MONITORING AND REVIEW:

The effectiveness of this guidance will be reviewed by the Inclusion and Diversity Lead annually, considering input from feedback received and the results of equality impact assessments conducted.

11 ACCESSIBILITY STATEMENT:

This document can be made available in a range of alternative formats e.g. large print, Braille and audio cd.

For more details, please contact the HR Department on 01942 77 (3766) or email equalityanddiversity@wwl.nhs.uk

Acknowledgements and Further Information:

The following documents have been used in the production of this guidance:

Trans – A Practical Guide to the NHS (Department of Health)

<https://www.gires.org.uk/wp-content/uploads/2017/03/doh-trans-practical-guide.pdf>

NHS Information Governance Guidance on Legal and Professional Obligations

<https://www.gov.uk/government/publications/nhs-information-governance-legal-and-professional-obligations>

Guidance for Doctors Treating Transgender Patients

<https://www.gires.org.uk/gmc-publishes-guidance-for-doctors-treating-transgender-patients-15-03-16/>

Bereavement: A Guide for Transsexual, Transgender people and their loved ones
(Department of Health)

<https://www.gires.org.uk/wp-content/uploads/2017/03/doh-bereavement.pdf>

Medical Care for Gender Variant Children and Young People: Answering Families' Questions (Department of Health)

<https://www.gires.org.uk/wp-content/uploads/2017/03/doh-children-and-adolescents.pdf>

Gender Realignment Policy (Mersey Care NHS Trust)

Procedure and Guidance for Supporting Transgender Staff and Service Users

(South East Coast Ambulance Service)

Information for Staff providing healthcare to trans people (Mid Cheshire Hospitals NHS Foundation Trust)

Transgender Guide for NHS Acute Hospital Trusts (Royal Free Hampstead NHS Trust)

Ward/Room Allocation Flow Chart

Trans patients should be accommodated according to their gender presentation (the way they dress, and the name and pronouns they currently use).

This applies to toilet and bathing facilities.

Different genital or breast sex appearance should not be taken into consideration – sufficient privacy can be ensured through the use of curtains or by accommodation in a single room adjacent to a gender appropriate ward.

Trans Patient's needs should always be taken in to consideration before they are placed in a bed specific to their trans sex.

Where treatment is 'sex specific' (for example a trans man having a hysterectomy) how to sensitively accommodate a trans person of the opposite sex should be discussed with the person involved and a joint decision made about how to proceed.

A side room / alternative accommodation should only be considered if:

- Treatment is sex specific (as above)
- Patient expresses preference (in relation to own anxieties and concerns)
- Patient is pre-operative and should not share open shower facilities.

Such decisions should be proportionate to achieving a 'legitimate aim', for instance, a safe nursing environment.

Views of family members may not accord with the trans persons wishes, in which case the trans person's views take priority.

Equality Impact Assessment Form -

STAGE 1 - INITIAL ASSESSMENT

For each of the protected characteristics listed answer the questions below using Y to indicate Yes and N to indicate No	Sex (male / female / transgender)	Age (18 years+)	Race / Ethnicity	Disability (hearing / visual / physical / learning disability / mental health)	Religion / Belief	Sexual Orientation (Gay/Lesbian/ Bisexual)	Gender Re-Assignment	Marriage / Civil Partnership	Pregnancy & Maternity	Carers	Other Group	List Negative / Positive Impacts Below
Does the policy have the potential to affect individuals or communities differently in a negative way?	N	N	N	N	N	N	N	N	N	N	N	
Is there potential for the policy to promote equality of opportunity for all / promote good relations with different groups – Have a positive impact on individuals and communities.	Y						Y					Guidance for staff on how to support trans patients. Supporting Trans Staff SOP.
In relation to each protected characteristic, are there any areas where you are unsure about the impact and more information is needed?	N	N	N	N	N	N	N	N	N	N	N	If Yes: Please state how you are going to gather this information.

Job Title	Inclusion & Diversity Service Lead	Signed		Date	9 th March 2020
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IF 'YES an NEGATIVE IMPACT' IS IDENTIFIED - A Full Equality Impact Assessment STAGE 2 Form must be completed. This can be accessed via http://intranet/Departments/Equality_Diversity/Equality_Impact_Assessment_Guidance.asp
Please note: As a member of Trust staff carrying out a review of an existing or proposal for a new service, policy or function you are required to complete an Equality Impact Assessment. By stating that you have **NOT** identified a negative impact, you are agreeing that the organisation has **NOT** discriminated against any of the protected characteristics. Please ensure that you have the evidence to support this decision as the Trust will be liable for any breaches in Equality Legislation.

GUIDANCE FOR CALL TAKERS WHEN TAKING CALLS FROM TRANS SERVICE USERS

When voice and gender identity appear not to match

There will be occasions when an operator may either be unsure of the gender status of a caller or may inadvertently address the caller in the wrong gender. Although this 'misgendering' of a person may arise in any situation and can be upsetting, it is particularly so for transgender individuals; the impact can cause great embarrassment, for both parties.

Over recent years the number of trans people (commonly called trans people) transitioning to live in the gender role that does not match their sex as registered at birth, has risen dramatically. It is now estimated that 1% of the population could potentially transition to the other gender role. It is therefore increasingly probable that 999 operators will encounter such folk.

The main issue is likely to be associated with trans women (those registered at birth as male now living as women). Many trans women are unable to raise the pitch of their voice and treatment with female hormones has no impact on this so, particularly on the phone, their voices will sound masculine. However, the voices of trans men (those registered as a female at birth now living as men) do respond to male hormone treatment and are more likely to have a pitch that matches their gender presentation.

Trans people are often particularly sensitive to being misgendered when using the telephone. Likewise operators have no wish to cause any embarrassment. It is usually the case that the operator will form a strong mental perception of the gender status of the caller from the first few words spoken, and this will condition a gender-specific response which, in the case of a trans woman, may be inappropriate; the assumption may be that she is a man.

So how should an operator respond if the caller's gender is either not obvious or does not match any name/title given? If in doubt, the best response is to ask callers how they wish to be addressed. If the caller complains that a mistake has been made: "I said my name was Susan, why did you refer to me as 'sir'?" a polite response would be to apologise: "I am so sorry, I misheard you, should I address you as Susan or do you prefer Miss, Ms, Mrs...? Of course, in emergency situations, there isn't always time for such niceties, but inappropriate pronouns do cause stress, and may make an already difficult situation worse, thus lessening the chance of receiving accurate information.

If the caller is referring to another person for whom medical care is required, and says, for instance, "My Dad's collapsed", but then continues, "her name is Mary Baker", the operator should use female pronouns when asking any follow-up questions, "has she lost consciousness" for instance. Clearly the most important issue when taking a 999 call is to obtain all necessary information in the shortest possible time.

On the rare occasions when an ambulance may be called by a trans man who is about to give birth, male names, titles and pronouns should still be used in accordance with his gender status

POLICY MONITORING AND REVIEW ARRANGEMENTS**NAME OF POLICY:**

Para	Audit / Monitoring requirement	Method of Audit / Monitoring	Responsible person	Frequency of Audit	Monitoring committee	Evidence	Location
ALL	Effectiveness of SOP	Equality Impact Assessments Review of Complaints Data Surveys	I&D Lead	Annual	I&D Steering Group	Equality Impact Assessments Feedback. Complaints Data. Survey Results	Trust-wide