



**University Hospitals of
Morecambe Bay**
NHS Foundation Trust

Document Type:
Policy

Unique Identifier:
CORP/POL/221

Document Title:

Version Number:
1

**Transgender, Non-binary, and Gender Fluid Patient
Policy**

Status:
Ratified

Scope:
All Trust colleagues and contractors

Classification:
Organisational

Author / Title:
Annette Shepherd, Patient Experience Lead

Responsibility:
Associate Chief Nurse for Patient
Experience

Replaces:
Version 2, Transgender Guidance: Colleagues and
Patients, Corp/Guid/099

Head of Department:
Barry Rigg, Head of Patient
Experience

Does this document refer to and account for the prescribing, supply, storage, or administration of medication (especially via electronic media)? **No**

Validated By:
Clinical Leadership Forum

Date:
25/10/2024

Ratified By:
Trust Procedural Document Group

Date:
13/11/2024

**Review dates may alter if any significant changes
are made**

Review Date:
01/11/2027

- Does this document meet the requirements under the Equality Act 2010 in relation to age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation? **Yes**
- Does this document meet our additional commitment as a Trust to extend our public sector duty to carers, veterans, people from a low socioeconomic background, and people with diverse gender identities? **Yes**

Document for Public Display: Yes

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1. SUMMARY

The UHMB is fully committed to promoting equality, diversity, inclusion, and good relationships in everything it does, as an NHS Trust providing care and treatment to patients and as an employer.

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

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

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

2. PURPOSE

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

3. SCOPE

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

3.1 Roles and Responsibilities

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

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Chief Nursing Officer	Is responsible for monitoring the effectiveness of this policy and decide on appropriate actions in response to any needs. This policy will be subject to monitoring, evaluation, and review.
The Patient Experience Team	The Patient Experience Team has a specific responsibility to ensure the promotion of equality, diversity and inclusiveness through its employment practices, policies and procedures, and in supporting the application of this policy.
Equality, Diversity and Inclusion Lead (ED&I Lead)	Is responsible to develop and promote a Trust-wide culture and climate which is free from any form of discrimination. They are responsible for promotion of Trans equality and will ensure that this policy is acted upon through delegation to appropriate care groups/divisions and committees.
Role of the Patient Experience and Involvement Group	The Patient Experience and Involvement Group's role is to provide support, assurance, and governance for the Trust Board via the Patient Safety, Quality and Governance Group and the Quality Committee on all patient, carer and family equality, diversity and inclusion matters and as an aid to the delivery of an effective healthcare experience.
Heads of Departments / Managers	Are responsible for ensuring that practical application of this policy and that care and treatment should be delivered in line with the Equality Act 2010 and Gender Recognition Act 2004 .
The Patient Experience Team and the Patient Liaison Service	Will support all patients, families and carers and raise concerns on their behalf including those relating to any of the nine protected characteristics. The team promote high equality standards and report any enquiries/concerns via the Patient Experience and Involvement Group.
Staff / Colleagues	All individuals working and volunteering at the UHMBT have a personal responsibility for the application of this policy and should positively promote high equality standards and always refrain from direct or indirect acts of discrimination.

4. POLICY

4.1 Inpatient or Outpatient Setting

Where a Trans person attends The UHMB as an inpatient or outpatient, protecting their dignity, safety and privacy must be paramount. In such circumstances decisions such as ward/room allocation, should be made in conjunction with the individual themselves, and in accordance with their chosen desired/lived gender identity.

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For example, if the patient wishes to be known as a female/woman, they must be regarded as such. All people have a legal protection against discrimination.

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

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

Applications are considered by the Gender Recognition Panel. Once a person receives a Gender Recognition Certificate (GRC), they are legally of that gender for every purpose and have all the rights and responsibilities associated with that gender.

A patient's rights do not depend on whether a person has a GRC. Staff should not ask for a person's GRC, and it should never be a pre-condition for recognising a patient's Trans status/gender identity whilst in the care of the Trust.

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

Section 22 of the GRA makes it an offence for any individual who has obtained information about a person's gender identity in an official capacity to divulge that a person has or has applied for a gender recognition certificate or do anything that would make such a disclosure.

The Gender Recognition (Disclosure of information) (England, Wales and Northern Ireland) Order 2005 (2) and the Gender Recognition (Disclosure of Information) (Scotland) Order 2023 creates an exception in cases where a patient gives consent or does not have the capacity to consent to Section 22 for health professionals where:

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

The Equality Act 2010 (England, Scotland, and Wales) protects against discrimination because of gender reassignment in employment and service delivery. It bans direct and indirect discrimination and victimisation.

The Act makes clear that it is not necessary for people to have any medical diagnosis or treatment to gain this protection; it is a personal process of moving away from the gender assigned at birth to their identified gender. People discriminated against because they are wrongly perceived to be a Trans person, or who are discriminated against because of their association with Trans people or issues, are also protected.

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When communicating with other health care professionals, gender history does not need to be disclosed unless it is directly relevant to the condition, or its likely treatment and consent is gained from the patient as outlined in section 6.1.

4.1.1 Provision of Inpatient and Outpatient Care

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

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

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

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

Staff should always use the pronouns that the Trans person deems correct and make sure that any records are clearly marked with this name and preferred title.

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

Staff should always address the patient in line with their affirmed gender, with their preferred name and pronouns, even if there has been no legal name change. It should be noted that a patient's health records may not match their current lived gender/name/pronouns and staff should be mindful to always use the patients presenting gender and name.

Staff should also discuss with the patient what is reflected in their health records and if they wish for this to be changed in line with their presenting gender. If this is the case, staff should make these arrangements in a timely manner.

The Trust has a legal duty to ensure that the person is protected from discrimination or harassment. This includes not tolerating negative views, comments or opinions of other patients or members of staff. Confidentiality is essential. Discussions related to accommodating a person sensitively and meeting their needs should be undertaken only with relevant persons and with consent.

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

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

4.2 Concerns for Children and Young People

The UHMBT treats adults and young people. Young people should be accorded the same respect for the gender they present as.

In some instances, parents or those with parental responsibility may have a view that is not consistent with the young person's view. If possible, the young person's preference should prevail even if they are not Gillick competent.

Gillick competence is a term used in medical law to decide whether a child (16 years or younger) can consent to their own medical treatment, without the need for parental permission or knowledge.

Mental Capacity Act 2005 to be used after the age of 16+. More in-depth and greater sensitivity may need to be extended to adolescents whose secondary sex characteristics have developed and whose view of their gender identity may have consolidated in contradiction to their sex appearance.

4.3 Risk Assessment

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

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

4.4 Changes in Gender Presentation

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

There may be times when staff will need to determine if their presentation is due to current mental health needs, or otherwise. Each case will need to be determined on an individual basis.

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Some people prefer to occasionally wear clothing not usually worn by their assigned gender for many reasons, including fear or anxiety. This should be respected so long as (with other people) it is not overly revealing or sexualised. Some people may choose to change their gender presentation in direct response to family dynamics or family anxieties about their gender presentation.

4.5 Safeguarding

Patients may have difficulties accepting the patient gender identity. This may put the patient at risk, so enhanced observation may be necessary, until the risk is no longer present. Consideration should always be given to any safeguarding issues, and these be reported through the normal channels. Advice can be sought from the Safeguarding Team.

The safeguarding team will always support the patient in these circumstances as well as the staff with any complex issues to ensure the patients' rights are upheld and that there is a safe environment. This may involve reporting unacceptable behaviours as a hate crime to the Police on Local Authority safeguarding teams.

4.6 Pronouns

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

Staff should be aware of the impact that mistaken pronouns have on individuals. If staff are unsure about a person's gender, they should always use gender neutral terms, until it is appropriate to ask how they wish to be known.

Staff should explain the rationale for asking and ask people, how they would like to be addressed and what pronouns do they like. By offering your own preferred pronouns in an introduction gives the other person the cue that they can inform you how they wish to be addressed.

4.7 Promotion of Trans Equality

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

- Ensuring that future training courses that are delivered are fully inclusive of Trans people and this may include both face-to-face training and e-learning.
- Marking important dates to celebrate the Trans community, such as Trans Day of Visibility and Transgender Day of Remembrance and including Trans people in publicity and marketing materials.

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- Ensuring that all forms and surveys are inclusive.
- Including Trans equality as a core part of the organisation's equality agenda and objectives.
- Investigating fully all complaints of harassment, victimisation, or discrimination on the grounds of gender identity, gender history, Trans status or gender expression in line with the UHMB complaints procedure and Trust policy
- Trans awareness sessions to be made available to staff and Trust Board Members.

4.8 Breach of Policy

It is unlawful to discriminate against or harass Trans people. A criminal offence can be committed by staff who disclose the gender history of a Trans person who holds a GRC, without explicit consent.

Staff who become aware of a breach of this policy are asked to raise the issue with their manager and The Head of Patient Experience in the first instance. Managers should seek to resolve with the support of the ED&I Lead or The Head of Patient Experience. If the breach in policy could affect the reputation of the Trust, then the Divisional Director must be notified along with the Director of Communications in case of press enquiries.

5. ATTACHMENTS

Number	Title	Separate attachment
1	Gender Glossary	N
2	Monitoring	N
3	Values and Behaviours Framework	N
4	Equality & Diversity Impact Assessment Tool	N

6. OTHER RELEVANT / ASSOCIATED DOCUMENTS

The latest version of the documents listed below can all be found via the [Trust Procedural Document Library](#) intranet homepage.

Unique Identifier	Title and web links from the document library
Corp/Pol/179	Supporting Trans & Non-Binary Colleagues

7. SUPPORTING REFERENCES / EVIDENCE BASED DOCUMENTS

Every effort been made to review/consider the latest evidence to support this document?	Yes
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If 'Yes', full references are shown below:

Number	References
1	Equality Act 2010 (Accessed 31.10.24)
2	Gender Recognition Act 2004 (Accessed 31.10.24)

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3	Data Protection Act 2018 (Accessed 31.10.24)
4	Department of Health (2008) Trans guidance for the NHS (accessed 14.10.24)
5	General Medical Council (GMC) (2024) ' Guidance – Trans healthcare ,' (Accessed 31.10.24)
6	The Gender Recognition (Disclosure of Information) (England, Wales and Northern Ireland) (No. 2) Order 2005 (Accessed 31.10.24)
7	Mental Capacity Act 2005 (Accessed 31.10.24)

8. DEFINITIONS / GLOSSARY OF TERMS	
Abbreviation or Term	Definition
GRC	Gender Recognition Certificate
Trans	Transgender
LGBTQ+	Lesbian, gay bisexual, transgender, Queer
Please also see Appendix 1	

9. CONSULTATION WITH STAFF AND PATIENTS		
Enter the names and job titles of staff and stakeholders that have contributed to the document		
Name/Meeting	Job Title	Date Consulted
Sally Young	QA Matron	17/10/2024
The Patient Experience Group		
Citizens	Trans community	October 2024
UHMBT Safeguarding team		17/10/2024
Emma Fitton	Associate Chief Nurse – Patient Experience	17/10/2024
CNO Clinical Leadership Forum		25/10/2024
Lee Jenkinson	LGBTQ+ network chair	17/10/2024
Tommi Jackson	LGBTQ+ network chair	17/10/2024
Lynne Wyre	Deputy Chief Nurse and Lead for Service Inclusion	17/10/2024

10. DISTRIBUTION & COMMUNICATION PLAN	
Dissemination lead:	Head of Patient Experience
Previous document already being used?	Yes
If yes, in what format and where?	Trust Procedural Document Library
Proposed action to retrieve out-of-date copies of the document:	PDT to archive previous version
To be disseminated to:	
Document Library	
Proposed actions to communicate the document contents to staff:	<p>Colleagues and stakeholders noted in the consultation section have agreed to share the key aspects of the policy, including its purpose, benefits, and the changes to the current policy.</p> <p>We plan to utilise multiple channels for dissemination, such as email, meetings,</p>

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	<p>Weekly News / intranet, Procedure Document Library communication systems, UHMBT LGBTQ+ network and our LGBTQ+ partners, to ensure that at least awareness of the document reaches those who may need it.</p> <p>Lastly, by through the provision of resources and training sessions to support the transition and implementation of the new policy, we will raise awareness of the document library and the supportive documents including this policy which support safe patient care and enhances the patient, carer and family experience.</p>
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11. TRAINING Is training required to be given due to the introduction of this procedural document? Yes If 'Yes', training is shown below:		
Action by	Action required	To be completed (date)
Deliver in house trans awareness sessions as part of trans awareness events. Appendix one forms a key element of colleague training and awareness knowledge.	Identification of key trainers – LGBT network colleagues Delivery of Trans inclusion via the Equality Impact Training	From January 2025 then ongoing.

12. AMENDMENT HISTORY				
Version No.	Date of Issue	Section/Page Changed	Description of Change	Review Date
1.0	13/11/2024		Replaces the Transgender Guidance: Colleagues and Patients. CORP/GUID/099 This is a new policy designed to support patients, carers and families.	01/11/2027

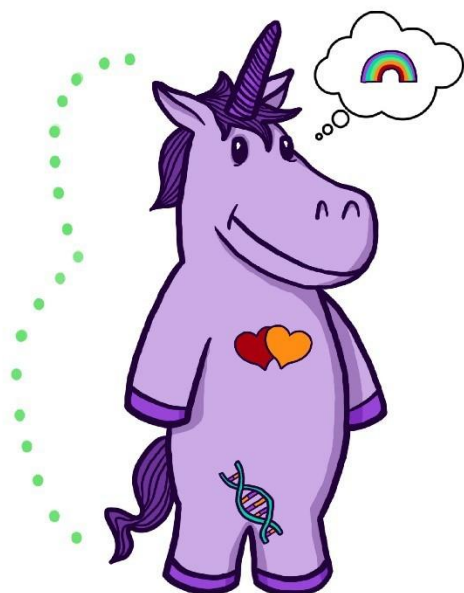
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Appendix 1: Gender Glossary

Kindly provided by the Nottingham Centre for Transgender Health Network, v4.

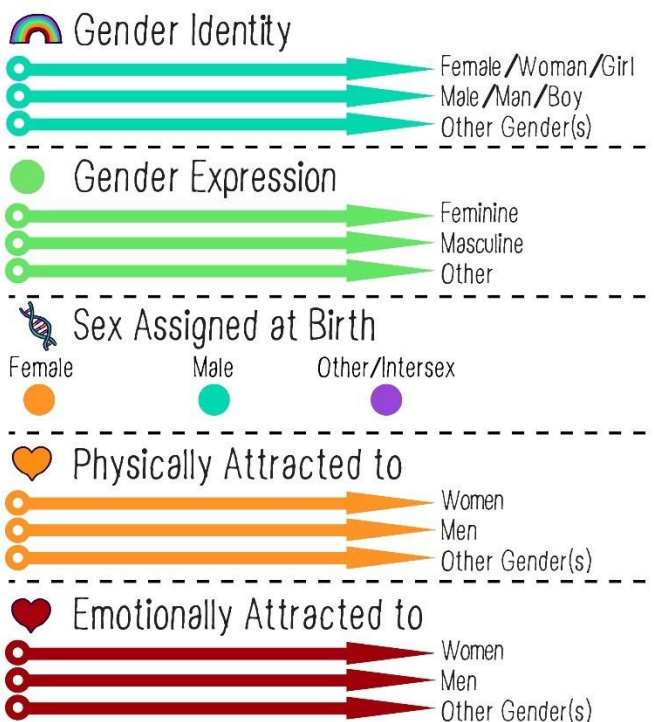
The Gender Unicorn

Graphic by:
TSER
Trans Student Educational Resources



To learn more, go to:
www.transstudent.org/gender

Design by Landyn Pan and Anna Moore



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Explanation of the Gender Unicorn

Gender Identity

One's internal sense of being male, female, neither of these, both, or another gender(s). Everyone has a gender identity, including you. For transgender people, their sex assigned at birth and their own internal sense of gender identity are not the same. Female, woman, and girl and male, man, and boy are also not necessarily linked to each other but are just six common gender identities.

Gender Expression

The physical manifestation of one's gender identity through clothing, hairstyle, voice, body shape, etc. Many transgender people seek to make their gender expression (how they look) match their gender identity (who they are), rather than their sex assigned at birth.

Sex Assigned at Birth

The assignment and classification of people as male, female, intersex, or another sex based on a combination of anatomy, hormones, chromosomes. It is important we don't simply use "sex" because of the vagueness of the definition of sex and its place in transphobia. Chromosomes are frequently used to determine sex from prenatal karyotyping (although not as often as genitalia). Chromosomes do not always determine genitalia, sex, or gender.

Physically Attracted To

Sexual orientation. It is important to note that sexual and romantic/emotional attraction can be from a variety of factors including but not limited to gender identity, gender expression/presentation, and sex assigned at birth.

Emotionally Attracted

Romantic/emotional orientation. It is important to note that sexual and romantic/emotional attraction can be from a variety of factors including, but not limited to gender identity, gender expression/presentation, and sex assigned at birth.

There are other types of attraction related to gender such as aesthetical or platonic. These are simply two common forms of attraction.

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Glossary of terms

A

Ally

A (typically) straight and/or cis person who supports members of the LGBTQ+ community.

Ace

Ace is an umbrella term used to describe those who experience low, varying or absent levels of romantic and/or sexual attraction. Ace people may describe themselves using one or more of a wide variety of terms, including, but not limited to, asexual, aromantic, demis and grey ace.

Assigned sex

Rather than describe somebody as being 'born male/female,' the term used today tends to be assigned at birth. Somebody assigned female at birth is often called AFAB while somebody assigned male at birth is called AMAB.

B

Bisexual (or just Bi)

Bisexual is an umbrella term used to describe a romantic and/or sexual orientation towards males and females.

Biphobia

The fear or dislike of someone who identifies as bisexual based on prejudice or negative attitudes, beliefs, or views about bisexual people. Biphobic bullying may be targeted at people who are, or who are perceived to be, bisexual.

C

Cisgender or Cis

Someone whose gender identity aligns with the sex they were assigned at birth.

Coming out

When a person first tells someone/others about their identity as lesbian, gay, bi, queer, pansexual or trans.

D

Deadnaming

Calling someone by their birth name after they have changed their name. This term is often associated with trans people who have changed their name as part of their transition.

Detransition

A term often used to describe an individual's retransition to their original assigned gender.

E

Egg cracking

A term to describe when a person finally admits to themselves that they are transgender. For example, "My egg only recently cracked so I am quite new to all of this."

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Eunuch

An individual assigned male at birth who feels their true self is expressed best by this term. The individual has their testicles surgically removed or rendered nonfunctional.

G

Gender Affirmation

Refers to being recognized or affirmed in a person's gender identity. It is usually conceptualized as having social, psychological, medical, and legal dimensions. Gender affirmation is used as a term in lieu of transition (as in medical gender affirmation) or can be used as an adjective (as in gender affirming care, gender affirming surgery).

Gay

Refers to a man who has a romantic and/or sexual orientation towards men. Also, a generic term for lesbian and gay sexuality – some women define themselves as gay rather than lesbian.

Gender

Often expressed in terms of masculinity and femininity, gender is largely culturally determined and is assumed from the sex assigned at birth. Gender identities other than those of men and women (who can be either cisgender or transgender) include transgender, non-binary, genderqueer, gender neutral, agender, gender fluid, and 'third' gender, among others; many other genders are recognized around the world.

Gender Diverse

A term used to describe people with gender identities and/or expressions that are different from social and cultural expectations attributed to their sex assigned at birth. This may include, among many other culturally diverse identities, people who identify as nonbinary, gender expansive, gender nonconforming, and others who do not identify as cisgender.

Gender dysphoria

Used to describe when a person experiences discomfort or distress because there is a mismatch between their sex assigned at birth and their gender identity. Trans people often shorten the term to 'dysphoric.' For example, "I had to wear a dress when I was young, and it made me feel really dysphoric" Gender Dysphoria is also a diagnostic term in the DSM-5 denoting an incongruence between sex assigned at birth and experienced gender accompanied by distress. Not all transgender and gender diverse people experience gender dysphoria.

Gender expression

The way that an individual chose to express their gender identity, such as clothing choice, hairstyle, mannerisms etc.

Gender identity

A person's innate sense of their own gender, whether male, female or something else (see non-binary below), which may or may not correspond to their sex assigned at birth.

Gender Incongruence

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Gender incongruence is defined as a marked and persistent incongruence between a person's experienced gender and assigned sex. Gender Incongruence - ICD 11 is also a diagnostic term and is not a mental illness.

Gender affirmation

Another way of describing a person's transition. To undergo gender affirming treatment usually means some medical intervention, but gender affirmation can also mean changing names, pronouns, dressing differently and living in their identified gender. It can also be described as the feeling when other people use the correct pronouns, names, or gender identity for a transgender person.

Gender Recognition Certificate (GRC)

This enables trans people to be legally recognised in their affirmed gender and to be issued with a new birth certificate. Not all trans people will apply for a GRC, and you currently must be over 18 to apply. You do not need a GRC to change your gender markers at work or to legally change your gender on other documents such as your passport. It is currently only legally possible to obtain a GRC for male or female as no non-binary options currently exist.

Gillick competence

A term used in medical law to decide whether a child (under 16) can consent to their own medical treatment, without the need for parental permission or knowledge.

H

Heterosexual (straight)

Refers to a man who has a romantic and/or sexual orientation towards women or to a woman who has a romantic and/or sexual orientation towards men.

Heteronormative

A state where heterosexuality is assumed to be 'the norm.' A heteronormative society reinforces in culture, marketing, and the media the concept that individuals are assumed to be heterosexual and either male or female unless told otherwise and society is built around the assumption that the majority of people fit this description.

Homosexual

This might be considered a more medical term used to describe someone who has a romantic and/or sexual orientation towards someone of the same gender. The term 'gay' is now more generally used.

Homophobia

The fear or dislike of someone, based on prejudice or negative attitudes, beliefs or views about lesbian, gay or bi people. Homophobic bullying may be targeted at people who are, or who are perceived to be, lesbian, gay or bi.

I

Intersex

A term used to describe a person who may have the biological attributes of both sexes or whose biological attributes do not fit with societal assumptions about what constitutes male or female. Intersex people may identify as male, female, or nonbinary. Intersex people may have genitals

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which are ambiguous but may also have no genital ambiguity but present with differing hormone levels or have chromosomes which differ from what is normally expected.

L

LGBTQ+ The acronym for lesbian, gay, bi and trans, queer and questioning.

Lesbian

Refers to a woman who has a romantic and/or sexuality primarily orientated towards women.

M

Misgendering

When language is used that does not correctly reflect the gender with which a person identifies. This may be a pronoun (he/him/his, she/her/hers, they/them/theirs) or a form of address (sir, Mr.).

N

Neurodiverse

A concept where neurological differences are recognised and respected in the same way as any other human difference. People with ADHD and/or autism especially tend to use the term neurodiverse to describe their differences.

Non-binary

An umbrella term for people whose gender identity doesn't sit comfortably with 'man' or 'woman.' Non-binary identities are varied and can include people who identify with some aspects of binary identities, while others reject them entirely. Some also experience their gender differently at different times or stages of their life.

O

Outed

When a lesbian, gay, bi or trans person's sexual orientation or gender identity is disclosed to someone else without their consent.

P

Pansexual

Refers to a person who's romantic and/or sexual attraction towards others is not limited by sex or gender. A pansexual feel there are attracted to the personality of an individual rather than being limited by what gender identity the person has.

Passing

If a transgender person is not identifiable as transgender and could be assumed as cis, then this is called 'passing.' Some transgender people aspire to 'pass,' whereas others prefer to embrace their transgender identity.

Pronoun

Words we use to refer to people's gender in conversation – for example, 'he' or 'she.' Some people may prefer others to refer to them in gender neutral language and use pronouns such as they/their and ze/zir.

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Q

Queer

Queer is a term used by those wanting to reject specific labels of romantic orientation, sexual orientation and/or gender identity. It can also be a way of rejecting the perceived norms of the LGB community (racism, sizeism, ableism, etc). Although some LGBTQ+ people view the word as a slur, it was reclaimed in the late 1980s by the queer community.

Questioning

The process of exploring your own sexual orientation and/or gender identity.

S

Sex

Assigned to a person on the basis of primary sex characteristics (genitalia) and reproductive functions. Sometimes the terms 'sex' and 'gender' are interchanged to mean 'male' or 'female,' although many people also make the distinction between biology and behaviour and see sex and gender as different.

Sexual orientation

A person's romantic and/or sexual attraction to another person based on the person's gender preferences, or lack of preference.

T

Trans

An umbrella term to describe people whose gender is not the same as, or does not sit comfortably with, the sex they were assigned at birth. Trans people may describe themselves using one or more of a wide variety of terms, including (but not limited to) transgender, transsexual, genderqueer, gender-fluid, non-binary, gender-variant, crossdresser, genderless, agender, nongender, third gender, bi-gender, trans man, trans woman, trans masculine, trans feminine and neutrois.

Transgender man (Trans male / Trans man)

A term used to describe someone who is assigned female at birth but identifies and lives as a man. This may be shortened to trans man, or FTM, an abbreviation for female-to-male, although this term is less used today in favour of 'assigned female at birth.'

Transgender woman (Trans female / Trans woman)

A term used to describe someone who is assigned male at birth but identifies and lives as a woman. This may be shortened to trans woman, or MTF, an abbreviation for male-to-female, although this term is less used these days in favour of 'assigned male at birth.'

Transitioning

The steps a trans person may take to live in the gender with which they identify. Each person's transition will involve different things. For some this involves medical intervention, such as hormone therapy and surgeries, but not all trans people want or are able to have this. For many, transition is not a pre-determined period of time and is a life-long process or one people return to and leave throughout their life. Transitioning also might involve things such as telling friends and family, dressing differently and changing official documents.

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Transphobia

The fear or dislike of someone based on the fact they are trans, including the denial/refusal to accept their gender identity. People who justify their views with feminist ideas are often referred to as Trans Exclusionary Radical Feminists, or TERFs. Those who are critical of the existence of gender are often called Gender Critical, or GCs.

Transsexual

This was used in the past as a more medical term to refer to someone whose gender is not the same as, or does not sit comfortably with, the sex they were assigned at birth. This term is still used by some, although many people prefer the term trans or transgender.

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Appendix 2: Monitoring

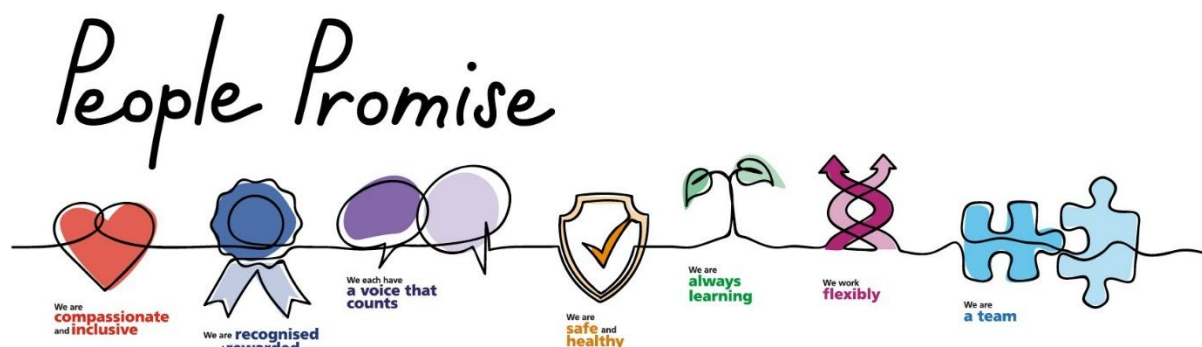
What is to be monitored?	Methodology (incl. data source)	Frequency	Reviewed by	Group / Committee to be escalated to (if applicable)
Section 4 Application of the policy	Review complaints associated with Gender	Quarterly	The Patient Experience Group	The Patient Safety, Quality and Governance Group
Section 4 Application of the policy	Feedback from patients, citizens, carers and families – collected through scheduled patient satisfaction surveys	Weekly	The Head of Patient Experience or The Patient Experience Lead	The Patient Experience Group or The Associate Chief Nurse for Patient Experience

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Appendix 3: Values and Behaviours Framework

To help create a great place to work and a great place to be cared for, it is essential that our Trust policies, procedures and processes support our values and behaviours. This document, when used effectively, can help promote a positive workplace culture. By following our own policies and with our **ambitious** drive we can cultivate an **open, honest and transparent culture** that is truly **respectful and inclusive** and where we are **compassionate** towards each other.

For further information, you can also refer to Our People Strategy online. This aligns with the NHS People Promise and helps outline our commitments to working together to make UHMBT a great place to work.



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Appendix 4: Equality & Diversity Impact Assessment Tool



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Equality Impact Assessment Form

Department/Function	Patient Experience	
Lead Assessor	Annette Shepherd	
What is being assessed?	Transgender, Non-binary, Gender Fluid Patient Policy	
Date of assessment	13/11/2024	
What groups have you consulted with? Include details of involvement in the Equality Impact Assessment process.	Patient Experience and Involvement Group?	Yes
	Staff Side Colleague?	Yes
	Service Users?	Yes
	Staff Inclusion Network(s)?	Yes LGBTQ+
	Personal Fair Diverse Champions?	No
	Other (including external organisations): LGBTQ+ Community Groups	

1) What is the impact on the following equality groups?

	Positive: ➤ Advance Equality of opportunity ➤ Foster good relations between different groups ➤ Address explicit needs of Equality target groups	Negative: ➤ Unlawful discrimination / harassment / victimisation ➤ Failure to address explicit needs of Equality target groups	Neutral: ➤ It is quite acceptable for the assessment to come out as Neutral Impact. ➤ Be sure you can justify this decision with clear reasons and evidence if you are challenged
Equality Groups	Impact (Positive / Negative / Neutral)	Comments ➤ Provide brief description of the positive / negative impact identified benefits to the equality group. ➤ Is any impact identified intended or legal?	
Race (All ethnic groups)	Neutral	We conclude that in respect of the policy itself and its practical application, it should have a positive impact on all UHMBT patients who require the use of the policy – completely irrespective of an patient Race/ Ethnicity. We can identify no reasonable risks of this policy adversely affecting patients on the ground of their Race/ Ethnicity.	
Disability (Including physical and mental impairments)	Neutral	We conclude that in respect of the policy itself and its practical application, it should have a positive impact on all UHMBT patients who require the use of the policy – completely irrespective of whether an patient has a Disability or not. We can identify no reasonable risks of this policy adversely affecting patients on the ground of their Disability.	
Sex	Neutral	We conclude that in respect of the policy itself and its practical application, it should have a positive impact on all UHMBT patients who require the	

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		<p>use of the policy – completely irrespective of an patient Biological Sex or Identified Gender.</p> <p>We can identify no reasonable risks of this policy adversely affecting patients on the ground of their Sex / Gender</p>
Gender reassignment	Positive	<p>Risks of Discrimination: Legal Definition of Gender Reassignment source: https://www.legislation.gov.uk/ukpga/2010/15/section/7 Gender reassignment</p> <p>(1) A person has the protected characteristic of gender reassignment if the person is proposing to undergo, is undergoing or has undergone a process (or part of a process) for the purpose of reassigning the person's sex by changing physiological or other attributes of sex.</p> <p>(2) A reference to a transsexual person is a reference to a person who has the protected characteristic of gender reassignment.</p> <p>(3) In relation to the protected characteristic of gender reassignment – (a) A reference to a person who has a particular protected characteristic is a reference to a transsexual person; (b) A reference to persons who share a protected characteristic is a reference to transsexual persons. It is important to note how Gender Reassignment differs legally from other forms of Gender Identity (e.g. nonbinary, gender fluid etc) in that the former is currently a Protected Characteristic under The Equality Act 2010 whereas the latter is not.</p> <p>This policy does define (well) the expectations and commitments to patients and patients in respect of gender re-assignment and transitioning in the care journey. We therefore conclude both the contents and practical implementation of this policy does have a positive impact on all UHMBt patients who are transsexual and are undergoing, proposing to undergo or who have undergone Gender Reassignment.</p> <p>Positive equality related impact is therefore recorded in this area</p>
Religion or Belief	Neutral	<p>We conclude that in respect of the policy itself and its practical application, it should have a positive impact on all UHMBT patients who require the use of the policy – completely irrespective of an patient's Religion / Belief.</p> <p>We can identify no reasonable risks of this policy adversely affecting patients on the ground of their Religion / Belief.</p>
Sexual orientation	Neutral	<p>Reiterating the important distinction between</p>

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		<p>1: Sexual Orientation which is typically (but not exclusively) defined as people who are Heterosexual, Bisexual, Gay/Same Sex)</p> <p>and</p> <p>2: Trans which is defined by Stonewall as: An umbrella term to describe people whose gender is not the same as, or does not sit comfortably with, the sex they were assigned at birth. Trans people may describe themselves using one or more of a wide variety of terms, including (but not limited to) transgender, transsexual, genderqueer (GQ), gender-fluid, non-binary, gender-variant, crossdresser, genderless, agender, nongender, third gender, bigender, trans man, trans woman, trans masculine, trans feminine and neutrois.</p> <p>For the purposes of this assessment, we are regarding the terms Sexual Orientation and Trans as mutually exclusive and conclude that in respect of the policy itself and its practical application, it should have a positive impact on all UHMBT patients who require the use of the policy – completely irrespective of their Sexual Orientation.</p> <p>We therefore conclude there are no reasonable risks of this policy adversely affecting patients on the ground of their Sexual Orientation.</p>
Age	Neutral	<p>In respect of the policy itself and its practical application, we consider this will have a positive impact on all UHMBT patients who require the use of the policy – completely irrespective of Age.</p> <p>We therefore see no reasonable risks that this policy could adversely affect patient on the ground of their Age.</p>
Marriage and Civil Partnership	Neutral	<p>We conclude there is no evidence to suggest that this policy may impact directly on people on the grounds of their marital status and therefore make no further recommendations in this area.</p> <p>Neutral equality related impact is therefore recorded in this area.</p>
Pregnancy and maternity	Neutral	<p>We conclude there is no evidence to suggest that this policy may impact directly on people on the grounds of pregnancy / maternity and therefore make no further recommendations in this area.</p> <p>Neutral equality related impact is therefore recorded in this area.</p>
Other (e.g. carers, veterans, people from a low socioeconomic background, people with diverse gender identities, human rights)	Neutral	<p>We conclude there is no evidence to suggest that this policy may impact directly on people who are care experienced</p>

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		and therefore make no further recommendations in this area.
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2) In what ways does any impact identified contribute to or hinder promoting equality and diversity across the organisation?	N/A
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3) If your assessment identifies a negative impact on Equality Groups you must develop an action plan to avoid discrimination and ensure opportunities for promoting equality diversity and inclusion are maximised.
➤ This should include where it has been identified that further work will be undertaken to further explore the impact on equality groups
➤ This should be reviewed annually.

Action Plan Summary

Action	Lead	Timescale

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For all other assessments, please return an electronic copy to EIA.forms@mbht.nhs.uk once completed.

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