

TRANSGENDER AND NON- BINARY COLLEAGUES GUIDANCE

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1. INTRODUCTION

This guidance document is to be used alongside the Trusts People Transgender and Non-Binary Policy. The Trust recognises the importance of Equality, Diversity and Inclusion (EDI) in the delivery of outstanding care for our patients and ensuring all our workplaces celebrate the diversity within our teams, offer equity of opportunity and provide all colleagues a true sense of belonging with Sherwood Forest Hospitals.

The benefits of EDI are wide-ranging including individual wellbeing, recruitment and retention of colleagues and financial/legal. Organisations that embrace EDI enable colleagues to be their best self and perform highly in their roles.

2. TRANSGENDER AND NON-BINARY EXPLAINED

Transgender is a broad term that can be used to describe people whose gender identity is different from the sex they were assigned at birth. Trans is often used as shorthand for transgender and the terms transgender person, trans man, trans women are usually the preferred terms for this community. Please see Appendix 5 for a glossary of terms.

Under the Equality Act 2010, a transgender person does not have to be under medical supervision or have a Gender Recognition Certificate to prove that they have the protected characteristic of gender reassignment. For example, a trans person who simply starts using different pronouns (she, he, and/or they) or dresses differently is protected by the Equality Act regardless of whether they wish to take any hormones or have any surgeries. **They must be treated in accordance with their self-declared gender identity.**

Non-Binary is the most common term used for people whose gender identity does not fit within the binary categories of 'Male' or 'Female'.

This guidance applies to anyone self-identifying as transgender or non-binary and anyone proposing to undergo, is undergoing, or has undergone any part of a process for the purpose of gender reassignment, and their colleagues.

3. THE LAW

3.1 THE EQUALITY ACT 2010 AND PUBLIC SECTOR EQUALITY DUTY

The Equality Act 2010 legally protects people from protected characteristic from all forms of discrimination in the workplace.

It is our legislative duty to provide equality of opportunity in employment and service delivery to all and to prevent and act upon any forms of discrimination to all people of protected characteristic groups including:

- Age
- Disability (physical, mental and long-term health conditions)
- Sex

- Gender reassignment (the term gender reassignment refers to those who have proposed, commenced or completed reassignment of gender).
- Marriage and Civil Partnership status
- Sexual orientation
- Pregnancy and Maternity
- Race (including nationality, ethnicity and colour)
- Religion or Belief

The Public Sector Equality Duty of the Equality Act requires Sherwood Forest Hospitals, when carrying out its functions, to have due regard to:

(a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010

(b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it

(c) Foster good relations between persons who share a relevant protected characteristic and persons who do not share it

Further information on the Equality Act can be found on the Equality and Human Rights Commission website: <https://www.equalityhumanrights.com/en/equality-act>

3.2 THE GENDER RECOGNITION ACT 2004

The Gender Recognition Act is the law which sets out how people over the age of 18 in the UK may gain full recognition for the gender in which they live. Applications are made to a Gender Recognition Panel and following assessment if someone is granted a Gender Recognition Certificate (GRC), they are legally of that gender for every purpose and have all the rights associated with that gender. The certificate is required if the person wishes to change the sex they were assigned at birth and obtain a new Birth Certificate in their acquired gender. To make an application for a GRC, an individual needs to show that they have been living in their chosen gender for at least two years.

It is important to note that a transgender person does not require a GRC to legally change their name and title and, official documents can be changed to a chosen name through deed poll without the need for a GRC (including passport, driving licence, employment information, pension accounts, medical records etc). Changing their legal name does not change the person's sex assigned at birth; as stated previously, a GRC is required should an individual wish to change the sex they were assigned at birth and obtain a new Birth Certificate.

The link between The Equality Act 2010 and The Gender Recognition Act 2004 is that in both Acts, people are protected from any forms of discrimination based on their sex or gender reassignment.

Under The Gender Recognition Act, Section 22, it is a criminal offence for any person who has acquired protected information regarding an individual's gender identity and/or gender history to disclose that protected information to any other person. This

applies where they obtained the information in an official capacity (such as a member of the HR team or a line manager who has access to the information for the purposes of carrying out their duties). 'Protected Information' is the information about a person's sex as recorded on their birth certificate before an application for a GRC was made, or information about their application for a GRC. Once a person has obtained a GRC there must be no disclosure of this information without the express permission of the individual. Breaches of confidentiality, as previously stated, constitutes a criminal act, subject to a maximum £5,000 fine.

If a trans person is required to show their birth certificate for any purposes during their employment, they must not be asked to show their GRC if their chosen sex differs from that they were assigned at birth.

More information on Privacy and Record Keeping can be found in Appendix 1.

4. DISCRIMINATION

Discrimination occurs when someone treats a person or particular group of people differently, particularly if this is worse than the way in which they treat other people, because of a protected characteristic, for example, their ethnic background, sex, sexuality. There are different ways in which discrimination occurs and it is important that all colleagues have an understanding of the types of discrimination in order to uphold the requirements of this policy.

Direct Discrimination:

Direct discrimination occurs when someone is treated less favorably than another because of a protected characteristic they have or are thought to have, or because they are associated with someone who has a protected characteristic.

Indirect Discrimination:

Indirect discrimination can occur when you have a condition, rule, policy or even a practice that applies to everyone but particularly disadvantages people who share a protected characteristic.

Associative Discrimination:

This is direct discrimination against someone because they associate with another person who possesses a protective characteristic.

Perceptive Discrimination:

This is direct discrimination against an individual because others think they possess a particular protected characteristic. It applies even if the person does not actually possess that characteristic.

5. HARASSMENT AND VICTIMISATION

Harassment:

Harassment is unwanted behaviour towards a person that causes physical, mental or emotional suffering, which includes repeated unwanted contacts without a reasonable purpose, insults, threats, touching, and/or offensive language

Harassment is unwanted conduct related to any of the protected characteristics, which has the purpose or effect of violating an individual's dignity or creating an intimidating, hostile, degrading, humiliating or offensive environment for that individual.

Victimisation:

Victimisation is the act of treating an employee unfairly because they have made or supported a complaint related to a protected characteristic or someone thinks they have.

6. HATE CRIME

Sherwood Forest Hospitals has a zero-tolerance approach to all forms of hate crime and will refer such instances to the Police and we will fully support our staff if they are a victim of hate crime or a witness to it.

A hate crime is 'Any criminal offence which is perceived by the victim or any other person, to be motivated by hostility or prejudice based on a person's race or perceived race; religion or perceived religion; sexual orientation or perceived sexual orientation; disability or perceived disability and **any crime motivated by hostility or prejudice against a person who is transgender or perceived to be transgender.**' [Nottinghamshire Police].

Hate Crimes can include fall into three main types – verbal, physical and incitement to hatred:

- Threatening behaviour
- Assault
- Robbery
- Damage to property
- Inciting others to commit hate crimes
- Harassment

Any hate crime (physical or verbal) must be reported via Datix.

Our Security Team should be called upon for support if a hate crime occurs (extension 2222). More information can be found in the Trust's Violence and Aggression at Work Policy and Hate Crime Guidance document.

Hate Crimes should also be reported to the Police by calling 999 in an emergency or via the non-emergency number 101. Nottinghamshire Police also support the use of True Vision, a website for reporting hate crime:
https://www.report-it.org.uk/your_police_force

7. SUPPORT FOR TRANS AND NON-BINARY COLLEAGUES

All colleagues should follow the various levels of support outlined herein to ensure discrimination does not occur.

To ensure appropriate levels of support to a trans person who is making their transition during employment, the **Transition Support Plan** accompanying this guidance must

be used to record the support that is in place for a colleague. The support plan is owned by the individual and agreement should be reached on when and how the plan is shared (for example, if the individual moves into a different role or a new line manager comes into post).

7.1 Coming out

Making the decision to 'come out' as trans or non-binary is a big decision and a person may be struggling with the desire to come out versus the fear of stigma, bullying, discrimination at work and/or being rejected by their family and/or friends to name just a few fears and worries. It is important to remember that it is the choice of the individual as to if or when they come out and how this should be communicated to others.

Colleagues can alleviate some of the fear by the way they act within teams; creating an environment of inclusion and belonging will make all colleagues feel at ease around you whether you are a line manager, peer or colleague in another department within the Trust.

If you wear the Rainbow Lanyard, you are already declaring yourself as a trusted person that trans and non-binary people can approach for support and you should be aware of the support that you can signpost a person too should they approach you for advice [see Appendix 8 for a list of support organisations].

If a person comes out to you as trans or non-binary;

- thank them for trusting in you and ask them if they are ok
- let them know you care about them and want to support them
- ask if they've come out to anyone else/reassure them of your confidentiality
- ask what the person needs from you
 - how do they want to tell others
 - do they want your support to tell others/do they need help from you for written communication telling others about their transition
 - would they like you to be there when others are told
 - do they need help in deciding how they will communicate their important news
- be prepared to learn. You may not fully understand their identity, how they are feeling or the steps they want to take going forward, and that's OK. It's fine to admit that you don't understand if you also share that you will do your best to learn
- Be aware that a transgender person must be central to any decisions that are made

It is important to always use the transgender or non-binary person's chosen name once they have come out and avoid misgendering them (referring to a transman as 'she or her' as you may have done before or referring to a non-binary person as he/him when their preferred pronouns may be they/them). A great way to avoid misgendering is to encourage the use of pronouns within your team. More information about pronouns can be found in Appendix 6.

7.2 Informing members of the team

A colleague may be happy to communicate their gender change/gender identity with colleagues themselves, however, an individual may seek support from someone else (e.g. their line manager or a trusted colleague, a member of the LGBTQ+ staff network, their Union representative or the Trusts EDI Lead). Whomever communicates the transition will do so on behalf of the colleague but the wishes of the individual should be the priority in any communication.

It should be agreed via the Transition Support Plan who will communicate the transition, when and how and could include;

- communicating the transition prior to, during or after a period of annual leave
- a face-to-face team meeting
- a letter to team members or written brief to be communicated at a team meeting
- a combined approach of a meeting (or meetings depending upon the size of the team) and written communication

Whichever method is preferred by the individual, conscious effort should be made to inform all colleagues who need to know within an agreed timescale and to ensure all colleagues are made aware as soon as practicable. When communicating, consideration needs to be made for any members of the team who are absent due to leave, sickness, career break etc and how and when they will be informed.

All communication should refer to the colleague in the name by which they wish to now be known and an overview of the likely transition arrangements could be communicated if the individual wishes to include this, although it is to be understood that these may change depending on individual circumstances.

Colleagues should remember that a trans person's wishes should be respected at all times regarding disclosure of their current or previous gender. Disclosure to others should not be made without the express permission of the colleague; doing so could be a criminal offence as outlined in Section 3.2 of this guidance.

7.3 Dress code

Where possible and being mindful of the Trust's Dress Code & Uniform Policy, line managers should be flexible regarding dress code, including the wearing of make-up and/or jewellery and all colleagues should be mindful that a colleague's gradual change in appearance is part of the transition process.

For colleagues working in clinical areas, the usual standards of dress/uniform must be adhered to.

Where a trans or non-binary person is in a role which requires a uniform, new uniform should be provided as soon as practicable, and no charge should be made for this. If a uniform order is delayed for whatever reason, agreement should be reached on a suitable compromise until the order is fulfilled.

7.4 Bathroom and shower facilities

Trans and non-binary people must be supported to use facilities that they are most comfortable using.

It is not appropriate to for an individual to be forced to use facilities associated with their sex assigned at birth against their will or request that they use separate facilities or accessible (disabled) toilet facilities as this could be considered discrimination.

In workplaces in which shower facilities are provided for staff, private shower cubicles should be provided where possible as a matter of course. Individual's should be asked which facilities they feel most comfortable using and supported to do so.

Individual's may be unable to use open, single sex shower facilities, depending on their own comfort and safety, the wishes of others and their ability to be perceived as a cisgender person. These circumstances should be decided on a case-by-case basis, and the individual's wishes considered.

Where use of open, single sex shower facilities is deemed inappropriate or unsafe for the person, alternative arrangements must be provided.

The use of facilities can be discussed as part of the support plan but any decision should be based on the needs of the individual.

7.5 Changing personal details

The timescale for changing of personal employee details should be agreed with the colleague through the Transition Support Plan.

Line managers should be aware that some employment records must be kept for several years and as such, a personnel file may reveal a colleague's previous gender/gender identity.

It is crucial that any record relating to the person's transition and/or previous gender identity is only accessed by those who need to access the information (i.e. only those involved at the time of transition who have the level of authority to view/maintain personal staff records).

All personal documentation relating to the transition needs to be securely stored using the following method;

- electronic documents are to be password protected (password only accessible to the manager and People team members as appropriate)
- paper documents must be kept in a separate envelope and closed; once closed the envelope should be signed and dated and sealed.

Following the above steps to maintain confidentiality will safeguard individual's and/or the organisation from breaching the Gender Recognition Act 2004.

For more information on Record Keeping, please see Appendix 1.

7.6 Time off for appointments

Section 16 of the Equality Act 2010 affords specific protection to ensure that absence of 'transsexual' employees should not be treated less favourably than absence for sickness or injury or due to some other reason. For example,

- due to an illness or injury. An employer cannot pay someone less than they would have received if they were off sick
- due to some other reason. In this case it is only discrimination if your employer is acting unreasonably. For example, if your employer would agree to a request for time off for someone to attend a hospital medical appointment, then it may be unreasonable to refuse you time off for an appointment as part of a gender reassignment process. This might include, for example, time off for counselling or to attend a GP/hospital appointment

It is acknowledged that as part of the transition, colleagues may be required to attend various appointments and ACAS best practice advises that Trans employees should not be expected to use annual leave for healthcare or other appointments related to their gender identity or condition or be required to arrange them outside of working hours.

To support a colleague during their transition, the Trust agrees to providing 10 days (pro-rata for part-time) of authorised absence in a 12-month rolling period.

Time off for appointments should be requested and approved in accordance with Trust policy.

7.7 Surgery

If a colleague's transition is to include surgery, the absence for any operations and recovery shall be treated in accordance with the Trust's Sickness Absence and Wellbeing Policy.

8. ESR DATA

Like many organisations, we ask colleagues to provide personal information during our recruitment process and this information can be updated through ESR Self-Service at any time during employment.

As an NHS organisation, we are mandated to provide reports which include data such as gender, ethnicity and disability so we ask colleagues to ensure their data is up to date on their record. **The personal equality data we hold about individual's cannot be accessed by their line manager.** Those colleagues who do have access to the data are required to view and process it in accordance with General Data Protection Regulation and the Trusts Information Governance policies and guidance.

The data we hold about colleagues can help to inform our Equality, Diversity and Inclusion strategy and actions; when we have clear visibility of the diversity within our workforce, we can ensure that appropriate support is in place to support equality and inclusion.

Important note: The electronic staff record (ESR) currently only has the options of 'Male' and 'Female' for Gender and this is a mandatory field so could be deemed not inclusive for non-binary people.

However, there are fields within ESR, for example DBS, where the legal gender must be noted (more information on DBS checks can be found in Appendix 4).

There is a national review of NHS Equality Monitoring data being undertaken but no changes will be implemented on ESR until this is completed and there are no known timescales for the completion of this work.

We are exploring ways that we might be able to make ESR more inclusive in the meantime but acknowledge this may not be possible and we may have to await the outcome of the national review and even thereafter, changes to the Gender field may not be possible due to legal implications.

9. STAFF NETWORKS

We are committed to ensuring that colleagues from minority groups are able to celebrate their diversity and contribute positively to equality and inclusion within the Trust.

Our staff networks enable the voices of colleagues from minority communities to be heard and to ensure that organisational policies and procedures are as inclusive as possible and do not negatively impact any minority group.

Our staff networks welcome those who identify with the community the network serves but are also open to ally's who are keen to progress equality and inclusion with Sherwood.

Please see Appendix 7 for Staff Network information and contact details.

APPENDICES

APPENDIX 1: PRIVACY & RECORD KEEPING

Privacy

Respect for privacy and freedom from workplace gossip, including unnecessary or unlawful broadcasting of an individual's personal circumstances is a right.

Any documentation about employees, either existing or new starters must have the details of the birth sex kept confidential. Any records or documents that refer to their sex assigned at birth must be retained in a safe place and only accessed by members of staff who are authorised to view it and any such records should only be accessed if it is required in the performance of their specific duties and should only be accessed once permission has been granted by the individual. All information relating to an individual's gender history will constitute sensitive under the Data Protection Act 1998.

Record Keeping

Legal name and gender markers (i.e. 'M' or 'F' on legal identity documents) can take considerable time to get updated depending on the circumstances. Until then, at the point at which the person advises of their transition, every effort should be made to use the new name and gender marker on all documentation. A priority, in agreement with the individual, should be to amend the employees details on all documents and systems to reflect their acquired gender where required and change of name (if applicable). The 'Employee File & System Changes' tab within Transition Support Plan is to be used to record what changes have been made and when and aims to ensure that nothing is missed, although additions to this can be added where required. The changes should be undertaken following discussions with the individual and HR, and their line manager if they are comfortable.

Access to any records showing the change and gender and name and any other details associated with the person's Trans status (such as absence records for medical treatment/s) must be restricted to those colleagues who need access in the course of their duties.

Where documents have been seen and copied as part of the recruitment process (such as Birth Certificate/Passport, divers licence), every effort should be made to replace those with equivalent documents in the new gender and name; this will mitigate the risk of a confidentiality breach and the potential of an individual being inadvertently 'outed' through historic data.

Where records or documents that refer to the gender history of an individual need to be retained (i.e. birth certificate), these should be securely stored and access to them limited:

- Any physical records should be stored in a sealed envelope with the date, name and signature of the person who has handled the document; the envelope must be clearly marked 'Confidential – LINE MANAGER & HR USE ONLY'.

- Any electronic records should be transferred to a separate location and password protected.

All records should be kept for no longer than is absolutely necessary in accordance with the Data Protection Act 2018 (UK – GDPR).

Care must be taken to ensure that records do not link back to the former gender or name; this may mean a new email address is required rather than just updating the existing one.

Important note: If a copy of an original birth certificate has been retained during employment and an individual makes a successful application for a GRC, the old document **MUST** be replaced with the new birth certificate.

Remember: It is important to respect a trans or non-binary person's gender identity regardless of whether they have a GRC or not.

APPENIDX 2: SUPPORT TEAM COLLEAGUES - HAVING A CONVERSATION WITH A TRANS OR NON-BINARY PERSON FOR THE FIRST TIME

Due to the variety of support functions within the organisation, you may be one of the first points of contact for a trans or non-binary person in the organisation even though you are not a team colleague; for example; if you have a role in HR, Payroll or IT.

An individual may have already come out to a colleague in their team or to their line manager and this being the case, they are likely to have done so because they know that person is trustworthy enough to share this very personal information with. On the other hand, they may contact you because they need some assistance with documentation and/or systems and because of the role you have within the organisation, the individual will need to put their trust in you in coming out, even though they don't know you; they will have to assume you are trustworthy and will be sensitive of their circumstances.

As a support colleague, the communication during such a conversation will be key in reassuring the individual that they are safe in sharing such information with you. You can take steps to ensure the colleagues psychological wellbeing during your interaction with them.

Do's and Don'ts of creating an environment of psychological wellbeing

- Do thank the person for contacting you and telling you
 - Do ask if they are ok
 - Do reassure them that you will do all you can to support them
 - Do be honest; if you don't know how to action a request, tell the person but commit to finding out what is needed and getting back to them as soon as you can and follow through on your commitment
 - Do ask for consent from the person if you need to liaise with another colleague or department to complete an action that is required. If the person doesn't give consent, let them know that you understand and signpost them to the relevant colleague/department that can assist.
 - Do remember the Trust Care Values and communicate with respect and kindness
-
- Don't appear or sound surprised or shocked
 - Don't dismiss the person's needs by automatically directing them to HR
 - Don't ask probing personal questions
 - Don't tell your team colleagues about the conversation unless the individual has given their express permission; this would be a serious breach of confidentiality

It may be that a colleague contacts you on behalf of a trans or non-binary colleague to discuss documentation or systems. It is important that whilst you are not speaking directly to the individual, you still respond appropriately as outlined above.

APPENDIX 3: MANAGING TRANSPHOBIA AND HOMOPHOBIA – PATIENTS OR RELATIVES

We already have visual posters in departments to deter patients and/or their family members from abusing our colleagues, but it is a sad reality, that abuse towards colleagues happens.

It is important that any incident of transphobia or homophobia towards a colleague is reported in accordance with the Management of Work-Related Violence and Aggression Policy and readers of this appendix are encouraged to familiarise themselves with the content therein in addition to the operational guidance noted here.

Where a patient or their relative refuses treatment by a colleague due to the colleague's protected characteristic of gender reassignment and/or sexual orientation (or the perception that the colleague has the protected characteristic of gender reassignment or sexual orientation) and/or the patient or their relative requests treatment from a different colleague, and the refusal and/or request has no reasonable clinical merit (i.e. there is no genuine occupational requirement), this is likely to be direct discrimination and/or harassment. Therefore, it is also likely to be direct discrimination for the organisation to agree to this request of the patient.

Patients and/or relatives who act in this manner should be informed of the potentially discriminatory nature of their behaviour, that such behaviour is unacceptable and that their request cannot be accommodated as it has no reasonable clinical benefit. If the patient and/or family member desists with their behaviour, a DATIX incident should still be recorded and a verbal warning should be issued by the immediate senior person. The aim of the warning is to deter future behaviour of this nature.

If abusive behaviour continues, patients and/or relatives should be informed of their right to receive care elsewhere including moving to an alternative acute facility if necessary, by the appropriate senior person and this person should also issue a verbal warning.

If a family member/guardian persists with their behaviour following the verbal warning, they should be removed from the premises (subject to the duty of care to the patient). Call 2222 who will arrange removal of the patient (with Police assistance where required). The Trust will then consider permanent exclusion for the individual and will

Where a patient persists with abusive behaviour and care could be withdrawn, the 'Procedure for the Care of Individual's who are Violent or Abusive' should be implemented which should include the issuing of a formal warning (Yellow Card) by the appropriate senior person. The Trust may consider withholding treatment (Red Card) depending upon the circumstances and will also support the victim of the abuse to pursue criminal or civil action against the individual.

Where a patient's care cannot be withdrawn, consideration should be given to the sanctions contained in 'The Prevention and Management of Violence where Withdrawal of Treatment is not an Option' or actions in related policies such as the 'Guidelines for the Detection and Management of Acute Confusion/ Delirium'.

If the colleague being targeted no longer wishes to treat or care for the patient or interact with relatives, this should be accommodated wherever possible.

Individuals who have faced abuse should be treated with respect and dignity by colleagues assisting them and should be given appropriate wellbeing support following an incident.

Where an individual wishes to pursue Civil or Criminal proceedings against their abuser, the Trust Accredited Security Management Specialist should be contacted for support.

More detailed information and support documentation can be found in the Management of Work-Related Violence and Aggression Policy.

Important note: If transphobic or homophobic abuse is directed at a colleague by another colleague, the incident will be managed through the Trust's Disciplinary Policy. The incident should be reported immediately to an individual's line manager and/or the HR Operational team. Security should also be called upon if there is an immediate threat.

Important note: This operational guidance for managing transphobia and homophobia should be used for other types of hate crime/abuse as outlined in Section 6 of this guidance.

APPENIDX 4: DISCLOSURE AND BARRING SERVICE (DBS) CHECKS

Where a post is subject to a Disclosure and Barring Service Check, the DBS process requires documentation of an individual's identity to be verified and the documents produced for verification must be consistent in regards to personal details. Because this process would essentially disclose an individual's gender, the bureau has now devised a process which allows Trans people to pass their details onto the DBS without first revealing them to the employer.

The DBS has a separate application procedure, which allows Trans applicants to exclude previous names from the Disclosure Application Form. Applicants however will still be required to send details of their previous identity in a separate letter directly to the 'Sensitive Casework Manager' within the DBS. The DBS will then check the data sources held against both current and previous names. This avoids the need for disclosure about gender history or former name to the employer or voluntary body at the application stage but allows the DBS to carry out the requisite checks against any previously held identities.

It should be noted that where a conviction or (in Enhanced Disclosure cases) other relevant information has been recorded in a previous name, this will be revealed on the Disclosure and as such details of any previous identity may be revealed. Where there are no convictions recorded, the details of any previous names that have been provided directly to the DBS will not be revealed on the Disclosure.

Trans applicants wishing to take advantage of this separate procedure should contact the DBS for further details.

If an applicant does not have a Gender Recognition Certificate, the DBS advise to still contact the DBS's Sensitive Applications Team who will monitor the application.

For further information, please visit the applicant section of the DBS website www.homeoffice.gov.uk/dbs. Anyone wishing to use the process may contact the DBS Sensitive Applications Team directly on 0151 676 1452. Alternatively, the DBS have a dedicated email address for enquiries regarding transgender applications: sensitive@dbs.gsi.gov.uk. It should be understood that withdrawal of a DBS check is likely to result in the applicant no longer being able to be appointed, as not all necessary checks will have been completed.

APPENDIX 5: SEXUAL ORIENTATION AND GENDER IDENTITY; GLOSSARY OF TERMS

The following are commonly used terms within the LGBTQ+ community. This is not an exhaustive list and further information can be found on the Stonewall website (where this information was sourced) www.stonewall.org.uk.

LGBTQ+ is the acronym for lesbian, gay, bi, trans, and questioning. The plus (+) represents the many gender identities that people use.

Asexual

A person who does not experience sexual attraction. Some asexual people experience romantic attraction, while others do not. Asexual people who experience romantic attraction might also use terms such as gay, bi, lesbian, straight and queer in conjunction with asexual to describe the direction of their romantic attraction.

Ally

A (typically) straight/cis person who supports members of the LGBT community.

Bi

Bi is an umbrella term used to describe a romantic and/or sexual orientation towards more than one gender. Bi people may describe themselves using one or more of a wide variety of terms, including, but not limited to, bisexual and pan.

Biphobia

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

Cisgender or Cis

Someone whose gender identity is the same as the sex they were assigned at birth. Non-trans is also used by some people.

Coming out

When a person first tells someone/others about their orientation and/or gender identity.

Demi (sexual and romantic)

An umbrella term used to describe people who may only feel sexually or romantically attracted to people with whom they have formed an emotional bond. People may also use terms such as gay, bi, lesbian, straight and queer in conjunction with demi to explain the direction of romantic or sexual attraction as they experience it.

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. Some non-binary people may also identify with this term.

Gender

'Gender' can encompass a variety of different meanings. For many, it is interchangeable with 'sex' (see definition below), however many more disagree with this definition. Instead, 'gender' may mean a holistic view of the social, psychological,

emotional and cultural traits that classify an individual as female or male or another gender. This can include expectations about how men and women are 'supposed' to behave in relation to career aspirations, hobbies, emotions, child-rearing, clothing etc.

Different societies at various times in history until today have held varying notions of gender that may differ from our own. Gender is heavily influenced by culture, religion and family structures, among other factors. For this reason, Western conceptions of gender have not always existed as they do today.

As 'gender' can be a vague term, 'gender identity' is often used to describe an individual experience of gender, which may or may not be different from that assigned at birth

Gender critical

The philosophical belief or opinion that that biological sex is 'real, important and undeniable' and should not be combined with gender identity, even in cases in which a trans person has legally changed their sex for all purposes. This belief is acceptable under the Equality Act on the grounds of the protected characteristic of 'Religion or Belief', and remains acceptable, even if such a belief of opinion may be considered 'profoundly offensive and even distressing to many others'.

Whilst this belief is acceptable under The Equality Act, according to 2022 legal ruling, this does not allow 'those with gender critical beliefs' to misgender trans persons with impunity (freely); rather, they will 'continue to be subject to the prohibitions on discrimination and harassment under the Equality Act'.

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. This is also the clinical diagnosis for someone who doesn't feel comfortable with the sex they were assigned at birth.

Gender expression

How a person chooses to outwardly express their gender, within the context of societal expectations of gender. A person who does not conform to societal expectations of gender may not, however, identify as trans.

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 the sex assigned at birth.

Gender reassignment

Another way of describing a person's transition. To undergo gender reassignment usually means to undergo some sort of medical intervention, but it can also mean changing names, pronouns, dressing differently and living in their self-identified gender. Gender reassignment is a characteristic that is protected by the Equality Act 2010, and it is further interpreted in the Equality Act 2010 approved code of practice.

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 have to 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.

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.

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.

Intersex

An adjective used to describe people whose sex characteristics (such as primary and secondary sex characteristics, hormones, genitals, chromosomes etc) do not fit 'typical' medical definitions of male or female..

Lesbian

Refers to a woman who has a romantic and/or sexual orientation towards women. Some non-binary people may also identify with this term.

Lesbophobia

The fear or dislike of someone because they are or are perceived to be a lesbian.

Misgendered/Misgender

A term used when someone assumes the gender of a person through gender-specific words especially a transgender person or non-binary person.

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.

Outed

When a person who identifies as LGBTQ+ has sexual orientation or gender identity disclosed to someone else without their consent.

Pan (sexual)

Refers to a person whose romantic and/or sexual attraction towards others is not limited by sex or gender.

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.

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 LGBTQ+ community (racism, sizeism, ableism etc). Although some LGBTQ+ people view the word as a slur (so caution should be applied if using this term), it was reclaimed in the late 80s by the queer community who have embraced it.

Questioning

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

Sex

Assigned to a person on the basis of primary sex characteristics (genitalia), X and Y chromosomes and reproductive functions. Sometimes the terms 'sex' and 'gender' are interchanged to mean 'male' or 'female'.

Sexual orientation

A person's sexual attraction to other people, or lack thereof. Along with romantic orientation, this forms a person's orientation identity.

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, gender-queer (GQ), gender-fluid, non-binary, gender-variant, crossdresser, genderless, agender, nongender, third gender, bi-gender, trans man, trans woman, trans masculine and trans feminine.

Transgender 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.

Transgender 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.

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.

Transitioning also might involve things such as telling friends and family, dressing differently and changing official documents.

Transsexual

This was used in the past as a more medical term (similarly to homosexual) 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.

Transphobia

The fear or dislike of someone based on the fact they are trans, including denying their gender identity or refusing to accept it. Transphobia may be targeted at people who are, or who are perceived to be, trans.

APPENDIX 6: PRONOUNS EXPLAINED

We use pronouns all the time in our everyday life, for e.g. “Have you heard from Sue?”, “No, she hasn’t got back to me”; *she* is the pronoun in this example. When using pronouns in communication about people, we usually use the pronoun that we think best suits how a person appears.

The use of pronouns is becoming more common in society but why is their use increasing?

They are a small and really simple way to be more inclusive and to normalise discussions around gender. In particular, it enables transgender people (a person whose gender is different from their "assigned" sex at birth) and non-binary people (a person who does not identify as "male" or "female") to let others know which pronoun/s they prefer which avoids them being misgendered.

If you are cisgender (your gender identity matches the sex you were assigned at birth), the use of pronouns are a way of letting people know how they can refer to you but also shows your allyship to trans and non-binary people and that you don’t make assumptions about gender.

The use of pronouns can also be useful for anyone who has a gender-ambiguous name, for example, Charlie, Jan, Kerry or Dale.

Common pronouns:

- He/him/his (for someone who might identify as male)
- She/her/hers (for someone who might identify as female)
- They/them/their (for someone who might not identify as male or female, these pronouns are ‘gender neutral’; they are also used when referring to multiple people.



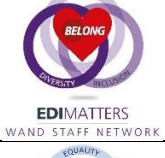
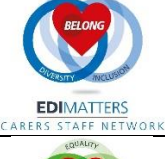
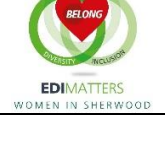
APPENDIX 7: STAFF NETWORKS AT SHERWOOD

Our staff networks support us to have diverse, equitable and inclusive work places where all colleagues can be themselves and bring their best self to work each and every day.

They will:

- ✓ Seek to improve the staff experience on specific issues relating to each network through the development of Action Plans
- ✓ Tackle issues for underrepresented and disadvantaged groups
- ✓ Offer safe places to come together, share experiences and facilitate learning and development
- ✓ Help shape and deliver our People strategies and policies

Sherwood currently has 5 staff networks:

	Network Name	Contact email
	Ethnic Minority	sfh-tr.em.support@nhs.net
	LGBTQ+	sfh-tr.lgbt.support@nhs.net
	WAND	sfh-tr.disability.support@nhs.net
	Carers	sfh-tr.carers.support@nhs.net
	Women in Sherwood	sfh-tr.wis.support@nhs.net

For more information, please click [here](#) to view the Staff Networks page on the Intranet.

APPENDIX 8: SUPPORT ORGANISATIONS

There are many support organisation for trans people and the LGBTQ+ community. A few local and national organisations are detailed here.

ORGANISATION NAME	WEBSITE
LGBTQ+ Service Nottinghamshire	<p>Providing specialist services to children and young people aged 11-25 who identify as LGBTQ+</p> <p>www.lgbtplusnotts.org.uk</p>
Notts Trans Hub	<p>A local organisation dedicated to building and maintaining the trans community in Nottingham and the surrounding area.</p> <p>www.nottshelpyourself.org.uk</p>
The Nottingham Centre for Transgender Health	<p>The Nottingham Centre for Transgender Health is the second largest gender identity clinic in the UK and received around 1000 new referrals every year from GPs around the country.</p> <p>www.nottinghamshirehealthcare.nhs.uk/nottingham-centre-for-transgender-health</p>
Terence Higgins Trust	<p>The UK's largest and leading HIV and sexual health Charity.</p> <p>www.tht.org.uk</p>
Trans Unite	<p>TransUnite is a comprehensive resource for people in the UK searching for support in the transgender community.</p> <p>www.transunite.co.uk</p>
The Beaumont Society	<p>The Beaumont Society is a national self-help body run by and for the transgender community.</p> <p>www.beaumontsociety.org.uk</p>
LGBT Foundation	<p>A national charity delivering advice, support and information services to lesbian, gay, bisexual and trans (LGBT) communities.</p> <p>www.lgbt.foundation.co.uk</p>
Switchboard LGBT	<p>Switchboard provides a safe place for anyone to discuss anything including sexuality, gender identity, sexual health and emotional wellbeing. Support is available via phone, email and instant messaging throughout the UK.</p> <p>www.switchboard.lgbt.co.uk</p>